

Shared Services Partnership Committee PART A

Thu 20 July 2023, 10:00 - 11:30

Teams

Agenda

10:00 - 10:05 **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 the meeting held on 18 May 2023

Tracy Myhill, Chair

 1.4 SSPC Approved Minutes May 2023.pdf (7 pages)

1.5. Action Log

Tracy Myhill, Chair

 1.5 Action Log July 2023.pdf (1 pages)

10:05 - 10:15 **2. Chair/Managing Director's Reports**
10 min

2.1. Chair's Report

Tracy Myhill, Chair

2.2. Managing Directors Update

Neil Frow, Managing Director

 2.2 SSPC MD Update July 23.pdf (7 pages)

10:15 - 10:30 **3. Items for Approval**
15 min

3.1. Annual Review



Andrew Butler, Director of Finance & Corporate Services

 3.1 SSPC Annual Review front cover .pdf (2 pages)

 3.1 Annual Review 2023 - 12.07.23.pdf (59 pages)


3.2. Revised Standing Orders

Peter Stephenson, Head of Finance & Business Development

-  3.2 Revised Standing Orders Cover Paper .pdf (3 pages)
-  3.2 20230714 Standing Orders Operat SSPC.pdf (111 pages)

3.3. All-Wales Establishment Control Programme

Gareth Hardacre, Director of People & OD



-  3,3 Establishment Control SSPC July 2023.pdf (7 pages)

10:30 - 10:50 4. Items for Noting

20 min

4.1. PPE Update

Andrew Butler, Director of Finance & Corporate Services

-  4.1 SSPC PPE Update Front Sheet.pdf (3 pages)
-  4.1 PPE Audit Recommendations tracker 11-7-23.pdf (5 pages)


4.2. Final Annual Governance Statement

Peter Stephenson, Head of Finance & Business Development

-  4.3 Annual Governance Statement 2023 Cover Paper.pdf (4 pages)
-  4.3 FINAL Annual Governance Statement 2022-23.pdf (34 pages)

4.3. Audit Committee Annual Report 2022/23

Andrew Butler, Director of Finance & Corporate Services

-  4.4 Audit Committee Annual Report Cover Paper 2022-23.pdf (3 pages)
-  4.4 NWSSP Audit Committee Annual Report.pdf (12 pages)

10:50 - 11:20 5. Governance, Performance & Assurance

30 min

5.1. Finance Report

Andrew Butler, Director of Finance & Corporate Services

-  5.1 SSPC Finance Report July 2023.pdf (7 pages)



5.2. People and OD Report

Gareth Hardacre, Director of People & Organisational Development

-  5.2 SSPC People and OD Report June 2023.pdf (10 pages)



5.3. Performance Report

Alison Ramsey, Director of Planning, Performance & Informatics

-  5.3 July 23 SSPC Performance Report Cover.pdf (2 pages)
-  5.3 SSPC Performance Report July 23.pdf (12 pages)


5.4. IMTP Q1 Progress Report

Alison Ramsey, Director of Planning, Performance & Informatics

-  5.4 SSPC Q1 IMTP Cover Paper.pdf (2 pages)
-  5.4 SSPC NWSSP Q1 IMTP Report 2324.pdf (13 pages)

5.5. PMO Highlight Report


Alison Ramsey, Director of Planning, Performance & Informatics

 5.5 PMO Bi Monthly Report .pdf (28 pages)

5.6. Corporate Risk Register

Peter Stephenson, Head of Finance & Business Development

 5.6 Corporate Risk Reg July 2023 .pdf (4 pages)

 5.6 Appendix Corporate Risk Register JULY 23.pdf (3 pages)

11:20 - 11:25

5 min

6. Items for Information


6.1. Declarations of Interest Annual Report

Peter Stephenson, Head of Finance & Business Development

 6.1 Annual Report Conflicts of Interest July 2023.pdf (5 pages)

6.2. Gifts & Hospitality Annual Report

Peter Stephenson, Head of Finance & Business Development

 6.2 Annual Report on Gifts, Hospitality & Sponsorship.pdf (5 pages)

6.3. Counter Fraud Annual Report

Andrew Butler, Director of Finance & Corporate Services

 6.3 NWSSP 2022 2023 LCFS Annual Report.pdf (10 pages)

6.4. Welsh Language Annual Report

Gareth Hardacre, Director of People & OD

 6.4 Welsh Language Annual Report.pdf (15 pages)

6.5. Health & Safety Annual Report

Andrew Butler, Director of Finance & Corporate Services

 6.5 NWSSP H&S Annual Review 2022 2023.pdf (68 pages)

6.6. PPE Stock Report

Andrew Butler, Director of Finance & Corporate Services

 6.6 NWSSP_PPE_Dashboard_v 03-07-23 Summary.pdf (1 pages)

6.7. Finance Monitoring Returns


Andrew Butler, Director Corporate and Finance Services

 6.7 Monitoring Return Commentary Month 2 NWSSP 2023-24.pdf (9 pages)

 6.7 Monitoring Return Commentary Month 3 NWSSP 2023-24.pdf (9 pages)

6.8. 2023/24 SSPC Forward Plan

Peter Stephenson, Head of Finance & Business Development

 6.8 SSPC Forward Plan of Business 2023-2024.pdf (4 pages)

11:25 - 11:30

5 min

7. Any Other Business

11:30 - 11:30

0 min

8. Date and Time of Next Meeting

Thursday, 21 September, 2023 10am (Teams)

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

MINUTES OF MEETING HELD THURSDAY 18 MAY 2023

10:00 – 12:00

Meeting held on TEAMS

Part A - Public

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS)	Director of Workforce & OD	ABUHB
Claire Osmundsen-Little (COL)	Director of Finance	DHCW
Debbie Eytayo (DE)	Director of Workforce & OD	SBUHB
Steve Ham (SH)	Chief Executive	Velindre
Chris Turley (CT)	Director of Finance Welsh Ambulance	WAST
OTHER ATTENDEES:		
Tony Uttley (TU)	Interim Director of Finance	BCUHB
Robert Mahoney (RM)	Deputy Director of Finance	C&VUHB
Michelle Hurley-Tyers (MHT)	Assistant Director of Employee Experience	CTM UHB
Rhian Davies (RD)	Assistance Director of Finance	H DUHB
Chris Payne (CP)	Head of Strategic Finance	HEIW
Hywel Pullen (HP)	Deputy Director of Finance	PTHB
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Tanya Bull (TB)	Trade Union Representative	UNISON
Alison Ramsey (AR)	Director of Performance, Planning & Informatics	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People and OD	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	NWSSP
PRESENTERS		
Jonathan Webb (JW)	Head of Safety Welsh Risk Pool L&R	NWSSP
Rhiannon Holtham (RH)	Solicitor, Legal & Risk	NWSSP
Andrew Evans (AE)	Director of Primary Care Services	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance	NWSSP
Stuart Douglas (SD)	Director of Specialist Estates Services	NWSSP

Item		Action
1.1	Welcome and Opening Remarks The Chair welcomed members to the May 2023 Shared Services Partnership Committee meeting.	
1.2	Apologies Received From: <ul style="list-style-type: none"> - Catherine Phillips, C&V UHB (Rob Mahoney attending) - Hywel Daniel, CTM UHB (Michelle Hurley-Tyers attending) - Glyn Jones, HEIW (Chris Payne attending) - Huw Thomas, Hywel Dda UHB (Rhian Davies attending) - Pete Hopgood, Director of Finance, Powys tHB (Hywel Pullen attending) - Paul Veysey, Board Secretary, PHW - Steve Webster, Interim Director of Finance, BCUHB (Tony Uttley attending) 	
1.3	Declarations of Interest There were no declarations of interest.	
1.4	Minutes of Previous Meeting The minutes of the March meeting of the Committee were reviewed and approved.	
1.5	Action Log All actions were complete.	
2.	Matters Arising	
2.1	Duty of Quality Update RA presented a verbal update on the Duty of Quality following her formal presentation to the Committee in March. Good progress continues to be made in identifying the quality measures in each division and mapping the Quality Management Systems already in place. NWSSP Staff have been briefed on the requirements and implications through coffee morning briefing sessions and the intranet. Discussions have taken place with Welsh Government and Delivery Unit colleagues on how the self-assessment, which is primarily clinically focused, can best be adapted to accurately portray the activities undertaken within NWSSP. TM suggested that it would be appropriate to receive a further update in September. The Committee NOTED the verbal update and AGREED to the request of a further formal update in September 2023.	RA/PS
3.	Deep Dive – Welsh Risk Pool TM introduced the session referencing her role as Chair of the Welsh Risk Pool Committee. JW attended to inform the Committee on the role of the Risk Pool. He provided an overview of the many and various activities undertaken. During 2022/23 the Risk Pool covered the cost of claims amounting to £123m and currently there are 133 open claims with total liabilities now amounting to £1.5bn. One of the key aims of the Risk Pool is to ensure that NHS Wales organisations learn and share lessons from claims that are received. Learning from Events reports were introduced in 2018 and scrutiny is undertaken by a Learning Advisory Panel. A number	

	<p>of Safety and Learning networks help to share good practice and support is provided to Health Bodies to conduct complex investigations where specialisms and/or independence will add value. Investigations are supported not only by specialists from within NHS Wales, but also England and Scotland, to ensure that advice being provided is of the highest calibre.</p> <p>TM reinforced the importance of the role that the Welsh Risk Pool plays and encouraged Committee members to ensure that this received an appropriate profile within their own organisations.</p> <p>The Committee NOTED the presentation.</p>	
4.	Chair and Managing Director Reports	
4.1	<p>Chair's Report</p> <p>The Chair reported on her attendance at a number of meetings and events including:</p> <ul style="list-style-type: none"> • The Consent Launch with the Minister that took place on 31 March which provided an opportunity to showcase the work undertaken by the Welsh Risk Pool in this regard; • The Audit Committee in April which was a very informative meeting; and • The NHS Wales Chairs' meeting in April which is very informative in understanding the issues across Wales and how NWSSP can help to address these. <p>The Committee NOTED the update.</p>	
4.2	<p>Managing Director Update</p> <p>NF presented his report and highlighted:</p> <ul style="list-style-type: none"> ▪ The very positive outcome of the five-yearly External Quality Assessment of the Audit and Assurance Service. ▪ The recent visit of the NWSSP Senior Leadership Group to North Wales where they visited a number of sites including the Laundry and Stores and presented awards to staff who had been successful in the Staff Awards process that concluded in January of this year. ▪ The recent visit to India with colleagues from Health Boards and Welsh Government which has led to the potential recruitment of 58 nurses and on-going conversations with a further 20 Doctors. <p>The Committee NOTED the report.</p>	
5.	Items for Approval/Endorsement	
5.1	<p>Citizen Voice Body SLA - LLAIS</p> <p>RH attended the meeting to seek approval for the Service Level Agreement (SLA) between NWSSP and the Citizen Voice Body (although this organisation will now be known as LLAIS its legal name is still the Citizen Voice Body and hence the documentation needs to be in that name).</p> <p>Whilst RH talked through the SLA, there are a number of changes that still need to be made to it. There is a separate Memorandum of Understanding that was received too late to be included with the Committee papers and this is still being revised and reviewed by LLais.</p> <p>It was therefore agreed that whilst the Committee supported the approach being taken in principle, the final documents would need to be brought back before the Committee for formal approval.</p>	

	The Committee supported the approach, but the final documents will need to be brought back to a further meeting for formal approval.	
5.2	<p>2023/24 Service Level Agreement</p> <p>PS presented the item and explained that the overarching Service Level Agreement and the supporting schedules, which cover the core services provided to all NHS Wales bodies by NWSSP, require annual approval by the Committee and that this was last given in May 2022.</p> <p>The papers included the overarching agreement, and a cover paper documented any changes made to the supporting schedules, which were largely insignificant.</p> <p>The Committee APPROVED the 2023/24 Service Level Agreement and the changes documented to the supporting schedules.</p>	
5.3	<p>Single PC Workforce Intelligence System</p> <p>AE presented a summary of the Business Case for the Workforce Intelligence System for Primary Care. This pulls together a number of separate systems into one system covering the following:</p> <ul style="list-style-type: none"> ▪ Compliant registration of practicing clinicians to meet the NHS regulations via the Performers List & Pharmacy Database; ▪ The capture and reporting of the primary and community service workforce data and information respectively including the compliance registration for the Scheme of General Medical Practice Indemnity (GMPI) of substantive and Locum workforce; and ▪ Capture and publication of declarations of interest enabling open and transparent assessment of conflict of interest. <p>The proposal requires capital funding in Year One but thereafter will deliver savings against current costs. Although Welsh Government have ringfenced funding for this system, MDJ stated in the Committee that this was still to be formally approved. Committee members also requested sight of the full business case although it was accepted that the summary document provided the relevant detail.</p> <p>The Committee APPROVED the Business case subject to:</p> <ul style="list-style-type: none"> ▪ Confirmation of Welsh Government approval for funding the capital costs in Year One; and ▪ Review of the full business case, and of any comments that may arise from this review – PS to circulate immediately after the meeting. 	PS
6	Items for Noting	
6.1	<p>Internal Audit – External Quality Assessment</p> <p>SC attended to present the report.</p> <p>The 5-year external quality assessment of Internal Audit was undertaken by the Chartered Institute of Public Finance & Accountancy over recent months and resulted in the highest possible rating being awarded to the service that is operated by NWSSP. There were no areas of either partial or non-compliance noted with the standards.</p> <p>The Report has been taken to the NWSSP Audit Committee and to Board Secretaries and will now formally be shared with all NHS Wales organisations.</p> <p>The Committee were very pleased to note the report and congratulated SC and his Team on achieving such a positive overall rating</p>	

	The Committee NOTED the report.	
6.2	<p>Laundry Services Update</p> <p>SD attended to provide an update on Laundry Services. The business case to build two new laundries and to significantly refurbish a third laundry has been put on hold due to a lack of available capital funding. Alternative plans are therefore being developed to ensure that the laundry service meet the appropriate environmental and legal regulations, but within a much-reduced financial envelope. These have been produced but at present Welsh Government are still unable to confirm any capital funding for the laundry service. Laundry staff were briefed in March and will be further briefed again shortly.</p> <p>The Committee NOTED the update.</p>	
7.	Governance, Performance & Assurance	
7.1	<p>Finance Report</p> <p>AB presented the report which covers the 2022/23 financial year. The final outturn position was a surplus of £12k on revenue expenditure of £787m. Additional savings were achieved during the year enabling a dividend of £2m to be distributed to Health Bodies and Welsh Government.</p> <p>The Welsh Risk Pool position was in line with expectations and included some additional expenditure agreed with Welsh Government. Total liabilities now are just short of £1.5bn.</p> <p>The value of stock amounted to £24m as at 31 March 2023. AB highlighted prior to COVID, stock levels were around £3m but at the height of the pandemic these had risen to in excess of £100m with over £400m of PPE purchased since April 2020. WG had requested that stocks of PPE are maintained at a level sufficient to cover 16 weeks of use at the height of the pandemic. This inevitably leads to some stock going out-of-date, particularly stock purchased at an early stage of the pandemic. Additionally, the original prices paid for some PPE during the height of the pandemic were higher than the current price. The stock valuations had therefore been reviewed and adjusted in accordance with the relevant accounting standards. These adjustments had been approved by and funded by, WG.</p> <p>The capital allocation was fully spent, with the vast majority being spent in March.</p> <p>NWSSP's results are consolidated within the Velindre Trust accounts which are currently subject to audit. It is anticipated that Audit Wales should complete their audit and issue their audit opinion by the end of July.</p> <p>The All-Wales Energy costs are continuing to reduce with an original estimate for 2023/24 of £289m now reduced to £105m. British Gas have given us notice on their intention to leave the commercial market, but we have negotiated new arrangements through Crown Commercial Services</p> <p>The Committee NOTED the Report.</p>	
7.2	<p>People & OD Report</p> <p>GH presented the report which continues to show a low level of sickness absence. Turnover appears significantly higher for the period (24.67%) compared to last year (12.10%). This increase is due to starters and leavers within the Single Lead Employer Division. Excluding Single Lead Employer Division turnover is 12.83%</p>	

	<p>Statutory and Mandatory Training compliance is good and continuing to improve but PADR compliance rates are just below target. Welsh Language e-learning compliance is improving but is still below target. The Single Lead Employer Division is a particular problem in this regard, but work is on-going to find better means of engaging with these staff to improve compliance. Group sessions are also being held for those areas where staff have limited access to PCs. Recruitment performance is improving and particularly through the use of alternative advertising mediums on social media.</p> <p>The Committee NOTED the Report.</p>	
7.3	<p>Performance Report</p> <p>AR presented the report and stated that the in-month performance was generally on target with an improvement seen in Recruitment service time to hire. Report turnaround within Audit and Assurance continues to be behind target but much of the performance for the Audit and Assurance targets is outside the direct control of NWSSP. Remedial plans are in place to ensure that all audit plans are completed, and Heads of Internal Audit Opinions delivered. With regards to recruitment the review of, and subsequent clearance of historic cases, is continuing to adversely affect performance in the short-term but will deliver a longer-term benefit.</p> <p>GH noted the achievement of the Payroll Call Handling Team of achieving their targets for the last three months, which represents a significant turnaround in performance. The recent pay awards and subsequent amendments have, and will continue to, put additional pressure on the Payroll Teams and it is important that the need for calls to be made in the first place is minimised by ensuring that communications are clear and providing alternative and user-friendly means of answering enquiries e.g. through the website.</p> <p>The Committee NOTED the Report.</p>	
7.4	<p>IMTP Q4 Progress Report</p> <p>AR reported that further progress has been made towards achieving our IMTP objectives that form part of our 3-year rolling plan, with 45% on track for delivery as part of those longer-term programmes of work. 36% of our total objectives were successfully achieved, as planned, in year across our divisions. A number of these achievements have created internal efficiencies at NWSSP and supported our staff health and wellbeing.</p> <p>The Committee NOTED the Report.</p>	
7.5	<p>PMO Highlight Report</p> <p>AR presented the Report. The PMO continues to support a number of projects of varying sizes and complexity. Three projects are rated as red as follows:</p> <ul style="list-style-type: none"> • A new System where there is an on-going dispute with the supplier, albeit that this is not impacting delivery of the service; • The Patient Medical Records and Scanning Service Accommodation Review where issues with current storage facilities are limiting the expansion of the service; and • The TrAMS programmes where difficulties remain in securing a site for this service in the Southeast. <p>The Committee NOTED the Report.</p>	
7.6	<p>Corporate Risk Register</p> <p>PS informed the Committee that two red risks have been downgraded since the last meeting, one regarding energy pricing due to arrangements being made with a new supplier and one regarding Industrial Action where there is now largely agreement on</p>	

	pay awards with Unions that represent NWSSP staff. A number of COVID-specific risks have also been removed from the Register.	
	The Committee NOTED the Report.	
7.7	2022/23 Annual Governance Statement (Draft) PS presented the Draft Statement which will be formally approved at the July meeting of the Audit Committee and will be brought back to the Partnership Committee in final form for information on the 20 th July. The report is generally very positive and there was nothing specific that PS considered needed to be brought formally to the Committee's attention. The statement is still draft as there are a number of areas (e.g. Head of Internal Audit Opinion, Final Energy figures) where information is still awaited. Committee members were asked to feedback any specific comments outside of the meeting. The Committee NOTED the Draft Annual Governance Statement.	
8.	Items for Information The following items were noted for information:	
8.1	Audit Wales Plan	
8.2	2023/24 Internal Audit Plan	
8.3	Audit Committee Assurance Report	
8.4	2022/23 Annual Complaints Report	
8.5	Finance Monitoring Returns	
8.6	2023/24 SSPC Forward Plan	
9.	Any Other Business TM referred to the two development sessions planned for June and November. In light of the extreme pressures being placed on Health Boards and Trusts due to excessive demand, and the need to review IMTPs, Committee members were offered the opportunity to postpone the session due to be held on 9 June but retain the session planned for November. Members were supportive of this proposal and the June session will now be used by TM and senior leaders from across NWSSP to help inform the November SSPC development session.	
10.	Date and Time of Next Meeting	
DATE OF NEXT MEETING: Thursday, 20th July from 10:00-12:00 Via Teams		

Item 1.5

ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE

UPDATE FOR 20 JULY 2023 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS JULY 2023
1.	2023/05/2.1	May 2023	Duty of Quality Update The Committee NOTED the verbal update and AGREED to the request of a further formal update in September 2023.	RA	September 2023	Not Yet Due
2.	2023/05/5.3	May 2023	Single PC Workforce Intelligence System PS to circulate the full business case immediately after the meeting.	PS	May 2023	Complete

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:2.2 20 July 2023
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<i>The report is not Exempt</i>
Teitl yr Adroddiad/Title of Report
Managing Director's Report

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

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

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

Ymgynghoriad/Consultation :
Shared Services Partnership Committee

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

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

Introduction

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

Finance

We reported a break-even Month 3 financial position with an underlying underspend of £0.448m due to the non-recurrent over achievement of savings in Quarter 1. We are forecasting 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.

We are anticipating savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records from Brecon House due to the existence of RAAC into new premises. During June we have received confirmation of continued WG funding for PPE management and the provision of PPE to Primary & Social Care to 31st March 2024. We also received confirmation of recurrent funding for the Single Lead Employer support costs following Ministerial approval.

Our current Capital Expenditure Limit for 2023/24 is £1.994m. Expenditure of £0.123m has been incurred during Quarter 1. EFAB slippage monies of £2.200m have been earmarked by WG for investment in the Laundries over 2023/24 and 2024/25 plus additional discretionary funding of £0.200m. This is insufficient to progress the planned transformation programmes. The capital investment will be targeted to underpin service resilience and address estate/equipment needs which are rated as high risk. This excludes statutory spend required for Glangwili and Church Village laundries that remain the responsibility of Hywel Dda & Cwm Taf Morgannwg UHBs.

Welsh Risk Pool spend to Month 3 is £6.456m compared to £10.277m at Month 3 in 2022/23. The high-level forecast for 2023/24 is £135.727m which is in line with the £135.929m IMTP forecast. This forecast requires £26.494m to be funded under the Risk Share Agreement.

JET Meeting

Members of the Executive Team met with Welsh Government colleagues for a JET meeting on the 8th of June. The meeting was very positive and covered a range of topics. The written feedback from Judith Paget acknowledges a number of the risks that NWSSP faces but recognises the positive and constructive approach to mitigate them. The role provided in the establishment of LLais was one example highlighted of our willingness to come forward and support the development of NHS Wales.

Service Improvement Team

Our Corporate Service Improvement Team now has a full team in place, adopting a number of recognised service improvement methodologies and techniques. Some examples to provide an insight into the work of this new team:

- **Payroll Overpayments:** initial work completed, with several improvement opportunities identified that will require internal process change and agreement to process change from our partner organisations. To date this has only been shared internally with the Director of Workforce and OD and his team.
- **Accounts Payable:** commencing work with the Division to look at, and reduce, the number of invoices on hold over 30 days. Initial meetings have gone well, and we are working together to map the existing process before we look to identify any opportunities for improvement.
- **Customer Service Excellence:** corporate accreditation is targeted for mid-October and a programme of work is in progress to provide assurance we will meet this goal. We have held the first two Customer Service Excellence Community of Practice meetings, bringing together representatives from every division within NWSSP and offering support and guidance to all as we work towards this shared goal.

Additionally, we will be working with Primary Care Services and Procurement Services to identify ways to improve the existing supply chain of needles and syringes. Specifically related to those that are distributed from IP5, via Mamhilad, and then onto GP practices and hospitals.

Icelandic Visit

NWSSP Supply Chain recently hosted an overseas contingent from Icelandic Healthcare Services for a two-day visit on 15 and 16 June. The focus of their visit was to implement the Oracle Warehouse Management System (WMS) into their own systems in Iceland. Knowledge sharing, innovation and collaboration underpinned the success of the visit which concentrated on the Newport and Bridgend Regional Warehouses.

The two days were very much focussed on the benefits of the WMS for NWSSP Supply Chain and assisting their decision-making around what would work for them with an emphasis on system configuration, setup, and implementation. Supply Chain will continue to maintain links with the Icelandic Healthcare Service, Supply Chain Team and where possible, support them on their WMS journey.

TRAMS

A development session was recently held for all Chief Pharmacists at IP5. There is a separate update paper on the agenda on the risk of establishing a South-East Hub before the Velindre Cancer Centre closes, and the Chief Pharmacists Group have been extremely helpful in both articulating the risk and finding solutions to mitigate it. Discussions are ongoing with the owners of potential sites in South-East Wales and two potentially compliant options are currently being actively costed for an investment decision. We are closely engaged with the Welsh Government to ensure that proposals under development are considered potentially affordable, and fee expenditure on developing the case is aligned with expectations. Work is on-going jointly with Procurement to establish a Medicines Values unit which is looking at a different approach to buying medicines, looking at value rather than cost. We are also currently in the process of going out to tender for a specialist clean room contractor for a Design, Build and Validation project in the South-East.

Laundry Services

The laundry transformational programme continues to be affected by the lack of available capital from Welsh Government. Welsh Government has asked for the programme to be paused and an alternative “short to medium” solution present which addresses the compliance requirements of BS14065, the move from five to three laundry production units and the requirements of statutory compliance. A programme of works which addressed these requirements was presented to both this Committee and Welsh Government for a capital requirement of £15m.

This programme was deemed unaffordable, so an alternative year by year investment strategy has been developed for all five existing sites based upon ensuring the on-going resilience of the service and the statutory compliance. This strategy will see a proposed investment in the first year of £1.6m in areas such as replacement equipment, fire doors and ventilation.

Trac Issues

NWSSP Employment Services implemented the Trac Recruitment system in April 2016, with a full roll out across NHS Wales in May 2016. Since this there has been an excellent working relationship between NWSSP and Trac, working together in improvements and system developments including the successful implementation of a Welsh interface of the system, built in collaboration, and launched in 2018. Other than some minor issues relating to system updates, the Trac recruitment platform has been stable since implementation. Any downtime or glitches have been remedied exceptionally quickly often helped by the excellent working relationship fostered between NWSSP and Trac. Trac became part of the Civica organisation in 2018, which

enables a greater level of IT support and more robust business continuity assurance.

Trac was taken down for maintenance on the evening of Friday 16th June 2023, planned to run to Sunday 18th June 2023, in order to migrate the system to the Microsoft Azure cloud platform. Following this exercise it became apparent that there were significant accessibility and performance issues on the platform affecting both the applicant side and recruiting manager/professional user side of the system. In order to provide a fix to these issues Trac took the platform down from 19:00 on Tuesday 22nd June 2023 hoping to restore functionality on Thursday 24th June 2023. During this period of the system being offline all system-based recruitment activity ceased.

At 9am on Thursday 22nd June 2023 Trac confirmed the system was back online. However at this point there were still significant issues. Over the next few days these issues were identified as affecting:

- Communications/messaging within the Trac system;
- NHS jobs export functionality;
- ESR interface;
- Jobs boards on organisational websites not fully functioning for all organisations.

There was also an issue around IP restrictions, and this was escalated to NWSSPs Chief Digital Officer to support the fix. The NWSSP Recruitment team continued to raise each of the issues to Trac who started to work on fixes for these.

All issues impacting Recruitment Services have now been rectified except access to Trac online training material. NWSSP provide separate, bespoke training materials for managers and applicants, so training for NHS Wales is not impacted. NWSSP Recruitment Service provided frequent updates to customers on the issues and worked with them on their priority areas for recruitment to ensure minimum disruption to service.

The NWSSP Management team remain in close contact with both the Civica Trac Managing Director and Development Director and are awaiting the full lessons learned report from them. Following receipt of this, a further update will be provided.

Primary Care

Recent developments include the migration of the Low Vision Service into NWSSP's remit, following its transfer from Hywel Dda UHB in June, and the implementation of the gluten free subsidy card scheme.

Brecon House

The negotiations with the landlord on the Mamhilad site for provision of alternative accommodation for the Patient Medical Record service are nearing completion following the discovery of Reinforced Autoclaved Aerated Concrete in Brecon House.

Move to Cathays Park

The planned move from Companies House to the Welsh Government offices in Cathays Park is still scheduled for January 2024 and we are now entering the final consultation stage with staff.


Corporate Risks

The Corporate Risk Register is reviewed monthly by the Senior Leadership Group. New risks have recently been added covering reputational fall-out from the issues identified at BCUHB; the impact on staff and services of responding to the demands of the UK COVID Public Inquiry, the urgent need for accommodation for TRAMs in South-East Wales and issues with the roof at IP5.

The NHS at 75

As part of the birthday celebrations for the NHS in Wales I attended the National Service of Thanksgiving held in the Church of the Resurrection in Ely, and a number of events were held across NWSSP to mark the occasion.

**Neil Frow,
Managing Director, NWSSP,
July 2023**

 GIG CYMRU NHS WALES Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 3.1 20 July 2023
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Annual Review 2022-23

ARWEINYDD: LEAD:	Andy Butler, Director of Finance & Corporate Services
AWDUR: AUTHOR:	Roxann Davies, Compliance Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy.butler@wales.nhs.uk

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

For the Committee to **APPROVE** the Annual Review for 2022/23.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation	The Committee is requested to APPROVE the Annual Review for 2022/23.						

--	--

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Considered in the Annual Review.
Cyfreithiol: Legal:	Not directly applicable.
Iechyd Poblogaeth: Population Health:	Considered in the Annual Review.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Considered in the Annual Review.
Ariannol: Financial:	Considered in the Annual Review.
Risg a Aswariant: Risk and Assurance:	Considered in the Annual Review.
Dyletswydd Ansawdd / Duty of Quality:	Considered in the Annual Review.
Gweithlu: Workforce:	Considered in the Annual Review.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

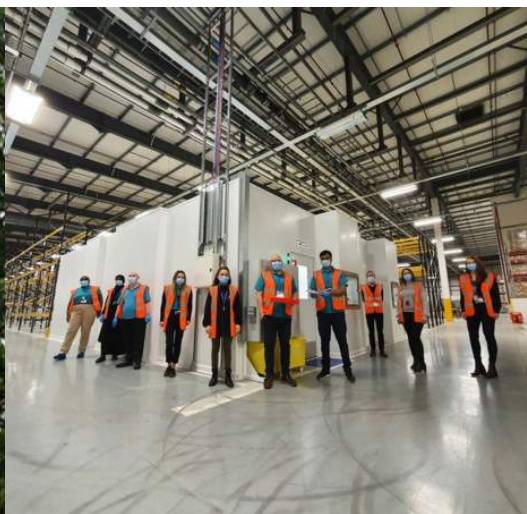
The Annual Review for 2022/23 is attached for formal approval by the Committee.

2. RECOMMENDATION

The Committee is asked to **APPROVE** the Annual Review for 2022/23.

Annual Review

2022-2023



NHS Wales Shared Services Partnership Annual Review 2022-23

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Introduction from the Chair & Managing Director

Welcome to the NHS Wales Shared Services Partnership (NWSSP) Annual Review for 2022-23. This is our 12th annual report and, as in previous years, shows how we are continually improving our services to meet the demands of our partners and customers, as well as our ongoing commitment to adding value through partnership working, innovation and excellence.

During 2022-23 we have continued to grow both in terms of size and complexity. Our total revenue spend for the year was £778m, compared to less than £50m when we were first established. Our total staff numbers are now in excess of 5,500 driven largely in recent times through hosting the Single Lead Employer scheme. The range of services that we provide continue to diversify with 2022-23 representing the first full year of operation of the five current laundries across Wales, and the on-going development of the Transforming Access to Medicine programme, which is starting to deliver significant savings across NHS Wales.

Activity levels continue to increase, particularly in areas such as Accounts Payable, Recruitment and Payroll. This has led to pressure on staff and systems at times during the year, but we have been working with our NHS partners to streamline and revise procedures where appropriate to increase efficiency and responsiveness.

The invasion of Ukraine in February 2022 introduced significant volatility into energy markets and through our Energy Price Risk Management Group (now rebadged as the Welsh Energy Group) we were able to mitigate the worst effects of the pricing increases through forward purchasing of energy bundles. We are working hard to reduce our carbon footprint and have over 30 electric vehicles in our Health Courier Service fleet and charging points available to all NHS staff at the majority of our sites. We also continue to support the recovery from the pandemic through playing a key role in delivering the vaccination booster programmes.

We hope that you enjoy reading about our achievements in this Annual Review and look forward to continuing to meet and exceed the expectations of our stakeholders across Wales in 2023/24.



Neil Frow,
Managing Director



Tracy Myhill,
Chair

About NWSSP



At a Glance



5,493

Members of staff



We currently operate from **16 Buildings**



£778m

Revenue Budget



We continue to reinvest savings for the benefit of NHS Wales



£172m

of professional influence benefits



95%

of all NHS Wales expenditure is processed through NWSSP systems and processes



Our Services

Delivering Value, Innovation and Excellence through Partnership


Through partnership, NHS Wales Shared Services Partnership (NWSSP) delivers a wide range of high quality, professional, technical, and administrative services to NHS Wales, working with wider public services, including Welsh Government. We are an integral part of the NHS Wales family, supporting delivery of services to the staff and patients of Health Boards, Trusts, and Special Health Authorities in Wales. We also provide a range of services to primary care; GP practices, dentists, opticians, and community pharmacies.

	Audit and Assurance Services		Laundry Services		Finance and Corporate Services
	Accounts Payable		Lead Employer for medical, dental & pharmacy trainees		Planning, Performance and Informatics
	Counter Fraud Wales		Legal and Risk Services		People & Organisational Development
	Central E Business Team		Medical Examiner		Surgical Materials Testing Laboratory
	Digital Workforce Solutions		Primary Care Services		Staff Benefits
	Employment Services		Procurement and Supply Chain Services		Student Awards Services
	e-Enablement		Pharmacy Technical Services		Welsh Risk Pool
	Finance Academy (Hosted)		Special Estates Services		Wales Infected Blood Support Scheme
	Health Courier Services				


2022-23 Strategy Map

During March 2023, we updated our Strategy Map following a review our Values and Objectives with the Shared Services Partnership Committee. However, for the purpose of this Annual Review, we are reporting against our goals as set out during the reporting period 2022-23, for which this Strategy Map was in place.


Our Values




Listening & Learning
To continually reflect upon and improve the quality and effectiveness of all we do.



Taking Responsibility
For brave and compassionate decisions and making the right things happen.



Working Together
Inclusively with colleagues, customers, and suppliers.



Innovating
To be courageous and creative through continuous improvement.

Our Strategic Objectives

Value for Money

- Highly efficient and effective organisation.
- Deliver real term savings and service quality Benefits in partnership with our customers.
- Measure value in terms of quality, socio-economic benefit and not solely on cost.

Service Development

- Extend the range of high quality services provided to NHS Wales and Welsh public sector.
- Adapt and change our processes and systems to support the foundational economy in Wales.

Excellence

- A customer centric organisation that delivers process excellence.
- Focus on continuous services improvement, automation and the use of digital technology.
- Leads the way on adopting new ways of working to tackle climate change and decarbonisation targets.

Our People

- Appropriately skilled, productive, engaged and healthy workforce.
- Embed diversity and inclusiveness into our NWSSP culture and actions.
- Encourage the use Welsh in our roles and workplaces, supporting staff to improve their skill level.

Customer and Partners

- Open and transparent customer-focussed culture that supports the delivery of high quality services.

Our Overarching Goals



We will promote a **consistency of service** across Wales by engagement with our partners whilst respecting local needs and regional requirements.



We will **extend the scope of our services, embracing sustainability**, within NHS Wales and into the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales.



We will continue to add value by **innovating, standardising and transforming** our service delivery models to achieve the well-being goals and the benefits of value based and prudent healthcare.



We will be an **employer of choice** for today and future generations by attracting, training and retaining a highly skilled and resilient workforce who are developed to meet their maximum potential and can work in Welsh and English.



We will maintain a **balanced financial plan** whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into the economy.



We will provide **excellent customer service** ensuring that our services maximise efficiency, effectiveness and value for money, through system leadership and a 'Once for Wales' approach.



We will **work in partnership** to deliver resilient services that will help NHS Wales recover from the challenges of COVID-19, lead to a healthier Wales and supports sustainable Primary Care.



We will support NHS Wales **meet their challenges** by being a catalyst for learning lessons and sharing good practice. Identifying further opportunities to deliver high quality services.

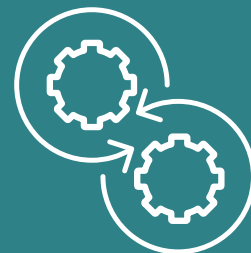


Our Achievements against our Overarching Goals





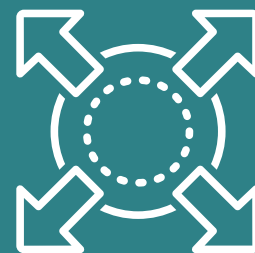
We will promote a consistency of service across Wales by engagement with our partners whilst respecting local needs and regional requirements



- Widened access to job opportunities by engaging and collaborating with the right people, to positively support the communities we operate in.
- Developed a consistent approach to planning and delivery of audit work that demonstrates conformance with the Public Sector Internal Audit Standards, validated by the very positive outcome from the External Quality Assessment (undertaken by CIPFA in March 2023).
- Engagement event held with our Shared Services Partnership Committee and Senior Leadership Team to improve understanding of our partners requirements from our services and organisation.
- The Recruitment Modernisation Programme, centred around themes of Process, Education and Technology, was successful in improving time to hire staff in NHS Wales and saw a 48% increase in activity. Sessions with 1,800+ stakeholders introduced process efficiencies and a Digital ID Check Solution to improve customer journey.
- With stakeholder collaboration, Employment Services' Sponsorship Team established an All-Wales Group that supported GP Practices in gaining Home Office registration. The solution also provided visibility of licenced practices and vacancies to GP Trainees, providing reimbursement of Home Office Fees to GP Practices.



We will extend the scope of our services, embracing sustainability, within NHS Wales and the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales



- Established a reconciliation pathway enabling Health Boards to validate payments to GP Practices under the additional capacity scheme, avoiding process duplication and reflecting an accurate position of the Primary Care workforce
- Surgical Materials Testing Laboratory (SMTL) attained UKAS ISO 17025 accreditation for Hosiery, Bandages and Glove testing services from their new IP-5 Laboratory.
- In 2022/23 Surgical Materials Testing Laboratory completed 201 testing projects, consisting of 643 Test Reports and 3326 products tested, including a number of NWSSP Procurement Services All-Wales Contracts (Lymphoedema Compression Garments, Enteral Gastric Aspirate pH Strip Monitoring).
- Specialist Estates Services established the technical, financial and environmental sustainability of developing net-zero modular decontamination units for use across NHS Wales.
- Introduction of All Wales Detergent Contract included products that allow decrease in water usage and ensure better sustainability and value for money across laundry production.
- Successful implementation of SupplyX in areas such as wound care, community dressings and catheter labs has reduced stock holdings and product waste, as well as making stock ordering more efficient and reliable. The right products, available at the right time, in the right quantity, provides a benefit to the people of Wales.
- Development of semi-automated medicines manufacturing techniques to reduce medicines costs, improve safety and 70% reduction in single use plastic waste.



We will continue to add value by innovating, standardising and transforming our service delivery models to achieve the well-being goals and benefits of value based and prudent healthcare



- Launch of the Digital Strategy setting the direction on the future provision of digital services, approach and methodology we will adopt and the outcomes we seek to achieve. It aims to deliver optimised digital investment by ensuring we implement customer-centric solutions to deliver value and improve user experience.
- Embracing of BS EN 14065 (Textiles Laundry Process and Biocontamination Control) practices to ensure safe clean linen for our customers across our Laundry Services.
- Surgical Materials Testing Laboratory (SMTL) participated in a World Bank project to expand the production of basic medical devices and personal protective equipment around the world. SMTL conducted training sessions on medical device testing for a number of participating laboratories from Jordan, India and Vietnam.
- Emergency Intubation Development Project with Cardiff and Vale University Health Board Development of new Specials Medicines and manufacturing methods for emergency intubation and cancer therapies to provide standardised medicines.
- The introduction of the ID Verification system in September 2022, ensured that successful NHS Wales internal or external applicant, with an in date UK or Irish passport, can now complete an online electronic pre-employment check from their laptop or mobile phone without the need for a face to face meeting.
- Audit and Assurance Services developed an in-house technical solution to replace their electronic audit working papers system.



We will be an employer of choice for today and future generations by attracting, training and retaining a highly-skilled and resilient workforce, who are developed to meet their maximum potential and can work in Welsh and English



- We refreshed our Core Values and developed a Values Behaviour Framework in conjunction with Culture Change Champions embracing feedback from colleagues.
- Collaborated with staff to develop an agile approach to work to attract and retain a diverse workforce, investing in new roles supporting widening access and diversity and inclusion.
- Provision of staff networks and opportunities for capturing employee voice through the Health & Well-being Partnership Group, 'This is Our NWSSP', Culture Change Champions Group, Menopause Café, Proud LGBTQIA+ Group and more.
- We commissioned and delivered the All Wales International Recruitment Programme.
- Staff Lease Vehicle Scheme saw an 24% increase in orders (92% vehicles), Home Electronics Scheme a 31% increase in orders and Cycle to Work Scheme, 217% increase in orders.
- Recognised as Disability Confident Committed with plans to work towards Disability Confident Employer and Disability Confident Leader.
- Annual Health and Well-being Conference and Staff Recognition Awards events held remotely, promoting accessibility for staff.
- The Recruitment Student Streamlining Scheme continues to match student Nurses, Midwives, Physician Associates and Operating Department Practitioner into roles across NHS Wales.



We will maintain a balanced financial plan whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into the economy



- NWSSP reported a balanced financial position for 2022-23, and all financial targets were achieved.
- Salary Sacrifice Car Scheme increased from 2,531 cars in April 2022, to 3,113 cars in April 2023 (23% increase) generated at least £2m in savings back to NHS Wales for the period.
- Surgical Materials Testing Laboratory generated £750k of external commercial revenue in 2022-23.
- The Accounts Payable service processed 2.32 million invoices during 2022/23 which represents a 34.1% increase compared to 2020/21. This was achieved without a significant increase in resource and maintaining all KPI's. In addition £7.2 million of duplicate payments were prevented and early payment rebates from the Priority Supplier Programme and reclaiming of credits, delivered cash savings of £752k.
- Laundry Services continued to develop within its current means before investment, ensuring the best service for our customers. We utilise Welsh businesses, wherever possible, undertaking benchmarking exercises with existing and external partners.
- Replacement of aging Automatic Data Collection technology with modern inventory management SupplyX application and handsets, whilst reviewing optimal stock holdings, has reduced product waste and risk of obsolete stock across multiple clinical and patient facing areas from North to South Wales and East to West Wales.
- Accounts Payable processed 2.32m invoices during 2022-23, representing a 34% increase compared to 2020-21. In addition, duplicate payments of £7.2m were prevented, early payment rebates from the Priority Supplier Programme and reclaiming of credits delivered cash savings of £752k.



We will provide excellent customer service, ensuring that our services maximise efficiency, effectiveness and value for money through system leadership and a 'Once for Wales' approach



- Legal and Risk Services provided legal advice and support across NHS Wales in relation to the ongoing Covid-19 Public Inquiry and had outstanding achievements recognised at recent Legal Awards.
- Transforming Access to Medicines Organisational Change Process for the Senior Leadership Team was completed by the People and Organisational Development Team, in partnership with Pharmacy colleagues, Health Boards, Trusts and TU Partners, to deliver service transformation using a Once for Wales approach.
- Once for Wales purchase and supply of Medicines through Wholesale Dealing Licence to facilitate medicines expenditure savings in Health Boards and Trusts, including Welsh Ambulance Services NHS Trust.
- Student Awards Services helped develop and implemented a new digital solution for healthcare students to apply and manage their NHS Wales Bursary, with the self-service application being quicker, providing a pre-assessment estimate and guides the student throughout. In addition, this saw 100% of student applications being processed within the 20 day target.
- Certifications held by Services within NWSSP include:
 - » ISO 27001 Information Security
 - » ISO 14001 Environmental
 - » ISO 9001 Quality
 - » ISO 45001 Occupational Health and Safety
 - » ISO 17025 Testing and Calibration Laboratories
 - » STS Food Safety (Regional Stores)
 - » Customer Service Excellence
 - » Lexcel (Law Society Accreditation)
 - » Medicines and Healthcare products Regulatory Agency (MHRA) "Specials" License
 - » MHRA Wholesale Dealer License
 - » Home Office Controlled Drugs License
 - » Registered General Pharmaceutical Council (GPhC Pharmacy Premises)



We will work in partnership to deliver resilient services that will help NHS Wales recover from the challenges of COVID-19, lead to a healthier Wales and support sustainable Primary Care



- Storage and supply of 650,000 COVID-19 Vaccine doses during 2022-23 to primary care sites, purchase and supply of 18,000 units of antibiotic suspension to support the Strep-A public health emergency and management of flu vaccine contingency stock for GP services.
- Primary Care Services introduced a Quality Management System and the Quality and Assurance Registration Team increased engagement moving work from GP Practices and reducing the burden on them, whilst increasing assurance levels and enhancing quality and continually seeking to improve our service delivery whilst provided excellent support to all our stakeholders.
- Payroll Services exceeded pay accuracy target reporting a 99.91% pay accuracy across NHS Wales, managing significant increased volumes, alongside multiple manual interventions for Covid Payments, Pay Awards and Pension Tier Assessments.
- Implementation of SupplyX across >30 community dressings locations and >150 other clinical locations made stock available at the right time and in the right quantities for primary care patients who require dressings and other stock items. Improved stock transparency and system interfacing for replenishment has reduced the effort and transport resource needed to meet demand.
- Continuation of meetings with key stakeholder groups including Board Secretaries, Finance Directors, Audit Committee Chairs and Audit Wales to discuss audit approach, reporting and National work.
- Surgical Materials Testing Laboratory worked with the Department of Health and Social Care colleagues to provide Technical Assurance relating to medical devices and Personal Protective Equipment (PPE), advising upon the potential extension of expired medical devices and PPE for NHS Wales.



We will support NHS Wales to meet their challenges by being a catalyst for learning lessons and sharing good practice, identifying further opportunities to deliver high-quality services



- Evidence Based Procurement Board completed evidence reviews and advice statements which led to opportunities to deliver high-quality, evidenced based services and products for NHS Wales patients.
- Development of Audit Data Analytics Dashboard providing comparative information of audits reports, assurance rating and audit themes across NHS Wales over the last five years. All Wales Thematic Reports produced highlighting good practice, for example Estates compliance, IT baseline and Clinical Audit.
- Previous experience and lessons learned in Swansea Bay catheter labs informed the more recent implementation of SupplyX inventory management in Ysbyty Glan Clwyd helping to meet their challenges of improved stock management, stock visibility and more efficient ordering processes. Further opportunities will be developed for unique product identification, product recall and traceability.
- We improved the experience of our Lease Car users by implementing a Lease Car Digital Solution which automates the invoicing process.
- Specialist Estates Services (SES) chairs the All-Wales Estates Managers Group which received presentations on new guidance or live project learning provided by SES staff, or colleagues in NHS Wales, who bring lessons from projects they have delivered.
- Surgical Materials Testing Laboratory (SMTL) continued to support Health Boards in their efforts of improving ventilation in hospital wards. They undertook environmental monitoring projects for Betsi Cadwaladr University Health Board, Hywel Dda University Health Board and Powys Teaching Health Board, to assess the efficacy of commercial devices which are designed to decontaminate circulating air.

Staff Recognition

The NWSSP Staff Recognition Awards for 2022, held on 25 January 2023, provided an opportunity for the Senior Leadership Group to formally acknowledge the incredible commitment, dedication, and professionalism of all our staff from across Wales.

The 2022 Recognition Awards Ceremony was our 7th event, and third held virtually, that celebrated the success of both teams and individuals who have gone above and beyond within NWSSP.

Staff were recognised in a number of categories including our organisational Core Values of Listening and Learning, Working Together, Innovating and Taking Responsibility. Further recognition was seen in the remaining categories of Health and Well-being, Welsh Language, Leadership, Role Modelling Diversity and Inclusion, Environment, Team of the Year, Trade Union Partnership and Hidden Heroes. A number of colleagues also received the Managing Director's Star Award for their outstanding contributions.

Aligned with the above, a series of 'face to face' regional Staff Recognition Awards events are now also underway where colleagues are recognised in person by the Senior Leadership Group. The first event took place in our Matrix House site in Swansea with a number of colleagues presented with awards and certificates. Further regional events across Wales have been undertaken during the summer of 2023.



The excellent work that staff have undertaken, and continue to undertake, was highlighted during the course of the event and I can say that I am incredibly proud to lead an organisation where people always go that extra mile in everything that they do.

- NWSSP Managing Director Neil Frow

Health and Well-being





Health and Well-being

NWSSP is fully committed to the promotion of health and well-being of its employees. As a health service, health and well-being applies as much to our employees as it does to the local population.

We want to do as much as we can to enable our employees to be at their best, be energised, motivated and committed to their work. It is important that we take proactive steps to ensure the well-being of our staff are fully supported and protected. This will enable our employees to flourish, reach their full potential both in and out of the workplace, while supporting NWSSP in achieving its strategic goals.

Having published our Health and Well-being Framework for 2022-2024, the themed action plan is helping to build on the work already done to create a culture and environment in which our managers and staff are focused on well-being, aiming to provide a working environment for staff which enables them to thrive as a healthy, engaged and motivated workforce. It encompasses 5 key themes, with programmes that will support delivery of improved well-being:



Improving the physical well-being of our staff

01



Improving the mental well-being of our staff

02



Improving well-being through people management practices

03



Supporting economic and social well-being

04



Employee Involvement

05

Health and Well-being Partnership Group and Champions

The Health & Well-being Partnership Group was established in 2019 and supports the implementation of the Health and Well-being Framework through the development, monitoring and communication of well-being actions. It has wide membership from across the organisation, including Trade Union Partners to ensure management and staff are represented, engaged and have joint involvement in the delivery and development, going forward.

The Health and Well-being Partnership Group continues to meet bi-monthly, chaired by our Director of Finance and Corporate Services. We have 50 Health and Well-being Champions across the organisation. Over the past year the Champions have been involved in deciding future developments for the Group. The Champions are members of a Teams Channel where they can access information to share with their teams. We also host a bi-monthly virtual “Champions coffee morning” to get to know each other and share tips and ideas.



Health and Well-being Conference

Our annual Health and Well-being Conference in October 2022 was held virtually and attended by around 300 participants. The event was recorded and available to watch afterwards. Feedback was very positive with the day being very interactive, comprising of 2 physical activity sessions, yoga and a fitness workout, as well as an active chat. There were also sessions on “Financial Fitness”, “The impact of financial pressure on Mental Health”, “From Stress to Rest”, and “Healthy Eating on a Budget”.



Staff Benefit Schemes

Within NWSSP's Staff Benefit Team, we offer the following schemes for staff:

➤ **Staff Lease Vehicle Scheme**

Run in association with NHS Fleet Solutions and designed to provide all eligible NWSSP staff with the option of access to vehicles of their choice at a very competitive prices, whilst at the same time providing savings for the organisation that will support the services provided to patients.

➤ **Cycle to Work Scheme**

Designed to provide all eligible NWSSP staff with the option of access to bicycles and associated accessories for cycling to work (e.g. helmets, clothing, etc) at very competitive prices, to encourage active travel and commuting back and forth work, whilst at the same time providing savings for the organisation that will support services provided to patients.

➤ **Home Electronics Scheme**

Run association with Home Electronic Solutions and designed to provide all eligible NWSSP staff with the option of access to home electrical items of their choice at a very competitive prices from Currys/PCWorld, whilst at the same time providing savings for the organisation that will support the services provided to patients. There is no deposit and costs are fixed for all elements of the term.

➤ **Loans Repaid Through Salary**

The scheme offers loans at affordable rates with higher acceptance than banks, as an affordable alternative to credit cards and overdrafts, it could also be used to cover an unexpected expense or help to achieve long-term financial goals.

Financial Well-being

During 2022, we also teamed up with Salary Finance to offer money insights advice and affordable loans repaid directly from an employee's salary. Salary Finance offers box set education videos as well as webinars, calculators, tools and life guides, with the financial education intended help staff better understand and manage their money.

➤ **Financial Well-being Resources**

The cost-of-living crisis has affected the well-being of many people over the past year. NWSSP has improved the resources and information available for staff, with a new, easier to navigate intranet page. This includes links to a range of different avenues of support including the Moneyhelper Website, and Union and Government initiatives.

➤ **Talk Money Week**

For the first time in November 2022, NWSSP participated in Talk Money Week. We held workshops for staff on the NHS pension scheme, menopause and themed communications were sent out through the week on topics such as the financial impact on parenting, utility bills and caring responsibilities, and where you can find support.

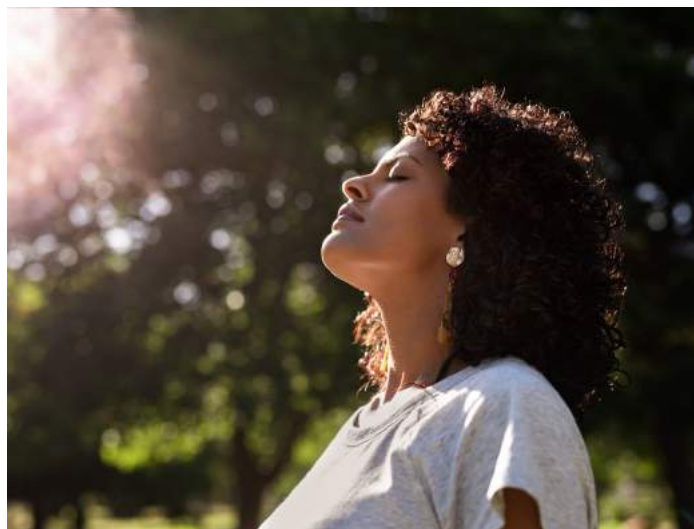
Well-being Workshops

➤ **Leah Davies**

An inspiration life-coach, ran a series of online workshops for staff throughout 2022, on topics such as "How to be your own best friend" and "Modern Day Mindfulness".

➤ **Stress Awareness workshops**

Were regularly delivered by Joanne Pitt, a psychotherapist from "Network of Staff Supporters". The sessions are run online for small groups and focus on ways to build your personal resilience.



Physical Well-being



➤ **Physical activity sessions**

Following the conference there were requests for further physical activity online sessions. NWSSP has started running monthly lunchtime sessions for a 6 month trial period, which includes medium intensity workouts, tai-chi and desk yoga half-hour sessions. The workouts are recorded and available to be watched for one week following the events.

➤ **Relaxation and mindfulness resources**

As part of Stress Awareness month, new resource pages were added to the staff intranet, providing information, and resources to support staff who might be feeling under pressure. These include short videos and free apps which can be used to take short breaks when needed through the day.

➤ **Menopause support**

The Menopause Café continues to run monthly and now offers membership of a Menopause Teams channel, where questions can be asked and tips and resources shared.

Mental Health

Below are examples of initiatives that we have been working on during 2022-23:

- **Introduction of the cultural mental health support page** to ensure every member of staff within NWSSP can find support when needed.
- Consideration for the demographics of our workforce resulted in the creation of a **dedicated support page specifically for 16-25 year olds** with signposting, contacts tips and guidance for young adults.
- **Expansion of the Mental Health First Aider Programme** through training 2 members of the People & Organisational Development Team as Mental Health First Aid Trainers, allowing us to further train internally.
- **Developed an action plan to launch our Mental Health First Aid Accredited Centre Programme.** To achieve this we will need to invest qualifying Trainer & Assessor Team and an Internal Verifier, create a group of policies specific to the assessment centre and establish the administration arm for the centre, apply to be an accredited centre with the awarding body Safe Cert Awards and host an approval visit that will be facilitated by an External Verifier.



- We introduced **men's mental health awareness sessions**, which were delivered by Marauders men's health across several sites and established a dedicated monthly Men's support group and mental health page.
- **Addition of new mental health support platforms** such as, MIND Cymru, SHOUT, Hafal, C.A.L.L, Maximus and many more. Each network offers different support packages all available free for staff.
- **Introduction of free Maximus (Remploy) resources**, including a workshop awareness session, showcasing the Access to Work Mental Health Support Service and how we can support those suffering with depression at work. Additionally, they offer a Vocational Consultant support service offering staff 9 months of free emotional support.



Diversity and Inclusion

NHS Wales Shared Services Partnership are proud to celebrate equality and diversity, and want all of our employees to feel valued, respected and included in the organisation. This is why we think it's important to promote events and opportunities that support this agenda and encourage our employees to celebrate their differences.

During 2022-2023, we worked collaboratively with our staff to continue to develop an agile approach to work to attract and retain a diverse workforce. We refreshed our Core Values and developed a Values Behaviour Framework in conjunction with our Culture Change Champions in response to feedback from colleagues.

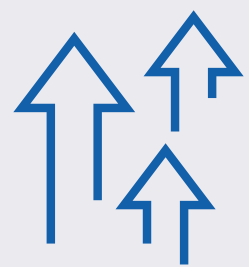


In addition, we invested in a new role to support widening access and a new role to support diversity and inclusion. Equality Integrated Impact Assessments (EqIIAs) continued to be undertaken in relation to a range of projects and service developments across the organisation. We work collaboratively with NHS Wales organisations to deliver a range of initiatives for staff in relation to equality and diversity and have representation on the NHS Wales Equality Leadership Group, promoting campaigns such as It Makes Sense, Pride Cymru and NHS Equality Week.



We were pleased to be recognised as a Disability Confident Committed and have plans in place to work towards achieving Disability Confident Employer and Disability Confident Leader status, going forward. Further, we received a Highly Commended award in Enhancing Wellbeing and Belonging at Work from Employer's Network for Equality and Inclusion (ENEI), in relation to provision of staff networks and opportunities for capturing employee voice via the organisation's Health & Well-being Partnership Group, This is Our NWSSP Culture Change Champions Group, Menopause Café, Proud LGBTQIA+ Group and more.

Performance





Key Performance Indicators

Internal KPIs:

High Level KPI's and Targets	2022 - 23 Actual	2022 - 23 Target
Corporate & Finance		
Balanced Financial Position	Breakeven	Breakeven
Balanced Capital Financial Position	Within CRL	Within CRL
Planned Distribution	£2M	£750K
% of invoices paid within 30 days	96%	95%
NWSSP Org KPIS Recruitment		
Average Days Vacancy creation to unconditional offer within 71 days	68.5	71
Average Days Vacancies approved within 10 working days	9.6	10
Average Days Vacancies shortlisted within 3 working days	7.8	3
Average Days Interview outcomes notified within 3 working days	3.6	3
Workforce		
Staff Sickness	2.81%	3.30%
Performance and Development Review Compliance	85%	85%
Statutory and mandatory training compliance	91%	85%
Agency %	0.29%	<0.8%

External KPIs:

High Level KPI's and Targets	2022 - 23 Actual	2022 - 23 Target
Professional Influence		
Professional Influence Benefits	£172M	£110m
Procurement		
Procurement Savings	£53M	£32M
Accounts Payable		
Savings and Successes	£5M	
All Wales % of invoices paid within 30 days	95%	95%
Employment Services		
Overall payroll Accuracy	99.9%	99.6%
Overall payroll Accuracy	99.7%	99.6%
Payroll % Calls Handled	81.0%	95%
Recruitment All Wales Org KPIs		
Average Days Vacancy creation to unconditional offer within 71 days	81	71
Recruitment % Calls Handled	96%	95%
All Wales Organisation NWSSP KPIs - Recruitment		
% of Vacancies advertised within 2 working days of receipt	98%	98%
% of conditional offer letters sent within 4 working days	97%	98%
Student Awards		
Student Awards % Calls Handled	100%	95%
% of NHS Bursary Applications processed within 20 days	100%	100%
Central Team eBusiness Services		
High priority incidents raised with the Central Team are responded to within 20 minutes	100%	80%
BACS Service Point tickets received before 14.00 will be processed the same working day	100%	92%

High Level KPI's and Targets	2022 - 23 Actual	2022 - 23 Target
Primary Care Services		
Primary care payments made in accordance with Statutory deadlines	100%	100%
Prescription - keying Accuracy rates	100%	99%
Urgent medical record transfers actioned within 2 working days	100%	100%
Patient assignment actioned within 24 hours of receipt of request	100%	100%
Category A Cascade alerts to be issued within 4 hours of receipt	100%	80%
Audit & Assurance (June - March 23)		
Audit opinions/annual reports on track	Yes	Yes
Audits delivered for each Audit Committee in line with agreed plan	Yes	Yes
Report turnaround fieldwork to draft reporting [10 days]	93%	95%
Report turnaround management response to draft report [15 days]	72%	75%
Report turnaround draft response to final reporting [10 days]	100%	95%
Special Estates Services		
Professional Influence Savings	£14M	£5.5M
Legal & Risk Services		
Savings and Successes	£75M	£65M
Timeliness of advice acknowledgement - within 24 hours	100%	90%
Timeliness of advice response – within 3 days or agreed timescale	97%	90%
Welsh Risk Pool		
Time from submission to consideration by the Learning Advisory Panel	97%	95%
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%
Holding sufficient Learning Advisory Panel meetings	100%	90%

High Level KPI's and Targets	2022 - 23 Actual	2022 - 23 Target
Surgical Materials Testing Laboratory		
% of incident reports sent to Reg Authority within 50 days of receipt of form	100%	100%
% delivery of audited reports on time (Commercial)	96%	87%
% delivery of Technical assurance evaluations on time	100%	87%
Digital Workforce Solutions		
Customer Satisfaction	93%	90%
% Calls Handled	89%	70%

During 2022-23, we refreshed our Performance Framework to bring together performance measures that highlight our strategic performance. We continue to provide case studies and other qualitative means to demonstrate our performance. During the year we have also created a Performance and Outcomes Group, specifically to look at developing outcome measures and to review current KPIs. Where targets have not been met for the financial year 2022-23, an overview of how we are addressing performance going forward is set out below.

Audit and Assurance

- Report turnaround management response to draft report (15 days) and report turnaround fieldwork to draft reporting (10 days) which measures the performance of turnaround times within the health organisation and within Audit & Assurance. The targets have slightly been missed, however, Heads of Audit continually discuss these delays directly with health organisations. Our Heads of Audit continue to work closely with NHS organisations to help improve turn around times on fieldwork and management responses. All progress on audit plans is discussed and agreed with Board Secretaries and Chairs of Audit Committee.

Recruitment

- As a service that provides recruitment administration for all NHS organisations in Wales, we work collaboratively with organisations to ensure activities are processed efficiently, but also safely. The Recruitment teams have, and are still, experiencing unprecedented levels of demand.
- Recruitment continues to work with recruiting managers through customer meetings and invited organisations. The modernisation program has been rolled out across all health organisations to enhance the service we deliver and the time to hire. Recruitment has also introduced virtual pre-employment checks.

Payroll Call Handling

- Payroll call handling missed the overall target for the full year however, recent performance has improved with February (97%) and March 23 (97%) since moving the call handling team back into the payroll teams. Further payroll service improvements are planned for 2023-24.

Financial Performance

Targets:

- NWSSP provides support to all NHS bodies across Wales and, as such, must use the budget allocated to meet the running costs with a requirement to break even each year.
- In addition, NWSSP will distribute savings achieved during the financial year to health bodies across Wales.
- As well as ensuring revenue income and expenditure is balanced, there is also the requirement to ensure any capital spend is within the Capital Expenditure Limit provided by Welsh Government.
- Finally, the Public Sector Payment Policy (PSP) requires NWSSP to pay invoices to non-NHS suppliers within 30 days of an invoice being issued or the goods received.

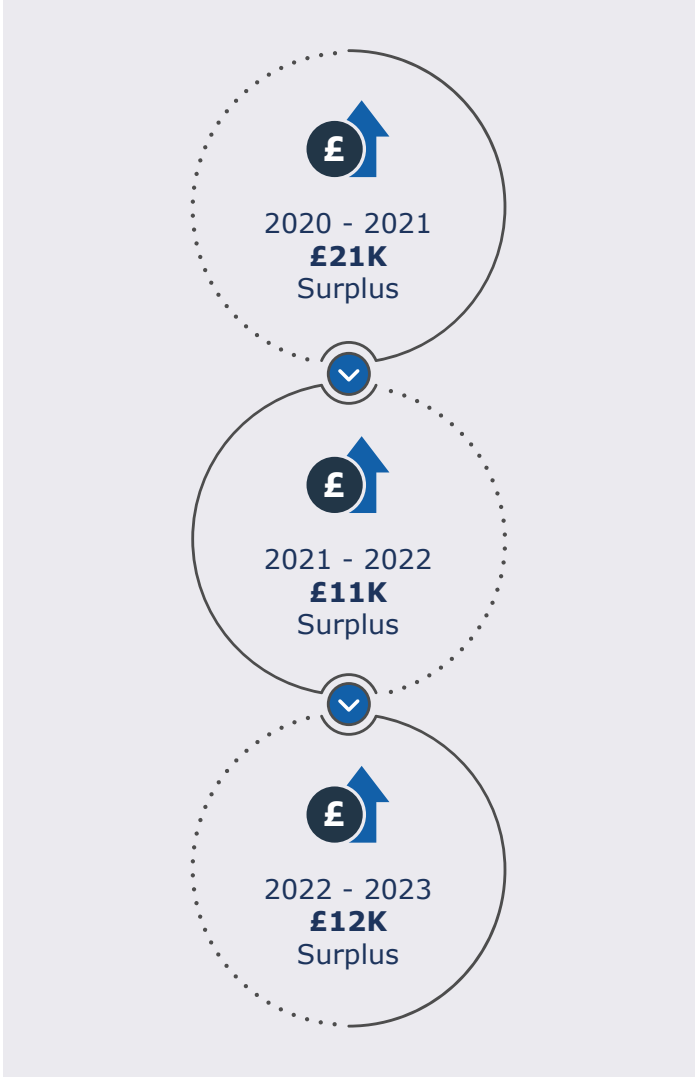
During 2022-23 we achieved all of our financial performance targets, exceeded our savings targets and were able to distribute £2million of savings to NHS Wales:

Successes:

- ✓ £5.023m Capital Expenditure Limit achieved
- ✓ £2.000m Distribution of savings
- ✓ % of invoices paid within 30 days - 96%



Outturn:



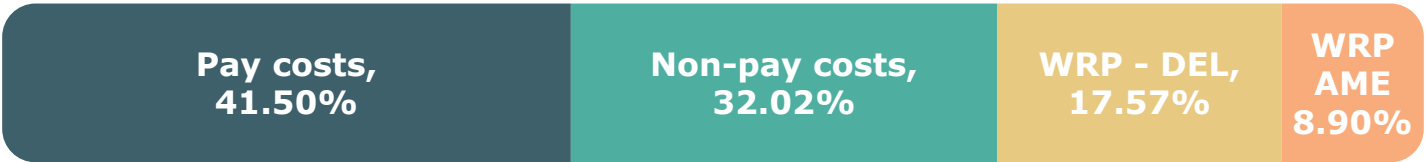
NWSSP income and expenditure can be summarised as follows:

	2022 - 23 £m	2021 - 22 £m
Income	778.021	869.973
Expenditure	572.012	444.093
WRP - DEL*	136.727	129.615
WRP - AME**	69.27	296.254
Surplus	0.012	0.011

*Departmental Expenditure Limit (DEL) to meet in year costs associated with settled claims. Expenditure above the annual allocation is recouped from Health Boards and Trusts using a risk sharing agreement approved by the NWSSP Partnership Committee for core claims growth.

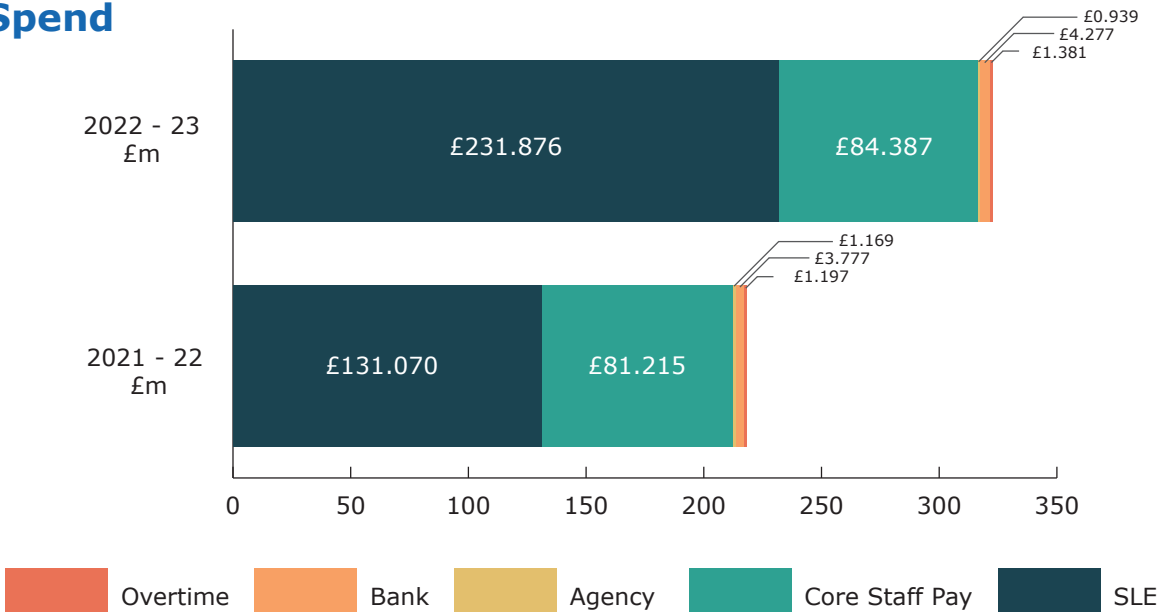
**Annually Managed Expenditure (AME) to meet the cost of accounting for the long term liabilities of claims. This budget is based on estimates provided directly to the Welsh Government by the WRP.

Revenue Spend



During the 2022-23 financial year, total expenditure was £778m. £323m was spent on pay costs, £249m on non-pay costs and £206m was Welsh Risk Pool Expenditure.

Pay Spend

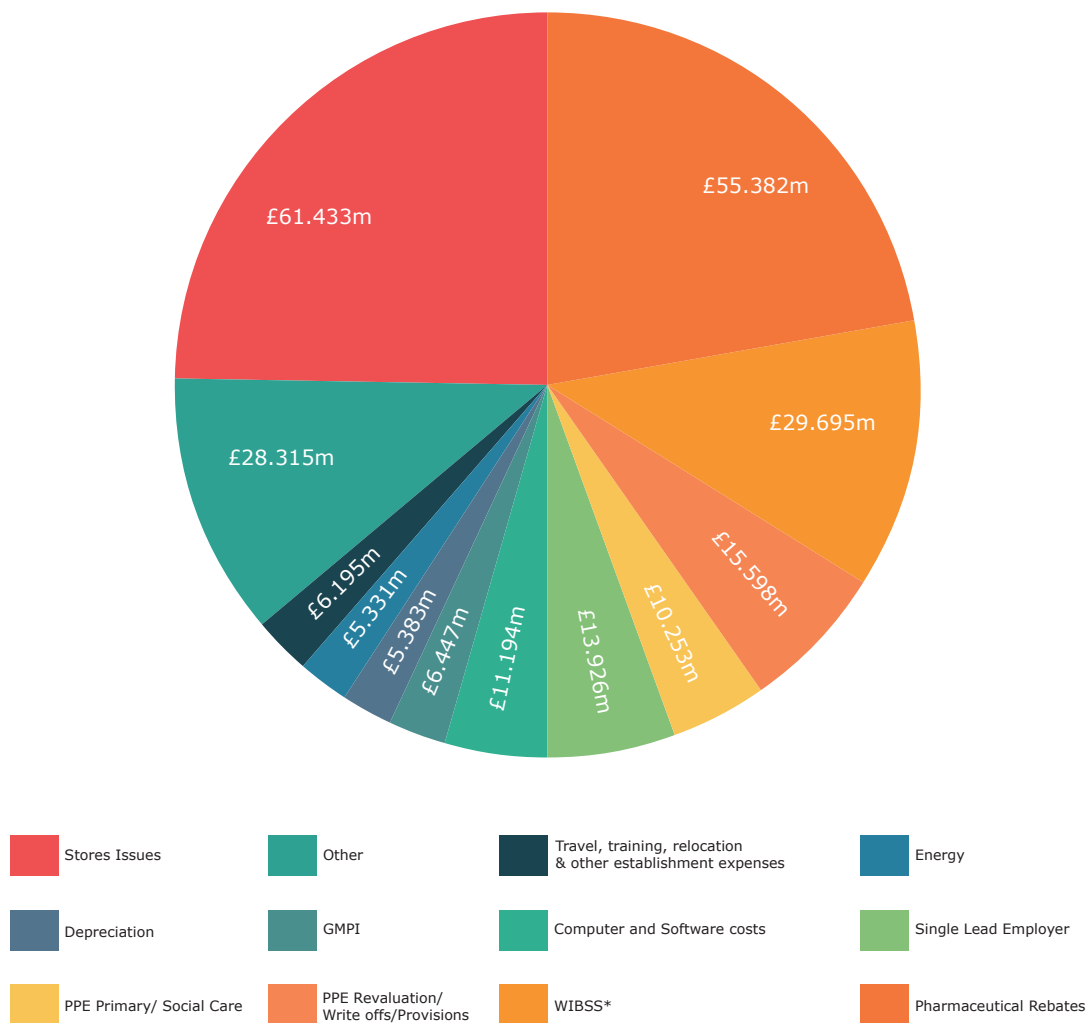


Spend on bank, overtime and agency staff is generally in relation to the covering of vacant posts, long-term vacancies or for support to the ongoing covid response. Expenditure on premium rate pay is minimised as far as possible.

*Single Lead Employer (SLE) is an employment arrangement that was put in place to effectively manage and support all Medical & Dental trainees across Wales for the duration of their training programme.

Non-pay spend

Non-pay spend for the 2022-23 financial year totalled £249m, excluding Welsh Risk Pool payments. The chart below shows the main categories of non-pay spend for the 2022-23 financial year with the 'other' spend broken down further.



'Other' Spend	£m
PPE Delivery/ Warehouse/ Testing	£2.696m
Mass Vaccination	£0.618m
Intra NHS Charges	£3.716m
Vehicles and Running Costs	£3.702m
Premises	£4.700m
Fixed Asset adjustments	£3.363m
Distribution to Health Boards	£2.000m
Clinical Supplies & services, including Bedding, linen and lab products	£3.680m
General Supplies & Services	£2.019m
IFRS 16 Revenue Recovery	£1.094m

**Wales Infected Blood Support Scheme (WIBSS) aims to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue in the 1980s and 1990s*

Capital investments

During the 2022-23 financial year a total of £5.023m was invested across a wide range of capital projects. Significant investments were made in our Laundries to replace end of life equipment (£1.773m), the year 2 implementation of the Scan 4 Safety project (£0.833m) and new vehicles as part of our asset replacement strategy (£0.658m). In addition Phase 2 of the LED light installation in our IP5 storage and distribution facility in Newport was completed (£0.544m) and the new Welsh Healthcare Student Hub was built and implemented (£0.474m). Investments were also made in new equipment in our Medicines Unit to support the development of new services to NHS Wales (£0.213m) and additional racking to increase our storage capacity within IP5 (£0.252m).

Discretionary capital categories	£m
IT	0.164
Estates	0.095
Equipment	0.407
Vehicles	0.163
Capital Credits	-0.372
Total Discretionary	0.457

Additional capital schemes	£m
IP5 discretionary	0.192
Scan for Safety	0.833
TRAMS	0.305
Welsh Healthcare Student Hub	0.474
IP5 Racking	0.252
Denbigh Stores energy monitoring	0.018
Portable EV chargers	0.073
IP5 LED lights	0.544
Laundry Equipment	1.579
Health Courier Service Vehicles	0.495
DHCW - Poweredge Server	0.022
Denbigh Warehouse improvements	0.053
Glidescopes transfers to UHBs	-0.282
Additional Capital Total	4.558
IFRS16 Lease	0.008
Total	5.023

Governance Framework

The Shared Services Partnership Committee (SSPC) and NWSSP Audit Committee are responsible for scrutinising, assessing, and monitoring performance. These committees along with several sub-committees and advisory groups ensure compliance with the overarching NWSSP Governance and Assurance Framework. Committee papers are published and available on our website.

The SSPC membership comprises an Independent Chair, Managing Director of NWSSP and either the Chief Executive or another nominated representative, acting on behalf of each NHS Wales Health Board or Trust and Special Health Authority. The SSPC is responsible for ensuring NWSSP consistently follows the principles of good governance, maintains oversight and development of systems and organisational processes for financial and organisational control, governance, and risk management.

The role of the Audit Committee is to review and report effective operation of overall governance and the internal control system. This includes the management

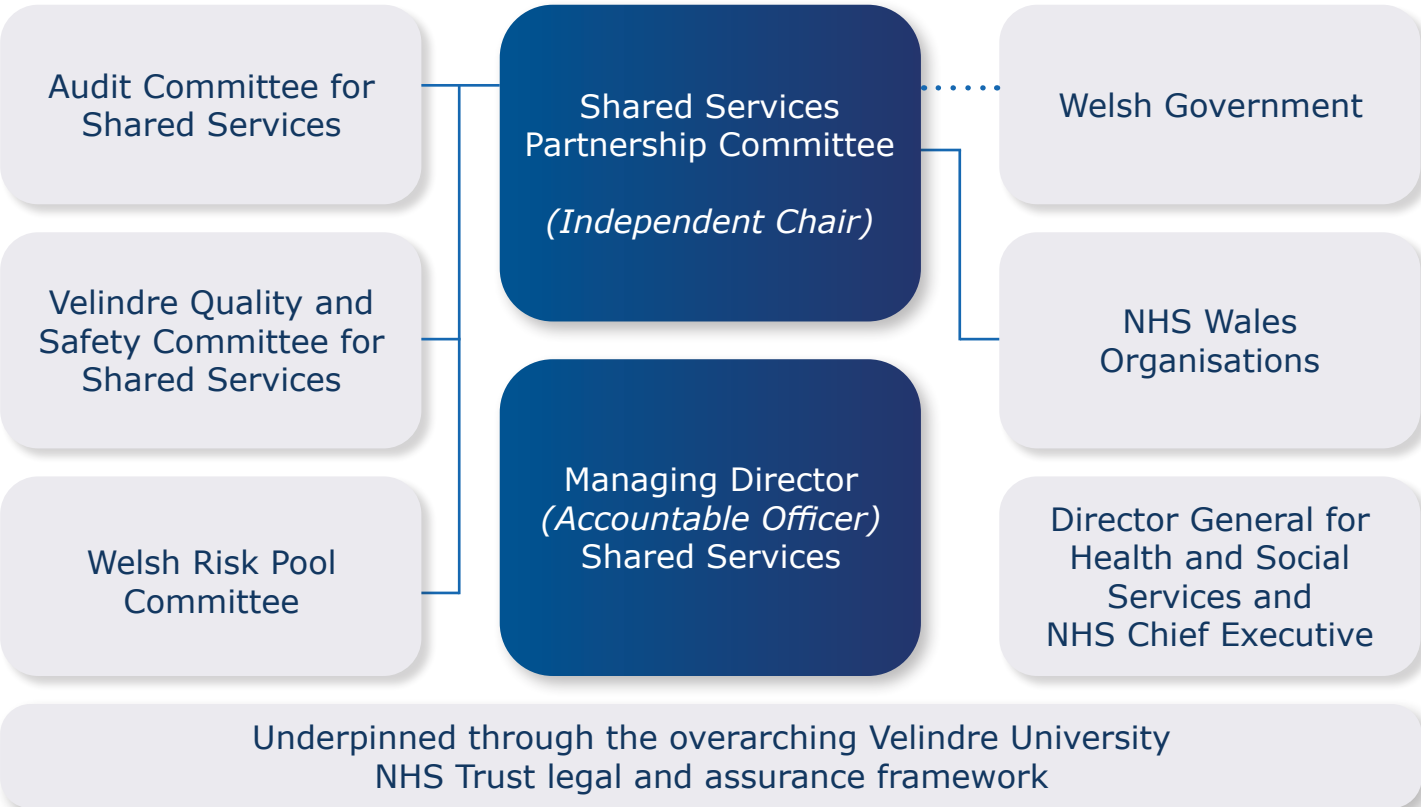
of risk, operational compliance controls and related assurances that support the delivery of objectives and maintain standards of good governance.

The management and control of resources during 2022-23 is evidenced within the Annual Governance Statement. The statement details the extent to which we complied with our own governance requirements, summarising all disclosures relating to governance, risk, and control.

Committee Papers and Executive Declarations are published and **available on our website.**

The Head of Internal Audit provides an annual opinion on the adequacy and effectiveness of the risk management, control, and governance processes, which was **reasonable assurance** for 2022-23.

Our Structure



Health and Safety


NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is considered essential that management and staff should work together positively to achieve an environment compatible with the provision of the highest quality services to staff and visitors where health hazards to staff and visitors and others are minimised, so far as is reasonably practical.

To achieve our aims, we need a highly skilled, motivated, engaged and healthy workforce. Staff engagement and health and safety is a priority and will be delivered in an environment where staff are well managed and valued for their contribution.


NWSSP’s aim is to provide and maintain a safe and healthy environment for all that use our services. This is achieved through effective leadership by senior managers, participation of all staff and open and responsive communication channels.




During 2022-23, the main category of health and safety incidents were:




Contact with an Object



Manual Handling



Slips, trips and falls



Violence and Aggression

Health and Safety Trends and Objectives 2022/2023

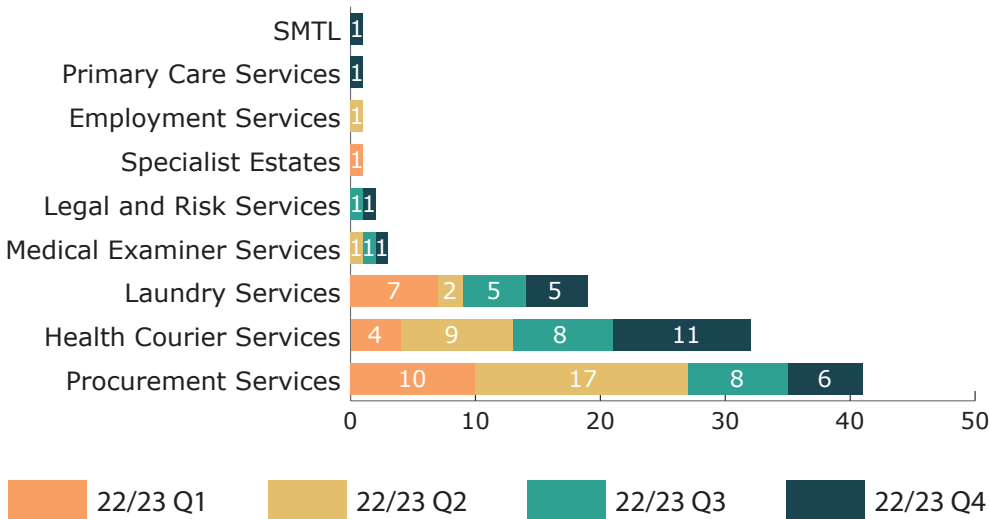
Trend Category	2019-20	2020-21	2021-22	2022-23	Trend
Contact with an object/ Struck by an object	11	11	26	30	↑
Manual Handling	14	12	23	16	↓
Slips, trips and falls	13	6	15	15	-
Violence and Aggression	14	10	10	15	↑

A slight increase can be seen on the previous year in relation to contact with an object/struck by an object and violence and aggression. Slips, trips and falls has remained the same as the previous year, whereas manual handling has decreased on the previous year.

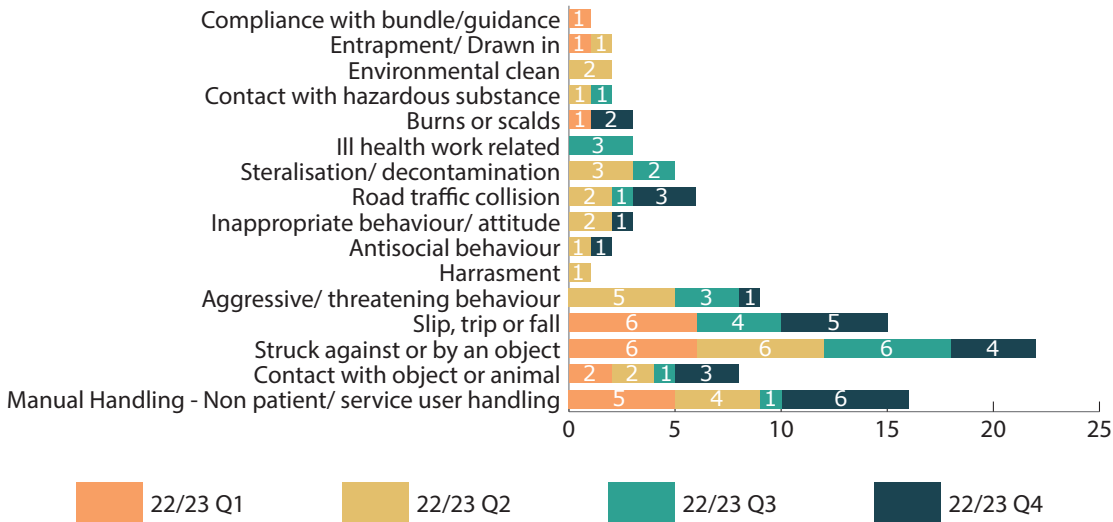
The expansion of NWSSP through taking on services has also inevitably led to an increase in incidents. However, despite the increases, the objectives set for manual handling, slips, trips, and falls have been achieved. A schedule of health and safety internal audits was undertaken by the Health and Safety Manager, Health and Safety Support Officer, at NWSSP.



Health and Safety Incidents by Service Group and by Quarter – 2022/2023



Health & Safety Incidents by Sub-Category by Quarter 2022-23



Health and Safety in COVID-19

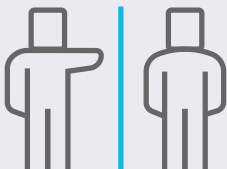
During 2022-23, Welsh Government (WG) were moving towards accepting coronavirus as a vaccine-preventable disease with immunisation the most critical first line of defence. With increasing numbers of people vaccinated and continued efforts, coronavirus specific legal requirements no longer applied. The risks from coronavirus are now considered in the same context as other communicable diseases risks (for example, flu and norovirus).



In March 2022 WG produced guidance which is set out in 'Together for a safer Future: Wales' long-term Covid-19 transition from pandemic to endemic' in March 2022.

From 18 April 2022 the Covid-19 specific risk assessment was no longer required as a legal requirement and the Health and Safety Executive (HSE) no longer required businesses to consider COVID-19 in their risk assessment or to have specific measures in place.

From 9 May 2022 a separate covid-19 risk assessment, physical distancing and face coverings were no longer a legal requirement and were not mandated within NWSSP sites. Perspex Screens continue to remain at sites, where installed.



From 30 May 2022, the legal requirement to wear a face covering in health and care settings ended.



NWSSP continues to comply with the Workplace (Health, Safety and Welfare) Regulations 1992 for Welfare Facilities.

Staff based at health and care settings, and staff who attend these sites, were expected to comply with the local arrangements at each site. Staff continued to be required to familiarise themselves with local arrangements, prior to attending.

To reduce the risk of the spread of Covid-19 transmission, the following health and safety protection measures continued in the workplace within NWSSP and we continue to monitor the guidance and regulations.

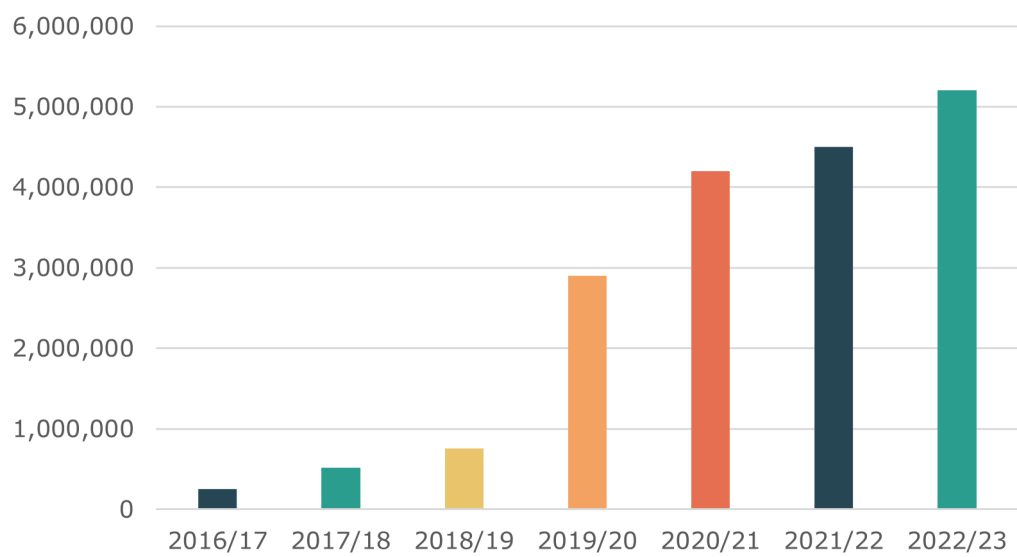
- Consistent communication messages to staff.
- Protect staff who are at increased risk and promote vaccination.
- Promoting good hand hygiene.
- Enhanced cleaning.
- Adequate ventilation.
- Promote the principles of agile working.

Welsh Language

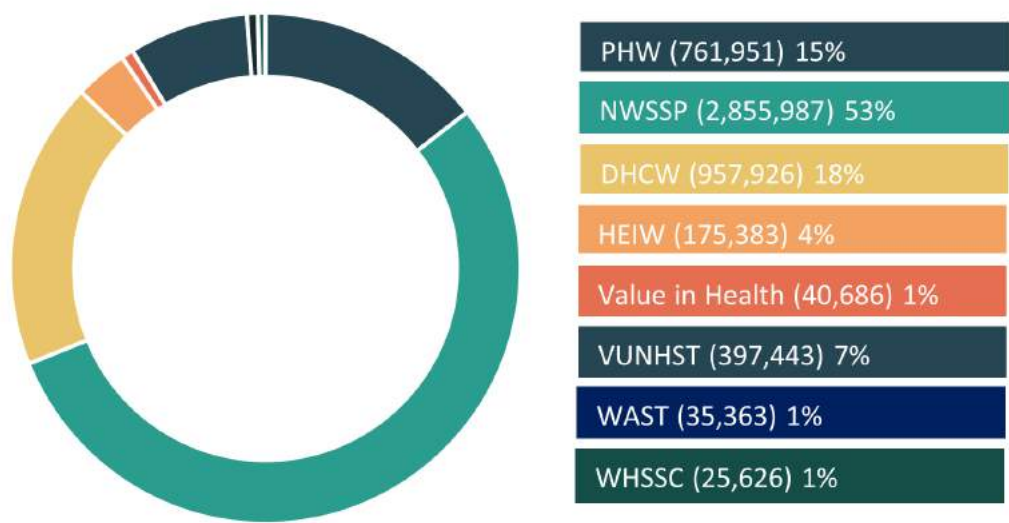
Translation Support Services to NHS Organisations:

The Welsh Language Unit provided translation services for a number of NHS organisations during 2022/23, translating over 5.2million words. Over the last seven years there has been a significant increase in the demand for Welsh Language translation services and we intend to invest further in our translation resources in 2023/24 which will enable us to provide further support to NHS organisations in 2024/25 onwards.

Translation: Growth in demand 2016 - 2023



Translation Services to NHS Organisation 2022/23



In order to sustain a reliable and high-quality service to the ever increasing demand to support NHS organisations we have recruited more translators to our established bank of translators and have service contract with 4 external private translation companies.

Our projects in 2022/23

➤ **Compliance with Standard 106A**

A protocol is now in place to ensure that recruitment managers advertise all vacancies in Welsh.

➤ **Duty of Candour public video**

Is available in Welsh.

➤ **Easy Read Leaflets for patients**

we worked alongside the Welsh Risk Pool and Eido Health Care to translate easy read leaflets for patients.

➤ **All Wales GDPR Course** is available to all NHS Staff in Welsh.

➤ **Finance Academy promotional video** is available in Welsh.

➤ **Workforce Reporting System**

The front end interface for this system has been developed and continues to be developed bilingually.

➤ **All Wales Occupational Health System**

A detailed Welsh language specification for the procurement and development of this new system. Development is ongoing into 2023/24.

➤ **Student Awards System**

The system has been developed and launched bilingually for all students.

➤ **Counter Fraud Awareness Course** is available in Welsh

➤ **Counter Fraud App** is available in Welsh.



Information Governance

In 2022/23, the following activities were delivered within the Information Governance function:



21

Face-to-face IG classes were attended by staff using Microsoft Teams.



87%

Average IG eLearning core skills compliance across NWSSP.



91

Freedom of Information requests received.



430

Actionpoint calls logged on the dedicated service platform.



Compliance in responding to Freedom of Information requests within 20 working days.



470

Staff attended an IG training session.



- Full review of Privacy Notices completed.
- SWAY newsletters, handouts and regular communications developed to provide updates on all IG topics.
- Low numbers of IG breaches reported with no severe incidents reported.
- Substantial assurance with audit programmes.
- New IG guidance and protocols launched.
- Policies and Procedures reviewed in line with review dates.
- Privacy Impact Assessments completed including Scan4Safety, Wales Student Healthcare Hub and All Wales Occupational Health software.

Communications



954,505 Website Hits

The MURA platform hosts NWSSP’s external facing bilingual website. The site has recently undergone a major refresh in line with organisational branding and the development of, and in addition to, new programmes and projects within Shared Services. The site continues to provide key information to all of our stakeholders including contact details, services, and our general business.



2,232,966 Website Hits

NWSSP’s internal website is hosted via the SharePoint platform and was launched in 2021. It provides all staff with important information on programmes, projects, initiatives, sharing of key corporate messaging, health and well-being, contact details and general news.



6,166 LinkedIn Followers

NWSSP’s LinkedIn channel is an awareness tool that enables the organisation to share corporate information with stakeholders on a more formal basis. This includes latest developments, staff achievements and initiatives, as well as providing a platform for recruitment. LinkedIn ensures that we can also personally share information directly from colleagues as well as our partners.



4,554 Twitter Followers

The Twitter platform provides another channel for the organisation to share and signpost stakeholders to information regarding Shared Services which in turn has helped to drive up followers and traffic to our external website. As with our LinkedIn channel, our followers include important partners such as Welsh Government, NHS Wales, Special Health Bodies, staff, Contractors and the general public.

Sustainable Development





Well-being of Future Generations

The Well-being of Future Generations (Wales) Act 2015 sets out ambitious, long-term goals to reflect the Wales we want to see, both now and in the future. We recognise the importance of future generations, teamed with our NHS Wales and wider scope of influence with the shared services functions we provide.








For this reason, the content of the Act continues to be the golden thread running through the heart of everything we do, underpinning our policies, strategies, and plans. We have embedded the five ways of working ensures we safeguard the needs of future generations without compromising those of the present. It ensures our robust governance arrangements improve the cultural, social, economic, and environmental well-being of Wales, through the Sustainable Development Principle.



Aligned to this approach is the need to tackle climate change and to promote the Foundational Economy. Decarbonisation underpins our strategy for delivering services and the following pages provide many examples of how we are delivering this in practice. Developing a Foundational Economy within Wales not only helps to reduce the carbon footprint but provides greater resilience and promotes local businesses and jobs.

Sustainable Development Principle

We are highly committed to developing and implementing a Once for Wales approach, where appropriate. It is vital that we embed the Sustainable Development Principles of the Well-being of Future Generations Act and in highlighting the best practice of integrated reporting, we have mapped our highlights and achievements against the 'Five Ways of Working'. These require us to think about the long term, integrate with the wider public sector, involve our partners and work in collaboration, in order to prevent problems and take a more joined up approach to service delivery.

 Long Term	 Integration	 Involvement	 Collaboration	 Prevention
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Long Term

- Maintaining certification to ISO14001:2015 for the environment, having been certified since 2014.
- To expand upon our work supporting the Foundational Economy in Wales, working with Welsh suppliers and utilising the Social Value Assessment Tool.
- The ongoing implementation of LED lighting, motion sensors and feasibility studies for solar panels at IP5, Matrix House and other sites.
- Reduction of emission limits across the Salary Sacrifice Car Scheme for vehicles to promote the attraction of electric vehicles and we continue to expand upon our installation project for electric vehicle charging points across NWSSP sites. 79% of the 3000 cars provided are electric/ hybrid vehicles.
- NWSSP purchase electricity and gas for NHS Wales and 100% of the electricity purchased is from renewable sources.

Integration

- Decarbonisation embedded into the Integrated Medium-Term Plan (IMTP) planning process, Strategic Objectives.
- Our carbon footprint monitoring is a well-integrated process and with the continued adoption of agile working, we are creating a new benchmark and improve the data collection and accuracy across all sites.
- Strengthening links and aligning our Sustainable Development & ISO14001 agenda, including the Decarbonisation Action Plan, working in partnership with interested parties and key stakeholders to deliver the goals.
- Annual Staff Recognition Awards Ceremony held virtually in January 2023 with inclusion of Environmental Sustainability and Health and Well-being categories.
- Equality Integrated Impact Assessments complete for Projects across the organisation. Enhanced written protocol for Organisational Change Proposals put forward.

Involvement

- Well established Health and Well-being Staff Partnership Group with regular coffee mornings for Champions, Health and Well-being Framework Annual Health and Well-being Conference for staff held in October 2022.
- We have refreshed the organisation's core values and developed a Values Behaviour Framework in conjunction with our Culture Change Champions in response to feedback from colleagues.
- Opportunities for staff to get involved in the agenda and make a difference through becoming a volunteer Mental Health First Aider, Environmental, Health and Well-being, or Digital Champion.
- Staff engagement initiatives such as appreciation station, staff recognition awards, newsletters, This is Our NWSSP, health and well-being centre and staff groups including BALCH/PROUD LGBTQIA+ and Allies Network, Men's Support Group and Menopause Cafes. We have recently been recognised as Disability Confident Committed.
- We have invested in a new role to support widening access and a new role to support diversity and inclusion, being recognised in the Annual Inclusivity Excellence Awards event in November 2022 with a Highly Commended award in Enhancing Well-being and Belonging at Work.
- A core requirement of the NHS Building for Wales Supply Chain Partner Framework is for Community Benefits to be delivered through all projects under construction and have reported creation of 217 apprenticeships, 324 jobs and circa 4,000 engagements with local schools, to date.
- Multiple stakeholders involved in the design and implementation of SupplyX to date including clinical staff in primary and secondary care, health board supply chain teams, NWSSP material management, health board finance, IT and procurement teams.
- We have worked collaboratively with our staff to continue to develop an agile approach to work to attract and retain a diverse workforce.

Prevention

- Sustainability Risk Assessments undertaken for all procurement activity over £25,000 and audits of this process are carried out.
- Agile Working Toolkit allowing staff to work flexibly in line with organisational requirements. Reducing usage of scarce and finite resources, such as paper and energy.
- Risk based approach to audit planning focuses on the key risks to organisational objectives.
- Capital Project Design Assurance with Specialist Estates Services providing general estate, architectural, engineering, fire safety, diagnostic and therapies equipping advice to Health Boards developing business cases, reviewing proposals, where available, advising on the approach to meeting guidance and best practice.
- Multiple implementations of SupplyX inventory management application across 100s of clinical spaces has prevented over stocking and over ordering as stock replenishment is limited to meet pre-agreed local stock levels.

Collaboration

- Working with mental health and well-being providers to deliver sessions for our workforce across the areas of emotional, physical, mental and financial well-being.
- Collaborating with public and private bodies across primary and social care on support systems to aid recruitment.



Sustainability Performance

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

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment. NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy.

We are committed to reducing our carbon footprint by implementing various environmental initiatives and efficiencies at our sites within the scope of our ISO14001:2015 certification.

This year, we have achieved a reduction in electricity, gas, oil, water and waste across sites. This is compared with the figures reported in our Annual Review 2021-22. It is important to note that waste figures were not reported during 2021-22 due to the pandemic and recovery phase.

In addition to initiatives run through our sites and Services, to achieve this reduction we invested a dedicated role of Environmental Data Analyst who has been in post since April 2022. This has also helped to drive improvements in data collation, monitoring and validity. Our agile working arrangements, coupled with a reduction in staff headcount on sites and increased education around our carbon footprint on how staff can make a difference, has also contributed to the reduction.

- **Electricity** usage has decreased overall by 32%, due to projects such as agile working, LED lighting installation and motion sensor technology. Of which, 3% is Electric Vehicle Charging Units (EVCUs) across our estate. REGO (Renewable Energy Guarantees of Origin) 'green' electricity procured is carbon neutral and across 8 of our sites. Feasibility studies completed for Solar PVs at sites such as IP5 and Matrix House.
- **Electric Vehicle Charging Units (EVCUs)** usage increased at our sites by 54% overall (26,995 kg of CO2e). This is available for all NHS Wales staff to use on a 24/7 basis, prioritising our Health Courier Services fleet, wherever possible, as "the wheels of the NHS in Wales".
- Whilst overall the electricity usage on site for NWSSP has increased with demand for the EVCUs, we see this as a positive measure for the wider community in terms of air quality, use of electric vehicles for the benefit of the environment. This also contributes to a Healthier and Globally Responsible Wales as there are CO2e reductions from charging electric vehicles, compared with burning fuel from petrol or diesel engines.
- We expanded upon electric fleet vehicles across the organisation, and took on additional responsibilities during the course of the year, which has resulted in an increase of **transport fuel usage** of 18% (147,397 kg of CO2e).
- Additionally, we saw an increase in **pool vehicle usage** across the organisation, with an increase of 3% (60 kg of CO2e). This is positive because it mitigates the use of staff vehicles to commute and encourages car sharing, where possible. In addition, pool cars used within the organisation are eco-friendly vehicles (electric, hybrid, etc).
- **Gas** usage reduced by 3% (16,861 Kg of CO2e), largely due to improvements in data and monitoring, avoiding anomalies where these can be identified (such as adjustments to thermostat during summer/winter, etc).
- Kerosene **oil** used to heat Westpoint Industrial Estate usage reduced by 5% (634 kg of CO2e) during the year. This is the only site that uses oil to heat their building and they have achieved the reduction by appropriate monitoring and measurement of usage.
- **Water** reduced by 6% (78 kg of CO2e), due to a culmination of better sources of data, increase validity, reduction of estimates used and introduction of invoices to support usage data. In addition, the natural annual variation accounts for a small percentage change and the continuation of agile working has led to a lower average staff headcount at sites.
- The **total waste generated** across all of our sites has reduced by 11.72% (2,665 kg of CO2e). During 2022-23, we have created a new baseline due to improved data collation and have benefitted from the reduction in staff headcount on sites, due to agile working. All confidential waste is shredded on site and taken away to be repurposed into items such as notebooks, toilet paper, tissues, etc. All other waste streams are disposed of appropriately and responsibly and in accordance with relevant Regulations.
- **Business mileage travelled** increased by 112% during the period and expenditure increased by 218%. This is still low compared to figures reported prior to March 2020. The increase was largely due to the inclusion of the Single Lead Employer Model in the figures for NWSSP (see Our People Data for further details). In addition to this, post pandemic recovery period figures created a new baseline for the organisation as restrictions were lifted and staff were able to resume business travel.

Ethical Employment in Supply Chain and modern slavery



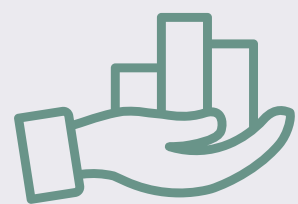
The Code of Practice was established by Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector organisations in receipt of public funds. The Code is designed to ensure that workers in public sector supply chains are employed ethically and in compliance with both the letter and spirit of UK, and International laws.

It covers employment issues such as modern slavery, human rights abuses, blacklisting, false self-employment, unfair use of umbrella schemes, zero hours contracts and paying the living wage. We have committed to ensuring that procurement activity conducted on behalf of NHS Wales is done so in an ethical way. We will ensure that workers within the supply chains through which we source our goods and services are treated fairly. We signed up to the Code and developed an action plan to monitor our progress. We appointed our Director of People and Organisational Development and Employment Services as our Ethical Employment Champion.

Transparency in Supply Chains (TiSC) is a centralised database that gives access to Modern Slavery Statements posted by suppliers. These Statements are used during tendering exercises undertaken, as part of the Ethical Employment Code of Practice Commitments. The site allows NWSSP to publicly declare our anti-slavery stance and associated policies. The site is sponsored by Welsh Government and acts as a step towards eradicating modern slavery in supply chains.

NWSSP Procurement Services has provided training on modern slavery and ethical employment practices, through various mediums of training; developed standard questions that ensure ethical employment practices are considered as part of the procurement process; became a signatory to the TiSC register and published NWSSP's Ethical Employment Statement; requested our suppliers sign up to the TiSC register and publish their own policies and statements; and influenced our hosts, Velindre University NHS Trust, to update their overarching Raising Concerns (Whistle-blowing) Policy and developed communications to support its effective promotion.

People Data



People Data

A breakdown of our diverse workforce profile, as at 31 March 2023, is set out below. Where reference is made to the categories of 'not stated', a response has not been entered into the data field.

Source of data: Electronic Staff Record

NWSSP Staff in Post Headcount and FTE Summary

Directorate	NWSSP	SLE	%NWSSP	%SLE	FTE
Accounts Payable Division	144	0	2.62%	0.00%	138.64
Audit & Assurance Division	52	0	0.95%	0.00%	50.29
Corporate Division	27	0	0.49%	0.00%	22.99
Counter Fraud Division	5	0	0.09%	0.00%	5.00
Digital Workforce Division	24	0	0.44%	0.00%	23.47
E-Business Central Team Division	14	0	0.25%	0.00%	13.72
Employment Division	382	0	6.95%	0.00%	338.13
Finance Division	22	0	0.40%	0.00%	21.61
Hosted Services Division	15	0	0.27%	0.00%	13.80
Laundry Division	129	0	2.35%	0.00%	119.10
Legal & Risk Division	162	0	2.95%	0.00%	151.77
Medical Examiner Division	70	0	1.27%	0.00%	40.52
People & OD Division	55	0	1.00%	0.00%	52.47
Pharmacy Technical Services Division	5	0	0.09%	0.00%	5.00
Planning, Performance and Informatics Division	38	0	0.69%	0.00%	37.39
Primary Care Division	296	0	5.39%	0.00%	276.73
Procurement Division	715	0	13.02%	0.00%	666.84
Single Lead Employer Division	0	3240	0.00%	58.98%	3077.65
Specialist Estates Division	51	0	0.93%	0.00%	49.85
Surgical Materials Testing (SMTL) Division	22	0	0.40%	0.00%	19.92
Temporary Medicines unit Division	18	0	0.33%	0.00%	18.00
Welsh Employers Unit Division	7	0	0.13%	0.00%	5.78
Grand Total	2253	3240	41.02%	58.98%	5148.66

NWSSP Age Profile Summary

Age Band	NWSSP	SLE	%NWSSP	%SLE	FTE
<20 years	19	0	0.35%	0.00%	17.87
21-25	131	511	2.38%	9.30%	638.20
26-30	214	1072	3.90%	19.52%	1246.15
31-35	223	1046	4.06%	19.04%	1181.54
36-40	241	410	4.39%	7.46%	595.68
41-45	259	132	4.72%	2.40%	360.31
46-50	244	53	4.44%	0.96%	277.24
51-55	359	13	6.54%	0.24%	347.28
56-60	322	2	5.86%	0.04%	287.01
61-65	178	1	3.24%	0.02%	154.51
66-70	41	0	0.75%	0.00%	30.11
>71 years	22	0	0.40%	0.00%	12.77
Grand Total	2253	3240	41.02%	58.98%	5148.66

NWSSP Assignment Category Summary

Assignment Category	NWSSP	SLE	%NWSSP	%SLE	FTE
Fixed Term Temp	243	3240	4.42%	58.98%	3277.34
Permanent	2010	0	36.59%	0.00%	1871.33
Grand Total	2253	3240	41.02%	58.98%	5148.66

NWSSP Gender Summary

Gender	NWSSP	SLE	%NWSSP	%SLE	FTE
Female	1236	1752	22.50%	31.90%	2737.21
Male	1017	1488	18.51%	27.09%	2411.45
Grand Total	2253	3240	41.02%	58.98%	5148.66

NWSSP Employee Category with Gender Split

Full Time/ Part Time	NWSSP	%NWSSP	NWSSP	%NWSSP
Gender	Female	Female	Male	Male
Full Time	898	16.35%	877	15.97%
Part Time	338	6.15%	140	2.55%
Grand Total	1236	22.50%	1017	18.51%

Full Time/ Part Time	SLE	%SLE	SLE	%SLE
Gender	Female	Female	Male	Male
Full Time	1256	22.83%	1341	24.41%
Part Time	498	9.07%	147	2.68%
Grand Total	1752	31.90%	1488	27.09%

NWSSP Marital Status Summary

Marital Status	NWSSP	SLE	%NWSSP	%SLE	FTE
Civil Partnership	45	7	0.82%	0.13%	48.89
Divorced	129	5	2.35%	0.09%	124.21
Legally Separated	12	3	0.22%	0.05%	14.12
Married	1119	486	20.37%	8.85%	1450.47
Single	742	899	13.51%	16.37%	1566.26
Unknown	123	927	2.24%	16.88%	986.19
Widowed	22	0	0.40%	0.00%	20.08
Not Stated	61	913	1.11%	16.62%	938.44
Grand Total	2253	3240	41.02%	58.98%	5148.66

NWSSP Ethnic Group Summary

Ethnic Group	NWSSP	SLE	%NWSSP	%SLE	FTE
Black	114	1735	2.08%	31.59%	1771.19
BME	103	554	1.88%	10.09%	624.50
Not Stated	72	52	1.31%	0.95%	111.51
White	1964	899	35.75%	16.37%	2641.46
Grand Total	2253	3240	41.02%	58.98%	5148.66

NWSSP Religious Belief Summary

Religious Belief	NWSSP	SLE	%NWSSP	%SLE	FTE
Atheism	418	671	7.61%	12.22%	1036.04
Buddhism	9	58	0.16%	1.06%	65.39
Christianity	989	662	18.00%	12.05%	1528.72
Hinduism	15	110	0.27%	2.00%	119.62
I do not wish to disclose my religion/belief	349	119	6.35%	2.17%	447.09
Islam	24	419	0.44%	7.63%	425.99
Judaism	1	4	0.02%	0.07%	3.50
Other	195	92	3.55%	1.67%	270.91
Sikhism	2	16	0.04%	0.29%	17.33
Unspecified	251	1088	4.57%	19.81%	1233.07
Jainism	0	1	0.00%	0.02%	1.00
Grand Total	2253	3240	41.02%	58.98%	5148.66



A Forward Look



A Forward Look

Our year 1 plan for 2023-24 has been summarised into a 'plan on a page'. Key elements of our plans are aligned to our Strategic Objectives and the Ministerial Priorities. Year 1 will inform the pace of change and capacity for our year 2 and 3 plans which can be found in our Integrated Medium Term Plan (IMTP).

Our Values



Listening & Learning

To continually reflect upon and improve the quality and effectiveness of all we do



Taking Responsibility

For brave and
compassionate
decisions and making
the right things
happen.



Working Together

Inclusively with
colleagues,
customers, and
suppliers.



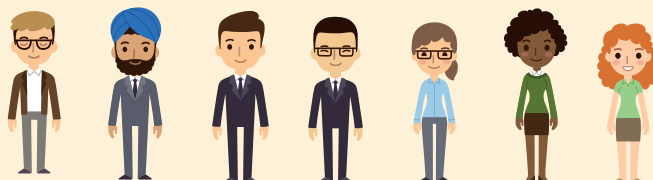
Innovating

To be courageous
and creative
through continuous
improvement.

Our Strategic Objectives

Our People

Working together to be the
best that we can be



Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial well-being throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Our Services

Driving the pace of innovation
and consistently providing
high quality services



Outcomes

We will enable our customer-facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Value

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



Outcomes

We will make bold investment decisions that drive transformation and add value.

We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.

We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.

We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

2023 - 24: Key Deliverables



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

- Develop our Health & Wellbeing offering to staff through collaborative working.
- Improve medical, dental and pharmacy trainee experiences within Single Lead Employer.
- Future proof our All Wales Laundry Service through succession planning, inclusive of apprenticeships.
- Embed equality and diversity into our workplace culture and thinking.
- Be the employer of choice through 'This our NWSSP: Our People' programme.
- Developing our workforce capability to meet the changing needs of the organisation and NHS Wales.
- Increase the use of the Welsh Language in our work environments and instil confidence to use and learn the language.



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

- Lead on the development and implementation of the Electronic Staff Record Transformation Programme.
- Improve Supply Chain, Logistics and Transport operations and infrastructure to reduce carbon emissions.
- Create a consistent approach to Fire Safety Management across NHS Wales.
- Support the establishment of the Citizens Voice Body for Health and Social Care Wales - Llais.
- Lead on the All Wales International Nurse Recruitment Programme whilst developing a more streamlined model.
- Support the proposed introduction of the national Ophthalmic contract for Wales.
- Drive the implementation of the e-prescribing programme together with our partners DHCW.



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

- Support NHS organisations with delivery of their Decarbonisation Action Plans.
- Expand the range of drugs offered through our Pharmacy Technical Services to reduce purchase and distribution costs for Health Boards.
- Deliver the agreed Foundational Economy workplan for NHS Wales.
- Lead the implementation of the Duty of Candour across NHS organisations in Wales.
- Improve candidate experience through a modernised recruitment service.
- Implement our Digital Plan to enable a digital workplace and drive innovation.
- Removal of single use plastic from within the laundry production process.
- Lead the TRAMs programme to reconfigure Pharmacy Technical Services across Wales into a single shared service.

Thank you for reading our Annual Review. If you would like to find out more, please visit our website, our social media channels, or use the contact details provide below:



01443 848585



shared.services@wales.nhs.uk



www.nwssp.wales.nhs.uk



@nwssp



NHS Wales Shared Services Partnership



NHS Wales Shared Services Partnership,
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Cardiff,
CF15 7QZ

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 3.2 20 July 2023
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Revision to Standing Orders and Scheme of Delegation

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

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

For the Committee to **ENDORSE** and **APPROVE** the suggested revisions to the Standing Orders prior to formal approval by the Velindre University NHS Trust Board.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

Senior Leadership Group
Direction from Welsh Government

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	
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Argymhelliad/ Recommendation	The Partnership Committee is asked to ENDORSE and APPROVE the suggested revisions to the Standing Orders prior to formal approval by the Velindre University NHS Trust Board.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	No direct impact.
Dyletswydd Ansawdd / Duty of Quality:	No direct impact.
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

The Standing Orders for the operation of the Shared Services Partnership Committee require updating to reflect the following changes:

- The introduction of the Duty of Quality and the Duty of Candour (paragraph XI, page 8);
- The establishment of Llais (paragraph 6.2, page 31)
- The establishment of the Welsh Energy Group (WEG) and the Welsh Energy Operational Group (WEOG) (paragraph 4.1, page 23 and Annex 4, page 94, and pages 100-106)

- Increase in the revenue and capital budgetary delegation financial limits for the Deputy Director of Finance & Corporate Services from £10k to £25k (Section 5, page 71)
- Removal of the capital budgetary delegation financial limits for non-finance staff and replacement of Senior Finance Staff with Heads of Finance (Section 5 page 71)
- Additional wording included to explain the definition of an All-Wales contract (Section 5 page 71)
- Additional wording to include the allowed exceptions to the need to obtain prior approval from Welsh Government (Section 5 Page 74)
- Increase the individual authorisation limits to £150k for Welsh Infected Blood Support Services payments for the Managing Director, Director of Finance & Corporate Services and the Director of Planning, Performance, and Informatics. For the Managing Director and the Chair jointly, increase the limit to payments above £150k (page 72)
- Increase in the authorisation limit for both the Managing Director and Director of Finance & Corporate Services for Intra-NHS Invoices and Payments (included but not limited to Pharmacy rebates, NWSSP distribution) from £750k to £1m (page 72).
- The update to the Welsh Risk Pool Committee Terms of Reference where no significant changes have been made but which require annual approval and sign-off by the Partnership Committee (page 78)
- The update to the Audit Committee Terms of Reference where no significant changes have been made but which require annual approval and sign-off by the Partnership Committee (page 84)

The wording for the Duties of Quality and Candour are taken from the Model Standing Orders issued by Welsh Government. The items for the WEG and the WEOG are the inclusion of the Terms of Reference for both, which were approved at the March 2023 SSPC. The Audit Committee Terms of Reference were reviewed and endorsed at the Audit Committee meeting held on 11 July 2023. The WRP Committee Terms of Reference are due to be reviewed and endorsed at the Committee meeting held on 19 July.

2. RECOMMENDATION

The Committee is asked to **ENDORSE** and **APPROVE** the suggested revisions to the Standing Orders prior to formal approval by the Velindre University NHS Trust Board.

**STANDING ORDERS FOR THE OPERATION OF THE SHARED SERVICES
PARTNERSHIP COMMITTEE**

**This Annexe forms part of, and shall have effect as if incorporated in the
Velindre University NHS Trust Standing Orders**

Standing Orders

Reservation and Delegation of Powers

For the

Shared Services Partnership Committee

Originally Introduced June 2015

(updated July 2023)

Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12(3) of the National Health Services (Wales) Act 2006. Velindre University NHS Trust (Velindre) must agree Standing Orders (SOs) for the regulation of the Shared Services Partnership Committee's (the SSPC) proceedings and business. These SSPC SOs form an Annexe to Velindre's own SOs and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Velindre University NHS Trust Shared Services (Wales) Regulations 2012 (2012/1261

Standing Orders, Reservation and Delegation of Powers for the
Shared Services Partnership Committee

Annexe 4: Shared Services Partnership Committee Standing Orders (SSPC SOs)

Status: Draft
July 2023

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(W.156)) and Velindre's Standing Order 3 into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved to the SSPC; a scheme of delegation to NHS Wales Shared Services Partnership officers and others; and in conjunction with Velindre University NHS Trust Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the SSPC.

These documents, together with the NWSSP Memorandum of Co-operation dated **[June 2012]** made between the seven Health Boards and three Trusts and two Special Health Authorities within NHS Wales, that defines the obligations of the 12 NHS bodies (the Partners) to participate in the SSPC and to take collective responsibility for the delivery of the services, a Hosting Agreement dated **[June 2012]** between the Partners that provides for the terms on which Velindre will host the NHS Wales Shared Services Partnership (NWSSP) and the Interface Agreement between the Chief Executive of Velindre (as the Accountable Officer for the organisation) and the Managing Director of NWSSP (as the Accountable Officer for NWSSP) dated **[June 2012]** that defines the respective roles of the two Accountable Officers, form the basis upon which the SSPC governance and accountability framework is developed. Together with the adoption of a Standards of Behaviour Framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All SSPC members, NWSSP staff and Velindre staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Head of Finance and Business Development, NWSSP (acting Board Secretary for the SSPC) will be able to provide further advice and guidance on any aspect of the SOs or the wider governance arrangements for the SSPC. Further information on governance in the NHS in Wales may be accessed at: <http://www.wales.nhs.uk/governance-emanual/standing-orders>

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Standing Orders, Reservation and Delegation of Powers for the
Shared Services Partnership Committee

Annexe 4: Shared Services Partnership Committee Standing Orders (SSPC SOs)

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Section: A – Introduction

Statutory Framework

- i) Velindre University National Health Service Trust (Velindre) is a statutory body that came into existence on 1st December 1993 under the **Velindre National Health Service Trust (Establishment) Order 1993 (1993/2838)** (the Establishment Order).
- ii) The Velindre University NHS Trust Shared Services Partnership Committee (to be known as the SSPC for operational purposes) was established under the **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 (2012/1261 (W.156))** (the Shared Services Regulations). The Shared Services Regulations define Shared Services at regulation 2 and the functions of the SSPC at regulation 4. The SSPC functions are subject to variations to those functions agreed from time to time by the SSPC. The SSPC is hosted by Velindre on behalf of each of the seven Health Boards, three Trusts and two Special Health Authorities within NHS Wales (the Partners).
- iii) The principal place of business of the SSPC is:

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ
- iv) All business shall be conducted in the name of the NHS Wales Shared Services Partnership on behalf of the Partners.
- v) Velindre is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. Velindre's statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006 (c.42)** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006 (c.41)** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation, which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how NHS Trusts are governed and their functions.
- vi) **The National Health Service Trusts (Membership and Procedure) Regulations 1990 (1990/2024)**, as amended (the Membership

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Regulations) set out the membership and procedural arrangements of the Trust.

- vii) Sections 18 and 19 of Annexe 3 to the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on NHS Trusts and to give Directions about how they exercise those functions. Trusts must act in accordance with those Directions. Velindre's statutory functions are set out in its Establishment Order but many functions are also contained in other legislation such as the NHS (Wales) Act 2006.
- viii) However, in some cases, the relevant function may be contained in other legislation. In exercising its powers, Velindre must be clear about the statutory basis for exercising such powers.
- ix) Under powers in paragraph 4(1)(f) of Annexe 3 to the NHS (Wales) Act 2006 the Minister has made the Shared Services Regulations which set out the constitution and membership arrangements of the Shared Services Partnership Committee. Certain provisions of the Membership Regulations will also apply to the operations of the SSPC, as appropriate.
- x) In addition to Directions, the Welsh Ministers may from time-to-time issue guidance relating to the activities of the SSPC, which the Partners must take into account when exercising any function.
- xi) **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:
 - Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality);
 - Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour);
 - The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and
 - The appointment of statutory vice-chairs for NHS Trusts.

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. NWSSP shall ensure they consider these responsibilities in the discharge of their duties.

The Duty of Quality statutory guidance 2023 can be found at <https://www.gov.wales/duty-quality-healthcare>

The NHS Duty of Candour statutory guidance 2023 can be found at <https://www.gov.wales/nhs-duty-candour>

- xii) Velindre shall issue an indemnity to the NWSSP Chair, on behalf of the Partners.

NHS Framework

- xiii) In addition to the statutory requirements set out above, the SSPC, on behalf of each of the Partners, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Minister's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's s' Citizen Centred Governance Principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiv) Adoption of the principles will better equip the SSPC to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xv) The overarching NHS governance and accountability framework within which the SSPC must work incorporates Velindre's SOs; Annexes of Powers reserved for the Board and Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the Health and Care Quality Standards 2023, , the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xvi) The Welsh Ministers, reflecting their constitutional obligations, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the restructured NHS in all it does.
- xvii) Full, up to date details of the other requirements that fall within the NHS

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framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at:

<http://www.wales.nhs.uk/governance-emanual/standing-orders>

Directions or guidance on specific aspects of Trusts' business are also issued in hard copy, usually under cover of a Ministerial letter.

Shared Services Partnership Committee Framework

xviii) The specific governance and accountability arrangements established for the SSPC are set out within the following documents (which is not an exhaustive list):

- these SSPC SOs and Annexe 1: Scheme of Powers reserved for the SSPC and Delegation to others;
- the Velindre University NHS Trust SFIs;
- a Memorandum of Co-operation that defines the obligations of the Partners to participate in the SSPC and to take collective responsibility for the delivery of the services defining the respective roles of the Partners;
- a Hosting Agreement between the Partners that provides for the terms on which Velindre will host NWSSP;
- an Interface Agreement between the Chief Executive of Velindre (as the Accountable Officer for the organisation) and the Managing Director of Shared Services (as the Accountable Officer for NWSSP) that defines the respective roles of the two Accountable Officers; and
- an Accountability Agreement between the Chair of the SSPC and the Managing Director of Shared Services (as the Accountable Officer for NWSSP).

xix) Annexe 2 to these SOs provides details of the key documents that, together with these SOs, make up the SSPC's governance and accountability framework. These documents must be read in conjunction with these SSPC SOs.

xx) The SSPC may from time to time, subject to the prior approval of Velindre's Board, agree operating procedures which apply to SSPC members and/or members of NWSSP staff and others. The decisions to approve these operating procedures will be recorded in an appropriate SSPC minute and, where appropriate, will also be considered to be an integral part of these SSPC SOs and SFIs. Details of the SSPC's key operating procedures are also included in Annexe 2 of these SOs.

Applying Shared Services Standing Orders

xxi) These SSPC SOs (together with the Velindre University NHS Trust SFIs

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and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any Sub-Committees established by the SSPC, including any Advisory Groups. These SSPC SOs may be amended or adapted for the Sub-Committees or Advisory Groups as appropriate, with the approval of the SSPC. Further details on Sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these NWSSP, respectively.

Full details of any non-compliance with these SSPC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Head of Finance and Business Development, who will ask the Velindre Audit Committee to formally consider the matter and make proposals to the SSPC on any action to be taken. All SSPC members and SSPC officers have a duty to report any non-compliance to the Head of Finance and Business Development as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with SSPC SOs is a disciplinary matter.**

Variation and amendment of SSPC Standing Orders

xxii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the SSPC determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the SSPC, advised by the Head of Finance and Business Development, shall submit a formal report to the Velindre Trust Board, setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:

- Each of the SSPC members are in favour of the amendment; or
- In the event that agreement cannot be reached, the Velindre Trust Board determine that the amendment should be approved.

Interpretation

xxiii) During any SSPC meeting where there is doubt as to the applicability or interpretation of the SSPC SOs, the Chair of the SSPC shall have the final say, provided that their decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Board Secretary support function.

xxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these SSPC SOs, when interpreting any term or provision covered by legislation.

Relationship with Velindre University NHS Trust Standing Orders

- xxv) These SSPC SOs form an Annexe to Velindre's own SOs and shall have effect as if incorporated within them.

The Role of the Board Secretary Support Function

- xxvi) The role of the Board Secretary support function is crucial to the ongoing development and maintenance of a strong governance framework within the SSPC and is a key source of advice and support to the Chair and SSPC members. Independent of the SSPC, the Board Secretary support function will act as the guardian of good governance within the SSPC and shall ensure that the functions outlined below are delivered:
- providing advice to the SSPC as a whole and to individual Committee members on all aspects of governance;
 - facilitating the effective conduct of SSPC business through meetings of the SSPC, its Sub-Committees and Advisory Groups;
 - ensuring that SSPC members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
 - ensuring that in all its dealings, the SSPC acts fairly, with integrity, and without prejudice or discrimination;
 - contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
 - monitoring the SSPC's compliance with the law, Shared Services SOs and the framework set by Velindre and Welsh Ministers.
- xxvii) As advisor to the SSPC, the Board Secretary support function role does not affect the specific responsibilities of SSPC members for governing the Committee's operations. The Board Secretary Support role is directly accountable for the conduct of their role to the Chair of the SSPC and reports to the Managing Director of NWSSP on a regular basis.

Section B – Shared Services Partnership Committee Standing Orders

1. THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

1.1 Purpose, Role, Responsibilities and Delegated Functions

1.1.1 The SSPC has been established for the purpose of exercising Velindre's functions in relation to NWSSP, including the setting of policy and strategy and the management and provision of Shared Services to Health Boards and Trusts in Wales.

1.1.2 The purpose of the SSPC is to:

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

1.1.3 The role of the SSPC is to:

- take into account NHS Wales organisations' plans and objectives when considering the strategy of NWSSP;
- encourage and support the aims and objectives of NWSSP;
- identify synergies between each of the Shared Services and ensure that future strategies incorporate synergistic opportunities;
- foster and encourage partnership working between all key stakeholders and staff;
- oversee the identification and sharing of financial benefits to NHS Wales' organisations on a fair basis that minimises administrative costs and financial transactional arrangements;
- seek to identify potential opportunities for further collaboration across the wider public sector;
- consider implications for Shared Services in relation to any reviews / reports undertaken by internal auditors, external auditors, and regulators, including Healthcare Inspectorate Wales; and
- seek assurance, through the Managing Director of NWSSP, on the adequacy and robustness of systems, processes, procedures, and

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risk management, staffing issues and that risks and benefits are shared on an equitable basis in relation to Shared Services.

1.1.4 The responsibilities of the SSPC are to:

- produce an Integrated Medium-Term Plan, including the balanced Medium-Term Financial Plan for agreement by the Committee, following the publication of the individual Health Board, Trust, and Special Health Authority Integrated Medium-Term Plans;
- agree, on an annual basis, Service Improvement Plans (prepared by the Managing Director of NWSSP) for the delivery by services;
- be accountable for the development and agreement of policies and strategies in relation to Shared Services and for monitoring the performance and delivery of agreed targets for Shared Services through the Managing Director of NWSSP;
- take the lead in overseeing the effective and efficient use of the resources of Shared Services;
- benchmark the performance of Shared Services against the best in class;
- consider extended-scope opportunities for Shared Services;
- monitor compliance of best practice within Shared Services with NHS Wales recommended best practice;
- oversee the identification and delivery of “invest to save” opportunities;
- explore future Shared Services organisational delivery models across the NHS and the broader public sector; *and*
- embed NWSSP’s strategic objectives and priorities through the conduct of its business and in so doing and transacting its business shall ensure that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations (Wales) Act 2015, the Welsh Government Guidance on Ethical Procurement and the Code of Practice on Ethical Employment in Supply Chains.

1.1.5 The SSPC must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each Health Board, Trust, and Special Health Authority, shall be bound by the decisions of the SSPC in the exercise of its roles. In the event that the SSPC is unable to reach unanimous agreement in relation to the funding levels to be provided by each Health Board, Trust, and Special Health Authority, then this matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the SSPC shall lead and scrutinise the operations, functions and decision making of the NWSSP Senior Leadership Group (SLG) undertaken at the direction of the SSPC.

1.1.7 The SSPC shall work with all its Partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the SSPC

1.2.1 The membership of the SSPC shall be 14 voting members, comprising:

- the Chair (appointed by the SSPC in accordance with the Chair Selection Process at Annexe 5 to these SOs);
- the Chief Executives of each of the Health Boards, Trusts, and Special Health Authority (or their nominated representatives); and
- the Managing Director of NWSSP, who has been designated as the Accountable Officer for Shared Services.

1.2.2 Vice Chair – The SSPC shall appoint a Vice Chair from one of the Chief Executives (or their nominated representative) SSPC members. A Vice Chair cannot be appointed if the current Chair is employed by the same Partner organisation.

1.2.3 Nominated Representatives – Nominated deputies for Chief Executives should be an Executive Director of the same organisation and will formally contribute to the quorum and have delegated voting rights.

1.2.4 Co-opted Members – The SSPC may also co-opt additional independent 'external' members from outside NHS Wales to provide specialist skills, knowledge, and expertise. Co-opted members will not be entitled to vote.

1.2.5 Attendees – The NWSSP Director of Finance and Corporate Services / Director of Planning, Performance, and Information, NWSSP Director of People & Organisational Development (or nominated representative) and the Medical Director may attend the SSPC meetings but will not be entitled to vote. Other NWSSP Service Directors / Heads of Service may only attend SSPC meetings, as and when invited.

1.2.6 Use of the Term Independent Member - For the purposes of these SPC SOs, use of the term 'Independent Member' refers to the non-officer members of a Health Board or the independent members of a Trust, or Special Health Authority.

1.3 Member and Staff Responsibilities and Accountability

1.3.1 The SSPC will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the SSPC.

1.3.2 All members must comply with the terms of their appointment to the

SSPC. They must equip themselves to fulfil the breadth of their responsibilities on the SSPC by participating in relevant personal and organisational development programmes, engaging fully in the activities of the SSPC and promoting understanding of its work.

The Chair

1.3.3 The Chair of the SSPC must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.

1.3.4 The Chair is responsible for the effective operation of the SSPC:

- chairing SSPC meetings;
- establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all SSPC business is conducted in accordance with these SSPC SOs; and
- developing positive and professional relationships amongst the SSPC's membership and between the SSPC and each Health Board, Trust and Special Health Authority's Board.

1.3.5 The Chair shall work in close harmony with the Chief Executives of each of the Health Board, Trust and Special Health Authority (or their nominated representatives) and supported by the Head of Finance and Business Development, shall ensure that key and appropriate issues are discussed by the SSPC in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.3.6 The Chair is accountable to the SSPC in relation to the delivery of the functions exercised by the SSPC on its behalf and, through Velindre's Chair, as the hosting organisation, for the conduct of business in accordance with the defined governance and operating framework.

The Vice Chair

1.3.7 The Vice Chair shall deputise for the Chair in their absence for any reason and will do so until either the existing Chair resumes their duties, or a new Chair is appointed.

1.3.8 The Vice Chair is accountable to the Chair for their performance as Vice Chair.

Managing Director of NWSSP and the Chief Executive of Velindre

1.3.9 **Managing Director of NWSSP** – The Managing Director of NWSSP, as

head of the Senior Leadership Group, reports to the Chair and is responsible for the overall performance of NWSSP. The Managing Director of NWSSP is the designated Accountable Officer for NWSSP (see 1.3.11 below). The Managing Director of NWSSP is accountable to the SSPC in relation to those functions delegated to them by the SSPC. The Managing Director of NWSSP is also accountable to the Chief Executive of Velindre University NHS Trust in respect of the hosting arrangements supporting the operation of NWSSP.

1.3.10 Chief Executive of Velindre – The Chief Executive of Velindre University NHS Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust (see 1.3.11 below). As the host organisation, the Chief Executive (and the Velindre Trust Board) has a legitimate interest in the activities of NWSSP and has certain statutory responsibilities as the legal entity hosting NWSSP.

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

Senior Leadership Group (SLG)

1.3.12 The Managing Director of NWSSP will lead a SLG to deliver the SSPC's annual Business Plan. The SLG will be determined by the Managing Director of NWSSP.

1.4 Appointment and tenure of Shared Services Partnership Committee (SSPC) members

1.4.1 The **Chair** is appointed by the SSPC in accordance with the appointment process outlined in Annexe 5 and shall be appointed for a period specified by the SSPC, but for no longer than 4 years in any one term. The Chair can be reappointed but may not serve as the Chair of the SSPC for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term. Through the appointment process, the SSPC must satisfy itself that the person appointed has the necessary skills and experience to perform the duties. In accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012, the first chair of the Committee would be appointed by Velindre for a period of

six months.

- 1.4.2 The **Vice Chair** is appointed by the SSPC from its Chief Executive (or their nominated representatives) members and shall be appointed for a period specified by the SSPC, but for no longer than 4 years in any one term. The Vice Chair may not serve as the Vice Chair of the SSPC for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in term.
- 1.4.3 The appointment and removal process for the Chair and Vice Chair shall be determined by the SSPC. In making these appointments, the SSPC must ensure:
- a balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the SSPC;
 - that wherever possible, the overall membership of the SSPC reflects the diversity of the population;
 - potential conflicts of interest are kept to a minimum;
 - the Vice Chair is not employed by the same Partner organisation as the Chair; and
 - that the person has the necessary skills and experience to perform the duties of the chair.

1.5 Termination of Appointment of SSPC Chair and Vice Chair

- 1.5.1 The Committee may remove the SSPC Chair or Vice Chair by the process outlined in Annexe 5 to these SOs if it determines:
- It is not in the interests of the SSPC; or
 - It is not conducive to good management of the SSPC
- for that Chair or Vice Chair to continue to hold office.
- 1.5.2 All SSPC members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they are applicable, and as specified in the relevant Regulations. Any member must inform the SSPC Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office.
- 1.5.3 The SSPC will require its Chair and members to confirm their continued eligibility on an annual basis in writing.

1.6 Appointment of NWSSP Staff

1.6.1 NWSSP staff shall be appointed by Velindre. The appointments process shall be in line with the workforce policies and procedures of Velindre and any directions made by the Welsh Ministers.

1.7 Responsibilities and Relationships with each Health Board, Trust and Special Health Authority's Board, Velindre University NHS Trust as the Host and Others

1.7.1 The SSPC is not a separate legal entity from each of the Health Boards, Trusts, and Special Health Authorities. It shall report to each Health Board, Trust, and Special Health Authority Board on its activities, to which it is formally accountable in respect of the exercise of the Shared Services functions carried out on their behalf. Velindre's Trust Board will not be responsible or accountable for exercising Velindre's functions in relation to NWSSP, including the setting of policy and strategy and the management and provision of Shared Services to Health Board, Trust, and Special Health Authority. Velindre's Board, as the host organisation, shall be responsible for ensuring that NWSSP staff act in accordance with the administrative policies and procedures agreed between Velindre and the SSPC.

1.7.2 Each Health Board, Trust and Special Health Authority shall determine the arrangements for any meetings with the Managing Director of NWSSP and their organisation through the SSPC.

1.7.3 The Health Board, Trust, and Special Health Authority Chairs, through the lead Chair, shall put in place arrangements to meet with the SSPC Chair on a regular basis to discuss the SSPC's activities and operation.

2 RESERVATION AND DELEGATION OF SHARED SERVICES FUNCTIONS

Within the framework agreed by Velindre, and set out within these SSPC SOs, and subject to any directions that may be given by the Welsh Ministers, the SSPC may make arrangements for certain functions to be carried out on its behalf so that the day-to-day business of the SSPC may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the SSPC must set out clearly the terms and conditions upon which any delegation is being made.

The SSPC's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- i Scheme of matters reserved to the SSPC;
 - ii Scheme of Delegation to Sub-Committees of the SSPC and others;
- and

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- iii Scheme of Delegation, including financial limits, to Velindre NWSSP officers and non-NWSSP officers

all of which must be formally agreed by Velindre and adopted by the SSPC.

The SSPC retains full responsibility for any functions delegated to others to carry out on its behalf.

2.1 Chair's Action on Urgent Matters

- 2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the SSPC need to be taken between scheduled meetings, and it is not practicable to call a meeting of the SSPC. In these circumstances, the SSPC Chair and the Managing Director of NWSSP may deal with the matter on behalf of the SSPC - after first consulting with at least one other Health Board, Trust, or Special Health Authority Chief Executive (or their representative). The Head of Finance and Business Development must ensure that any such action is formally recorded and reported to the next meeting of the SSPC for consideration and ratification.

2.2 Delegation to Sub-Committees and Others

- 2.2.1 The SSPC shall agree the delegation of any of their functions to Sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by Velindre.
- 2.2.2 The SSPC shall agree and formally approve the delegation of specific powers to be exercised by Sub-Committees which it has formally constituted or to others.

2.3 Delegation to Officers

- 2.3.1 The SSPC will delegate certain functions to the Managing Director of NWSSP. For these aspects, the Managing Director of NWSSP, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other Velindre officers to undertake the remaining functions. The Managing Director of NWSSP will still be accountable to the SSPC for all functions delegated to them, irrespective of any further delegation to other Velindre officers.
- 2.3.2 This must be considered and approved by the SSPC (subject to any amendment agreed during the discussion) and agreed by Velindre. The Managing Director of NWSSP may periodically propose amendment to the Scheme of Delegation and any such amendments must also be

considered and approved by the SSPC and agreed by Velindre.

2.3.3 Individual members of the NWSSP SLG are in turn responsible for delegation within their own teams in accordance with the framework established by the Managing Director of NWSSP and agreed by the SSPC and Velindre.

3 SUB-COMMITTEES

In accordance with SSPC Standing Order 4.0.3, the SSPC may and, where directed by Velindre must, appoint Sub-Committees of the SSPC either to undertake specific functions on the SSPC's behalf or to provide advice and assurance to others (whether directly to the SSPC, or on behalf of the SSPC). Velindre's NWSSP officers should not normally be appointed as Sub-Committee Chairs. NWSSP officers may only be appointed to serve as members on any committee, where that committee does not have the function of holding that officer to account.

These may consist wholly or partly of SSPC members or of persons who are not SSPC members.

3.1 Sub-Committees Established by the SSPC

The SSPC shall establish a Sub-Committee structure that meets its own advisory and assurance needs and/or utilise Velindre's Committee arrangements to assist it in discharging its governance responsibilities. The SSPC shall ensure its Sub-Committee structure meets the needs of Velindre University NHS Trust, as the host organisation, and also the needs of its Partners. As a minimum, it shall ensure arrangements are in place to cover the following aspects of SSPC business:

- Audit

3.1.1 The SSPC may make arrangements to receive and provide assurance to others through the establishment and operation of its own Sub-Committees or by placing responsibility with Velindre, as the host. Where responsibility is placed with Velindre, the arrangement shall be detailed within the Hosting Agreement between the SSPC and Velindre as the host organisation and/or the Interface Agreement between the Managing Director of NWSSP (as the Accountable Officer for NWSSP) and Velindre's Chief Executive (as Accountable Officer for the Trust).

The SSPC has the following Sub-Committees:

- Velindre Audit Committee for SSPC
- Welsh Risk Pool Committee

Full details of the Sub-Committee structure established by the SSPC, including detailed Terms of Reference for each of these Sub-Committees, are set out in Annexe 3 of these SSPC SOs.

3.1.2 Each Sub-Committee established by or on behalf of the SSPC must have its own Terms of Reference and operating arrangements, which must be formally approved by the SSPC and agreed by Velindre. These must establish its governance and ways of working, setting out, as a minimum:

- the scope of its work (including its purpose and any delegated powers and authority);
- membership and quorum;
- meeting arrangements;
- relationships and accountabilities with others;
- any budget and financial responsibility, where appropriate;
- secretariat and other support;
- training, development, and performance; and
- reporting and assurance arrangements.

3.1.3 In doing so, the SSPC shall specify which aspects of these SSPC SOs are not applicable to the operation of the Sub-Committee, keeping any such aspects to the minimum necessary.

3.1.4 The membership of any such Sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the SSPC, subject to any specific requirements or directions agreed by Velindre. Depending on the Sub-Committee's defined role and remit, membership may be drawn from the SSPC or Velindre staff (subject to the conditions set in NWSSP Standing Order 3.1.5) or others.

3.1.5 Velindre's NWSSP officers should not normally be appointed as Sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to NWSSP officers. Designated NWSSP Directors or Heads of Services or other NWSSP officers shall, however, be in attendance at such Sub-Committees, as appropriate.

3.2 Other Groups

3.2.1 The SSPC may also establish other groups to help it in the conduct of its business.

3.3 Reporting Activity to the Shared Services Partnership Committee

Standing Orders, Reservation and Delegation of Powers for the
Shared Services Partnership Committee

Annexe 4: Shared Services Partnership Committee Standing Orders (SSPC SOs)
Status: Draft
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- 3.3.1 The SSPC must ensure that the Chairs of all Sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the SSPC on their activities. Sub-Committee Chairs' shall bring to the SSPC's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.
- 3.3.2 Each Sub-Committee shall also submit an annual report to the SSPC through the Chair within 3 months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

4 EXPERT PANEL AND OTHER ADVISORY GROUPS

- 4.1.1 The SSPC may appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the SSPC, including detailed terms of reference are set out in Annexe 4 of these Shared Services SOs.

4.1 Expert Panels and Advisory Groups Established by the SSPC

- Evidence Based Procurement Board
- Welsh Energy Group (WEG) and Welsh Energy Operating Group (WEOG)

4.2 Confidentiality

- 4.2.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

4.3 Reporting Activity

- 4.3.1 The SSPC shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the SSPC on their activities. Expert Panel or Advisory Group Chairs shall bring to the SSPC's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.
- 4.3.2 Any Expert Panel or Advisory Group shall also submit an annual report to the SSPC through the Chair within 1 month of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

4.3.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

4.4 Terms of Reference and Operating Arrangements

4.4.1 The SSPC and the Velindre Board must formally approve terms of reference and operating arrangements in respect of any. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development, and performance; and
- Reporting and assurance arrangements.

4.4.2 In doing so, the SSPC shall specify which aspects of these SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

4.4.3 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the SSPC, subject to any specific requirements or directions agreed by Velindre.

4.4.4 The SSPC may determine that any Advisory Group it has set up should be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the SSPC approves such action.

4.5 The Local Partnership Forum (LPF)

4.5.1 The LPF's role is to provide a formal mechanism where the SSPC, as employer, and trade unions/professional bodies representing NWSSP's employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the NWSSP – achieved through a regular and timely process of consultation, negotiation, and communication. In doing so, the LPF must effectively represent the views and interests of the NWSSP workforce.

4.5.2 It is the forum where the NWSSP and staff organisations will engage with each other to inform, debate, and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.

4.5.3 NWSSP may specifically request advice and feedback from the LPF on any aspect of its business, and the LPF may also offer advice and feedback even if not specifically requested by NWSSP. The LPF may provide advice to the SSPC:

- In written advice; or
- In any other form specified by the Board.

4.6 Terms of Reference and Operating Arrangements

4.6.1 The SSPC must formally approve terms of reference and operating arrangements for the LPF. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal, role, responsibilities and accountability and terms and conditions of office);
- Meeting arrangements;
- Communications;
- Relationships and accountabilities with others (including the Board, its Committees and Advisory Groups, and other relevant local and national groups);
- Any budget and financial responsibility (where appropriate);
- Secretariat and other support; and
- Reporting and assurance arrangements.

4.6.2 In doing so, the SSPC shall specify which aspects of these SOs are not applicable to the operation of the LPF, keeping any such aspects to the minimum necessary. The LPF will also operate in accordance with the TUC six principles of partnership working.

4.6.3 The LPF may establish sub-fora to assist it in the conduct of its work, to facilitate:

- Ongoing dialogue, communication and consultation on service and operational management issues specific to Divisions/ Directorates/ Service areas; and/or
- Detailed discussion in relation to a specific issue(s).

4.7 Membership

4.7.1 NWSSP shall agree the overall size and composition of the LPF in consultation with those staff organisations it recognises for collective bargaining. As a minimum, the membership of the LPF shall comprise:

- Management Representatives;
- Managing Director;
- Director of Finance & Corporate Services; and
- Director of People and Organisational Development.

together with the following:

- General Managers/Divisional Managers; and
- People and Organisational Development staff

4.7.2 The Trust may determine that other Executive Directors or others may act as members or be co-opted to the LPF.

Staff Representatives

4.7.3 The maximum number of staff representatives shall be *agreed by the LPF* comprising representation from those staff organisations recognised by NWSSP.

In attendance

4.7.4 The Trade Union member of the Board shall attend LPF meetings in an ex officio capacity.

4.7.5 The LPF may determine that full time officers from those staff organisations recognised by the Trust shall be invited to attend LPF meetings.

4.8 Member Responsibilities and Accountability

Joint Chairs

4.8.1 The LPF shall have two Chairs, on a rotational basis, one of whom shall be drawn from the management representative membership, and one from the staff representative membership.

4.8.2 The Chairs shall be jointly responsible for the effective operation of the LPF:

- Chairing meetings, rotated equally between the Staff

Representative and Management Representative Chairs;

- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating framework; and
- Developing positive and professional relationships amongst the Forum's membership and between the Forum and the SSPC.

4.8.3 The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of NWSSP's other advisory groups. Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

4.8.4 The Chairs are accountable to the Board for the conduct of business in accordance with the governance and operating framework set by NWSSP.

Joint Vice Chairs

4.8.5 The LPF shall have two Vice Chairs, one of whom shall be drawn from the Management Representative membership, and one from the staff representative membership.

4.8.6 Each Vice Chair shall deputise for their Chair in that Chair's absence for any reason and will do so until either the existing Chair resumes their duties or a new Chair is appointed.

4.8.7 The Vice Chair is accountable to their Chair for their performance as Vice Chair.

Members

4.8.8 All members of the LPF are full and equal members and collectively share responsibility for its decisions.

4.8.9 All members must:

- Be prepared to engage with and contribute to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the LPF within the professional discipline they

represent.

4.9 Appointment and Terms of Office

4.9.1 Management representative members shall be determined by the SSPC.

4.9.2 Staff representatives shall be determined by the staff organisations recognised by the NWSSP, subject to the following conditions:

- Staff representatives must be employed by **NWSSP** and accredited by their respective trade union; and
- A member's tenure of appointment will cease in the event that they are no longer employed by **NWSSP** or cease to be a member of their nominating trade union.

4.9.3 The *Management Representative Chair* shall be appointed by the LPF.

4.9.4 The *Staff Representative Chair* shall be elected from within the staff representative membership of the LPF, by staff representative members in a manner determined by the staff representative members. The *Staff Representative Chair's* term of office shall be for one (1) year.

4.9.5 The *Management Representative Vice Chair* shall be appointed from within the management representative membership of the LPF by the Management Representative Chair.

4.9.6 The *Staff Representative Vice Chair* shall be elected from within the staff representative membership of the LPF, by staff representative members, in a manner determined by the staff representative members. The *Staff Representative Vice Chair's* term of office shall be for one (1) year.

4.9.7 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform their respective LPF Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on the conduct of their role.

4.10 Removal, Suspension and Replacement of Members

4.10.1 If an LPF member fails to attend three consecutive meetings, the next meeting of the LPF shall consider what action should be taken. This may include removal of that person from office unless they are satisfied that:

- (a) The absence was due to a reasonable cause; and
- (b) The person will be able to attend such meetings within such period as the LPF considers reasonable.

4.10.2 If the LPF considers that it is not conducive to its effective operation that a person should continue to hold office as a member, it may remove that person from office by giving immediate notice in writing to the person and the relevant nominating body.

4.10.3 Before making a decision to remove a person from office, the LPF may suspend the tenure of office of that person for a limited period (as determined by the LPF) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the LPF suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

4.10.4 A nominating body may remove and, where appropriate, replace a member appointed to the LPF to represent their interests by giving immediate notice in writing to the LPF.

4.11 Relationship with the SSPC and others

4.11.1 The LPF's main link with the SSPC is through the Managerial members of the LPF.

4.11.2 The Senior Leadership Group may determine that designated SLG members or NWSSP staff shall attend LPF meetings. The LPF's Chair may also request the attendance of SLG members or NWSSP staff, subject to the agreement of the Chair.

4.11.3 The SLG shall determine the arrangements for any joint meetings between the SLG and the LPF's staff representative members.

4.11.4 The Managing Director shall put in place arrangements to meet with the LPF's Joint Chairs on a regular basis to discuss the LPF's activities and operation.

4.11.5 The LPF shall ensure effective links and relationships with other groups/forums at a local and, where appropriate, national level.

4.12 Support to the LPF

4.12.1 The LPF's work shall be supported by two designated Secretaries, one of whom shall support the staff representative members and one shall support the management representative members.

4.12.2 The Director of People and Organisational Development will act as Management Representative Secretary and will be responsible for the

maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

4.12.3 The Staff Representative Secretary shall be elected from within the staff representative membership of the LPF, by staff representative members, in a manner determined by the staff representatives. The Staff Representative Secretary's term of office shall be for two (2) years.

4.12.4 Both Secretaries shall work closely with the NWSSP Head of Finance and Business Development who is responsible for the overall planning and co-ordination of the programme of SLG and Committee business, including that of its Advisory Groups.

5 WORKING IN PARTNERSHIP

5.1.1 The SSPC shall work constructively in partnership with others to plan and secure the delivery of the best possible healthcare for its citizens, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

5.1.2 The Chair shall ensure that the SSPC has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the NWSSP through:

- NWSSP's own structures and operating arrangements, e.g., Advisory Groups;

5.1.3 The SLG shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

6 MEETINGS

6.1 Putting Citizens first

6.1.1 The SSPC's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The SSPC, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- active communication of forthcoming business and activities;
- the selection of accessible, suitable venues for meetings;

- the availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read and in electronic formats;
- requesting that attendees notify the Committee Secretariat of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g. arranging British Sign Language (BSL) interpretation at meetings; and

where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, in accordance with legislative requirements, e.g. Equality Act 2010 (Statutory Duties) (Wales) Regulations, Welsh Language (Health Sector) Regulations and Standards; as well as NWSSP's Communication Strategy and Velindre's Welsh Language Scheme.

6.1.2 The SSPC Chair will ensure that, in determining the matters to be considered by the SSPC, full account is taken of the views and interests of all citizens served by the SSPC on behalf of each Health Boards, Trust and Special Health Authority, including any views expressed formally. The Chair will ensure that, in determining the matters to be considered by the Committee, full account is taken of the views and interests of the Committee's stakeholders, including any views expressed formally to the Committee, e.g. through Llais.

6.2 Working with Llais

6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs and Trusts in relation to the engagement and involvement of Llais in their operations.

6.2.2 The 2020 Act places a statutory duty on LHBs and Trusts to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

The Statutory Guidance on Representations made by the Citizen Voice Body can be found at

<https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

6.2.3 The 2020 Act also places a statutory duty on LHBs and Trusts to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs

and Trusts must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023.

6.2.4 The LHBs, NHS Trusts and the SSPC will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.

6.2.5 The SSPC shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.

6.3 Annual Plan of Committee Business

6.3.1 The Committee Secretariat, on behalf of the SSPC Chair, shall produce an annual Business Plan of Committee business. This plan will include proposals on meeting dates, venues, and coverage of business activity during the year. The Business Plan shall also set out any standing items that shall appear on every SSPC agenda.

6.3.2 The Business Plan shall set out the arrangements in place to enable the SSPC to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing SSPC members to contribute in either English or Welsh languages, where appropriate.

6.3.3 The Business Plan shall also incorporate formal SSPC meetings, regular Committee development sessions and, where appropriate, and the planned activities of Sub-Committees, Expert Panel and Advisory Groups.

6.3.4 The SSPC shall agree the Business Plan for the forthcoming year by the end of March.

6.4 Calling Meetings

6.4.1 In addition to the planned meetings agreed by the SSPC, the SSPC Chair may call a meeting of the SSPC at any time. An individual SSPC member may request that the SSPC Chair call a meeting, provided that in at least one third of the whole number of Committee members supports such a request.

6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from SSPC members, then those SSPC members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

- 6.5.1 The SSPC Chair, in consultation with the Committee Secretariat and Managing Director of NWSSP, will set the agenda. In doing so, they will take account of the planned activity set in the annual cycle of SSPC business; any standing items agreed by the SSPC; any applicable items received from Sub-Committees and other groups as well as the priorities facing the SSPC. The SSPC Chair must ensure that all relevant matters are brought before the SSPC on a timely basis.
- 6.5.2 Any SSPC member may request that a matter is placed on the agenda by writing to the SSPC Chair, copied to the Committee Secretariat, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of SSPC business.

Notifying and equipping SSPC members

- 6.5.3 SSPC members should be sent an agenda and a complete set of supporting papers at least 10 calendar days before a formal SSPC meeting. This information may be provided to SSPC members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided after this time, provided that the SSPC Chair is satisfied that the SSPC's ability to consider the issues contained within the paper would not be impaired.
- 6.5.4 No papers should be included for decision by the SSPC unless the SSPC Chair is satisfied (subject to advice from the Committee Secretariat, as appropriate) that the information contained within it is sufficient to enable the SSPC to take a reasonable decision. Equality Integrated Impact Assessments (EqIIAs) shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the SSPC, and the outcome of that EqIIA shall be included within the report to the SSPC, to enable the SSPC to make an informed decision.
- 6.5.5 In the event that at least half of the SSPC members do not receive the agenda and papers for the meeting as set out above, the SSPC Chair must consider whether or not the SSPC would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the SSPC Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

6.5.6 In the case of a meeting called by SSPC members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

6.5.7 Except for meetings called in accordance with SSPC Standing Order 6.4, at least 10 calendar days before each meeting of the SSPC a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- at the SSPC's principal sites;
- on the SSPC's website, together with the papers supporting the public part of the agenda; as well as
- through other methods of communication as set out in the SSPC's communication strategy.

6.5.8 When providing notification of the forthcoming meeting, the SSPC shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g. as Braille, large print, easy read, etc.

6.6 Conducting Shared Services Partnership Committee Meetings

Admission of the public, the press and other observers

6.6.1 The SSPC shall encourage attendance at its formal SSPC meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the SSPC. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility such as an induction loop system.

6.6.2 The SSPC shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g. business that relates to a confidential matter affecting a NWSSP officer, a patient, or a procurement contract. In such cases, the Chair (advised by the NWSSP Head of Finance and Business Development, where appropriate) shall Annexe these issues accordingly and requires that any observers withdraw from the meeting. In doing so, the SSPC shall resolve:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the

confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

6.6.3 In these circumstances, when the SSPC is not meeting in public session, it shall operate in private session, formally reporting any decisions taken to the next meeting of the SSPC in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a SSPC meeting held in public session.

6.6.4 The NWSSP Head of Finance and Business Development, on behalf of the SSPC Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal SSPC meetings from members of the public and others, the SSPC shall make clear that attendees are welcomed as observers. The SSPC Chair shall take all necessary steps to ensure that the SSPC's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting. In doing so, the SSPC shall resolve:

"That in the interests of public order the meeting adjourn for (the period to be specified) to enable the SSPC to reconvene the meeting and to complete business without the presence of the public".

6.6.6 Unless the SSPC has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the SSPC, its Sub-Committees, Expert Panel or Advisory Groups

6.6.7 The SSPC shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the SSPC, its Sub-Committees, expert panel, or Advisory Groups, and may change, alter, or vary these terms and conditions as it considers appropriate. In doing so, the SSPC will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the SSPC (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business.

Chairing SSPC Meetings

- 6.6.8 The Chair of the SSPC will preside at any meeting of the SSPC unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and Vice-Chair are absent, then no formal business shall take place.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the SSPC to reach effective decisions on the matters before it. This includes ensuring that SSPC members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the SSPC must have access to appropriate advice on the conduct of the meeting through the attendance of the Head of Finance and Business Development. The Chair has the final say on any matter relating to the conduct of SSPC business.

Quorum

- 6.6.10 At least 6 voting members, at least 4 of whom are Health Board, Trust, or Special Health Authority Chief Executives (or their nominated representatives) and one is either the Chair or the Vice Chair, must be present to allow any formal business to take place at an SSPC meeting. If the Managing Director of NWSSP is not present, then no formal business should be transacted unless there is, in attendance, a properly authorised deputy for the Managing Director.
- 6.6.11 If a Health Board, Trust, or Special Health Authority Chief Executive (or their nominated representative) or the Managing Director of NWSSP is unable to attend a SSPC meeting, then a nominated deputy may attend in their absence which should be an Executive Director of the same organisation and will formally contribute to the quorum and have delegated voting rights, provided that the Chair has agreed the nomination before the meeting.
- 6.6.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e. any decisions to be made. Any SSPC member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

6.6.13 In the normal course of SSPC business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a SSPC member may put forward a motion proposing that a formal review of that service area is undertaken. The Board Secretary support role will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the SSPC unless moved by a SSPC member and seconded by another SSPC member (including the SSPC Chair).

6.6.14 **Proposing a formal notice of Motion** – Any SSPC member wishing to propose a motion must notify the SSPC Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the SSPC Chair has determined that the proposed motion is relevant to the SSPC's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the SSPC Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.6.15 The SSPC Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of SSPC business.

6.6.16 **Amendments** - Any SSPC member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the SSPC alongside the motion.

6.6.17 If there are a number of proposed amendments to the Motion, each amendment will be considered in turn, and if passed, the amended Motion becomes the basis on which the further amendments are considered, i.e. the substantive motion.

6.6.18 **Motions under discussion** – When a motion is under discussion, any SSPC member may propose that:

- the motion be amended;
- the meeting should be adjourned;
- the discussion should be adjourned and the meeting proceed to the next item of business;
- a SSPC member may not be heard further;
- the SSPC decides upon the motion before them;

- an ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.19 Rights of reply to motions – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.20 Withdrawal of Motion or Amendments – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconded and the SSPC Chair.

6.6.21 Motion to rescind a resolution – The SSPC may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six (6) calendar months unless the motion is supported by the (simple) majority of SSPC members.

6.6.22 A motion that has been decided upon by the SSPC cannot be proposed again within six months except by the SSPC Chair, unless the motion relates to the receipt of a report or the recommendations of a Sub-Committee/Managing Director of NWSSP to which a matter has been referred.

Voting

6.6.23 The SSPC Chair will determine whether SSPC members' decisions should be expressed orally, through a show of hands, or by secret ballot or by recorded vote. The SSPC Chair must require a secret ballot if the majority of voting SSPC members request it. Where voting on any question is conducted, a record shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the minutes shall record the name of the individual and the way in which they voted.

6.6.24 In determining every question at a meeting, the SSPC members must take account, where relevant, of the views expressed and representations made by individuals who represent the interests of citizens in Wales. Such views may be presented to the SSPC through the Chairs of any Expert Panel, Advisory Group and/or the Llais representative(s).

6.6.25 Except for decisions related to the overall funding contribution from each of the Health Boards, Trusts, or Special Health Authority, the SSPC will make decisions subject to a 2/3 majority of voting. In no circumstances may an absent SSPC member (or their nominated deputy) vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

- 6.7.1 A record of the proceedings of formal SSPC meetings (and any other meetings of the SSPC where the SSPC members determine) shall be drawn up as 'minutes'. These minutes shall include a record of SSPC member attendance (including the SSPC Chair) together with apologies for absence and shall be submitted for agreement at the next meeting of the SSPC, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.
- 6.7.2 Agreed minutes shall be circulated in accordance with SSPC members' wishes, and, where providing a record of a formal SSPC meeting shall be made available to the public on the NWSSP website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g. Data Protection Act, the SSPC's Communication Strategy and Velindre's Welsh Language Scheme.

6.8 Confidentiality

- 6.8.1 All SSPC members, together with members of any Sub-Committee, Expert Panel or Advisory Group established by or on behalf of the SSPC and SSPC members and/or Health Board/Trust/Special Health Authority officials must respect the confidentiality of all matters considered by the SSPC in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the SSPC Chair or relevant Sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g. in contracts of employment, within the Standards of Behaviour Framework or legislation such as the Freedom of Information Act 2000, etc.

7 VALUES AND STANDARDS OF BEHAVIOUR

The SSPC must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour Framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the SSPC, including SSPC members, Velindre NWSSP officers and others, as appropriate. The Framework adopted by the SSPC will form part of these SOs.

7.1 Declaring and Recording Shared Services Partnership Committee Members' Interests

- 7.1.1 **Declaration of interests** – It is a requirement that all SSPC members should declare any personal or business interests they may have which may affect, or be perceived to affect, the conduct of their role as a SSPC member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the SSPC's business. SSPC members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. SSPC members must notify the SSPC of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as SSPC members.
- 7.1.2 SSPC members must also declare any interests held by family members or persons or bodies with which they are connected. The NWSSP Head of Finance and Business Development will provide advice to the SSPC Chair and the SSPC on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g. the Values and Standards of Behaviour Framework. If individual SSPC members are in any doubt about what may be considered as an interest, they should seek advice from the NWSSP Head of Finance and Business Development. However, the onus regarding declaration will reside with the individual SSPC member.
- 7.1.3 **Register of interests** – The Managing Director of NWSSP, through the NWSSP Head of Finance and Business Development, will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all SSPC members. The register will include details of all Directorships and other relevant and material interests which have been declared by SSPC members.
- 7.1.4 The register will be held by the NWSSP Head of Finance and Business Development, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by SSPC members. The NWSSP Head of Finance and Business Development will also arrange an annual review of the register, through which SSPC members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 7.1.5 In line with the SSPC's commitment to openness and transparency, the NWSSP Head of Finance and Business Development must take reasonable steps to ensure that citizens served by the SSPC are made aware of and have access to view the Register of Interests. This will include publication on the NWSSP website.
- 7.1.6 **Publication of declared interests in Annual Review** – SSPC members' directorships of companies or positions in other organisations likely or

possibly seeking to do business with the NHS shall be published in each Shared Services' Annual Review.

7.2 Dealing with Members' interests during Shared Services Partnership Committee meetings

- 7.2.1 The SSPC Chair, advised by the NWSSP Head of Finance and Business Development, must ensure that the SSPC's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual board members must demonstrate, through their actions, that their contribution to the SSPC's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the SSPC and as a member of the Board of a Health Board, Trust, or Special Health Authority.
- 7.2.2 Where individual SSPC members identify an interest in relation to any aspect of SSPC business set out in the SSPC's meeting agenda, that member must declare an interest at the start of the SSPC meeting. SSPC members should seek advice from the SSPC Chair, through the NWSSP Head of Finance and Business Development before the start of the SSPC meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the SSPCs minutes.
- 7.2.3 It is the responsibility of the SSPC Chair, on behalf of the SSPC, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:
- i the declaration is formally noted and recorded, but that the SSPC member should participate fully in the SSPC's discussion and decision, including voting
 - ii the declaration is formally noted and recorded, and the SSPC member participates fully in the SSPC's discussion, but takes no part in the SSPC's decision;
 - iii the declaration is formally noted and recorded, and the SSPC member takes no part in the SSPC discussion or decision;
 - iv the declaration is formally noted and recorded, and the SSPC member is excluded for that part of the meeting when the matter is being discussed. A SSPC member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the SSPC.

- 7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a SSPC member is compatible with an identified conflict of interest.
- 7.2.5 Where the SSPC Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the SSPC.
- 7.2.6 In all cases the decision of the SSPC Chair (or the Vice Chair in the case of an interest declared by the SSPC Chair) is binding on all SSPC members. The SSPC Chair should take advice from the NWSSP Head of Finance and Business Development when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.
- 7.2.7 **Members with pecuniary (financial) interests** – Where a SSPC member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the SSPC including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The SSPC may determine that the SSPC member concerned shall be excluded from that part of the meeting.
- 7.2.8 The Membership Regulations define ‘direct’ and ‘indirect’ pecuniary interests, and these definitions always apply when determining whether a member has an interest. These SSPC SOs must be interpreted in accordance with these definitions.
- 7.2.9 **Members with Professional Interests** – During the conduct of a SSPC meeting, an individual SSPC member may establish a clear conflict of interest between their role as a SSPC member and that of their professional role outside of the SSPC. In any such circumstance, the SSPC shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the NWSSP Head of Finance and Business Development.

7.3 Dealing with Officers’ Interests

- 7.3.1 The SSPC must ensure that the NWSSP Head of Finance and Business Development, on behalf of the Managing Director of NWSSP, establishes and maintains a system for the declaration, recording and handling of

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other

NWSSP officers' interests in accordance with the Standards of Behaviour Framework.

7.4 Reviewing How Interests are Handled

- 7.4.1 The SSPC's Audit Committee will review and report to the Health Boards, Trusts, and Special Health Authority upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with Offers of Gifts² and Hospitality

- 7.5.1 The Committee will adopt the Values and Standards of Behaviour Framework Policy of Velindre University NHS Trust, which prohibits SSPC members and NWSSP officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest or may reasonably be seen to compromise their personal integrity in any way.
- 7.5.2 Gifts, benefits, or hospitality must never be solicited. Any SSPC member or NWSSP officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a SSPC member or NWSSP officer. Compliance with the Velindre University NHS Trust Standards of Behaviour Framework is mandatory for all Trust employees.
- 7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the NWSSP Head of Finance and Business Development as appropriate. In assessing whether an offer should be accepted, individuals must take into account:
- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case, accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
 - **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the SSPC;

²The term gift refers also to any reward or benefit

- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g. diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel, or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, sporting, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the SSPC; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures, or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Register of Gifts and Hospitality

7.6.1 The NWSSP Head of Finance and Business Development, on behalf of the SSPC Chair, will maintain a Register of Gifts and Hospitality to record offers of gifts and hospitality made to SSPC members. NWSSP Director of Finance and Corporate Services together with Heads of Service, will adopt the Velindre University NHS Trust Policy on Gifts and Hospitality in relation to NWSSP officers working within their areas.

7.6.2 Every SSPC member and NWSSP officer has a personal responsibility to volunteer information in relation to offers of gifts and hospitality made in their capacity as SSPC members, including those offers that have been refused. The NWSSP Head of Finance and Business Development, on behalf of the SSPC Chair and Managing Director of NWSSP, will ensure the incidence and patterns of offers and receipt of gifts and hospitality is kept under active review, taking appropriate action where necessary.

7.6.3 When determining what should be included in the register, NWSSP Officers must apply the principles as set out in the Velindre University NHS Trust Policy on gifts and hospitality.

7.6.4 SSPC members and NWSSP officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- acceptance would further the aims of the SSPC;
- the level of hospitality is reasonable in the circumstances;
- it has been openly offered; and,
- it could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.6.5 The NWSSP Head of Finance and Business Development will arrange for a full report of all offers of Gifts and Hospitality recorded by the SSPC to be submitted to Velindre's Audit Committee at least annually. The Audit Committee will then review and report to the SSPC and the Velindre Trust Board upon the adequacy of the SSPC's arrangements for dealing with offers of gifts and hospitality.

7.6.6 Detailed arrangements for the handling of gifts and hospitality are set out within the Velindre University NHS Trust Standards of Behaviour Framework and its policy on Gifts and Hospitality.

8 SIGNING AND SEALING DOCUMENTS

The Common Seal of NWSSP's host is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board.

Where the Velindre Trust Board has decided that a NWSSP document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised Independent Member) and the Chief Executive (or another authorised individual) both of whom witness the seal.

8.1 Register of Sealing

8.1.1 The NWSSP Head of Finance and Business Development shall keep a register that records the sealing of every NWSSP document. Each entry must be signed by the person who approved and authorised the document and who witnessed the seal. A report of all sealing shall be presented to the SSPC at least biennially.

8.2 Signature of Documents

8.2.1 Where a signature is required for any document connected with legal proceedings involving the NWSSP, it shall normally be signed by the Managing Director, except where the SSPC has been otherwise directed to allow or require another person to provide a signature.

8.2.2 The Managing Director or nominated officers may be authorised by the SSPC to sign on behalf of the NWSSP any agreement or other document (not required to be executed as a deed) where the subject matter has been approved by the SSPC.

8.3 Custody of Seal

8.3.1 The Common Seal of NWSSP's host is kept securely by the Board Secretary at Velindre University NHS Trust.

9 GAINING ASSURANCE ON THE CONDUCT OF SHARED SERVICES PARTNERSHIP COMMITTEE BUSINESS

The SSPC shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to Velindre on the conduct of SSPC business, its governance, and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

The SSPC shall ensure that its assurance arrangements are operating effectively, advised by Velindre's Audit Committee.

9.1 The Role of Internal Audit in Providing Independent Internal assurance

9.1.1 The SSPC shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

9.1.2 The SSPC shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the SSPC. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Audit Committee facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and

- Ensure that the Head of Internal Audit reports periodically to the SSPC on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

9.2 Reviewing the Performance of the Shared Services Partnership Committee, its Sub-Committees, Expert Panel and Advisory Groups

- 9.2.1 The SSPC shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Sub-Committees, Expert Panel, and any other Advisory Groups. Where appropriate, the SSPC may determine that such evaluation may be independently facilitated.
- 9.2.2 Each Sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the SSPC through the Chair within 1 month of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.
- 9.2.3 The SSPC shall use the information from this evaluation activity to inform:
- the ongoing development of its governance arrangements, including its structures and processes;
 - its Committee Development Programme, as part of an overall Organisation Development framework; and
 - inform its Partners through its annual report of its alignment with the Assembly Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

9.3 External Assurance

- 9.3.1 The SSPC shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on its operations, e.g. Audit Wales and Healthcare Inspectorate Wales.
- 9.3.2 The SSPC may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the SSPC itself may commission specifically for that purpose.
- 9.3.3 The SSPC shall keep under review and ensure that, where appropriate, the SSPC implements any recommendations relevant to its business

made by the Welsh Government Audit and Risk Assurance Committee, the Public Accounts Committee, or other appropriate bodies.

- 9.3.4 The SSPC shall provide the Auditor General for Wales with assistance, information, and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities under section 145 of and paragraph 17 to Annexe 8 to the Government of Wales Act 2006 (C.42).

10 DEMONSTRATING ACCOUNTABILITY

- 10.1.1 Taking account of the arrangements set out within these SSPC SOs, the SSPC shall demonstrate to its Partners, citizens, and other stakeholders and to Velindre, as host, a clear framework of accountability within which it:

- conducts its business internally;
- works collaboratively with NHS colleagues, partners, service providers and others; and
- responds to the views and representations made by those who represent the interests of the citizens it serves and its own NWSSP officers.

- 10.1.2 The SSPC shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report of the SSPC.

- 10.1.3 The SSPC shall also facilitate effective scrutiny of NWSSP's operations through the publication of regular reports on activity and performance, including publication of an Annual Review document providing a summary of annual performance.

- 10.1.4 The SSPC shall ensure that within the NWSSP staff, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

11 SUPPORT FOR THE SHARED SERVICES PARTNERSHIP COMMITTEE

- 11.1.1 The NWSSP Head of Finance and Business Development, on behalf of the SSPC Chair, will ensure that the SSPC is properly equipped to carry out its role by:

- overseeing the process of nomination and appointment to the SSPC;
- co-ordinating and facilitating appropriate induction and organisational development activity;

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- ensuring the provision of governance advice and support to the SSPC Chair on the conduct of its business and its relationship with its partners, Velindre, as the host and others;
- ensuring the provision of secretariat support for SSPC meetings;
- ensuring that the SSPC receives the information it needs on a timely basis;
- ensuring strong links to communities/groups;
- ensuring an effective relationship between the SSPC and Velindre as its host; and
- facilitating effective reporting to each Health Board, Trust, and Special Health Authority

thereby enabling each Health Board, Trust, and Special Health Authority's Board to gain assurance on the conduct of business carried out by SSPC on their behalf.

12 REVIEW OF STANDING ORDERS

12.1.1 These SSPC SOs shall be reviewed annually by the SSPC, which shall report any proposed amendments to the Velindre Trust Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SSPC SOs, including the Equality Integrated Impact Assessment.

**MODEL SCHEME OF RESERVATION
AND DELEGATION OF POWERS**

**This Annexe forms part of, and shall have effect as if incorporated in the
Shared Services Partnership Committee Standing Orders**

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

As set out in Standing Order 2, the SSPC - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day-to-day business of the NWSSP may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The SSPC may delegate functions to:

- i A Committee, e.g., Audit Committee;
- ii A Sub-Committee,
- iii A Joint-Committee or Joint Sub-Committee, e.g., with other Health Boards established to take forward matters relating to specialist services; and
- iv Officers of NWSSP (who may, subject to the SSPC's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the SSPC is notified of any matters that may affect the operation and/or reputation of NWSSP.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Annexe of matters reserved to SSPC;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officer.

all of which form part of the SSPC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The SSPC will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the SSPC unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs.
- The SSPC must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management.
- Any decision made to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility.
- The SSPC must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development.
- The SSPC must take appropriate action to assure itself that all matters delegated are effectively carried out.
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes.
- Except where explicitly set out, the SSPC retains the right to decide upon any matter for which it has responsibility, even if that matter has been delegated to others.
- The SSPC may delegate authority to act, but retains overall responsibility and accountability.
- When delegating powers, the SSPC will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Shared Services Partnership Committee (SSPC)

The SSPC will formally agree, review and, where appropriate revise Annexes of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Managing Director

The Managing Director will propose a Scheme of Delegation to officers, setting out the functions they will perform personally, and which functions will be delegated to other officers. The SSPC must formally agree this scheme.

In preparing the scheme of delegation to officers, the Managing Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Managing Director may re-assume any of the powers they have delegated to others at any time.

Board Secretary Governance Support/The NWSSP Head of Finance and Business Development

The Board Secretary Governance Support/the NWSSP Head of Finance and Business Development will support the SSPC in its handling of reservations and delegations by ensuring that:

- A proposed Annexe of matters reserved for decision by the SSPC is presented to the SSPC for its formal agreement;
- Effective arrangements are in place for the delegation of NWSSP's functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the SSPC, Audit Committee and Velindre University NHS Trust Board for revision and approval, as appropriate.

The Velindre University NHS Trust Audit Committee for NWSSP

The Velindre University NHS Trust Audit Committee for NWSSP will provide assurance to the SSPC and Velindre University NHS Trust Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to whom powers have been delegated will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Velindre University NHS Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary providing governance support to the SSPC of their concern, as soon as possible, so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the SSPC has set out alternative arrangements.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within NWSSP. The Scheme is to be used in conjunction with the system of control and other established procedures within NWSSP.

SECTION 1

ANNEXE OF MATTERS RESERVED TO THE SSPC³

SSPC		AREA	DECISIONS RESERVED TO THE SSPC
1	FULL	GENERAL	The SSPC may determine any matter for which it has statutory or delegated authority, in accordance with NWSSP SOs.
2	FULL	GENERAL	The SSPC must determine any matter that will be reserved to the whole SSPC in accordance with statutory and Welsh Government guidance.
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the SSPC, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges.
4	FULL	OPERATING ARRANGEMENTS	Approve, vary, and amend: <ul style="list-style-type: none">▪ NWSSP SOs ;▪ NWSSP SFIs;▪ Annexe of matters reserved to the SSPC;▪ Scheme of delegation to SSPC others; and▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.

³ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements

5	FULL	OPERATING ARRANGEMENTS	Approve the SSPC Values and Standards of Behaviour Framework, including NWSSP's mission statement.
6	FULL	OPERATING ARRANGEMENTS	Approve the SSPC framework for performance management, risk, and assurance.
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the SSPC determines it so based upon its contribution/impact on the achievement of the SSPC's aims, objectives and priorities.
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Managing Director in accordance with NWSSP Standing Order requirements.
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with NWSSP SOs.
10	FULL	OPERATING ARRANGEMENTS	Approve procedures for dealing with complaints and incidents.
11	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with NWSSP SFIs.
12	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write-off of losses or making of special payments above the limits of delegation to the Managing Director and officers.
13	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the NWSSP.
14	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline, and dismissal of the Management Team and any other SLG level appointments, e.g., the Committee Secretary.

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15	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive, and determine action in response to the declaration of NWSSP members' interests, in accordance with advice received, e.g. from Audit Committee.
14	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the NWSSP's top level organisation structure and SSPC policies.
15	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss SSPC sub-Committees, including any joint sub-Committees directly accountable to the SSPC.
16	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the SSPC.
17	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the SSPC on outside bodies and groups.
18	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the SSPC.
19	FULL	STRATEGY & PLANNING	Determine the SSPCs strategic aims, objectives, and priorities.
20	FULL	STRATEGY & PLANNING	Approve the SSPCs Integrated Medium Term Plan, including the balanced Medium Term Financial Plan.
21	FULL	STRATEGY & PLANNING	Approve the SSPCs Risk Management Strategy, including risk appetite, risk tolerance levels and treatment plans and managing risks in relation to public confidence.
22	FULL	STRATEGY & PLANNING	Approve the SSPCs citizen engagement and involvement strategy, including communication.

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23	FULL	STRATEGY & PLANNING	Approve the SSPCs Committee's partnership and stakeholder engagement and involvement strategies.
24	FULL	STRATEGY & PLANNING	Approve NWSSP's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ People and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans) ▪ Primary Care ▪ Communications & Engagement
25	FULL	STRATEGY & PLANNING	Approve the SSPCs budget and financial framework (including overall distribution of year end surplus/deficits including risk sharing agreements).
26	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Managing Director set out in the NWSSP SFIs.
27	FULL	PERFORMANCE & ASSURANCE	Approve the SSPC's audit and assurance arrangements.
28	FULL	PERFORMANCE & ASSURANCE	Receive reports from the SSPC's NWSSP Directors on progress and performance in the delivery of the SSPC's strategic aims, objectives and priorities and approve action required, including improvement plans.

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29	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the SSPC's Sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans.
30	FULL	PERFORMANCE & ASSURANCE	Receive reports on the SSPC's performance produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc) that raise issue or concerns impacting on the NWSSP's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of SSPC sub-Committees (as appropriate).
31	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the SSPC's Head of Internal Audit and approve action required, including improvement plans.
32	FULL	PERFORMANCE & ASSURANCE	Receive the annual management letter from the SSPC's external auditor and approve action required, including improvement plans.
33	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the SSPC's performance against the Health and Care Standards for Wales and approve action required, including improvement plans.
34	FULL	PERFORMANCE & ASSURANCE	Approval of the Risk and Assurance Framework.
35	FULL	REPORTING	Approve the SSPC's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners, and stakeholders and nationally to the Welsh Government.
36	FULL	REPORTING	Receive, approve, and ensure the publication of SSPC reports, including its Annual Report.

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SECTION 2

ANNEXE OF DELEGATION OF POWERS TO COMMITTEES AND OTHERS

Under Standing Order Section 2 it provides that the SSPC may delegate powers to SSPC Committees, Sub-Committees, and others. In doing so, the SSPC has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others;

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

Subject to Clauses within the Trust Standing Orders and to such directions as may be given by the Welsh Government, the SSPC may appoint ad-hoc committees of the NWSSP, whose membership can be wholly or partly of the Chairman and Directors of the NWSSP, or persons who are not Directors of the NWSSP.

A committee appointed under this regulation may subject to such directions as may be given by the Welsh Government or the SSPC appoint ad hoc Sub-Committees consisting wholly or partly of members of the committee (whether or not they are Directors of NWSSP) or wholly of persons who are not members of the committee (whether or not they include Directors of the NWSSP).

The Standing Orders, with appropriate alterations, apply to a committee or Sub-Committee and to a committee or Sub-Committee as they apply to the SSPC and apply to a member of such committee or sub-committee (whether or not they are a Director of the NWSSP) as it applies to a Director of the NWSSP.

The SSPC may make, vary and revoke Standing Orders relating to the quorum, proceedings, and place of meetings of a committee or Sub-Committee but, this shall be carried out in accordance with the identified procedures laid down for these changes as outlined in these Standing Orders.

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The scope of the powers delegated, together with the requirements set by the SSPC in relation to the exercise of those powers are as set out in i) Committee Terms of Reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the SSPC's Scheme of Delegation to Committees.

The SSPC has delegated a range of its powers to the following Sub-Committees and others:

- Welsh Risk Pool Committee
- Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

Summary of matters delegated to Sub-Committees:

Sub-Committee: Welsh Risk Pool Committee
Delegated Matters:
The Sub-Committee will: <ol style="list-style-type: none">1. To approve the payment and reimbursement of claims and impose penalties in accordance with the WRPS Claims Reimbursement Procedure.2. To enact the risk sharing arrangements as agreed by the NWSSP.3. To receive and consider the annual statements of account.4. To receive and consider the annual assessment reports and to approve recommendations for any necessary action.5. To receive and consider the outcome of claims reviews and to approve recommendations for any necessary action.6. To agree on a communication strategy across NHS Wales to ensure that learning from events is captured and communicated appropriately.7. To consider advice and guidance on matters of indemnity which are novel, contentious or expose NHS Wales to significant risk.8. To request claims reviews where the WRPC considers appropriate in order that lessons can be learnt on an All-Wales basis.9. To ensure that arrangements are in place to enable the reporting of key issues and trends via the National Quality and Safety Forum.

Sub-Committee: Velindre University NHS Trust Audit Committee for NWSSP**Delegated Matters:**

The Committee will:

1. Approve any variation to, review annually and monitor compliance with Standing Orders and Standing Financial Instructions.
2. Review and report to the SSPC upon the adequacy of the arrangements for declaring, registering, and handling interests at least annually.
3. Receive a full report of all offers of Gifts and Hospitality recorded by the NWSSP and review the adequacy of NWSSP's arrangements for dealing with offers of gifts and hospitality.
4. Advise the Velindre Trust Board on the adequacy that its assurance arrangements are operating effectively.
5. Review and approve Internal Audit Strategy, Charter, operational plan, programme of work.
6. Review effectiveness of internal audit.
7. Review policies and procedures in respect of fraud and bribery set out in the Welsh Government Directions and to receive the Counter Fraud Annual Report and Plan.
8. Approve write-off of losses or making of special payments within delegated limits determined by the Welsh Ministers.
9. Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities.
10. Review the assurance gained through the development of a Risk and Assurance Framework and to consider gaps in control and gaps in assurance and report results to the Board.
11. Review the adequacy of all risk and control related disclosure statements, including the Annual Governance Statement.
12. Receive quarterly assurance of Post Payment Verification (PPV) reports.

The scope of the powers delegated, together with the requirements set by the SSPC in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the NWSSP's Scheme of Delegation to Committees.

SECTION 3

ANNEXE OF SCHEME OF DELEGATION TO NWSSP DIRECTORS AND OFFICERS

The SSPC SOs, alongside the Trust SOs and the SFIs specify certain key responsibilities of the Chief Executive Velindre University NHS Trust, the Managing Director of NWSSP, Directors, Heads of Service and other officers. The Chief Executive and Managing Director of NWSSP Job Descriptions, together with their Accountable Officer Memorandums set out their specific responsibilities, and the individual job descriptions determined for Directors and Heads of Service level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the Annexe of additional delegations below and the associated financial delegations set out in the Velindre Trust SFIs form the basis of the Scheme of Delegation to Officers.

Standing Orders – List of Delegated Matters

SO REF	DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
GENERAL			
	Non-compliance and variation of Standing Orders	Head of Finance and Business Development	Board Secretary Support
	Final interpretation of Standing Orders	Chair	
	Responsibility for providing advice to the Board on all aspects of governance/committee services	Head of Finance and Business Development	
CHAIR'S ACTION ON URGENT MATTERS			
SO 2.1	Use of Chair's Action and onward reporting to	Chair & Managing Director	Board Secretary Support
DELEGATION TO OFFICERS			
SO 2.3.1	Compilation of Scheme of Delegation for functions	Managing Director	Head of Finance and Business

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SO 2.3.1	delegated to Managing Director for consideration and approval by the SSPC Delegation of functions within Directorates/departments/localities in line with the framework established by the Managing Director and agreed by the SSPC	Directors	Development Directors
WORKING IN PARTNERSHIP			
SO 5.0.2	Identification and engagement with all key partners and regular review of effectiveness	Chair	Deputy Director of Finance and Corporate Services
MEETINGS			
SO 6.2	Development of the Annual Plan of SSPC Business	Chair/Managing Director	Head of Finance and Business Development
SO 6.3	Call meetings of the SSPC	Chair/Managing Director	Head of Finance and Business Development
SO 6.4	Preparation of SSPC meetings	Chair/Managing Director	Head of Finance and Business Development
SO 6.5	Report decisions made & review NWSSP business conducted in private session	Chair	Head of Finance and Business Development
SO 6.5	Chair SSPC meetings & associated responsibilities	Chair	Head of Finance and Business Development
SO 6.6	A record of proceedings of SSPC meetings	Chair (Vice Chair in Chair's absence)	Chair (Vice Chair in Chair's absence) / Head of Finance and Business Development

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VALUES AND STANDARDS OF BEHAVIOUR			
SO 7.1	Establishment, maintenance, and annual review of a Register of Interests declared by all SSPC members	Managing Director	Head of Finance and Business Development
SO 7.6	Establishment, maintenance and annual review of a Register of Gifts and Hospitality in respect of SSPC business for all SSPC members	Chair	Head of Finance and Business Development
SO 7.6	Establishment maintenance and annual review of a Register of Gifts and Hospitality for NWSSP Officers	Managing Director/Directors	Head of Finance and Business Development
SIGNING AND SEALING DOCUMENTS			
SO 8.1	Establishment, maintenance, and bi-annual reporting of a Register of Sealings undertaken by the Velindre NHS Trust Board for NWSSP business	Managing Director	Head of Finance and Business Development

This scheme only relates to matters delegated by the Velindre Board and the SSPC to the Managing Director and Directors, together with certain other specific matters referred to in SFIs. Each Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Annexe of Additional Delegations

Delegated matter	High level delegation	Further Delegation Allowable?	Control Documents required to be in place prior to further delegation of matters
Management of budgets	Managing Director of NWSSP/ NWSSP Director of Finance	Yes	Financial delegations set out in Sections 4-6. Further delegations subject to authorisation matrix.
Management of cash and bank accounts	Trust Director of Finance	Yes	Authorisation matrix. Financial policies & procedures
Approval of petty cash	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. Financial policies & procedures
Engagement of staff within funded establishment	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. HR policies & procedures
Engagement of staff outside funded establishment	Managing Director of Shared Services	Nominated deputy	In absence of Director of Shared Services
Staff re-grading and awarding of incremental points	NWSSP Director of P&OD	Yes	Written authority to suitably qualified HR staff
Approval of overtime	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. HR policies & procedures
Approval of annual leave	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. HR policies & procedures
Approval of compassionate leave	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. HR policies & procedures
Approval of maternity and paternity leave	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. HR policies & procedures
Approval of carers leave	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. HR policies & procedures

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Approval of leave without pay	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. HR policies & procedures
Extension of sick leave on full or ½ pay <ul style="list-style-type: none"> Directors Other staff 	Managing Director of NWSSP NWSSP Directors	No Yes	Authorisation matrix. HR policies & procedures
Approval of study leave < £2k	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. HR policies & procedures
Approval of study leave > £2k	Managing Director NWSSP/ NWSSP Director of W&OD	No	
Approval of relocation costs	NWSSP Director of W&OD	Yes	Authorisation matrix. HR policies & procedures
Approval of lease cars & phones <ul style="list-style-type: none"> NWSSP Directors Other staff 	Managing Director of NWSSP NWSSP Finance Director	No No	
Approval of redundancy, early retirement, and ill-health retirement	Managing Director of NWSSP	Yes	Authorisation matrix. HR policies & procedures
Dismissal of staff	Managing Director of NWSSP and NWSSP Director of P&OD	Yes	Authorisation matrix. HR policies & procedures
Approval to procure goods and services within budget	NWSSP Directors / Heads of Service	Yes	Standing financial instructions. Authorisation matrix. Procurement & finance policies & procedures.
Approval to procure goods and services outside of budget that would result in a budgetary overspend	Managing Director of NWSSP	Nominated deputy	In absence of the Managing Director of NWSSP
Approval to commission services from other NHS bodies	Managing Director of NWSSP	Yes	Authorisation matrix. Commissioning policies & procedures

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Approval to commission services from voluntary sector	Managing Director of NWSSP	Yes	Authorisation matrix. Commissioning policies & procedures
Approval to commission services from private and independent providers	Managing Director of NWSSP	Yes	Authorisation matrix. Commissioning policies & procedures
Approval to enter into pooled budget arrangements under section 33 of the NHS (Wales) Act 2006	Managing Director of NWSSP	Yes	Authorisation matrix. Commissioning policies & procedures
Management and Control of Stocks	NWSSP Director (Head of Procurement Services)/ NWSSP Director of Finance	Yes	Authorisation matrix
Work in relation to counter fraud and corruption	Trust Director of Finance/ NWSSP Director of Finance	Yes	Authorisation matrix Fraud & Corruption policies and procedures
Authorisation of sponsorship	Managing Director of NWSSP	No	Sponsorship policies & procedures
Approval of research projects	Managing Director of NWSSP	Yes	Research policies & procedures
Management of complaints	NWSSP Director of Finance	No	Complaints policies & procedures
Provision of information to the press, public and other external enquiries	NWSSP Directors / Trust Board Secretary	Yes	Communication policies & procedures
Approval for use of charitable funds	Trust Chief Executive	Yes	Authorisation matrix. Financial policies & procedures
Approval to condemn and dispose of equipment	NWSSP Directors / Heads of Service	Yes	Authorisation matrix. Disposal policies & procedures
Approval of losses and compensation (except for personal effects)	Managing Director of NWSSP	No	Within authorised limits set by WG.

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Approval of compensation for staff and patients personal effects <ul style="list-style-type: none"> Up to £1000 £1,000 > £10,000 £10,000 > £50,000 Over £50,000 	Trust Small Claims Panel Managing Director of NWSSP Approval by WG	No No No No	
Approval of clinical negligence and personal injury claims	Managing Director of NWSSP / NWSSP Director of Finance	Yes	Authorisation matrix and within limits set by WAG.
Approval of capital expenditure	Managing Director of NWSSP/ NWSSP Director of Finance	Yes	High level delegation set out in Section 4. Further delegations subject to authorisation matrix
Approval to engage external building and other professional contractors	NWSSP Director of Finance	Yes	Authorisation matrix. Capital policies & procedures.
Approval to seek professional advice and ensure the implementation of any statutory and regulatory requirements	Managing Director of NWSSP	Yes	Financial delegations set out in Section 4. Further delegations subject to authorisation matrix
The negotiation and agreement of service contracts / long term agreements	Managing Director of NWSSP & NWSSP Director of Finance	Yes	Further delegations (re: negotiation only – not agreement) to Heads of Service.

This scheme only relates to matters delegated by the SSPC to the Managing Director of NWSSP and the NWSSP Directors and Heads of Service, together with certain other specific matters referred to in SFIs. Each NWSSP Director and Head of Service is responsible for delegation within their department. They shall produce a Scheme of Delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

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SECTION 4

ANNEXE OF DELEGATION OF BUDGETARY RESPONSIBILITY

Section 5 of the Velindre University NHS Trust Standing Financial Instructions detail the requirements for Budgetary Control, including:

- 5.1 Budget Setting
- 5.2 Budgetary Delegation
- 5.3 Budgetary Control and Reporting

Paragraphs 5.2.1 to 5.2.4 detail the specific requirements on Budgetary Delegation. In line with 5.2.1 the Income and Expenditure budgetary responsibility for the NHS Wales Shared Services Partnership has been delegated to the Managing Director of NWSSP.

The Managing Director of NWSSP and other NWSSP Directors will, in turn, delegate budgetary responsibility to other Heads of Service and managers. The detailed Annexe of this second-tier delegation will be reviewed, revised and reapproved on an annual basis by the Managing Director of NWSSP and the Senior Leadership Group as part of the annual Financial Strategy and Budget Setting process. Within the budgetary delegation there are delegated powers of budget virement:

- between Divisions must be approved by the Managing Director of NWSSP.
- between budgets within the same Division must be approved by the relevant Director / Heads of Service.
- between staff and non-staff within the same budget must be approved by the Budget Holder.

These delegated powers of virement, from the Managing Director of NWSSP to Heads of Service and Budget Holders, assume that the NWSSP is achieving its financial targets and can be revised, in year, by the Managing Director of NWSSP in the light of adverse financial performance. Budget virements within Divisions can be authorised by the Head of Service and Director of Finance up to the limit of £60,000.

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SECTION 5

NHS WALES SHARED SERVICES PARTNERSHIP SCHEME OF BUDGETARY DELEGATION

Financial Limits (All Values exclude VAT)	Revenue	Capital	All Wales Contracts**
	£000	£000	£000
Velindre:			
Trust Board	No Limit	No Limit	No Limit
Charitable Funds Committee	0	0	0
NWSSP (excluding all Wales Procurement Contracts):			
Managing Director and NWSSP Chair	200	1m	1m
Managing Director of NWSSP	100	500	500
Director of Finance and Corporate Services	80	100	100
Director of People and Organisational Development	50	50	N/A
Director of Planning, Performance and Informatics	50	50	N/A
Service Directors/Heads of Services (within own area)	25	0	N/A
Service Directors/Heads of Service's Nominee (within Agreed area)	10	0	N/A
Heads of Function (within own area)	7.5	0	N/A
Deputy Director of Finance and Corporate Services	25	25	N/A
Heads of Finance	10	10	N/A
Delegated Budget Holders (within own area) Level 1	5	0	N/A
Delegated Budget Holders (within own area) Level 2	1	0	N/A
Notes:			
**Represents contracts where expenditure is directly incurred by NWSSP in respect of All Wales Contracts where the expenditure is either recharged to NHS Wales organisations or the expenditure is incurred for goods/services that will be directly consumed by NHS Wales organisations.			

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Welsh Infected Blood Support Services Limits

Scheme Designation	Payments to Claimants (£)
Managing Director/NWSSP Chair	Over 150k
Managing Director	Up to 150k
Director of Finance and Corporate Services	Up to 150k
Director of Planning, Performance, and Informatics	Up to 150k
Head of Function (WIBSS Manager)	Up to 10k

Corporate Areas

Scheme Designation	Area	Limits (£)
Managing Director/Director of Finance and Corporate Services	ESR Recharges	Up to £1m
Managing Director/Director of Finance and Corporate Services	Intra-NHS Invoices and Payments (included but not limited to Pharmacy rebates, NWSSP distribution)	Up to £1m

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Legal & Risk and Welsh Risk Pool Services Limits

Scheme Designation	Reimbursement of claims and redress cases following WRPC approval (£)	WRP Managed Claims (£)	
		(£)	(actions)
NWSSP Chair	Over 2m	Over 2m	
Managing Director of NWSSP	Up to 2m	Up to 2m	
Director of Finance and Corporate Services	Up to 1m	Up to 1m	
Director of Legal and Risk Services and Welsh Risk Pool	Up to 500k	Up to 500k	Agree settlement and make admissions
Deputy Director of Legal & Risk and Welsh Risk Pool	Up to £250k	Up to £250k	Agree settlement and make admissions
Deputy Director of Finance and Corporate Services	Up to 250k	Up to £250k	
Head of Safety and Learning	Up to 100k	£20k	
Note:			
All cases submitted for reimbursement are reviewed by a Learning Advisory Panel and the Welsh Risk Pool Committee prior to approval.			
Approval of Lessons Learned in cases where payments will exceed £1m are delegated by Welsh Government to the Welsh Risk Pool Committee. Payments above £1m are approved by Welsh Government prior to the Welsh Risk Pool Committee.			
Claims above £2m will be signed by the Managing Director of NWSSP and NWSSP Chair.			

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Procurement Services Limits

Scheme Designation	Contracts for and on behalf of NHS Wales (£)*	NWSSP Stock Requisitions and Invoices (£)	NWSSP Stock Write offs (£)
Trust Board			
Chair and Managing Director / Director of Finance & Corporate Services			
Managing Director of NWSSP and NWSSP Chair	Over 1m	Over 2m	Over 50k
Managing Director of NWSSP	Up to 1m	Up to 100k	Up to 50k
Director of Finance and Corporate Services NWSSP	Up to 750k	Up to 60k	Up to 25k
Director of Procurement Services	Up to 750k	Up to 50k	Up to 25k
Assistant Directors of Procurement		Up to £25k	Up to £10k
Senior Manager Procurement Services (Logistics)		Up to 25k	Up to 10k
Regional Supply Chain Manager			Up to 5k
Warehouse Manager (Bridgend/Denbigh) / Storage and Distribution Manager (IP5)			Up to 1k
Assistant Warehouse Manager (Bridgend/Denbigh) / Shift Manager (IP5)			Up to 1k
Note:			
<i>*Contracts for and on behalf of NHS Wales > £1m require prior approval from Welsh Government with the exception of those contracts specified in SFI 11.6.4</i>			

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Existing Liabilities Scheme Limits

Scheme Designation	Damages Limit (£)
Welsh Government	1M and over
Managing Director and NWSSP Chair	Up to 1M
Managing Director	Up to 500k
Director of Finance & Corporate Services	Up to 500k
Director of Legal and Risk Services and Welsh Risk Pool	Up to 500k
Deputy Director of Finance & Corporate Services	Up to 100k
Deputy Director of Legal and Risk Services and Welsh Risk Pool	Up to 100k
Head of Function - GMPI Team Leader	Up to 50k
Note: Claims and payments will be made by NWSSP and approved in line with the above scheme of delegation. Any value of damages decisions greater than £1 million will require written Welsh Government approval. All other value of claims decisions below £1million will be approved in line with the Scheme of Delegation.	

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Annexe forms part of, and shall have effect as if incorporated in the SSPC SOs

Shared Services Partnership Committee Framework

The SSPC's governance and accountability framework comprises these SSPC SOs, incorporating Annexes of Powers reserved for the SSPC and Delegation to others, together with the following documents agreed by the SSPC.

These documents must be read in conjunction with the SSPC SOs and will have the same effect as if the details within them were incorporated within the SSPC SOs themselves:

- Standing Financial Instructions (SFIs);
- Values and Standards of Behaviour Framework;
- Risk and Assurance Framework;
- SSPC Annual Plan of Committee Business;
- Welsh Language Scheme;
- Complaints Management Protocol;
- Annual Governance Statement; and
- Annual Review,

These documents may be accessed by viewing NWSSP's website (www.nwssp.wales.nhs.uk/opendoc/326169).

NHS Wales Framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <http://www.wales.nhs.uk/governance-emanual/>. Directions or guidance on specific aspects of SSPC business are also issued in hard copy, usually under cover of a Ministerial Letter.

**SHARED SERVICES PARTNERSHIP COMMITTEE SUB-COMMITTEE
ARRANGEMENTS**

**This Annexe forms part of, and shall have effect as if incorporated in the
SSPC Standing Orders**

1. *Welsh Risk Pool Committee - Terms of Reference*
2. *Velindre University NHS Trust Audit Committee For NHS Wales Shared
Service Partnership - Terms of Reference*

1. Welsh Risk Pool Committee Terms of Reference

1. Background

The Welsh Risk Pool (WRP) was established in 1996 when responsibility for meeting the cost of negligence claims was transferred to NHS Wales. Management of redress matters was transferred to the responsibility of the WRP from 1st April 2018. Management of General Medical Practice Indemnity (GMPI) cases was introduced on 1st April 2019 with the introduction of the National Health Service Clinical Negligence Scheme Wales Regulations 2019.

The WRP is managed by NHS Wales Shared Services Partnership (NWSSP) and decisions are made by a committee which is formed of representatives from NHS Wales and Welsh Government.

The aim of the WRP budget management is to align the financial governance relating to claims and redress cases with the corporate and quality governance agenda.

The WRP has responsibility for reimbursement of claims, redress cases, GMPI matters, property & equipment losses and special payments. Excess levels to be borne by health bodies apply in some cases. It is also required to have effective processes for ensuring that NHS Wales learns from events to limit the risk of recurrence and improve the quality and safety for both patients and staff.

In line with Standing Orders the NWSSP Committee (NWSSPC) has resolved to establish a sub- committee to be known as the Welsh Risk Pool Committee (WRPC). The WRPC is a sub- committee of the NWSSPC and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Membership

The membership of the WRPC shall be determined by the NWSSPC, taking account of the balance of skills and expertise necessary to deliver the WRPC's remit and subject to any specific requirements or directions made by Welsh Government.

The WRPC comprises of representation from senior NHS professionals from Trusts, Local Health Boards, Legal & Risk Services (L&RS) and Welsh Government. WRPC health body representatives are not in attendance on behalf of their individual organisation but are representing their professional or peer group.

Membership includes:

Chair: Chair of NHS Wales Shared Services Partnership Committee

Members: Managing Director NWSSP (Accountable Officer for WRP)
Director Legal & Risk Services NWSSP Deputy Director Legal & Risk Services NWSSP
Director of Finance & Corporate Services NWSSP Medical Director, NWSSP
NHS Wales Health Body Chair (1)

NHS Wales Health Body Chief Executive (1)
NHS Wales Health Body Medical Director (1)
NHS Wales Health Body Director of Nursing (1)
NHS Wales Health Body Director of Finance (1)
NHS Wales Health Body Director of Therapies & Health Science (1)
NHS Wales Health Body Audit Committee Chair (1)
NHS Wales Health Body Board Secretary (1)

NHS Wales Health Body Director of Primary Care (1)
Welsh Government (2)
NHS Wales Health Body Digital Services (1)

In attendance:

NWSSP – WRP Finance Business Partner
NWSSP - WRP Head of Safety and Learning
NWSSP – L&RS Head of Healthcare Litigation
WRP Operations Team
WRP Safety and Learning Team

Other individuals may be involved at the discretion of the Chair (e.g., representatives from National Speciality Advisory Groups as appropriate). The WRPC shall appoint a Vice Chair from the agreed membership. The Vice Chair shall deputise for the Chair in their absence for any reason.

In the event that a member of the WRPC is unable to attend a meeting they are required to seek a suitable representative to attend on their behalf.

Committee Secretariat is provided by the WRP Operations Team who will ensure that records are maintained in line with NWSSP process. The agenda and reports will be shared at least five working days before the meeting.

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3. Dealing with Members' interests during meetings

The Chair, advised by the Committee Secretariat, must ensure that the WRPC's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the WRPC's decision making is based upon the best interests of the NHS in Wales.

Where individual members identify an interest in relation to any aspect of business set out in the meeting agenda, that member must declare an interest at the start of the meeting. Members should seek advice from the Chair, through the Committee Secretariat before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the minutes. It is responsibility of the Chair, on behalf of the Committee, to determine the action to be taken in response to the declaration of interest, this can include excluding the member, where they have a direct or indirect financial interest or participating fully in the discussion but taking no part in the WRPC decision.

4. Quorum

A quorum shall be the Chair or Vice Chair and at least 4 other representatives, 2 of which must be representatives from health bodies.

5. Frequency of Meetings

Meetings will be held at least 6 times per year, with additional meetings held if considered necessary.

6. Authority

The Accountable Officer for WRP is authorised to carry out any activity within the terms of reference and the scheme of delegation.

To advise the Accountable Officer, WRPC business items are subject to discussion and decisions based on consensus. Where deemed appropriate items may be referred to the NWSSPC.

The WRPC may, establish subgroups or task and finish groups as appropriate to address specific issues and to carry out on its behalf specific aspects of business.

The National Learning Advisory Panel is established as a sub-committee of the WRPC.

7. Responsibilities of the WRPC

It is important that there is clarity between the role of the WRPC and that of the NWSSPC. The NWSSPC has overall responsibility for overseeing the governance arrangements within WRP and in support of this function the minutes of the WRPC will be forwarded for information and assurance including the highlighting of matters of significance. WRP can by exception, report directly to the NWSSPC on specific matters of concern as agreed by consensus.

The role of the WRPC is to:

- a. Receive assurance on the management of delegations for areas of responsibility detailed within this Terms of Reference and to report regularly to the NWSSPC on performance;
- b. Undertake actions reserved specifically for the WRPC;
- c. To provide advice and guidance to the Accountable Officer on reimbursement decisions; and
- d. To support and promote a learning culture within NHS Wales.

8. WRPS areas of responsibility

The main areas of responsibility for which the Operations Team, supported by NWSSP Finance will be held to account by the WRPC are:

- To present key financial and performance information.
- To develop an effective and efficient process including guidance for the management of reimbursement to NHS Wales health bodies.
- To ensure that there are effective processes for the forecasting of resource requirements over the short and medium term and that there is sufficient capacity to meet obligations.
- To ensure that the transactions of the WRP are fully recorded and that financial accounts are produced in accordance with the timetable set by the Welsh Government.
- To undertake regular assessments of the Putting Things Right arrangements throughout NHS Wales.
- To undertake regular assessments of the arrangements for the management of GMPI claims by NHS Wales.
- To undertake assessments of clinical services where there is a recognised litigation profile.
- To develop processes for learning from events and cascading information to all NHS Wales health bodies including undertaking

- detailed reviews of cases and identifying trends which arise.
- To undertake project work as required by the WRPC.
- To coordinate a National Learning Advisory Panel for the scrutiny of cases presented to each WRPC to provide assurance across NHS Wales that appropriate action has been taken to reduce the risk of recurrence.
- To operate a process for the handling of enquiries and responding to enquiries in relation to indemnity and reimbursement matters.

9. WRPC reserved matters

- To approve the reimbursement of cases and impose penalties in accordance with the WRP Reimbursement Procedures.
- To enact the risk sharing arrangements as agreed by the NWSSPC.
- To receive and consider the annual statements of account.
- To receive and consider the periodic assessment reports and to approve recommendations for any necessary action.
- To agree on a communication strategy across NHS Wales to ensure that learning from events is captured and communicated appropriately.
- To consider advice and guidance on matters of indemnity which are novel, contentious or expose NHS Wales to significant risk.
- To request claims reviews where the WRPC considers appropriate in order that lessons can be learnt on an All-Wales basis.
- To receive and consider the outcome of claims reviews and to approve recommendations for any necessary action.
- To commission the Once for Wales Concerns Management System on behalf of health bodies in NHS Wales.

10. Reporting Arrangements

Minutes shall be taken at each meeting and circulated to all members of the WRPC and to the NWSSPC for information.

Risk sharing arrangements will be proposed by the WRPC and approved by the NWSSPC.

Regular financial reports on the risk sharing arrangements, forecasting future resource needs will be presented to the NWSSPC and Welsh Government as required.

11. Audit Arrangements

The WRP will be subject to audit by both internal and external auditors. The external auditors of Velindre University NHS Trust will ensure that there is overall audit coverage of case management across NHS Wales.

12. Associated documents

- All-Wales Policy on Indemnity and Insurance
- Scope of the Risk Pooling Arrangements
- WRP Reimbursement Procedures
- Terms of Reference for the National Learning Advisory Panel

13. Review Arrangements

These Terms of Reference will be reviewed every two years and approved by the WRPC and ratified by the NWSSPC.

- a. Date of next review: September 2025

Key Contact: Jonathan Webb Head of Safety and Learning
Jonathan.Webb@wales.nhs.uk

2. Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership - Terms of Reference

1. BACKGROUND

1.1 In May 2012, all Health Boards and Trusts approved the Standing Orders for Shared Services Partnership Committee. Section 4.0.3 of the Standing Orders (as amended 1 March 2019) states:

“The SSPC shall establish a Sub-Committee structure that meets its own advisory and assurance needs and/or utilise Velindre’s Committee arrangements to assist in discharging its governance responsibilities.”

These Terms of Reference set out the arrangements for utilising the Velindre University NHS Trust Audit Committee to support the discharge of those relevant functions in relation to NHS Wales Shared Services Partnership (NWSSP).

ORGANISATIONAL STRUCTURE

Velindre University NHS Trust has an interest in NWSSP on two levels:

- a) The internal governance of NWSSP in relation to the host relationship; and
- b) As a member of NWSSP Committee in relation to the running of national systems and services.

The governance and issues relating to the hosting of NWSSP dealt with in **(a)** will be incorporated into the standard business of the existing Velindre University NHS Trust Audit Committee, with a specific focus on alternating Trust Audit Committee business. The assurance for the business dealt with in **(a)** will be to the Velindre University NHS Trust Board. The Chair of NWSSP Audit Committee should receive copies of the meeting papers and will be invited to attend, should there be anything on the agenda which has implications for the Shared Services Partnership Committee (SSPC).

Issues relating to NWSSP nationally run systems and services **(b)** will be fed into a separate Velindre University NHS Trust Audit Committee for NWSSP operating within its own work cycle. The assurance for the business dealt with in **(b)** will be to NWSSP Chair and the NWSSP Audit Committee, via the communication routes, detailed below.

The arrangements for **(a)** above, will not be considered further within these Terms of Reference, as it is for Velindre University NHS Trust Audit Committee to determine the relevant assurance required in relation to the host relationship.

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2. INTRODUCTION

- - 2.1 Velindre University NHS Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees"*.
 - 2.2 In line with Standing Orders and NWSSP's scheme of delegation, the SSPC shall nominate, annually, a Committee to be known as the Velindre University NHS Trust Audit Committee for NWSSP. The detailed Terms of Reference and Operating Arrangements in respect of this Committee are set out below.
 - 2.3 These Terms of Reference and Operating Arrangements are based on the model Terms of Reference, as detailed in the NHS Wales Audit Committee Handbook, June 2012.

3 PURPOSE

- 3.1 The purpose of the Audit Committee ("the Committee") is to:
 - **Advise** and **assure** the SSPC and the Accountable Officer on whether effective arrangements are in place - through the design and operation of NWSSP's **system of assurance** - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the organisation's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Velindre University NHS Trust Board and SSPC as to where and how its system of assurance may be strengthened and developed further.

4 DELEGATED POWERS AND AUTHORITY

- 4.1 With regard to its role in providing advice to both Velindre University NHS Trust Board and the SSPC, the Audit Committee will comment specifically upon:

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- The adequacy of NWSSP's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, designed to support the public disclosure statements that flow from the assurance processes (including the Annual Governance Statement) and providing reasonable assurance on:
 - NWSSP's ability to achieve its objectives;
 - Compliance with relevant regulatory requirements, standards, quality and service delivery requirements, other directions and requirements set by the Welsh Government and others;
 - The reliability, integrity, safety, and security of the information collected and used by the organisation;
 - The efficiency, effectiveness, and economic use of resources; and
 - The extent to which NWSSP safeguards and protects all of its assets, including its people.
- NWSSP's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- The planned activity and results of Internal Audit, External Audit, and the Local Counter Fraud Specialist (including Strategies, Annual Work Plans and Annual Reports);
- The adequacy of executive and management's response to issues identified by audit, inspection, and other assurance activity, via monitoring of NWSSP's Audit Action Plan;
- Proposals for accessing Internal Audit service (where appropriate);
- Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations as appropriate; and
- Any particular matter or issue upon which the SSPC or the Accountable Officer may seek advice.

4.2 The Audit Committee will support the SSPC with regard to its responsibilities for governance (including risk and control) by reviewing:

- All risk and control related disclosure statements (in particular the Annual Governance Statement together with any accompanying Head of Internal Audit Statement, External Audit Opinion, or other appropriate independent assurances), prior to endorsement by the SSPC;
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure

statements;

- The policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
- The policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the NHS Counter Fraud Authority.

4.3 In carrying out this work, the Audit Committee will primarily utilise the work of Internal Audit, External Audit, and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

4.4 This will be evidenced through the Audit Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Audit Committee to review and form an opinion on:

- The **comprehensiveness** of assurances in meeting the SSPC and the Accountable Officer's assurance needs across the whole of the organisation's activities; and
- The **reliability and integrity** of these assurances.

4.5 To achieve this, the Audit Committee's programme of work will be designed to provide assurance that:

- There is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the SSPC and the Accountable Officer through the Audit Committee;
- There is an effective Counter Fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the SSPC and the Accountable Officer through the Audit Committee;
- There are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the SSPC and the Accountable Officer or through the effective completion of Audit Recommendations and the Audit Committee's review of the development and drafting of the Annual Governance Statement;

- The work carried out by key sources of external assurance, in particular, but not limited to the SSPC's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace);
 - internal assurance activity;
- The work carried out by the whole range of external review bodies is brought to the attention of the SSPC and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, together with the risks of failing to comply;
- The systems for financial reporting to the SSPC, including those of budgetary control, are effective; and
- The results of audit and assurance work specific to the organisation and the implications of the findings of wider audit and assurance activity relevant to the SSPC's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

In carrying out this work, the Audit Committee will follow and implement the Audit Committee for Shared Services Annual Work Plan and will be evidenced through meeting papers, formal minutes, and highlight reports to the SSPC, Velindre University NHS Trust Board and annually, via the Annual Governance Statement, to the Velindre University NHS Trust's Chief Executive.

Authority

- 4.6 The Audit Committee is authorised by the SSPC to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Audit Committee shall have the right to inspect any books, records, or documents of NWSSP, relevant to the Audit Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- Employee (and all employees are directed to co-operate with any reasonable request made by the Audit Committee); and
 - Any other Committee, Sub Committee or Group set up by the SSPC to assist it in the delivery of its functions.
- 4.7 The Audit Committee is authorised by the SSPC to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the SSPC's procurement, budgetary and other requirements.

Access

- 4.8 The Head of Internal Audit and the Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee at any time and the Chair of the Audit Committee will seek to gain reciprocal access as necessary.
- 4.9 The Audit Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist, without the presence of officials, on at least one occasion each year.
- 4.10 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 4.11 The Audit Committee may, subject to the approval of the SSPC, establish Sub Committees or Task and Finish Groups to carry out on its behalf specific aspects of Committee business. Currently, there are no Sub Committees of the Audit Committee.

5 MEMBERSHIP

Members

- 5.1 A minimum of three members, comprising:

Chair	Independent member of the Board
Members	Two other independent members of the Velindre University NHS Trust Board.

The Audit Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge, and expertise.

The Chair of the organisation shall not be a member of the Audit Committee.

Attendees

- 5.2 In attendance:

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NWSSP Managing Director, as Accountable Officer
NWSSP Chair
NWSSP Director of Finance & Corporate Services
NWSSP Director of Audit & Assurance
NWSSP Head of Internal Audit
NWSSP Audit Manager
NWSSP Head of Finance and Business Development
NWSSP Corporate Services Manager
NWSSP Local Counter Fraud Specialist
Representative of Velindre University NHS Trust
Representative of the Auditor General for Wales
Other Executive Directors will attend as required by
the Committee Chair

By invitation the Committee Chair may invite:

- any other Partnership officials; and/or
- any others from within or outside the organisation

to attend all or part of a meeting to assist it with its discussions on any particular matter.

The Velindre University NHS Trust Chief Executive Officer should be invited to attend, where appropriate, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

Secretariat

Secretary As determined by the Accountable Officer

Member Appointments

- 5.3 The membership of the Audit Committee shall be determined by the Velindre University NHS Trust Board, based on the recommendation of the Trust Chair; taking account of the balance of skills and expertise necessary to deliver the Audit Committee's remit and subject to any specific requirements or directions made by Welsh Government.
- 5.4 Members shall be appointed to hold office for a period of four years. Members may be re-appointed, up to a maximum of their term of office. During this time a member may resign or be removed by the Velindre University NHS Trust Board.

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- 5.5 Audit Committee members' Terms and Conditions of Appointment, (including any remuneration and reimbursement) are determined on appointment by the Minister for Health and Social Services.

Support to Audit Committee Members

- 5.6 The NWSSP Head of Finance and Business Development and NWSSP Corporate Services Manager, on behalf of the Audit Committee Chair, shall:
- Arrange the provision of advice and support to Audit Committee members on any aspect related to the conduct of their role;
 - Ensure that Committee agenda and supporting papers are issued five working days in advance of the meeting taking place; and
 - Ensure the provision of a programme of organisational development for Audit Committee members as part of the Trust's overall Organisational Development programme developed by the Velindre University NHS Trust Executive Director of Workforce & Organisational Development.

6 AUDIT COMMITTEE MEETINGS

Quorum

- 6.1 At least two members must be present to ensure the quorum of the Audit Committee, one of whom should be the Audit Committee Chair or Vice Chair.

Frequency of Meetings

- 6.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the Audit Committee deems necessary, consistent with NWSSP's Annual Plan of Business. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

Withdrawal of Individuals in Attendance

- 6.3 The Audit Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7 RELATIONSHIP & ACCOUNTABILITIES WITH THE TRUST BOARD & SSPC DELEGATED TO THE AUDIT COMMITTEE

7.1 Although the Velindre University NHS Trust Board, with the SSPC and its Sub Committees, has delegated authority to the Audit Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

7.2 The Audit Committee is directly accountable to the Velindre University NHS Trust Board for its performance in exercising the functions set out in these Terms of Reference.

7.3 The Audit Committee, through its Chair and members, shall work closely with NWSSP and its other sub-Committees to provide advice and assurance to the SSPC by taking into account:

- Joint planning and co-ordination of the SSPC business; and
- Sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into NWSSP's overall risk and assurance arrangements. This will primarily be achieved through the discussions held at the SSPC, annually, at the end of the financial year.

7.4 The Audit Committee will consider the assurance provided through the work of the SSPC's other Committees and sub-Committees to meet its responsibilities for advising the SSPC on the adequacy of the organisation's overall system of assurance by receipt of their annual work plans.

7.5 The Audit Committee shall embed the SSPC's and Trust's corporate standards, priorities, and requirements, e.g. equality and human rights, through the conduct of its business.

8 REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Audit Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board, SSPC and the Accountable Officer on the Audit Committee's activities. This

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- includes verbal updates on activity and the submission of Committee minutes, and written highlight reports throughout the year;
 - Bring to the Velindre University NHS Trust Board, SSPC and the Accountable Officer's specific attention any significant matters under consideration by the Audit Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the SSPC Chair, Managing Director (and Accountable Officer) or Chairs of other relevant Committees, of any urgent/critical matters that may affect the operation and/or reputation of the organisation.
- 8.2 The Audit Committee shall provide a written Annual Report to the SSPC and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Audit Committee's self-assessment and evaluation.
- 8.3 The Velindre Trust Board and SSPC may also require the Audit Committee Chair to report upon the Audit Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Audit Committee's assurance role relates to a joint or shared responsibility.
- 8.4 The NWSSP Head of Finance and Business Development and Corporate Services Manager, on behalf of the Partnership, shall oversee a process of regular and rigorous self-assessment and evaluation of the Audit Committee's performance and operation, including that of any sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 9.1 The requirements for the conduct of business as set out in the NWSSP's Standing Orders are equally applicable to the operation of the Audit Committee, except in the following areas:
- Quorum (*as per section on Committee meetings*)
 - Notice of meetings
 - Notifying the public of meetings
 - Admission of the public, the press, and other observers

10 REVIEW

- 10.1 These Terms of Reference and operating arrangements shall be reviewed annually by the Audit Committee with reference to the SSPC and Velindre University NHS Trust Board.

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ADVISORY GROUPS AND EXPERT PANELS

Terms of Reference and Operating Arrangements

**This Annexe forms part of, and shall have effect as if incorporated in the
SSPC Standing Orders**

1. Evidence Based Procurement Board (EBPB)
2. Welsh Energy Group (WEG) and Welsh Energy Operational Group (WEOG)

1. Terms of Reference of the Evidence Based Procurement Board (EBPB) of the NHS Wales Shared Services Partnership (NWSSP) (August 2018)

1. Aims and Objectives

The Board shall be known as the 'Evidence Based Procurement Board' (EBPB) and will consist of professionals from across various disciplines within NHS Wales and appropriate research bodies, making recommendations and guidance for implementation by the Welsh NHS.

The EBPB advises, promotes, develops and implements value and evidence-based procurement of medical technologies for NHS Wales. The group will assist with rationalisation and standardisation in line with Prudent healthcare principles, underpinned with the "*Once for Wales*" philosophy, and will assess whether NHS Wales should discard devices/technologies if they are deemed inappropriate or wasteful.

The EBPB will produce advice and guidance to support planning and decision making in Local Health Boards and Trusts.

The EBPB shall provide advice, guidance and recommendations to the Shared Services Committee and the WG Efficiency Healthcare Value & Improvement Group.

The EBPB will support NHS Wales core values through the assessment of quality and safety elements of medical technologies; using this to provide high value evidence-based care whilst reducing harm. In addition, through the rationalisation and standardisation programme, the EBPB will enable reduced variation and waste. It also specifically supports the 2018 report "*A Healthier Wales: our Plan for Health and Social Care*" principles of "Higher value" (better outcomes, better experience at reduced cost, less variation, and no harm) and "Evidence driven" (the use of research, knowledge and information to understand what works).

In line with the emphasis of "Value" in "*A Healthier Wales*", the EBPB will play a key role in assisting the delivery of the Value Based Health Care agenda across the NHS in Wales.

It is acknowledged that there will be some areas that will be of mutual interest to Health Technology Wales (HTW) and these will be addressed through discussion with appropriate representatives.

2. MEMBERSHIP

Membership will be endorsed by Welsh Government and made up of senior

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professionals from NHS Wales and academia. The EBPB will consist of both voting and non-voting members. Membership is as follows;

- Chair - Medical Director/Assistant MD
- NWSSP Director (SRO)
- Finance Director
- Health Economist
- Director of SMTL
- Health Technology Wales
- Procurement Services
- Deputy Executive Nurse Director
- Secondary Care Clinician
- National Clinical Lead for Prudent & Value Based Care/Primary Care Senior Clinician
- Value Based Care/National Lead VBP
- Academic Clinician
- Academia
- NWSSP MD

Non-voting members may be invited to attend as and when appropriate;

- Individuals co-opted for advice on specialist category areas, including Clinical networks and clinicians locally.
- Nominated experts from Evidence Research Group

Secretariat

- NHS Wales Shared Services Partnership – Procurement Services
- NHS Wales staff may request to attend as observers by writing in advance to the Chair.

Deputies

In the event of a voting member not being in attendance, an agreed named deputy should attend. The EBPB will approve deputies for all voting members of the group, (Chair excluded). A Vice Chair will be appointed in accordance with Point 4.

3. OFFICERS

The Chair will normally be a Medical Director/ Assistant Medical Director, appointed by the EBPB and approved by Welsh Government whose term of office shall normally be between 1-5 years. They will be eligible for re-appointment for an additional term of office, but the total period cannot exceed 10 years.

A Vice-Chair will be elected from the voting members. The Vice Chair or in their

absence, another voting member may preside over meetings in the absence of the Chair.

4. MEETINGS

The EBPB will meet a minimum of 4 times per year, and roles and responsibilities of members should be readily available to any relevant party on request.

5. DECLARATION OF INTEREST

Members MUST declare, in advance any financial and/or personal interests, to any related matter that is subject of consideration. Any declarations made and/or actions taken will be noted in the minutes.

6. VOTING

Any issues/questions should be resolved by consensus. Only voting members will have voting rights. Deputies will be eligible to vote. The Chair will not normally vote on matters however in the case of equality of votes, the Chair or person presiding as Chair will have the casting vote. Members with a conflict of interest in a specific Topic, including members who have had a significant role in the preparation of the submissions being considered, will not cast a vote for that Topic.

7. QUORUM

Quorum will be 50% of voting members.

8. VALIDITY OF PROCEEDINGS/MEMBERSHIP VACANCIES

Validity of proceedings of the EBPB is not affected by a vacancy or defect in the appointment of a member of deputy. Membership of the EBPB shall end if;

- Members resign by giving notice in writing to the Chair of the EBPB
- Absenteeism from 3 consecutive ordinary meetings; unless the EBPB is satisfied that absence is due to reasonable cause
- Ceases to belong to the body they represent
- Term of office expires

9. EVIDENCE REVIEW GROUP (ERG)

The ERG is a standing committee which reports to the EBPB. Staff from SMTL and ProcS form the core membership who will undertake the day-to-day workload for the ERG.

The ERG will also include experts in Health Economics and Human Factors from

Swansea University as and when required.

The ERG will liaise with other researchers and analysts as and when required, including partnering with HTW staff.

Expert Membership - The ERG will recruit expert members as and when required to provide clinical and domain-specific advice and expertise. Expert members may include Clinical experts from NHS Wales and Welsh Government National Special Advisory Groups (NSAGs).

10. POWERS OF THE EBPB

- The EBPB may require the Evidence Review Group (ERG) to convene meetings of expert advisors.
- The work and meetings of the ERG and expert advisors should be reported to the EBPB.
- The ERG should operate in an advisory role to the EBPB.
- The EBPB may seek independent advice as and when appropriate.
- The EBPB may commission external bodies to evaluate evidence in relation to products.
- The EBPB and ERG will incur the minimum necessary expenditure to enable their work to be carried out. These expenses will be considered and administered by NWSSP Shared Services Procurement Services.
- Nominated experts from the ERG may be required to attend meetings of the EBPB.

11. GOVERNANCE AND ACCOUNTABILITY

The EBPB is accountable to the NWSSP committee and will utilise NWSSP's governance structures.

12. ROLES AND RESPONSIBILITIES

- Support the rationalisation and standardisation agenda in line with prudent Healthcare principles.
- Review evaluations and evidence assessments of medical technologies.
- Develop a work programme determined by Health Boards/Trusts, Welsh Risk Pool, and other stakeholders.
- Provide advice to stakeholders regarding new or innovative products for use across NHS Wales in consultation with HTW.
- Liaise with Academia on the EBPB work programme, including product development initiatives where appropriate.
- Participate in horizon scanning with other agencies such as HTW and advise on the potential impact for the NHS.

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- Provide advice on clinical pathways/treatments where devices and consumables are part of the clinical process, complimenting and supporting the work of NICE.
- Receive for consideration into the work programme topics referred by WG and other key stakeholders. This will include liaison with HTW's Front Door Group.
- Liaise and engage with professional peers.
- Produce an Annual report for review by NHS Wales and Shared Services Partnership Committee.
- Consider NICE guidance and Do Not Do recommendations when developing the work programme.
- Develop mechanisms to audit adoption of the EBPB advice.

13. GROUP STRUCTURE & METHODS

A separate document is available detailing the structure and working methodology of the EBPB and other structures.

Welsh Energy Group (WEG)

Welsh Energy Operational Group (WEOG)

Terms of Reference

Scope

The energy requirements of the NHS in Wales have a combined value in excess of £134m per annum. The overall portfolio comprises of over five hundred sites each requiring a supply of Gas, Electricity, Fuel Oils and/or Biomass Fuel.

Given the exceptional energy prices and volatility in the energy markets, an All Wales Directors of Finance (AWDoFs) Task & Finish Group was established in 2023 to progress a review, consider options and make recommendations in regard to the governance of energy procurement for NHS Wales. The outcome of this was the recommendation for the following groups to be formed:

- Wales Energy Group (WEG) - with delegated authority to agree national purchasing decisions & report to the NHS Wales Shared Services Partnership Committee (SSPC)
- Wales Energy Operational Group (WEOG) as a sub-group to the WEG – for operational management issues

This document's purpose is to define the Terms of Reference (ToR) for both of the above groups.

WEG

The WEG shall establish a strategy for the procurement of gas and electricity which will define basket choices from the Crown Commercial Services (CCS) framework options available to NHS Wales. The strategy shall have the aim of balancing risk limitation with cost certainty to the NHS Wales energy budget. Group members will be provided with monthly energy market analysis from CCS, in order to develop expertise of group members and aid informed decision making. The group will meet quarterly – with the option to increase frequency as market volatility dictates. The WEG shall also act as the All-Wales Programme Review Board regarding the renewal, extension and ratification of Gas and Electricity contracts made on an All-Wales Basis.

WEOG

The WEOG shall establish a common model to supplier management and best working practices across all NHS Wales utility contracts. Group members will be provided with monthly energy market analysis and insight from CCS, in order to keep members well-informed of market conditions. The group will meet monthly – with the option to increase or decrease the frequency if required.

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Structure

WEG

The group will consist of Directors of Finance representatives from each of the Health Boards, Special Health Authorities, NWSSP and Trusts, or their deputies who will act with the delegated authority of their respective organisation to contribute to the collective decisions of the Group. The group will also include representation from NWSSP Procurement Services and NWSSP Finance.

WEOG

The group will consist of representatives from each of the Health Boards, Special Health Authorities, NWSSP and Trusts, made up of colleagues from various departments such as (but not limited to) Estates, Facilities and Finance. Representatives should have the delegated authority of their respective organisations to contribute to the decisions relevant to the scope of the Group. The group will also include representation from NWSSP Procurement Services.

Membership

WEG

It is suggested that the Group consist of the following members as a minimum;

- Chair of the Group
- Vice Chair of the Group
- Health Board/ Special Health Authority /NWSSP/ Trust Directors of Finance representatives or deputies with the delegated authority of their respective organisation to contribute to the decisions of the Group
- Representative(s) from NWSSP Procurement Services and NWSSP Finance.

The Group shall Co-opt an Account Manager or Market Analyst of the framework provider (CCS) for each meeting of the WEG to provide market intelligence.

It may be necessary for separate Task & Finish group(s) to be established in order to undertake specifically defined programmes of work with clear objectives and timescales. In such instances, the WEG will determine the remit and membership of such groups and the resultant groups will report progress and deliverables to the WEG and WEOG where appropriate.

***Quorum** – The minimum group representation required to make any decision shall be the Chair of the Group (or the Vice Chair), the Head of Sourcing from NWSSP Procurement Services (or a deputy nominated by the same) and sufficient additional members so that there are no less than seven member organisations represented at the meeting.*

WEOG

It is suggested that the Group consist of the following members as a minimum;

- Chair of the Group
- Vice Chair of the Group
- Organisation representatives from various departments such as (but not limited to) Estates, Facilities, and Finance as appropriate
- Representative(s) from NWSSP Procurement Services and NWSSP Finance.

The Group shall Co-opt an Account Manager of the framework provider (CCS) for each meeting of the WEOG to provide market intelligence and discuss matters arising in relation to the Gas and Electricity contracts. Additionally, the group shall Co-opt a commodity supplier representative on a bi-monthly basis to facilitate account management discussions.

It may be necessary for separate Task & Finish group(s) to be established in order to undertake specifically defined programmes of work with clear objectives and timescales. In such instances, the WEG will determine the remit and membership of such groups and the resultant groups will report progress and deliverables to the WEOG and WEG where appropriate.

***Quorum** – The minimum group representation required to make any decision shall be the Chair of the Group (or the Vice Chair), the Head of Sourcing from NWSSP Procurement Services (or a deputy nominated by the same) and sufficient additional members so that there are no less than seven member organisations represented at the meeting.*

Role of the Groups

WEG

- To ensure a consistent approach to the procurement / sourcing of Gas and Electricity throughout all aspects of the NHS in Wales.
- To input into the development of a strategic procurement model for Gas and Electricity contracts within NHS Wales.
- To provide a platform for the framework provider to share utility market intelligence with all Health Boards, Special Health Authorities, NWSSP and Trusts within NHS Wales.
- To develop, agree and manage the Purchasing Strategy for the All-Wales Gas and Electricity contracts having received market intelligence and actual price/contract performance, and agree in a timely manner national purchasing decisions (i.e. basket choice).
- To monitor contract performance with the WEOG representative/s providing an update of performance of the Gas and Electricity contracts.
- To monitor NHS Wales Gas and Electricity forecasts as provided by the supplier and supply regular financial forecasts to all member NHS organisations.
- To nominate NHS Wales member(s) as required for participation in the suppliers

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External Risk Management (ERM) group

- To ensure that the Terms of Reference for the WEG/WEOG are reviewed each year .

WEOG

- To ensure a consistent approach to the contract management of the supply of all utilities (including but not limited to Gas, Electricity, Fuel Oils, and Biomass) throughout all aspects of the NHS in Wales.
- To allow all parties to discuss their respective levels of satisfaction in respect of those Services provided via all Contracts managed by the WEOG and to agree any action necessary to address areas of dissatisfaction.
- To monitor and discuss the performance of supplier(s) against the terms of the All-Wales Utilities contracts and (where necessary) agree a strategy for enforcing said contractual terms, including (but not limited to) the use of performance improvement notices, financial penalties and termination of contracts.
- To support the role of the Local Estates and Energy leads by enabling a collaborative approach to contract management.
- To agree and monitor Key Performance Indicators for All Wales Utilities contracts.
- To consider any changes required to the supply of utilities in line with national policies and strategies as they change and develop.
- To provide an update of performance of Gas and Electricity contracts to WEG, by nominated person/s.
- To nominate NHS Wales member(s) as required for participation in the suppliers Operational Improvement Group (OPIG)
- To ensure that the Terms of Reference for the WEG/WEOG are reviewed annually

Market Analysis

WEG

The framework provider will provide a market overview prior to the development of a Purchasing Strategy by WEG. The framework provider will not influence the development of the strategy and decisions will be verbally agreed by NHS Wales WEG attendees.

The Purchasing Strategy will decide basket(s) for NHS Wales to join, and should multiple baskets be selected, define meter level criteria for basket participation.

The framework provider shall provide monthly/quarterly/annual market and basket analysis as required by NHS Wales, which will be distributed to the WEG and WEOG by NWSSP Procurement Services.

WEOG

The framework provider shall provide monthly/quarterly/annual market and basket

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analysis as required by NHS Wales, which will be distributed to the WEG and WEOG by NWSSP PS.

Authority and Accountability

NWSSP Procurement Services has the authority to conduct market engagement activity, on behalf of all Health Boards, Special Health Authorities, NWSSP and Trusts, in NHS Wales, from the governance divested in NHS Wales Shared Services Partnership.

The WEG is under the authority of NHS Wales Shared Services Partnership Committee and therefore will be required to submit an update/highlight report to each meeting of the NHS Wales Shared Services Partnership Committee as instructed.

WEG

All decisions made by the WEG should ideally be via the consensus of all member organisations in attendance at the relevant WEG meeting. In the event that consensus cannot be reached, a decision will be made by means of a vote whereby each member organisation will have a single equal vote and a decision based on the view of the majority. NWSSP Procurement Services will have no vote. In the event of a tied result, the Chair of the Group will have the casting vote.

The WEG is a sub-Committee of the Shared Services Partnership Committee. The All-Wales Directors of Finance Group will be responsible for nominating a Chair and Vice Chair for the WEG from within NHS Wales once every two years or as necessitated due to the resignation of the previous Chair. The Shared Services Partnership Committee will be responsible for appointing the Chair and Vice Chair. Individuals will not be restricted from undertaking these roles for longer than two years provided that the Shared Services Partnership Committee approve, and All-Wales Directors of Finance Group is in favour of their continued tenure

WEOG

All decisions made by the WEOG should ideally be via the consensus of all member organisations in attendance at the relevant WEOG meeting. In the event that consensus cannot be reached, a decision will be made by means of a vote whereby each member organisation will have a single equal vote and a decision based on the view of the majority. NWSSP Procurement Services will have no vote. In the event of a tied result, the Chair of the Group will have the casting vote.

The WEG will be responsible for appointing a Chair for the WEOG from within NHS Wales once every two years or as necessitated due to the resignation of the previous Chair. The WEG will also appoint a Vice Chair. Individuals will not be restricted from undertaking these roles for longer than two years provided that the WEG is in favour of their continued tenure.

The WEOG shall also have the authority to agree the award and renewal of supply agreements for other utilities contracts (Fuel Oils and/or Biomass) on behalf of the

Health Boards, Special Health Authorities, NWSSP and Trusts, in NHS Wales.

Performance Monitoring and Financial Forecasting

The framework provider shall be required to produce quarterly reports outlining the overall performance of trading on behalf of NHS Wales. This will include analysis of the traded periods in comparison to the average market price for each tradable period and information provided by the Department for Energy Security and Net-Zero. This report shall evidence the overall pricing activity carried out in relation to the pure energy components of each contract only. Whilst the Group will acknowledge the impact of transmission, transportation, and other industry pass through costs, no accountability will be borne by the group in this respect. This report will be provided at each quarterly meeting of the WEG and will be distributed onwards to WEOG members by NWSSP Procurement Services.

The framework provider shall also be required to produce an annual report each financial year providing a forecast of out-turn costs for each NHS Wales organisation for that financial year. By request, they will also be required to provide forecasts of utilities costs for future years as may be required to meet IMTP planning requirements.

Frequency of meetings

The WEG shall meet on a quarterly basis as a minimum. The Group will, at its discretion, agree intermediate meetings if these are deemed to be warranted. The WEOG shall initially meet on a monthly basis and at its discretion, may amend the frequency of the meetings and agree intermediate meetings if required.

Content of meetings

Each of the WEG meetings will consist of the following activities.

- Brief internal pre meeting to enable discussion for NHS members prior to main meeting forum (The framework provider will not be at the pre meeting) .
- Approve the minutes of the previous WEG meeting and review agreed actions.
- Review of the energy market activity, trends and factors which influence commodity pricing (to be provided by the framework provider).
- WEG member to provide feedback from the suppliers External Risk Management (ERM)
- Review of the performance of the WEG Purchasing(baskets) as executed by the framework provider
- Review of Gas and Electricity supplier(s) performance, including any agreed KPIs and improvement actions – with summary to be provided by nominated person/s from WEOG.
- Framework provider's report of any change to pass-through costs to enable member organisations to project total energy costs.
- Updates on specific projects and activity of any separate Task & Finish group(s).

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Each of the WEOG meetings will consist of the following activities.

- Brief pre internal meeting to enable discussion for NHS members prior to main meeting forum with framework provider and supplier(s) present. (The framework provider will not be at the pre meeting)
- Approve the minutes of the previous WEOG meeting and review agreed actions.
- Review of framework providers summary market report on those factors currently affecting utility pricing.
- Supplier risk (framework provider to highlight any risk of note)
- Review of supplier performance, including any agreed KPIs and improvement actions.
- Supplier's presentation of any information requested by the Group, for example billing, Complaints etc
- Framework provider's report of any change to pass-through costs to enable member organisations to project total energy costs.
- Any potential new/deleted sites affecting volumes to be flagged
- Updates on specific projects and activity of any separate Task & Finish group(s).
- WEOG member to provide feedback on the CCS Operational Improvement Group

While it is acknowledged that the WEOG will focus on Gas and Electricity contracts, the Group's meeting agenda will also include review of other Utility contracts, such as Fuel Oils and Biomass, at least once per annum. The inclusion of such contracts as part of the agenda will be notified to the Group in advance. This will enable additional personnel as may be required to be co-opted into the Group for those specific meetings where other Utility contracts will be discussed.

Process for the Selection, Appointment and Termination of the Chair of the SSPC

This Annexe forms part of, and shall have effect as if incorporated in the SSPC SOs

The Shared Services Partnership Committee (SSPC) has the responsibility for appointing the Chair of the SSPC. Whilst the appointment is not a Ministerial appointment the planned process will take account of the appointment principles outlined in the “Governance Code on Public Appointments” which came into effect on 1st January 2017 and sets out the regulatory framework for public appointments.

MAIN BODY

In line with the Governance Code on Public Appointments to Public Bodies 2016 the principles of public appointments are summarised below:

A. Ministerial responsibility - The ultimate responsibility for appointments and thus the selection of those appointed rests with Ministers who are accountable to Parliament for their decisions and actions. Welsh Ministers are accountable to Welsh Government.

B. Selflessness - Ministers when making appointments should act solely in terms of the public interest.

C. Integrity - Ministers when making appointments must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

D. Merit - All public appointments should be governed by the principle of appointment on merit. This means providing Ministers with a choice of high-quality candidates, drawn from a strong, diverse field, whose skills, experiences and qualities have been judged to meet the needs of the public body or statutory office in question.

E. Openness - Processes for making public appointments should be open and transparent.

F. **Diversity** - Public appointments should reflect the diversity of the society in which we live, and appointments should be made taking account of the need to appoint boards which include a balance of skills and backgrounds.

The essential features of the process will include the following:

- A panel must be set up to oversee the appointments process;
- The panel must be chaired by an independent assessor;
- An agreed selection process, selection criteria and publicity strategy for a successful appointment;
- A panel report must be prepared, signed by the chair of the appointment panel; and
- The appointment of the successful candidate must be publicised.

It is important that all public appointees uphold the standards of conduct set out in the Committee on Standards in Public Life's Seven Principles of Public Life. The panel must satisfy itself that all candidates for appointment can meet these standards and have no conflicts of interest that would call into question their ability to perform the role.

The selection panel will comprise of the following members:

- 3 members of the SSPC; and
- NWSSP Director of Workforce and Organisational Development

The appointment process is managed by the NWSSP Director of People and Organisational Development.

A suite of supporting documentation has been developed to support the process.

The job **advertisement**. It is proposed that, in line with the practice adopted by Welsh Government for all other public appoints this post is advertised on Job Wales which is the Western Mail and Daily Post on-line publication.

The candidate application **form**. The content and format very closely mirrors the application form currently used by the Welsh Government for Ministerial Public Appointments.

A **briefing pack** for candidates. This includes details of the role profile and person specification.

Governance and Risk Issues

Whilst the appointment is not a Ministerial appointment, the planned process will take account of the appointment principles outlined in the "Governance Code on

Public Appointments” which came into effect on 1st January 2017 and sets out the regulatory framework for public appointments.

The appointment documentation and processes has been reviewed and agreed by the Director of Governance & Corporate Services/Board Secretary at Cwm Taf Morgannwg UHB who was a member of the SSPC; and has also been provided to the Director of Corporate Governance/Board Secretary at Velindre University NHS Trust to ensure that the appointment aligns to Velindre’s governance requirements.

The selection process will be repeated following each maximum term of office for the Chair of the SSPC, or when the Chair resigns, or following removal of the Chair by termination.

Reappointment and Tenure

The SSPC SOs form part of the Velindre University NHS Trust Standing Orders, which must take account of the provisions of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the disapplication of these Regulations with regard to the tenure of the Chair and Vice Chair.

Suspension and Termination

Should the circumstances laid down in the draft regulations at 9.(1), 9.(3), 9.(5) or 10.(1) emerge, and the removal (i.e. suspension or termination) of the Chair is deemed necessary, the Committee will agree the reasons for the decision to do so and formally submit these reasons to a panel constituted as that described for the selection process above.

The panel will then make a recommendation to Velindre University NHS Trust to suspend or remove the Chair. Velindre University NHS Trust will then take the necessary action and subsequently provide the Welsh Ministers with the reasons agreed as per section 9.(2) (termination) or 10.(2) (suspension) of the Regulations.

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 3.3 20 July 2023
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

All-Wales Establishment Control Programme

ARWEINYDD: LEAD:	Gareth Hardacre, Director of People, OD & Employment Services
AWDUR: AUTHOR:	James D Webber, All-Wales Project Manager, Digital & Workforce Productivity Solutions
SWYDDOG ADRODD: REPORTING OFFICER:	Angela Jones, Deputy Director for Digital & Workforce Productivity Solutions
MANYLION CYSWLLT: CONTACT DETAILS:	james.d.webber@wales.nhs.uk

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

The purpose of this report is to notify and seek endorsement from Committee to initiate a programme of work to scope, assess and recommend options for the implementation and roll out of Establishment Control across NHS Wales organisations.

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 :

Assistant Directors of Workforce
Directors of Workforce
Deputy Directors of Finance
Directors of Finance

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		<p>Committee is asked to ENDORSE the establishment of an All-Wales Project Board under the governance and oversight of All-Wales Digital Workforce Optimisation Steering Group, Directors of Workforce and Directors of Finance to</p> <ul style="list-style-type: none"> • Scope current organisational approaches to Establishment Control and develop an options appraisal for implementation based on best practice both within and external to NHS Wales; • Explore the use of technological and other innovations in supporting a sustainable delivery model including but not limited to the use of Robotic Process Automation (RPA), outsourcing and centralisation of the transactional process elements; • Report to Executive Directors of Workforce/ Finance in Q3 23/24 with recommendations on a preferred option arising from the options appraisal taking into full account individual organisational priorities, resource commitments and the approval of Executive Directors of Workforce and Finance; • Explore synergies between ESR's Establishment Control functionality and the potential development and deployment of related functionality for the recording and monitoring of NHS Wales' contingent workforce and ensure these are fully considered within the overall project plan; • Following approval of the agreed delivery model, develop a standardised process map to incorporate all elements including the potential to streamline dependant and subsidiary processes and SOPs across NHS Wales organisations; and 					

	<ul style="list-style-type: none"> Develop a national project plan for the implementation of Establishment Control including agreed timescales for delivery and key milestones within local organisations.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Establishment Control supports organisations to effectively implement and comply with the statutory duties outlined in the Nurse Staffing Levels (Wales) Act 2016.
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Establishment Control provides a mechanism for identifying instances where there is a significant risk to quality, safety, and patient care as a result of high vacancy rates
Ariannol: Financial:	Supporting the management of funded establishments in line with budgetary constraints and financial control processes is an intrinsic component of Establishment Control.
Risg a Aswariant: Risk and Assurance:	Establishment Control enables informed decision making and risk assessment of fragile services where staff in post are significantly less than the required establishment to deliver that service.
Dyletswydd Ansawdd / Duty of Quality:	Establishment Control enables organisations to provide accurate and timely information and acts as an enabler for robust and effective workforce planning which is critical to the quality of the services provided
Gweithlu: Workforce:	Establishment Control ensures that funded establishments align to and are consistent with the organisation's overall Workforce Plan and Strategies as well as identifying which services require service change/role modernisation
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open - Establishment Control enables the accurate and timely reporting of vacancy data from one single "source of truth"

1. SITUATION

The Electronic Staff Record (ESR) is the national core Human Resource Management System (HRMS) for NHS Wales. Operational since 2006, ESR provides an integrated hire-to-retire workforce management solution, acting as a master repository of all workforce data and a key enabler of data driven decision-making and strategic workforce planning.

The implementation of Establishment Control in ESR is identified as key strategic objective of the Workforce Intelligence Improvement/ Optimisation agenda as well as the broader ESR Transformation programme. Furthermore, significant new impetus for its adoption has been provided by the recent Welsh Government mandate on vacancy reporting as part of the [National workforce implementation plan | GOV.WALES.](#)

2. BACKGROUND

Establishment Control is a functionality within ESR that enables organisations to accurately report on both funded establishments and vacancy data. It is the formal process for matching data on funded posts in an organisation to the details of the staff employed in those posts. Establishment Control ensures activity connected to recruitment, workforce and budgetary changes can be actioned in a controlled way and supports the accurate reporting of vacancy data.

Several NHS England organisations have successfully implemented Establishment Control, and, in many cases, this has been aligned to local workforce expenditure controls, specifically those related to vacancy approval. In contrast, the implementation of Establishment Control across NHS Wales has been piecemeal and the benefits of its adoption in terms of workforce planning and efficiency only partially realised, if at all.

As of May 2023, most NHS Wales organisations have not fully implemented Establishment Control and, due to the absence of a consistent approach to adoption of this functionality, vacancy data at a national level is reported via the Workforce Performance Measures data standard. For those organisation that have not adopted Establishment Control, funded establishment data is maintained by Finance teams via the General Ledger (GL), whereas the number of employees in post is maintained via ESR. In most organisations, there is no process of formal alignment between these two data sets.

In some instances this has necessitated the development alternative mechanisms for vacancy reporting. However, these alternative mechanisms are, for the most part, suboptimal in terms of their ability to report on vacancy data at a granular level and limited in term of data quality.

3. ASSESSMENT

The implementation of Establishment Control across NHS Wales will have several key benefits including

- The Alignment of Workforce and Financial data to maintain an accurate record of staff in post to support consistent reporting of vacancy data from one "source of truth" and supporting the implementation of the Nurse Staffing Levels (Wales) Act 2016;
- Ensuring that staff are costed to the appropriate departmental budget so that financial reporting accurately reflect the cost pressures within each organisation;
- Establishment of a robust mechanism for identifying where high vacancy rates pose a risk to the sustainability of service provision as well as informing decision making around risk assessments of fragile services/rotas where staff in post are significantly less than the required establishment to deliver that service;
- Ensuring that funded establishments align to and are consistent with the organisation's overall Workforce Plan and Strategies as well as identifying which services need service change/role modernisation where there are significant challenges in recruiting to posts in the budgeted establishment;
- Supporting the management of funded establishments in line with budgetary constraints and financial control processes by providing budget holders with essential information to support management of workforce costs;
- A reduction in errors through the alignment of ESR and the General Ledger, reducing workload created by such errors and removing duplication of effort and manual interventions (financial cross-charging);
- Supporting local control processes for workforce expenditure control, informing decisions as to whether recruitment can proceed within the allocated budget; and
- Introducing a consistent and robust reporting mechanism for monitoring financial envelope, required staffing and staff in post and providing a mechanism for determining whether temporary staffing is in excess of the budgeted establishment at directorate and departmental level.

The implementation of Establishment Control is a significant programme of work involving both process and cultural change, particularly those related to financial accounting of pay costs and workarounds which have been adopted to overcome the absence of a bi-directional interface between GL data on funded establishments and ESR data on staff in post. Significant barriers to the widespread adoption of Establishment Control have traditionally included not only the resource intensive nature of initial implementation but, perhaps more significantly, the ongoing resource required for its maintenance and the impact of this on sustainability within the limited resources of local Workforce Information and Finance teams.


The potential for Establishment Control to address the challenges outlined above is nevertheless increasingly apparent, as is the potential for the use of innovative new technologies including Robotic Process Automation (RPA) to overcome the barriers to its implementation.

4. RECOMMENDATION

Committee is asked to endorse the establishment of an All-Wales Project Board under the governance and oversight of All-Wales Digital Workforce Optimisation Steering Group, Directors of Workforce and Directors of Finance to

- Scope current organisational approaches to Establishment Control and develop an options appraisal for implementation based on best practice both within and external to NHS Wales;
- Explore the use of technological and other innovations in supporting a sustainable delivery model including but not limited to the use of Robotic Process Automation (RPA), outsourcing and centralisation of the transactional process elements;
- Report to Executive Directors of Workforce/ Finance in Q3 23/24 with recommendations on a preferred option arising from the options appraisal taking into full account individual organisational priorities, resource commitments and the approval of Executive Directors of Workforce and Finance;
- Explore synergies between ESR's Establishment Control functionality and the potential development and deployment of related functionality for the recording and monitoring of NHS Wales' contingent workforce and ensure these are fully considered within the overall project plan;
- Following approval of the agreed delivery model, develop a standardised process map to incorporate all elements including the potential to streamline dependant and subsidiary processes and SOPs across NHS Wales organisations; and

- Develop a national project plan for the implementation of Establishment Control including agreed timescales for delivery and key milestones within local organisations.

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:4.1 20 July 2023
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

PPE – Audit Wales Recommendations Update

ARWEINYDD: LEAD:	Andy Butler, Director of Finance & Corporate Services
AWDUR: AUTHOR:	Jane Tyler, Senior Finance Business Partner
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy.butler@wales.nhs.uk

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

For the Committee to receive an update on progress with the implementation of the recommendations contained in the Audit Wales report on PPE Procurement.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	For the Committee to NOTE the progress with the implementation of recommendations from the Audit Wales report into PPE procurement.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Not directly applicable to the update.
Cyfreithiol: Legal:	Not directly applicable to the update.
Iechyd Poblogaeth: Population Health:	Not directly applicable to the update.
Answydd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Quality and safety underpin the provision of PPE and the actions undertaken in response to the Audit Wales report.
Ariannol: Financial:	Not directly applicable to the update.
Risg a Aswiriant: Risk and Assurance:	Not directly applicable to the update.
Dyletswydd Answydd / Duty of Quality:	Quality and safety underpin the provision of PPE and the actions undertaken in response to the Audit Wales report.
Gweithlu: Workforce:	Not directly applicable to the update.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

Audit Wales undertook a review of the procurement and supply of Personal Protective Equipment (PPE) and issued their final report in April 2021. While the review was largely positive, they made a number of recommendations that were either directed at Welsh Government or NWSSP, or in some cases required a joint response. The majority of actions were implemented immediately, and progress was reported

via the NWSSP Shared Services and Audit Committees. The attached report provides the current position for those recommendations requiring action from within NWSSP. The Welsh Government specific actions have not been updated in the attached document, but we continually meet with them to discuss the on-going approach to the procurement and supply of PPE. At the moment we continue to hold 16 weeks' stock of PPE, but we are awaiting a decision from Welsh Government on whether these stockholdings can be reduced.

2. RECOMMENDATION

The Committee is asked to **NOTE** the attached update report.

PROGRESS OF AUDIT RECOMMENDATIONS

ID	Internal Audit Report Ref Rec No / Ref NWSSP Service Report Title Report Year	Status	Issue Identified	Risk Rating	Recommendation	Responsibility for Action	Management Response	Original Deadline	Updated Deadline	Update On Progress Made
PROGRESS WITH RECOMMENDATIONS										
NWSSP and WG Collated ACTION PLAN										
1.	Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic		Preparedness for future pandemics		R1 - As part of a wider lessons learnt approach, the Welsh Government should work with other UK countries where possible to update plans for a pandemic stockpile to ensure that it is sufficiently flexible to meet the demands of a pandemic from different types of viruses.	Welsh Government	<p>The Welsh Government accept Recommendation 1 and agree the importance of continuing to work with other UK countries to update plans for an appropriate and flexible pandemic stockpile.</p> <p>WG will ensure appropriate representation on the DHSC led UK Review of Emergency Preparedness Advisory Board and PPE workstream. Please note the PPE workstream is dependent on epidemiological advice on likely pathogens and scenarios but DHSC have advised it is intended to be initiated early in 2021/22 to consider overlaps with Covid-19 and pandemic influenza PPE.</p> <p>WG will draw on the advice of these groups along with the expertise within WG and NHS Wales Shared Services Partnership (NWSSP) to update pandemic preparedness plans, including on PPE.</p>	31st December 2021		N/a For Welsh Government to update

PROGRESS OF AUDIT RECOMMENDATIONS

2.	Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic		Preparedness for future pandemics		R2 - In updating its own plans for responding to a future pandemic, the Welsh Government should collaborate with other public bodies to articulate a set of pan-public sector governance arrangements for planning, procuring and supplying PPE so that these do not need to be developed from scratch.	Welsh Government	<p>The Welsh Government accept Recommendation 2 and will work with other public bodies to develop a clear framework for PPE governance arrangements based on the best practice and lessons learned during the Covid-19 pandemic. WG will:</p> <p>Review all the governance arrangements on PPE.</p> <p>Ensure the decision-making and controls framework for PPE are agreed in advance as part of contingency planning.</p> <p>Ensure the ToR provide a clear RACI between governance groups and teams.</p> <p>These arrangements will be kept under review, for example to ensure alignment with the broader 4N approach.</p>	30th September 2021		N/a – for Welsh Government to update
3.	Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic		Preparedness for future pandemics		R3 Shared Services should work with NHS and social care bodies to maintain an up-to date stock management information system that provides timely data on local and national stocks of PPE that can be quickly drawn upon in a future pandemic to support projections of demand and availability as well as providing a robust source of information for briefing stakeholders.	NWSSP/Welsh Government	<p>NWSSP and WG accept this recommendation and lesson learnt activity has already identified that two-way data and information sharing between policy, planners and frontline team has been critical in ensuring procurement meets demand and that there is confidence in the system.</p> <ol style="list-style-type: none"> Continue to invest in and embed the Stockwatch system and roll-out to Social Care where possible. Ensure accuracy and timeliness of stock information within Oracle. Enhance integrity of Oracle stock information through rollout of Scan4Safety. Maintain Deloitte demand model so that this can be used again in future if need arises. 		Ongoing	<ol style="list-style-type: none"> Completed - NWSSP purchased and embedded the Stockwatch system across Covid stores in the NHS and Social Care. However, as organisations no longer have dedicated PPE stores Stockwatch is no longer in use but remains available. Completed - As we returned to BAU NWSSP stock information is captured within Oracle Inventory and a live QV solution for NWSSP PPE reporting has now been developed. The additional rollout of Scan 4 Safety will capture stockholdings within the health organisations. Ongoing - Scan4safety funding was approved by Welsh Government, the procurement process has been completed and posts recruited. Rollout is in progress, this is a long-term project and will once completed provide for real time view of all consumables held within the NHS. Completed - The Deloitte demand model continues to be available to NWSSP for future use and will be relaunched if required.

PROGRESS OF AUDIT RECOMMENDATIONS


4.	Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic		Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic	<p>R4 - In updating the strategic approach to PPE, Shared Services and the Welsh Government should work together to develop a clear direction in terms of:</p> <ul style="list-style-type: none"> • a return to competitive procurement and an end to emergency exemptions. • fuller consideration of the wider criteria usually applied to procurement, such as sustainable development and policies on modern slavery. • the intentions and aspirations in relation to the domestic PPE market, including the balance between the potential benefits of resilience through local production capacity against the potentially increased costs compared to international manufacturers. • the size and nature of the pandemic stockpile it intends to hold, considering the benefits and costs of holding and maintaining stock and the timing of purchases given the ongoing disruptions to the PPE market. 	NWSSP/Welsh Government	<ol style="list-style-type: none"> 1. Develop a plan that provides a strategic approach to the procurement of PPE. 2. Go out to tender for a compliant framework contract for the future competitive procurement of PPE. 3. Ensure that the new framework covers supply chain resilience, foundation economy, modern slavery, the Wellbeing of Future Generations Act and decarbonisation. 4. Build on the work already undertaken by CERET and prospective ESNR PPE pilots to review the respective merits of local production against more economic international purchases. <p>Ensure that the longer-term plan for PPE analyses the optimum stock holdings and timings of purchases.</p>	30/9/21	Ongoing	<ol style="list-style-type: none"> 1. Ongoing - NWSSP continue to work to the longer-term PPE strategy that was developed in conjunction with WG and implemented in Autumn 2021/2. WG are currently considering ongoing stockholdings and the plan will be updated when these figures are shared. 2. Completed - Fully compliant framework contract for future competitive procurement is in place. 3. Completed - The new framework contract fully considers the points raised including supply chain resilience, foundation economy, modern slavery, wellbeing of future generations act and decarbonisation. A dedicated Procurement FE team is also now in place. 4. Ongoing - WG is leading work to build on the activity already undertaken by CERET with Welsh Manufacturers and NWSSP are awaiting decisions on any next steps ESNR PPE Pilot. <p>The longer-term PPE Procurement Strategy will be part of a broader NWSSP Warehousing Strategy and will include analysis on PPE supply/demand, WG policy steers and NWSSP expertise on improving resilience. Discussions are ongoing with WG.</p>
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PROGRESS OF AUDIT RECOMMENDATIONS

5.	Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic		Transparency		R5 To increase confidence in stocks and supplies at the national level, Shared Services should work with the Welsh Government to publish details of the amount of stock it holds of each item alongside the regular publication of data on the numbers of items issued.	WG/NWSSP	<p>WG accept that ensuring confidence in PPE stocks and supplies is a critical part of ensuring confidence in the Government's pandemic response and accept Recommendation 5.</p> <p>WG currently publish a fortnightly statistical release on PPE items issued based on management information provide to the Welsh Government by NWSSP. In addition:</p> <ol style="list-style-type: none"> WG will consider what further management information can be provided on National stock levels to provide even greater transparency. The information provided will show how WG and NWSSP are performing against the commitment to hold a minimum stockpile on PPE and will need to take into consideration the fluid nature of PPE supply and demand <p>It is also important to note that the information will be based on the National stock levels of PPE held by NWSSP and will not take into consideration the often large volumes of PPE items held locally by Health Boards and Local Government.</p> <ol style="list-style-type: none"> WG will liaise with NWSSP on provision of data on weekly basis 	30/09/2021	COMPLETED	<ol style="list-style-type: none"> Completed - Initial view was to provide a rating on the level of stock rather than detailed stock levels based on issues during the 16 highest weeks in the pandemic. NWSSP will provide this data weekly to WG subject to agreement with WG around parameters. Completed - An initial draft of the data table was shared with the PPE Procurement and Supply Group for comment. Completed - The Health Minister provided a steer that we should not be routinely providing stock data but that when requested it could be published. This recommendation is therefore complete/closed.
6.	Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic		Transparency		R6 Shared Services should: check that it has published contract award notices for all contracts where it is required to do so; review those that it has published to ensure they are accurate; and ensure that it publishes contract award notices within the required timeframe for future contracts.	NWSSP	<ol style="list-style-type: none"> Review existing contract awards and take corrective action where necessary in terms of publication. Review and refresh internal operating procedures to ensure compliance with the requirements to publish notices for future contracts. 	21/5/21	COMPLETE	<ol style="list-style-type: none"> Completed - NWSSP have undertaken checks and corrective action has been taken for contracts awarded. Completed - Review of internal operating procedures has been completed and NWSSP will ensure that any future contract awards are compliant with publishing requirements.
7.	Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic		Transparency		R7 – The Welsh Government should review whether the Sell2Wales site needs updating to allow bodies to publish retrospective contract award notices more efficiently without relying on suppliers to sign-up.	Welsh Government	WG accept the recommendation to review the Sell2Wales site to publish retrospective contract award notices without relying on suppliers to sign-up.	N/A	COMPLETED	N/a – for Welsh Government to update

PROGRESS OF AUDIT RECOMMENDATIONS

8.	Audit Wales – Procuring and supplying PPE for the Covid 19 pandemic		Transparency		R8 Given public interest in the awarding of PPE contracts and to promote confidence in the procurement system, the Welsh Government and Shared Services should publish details of the contracts awarded under emergency exemptions in a single place that is easy to access.	NWSSP	Ensure that all current and future PPE contract awards are appropriately publicised.	30/06/2021	COMPLETE	Complete - For already awarded PPE contracts a full listing has been provided on NWSSP’s website. Future purchases will be managed through the new framework agreement.
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 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:4.3 20 July 2023
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Final Annual Governance Statement 2022-23.

ARWEINYDD: LEAD:	Peter Stephenson, Head of Finance & Business Development
AWDUR: AUTHOR:	Peter Stephenson, Head of Finance & Business Development
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Stephenson, Head of Finance & Business Development
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**Pwrpas yr Adroddiad:
Purpose of the Report:**

The Final Annual Governance Statement was taken to the NWSSP Audit Committee for **APPROVAL** on 11 July 2023. It is therefore being brought back to the Shared Services Partnership Committee meeting in its final format for **NOTING** purposes.

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 2022-23 Annual Governance Statement was taken to the NWSSP Audit Committee on 11 July 2023 for **APPROVAL**.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	The Shared Services Partnership Committee is asked to NOTE the report.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
Cyfreithiol: Legal:	Mandatory requirement under the Standing Orders.
Iechyd Poblogaeth: Population Health:	No direct Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	No direct Impact
Risg a Aswiriant: Risk and Assurance:	Provides assurance that NWSSP has sound systems of internal control and details any significant issues.
Dyletswydd Ansawdd / Duty of Quality:	No direct Impact
Gweithlu: Workforce:	No direct Impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

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

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

inconsistencies between information in the Statement and their knowledge of the governance arrangements for NWSSP.

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

1. TIMELINE FOR APPROVAL

The timeline for approving the statement is as follows:

	Approved
1	SLG 30 March 2023 draft for endorsement
2	Velindre Integrated Governance Group April 2023
3	SSPC 18 May 2023 draft for comment
4	SLG 29 June 2023 final for endorsement
5	Audit Committee 11 July 2023 for approval
6	SSPC 20 July 2023 Final for Information

2. GOVERNANCE & RISK

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

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

Section 4 of the SSPC Standing Orders states that:

"With regard to its role in providing advice to both Velindre Trust Board and the SSPC, the Audit Committee will comment specifically upon:

- o The adequacy of the organisation's strategic governance and assurance arrangements and processes for the maintenance of*

an effective system of good governance, risk management and internal control across the whole of the organisation's activities designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement"

2. RECOMMENDATION

The Committee is asked to:

- **NOTE** the Annual Governance Statement.

Annual Governance Statement 2022/2023

NHS Wales Shared Services Partnership

	Approved
1	SLG 30 March 2023 draft for endorsement
2	Velindre Integrated Governance Group April 2023
3	SSPC 18 May 2023 draft for comment
4	SLG 29 June 2023 final for endorsement
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ANNUAL GOVERNANCE STATEMENT 2022/2023

1. SCOPE OF RESPONSIBILITY

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

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

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

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

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

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

Figure 1 –NWSSP's Governance Structure

Organisation map



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

2. GOVERNANCE FRAMEWORK

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

2.1 Shared Services Partnership Committee (SSPC)

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

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

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

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

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

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

NWSSP's governance arrangements are summarised below.

Figure 2: Summary of Governance Arrangements



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

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

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

The Membership of the SSPC during the year ended 31 March 2023 is outlined in Figure 3 below. Membership was originally designed to be the Chief Executives of each Health Board and Trust but nominated deputies are allowed to attend and vote, provided they are an Executive Director of their own organisation.

Figure 3: Table of Members of the NHS Wales Shared Services Partnership Committee during 2022/2023

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

**Until 30 November 2022*

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

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2022/2023

Organisation	19/05/ 2022	21/07/ 2022	22/09/ 2022	19/01/ 2023	23/03/ 2023
Aneurin Bevan UHB	x	✓	x	✓	✓
Betsi Cadwaladr UHB	✓	✓**	✓**	✓**	x
Cardiff and Vale UHB	✓	✓**	✓	✓**	✓
Cwm Taf UHB	✓**	✓**	✓**	✓	✓**
DHCW	✓	✓	✓	✓	✓
HEIW	✓**	✓	✓	✓**	✓**
Hywel Dda UHB	✓	✓	✓	✓	✓
Powys Teaching Health Board	✓**	✓	✓	✓	x
Public Health Wales Trust	x	✓**	✓**	✓**	x
Swansea Bay UHB	✓	✓	✓	x	✓
Velindre University NHS Trust	✓**	✓	✓	✓*	x
Welsh Ambulance Service Trust	✓	✓	✓	x	✓**
Welsh Government	✓	✓	✓	✓	✓
Trade Union	x	✓	✓	x	x
Chair	✓	✓	✓	✓	✓
Accountable Officer	✓	✓	✓	✓	✓

✓ Denotes the nominated member was present

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

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

X Denotes Health Body not represented

The November 2022 meeting was cancelled due to a unavoidable clash with a Directors of Finance Away Day. However, a development session was held

face-to-face with Committee members earlier that month. All other meetings have been held virtually.

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. We did not receive any requests from the public to attend the SSPC but to ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

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

The purpose of the SSPC is set out below:

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

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

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

2.2 SSPC Performance

During 2022/2023, the SSPC approved an annual forward plan of business, including:

- Regular assessment and review of:
 - Finance, Workforce and Performance information;
 - Quarterly IMTP Progress reports:

- Corporate Risk Register;
- Welsh Risk Pool;
- Programme Management office updates.
- Annual review and/or approval of:
 - Integrated Medium-Term Plan;
 - Annual Governance Statement;
 - Audit Wales Management Letter;
 - Annual Review;
 - Standing Orders and Standing Financial Instructions;
 - Service Level Agreements.
- Deep Dives into:
 - Medical Examiner Service;
 - Procurement – New Operating Model; and
 - Energy Costs.

2.3 Velindre Audit Committee for NWSSP

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services (Audit Committee) has been to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This role is set out clearly in the Audit Committee's terms of reference, which were reapproved in July 2022 to ensure these key functions were embedded within the standing orders and governance arrangements

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

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

The Audit Committee attendees during 2022/2023 comprised of three Independent Members of Velindre University NHS Trust supported by representatives of both Internal and External Audit and Senior Officers of NWSSP and Velindre University NHS Trust.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2022/23

In Attendance	April 2022	July 2022	October 2022	January 2023	Total
Members					
Martin Veale, Chair & Independent Member	✓	✓	✓	✓	4/4
Gareth Jones, Independent Member	✓	✓	✓	✓	4/4

In Attendance	April 2022	July 2022	October 2022	January 2023	Total
Vicky Morris, Independent Member	✓	✓	✓	✓	4/4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit Service					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓	✓	4/4
NWSSP					
Tracy Myhill, Chair NWSSP	✓	✓	✓	✓	4/4
Neil Frow, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	4/4
Carly Wilce Interim Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Matthew Bunce, Director of Finance	✓	✓	✓	✓	4/4
Lauren Fear Director of Corporate Governance	✓	✓	✓	✓	4/4

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

2.4 Reviewing Effectiveness of Audit Committee

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

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

The survey questionnaire comprises self-assessment questions intended to assist the Audit Committee in assessing their effectiveness with a view to identifying potential areas for development going forward. A survey reported to the October 2022 Committee had a 80% response rate (12 responses received) and identified the following:

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

2.5 Sub-Groups and Advisory Groups

The SSPC is supported by two advisory groups:

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

At the Partnership Committee meeting held on 23 March 2023, the establishment of a third advisory group was agreed. This will be the Welsh Energy Group, which will take over the responsibilities of the Energy Price Risk Management Group. This new Group will come into force during 2023/24.

In addition to the above, NWSSP report twice yearly to the Velindre Quality and Safety Committee. The main topic for our reports are the Transforming Access to Medicine/Clinical Pharmacy Technical Services area and annual

updates on the Surgical Materials Testing Laboratory and the Medical Examiner Service.

2.6 Senior Leadership Group (SLG)

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

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

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

The SLG comprises:

Figure 7 – Composition of the SLG at NWSSP during 2022/2023

Name	Designation
Neil Frow	Managing Director
Andy Butler	Director of Finance and Corporate Services
Gareth Hardacre	Director of People, Organisational Development and Employment Services
Jonathan Irvine	Director of Procurement Services
Simon Cookson	Director of Audit and Assurance
Mark Harris	Director of Legal and Risk Services
Andrew Evans	Director of Primary Care Services
Neil Davies	Director of Specialist Estates
Dr Ruth Alcolado	Medical Director
Alison Ramsey	Director of Planning, Performance & Informatics
Colin Powell	Director of Pharmacy Technical Services
Gavin Hughes	Director, Surgical Materials Testing Laboratory
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2023 and up to the date of approval of the Trust Annual Report and Accounts.

3.1 External Audit

NWSSP's external auditors are Audit Wales. The Audit Committee has worked constructively with Audit Wales and the areas examined in the 2022/23 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2021/22; and
- Assurance Arrangements 2022/23.

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

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

3.2 Internal Audit

The Audit Committee regularly reviewed and considered the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit attend meetings to discuss their work and present their findings. The Audit Committee are satisfied with the liaison and coordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having "no assurance" or "limited assurance" were issued to Welsh Government in accordance with the instruction received from Dr Andrew Goodall, former Chief Executive NHS Wales/Director General in July 2016.

During 2022/23 no internal audit reports were rated as limited or no assurance.

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

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

3.3 Counter Fraud

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

The Local Counter Fraud Service has traditionally been provided by staff from Cardiff & Vale UHB under a Service Level Agreement. This amounted to 75 days per annum. Over recent years NWSSP has grown both in size and complexity, and it was recognised that this level of support was insufficient to address the fraud risk needs of the organisation. Last year's Annual Governance Statement included our intention to appoint our own dedicated Local Counter Fraud Specialist (LCFS) and this was achieved in June 2022 with the full-time secondment of Mark Weston from the Counter Fraud Services, Wales team for a period of three years. Cardiff & Vale UHB continue to provide the 75 days annually to supplement Mark's work (although subsequent notice has been received of the planned withdrawal of this service from October 2023).

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

- Progress Update at each meeting
- Annual Report 2021-22
- Counter Fraud Work Plan 2022-23.

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

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how and to who fraud can be reported are outlined. During 2022/23, these sessions have been provided both in face-to-face sessions and virtually.

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

3.4 Integrated Governance

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

- The Quality Assurance and Improvement Plan arising from the 2021-22 Internal Audit self-assessment;
- Tracking of Audit Recommendations;
- Corporate Risk Register;
- Directorate Assurance Maps; and
- Governance Matters report on single tender actions, declarations of interest, gifts and hospitality both received and declined.

During 2022/23, the Audit Committee reported any areas of concern to the SSPC and played a proactive role in communicating suggested amendments to governance procedures and the Corporate Risk Register.

3.5 Quality

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

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

In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors. With the introduction of the Duty of Quality from April 2023, this will become a more prominent feature going forward.

In addition to corporate governance arrangements for risk management and control, Procurement Service maintains compliance and certification with a number of national and international standards as appropriate to the provision of its services. They include ISO 9001 Quality Management Standard, BS ISO 45001 Occupational Health & Safety and Customer Service Excellence. Our regional warehouses and national distribution centre at Newport are also accredited to the STS Food Safety Standard for the storage and distribution of food products. The receipt, storage and distribution of pharmaceuticals and controlled drugs at designated

warehouses are compliant with Good Distribution Practice and MHRA licence conditions. Compliance with these standards and their associated audit by external bodies is supported and assured by a robust internal audit plan that highlights any areas of non-compliance and improvement opportunities. Our Quality Plan includes improvement objectives that are reviewed each year to ensure that they are aligned and continue to support strategic objectives for the Division.

3.6 Looking Ahead

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

Looking forward to 2023-24 the Audit Committee will continue to explore the financial, management, governance and quality issues that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

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

4. CAPACITY TO HANDLE RISK

The Corporate Risk Register is reviewed at each meeting of the formal SLG, SSPC and Audit Committee to ensure that the key risks are aligned to delivery and are appropriately considered and scrutinised. The register is divided into two sections as follows:

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

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

There are currently a number of red risks on the Corporate Risk Register as follows:

- The role that NWSSP plays as the lead energy purchaser for the whole of NHS Wales, and the reputational risk that is associated with that role.
- The risk of having insufficient staff resource to meet demand. NWSSP have a lot of staff on bank contracts who help to deliver essential services but for whom we are unable to guarantee security of employment due to Welsh Government not confirming whether these posts will continue to be funded.
- The contractual dispute affecting the replacement for the Legal & Risk Case Management system.
- The Laundry Transformation Programme which now needs to be significantly reshaped due to there being insufficient capital monies available to fund it; and
- The Brecon House roof at Mamhilad where there are serious issues with water ingress and falling masonry, making the building unsafe for staff.

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

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

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

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

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

Each Director is required to provide a regular update on the status of their directorate specific risk registers during quarterly review meetings with the Managing Director. All risks categorised as red within individual directorate

registers trigger a referral for review, and if deemed appropriate the risk is added to the NWSSP Corporate Risk Register.

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

A Risk Appetite statement has also been documented and approved by the Audit Committee. This has been revised significantly in-year, with detailed review taking place both within NWSSP and also at the SSPC Development day held in November 2022. This has resulted in both a new format for the Risk Appetite Statement and also an encouragement from SSPC members in particular, for NWSSP to be bolder in its approach to risk. The revised Risk Appetite Statement was approved at the January 2023 Audit Committee.

NWSSP's approach to risk management therefore ensures that:

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

5. THE CONTROL FRAMEWORK

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

- There is compliance with legislative requirements where non-compliance would pose a serious risk;
- All sources and consequences of risk are identified, and risks are assessed and either eliminated or minimised; information concerning risk is shared with staff across NWSSP and with Partner organisations through the SSPC and the Audit Committee;
- Damage and injuries are minimised, and staff health and wellbeing is optimised; and
- Lessons are learnt from compliments, incidents, and claims in order to share best practice and reduce the likelihood of reoccurrence.

5.1 Corporate Risk Framework

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

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- The SSPC and Audit Committee both have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements;
- The effectiveness of governance structures is regularly reviewed including through self-effectiveness surveys;
- The front cover pro-forma for reports for the SSPC includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Wellbeing of Future Generations, and workforce;
- The Service Level Agreements in place with NHS Wales organisations set out the operational arrangements for NWSSP's services to them and are reviewed on an annual basis;
- NWSSP currently complete the Welsh Government's Health and Care Standards framework and ensure that Theme 2 Safe Care provides a clear picture of NWSSP's approach to health, safety, and risk management. As we move into 2023/24, we will embrace and comply with the requirements under the Duty of Quality; and
- The responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

5.2 Policies and Procedures

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

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

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

5.3 Information Governance

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, when required from the Information Commissioner's Office (ICO). This includes established laws including Data Protection Legislation, Common Law Duty of

Confidentiality, the Human Rights Act, the Caldicott Report, and specific Records Management Principles. The General Data Protection Regulations increased the responsibilities to ensure that the data that NWSSP collects, and its subsequent processing, is for compatible purposes, and it remains secure and confidential whilst in its custody.

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

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

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

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

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

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

An annual report is produced on Information Governance within NWSSP. This was last submitted to the SLG in April 2022.

5.4 Counter Fraud

As mentioned earlier. Counter Fraud support was traditionally incorporated within the hosting agreement with the Trust. Under this agreement, local Counter Fraud Services are provided to NWSSP by Cardiff and Vale UHB, although notice has recently been received from the Health Board of their intention to terminate this arrangement with effect from October 2023. In June 2022, NWSSP appointed its own dedicated LCFS to supplement the services provided by Cardiff and Vale UHB.

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

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

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

5.5 Internal Audit

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

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

The delivery of the audit plan for NWSSP culminates in the provision of a Head of Internal Audit opinion on the governance, risk and control processes operating within NWSSP. The opinion forms a key source of

assurance for the Managing Director when reporting to the SSPC and partner organisations.

The 5-year external quality assessment of Internal Audit was undertaken recently by the Chartered Institute of Public Finance & Accountancy and resulted in the highest possible rating being awarded to the service that is operated by NWSSP. There were no areas of either partial or non-compliance noted with the standards.

5.6 Health and Care Standards for NHS Wales

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

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



The process for undertaking the annual self-assessments is:

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

Each theme is assessed and given an overall self-assessment rating of between 1 and 5. As a largely non-clinical service provider, not all of the sub-criteria are applicable.

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

Figure 9 – Self- Assessments Rating Against the Health and Care Standards 2022/2023

Theme	Executive Lead	2022/23 Self-Assessment Rating	2021/22 Self-Assessment Rating
Governance, Leadership and Accountability	Senior Management Team	4	4

Theme	Executive Lead	2022/23 Self-Assessment Rating	2021/22 Self-Assessment Rating
Staying Healthy	Director of Workforce and Organisational Development	4	4
Safe Care	Director of Finance and Corporate Services Director of Specialist Estates	4	4
Effective Care	Senior Management Team	4	4
Dignified Care	Not applicable	Not applicable	Not applicable
Timely Care	Not applicable	Not applicable	Not applicable
Individual Care	Senior Management Team	4	4
Staff and Resources	Director of Workforce and Organisational Development	4	4

The overall rating against the mandatory Governance, Leadership, and accountability module and the seven themes within the Health and Care Standards reflects NWSSP's overall compliance against the standards and has been rated as a 4 as outlined below:

Figure 10 – NWSSP's Overall Self-Assessment Score Health and Care Standards 2022/2023

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

As mentioned earlier in this statement, the introduction of the Duty of Quality will change the way in which quality is measured and reported with effect from the 2023/24 financial year.

6. PLANNING ARRANGEMENTS

The Integrated Medium-Term Plan is approved by the SSPC and performance against the plan is monitored throughout the year. The 2022-2025 plan was submitted to Welsh Government in accordance with required timescales, and the current 2023-2026 plan has similarly met the required Welsh Government deadlines.

Significant work has been undertaken to revise the performance framework to ensure that it is fully integrated with the key priorities in the plan. The majority of performance targets for 2022/23 were achieved and progress against each of these is reported to the SLG and the SSPC. There is also regular reporting to Welsh Government requirement on progress against the plan through Joint Executive Team (JET) meetings.

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

The IMTP was submitted to Judith Paget and Welsh Government in January and there were no significant amendments to the plan following the approval of the Committee earlier that month and the subsequent touchpoint meetings held with Welsh Government and the Finance Delivery Unit.

7. DISCLOSURE STATEMENTS

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

7.1 Equality, Diversity and Human Rights

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

NWSSP are a core participant of the NHS Wales Equality Leadership Group (ELG), who work in partnership with colleagues across NHS Wales and the wider public sector, to collaborate on events, facilitate workshops, deliver,

and undertake training sessions, issue communications and articles relating to equality, diversity, and inclusion, together with the promotion of dignity and respect for all. NWSSP is proactive in supporting NHS Wales organisations with completion of their submission for all-Wales services, such as Procurement and Recruitment. We host a range of staff networks, and we are developing our inclusion offering for our workforce.

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

With effect from March 31st, 2021, the Socio-Economic Duty placed a legal responsibility on NHS bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

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

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

7.2 Welsh Language

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

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language

Commissioner within the Annual Performance Report. This work is largely undertaken by the Welsh Language Officer and a team of Translators.

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

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

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

An annual report on performance with Welsh Language services is also produced and was submitted to the SLG in October 2022 and to the SSPC in January 2023.

7.3 Handling Complaints and Concerns

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

During 2022-23, 68 complaints have been received, of which:

- 67 complaints responded to within 30 working days (98.5%); and
- 1 complaint responded to outside of 30 working days (1.5%).

The total number of complaints received represents a significant decrease on the total for the previous financial year (100).

As detailed above, 98% of the complaints received were responded to within the 30-working day target. This is consistent with the prior year, and almost half of these were responded to and closed down within 24 hours of receipt of the complaint.

7.4 Freedom of Information Requests

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

Figure 12 – Freedom of Information Requests 2022-23

There were 91 requests received within NWSSP during 2022/23, all of which were responded to within the 20-day deadline for compliance. The prior year saw 87 requests received.

7.5 Data Security and Governance

In 2022/23, there were 42 (2021/22 40) information governance breaches reported within NWSSP; these included issues with mis-sending of email and records management. The majority of these were down to human error and despite training provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

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

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

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

7.6 ISO14001 – Environmental Management and Carbon Reduction

The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment. NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy.

In November 2022 NWSSP was subject to its first annual surveillance audit of the ISO 14001:2015 standard with British Assessment Bureau (BAB) to assess the continued implementation of the organisations Environmental

Management System, to ensure it remains up to date, effective and fully operational. NWSSP successfully achieved recertification of the standard and the report was very positive and demonstrates the Management System in place conforms to all requirements of the Standard.

Carbon Footprint

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

In 2022-23 many of our staff continue to work from home, thereby significantly reducing carbon emissions through not commuting to work, albeit that these savings are difficult to measure within NWSSP.

Despite this, all of our sites remain operational and therefore all require heating and lighting. The provision of electric vehicles charging points at many sites has also increased the amount of electricity used, albeit that this is green electricity, and the provision of this facility has benefits in making electric cars and fleet vehicles more attractive to NHS Wales and its staff, thus reducing emissions from fossil fuels. However, the benefits from this fossil fuel reduction are impossible to measure for NWSSP, particularly as this facility is available to all NHS Wales staff. During the year we have seen a 54% increase in the use of Electric Vehicle charging use compared to the prior year.

Notwithstanding the increase in charging point use, in overall terms our carbon emissions relating to electricity usage has decreased by 32% compared to the prior year (NB these figures do not currently include the Laundry sites). This is due to the increased use of green energy and the installation of LED lighting at a number of our sites. Reductions have also been noted in gas and water usage. However, in overall terms our overall carbon footprint has increased by just over 1% in the year due to the inclusion of accurate waste figures for the first time.

	Target	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Achieved
Electricity CO2e	3% ↓	18% ↓	11.5% ↓	27% ↓	15% ↓	4.4% ↑	32% ↓	✓
Gas CO2e	3% ↓	7% ↓	38% ↓	35 % ↑	32% ↓	12% ↓	3% ↓	✓
Water CO2e	3% ↓	9% ↓	6% ↑	50% ↓	46% ↓	13.3% ↑	6% ↓	✓
Overall Carbon Footprint	3%	5% ↓	11.3% ↓	12% ↓	16.2% ↓	3.1% ↓	1.17% ↑	x

Decarbonisation Action Plan

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

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

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

7.7 Business Continuity Planning/Emergency Preparedness

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

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

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

NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess, and implement applicable legislation and regulation requirements related to the continuity of operations and the interests of key stakeholders. There is a network of BCP Champions who meet bi-monthly and who represent all directorates and major teams. The Group is chaired by the Director of Planning, Performance, and Informatics.

The Welsh Government Health Emergency Planning Report is completed annually on a calendar year basis. This provides assurance over the measures in place within NWSSP to cope with and respond to major disruptive incidents and reaffirmed the robust arrangements in place within the Supply Chain and Health Courier Services who are well versed in this area. It did however identify the need to ensure that the rest of NWSSP was appropriately trained, communicated with, and engaged with key external stakeholders where appropriate. An Action Plan has been developed to address these requirements. In year we have undertaken basic emergency planning training with both the Champions and the SLG, and a significant number of relevant staff (50+) have also completed the on-line Emergency Planning training on ESR. As we move forward more tailored training is being considered, alongside the introduction of a BCP app which will help to promote more effective communication. Lessons learned reports are now completed after every incident and are routinely reported to both the Champions and the SLG.

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

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

Cyber Security

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

The Cyber Security team continues to be strengthened with the planned recruitment of two more staff to take the number directly involved in cyber security to four. During the year training has been provided at a number of levels and phishing campaigns continue to run. Heightened concerns over cyber security due to the war in Ukraine have led to action cards being updated and staff reminded of required practice when dealing with IT systems and responding to e-mails and other forms of contact. NWSSP is also represented on the all-Wales Cyber Security Network.

7.8 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. The Trust undertook an assessment against the main principles of the UK Corporate Governance Code as they relate to an NHS public sector organisation in Wales. This assessment was informed by the Trust's assessment against the "Governance, Leadership and Accountability" theme of the Health and Care Standards undertaken by the Board. The Trust is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust's wider Annual Report. NWSSP have also completed the self-assessment on the "Governance, Leadership and Accountability" theme of the Health and Care Standards with a positive maturity rating of 4.

7.9 NHS Pension Scheme

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

8. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS

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

As Accountable Officer I have overall responsibility for risk management and report to the SSPC regarding the effectiveness of risk management across NWSSP. My advice to the SSPC is informed by reports on internal

controls received from all its committees and in particular the Audit Committee.

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

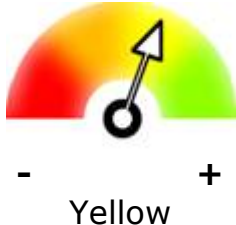
Internal Audit Opinion

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

The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities. The overall opinion of the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit opinion for 2022/2023 was that the Partnership Committee can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

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

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance. During the year, there were no internal audit reports issued with a rating of limited or no assurance. All reports were either substantial or reasonable assurance or were issued as advisory reports.

Financial Control

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

NWSSP Financial Control Overview

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

- **Governance Procedures** – As a hosted organisation NWSSP operates under the Governance Framework of the Trust. These procedures include the Standing Orders for the regulation of proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating procedures covering the whole of the Trust and also local procedures specific to NWSSP.
- **Budgets and Plan Objectives** – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.
- **Service Level Agreements (SLAs)** – NWSSP has SLAs in place with all customer organisations and with certain key suppliers. This ensures clarity of expectations in terms of service delivery, mutual obligations, and an understanding of the key performance indicators. Annual review of the SLAs ensures that they remain current and take account of service developments.
- **Reporting** – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and associated controls can be monitored, and remedial action taken as and when required.

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

9. CONCLUSION

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2022/23 and that it is further developing and embedding good governance and appropriate controls throughout the organisation. NWSSP has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads me to conclude that it has a robust system of control.

Looking forward – for the period 2023/24:


I confirm that I am aware of my on-going responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2023/24.

Signed by:

A handwritten signature in dark ink, appearing to be 'A. Jones' or similar, written in a cursive style.

Managing Director – NHS Wales Shared Services Partnership

Date: 21 June 2023

 GIG Cymru NHS Wales Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:4.4 20 July 2023
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Velindre University NHS Trust Committee for NHS Wales Shared Services Partnership Annual Report 2022-23.

ARWEINYDD: LEAD:	Carly Wilce, Corporate Services Manager
AWDUR: AUTHOR:	Carly Wilce, Corporate Services Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Stephenson, Head of Finance & Business Development
MANYLION CYSWLLT: CONTACT DETAILS:	Carly.wilce@wales.nhs.uk

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

Annual Report of the NWSSP Audit Committee, for the 2022-23 reporting period.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

This report went to the Audit Committee held on 11 July 2023 for **APPROVAL**.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	The Partnership Committee is asked to note the report.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	No direct impact.
Dyletswydd Ansawdd / Duty of Quality:	No direct impact.
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

The Annual Report of the NWSSP Audit Committee, for the reporting period 2022-23, highlights the activities and details the performance of the Committee. The primary role of the Annual Report is to review the establishment and maintenance of the effective systems of internal control and risk management. In achieving this aim, the Committee assesses the work undertaken by Internal Audit, External Audit and Local Counter Fraud Specialists, together with management in areas of governance, risk and control.

The Committee shall endeavour to continue to develop its functions and effectiveness and intends to seek further assurance, throughout 2023-24.

2. RECOMMENDATION

The Committee is asked to:

- **NOTE** the report.

Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

Annual Report 2022-2023

1. FOREWORD

I am pleased to present the Annual Report of the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. It outlines the coverage and results of the Committee's work for the year ending 31 March 2023.

During the year, I was supported by my independent member colleagues, Gareth Jones and Vicky Morris, who bring substantial knowledge and wide-ranging experience to the Committee. I would also like to express my thanks to all the Officers of the Committee who have supported and contributed to the work carried out on its behalf and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by Internal Audit at NWSSP, Local Counter Fraud Services and by Audit Wales. I was particularly pleased to see the excellent results of the External Quality Assessment of Internal Audit and am glad to note that our Counter Fraud provision has been enhanced by the appointment of a dedicated LCFS resource for NWSSP.

During 2022-23 NWSSP has continued to grow both in terms of size and complexity. The total revenue spend for the year was £778m, compared to less than £50m when NWSSP was first established in 2011. Total staff numbers are now in excess of 5,500 driven largely in recent times through hosting the Single Lead Employer scheme. The range of services that are provided continue to diversify with 2022-23 representing the first full year of NWSSP being responsible for the operation of the five current laundries across Wales, and the on-going development of the Transforming Access to Medicine programme, which is starting to deliver significant savings across NHS Wales. The development of these services significantly changes the risk profile of NWSSP and require the Committee to work with its auditors in particular, in ensuring that appropriate assurances are in place.

All meetings continue to be held virtually and have worked well, albeit that we are intending to reintroduce one face-to-face meeting from 2023/24 with the first scheduled for IP5 in July 2023. A characteristic of the Committee's work and its related meetings has been the willingness of all parties to raise issues, acknowledge shortcomings and put forward positive suggestions to help bring about meaningful improvements to services, systems, and day-to-day working practices. This approach is to be welcomed and is very much appreciated by the Committee.

I am keen to foster and promote a culture of continual improvement and, as a Committee, we continued to conduct a brief effectiveness review session at the end of each meeting and introduced topical service presentations to the agenda in order to strengthen and engage in a meaningful way with this



process. Looking forward, the Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long-term aim to help further strengthen the governance arrangements of NWSSP, in order to achieve better value for money and high quality, sustainable outcomes for NHS Wales.

Mr Martin Veale JP
Chair of the Velindre University NHS Trust
Audit Committee for NWSSP

2. INTRODUCTION

The Committee's business cycle runs from the closure of the Annual Accounts in one financial year to the next. This reflects its key role in the development and monitoring of the Governance and Assurance framework for NWSSP, which culminates in the production of the Annual Governance Statement.

This report sets out the role and functions of the Audit Committee and summarises the key areas of business undertaken during the year. In addition, the report sets out some of the key issues, which the Committee will be focussing on over the next few years.

3. ROLE, MEMBERSHIP, ATTENDEES AND COMMITTEE ATTENDANCES

3.1 Role

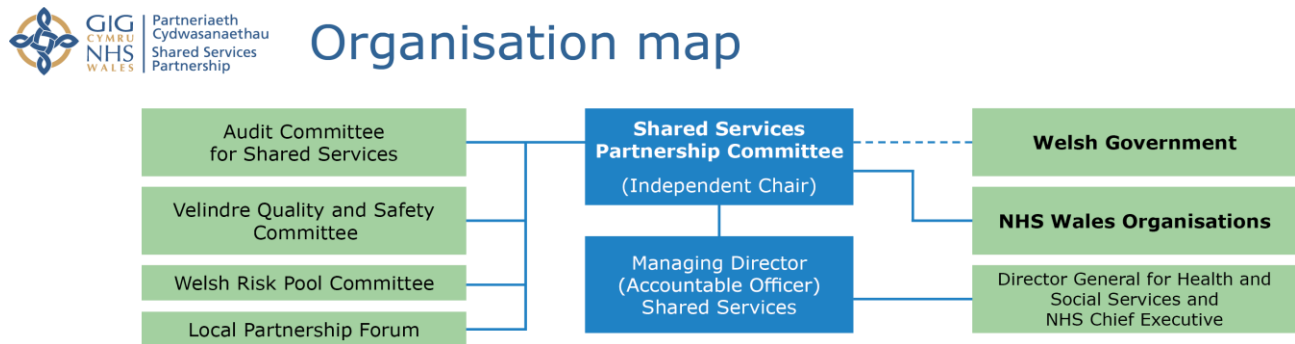
The Audit Committee advises and assures the Shared Services Partnership Committee (SSPC) on whether effective governance arrangements are in place through the design and operation of the SSPC Assurance Framework. This framework supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

The organisation's system of internal control has been designed to identify the potential risks that could prevent NWSSP achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur and seeks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the SSPC (and Velindre University NHS Trust, where appropriate) and the Accountable Officer(s) on where and how the Assurance Framework may be strengthened and developed further.

The Committee's Terms of Reference are reviewed annually and are included within the Standing Orders for the SSPC and Velindre University NHS Trust.

Detail of the overall Assurance Framework is set out in **Figure 1** overleaf:

Figure 1: Overall Assurance Framework



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

3.2 Membership

The Audit Committee for NWSSP is a sub-committee of Velindre University NHS Trust and sits alongside Velindre’s own Audit Committee. The same three Independent Members sit on both Audit Committees, with one being the Chair.

3.3 Attendees

The Committee’s work is informed by reports provided by Audit Wales, Internal Audit, Local Counter Fraud Services and NWSSP personnel. Although they are not members of the Committee, auditors, and other key personnel from both Velindre University NHS Trust and NWSSP are invited to attend each meeting of the Audit Committee. Invitations to attend the Committee meeting are also extended where appropriate to staff where reports relating to their specific area of responsibility are discussed.

3.4 Attendance at Audit Committee 2022-23

During the year, the Committee met on four occasions. All meetings were quorate and were well attended as shown in **Figure 2** overleaf:

Figure 2: Meetings and Member Attendance 2022-23

In Attendance	April 2022	June 2022	Oct 2022	Jan 2023	Total
Committee Members					
Martin Veale, Chair & Independent Member	✓	✓	✓	✓	4/4
Gareth Jones, Independent Member	✓	✓	✓	✓	4/4
Vicky Morris, Independent Member	✓	✓	✓	✓	4/4
Audit Wales					

In Attendance	April 2022	June 2022	Oct 2022	Jan 2023	Total
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit Service					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓	✓	4/4
NWSSP					
Tracy Myhill, Chair NWSSP	✓	✓	✓	✓	4/4
Neil Frow, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	4/4
Carly Wilce Interim Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Matthew Bunce Director of Finance	✓	✓	✓	✓	4/4
Lauren Fear, Director of Corporate Governance	✓	✓	✓	✓	4/4

3.5 AUDIT COMMITTEE BUSINESS

The Audit Committee provides an essential element of the organisation's overall assurance framework. It has operated within its Terms of Reference in accordance with the guidance contained within the NHS Wales Audit Committee Handbook.

The Audit Committee agenda broadly follows a standard format, comprising four key sections; External Audit, Internal Audit, Counter Fraud Services and 'Internal Control and Risk Management'. These are discussed further below.

3.5.1 EXTERNAL AUDIT (AUDIT WALES)

Audit Wales provides an Audit Position Statement at each meeting, summarising progress against its planned audit work. The following additional reports were presented during the year:

- Audit Wales Nationally Hosted NHS IT Systems Assurance Report
- Audit Wales Management Letter
- Audit Wales Audit Assurance 2022
- Audit Wales Stock/Inventories Report 2022/23

Audit Wales have stated that the findings of their work enable them to place reliance on the services provided by NWSSP.

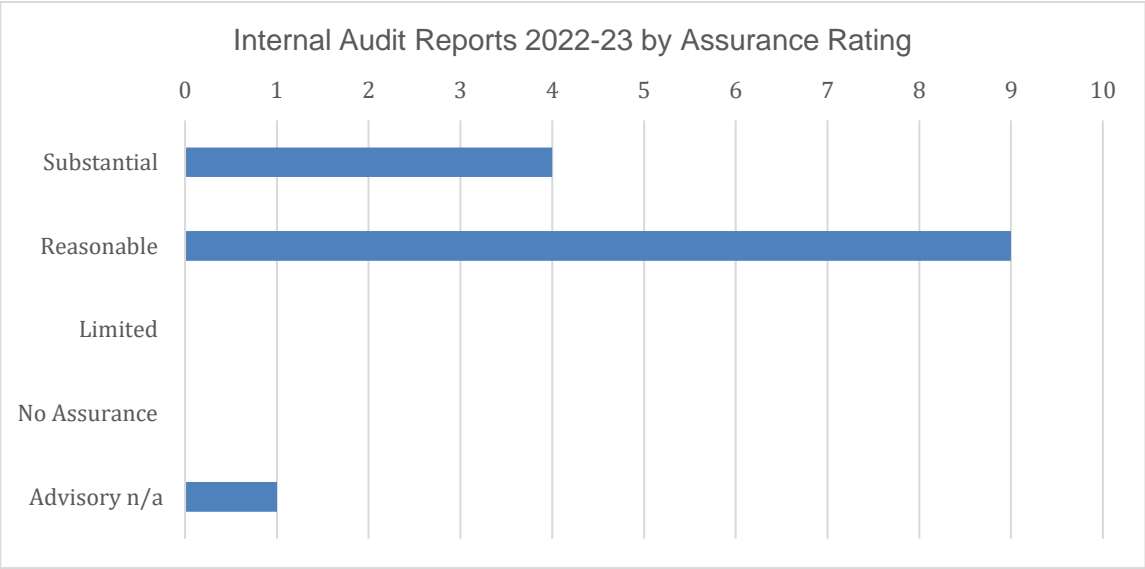
3.5.2 INTERNAL AUDIT

Internal Audit have continued to support the organisation in the development and improvement of its governance framework by providing proactive advice and support on new developments and ensuring that the existing systems and processes of control are reviewed, weaknesses identified, and suggestions for improvement made.

14 Internal Audit reports were generated during 2022-23 and they achieved assurances as follows:

- Four reports achieved Substantial assurance;
- Nine reports achieved a Reasonable assurance;
- None achieved Limited Assurance; and
- One report was advisory with no formal assurance given.

Figure 3: Internal Audit Reports 2022-23 by Assurance Rating




During 2022-23, the reports to Committee on Internal Audit’s programme of work included:

- Internal Audit Position Statement at each meeting;
- Head of Internal Audit Opinion and Annual Report;
- Quality Assurance and Improvement Programme Report;
- Internal Audit Operational Plan; and
- Internal Audit Reports, as detailed in Appendix A.

Head of Internal Audit Opinion and Annual Report

Figure 4: Head of Internal Audit Opinion: Reasonable Assurance

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

The work of the Local Counter Fraud Services is undertaken to help reduce and maintain the incidence of fraud (and/or corruption) within NWSSP to an absolute minimum. Regular reports were received by the Committee to monitor progress against the agreed Counter Fraud Plan, including the following:

- Counter Fraud Work Plan 2022/23
- Counter Fraud Progress Update at each meeting;
- Counter Fraud Annual Report 2022/23; and
- Counter Fraud Newsletter.

As part of its work, there is a regular annual programme of raising fraud awareness, for which a number of days are allocated and included as part of a Counter Fraud Work Plan which is approved annually by the Audit Committee. In addition to this a quarterly newsletter is produced which is available to all staff on NWSSP's intranet; all successful prosecution cases are publicised to obtain the maximum deterrent effect.

I was pleased to note the appointment of Mark Weston as a dedicated Local Counter Fraud Specialist for NWSSP who commenced in post in June 2022.

3.5.4 INTERNAL CONTROL AND RISK MANAGEMENT

In addition to the audit reports dealt with by the Committee during the reporting period, a wide range of internally generated governance reports/papers were produced for consideration by the Audit Committee including:

Annual Governance Statement: During 2022-23, the NWSSP produced its Annual Governance Statement which explains the processes and procedures in place to enable NWSSP to carry out its functions effectively. The Statement was produced following a review of NWSSP's governance arrangements undertaken by the NWSSP Senior Leadership Group and the Head of Finance and Business Development. The Statement brings together all disclosures relating to governance, risk, and control for the organisation.

Tracking of Audit Recommendations: The Committee has continued focus on the timely implementation of audit recommendations. The overall position with this is very positive but occasionally requests are made to extend the

date of an agreed action due to a change in circumstance. All such requests have to be approved by the Committee.

Audit Committee Effectiveness Survey: An anonymised Committee Effectiveness Survey was undertaken to obtain feedback from Committee members on performance and potential areas for development. The statements used in the survey were devised in accordance with the guidance outlined within the NHS Audit Committee Handbook and aligned with the statements used by Velindre University NHS Trust for its Effectiveness Survey. The results of the survey were very positive and highlighted that 80% of respondents agree that their experience of remote meetings have been effective and that 100% agree that the content of the organisations system of assurance are robust. Operating an e-board software system has allowed us to significantly reduce our paper/printing usage reducing our carbon footprint and impact on the Environment, supporting our commitments to ISO 14001 certification and Wellbeing of Future Generations goals.

Private Meeting with Auditors

In line with recognised good practice, an annual private meeting was held in January 2023 between Audit Committee members, Internal Audit, External Audit, and the Local Counter Fraud Specialist. This provided an opportunity for any matters of concern to be raised without the involvement of Executives. No issues of concern arose from the meeting. All auditors are also aware that they can directly approach the Chair at any time with any matters that concerns them.

5. REPORTING AND COMMUNICATION OF THE COMMITTEE'S WORK

The Committee reports a summary of the key issues discussed at each of its meetings to the Senior Leadership Group, Shared Services Partnership Committee and to Velindre University NHS Trust Board by way of an Assurance Report. In addition, this Annual Report seeks to bring together details of the work carried out during the reporting period, to review and test NWSSP's Governance and Assurance Framework. The outcome of this work has helped to demonstrate the effectiveness of NWSSP's governance arrangements and underpins the assurance the Committee was able to provide.

6. CONCLUSION AND FORWARD LOOK

The work of the Audit Committee in 2022-23 has been varied and wide-ranging. The Committee has sought to play its part in helping to develop and maintain a more effective assurance framework in a constantly changing and developing organisation, and improvements have been evidenced by the findings of internal and external audit.

Looking forward to 2023-24 the Audit Committee will continue to explore the financial, management, governance and quality issues that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- Continue to examine the governance and internal controls of NWSSP;
- Monitor closely risks faced by NWSSP;
- Work with the Chairs of Audit Committee group on issues arising from financial governance matters affecting NHS Wales and the broader public sector community;
- Work closely with external and internal auditors, on issues arising from both the current and future agenda for NWSSP;
- Work with the Local Counter Fraud Specialist for NWSSP to develop an appropriate work plan;
- Consider the impact and implications of the Duty of Quality and the Duty of Candour;
- Ensure that the SSPC and Velindre's Board is kept aware of its work including both positive and adverse developments; and
- Request and review a number of deep dives into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the SSPC.

APPENDIX A
List of Internal Audits Undertaken and Assurance Ratings

Internal Audit Assignment	Assurance Rating 2022-23	Date Presented To Audit Committee
Surgical Materials Testing Laboratory	Substantial	October 2022
NWSSP - PCS Contractor Payments	Substantial	April 2023
Follow up Student Awards	Substantial	April 2023
Cyber Security	Substantial	July 2023
Health Courier Services	Reasonable	October 2022
Laundry Services (South- East)	Reasonable	October 2022
Accounts Payable	Reasonable	January 2023
Recruitment Services	Reasonable	January 2023
Laundry Services (North)	Reasonable	January 2023
Payroll Services	Reasonable	April 2023
Risk Management & Assurance Mapping	Reasonable	April 2023
Follow up Operational Infrastructure- NWSSP ICT	Reasonable	July 2023
Procurement Services – National Sourcing	Reasonable	July 2023
Decarbonisation	Advisory	October 2022
<i>Substantial Assurance Rating</i>	<i>4</i>	
<i>Reasonable Assurance Rating</i>	<i>9</i>	
<i>Limited Assurance Rating</i>	<i>0</i>	
<i>No Assurance Rating</i>	<i>0</i>	
<i>Assurance Not Applicable</i>	<i>1</i>	
Total	14	

APPENDIX B**Internally Generated Assurance Reports/Papers**

Report/Paper	Every Meeting	Annually	As Appropriate
Tracking of Audit Recommendations	✓		
Governance Matters	✓		
Corporate Risk Register	✓		
Audit Committee Forward Plan	✓		
Annual Governance Statement		✓	
Audit Committee Effectiveness Review and Results		✓	
Audit Committee Annual Report		✓	
Audit Committee Terms of Reference		✓	
Assurance Mapping		✓	
Freedom of Information (FOI) Annual Report		✓	
NWSSP Integrated Medium Term Plan (IMTP)		✓	
NWSSP Annual Review		✓	
Welsh Language Annual Report		✓	
Review of Stores Write-Offs		✓	
Review of the Shared Services Partnership Committee's Standing Orders (SSPC SOs)			✓



NWSSP Finance Report July 2023

As at 30th June 2023

*Adding Value
Through Partnership,
Innovation and Excellence*

Dashboard Summary – 1st April 2023 to 30th June 2023

	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£'000	£'000	£'000	£'000
Income	-652,692	-131,767	-132,270	-503
Pay	323,666	79,505	78,401	-1,104
Non Pay	193,098	45,806	46,965	1,158
WRP – DEL	135,929	6,456	6,456	0
Year to date underspend	0	0	448	448
	0	0	0	0

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Telephony/Contact Centre Software	90	0	-90
Procurement	3	3	0
Laundry Services	1	0	-1
Unallocated	344	0	-344
Discretionary Capital Total	438	3	-435
IP5 discretionary	220	-7	-227
Scan for Safety	69	62	-7
Laundry Services	192	0	-192
TRAMS	217	65	-152
EFAB - decarbonisation IP5 Solar Farm	300	0	-300
WNWRS/Performers List Software	558	0	-558
Additional Capital Total	1,556	120	-1,436
TOTAL CAPITAL ALLOCATION	1,994	123	-1,871

Our current Capital Expenditure Limit for 2023/24 is **£1.994m**. Expenditure of **£0.123m** has been incurred during Quarter 1. EFAB slippage monies of **£2.200m** have been earmarked by WG for investment in the Laundries over 2023/24 and 2024/25 plus additional discretionary funding of **£0.200m**. This is insufficient to progress the planned transformation programmes. The capital investment will be targeted to underpin service resilience and address estate/equipment needs which are rated as high risk. This excludes statutory spend required for Glangwili and Church Village laundries that remain the responsibility of Hywel Dda & Cwm Taf Morgannwg UHBs.

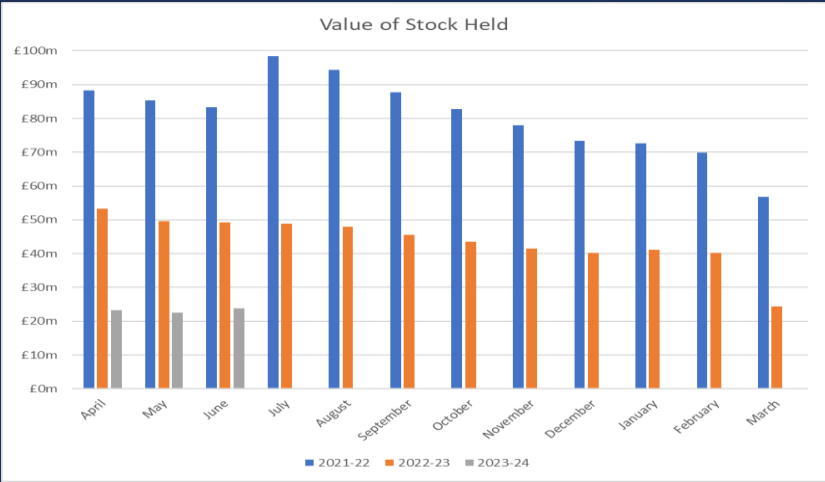
NWSSP reported a break-even Month 3 financial position with underspend of £0.448m due to the non-recurrent over achievement of savings in Quarter 1. We are anticipating savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records from Brecon House due to the existence of RAAC into new premises.

We are forecasting 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.

During June we have received confirmation of continued WG funding for PPE management and the provision of PPE to Primary & Social Care to 31st March 2024. We also received confirmation of recurrent funding for the SLE support costs following Ministerial approval.

£2.212m of Covid expenditure has been incurred in Quarter 1 with a full year forecast of **£11.082m**

Covid Costs	YTD M3	2023/24
	£m	£m
PPE Operational Costs	0.865	4.231
Social Care/Primary Care PPE	1.112	5.612
Mass Vacc - Pay & Non Pay (non PPE)	0.201	1.104
Lateral Flow Testing	0.034	0.136
TOTAL	2.212	11.082



The value of stock held in Stores at 30th June 2023 was **£23.7m**. We continue to maintain the 16 week PPE stock holding as requested by Welsh Government.

Welsh Risk Pool

Expenditure To Date	2022/23 to M3 £m	2023/24 to M3 £m
Reimbursements & WRP Managed	30.178	20.934
Periodical Payments made to date	0.649	1.131
Redress Reimbursements	0.561	0.215
EIDO/CN Salary Subsidy/WRP	0.190	0.193
Movement on Claims Creditor	-21.301	-16.017
Year to date expenditure	10.277	6.456

DEL spend to Month 3 is **£6.456m** compared to £10.277m at Month 3 in 2022/23. The high level forecast for 2023/24 is **£135.727m** which is in line with the **£135.929m** IMTP forecast. This forecast requires **£26.494m** to be funded under the Risk Share Agreement.

Total long term AME provisions for certain and probable cases increased to **£1.495bn** at 31st March 2023.

DEL FORECAST 2023/24	
Month 3 2023/24	£m
Actual spend to June 2023	6.456
Settled cases – awaiting payment	4.124
JSM/RTM/Offer	52.011
PPO's to March 2024	18.512
Sub Total	81.103
Future Estimated Settlements	54.624
Month 3 2023/24 DEL forecast	135.727
IMTP DEL Forecast 2023/24	135.929

At the end of June 2023 the WRP creditor balance totals **£115.880m**. This figure represents the total of all cases that have been settled or interim payments agreed where:

- The NHS Organisation has paid the claimant but not yet sought reimbursement from WRP
- Settlement has been reached in year but no payment has yet been made to the Claimant

	Movement on Creditors		
	2022/23 – M12	2023/24 – M3	Movement
	£M	£M	£M
SWANSEA BAY	20.163	15.135	(5.028)
ANEURIN BEVAN	29.277	28.209	(1.068)
BETSI CADWALADR	26.696	21.520	(5.176)
CARDIFF & VALE	19.738	16.235	(3.503)
CWM TAF MORGANNWG	12.988	12.913	(0.075)
HYWEL DDA	19.132	18.254	(0.878)
POWYS	0.767	0.767	0
PHW	0.877	0.764	(0.113)
WAST	2.202	2.072	(0.13)
VELINDRE	0.057	0.011	(0.046)
	131.897	115.880	(16.017)

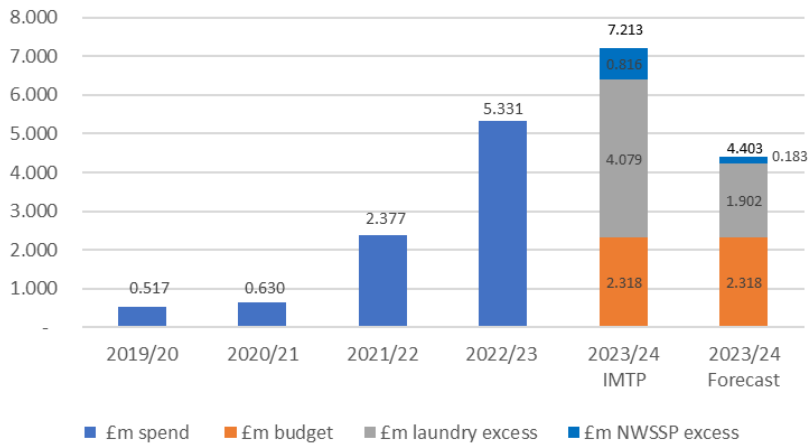
The creditor balance also includes a backlog of deferred cases where the UHB/Trust has not yet met the Learning from Events requirements placed on individual cases. Due to the delay in submission of Learning for a number of cases, it was agreed at the May Welsh Risk Pool Committee that penalties would be invoked to reduce the claim value that the WRP would reimburse

	Risk Share	22/23	23/24
		£m	£m
Aneurin Bevan	16.80%	4.261	4.455
Swansea Bay	16.38%	4.150	4.339
Betsi Cadwaladr	19.71%	4.997	5.224
Cardiff & Vale	14.43%	3.657	3.823
Cwm Taf Morgannwg	13.15%	3.332	3.483
Hywel Dda	10.74%	2.722	2.845
Powys	4.51%	1.143	1.194
Public Health Wales	1.34%	0.339	0.354
Velindre	1.10%	0.278	0.290
Welsh Ambulance Service	1.84%	0.466	0.487
Digital Health & Care Wales	0.00%	-	-
Health Education & Improvement Wales	0.00%	-	-
	100.00%	25.345	26.494

The apportionment of the forecast **£26.494m** to be funded under the Risk Share Agreement remains per the IMTP planning assumptions which were shared with NHS Organisations. The risk share cost drivers will be updated in August following audit sign off of the NHS Wales accounts and revised forecast risk share contributions will be presented to the September Welsh Risk Pool Committee.

Energy & Travel

Annual Energy Costs (£m)



Welsh Government have confirmed they will not provide any energy funding in 2023/24. Our IMTP identified forecast energy costs of **£7.213m** which has reduced to **£4.403m** at the end of June due to a reduction in energy market prices.

We are liaising with UHBs regarding the need for increased energy charges to be added to the Laundry SLAs.

Travel & Subsistence Spend by Service	3 Months to 30th June 2020	3 Months to 30th June 2021	3 Months to 30th June 2022	3 Months to 30th June 2023
Audit & Assurance Services	2,386	190	1,514	1,399
CTES	145	-	-	187
Corporate Services	1,618	364	778	4,294
Counter Fraud Services	69	75	613	2,502
Employment Services	4,209	404	864	232
Health Courier Services	13,211	12,851	2,315	4,264
Laundry Services	-	-	1,218	1,391
Legal & Risk Services	1,917	68	2,667	7,991
Medical Examiner Service	579	1,706	35	903
People & OD	1,695	190	1,507	23,397
Planning, Performance & Informatics	881	319	584	994
Primary Care Services	2,823	657	33	564
Procurement Services	36,167	4,560	5,494	9,394
SMTL	445	213	156	1,066
Specialist Estates Services	8,494	9,952	13,312	17,315
Pharmacy Technical Services	-	-	506	3,027
WIBSS	-	-	90	-
Accounts Payable & E-Enablement	72	-	-	149
Welsh Risk Pool	5,582	1,331	3,913	4,865
Lump Sum Relocation			8,245	
Total	80,292	32,879	43,843	81,150

ALL WALES ENERGY	2023/24 FORECAST £m		
	Gas	Electricity	Total
August 2022	142.830	146.600	289.430
September 2022	87.672	95.778	183.450
October 2022	107.377	116.219	223.596
November 2022	75.956	102.002	177.958
December 2022	83.859	102.076	185.935
January 2023 (1)	55.452	78.399	133.851
January 2023 (2)	52.297	71.877	124.174
February 2023 (included in IMTPs)	43.831	66.260	110.091
March 2023	38.486	62.586	101.072
April 2023	41.803	64.081	105.884
May 2023	35.320	57.641	92.961
June 2023	38.013	59.647	97.660

The NHS Wales energy cost forecasts provided by British Gas have varied considerably over the last year, which we report through the All Wales Energy Price Risk Management Group (EPRMG).

The All Wales energy contract is transferring to the Crown Commercial Services (CCS) Framework from 1st October 2023. We are working with CCS to obtain a forecast for October 23-March 24 energy so that we can build this into the overall 2023/24 forecast.





Organisation	Number of live Salary	Sac cars	Live Electric	Live Hybrid	Cars on order 28/03/23	Estimated Income generated pa
Aneurin Bevan	556		388	112	84	£333,600
Cardiff and Vale	621		432	112	129	£372,600
Cwm Taf Morgannwg	590		384	119	95	£354,000
DHCW	109		78	22	16	£65,400
HEIW	32		28	4	5	£19,200
NWSSP SLE	138		87	40	24	£82,800
Powys	50		34	13	8	£30,000
PHW	63		50	10	15	£37,800
Swansea Bay	605		415	125	94	£363,000
Velindre	63		44	16	19	£37,800
WAST	300		227	52	59	£180,000
TOTAL	3127		2167	625	548	£1,876,200
Percentage			69%	20%		

Financial Position and Key Targets

KPI	Target	2022/23										2023/24				Trend
		June	July	August	September	October	November	December	January	February	March	April	May	June		
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	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	On Target	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	96.77%	95.43%	97.12%	95.73%	95.51%	95.04%	93.91%	89.64%	100.07%	98.06%	98.24%	98.87%	96.55%		
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.75%	95.65%	95.96%	95.92%	95.85%	95.75%	95.51%	94.90%	95.50%	95.71%	98.24%	98.56%	97.84%		
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	97.73%	84.29%	84.09%	86.67%	86.52%	83.82%	76.29%	85.83%	91.73%	87.38%	98.76%	95.00%	99.15%		
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	94.74%	92.11%	91.02%	90.07%	89.44%	88.77%	86.96%	86.79%	87.50%	86.44%	98.76%	97.32%	97.89%		

Non NHS PSPP Target of over 95% achieved

Corporate

KPI	Target	2022/23										2023/24				Trend
		June	July	August	September	October	November	December	January	February	March	April	May	June		
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	1	0	2	3	1	7	12	5	11	0	0	2	12		
Variable Pay – Overtime	<£75k Monthly	£93k	£86k	£140k	£148k	£137k	£143k	£120k	£104k	£108k	£106k	£120k	136k	£109k		
Agency % to date	<0.8% Cumulative	0.32%	0.32%	0.33%	0.32%	0.30%	0.31%	0.29%	0.31%	0.32%	0.29%	0.28%	0.30%	0.32%		
Agency % Adjusted to exclude SLE	<1% Cumulative	1.12%	1.13%	1.16%	1.13%	1.08%	1.10%	1.04%	1.10%	1.16%	1.03%	1.01%	1.08%	1.03%		

Recommendations

The Shared Services Partnership Committee is asked to note the :

1. The Quarter 1 financial position for the 2023/24 Financial Year
2. Achievement against key financial targets
3. The content of this update and seek further information if required.



*Adding Value
Through Partnership,
Innovation and Excellence*

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

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	12th July 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 31st May 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 May and June 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>	

Full Dashboard

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

Top 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

Compliance is at 85.31% which has improved from 83.05% last month. This excludes the Single Lead Employer Division.

Including Single Lead Employer Division compliance drops to 38.55%



Turnover appears significantly higher for the period (24.85%) compared to last year (13.28%). This increase is due to starters and leavers within the Single Lead Employer Division.

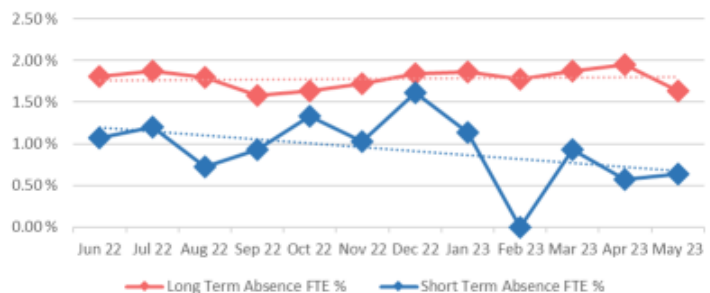
Excluding Single Lead Employer Division turnover is 12.68%

Key

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

FURTHER DETAIL

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



Data Source: ESR

Long Term Vs Short Term Absence

Long Term Absence has decreased in May and is at 1.64% compared to 1.95% in April.

Short Term Absence has seen a overall decrease from December position but has increased in May to 0.64% compared to April.

The top reason for Long Term Absence for the period based on FTE Lost is **Anxiety/Stress/Depression**

The top reason for Short Term Absence for the period based on FTE Lost is **Cold, Cough, Flu - Influenza**

In Month Sickness Absence Percentage by Division

Division	Apr-23	May-23	Change
Accounts Payable Division	2.76%	2.54%	-0.22% ▼
Audit & Assurance Division	2.07%	2.10%	0.03% ▲
Corporate Division	3.85%	3.54%	-0.31% ▼
Counter Fraud Division	0.00%	0.00%	0.00%
Digital Workforce Division	0.00%	0.00%	0.00%
E-Business Central Team Division	0.48%	3.48%	3.00% ▲
Employment Division	4.41%	3.67%	-0.74% ▼
Finance Division	0.62%	0.30%	-0.32% ▼
Hosted Services Division	0.51%	0.00%	-0.51% ▼
Laundry Division	6.07%	6.71%	0.64% ▲
Legal & Risk Division	0.86%	0.51%	-0.35% ▼
Medical Examiner Division	2.27%	2.52%	0.25% ▲
Medical Workforce Division	0.00%	0.00%	0.00%
People & OD Division	0.68%	3.07%	2.39% ▲
Pharmacy Technical Services Division	0.28%	0.27%	-0.01% ▼
Planning, Performance and Informatics Division	0.00%	2.00%	2.00% ▲
Primary Care Division	5.49%	4.19%	-1.30% ▼
Procurement Division	6.22%	5.32%	-0.90% ▼
Single Lead Employer Division	1.35%	1.27%	-0.08% ▼
Specialist Estates Division	1.46%	0.04%	-1.42% ▼
Surgical Materials Testing (SMTL) Division	1.34%	0.77%	-0.57% ▼
Welsh Employers Unit Division	0.00%	0.00%	0.00%
Grand Total	2.52%	2.28%	-0.24% ▼

Source: ESR

In month sickness has decreased from the April 23 position and is now 2.28% which is still below the target of 3.30%

Procurement Division has the highest in Month Sickness Percentage for April at 5.32%

Appraisal Compliance by Division

Division	Apr-23	May-23	Change
Accounts Payable Division	91.79%	88.11%	-3.68% ▼
Audit & Assurance Division	86.00%	90.00%	4.00% ▲
Corporate Division	87.50%	88.46%	0.96% ▲
Counter Fraud Division	100.00%	100.00%	0.00%
Digital Workforce Division	95.65%	95.65%	0.00%
E-Business Central Team Division	92.31%	92.31%	0.00%
Employment Division	82.82%	83.24%	0.42% ▲
Finance Division	95.45%	86.36%	-9.09% ▼
Hosted Services Division	71.43%	71.43%	0.00%
Laundry Division	69.29%	63.78%	-5.51% ▼
Legal & Risk Division	85.33%	80.92%	-4.41% ▼
Medical Examiner Division	71.43%	74.24%	2.81% ▲
Medical Workforce Division	7.14%	7.69%	0.55% ▲
People & OD Division	87.50%	85.37%	-2.13% ▼
Pharmacy Technical Services Division	60.00%	60.87%	0.87% ▲
Planning, Performance and Informatics Division	91.18%	87.50%	-3.68% ▼
Primary Care Division	91.23%	88.38%	-2.85% ▼
Procurement Division	83.59%	80.88%	-2.71% ▼
Specialist Estates Division	85.71%	91.84%	6.12% ▲
Surgical Materials Testing (SMTL) Division	95.45%	95.45%	0.00%
Welsh Employers Unit Division	0.00%	0.00%	0.00%
Grand Total	83.72%	81.83%	-1.89% ▼

Source: ESR

Appraisal reviews compliance was at 81.83% during May 23 which is down by 1.89% on the previous month.

The target for appraisal compliance is 85.00%

1 Division have less than 50% compliance:

1. Welsh Employers Unit Division

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	97.93%	97.24%	97.93%	98.62%	94.48%	95.86%	96.55%	97.93%	97.93%	100.00%
Audit & Assurance Division	96.15%	94.23%	96.15%	96.15%	92.31%	90.38%	96.15%	94.23%	96.15%	100.00%
Corporate Division	89.29%	89.29%	89.29%	89.29%	82.14%	85.71%	89.29%	82.14%	85.71%	92.86%
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	95.83%	95.83%	95.83%	95.83%	100.00%	91.67%	95.83%	95.83%	91.67%	100.00%
E-Business Central Team Division	100.00%	92.86%	85.71%	85.71%	100.00%	92.86%	100.00%	85.71%	85.71%	100.00%
Employment Division	92.41%	90.31%	89.79%	88.74%	88.74%	89.53%	90.58%	89.27%	89.01%	96.60%
Finance Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%
Hosted Services Division	100.00%	100.00%	92.86%	92.86%	85.71%	92.86%	85.71%	92.86%	92.86%	92.86%
Laundry Division	90.84%	91.60%	93.13%	90.84%	54.20%	95.42%	96.18%	93.13%	91.60%	86.26%
Legal & Risk Division	98.15%	93.21%	94.44%	93.83%	93.21%	90.74%	93.83%	95.68%	94.44%	95.68%
Medical Examiner Division	77.14%	70.00%	67.14%	70.00%	74.29%	68.57%	72.86%	65.71%	62.86%	78.57%
Medical Workforce Division	78.57%	64.29%	78.57%	78.57%	78.57%	71.43%	71.43%	71.43%	71.43%	85.71%
People & OD Division	100.00%	95.24%	95.24%	95.24%	92.86%	92.86%	97.62%	95.24%	95.24%	95.24%
Pharmacy Technical Services Division	87.50%	87.50%	95.83%	91.67%	91.67%	87.50%	87.50%	87.50%	91.67%	91.67%
Planning, Performance and Informatics Division	100.00%	97.37%	100.00%	100.00%	97.37%	94.74%	100.00%	100.00%	97.37%	100.00%
Primary Care Division	97.95%	95.21%	96.92%	97.60%	94.52%	94.52%	97.26%	96.92%	96.23%	98.97%
Procurement Division	96.11%	93.46%	95.69%	94.44%	92.21%	92.77%	96.66%	95.97%	95.27%	97.77%
Specialist Estates Division	100.00%	93.88%	95.92%	97.96%	95.92%	91.84%	97.96%	97.96%	97.96%	100.00%
Surgical Materials Testing (SMTL) Division	95.65%	100.00%	100.00%	95.65%	100.00%	95.65%	95.65%	95.65%	95.65%	95.65%
Welsh Employers Unit Division	71.43%	85.71%	85.71%	71.43%	71.43%	85.71%	71.43%	71.43%	71.43%	100.00%
*NWSSP Overall	95.04%	92.56%	93.76%	93.14%	89.55%	91.68%	94.38%	93.49%	92.92%	96.33%

Source: ESR

31-May-23

Note:

MAND|Cyber Awareness| Core competency has now merged with the NHS|CSTF|Information Governance (Wales) - 2 Years competency

* Figures Exclude Single lead Employer Division

Welsh Language Awareness Compliance

Division	Assignment Count	Required	Achieved	Compliance %	Previous Month	Variance
Accounts Payable Division	145	145	139	95.86%	95.04%	0.83% ▲
Audit & Assurance Division	52	52	44	84.62%	78.85%	5.77% ▲
Corporate Division	28	28	24	85.71%	92.31%	-6.59% ▼
Counter Fraud Division	6	6	6	100.00%	100.00%	0.00%
Digital Workforce Division	24	24	24	100.00%	100.00%	0.00%
E-Business Central Team Division	14	14	13	92.86%	92.86%	0.00%
Employment Division	378	378	346	91.53%	91.96%	-0.42% ▼
Finance Division	22	22	21	95.45%	95.45%	0.00%
Hosted Services Division	14	14	13	92.86%	85.71%	7.14% ▲
Laundry Division	131	131	64	48.85%	24.81%	24.05% ▲
Legal & Risk Division	162	162	149	91.98%	92.45%	-0.48% ▼
Medical Examiner Division	70	70	50	71.43%	58.82%	12.61% ▲
Medical Workforce Division	14	14	9	64.29%	64.29%	0.00%
People & OD Division	42	42	39	92.86%	93.02%	-0.17% ▼
Pharmacy Technical Services Division	24	24	18	75.00%	78.26%	-3.26% ▼
Planning, Performance and Informatics Division	38	38	35	92.11%	92.50%	-0.39% ▼
Primary Care Division	292	292	278	95.21%	94.18%	1.03% ▲
Procurement Division	719	719	577	80.25%	78.99%	1.26% ▲
Single Lead Employer Division	3198	3198	179	5.60%	4.38%	1.21% ▲
Specialist Estates Division	49	49	48	97.96%	97.96%	0.00%
Surgical Materials Testing (SMTL) Division	23	23	22	95.65%	100.00%	-4.35% ▼
Welsh Employers Unit Division	7	7	4	57.14%	50.00%	7.14% ▲
NWSSP including SLE	5452	5452	2102	38.55%	36.60%	1.96% ▲
NWSSP Excluding SLE	2230	2230	1852	85.31%	83.05%	2.27% ▲

Source: ESR

31-May-23

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

- The corporate communications team have created a selection of NWSSP Branded Job Advert documents for SLG to review for preference. The purpose of this is to ensure consistency in our branded approach across NWSSP when advertising via social media and other external platforms.
- The new Job Description Modernisations project group has been created in June, in line with the recent Welsh Government Pay deal announcement. As part of this, the NWSSP Job Evaluation team have now built and published the Job Description (JD) Library with a number of All Wales JD's identified and uploaded into the Job Evaluation web page.
- The People and OD Recruitment and Retention Group communications will be distributed in June 2023. This will feed into the overarching project plan to incorporate a number of different angles that includes Equality, Diversity and Inclusion, Welsh Language and Agile working. The aim of this is to focus on how we attract, brand and market ourselves in a wider range of diverse communities.
- In the latest articles published by both HR Review and Disruptive HR they are labelling 2023 alongside the phrase “Retention is the new recruitment.” This further empathises the importance of retaining our staff, alongside our recruitment strategy within NWSSP. To support this our newly published Flexible Recruitment Principles have now been published to enable staff to move through the organisation more easily.

Other Project Areas

- Work has started on the “Working For Us” section of the NWSSP external facing website. This work will initially include updating the page to incorporate our updated Values Framework, About Us and Benefits documents. Then once complete, further additions will be made to include our Widening Access / Career entry information, Wellbeing and the Equality and diversity work we do as an organisation. This will then be ready to cascade and proactively showcase our organisation, directing potential job seekers and candidates to our website and showcase more about what we do and how we support the wider NHS Wales community.

RESOURCE BANK AND AGENCY

General Bank – Monthly Use

- 100.15 WTE actively engaged on the Bank in April 2023, when removing collaborative bank and Corporate reserves. This is down from 101.76 WTE in April
- Total spend of £258,510, excluding Corporate Reserves and Collaborative Bank, which compares with £247,878 April.

Row Labels	Sum of Cur Month Actual	Sum of WTE Actual
Accounts Payable & E-Enablement	983.05	0.18
Audit & Assurance Services	9.14	0.00
Employment Services	28,145.53	9.44
Procurement services	67,374.33	31.47
Primary Care Services	11,884.64	5.15
Legal & Risk Services	2,166.58	0.74
Welsh Risk Pool	14,753.81	3.59
Corporate Services	4,085.17	0.81
People & OD	8,763.83	3.09
Planning, Performance & Informatics	1,513.13	0.35
Corporate Reserves / Provisions	-891.77	-4.14
Health Courier Services	90,123.80	33.83
SMTL	3,692.38	1.72
Collaborative Bank	42,916.60	7.41
Medical Examiner Service	2,121.34	0.90
Laundry Services	22,892.82	8.88
Grand Total	300,534.38	103.42

Agency Spend by Service

Service Area	Sum of May	No Engagements
Audit	21,389	2
Corporate	8,915	3
HCS	9,471	7
Laundry	23,101	14
PS - Local Procurement	3,801	1
PS - Supply Chain	174	1
PPI	9,081	2
SMTL	3,931	1
Total	79,864	31

Agency Use

- Agency spend for May increased to £79,864 (up from £73,048 in April)
- 31 x staff engaged via Agency in last month

Other News

- On track for 100% Bank use of e-roster in relevant divisions meaning no more manual pay returns will be completed by the Bank Team from 1st July 2023
- PAN Wales job fayres now being attended across the summer as the bank team look to recruit into a number of roles across Wales. First event is in Swansea on Tuesday 20th June with

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

- Applications for the September cohort of the LEI Essential and Strategic programme opened in May with the closing date of 17th July, the application process and programme information is accessed on the Leadership and Management Hub.
- Leadership and Management Hub and the People Development Hub were launched in May to date the Leadership and Management Hub has had 506 views and the People Development Hub has had 391 views since launched. Positive feedback received “It’s a really positive resource and will be a great continuous learning tool for staff t use and access” and “Links to videos and I’m visual / listening learner so this was nice to see”
- May saw 6 member of staff sign up for Welsh Government fully funded qualifications, these included Prince 2 project management x 1, CIPD Apprenticeship at Level 5 x 1, ILM Level 3 x 3 and ILM Level 5 x 1
- Internal courses delivered during May included Health and Wellbeing, Managers Induction, Module 4 of the LEI Programme, Welcome Induction with a total of 51 staff attending. Once course Performance Appraisal was cancelled due to low numbers enrolled to attend.
- Learning@Work week in May was successful with activity, digital learning and communication available throughout the week, positive feedback received.

Well-being and Inclusion

- NHS Wales celebrated NHS Equality Week from 15th May to 19th May. The week was a success with over 1k employees across NHS Wales involved in the week. These recordings are available on the NWSSP Equality, Diversity and Inclusion SharePoint page.
- NWSSP held a successful Anxiety Workshop with Maximus on 15th May with some positive feedback received.
- NWSSP held a successful Anxiety Resilience and Mindful Ways to Manage Anxiety workshop with Beverley Jones. This session was attended by 132 people in NWSSP, with positive feedback and a request for more sessions.

This is Our NWSSP

- A new Specialist OD Facilitator for Culture and Engagement has recently been appointed and is due to start in post during July. The postholder will be the operational lead for This is Our NWSSP and will take forward the work that has been led by the previous postholders. July will also see the publication of “Living the Values”, the values behaviours framework guide, as requested by colleagues as part of the values refresh work. These will be discussed with staff who visit the People and OD stands as roadshows continue across our sites.

Staff Recognition awards

- All Regional Winner events have now taken place to present certificates and awards to those recognised at the online awards event in January 2023. All remaining certificates and trophies will be distributed to those unable to attend the events. Planning to commence in July 2023 for the next Annual Staff Recognition event which is expected to take place as a co-ordinated, multi-region, in-person event in early 2024.

Procurement

- All action plans for The Culture and Engagement Programme of Work have been shared with service leads in Supply Chain Logistics and Transport and Health Courier Service. Next steps are currently being agreed within the service.
- Equality, Diversity and Inclusion Training took place in Denbigh Stores on 11th of May 2023, a session for the management team is scheduled for 10th of July 2023.
- In person training was delivered in IP5, Glangwili Hospital and Bridgend Stores for Managing Attendance at Work (June 2023).
- Covid-19 related assignments have been extended until 30th of September 2023, we are awaiting further updates from Welsh Government on further extensions/funding. This position carries a potential risk of redundancy for the organisation.
- Procurement sector wide apprenticeship framework is likely to be ready for a September launch (awaiting Welsh Government). Sector wide apprenticeships are continuing to progress, led by Welsh Government, CIPS are on board and the outcome is likely to be approved and supported by CIPS.

Surgical, Material, Testing, Laboratory Services

- Work has started to support the division with the job description modernisation programme.

Transforming Access to Medicines (TrAMs)

- Secondment agreements have been sent to Director of Pharmacy Technical Services to agree with employees and NWSSP as an outcome of OCP1. The suggested start date for secondments is 1st of July 2023.
- Project Plan for OCP2 has started.

Employment Services

- We are in the early stages of a divisional focus, looking into 'Leaver's data' in Employment Services, so we have a clearer picture of what the real issues are and how we can address them/put interventions in place.
- This will link into the wider organisation Employee Value Proposition Project.
- As part of this project, we will look at external markets to benchmark how competitive we are, as well as future trends. This will enable us to be better equipped, especially when looking at cost efficiencies and our attraction/retention. It will also give us a more accurate picture of our churn rate and what is acceptable both financially and operationally, to this service area.

Move to CP2

- People and OD are supporting the move of employees from Companies House to CP2. Following approval from SLG on 13th April 2023, the decision was made to commence staff engagement and consultation.
- A Project Board has been set up and a Plan and Road Map are being agreed; an inaugural meeting was held on 15th May 2023. Following the initial corporate communications in March, the first staff engagement session took place on 12th June 2023. The panels comprised of Mark Roscrow, Rebecca Ford, Alwyn Hockin and a senior member/head of each directorate.
- We have sought legal advice and gained support from staff side with regards to 'payment of excess' milage and at this juncture believe that this a 'reasonable' change to location and excess mileage would not be paid. This will be discussed at the engagement sessions and through consultation and reasons to support this will be given consideration.
- We are planning further staff engagements and information sharing sessions, which will be delivered in a variety of formats including an FAQ document, a Welcome Pack, Virtual Tour and (if available) site tours in person, E Shots and further meetings.
- Contracts, Adverts and Job Offers - will be updated with the change to the new location; so potential new employees are aware of where their base will be before applying for the role.
- Stakeholder have been updated and involved with the changes and corporate communications has supported this.
- If timelines remain unchanged, existing employees will receive a 'Letter of Amendment', to contract, after consultation has closed (end of July) to advise of the changes relevant to them.
- The EQIIA has been drafted and is being reviewed by the panel in readiness to launch the consultation document.



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 April – May 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 ✓
Argymhelliad/ Recommendation		The Shared Services Partnership Committee is requested to NOTE:				
		<ol style="list-style-type: none"> 1. The significant level of professional influence benefits generated by NWSSP to 31st May 2023. 2. The performance against the high-level key performance indicators to 31st May 2023. 				

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

NWSSP Performance Information Report

Covering Period April to May
2023

*Adding Value
Through Partnership,
Innovation and Excellence*

Purpose

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

Health Organisations will receive their individual performance reports for Quarter 1 at the end of July 2023.

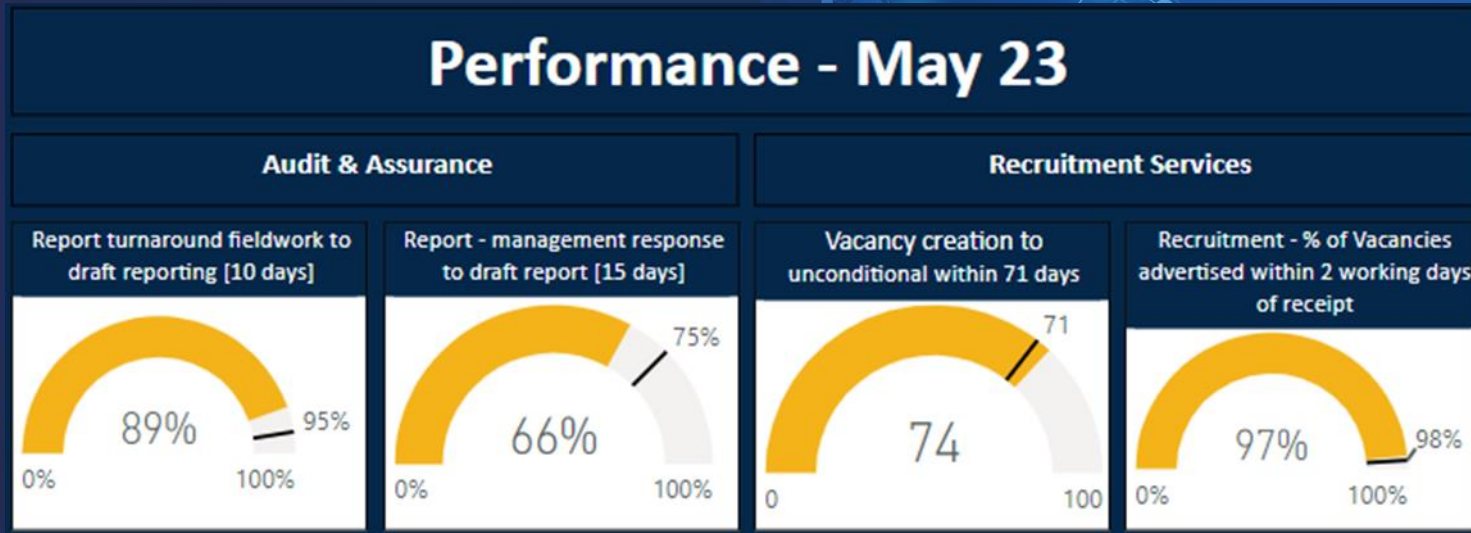
Key Messages

The in-month May performance was generally good with 34 KPIs achieving the target against the total of 38 KPIs.

However, 4 KPIs did not achieve the target and are considered Amber. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £34M at end of May. This is further broken down on Page 11 of this report.







Summary Position by exception – 4 KPIs off target



Of the 4 KPIs that did not achieve the targets for March


















- 1 is not in complete control of NWSSP and are dependent on external stakeholders
- 2 are a combination of both External/Internal processes.
- 1 is within our gift to influence as a service provider.

Summary of Key Performance Indicators – May 23





				22/23		23/24		
KFA	KPIs	Target		February	March	April	May	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	N	N	N	Y	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	90%	90%	90%	89%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Monthly	67%	67%	65%	66%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Monthly	99%	100%	96%	99%	
Procurement Services								
Our Value	Procurement savings *Current Year	£5m	Cumulative	£33,381,623	£53,338,699	Not Available	£6,186,776	
Accounts Payable								
Our Value	Savings and Successes		Monthly	£41,055	£50,191	£294,822	£149,212	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	95.10%	Reported Quarterly	Reported Quarterly	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	87.30%	Reported Quarterly	Reported Quarterly	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	98.90%	99.60%	99.20%	99.50%	
Employment Services								
Payroll								
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.67%	99.63%	99.71%	99.75%	
Our Services	Payroll % Calls Handled	95%	Monthly	96.85%	97.36%	96.77%	97.03%	
Recruitment								
All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	46.30%	56.90%	62.70%	63.50%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days		Monthly	88.90	74.50	70.50	73.90	
Recruitment Responsibility								
Our Services	Recruitment - % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	99.2%	99.9%	99.7%	97.0%	
Our Services	Recruitment - % of conditional offer letters sent within 4 working days	98.00%	Monthly	98.1%	97.4%	99.2%	99.1%	
Our Services	Recruitment % Calls Handled	95%	Monthly	98.8%	98.9%	98.8%	98.9%	

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Summary of Key Performance Indicators – May 23

				22/23		23/24					
KFA	KPIs		Target		February	March	April	May	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	96.95%	98.61%	98.11%	95.65%			
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	99.72%	99.73%	99.79%	99.73%			
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	£8,250,397	£2,041,337	£22,749,462	£4,674,640			
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	£303,879	£1,336,342	£197,117	£407,466			
Our Services	Timeliness of Advice - Initial Business Case Scrutiny		95%	Monthly	100%	100%	Not Applicable	100%			
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	99%	99%	100%	100%			

Summary of Key Performance Indicators – May 23

KFA	KPIs	Target		22/23	23/24			Trend	
				February	March	April	May		
Digital Workforce									
Our Services	DWS % Calls Handled	70%	Monthly	96.90%	96.20%	98.10%	98.40%		
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%	Not Applicable	100%		
Our Services	% delivery of audited reports on time (NHS)	87%	Monthly	Not Applicable	Not Applicable	Not Applicable	Not Applicable		
Our Services	% delivery of Technical assurance evaluations on time	87%	Monthly	100%	100%	100%	Not Applicable		
Pharmacy Technical Services									
Our Services	Service Errors	<0.5%	Monthly	0%	0%	0%	0%		
Medical Examiners Service									
Our Services	Deaths Scrutinised	60%	Monthly	100%	100%	100%	100%		
Our Services	Never Events	0	Monthly				0	0	
All Wales Laundry									
Our Services	Orders dispatched meeting customer standing orders	85%	Monthly	94%	102%	Not Available	89%		
Our Services	Delivery's made within 2 hours of agreed deliver	85%	Monthly	100%	100%	Not Available	100%		
Our Services	Microbiological contact failure points	85%	Monthly	94%	94%	Not Available	100%		
Our Services	Inappropriate items returned to the laundry including Clinical waste items	<5	Monthly	0	0	Not Available	0		

Audit & Assurance (A&A)

				22/23		23/24	
KFA	KPIs	Target		February	March	April	May
Audit & Assurance							
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	90%	90%	90%	89%
Our Services	Report turnaround management response to draft report [15 days]	75%	Monthly	67%	67%	65%	66%

What is happening?

Both fieldwork to draft and management response to draft turnaround times targets was missed in May 2023. The target for 15-day turnaround is 75%, but only 66% of reports were completed within that time frame. The target for 10-day turnaround was 95%, but only 89% of reports were completed within that time frame.

The delays can be attributed to two factors:

Delays with the health organisations providing information. In some cases, the health organisations did not provide the necessary information within the time frame, which delayed the turnaround process.

Some long-term sickness within the teams also contributed to the delays.

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

Any delays are discussed directly with the health orgs and are made aware of any revised timings.

Heads of Audit continue to discuss report turnaround delays directly with Health Organisations.

Employment Services – Recruitment

KFA	KPIs	Target	22/23		23/24		Trend	
			February	March	April	May		
Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days	Monthly	46.30%	56.90%	62.70%	63.50%		
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	Monthly	88.90	74.50	70.50	73.90		
Recruitment Responsibility								
Our Services	Recruitment - % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	99.2%	99.9%	99.7%	97.0%	

What is happening?

The target of creation to unconditional offer within the 71 days has slightly missed the target with an average of 74 days. 64% 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 vacancies advertised within the target of 2 days with an average of 1.7 days.

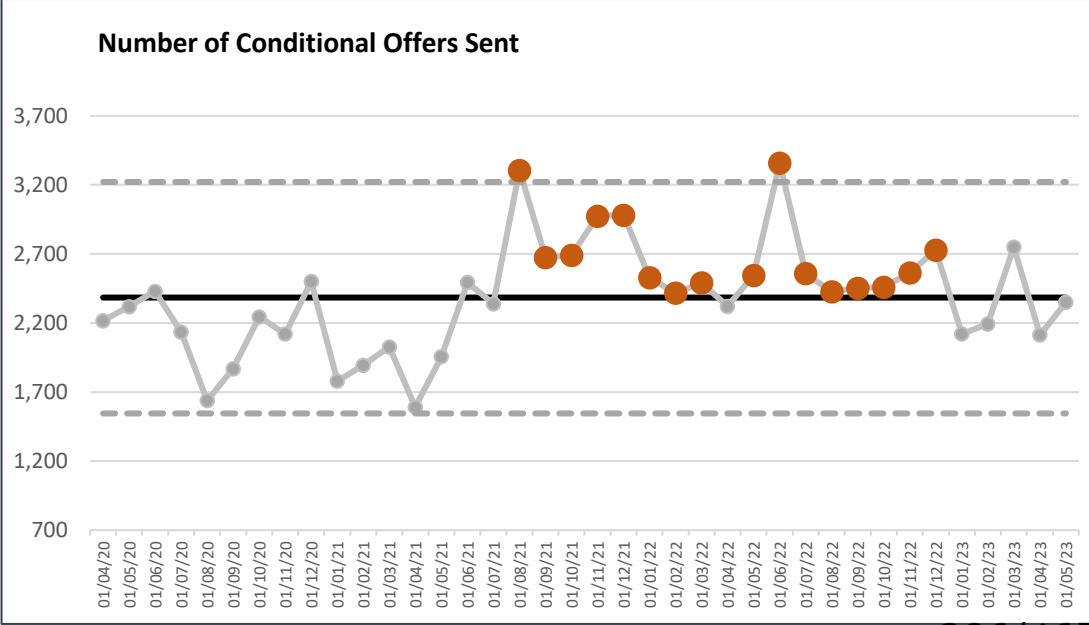
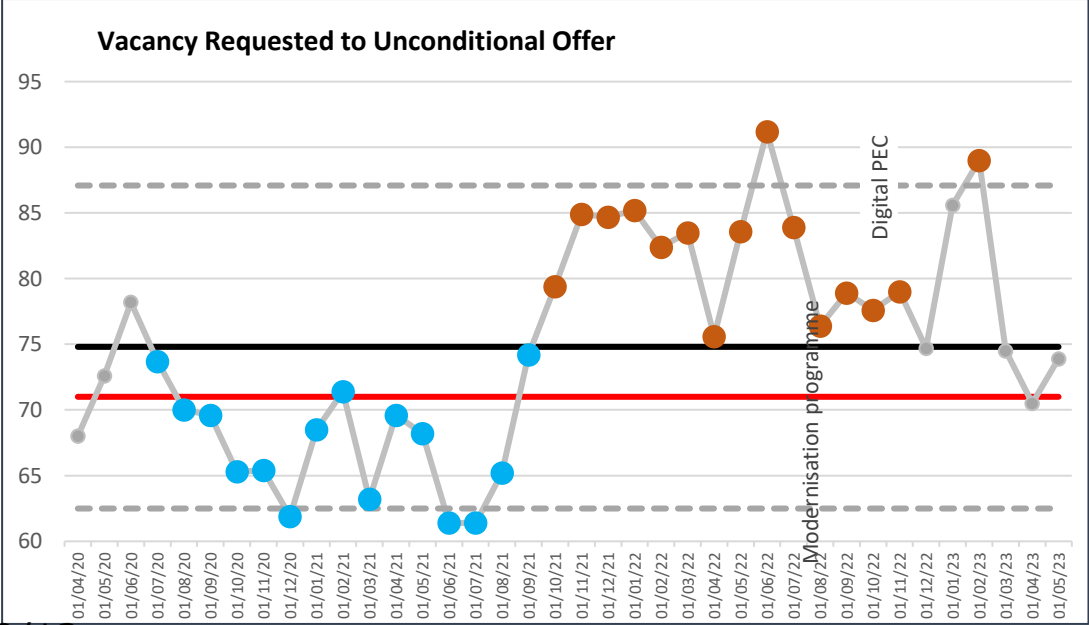
What are we doing about it and when is performance expected to improve?

During May there has been again a push on processing incomplete records, this is a pro active task however, when records are processed over the 71 day target this does affect the average days, there were 129 records processed over 91 days in May compared to in excess of 400 back in February, this will become less of an issue and reduce the affect on the performance as less records are cleansed but at this point unable to confirm when this work will be completed. During May 2023 a higher number of the total checks have been completed in 0-15 days with 771 checks completed.

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.

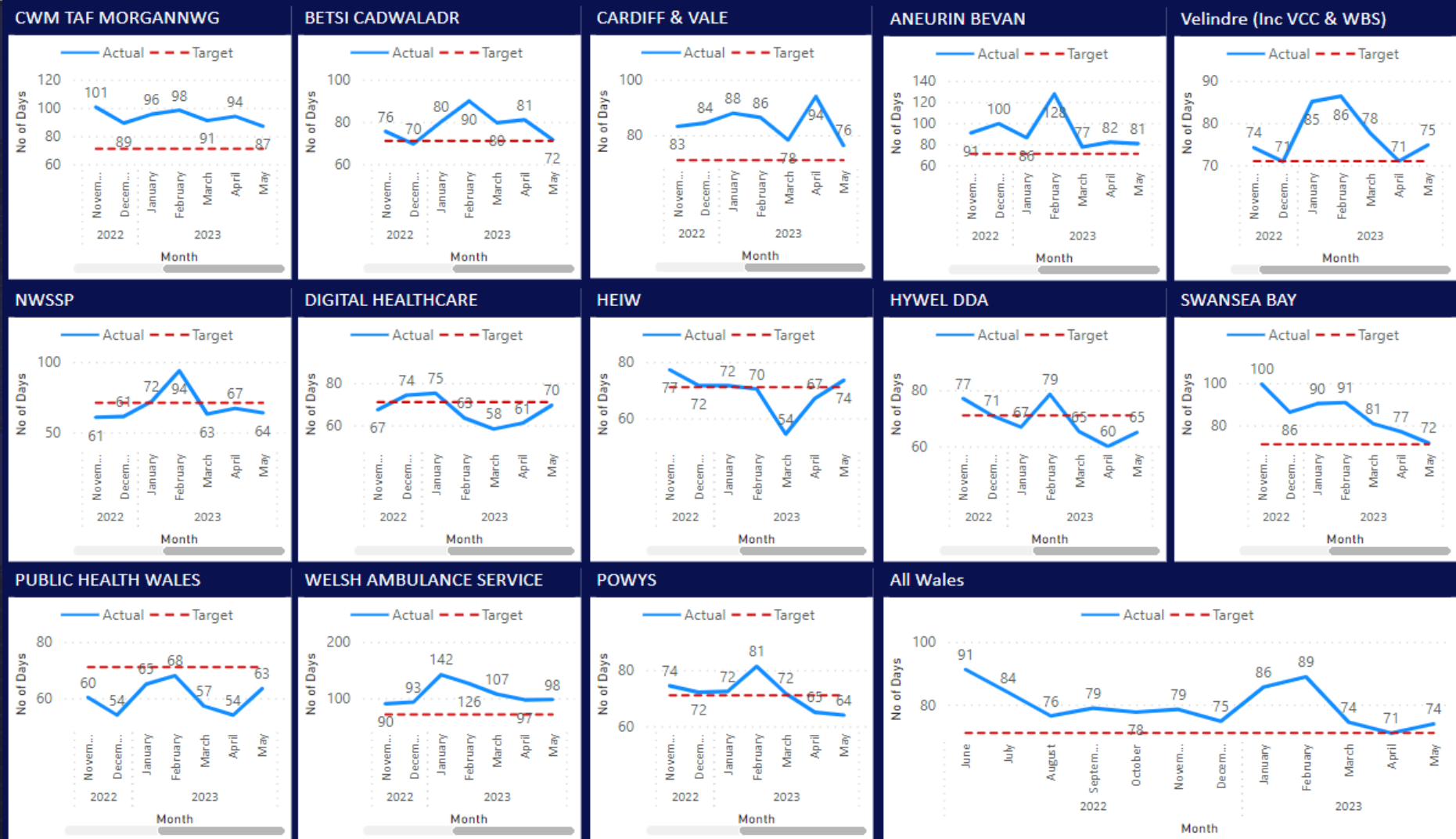
Employment Services – Recruitment

Recruitment		Vacancy Creation to Unconditional Offer													
Org	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trend	
AB	71	94	86	87	81	89	89	81	110	128	77	82	81		
BCU	71	84	86	84	94	80	76	70	80	90	80	73	72		
CV	71	85	92	84	90	83	83	84	88	86	78	81	76		
CTM	71	116	111	102	110	94	101	89	96	98	91	94	87		
HD	71	79	82	67	71	76	77	71	67	79	65	60	65		
HEIW	71	61	52	71	69	59	77	72	72	70	54	35	74		
DHCW	71	84	58	66	60	75	67	74	75	63	58	61	70		
NWSSP	71	82	60	55	79	68	61	61	72	94	63	67	64		
PTHB	71	73	66	77	80	73	74	72	72	81	72	65	64		
PHW	71	65	56	60	60	66	60	54	65	68	57	54	63		
SBU	71	75	87	84	82	103	100	86	90	91	81	77	72		
VEL	71	114	97	73	75	73	74	71	85	86	78	71	75		
WAST	71	127	131	92	85	81	90	93	142	126	107	97	98		
All Wales	71	91	84	76	79	78	79	75	86	89	75	71	74		



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 November – May 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.
- **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 – May 2023 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	0.6
Procurement Services	6
Legal & Risk Services	27
Accounts Payable	0.4
Counter Fraud Services*	0
Total	34

* Counter Fraud benefits are reported quarterly

Summary

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

- The significant level of professional influence benefits generated by NWSSP to 31st May 2023.
- The performance against the high-level key performance indicators to 31st May 2023.





GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:5.4

20 July 2023

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Integrated Medium Term Plan Progress Report
– Quarter 1 2023-24

ARWEINYDD: LEAD:

Alison Ramsey, Director of Planning,
Performance, and Informatics

AWDUR: AUTHOR:

Helen Wilkinson, Planning and Business Change
Manager

SWYDDOG ADRODD: REPORTING OFFICER:

Helen Wilkinson, Planning and Business Change
Manager

MANYLION CYSWLLT: CONTACT DETAILS:

Helen.wilkinson3@wales.nhs.uk

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 1 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 ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		The Committee is asked to note the content of the paper and provide feedback to inform future reports.					

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:	
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	Assurance that NWSSP are on track to achieve the 2022/23 IMTP objectives.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	Not applicable.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open.

NWSSP Integrated Medium Term Plan 2023-26 Progress Report

-
2023-24 Quarter 1



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

*Delivering Value,
Innovation and Excellence
through Partnership*

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7. Digital Plan	pg12-13
8. Conclusion	pg13

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 1.

Microsoft Lists (MS Lists) was embedded fully into the IMTP planning cycle and was a key feature for our objective setting process for 2023-24. We will continue to monitor progress against our IMTP using MS Lists as our chosen method of tracking, as it proved an effective way of tracking progress during 2022-23.

In Quarter 1 we have used the functionality of a Power BI dashboard to monitor our plans and provide reports which will feed into our Quarterly Review meetings where we can understand further issues divisions are facing and implement mitigating actions where possible and agree changes. Moving forward throughout the year the dashboard will give us the ability to provide and share Live data throughout the year.

Key enabling teams, including People and Organisational Development, Digital and Planning Performance and Informatics have utilised MS Lists, developing tailored plans with our divisions to meet the needs of the IMTP.

Decarbonisation is being monitored through the Decarbonisation Coordination Reporting Team, who have successfully developed ways in which to monitor both NWSSP and national progress against the targets laid out in the National decarbonisation Strategic Plan.

Our refreshed Strategic Objectives are being embedded within the organisation and as part of this work we have established a Performance and Outcomes Group to support development and delivery of outcome reporting throughout the year.

2. Key Areas of Focus

In Quarter 1 we have already made significant progress on achieving many of our IMTP objectives for Year 1, 2023-24. This section will highlight key areas of focus for NWSSP in the coming year, where our key priorities are focused around:

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

Work around embedding the Duty of Quality is continuing and we have also started focussed work on Innovation to support the development of a continuous improvement culture.

Our approach throughout Year One will remain agile due to the challenges and changing environment in which NHS Wales is currently operating. As set out in our Year 1 plan of the IMTP, our key deliverables will be our focus and cover a wide range of topics from automation, cost efficiencies, decarbonisation and resilience, alongside these we have described what this means to our customers, to gain a greater insight into the work of NWSSP.

Key Deliverable	What this means to our customers
<ul style="list-style-type: none"> Implementation of the national e-prescribing programme with DHCW. 	<ul style="list-style-type: none"> Reduce/eliminate the need for paper prescriptions. Efficiencies in dispensing reimbursement and information services. Supporting sustainable service delivery within community pharmacy.
<ul style="list-style-type: none"> Electronic Staff Record Transformation Programme. 	<ul style="list-style-type: none"> A flexible, agile workforce system that is more responsive to NHS Wales needs with seamless interfaces to other NHS Wales e-systems.
<ul style="list-style-type: none"> Supporting NHS Wales Organisations in the development and implementation of decarbonisation plans whilst implementing and ensuring our own decarbonisation plans are on track. 	<ul style="list-style-type: none"> Supporting NHS Wales to deliver their respective decarbonisation plans.
<ul style="list-style-type: none"> Leading on the All Wales International Nurse Recruitment Programme whilst developing a more streamlined model. 	<ul style="list-style-type: none"> Improved vacancy position. Reduction in temporary staffing and variable pay costs. Improved delivery of front-line patient care and minimisation of clinical risk posed by nurse staffing deficits.
<ul style="list-style-type: none"> Supporting the proposed introduction of the national ophthalmic contract for Wales. 	<ul style="list-style-type: none"> Clinical service delivery shift from secondary to primary care. Investment in training and service delivery to support the eye care programme.
<ul style="list-style-type: none"> Expanding the range of drugs offered through our Pharmacy Technical Services to reduce purchase and distribution costs for Health Boards. 	<ul style="list-style-type: none"> Resilient and cost-effective supply of high-risk medicines to patients.

<ul style="list-style-type: none"> Delivering the agreed Foundational Economy workplan for NHS Wales. 	<ul style="list-style-type: none"> Supporting Health Organisations to develop their Foundational Economy role.
<ul style="list-style-type: none"> Leading on the implementation of the Duty of Candour across NHS Organisations in Wales. 	<ul style="list-style-type: none"> Supporting the Duty of Candour to be embedded within Health Organisations.
<ul style="list-style-type: none"> Improving candidate experience through a modernised recruitment service. 	<ul style="list-style-type: none"> Creating efficiencies by reducing the time to hire and improved recruitment experience for managers and applicants.
<ul style="list-style-type: none"> Implementation of our Digital Strategy to enable a digital workplace and to drive innovation. 	<ul style="list-style-type: none"> Optimizing efficiencies, customer experience and satisfaction.
<ul style="list-style-type: none"> Removal of single use plastic from within our laundry production process. 	<ul style="list-style-type: none"> Creating a safer way to transport linen. An end to the purchase of single use plastic on Health Board wards.
<ul style="list-style-type: none"> Leading the Transforming Access to Medicines Programme to reconfigure Pharmacy Technical Services across Wales into a single shared service. 	<ul style="list-style-type: none"> Creating supply chain resilience and cost efficiencies across Health Organisations.
<ul style="list-style-type: none"> Improving medical, dental and pharmacy trainee experiences within Single Lead Employer. 	<ul style="list-style-type: none"> Improving trainee experiences to support retention across NHS Wales.
<ul style="list-style-type: none"> Future proofing our All Wales Laundry service through succession Planning, inclusive of apprenticeships. 	<ul style="list-style-type: none"> Developing a more resilient laundry service resulting in less disruption to production.
<ul style="list-style-type: none"> Embedding Equality and Diversity into our workplace culture and thinking. 	<ul style="list-style-type: none"> Promoting a fair and inclusive work environment that supports and fosters innovation.
<ul style="list-style-type: none"> Developing our workforce capability to meet the changing needs of the organisation and NHS Wales. 	<ul style="list-style-type: none"> Striving to ensure we have a workforce capable of delivering excellence and meeting the needs of NHS Wales.
<ul style="list-style-type: none"> Developing our Health and Wellbeing offering to staff through collaborative working. 	<ul style="list-style-type: none"> Enables an engaged workforce that fosters Health and Wellbeing, consequently contributing to successful delivery of objectives.

3. Ministerial Priorities

Whilst the Ministerial Priorities in the 2023-26 Planning Framework are primarily directed at local Health Boards, we have considered how our plans will contribute and provide support to these. We identified several pieces of work within our plans that will do this, as listed below. Where we had targeted activity in Quarter 1, we are on track, and work is continuing in other areas to support NHS Wales.

- 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 1 analysis

Overview analysis

We have aligned our refreshed Strategic Objectives to our divisional objectives, as shown in **Figure 1** below. It is worth noting that we have a detailed People and Organisational Development plan that is not included in this data, further details on this can be found in **Section 7**.

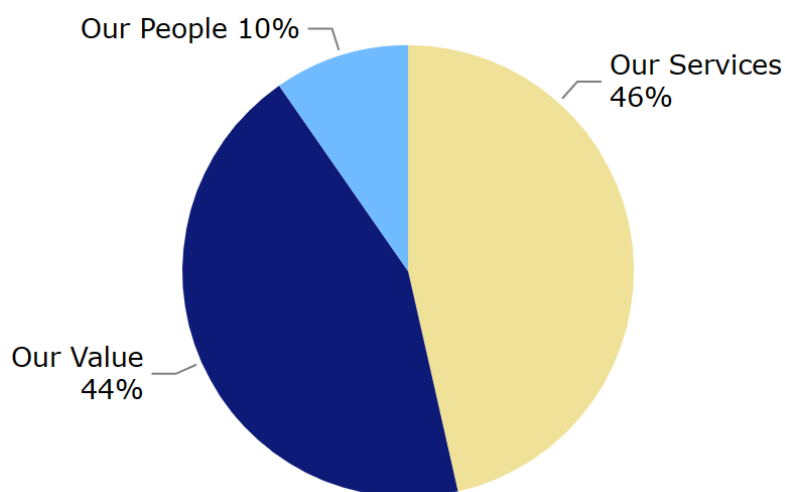


Figure 1: *Divisional Objective alignment to strategic Objectives*

Our 3 Strategic Objectives are underpinned by **155 divisional objectives** across our 15 divisional level IMTPs. The split by division can be seen below in **Figure 2**.

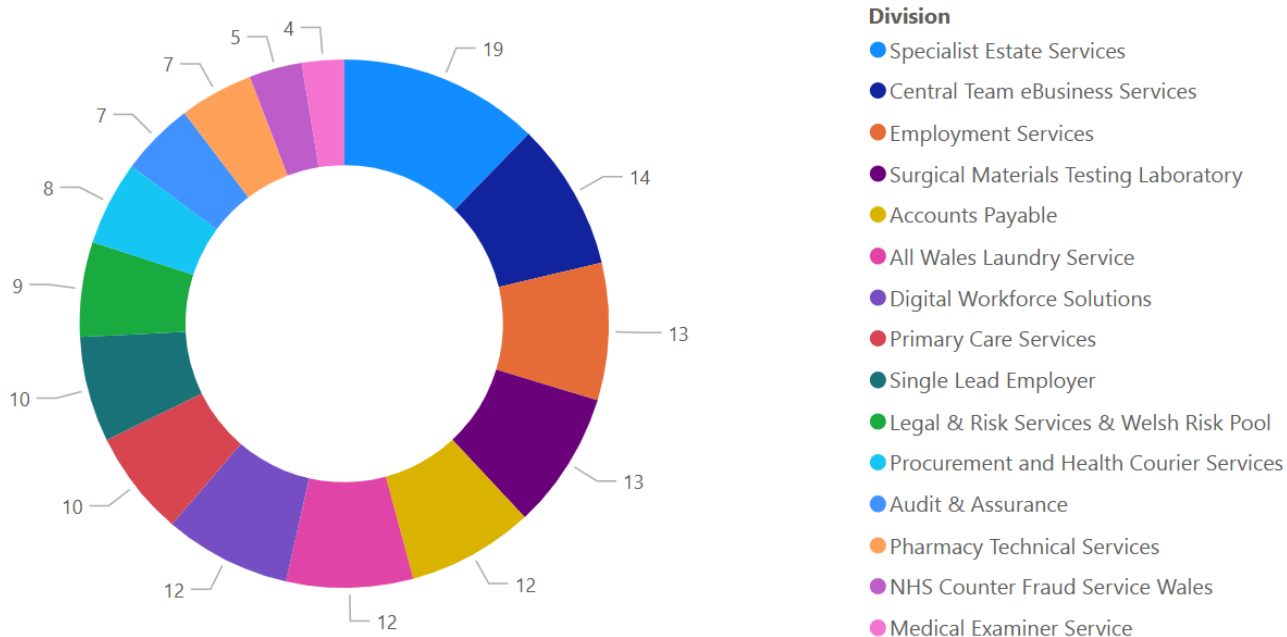


Figure 2: *Split of divisional Objectives*

Figure 3 below shows that at the end of Quarter 1 we are reporting that **83% (129)** 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 commences with Quarter 1 reviews in July 2023. **Figure 4** shows the split of objective status by division.

Objective Status	Number of objectives
On track	129
At risk of being off track to complete in 2023-24	11
Not yet started	6
New objective created in year 2023-24	4
Objective completed	2
Off track to complete in 2023-24	2
Objective discontinued	1
Total	155

Figure 3: *Objective Status*

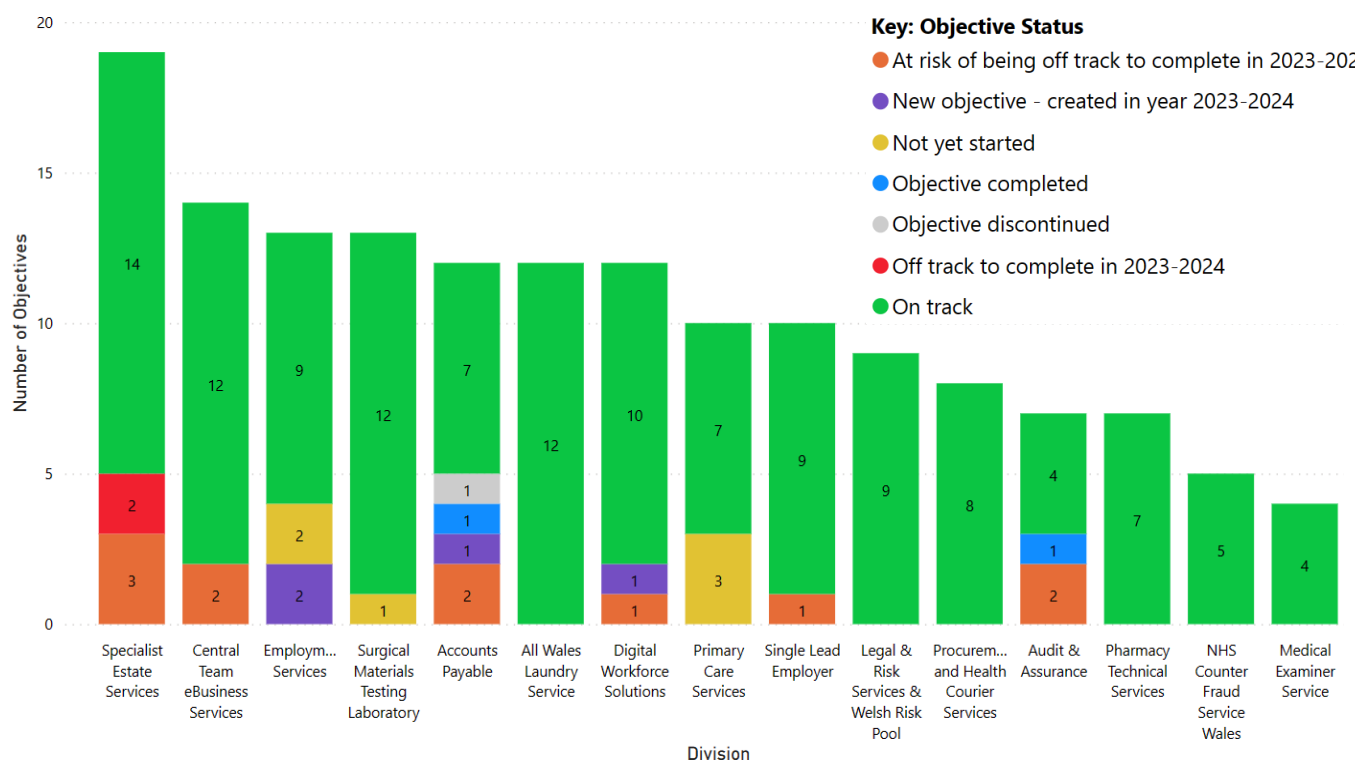


Figure 4 – Objective Status breakdown by division

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 2 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"> Consider, and if appropriate, introduce an additional fleet provider in addition to Fleet Solutions. 	Discussion of alternative possibilities with the procurement team as a dual award is not possible.
Accounts Payable	<ul style="list-style-type: none"> Commence an e-Trading trial using PEPPOL. (PEPPOL (Pan-European Public Procurement On-Line) is a standard that enables your company to send electronic invoices to public sector clients.) 	Full 'end to end' testing has been completed. There is an issue with the Purchase Order acknowledgement function which needs resolving.
Audit and Assurance	<ul style="list-style-type: none"> Review of staffing requirement and resource levels, to deliver an efficient and quality service. 	Review complete but initial findings unaffordable from existing resources and revised options being considered with more work planned.

Division	Desired Objective	Targeted Action
Audit and Assurance	<ul style="list-style-type: none"> Full Implementation of new Electronic Working Paper System. 	There is licence issue that needs resolving internally with the digital team. The aim is to have a working app by Christmas for wider testing.
Central Team eBusiness Service	<ul style="list-style-type: none"> Develop Business Intelligence (BI) consortium usage-based recharge model to reflect the changing cost basis of the new tool. 	The initial decision-making process was delayed. Reviews are planned for Quarter 2 along with a presentation to the Strategy and Development Group for consideration on the model to take forward.
Central Team eBusiness Service (CTeS)	<ul style="list-style-type: none"> Review requirements of ISO 27001 accreditation, complete gap analysis and meet requirements to obtain accreditation for CTeS. 	Seeking confirmation from the Strategy and Development Group to discontinue this objective following previous discussions.
Digital Workforce Solutions	<ul style="list-style-type: none"> Support the National Medical Workforce productivity agenda and lead on National Initiatives. 	A representative from Welsh Government (WG) is required urgently in order to progress this workstream on an All Wales basis. This has been escalated within WG. A meeting with WG colleagues will be set up in Quarter 2 to establish a workstream and reporting mechanism.
Single Lead Employer	<ul style="list-style-type: none"> To support the implementation of new national pay terms and conditions of employment and updated contractual arrangements for junior medical staff in training. 	Currently awaiting further updates from Welsh Government.
Specialist Estate Services (SES)	<ul style="list-style-type: none"> Continue delivery of the Fire Safety Improvement Programme. 	This is to be coordinated with engagement with the Fire Rescue Services through Concordat and specific issues with Health Organisations.
Specialist Estate Services (SES)	<ul style="list-style-type: none"> Support the development and implementation of the InSite national property /asset database. 	The risk relates to the implementation of the InSite system in 2023-24 due to delays in the procurement of the IT contractor by the UK Cabinet Office.
Specialist Estate Services (SES)	<ul style="list-style-type: none"> Examine options for the delivery of the All Wales Laundry Estate transformation. 	SES staff are liaising closely with Welsh Government officers to try and gain a commitment to invest. Initial proposals are

Division	Desired Objective	Targeted Action
		unaffordable in the current capital funding climate and significantly reduced short term proposals are being considered as a way forward.

Not yet started: 6 objectives have not yet been started. 1 objective had no actions identified for the first two quarters and the others have targeted actions for Quarter 2 to bring the objectives online.

New objectives created in year: 4 new objectives have been created in year and added to the appropriate divisional objectives, these are as follows:

- **Employment Services:** Implementation of a vetting process for Non-Health Non-Executive Directors on behalf of Welsh Government.
- **Employment Services:** In line with the National Workforce Implementation plan, support the development of NHS Wales volunteers.
- **Accounts Payable:** Identification of improvement opportunities in relation to the Purchase to Pay arrangements with NWSSP Service Improvement Team.
- **Digital Workforce Solutions:** Support the National Medical Workforce productivity agenda and lead on National Initiatives.

Objectives completed: 2 objectives have been completed in Quarter 1, both within our Accounts Payable division. They are as follows:

- Procurement of a new e-trading platform to be operational from October 2023. Welsh Government confirmed that the current supplier has won the award and will continue to be our e-trading partner.
- Implementation of actions from the External Quality Assessment. There were two actions identified and both have now been completed and actioned.

Off track to complete in 2023-24: 2 objectives within our Specialist Estates Service have been identified as being off track to complete in year. The details of these are as follows:

Division	Desired Objective	Targeted Action
Specialist Estates Services	<ul style="list-style-type: none"> • Provide technical business case and engineering input into the competitive dialogue process for the new Velindre Cancer centre. 	Project is running behind schedule and submission is now expected for review in July. SES will provide feedback/scrutiny on behalf of Welsh Government on design proposals to enable financial close.

Division	Desired Objective	Targeted Action
Specialist Estates Services	<ul style="list-style-type: none"> Review and update the national Fire Safety Audit System. 	An implementation plan with Digital Health Care Wales, including funding for three software modules is being reviewed, as DHCW have confirmed that modules 2 and 3 cannot be delivered in the current year. The scope of what can be delivered is currently being assessed.

Objective discontinued: 1 objective that has been discontinued is within our Accounts Payable division and has been merged with another objective.

5. Decarbonisation

A mapping process has been completed to align reporting and delivery of the NWSSP Decarbonisation Action plan to the National Strategic Plan. The mapping process included a gap analysis and removing duplication of reporting. The NWSSP Decarbonisation Action Plan reporting will now be aligned to the rest of NHS Wales, enabling full visibility of delivery on a quarterly basis.

In March 2023, a Decarbonisation Coordination Reporting Team were launched and are working closely with the Health and Social Care Climate Emergency Programme in Welsh Government to deliver All Wales reporting on the National Strategic Plan.

A pilot to evaluate and test the reporting process using the Transport and Procurement Workstreams was delivered successfully in Quarter 1, with all 13 NHS Wales organisation reporting.

The team is engaging directly with each of the 13 organisations to facilitate delivery of the National Plan.

6. People and Organisational Development

The People and Organisational Development plan progressed rapidly in 2022-23 with progress being made in all key focus areas. Our aim, to make NWSSP a great place to work and to support the Health and Wellbeing of staff in line with the plan for 'A Healthier Wales', is the focus of many of our objectives within our plan, alongside our commitment to the principles of the Foundational Economy, through our widening access agenda which focusses on growing our future workforce from with the communities we serve across Wales.

The focus for 2023-24 is on seven strategic priorities, which are:

- Organisational Design
- Organisational Development
- Resourcing
- People Analytics
- Employee relations
- Welsh Language
- People and Organisational Development Excellence

13 objectives have been developed for 2023-24 as part of the People and Organisational Plan. These are focussed objectives, built upon the foundations from previous years. All objectives are on track for Quarter 1.

7. Digital Plan

During 2022-23 we unveiled our NWSSP Digital Strategy which set the direction on the future provision of digital services. Digital is a key enabler within our plans for 2023-24 and plays a pivotal role in achieving our corporate objectives and delivering value to our customers. Our divisional plans were focused around:

- **Automation** – to improve efficiency and resilience
- **Digitisation** – to improve user experience
- **More effective use of data** – to leverage maximum added value from the data that we collect through our processes for our customers and end users

We are continuing to work closely with our partner Digital Health and Care Wales and are building further on **partnerships and collaboration** with the Welsh Government and other NHS Wales Organisations.

10 digital objectives have been developed/carried over from 2022-23. All objectives are currently on track in Quarter 1 and detailed below.

- Build a virtual Azure environment to support the ambition within divisional digital transformation plans.
- Deliver remediation actions to support the recommendations of the Cyber Resilience Unit (CRU) Cyber Assessment Framework (CAF) report.
- Deliver phase 2 of the Service Catalogue to provide holistic service - based views for service leads and divisional representatives.
- Deliver a fully managed asset management solution to record and track the status of all desktop, server and infrastructure hardware.
- Deliver phase 2 of the Digital Resourcing plan.
- Implement a customer centric telephony system and contact centre system.
- Ensure provision of digital infrastructure and services meets the needs of new agile working environment in Cathays Park 2.

- Publication of the Digital Strategy.
- The implementation of the Digital Strategy.
- Ensure the smooth transition and conclusion of the Organisational Change Process moving Primary Care Infrastructure Services staff across to the core digital team.

8. Conclusion and recommendations

We have made good progress in Quarter 1 and have targeted actions going into Quarter 2. 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 July 17, 2023.

The committee is asked:

- to note the position, we are reporting at the end of Quarter 1.

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

ARWEINYDD: LEAD:	Alison Ramsey, Director of Planning, Performance, and Informatics
AWDUR: AUTHOR:	Ian Rose, Head of Project Management Office & Service Improvement
SWYDDOG ADRODD: REPORTING OFFICER:	Ian Rose, Head of Project Management Office & Service Improvement

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

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 2022-25 approved by SSPC in Jan-22.

Ymgynghoriad/Consultation :
Senior Leadership Group

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
yfreithiol: Legal:	Compliance with procurement regulations where applicable
Iechyd Poblogaeth: Population Health:	No direct Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct Impact

Ariannol: Financial:	Compliance with financial instructions and processes where applicable
Risg a Aswariant: Risk and Assurance:	
Safonnau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	Capacity constraints are highlighted against each project where applicable
Deddf Rhyddid Gwybodaeth/ FOIA	Open



GIG Cymru Partneriaeth Cydwasaethau NHS Wales Shared Services Partnership Project Management Office Service Improvement Team Report

NWSSP PMO and SI Monthly Update - 05 July 2023
Reporting period – end of June
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	26
Programmes	2
SI Initiatives	3

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

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

- **46% (13 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
- **39% (11 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

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 from the PMO but performance is reported separately.

From Jul-23, the report includes progress on initiatives supported by the Service Improvement Team.

SSPC Recommendation

To note the contents of the report

Key Trend information and Initiative Overview

Initiatives – 24

Scheme Scale								
All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Single Lead Employer Phase 3	Ruth Alcolado	Green	Green	Medium	01/06/2021	11/05/2023	31/07/2023	100%
Workforce Reporting Intelligence System (Including Performers List)	Andrew Evans	Amber	Amber	Medium	13/04/2021	30/06/2023	30/06/2024	67%
Demographic Transformation	Ceri Evans	Green	Green	Large	21/06/2021	31/07/2023	31/07/2024	66%
Procurement and Implementation of Wales Healthcare Student Hub	Darren Rees	Green	Green	Large	25/11/2019	01/08/2023	01/09/2023	86%
Medical Examiner	Neil Frow	Green	Green	Medium	31/03/2021	31/10/2023	31/10/2023	95%
Occupational Health Checks	Rebecca Jarvis	Green	Green	Large	15/11/2021	30/11/2023	N/A	69%
GS1 Coding Locations	Andy Smallwood	Green	Green	Large	24/08/2022	30/11/2023	N/A	25%
Expansion of Legal Services to Primary Care	Daniela Mahapatra	Green	Green	Medium	02/02/2023	29/03/2024	N/A	88%
EPS Reimbursement claims	Andrew Evans	Amber	Green	Large	01/10/2022	31/03/2024	N/A	35%
Wales General Ophthalmic Service - Primary Care Contract Reform	Nicola Phillips	Amber	Amber	LargeXOrg	22/05/2023	30/09/2024	N/A	0%
Decarbonisation Programme	Stuart Douglas	Amber	Amber	Large	01/04/2022	31/03/2030	N/A	33%
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
Renewal of Virtual Cabinet & Servers	Mark Harris	Green	Green	Medium	01/09/2020	31/03/2023	31/07/2023	100%
Mobile Phones	Mark Roscrow	Green	Green	Small	19/12/2022	30/05/2023	29/09/2023	79%
Low Vision Services Wales	Nicola Phillips	Green	Green	Medium	26/01/2023	30/05/2023	01/09/2023	67%
CAF Remediation	Neil Jenkins	Green	Green	Medium	03/05/2022	31/05/2023	30/09/2023	80%
Medicine Value Unit	Alex Curley	Green	Green	Medium	01/10/2022	30/06/2023	30/09/2023	50%
Patient Medical Records and (Scanning) Service Accommodation Review	Scott Lavender	Red	Red	Large	16/08/2021	31/08/2023	N/A	25%
Customer Contact Centre - Telephony and Contact Centre Solution	Andrew Evans	Green	Green	LargeXOrg	01/06/2021	31/10/2023	31/10/2023	60%
National Stocked Product Range (NSPR) Catalogue Management Project	Sara Taylor	Green	Green	Medium	03/04/2023	31/05/2024	N/A	50%
NWSSP Job Description Modernisation	James Green Abigail Sheppard	Green	Green	Medium	03/07/2023	28/06/2024	N/A	0%
Data Management	Neil Jenkins	Amber	Amber	Large	04/04/2022	30/09/2024	13/09/2024	54%
L&R Case Management System implementation phase	Mark Harris	Red	Green	LargeXOrg	01/09/2020	31/03/2025	31/03/2025	10%

Service Improvement Key Trend information and Initiative Overview

Initiatives – 3

Scheme Scale							
	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
Payroll Overpayments	Gareth Hardacre	Amber	Amber	Define	10/04/2023	31/05/2023	01/09/2023
Accounts Payable Process	Andrew Butler	Green	Green	Define	22/06/2023	22/09/2023	N/A
Customer Service Excellence	Neil Frow	Green	Green	Work Package	26/10/2022	31/10/2023	N/A

Key Individual Project/Programme Updates

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 (Overall)
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, 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 reverted to Start Up to implement a new solution as described above.				
Progress Update The RAG Status has been updated to reflect the project has reverted to Start-up phase. Pre-procurement has begun with market engagement with six suppliers, in order to review what is currently on the market since the previous tender. Legal & Risk Services, Procurement and NWSSP IT have been involved in system demonstrations from said suppliers to aid the review of the tender specification for procurement and to ensure it is up to date with what is available on the market. A review of the tender specification has commenced, working with Procurement leads, NWSSP IT and DHCW to ensure all elements of the tender specification are covered.				
Main Issues, Risks & Blockers <u>Risk</u> 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. <u>Issue</u> Discussions are ongoing with current supplier to bring the outstanding contract issues to a close.				

Project Name	Project Manager	Project Exec/SRO
Patient Medical Records and (Scanning) Service Accommodation Review	Rachel Pember Kev Coulson	Scott Lavender

Monthly Update (key/issues (blockages)/risks)

Status	Red (Overall)	Red (Time)	Amber (Cost)	Red (Quality)
Recent Gateway Review?	No			
Objective The responsibility of the Medical Records Accommodation review Group is to find suitable additional accommodation for the Medical Records team and all stock currently residing in Brecon House Background The PCS team are undergoing an accommodation review of the Medical Records and stores and distribution teams driven by: Property lease expiry date: <ul style="list-style-type: none">Brecon House, Mamhilad Industrial Estate, Pontypool – Lease expired Mar-23 but extended on 3 month rolling basis due to the issue noted belowAdditional storage space is required to ensure business as usual can be maintained and to enable the expansion of the medical record service Current set-up of building means there will be a capacity issue impending, preventing growth of the Patient Medical Record storage programme, alongside a need for modernisation and aesthetic improvements to aid staff wellbeing, and bring the space in line with other space we currently occupy.				
Progress Update				

Following identification of the Reinforced Autoclaved Aerated Concrete (RAAC) failures in Brecon House, the Senior Leadership Group with information provided by NWSSP, Special Estates Services and Health, Safety & Risk Manager agreed not to renew the lease of Brecon House. The revised priority is to therefore move all office staff, equipment and records within the warehouse space into an alternative building.

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 onto one site, Cwmbran House, Mamhilad.

This has necessitated the need to review the business case options. The business case has been updated to reflect the current position as well as meeting the original objective to create additional storage space for growth of the service and submitted for internal NWSSP approval.

The revised business case has been considered but rejected in its current form due to the need for additional funding. An alternative solution has been identified that requires further investigation. Project Team to review if there is additional storage space within current NWSSP premises along with investigating alternative racking solutions to provide additional storage capacity. This will reduce the costs associated with leasing two areas within the proposed alternative building as only one will be required.

Main Issues, Risks & Blockers

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.

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 will be extended on a rolling 1 month basis to ensure continuity of service.

To mitigate the risk of damage to medical records, PCS have started the process of moving medical records from Brecon House to existing NWSSP sites as a short-term interim measure.

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">• Discussions are ongoing with the owners of potential sites in South East Wales• Two potentially compliant options are currently being actively costed for an investment decision, with four sites in total considered on the shortlist, two of which are not currently considered to be compliant• 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• 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.• 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 Betsi Cadwaladr University health Board (BCUHB) to remain sighted on this issue.• Space has been secured for the TRAMS Quality Control Lab and office space in IP5.• 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• The TRAMS Digital Project, to procure and deploy a workflow and stock management application, has started up. A Prioritised Requirements List and Conceptual Data Map have been produced. A New Service Request has been submitted to Digital Health Care Wales (DHCW) and is being considered by DHCW Executives. The NWSSP Chief Digital Officer is sighted.• Organisational Change Project 1 (OCP1) is in the implementation phase. Five national roles have had staff identified through the consultation process, and two by advertisement and interview. Two posts originally included in the OCP1 consultation will now be rolled over into OCP2. It is planned to commence secondments of the selected staff into their new roles on a 20% basis from 01 July 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.

- Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with Health Education & Improvement Wales (HEIW), with significant recurring funding for courses and posts being secured for a variety of roles.
- The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and has now met twice, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives. This group will meet quarterly.
- Finance Subgroup of Health Board and Trust representatives to work on detailed identification of the revenue budgets that support the existing services has begun work and is now meeting monthly.
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.

Main Issues, Risks & Blockers

- Confirming suitable sites that meet both the very demanding needs of the service, and the strategic context of the funding stakeholder.
- Commercial negotiations with site owners are progressing slower than we would wish. Care is being taken not to compromise on value or quality, and to ensure that a good value investment proposition is devised for submission to SSPC and Welsh Government.
- Affordability of the Programme as a whole, and availability of investment capital especially in the near years.
- 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.
- Achieving Agreement by DHCW to support the required digital application for stock control and workflow management. If DHCW do not agree to support this service then it may place practical limits on the responsiveness of the service to urgent patient requests, generated in the ePrescribing systems. Formal response to the New Service Request submitted in Sept-22 is still awaited.
- Based on current position, the programme is rated **"Red"**.

Project Name	Project Manager	Project Exec/SRO		
Data Management	Alison Lewis	Neil Jenkins		
Monthly Update (key/issues (blockages)/risks)				
Status	Amber (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	Yes			
Objective				
The main project objective is to create solutions that enable data driven service development and performance management and consistent views of Primary Care Services (PCS) data which is accessible through streamlined channels.				
This will be achieved by the following project objectives in the discovery phase which will inform the next phases of the project.				
To catalogue: -				
<ul style="list-style-type: none">Existing delivery mechanisms and solutions.Current arrangements for the supply of regular reports.				
To review: -				
<ul style="list-style-type: none">Data request / response processes including Information Governance (IG) review processesExisting technical infrastructure				
To identify: -				
<ul style="list-style-type: none">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 provisionInconsistencies in existing data models.Potential “quick wins”				
Progress Update				
Project currently on hold until resources are secured within Primary Care Services (PCS) to proceed with the next phase of the project with no impact on stakeholders.				
PCS have reviewed the resource requirements to support the delivery of next phases of the project and are looking to appoint a Business Information role along with two data analysis posts. Interviews have taken place, but no suitable candidate has been identified. The post has been re-advertised with interviews schedule week commencing 10 July 2023.				
It has been agreed that the Family Practitioner Payment System for NHS Wales will deliver part of tasks of the discovery phase for General Medical Services (GMS) data.				

PMO Dashboard Report

Main Issues, Risks & Blockers

Project paused until additional specific resource can be sourced within PCS. Once resolved, project objectives and plan to be reviewed and updated as appropriate.

Project Name	Project Manager		Project Exec/SRO	
Workforce Reporting Intelligence System (Including Performers List)	Alison Lewis		Andrew Evans	
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>	To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).			
<u>Progress Update</u>	The Capital and Revenue funding to be provided by Welsh Government, has been agreed following confirmation of approval by the Minister for Health and Social Services on 27 June 2023. Received the capital funding letter, which has been signed and returned, currently waiting on revenue funding letter. Procurement have issued the successful and unsuccessful letters to bidders, and we are in the 10-day standstill period which is due to end on 10 July 2023. If no challenges received, Procurement will finalise the contract and proceed with awarding the contract early Jul-23.			
<u>Main Issues, Risks & Blockers</u>	Project Board agreed on 29 June 2023 to bring workforce reporting system forward to phase one, and move performers list to phase two, to ensure continuity of service which will mitigate the risk of having to extend the current Wales National Workforce Reporting System further as it is estimated the implementation of phase two will not be completed until May-24. This will also ensure no impact to stakeholders. Status quo will be maintained for the Performers List noting that there could be a minimal impact to the Welsh General Ophthalmic Services reform work.			

Project Name	Project Manager	Project Exec/SRO		
Decarbonisation Programme	Paul Thomas, Sarah Ferrier, Claire Powell	Stuart Douglas		
Monthly Update (key/issues (blockages)/risks)				
Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective	<p>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.</p> <p>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.</p> <p>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.</p>			
Progress update	<p>NWSSP Decarbonisation Action Plan Update</p> <ul style="list-style-type: none">The Quarter 4 reporting shows the NWSSP Decarbonisation Action Plan objectives as 33% completed.A mapping process has been completed to align reporting and delivery of the NWSSP Decarbonisation Action plan to the Strategic Plan. The mapping process included gap analysis and removing duplication of reporting. This was approved in the Decarbonisation Programme Board on the 19 June 23. The NWSSP Decarbonisation Action Plan reporting will now be aligned to the rest of NHS Wales, enabling full visibility of delivery on a quarterly basis.			

- NWSSP reported Quarter 4 data for delivery of the Transport and Procurement initiatives in the Strategic Plan in Jun-23, alongside NHS Wales organisations as part of a pilot of the reporting process. This data will be presented to the Health and Social Care Climate Emergency Transport and Procurement Project Board on 03 July 23.
- The NWSSP led Transport Task and Finish group, established to target completion of Initiative 17 regarding Electric Vehicles, have received the draft all Wales Guidance document in Jun-23. The guidance was developed by a contractor and is now being reviewed by the Group. Once the guidance is finalised and approved, engagement will take place to enable NHS Organisations to deliver their own actions within the Transport Initiatives.

All Wales Reporting: Decarbonisation Coordination Reporting Role

- The Decarbonisation Coordination Reporting Team, launched in Mar-23, are working closely with the Health and Social Care Climate Emergency Programme in Welsh Government to deliver all Wales reporting on the Strategic Plan.
- A pilot to evaluate and test the reporting process using the Transport and Procurement Workstreams was delivered successfully in Jun-23, with all 13 NHS Wales organisation reporting.
- The Team is developing a FAQs and engaging directly with each of the 13 organisations to facilitate delivery.
- The pilot feedback and collated all Wales data are being presented to the Health and Social Care Climate Emergency Transport and Procurement Project Board on 03 July 23, and the Programme Board on 12 July 23, for final sign off and approval to proceed to reporting two further workstreams in Jul-23.

Recruitment

The position of Principal Environmental Facilities Advisor and Decarbonisation Subject Matter Expert remains vacant. Work is continuing to recruit to this post.

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 has 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.

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		
EPS Reimbursement Claims Smart Cards	Rhiann Cooke Daniel Sinderby	Andrew Evans		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Overall)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				

Digital Health and Care Wales (DHCW) launched the Digital Medicines Transformation Portfolio to deliver a fully digital prescribing approach in all care settings in Wales. The portfolio brings together the programmes and projects to make the prescribing, dispensing and administration of medicines everywhere in Wales easier, safer, more efficient and effective, through digital. Primary Care Electronic Prescription Service (EPS) is a project focusing on implementing the electronic signing and transfer of prescriptions from GPs and non-medical prescribers to the community pharmacy or appliance dispense of a person's choice.

In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also send paper prescriptions monthly to NHSBSA.

As 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 (TPCO) by Mar-23, this was delayed to 22 May 2023. The commencement of TPOC has been delayed further to Jun-23 as some supplier issues were identified.

Progress Update

To note: RAG status updated to reflect NWSSP tasks on track following revised timescales to complete testing.

Statement of Works Contract: The external developer recruited to undertake tasks within Milestone 2 of the project plan fulfilled the fixed term contract, ending on 31 March 2023. The residual tasks, re-development work and new tasks identified by the Primary Care Services Data Capture Team and NWSSP developers appointed in Mar-23, have completed the outstanding work.

Electronic Transfer of Claims (ETC): Incentive payments for the three x Band 3 posts have been agreed by the DHCW Programme Board. One member of staff has commenced work with the two further appointments commencing mid Jul-23 with completion of training mid Sept-23.

Hardware: Work is in progress to ensure business continuity and disaster recovery plans are in place. The first meeting of involved parties within NWSSP and DHCW (Client Services) took place 05 July 2023 and further meetings will be scheduled to develop processes for archiving, failover, patching and disaster recovery.

Welsh Pharmacy data: Following comments from NWSSP on the initial draft of the Memorandum of Understanding (MOU) between NWSSP and NHS Business Services Authority (BSA), to include EPrescribing, the document has been further amended by NHSBSA. A further meeting was requested for Information Governance leads from both organisations to clarify some queries. This meeting was due to take place on 04 July 2023, but a request was received to rearrange, currently awaiting final confirmation of availability from NHSBSA. Following the Information Governance review, the MOU will be shared with Project Board for sign off.

Dispensing Tokens: It has been determined that dispensing tokens will only be used minimally within NWSSP. The costs have been received from the Contractor, Xerox and are being finalised prior to being sent to DHCW. Daily dialogue is taking place with DHCW regarding final design. Once agreed, this will be sent to Xerox, prior to 15 July 2023 (there is a lead time of 6 weeks for printing). An initial batch has been ordered from Xerox, for testing purposes and is not dependent on the final design.

Golden Script (Authorisation process for Pharmacies to be set-up with EPS): DHCW have produced a draft process map of how the Golden Script process could work from a programme perspective and discussions continue internally within DHCW to clarify the request to NWSSP. DHCW have been invited to attend a joint session with NWSSP on 11 July 2023 for a practical discussion and to add to the process map and develop a policy around this.

Assurance: Ongoing participation in working group and task and finish group to establish testing protocols and plans continues. There has been a delay from Invatech, Pharmacy system provider involved with TPOC, sending their test data through. They are still in the process of setting up their new environment, this has been further complicated by changes announced on 03 July 2023 made within NHSE regarding waste reduction. The impact of these changes on NWSSP are minimal in terms of the development work needed but will mean further development work for Invatech.

Smart Cards: Smart Cards to enable access to EPS by GPs and Pharmacies determined in scope for NWSSP from 13 April 2023. An initial plan highlighting high level tasks has been drafted and a process mapping exercise is being undertaken by NWSSP Service Improvement Team to add detail to the tasks identified within the plan. The plan will be reviewed as part of the overall EPS Reimbursement Project Team meeting. Work has also been undertaken on the development of the Registration Authority Policy, recently agreed with PCS Senior Management Team.

Programme: NWSSP Project Roles and responsibilities will be revisited during a face-to-face session scheduled with DHCW on 10 July 2023. This will formalise information sharing practices as the project moves forward.

Main Issues, Risks & Blockers

EPS could impact other NWSSP Processes: There is a risk that EPS will impact business processes across NWSSP. A business impact assessment will be conducted to check this and understand the impact.

Technical Proof of Concept (TPOC): DHCW have further delayed the commencement of TPOC from Mar-23 to May-23 to Jun-23. Whilst some technical testing has commenced there is a further delay as the Pharmacy System provider (Invatech - selected for the testing) is still not yet ready to undertake testing. NWSSP are ready to accept test claims from Invatech.

PMO Dashboard Report

Project Name	Project Manager	Project Exec/SRO		
Wales General Ophthalmic Service - Primary Care Contract Reform	Bethan Rees / Abigail Shackson	Nicola Phillips		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Amber (Overall)	None (Time)	None (Cost)	None (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
The project objectives are:				
<ul style="list-style-type: none">○ Fulfil “A Future Approach” aspirations for NHS Wales Eye Health Care<ul style="list-style-type: none">▪ New contract.▪ Provide more 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.				
<u>Progress Update</u>				
Request received on 12 April 2023 to provide Project Manager support for the Welsh Government sponsored programme. Initial scoping exercise undertaken with Project Manager allocated on 18 May 2023.				
Project Manager is in the process of setting up relevant project documentation such as project plan.				
<u>Main Issues, Risks & Blockers</u>				
There are no risks and issues to report at this time.				

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			
<u>Objective</u>				
To create a Medical Examiner Service model for Wales that:				
<ul style="list-style-type: none">Is fit for purposeComplies with standards set by the National Medical ExaminerIs sustainable and resilientRepresents value for money for NHS WalesMeets the requirements of the Coroners & Justice Act 2009.Provides independence				
<u>Progress Update</u>				
The implementation plan has been developed and approved by the Programme Board to meet full capacity of scrutiny of deaths from Apr-23. The plan includes recruitment of additional Medical Examiners & Medical Examiner Officers to meet the additional capacity required. The recruitment process is currently underway and new staff should be in place over the next few months.				
<u>Main Issues, Risks & Blockers</u>				
The main risks are:				
<ol style="list-style-type: none">The inability to retain staff could jeopardise service continuity.The legislation has been delayed until Autumn 2023, 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">• Use of Welsh Demographic Service provided by Digital Health & Care Wales (DHCW) – complete• Implement replacement NHAIS local hardware hosting (legacy infrastructure) to ensure continuity of service up to and during transition - complete• Implementation of alternative data extract provided by DHCW• Implementation of in-house application known as ‘Notify’ that monitors the movement of medical records• Implementation of Primary Care Registration Management System (PCRM) provided by NHS England (previously NHS Digital)• De-commission NHAIS local boxes			
Progress Update	<p>To note the transition to PCRM is dependent upon the implementation of Cervical Screening Management System (CSMS) in England - anticipated to be launched on or near to 20 November 2023. On the basis that CSMS goes live from Nov-23, PCRM roll out for England and Wales will commence from Dec-23/Jan-24. Wales is due to transition at the end of a 3-6 month roll out programme; between Mar-24 and Jul-24.</p> <p>Data Feeds: A parallel run has been instigated to compare the data from the existing system (NHAIS) to the new data from the Welsh Demographic Service (WDS) managed by DHCW to ensure data quality. Initial analysis is encouraging but further comparisons are required before a decision can be made to move away from NHAIS.</p> <p>Notify: The application (App) development has been completed and released to the test environment. PCS Users are in the process of being set-up with access to the App to test that the solution meets their needs. The data within the App is provided by WDS. Following completion of User Acceptance Testing and on the assumption no bugs are identified, discussions will be held with DHCW to confirm the best approach to providing the data on an ongoing basis.</p> <p>Data retention: A task and finish group consisting of representatives from PCS, NHSE and DHCW has been established to progress with extracting and storing the historical data. A small sample of data was extracted on the 22 June 2023 with further analysis required to establish if the data can be interpreted. Next meeting scheduled for the 03 August 2023 to agree next steps.</p> <p>Patient Care Registration Management System: NHS England (NHSE) has advised that a pilot with one Trust in England, Sandwell and West Birmingham Hospitals NHS Trust, is underway with the results likely to be known at the end of July. This will inform the transition plan scheduled to start in England early next year. The elaboration sessions planned by NHSE have been delayed by two months with no adverse effect to the project. PCS Users are in the process of being given access by NHSE to a PCRM environment for them to initially identify any gaps. This will allow the elaboration sessions to be more meaningful.</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> <p>Whilst NHSE are confident CSMS will go live as indicated above, a contingency plan has been put in place to mitigate any delays to this date to ensure that the PCRM transition can go ahead as planned.</p> <p>NHSE will be issuing a Notice of Termination to NWSSP for NHAIS (existing system) support from 31 March 2024. This is on the basis that NHSE cannot commit to providing NHAIS services to NWSSP from 01 April 2024. Considering the above, necessary preparatory work will need to be completed in Wales by Mar-24 and plans have been updated to support this timeline.</p>			

Project Name	Project Manager	Project Exec/SRO		
Single Lead Employer Phase 3	Abigail Shackson	Ruth Alcolado		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Green (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				

PMO Dashboard Report

Establish NWSSP as the Single Lead Employer (SLE) for all trainees within NHS Wales by adopting a phased implementation approach. Establish arrangements to manage all trainee rotations whilst employed by NWSSP under the SLE model in partnership with HEIW and the Host Education and training providers (Health Boards). To also review the current processes within the Single Lead Employer Project and highlight key areas of concern and improvement.

Progress Update

The Single Lead Employer (SLE) closure document was completed; however, discussion is still on-going surrounding the governance of the Business as Usual meetings moving forward. Therefore, the closure document is yet to be signed due to the discrepancies on post-project responsibilities. This is due to be signed by 27 July 2023.

Main Issues, Risks & Blockers

Discussion ongoing in relation to IT support and licencing arrangements for trainee Dentists as the management for this cohort varies from previous trainees. A task and finish group has been set up to monitor this issue.

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)

<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	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

- Progress has been made by the supplier, GP UK on the SAS (Student Awards) penetration testing report, and all red / amber recommendations have been addressed by the supplier.

Phase Two - Student Streamlining

- The SSP (Student Streamlining) build of phase two of the project is making significant progress and the first two increments have now been built and user acceptance testing completed. The next increment (NWSSP view) is to be made available for testing on 10 July 2023 and the team are currently resolving minor test fixes in readiness for final testing in Jul-23. All feedback and fixes will be discussed with the supplier.
- During the discovery and design phase of Student Streamlining, the supplier proposed a more flexible algorithm solution. The flexibility provides an offline platform producing interim scheme allocation rates where profession specific modelling can be achieved with no impact to live schemes. The algorithm proposal was presented to HEIW and approved on 31 May 2023 and will form part of the solution testing.
- The IT Security Penetration Test has been arranged for 18 July 2023 by DHCW. The test will identify all vulnerabilities in the system and will provide an opportunity for any recommendations to be actioned prior to go live.

Main Issues, Risks & Blockers

Risks

- There are currently no major risks >15.

Issues

- The SAS (Student Awards) build has consumed a portion of SSP (Student Streamlining) contingency project budget due to a number of SAS backlog items being built before go live. It is anticipated however that SAS (Student Awards) & SSP (Student Streamlining) will be delivered within the overall project's contingency budget.
- Groove - the third-party provider of the communication functionality in the solution between the service and students failed IT security, because the data centre is located outside the EU. Consequently, this facet of the solution is not available, and a workaround is currently in place until an alternative solution can be found to replace Groove. Options are currently being explored and include the Contact Centre software, plus other third party providers.
- The Penetration testing did not form part of the original specification requirements; therefore funding was not allocated as part of the tendering exercise. Penetration testing has been scheduled with funding secured from IT.

Project Name	Project Manager	Project Exec/SRO
Occupational Health Checks	Rhiann Cooke	Rebecca Jarvis

Monthly Update (key/issues (blockages)/risks)

Status	Green (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective	<p>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.</p> <ul style="list-style-type: none">Development of product specificationProcurement of replacement web-based software solutionImplementation of procured software solution ensuring a seamless transition with full ongoing support.			
Progress Update	<p>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.</p> <p>Completion of the development of all Wales processes to inform system configuration based around four modules (developed from work packages). The modules are:</p> <ul style="list-style-type: none">Pre -PlacementManagement ReferralHealth SurveillanceVaccinations and Immunisations <p>The processes have been signed off by the project team, awaiting final confirmation from Civica that all system generated correspondence has been received.</p> <p>Following the return of organisational training preferences, personalised summaries have been disseminated detailing dates for system training, data migration, user acceptance testing, downtime and go live and handover dates.</p> <p>Training commenced on 31 May 2023 with six of the organisations now fully trained in the Occupational Health User and System Administration training. This training will be cascaded throughout the teams within the organisations.</p> <p>User Acceptance Testing will follow with test scripts been developed during the training sessions to ensure all modules and scenarios are tested.</p> <p>To accept NHS Wales data for loading onto OPAS-G2, Civica require an information sharing agreement to be completed by each individual organisation. To prepare for this, work was undertaken with IT and Information Governance Managers to ensure that this requirement was communicated on an all-Wales basis to avoid any delay along with the development of a DPIA and DPA.</p> <p>However, several queries have been raised from organisations leading to a delay in obtaining a full suite of approved documents. NWSSP are currently awaiting two responses (Hywel Dda University Health Board (HDUHB) and Powys Teaching HB (PTHB)) out of the eight requested and are working with Occupational Health leads to resolve outstanding issues. The current position is as follows:</p> <ul style="list-style-type: none">HDUHB – Due to sign imminentlyPTHB - Require Cyber Security checklist to be completed by NWSSP Cyber Security Lead. This is being progressed. <p>In addition, the first stage of the data migration process from Cority to new supplier Civica has been facilitated by NWSSP, assisted by DHCW. Discussions are ongoing to develop a process for the Human Resources Import from ESR into OPAS-G2 including the option to utilise Robotic process automation (RPA) to undertake the migration. Business continuity plans for Occupational Health Departments and Recruitment have been developed and will be shared once final sign off is received.</p> <p>In addition, a detailed review of practical and operational processes and practices from involved stakeholders (Recruitment and Single Lead Employer) has been undertaken to fully understand business impact and to mitigate issues.</p> <p>Discussions have commenced with the NWSSP Welsh Language Service and Civica around the availability of bi-lingual customer facing content. OPAS-G2 is not a customer facing system, however bilingual correspondence is required to be generated by the system. Further discussions will 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.</p>			
Main Issues, Risks & Blockers	<p>A number of risks and issues have been identified during the delivery phase as detailed below:</p> <ul style="list-style-type: none">Downtime – for the final data set to be migrated from Cority to Civica there will be a period of downtime in terms of software available. This will be at different stages for each organisation due to go live date. Business Continuity Plans have been developed with Recruitment and the Occupational Health teams to ensure business as usual but there may be a delay in the time to hire of approximately three weeks. Communications will be produced outlining this for stakeholders.			

PMO Dashboard Report

The risks and issues highlighted above will be discussed at the Assistant Directors of Workforce & Organisational Development Meeting, scheduled to take place on 12 July 2023.

Project Name	Project Manager	Project Exec/SRO		
GS1 Coding Locations	Will Brown	Andy Smallwood		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (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 organisation 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				
Meetings with the Health Board Estates leads continue in order to understand the current position of each Health Board, the specific issues, and frustrations as well as what they may require for progress to continue. Engagement has increased over the last couple of months. 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.				
This effective engagement with Health Board Estates Leads has led to two Health Boards; Cwm Taff Morgannwg University Health Board and Betsi Cadwaladr University Health Board, 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, but a willingness to work through options. Other stakeholder meetings have re-engaged other Health Boards with more positivity towards just focusing on Phase two & three of the project until resourcing and funding can be acquired.				
Colleagues within Procurement, and specifically the Pan-European Public Procurement On-Line (PEPPOL) initiative, have engaged as GLNs are critical to the process moving to the next stage. As not all Health Boards will have mapped their GLNs to physical locations, options have been discussed to map GLNs to specific R&D locations for supplier deliveries. Discussions will continue to ensure that appropriate management is in place before further progression to guarantee the integrity of the GLNs.				
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 of 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 part of the programme will be reviewed with Welsh Government at the next Oversight Group.				
Work to understand the costs associated with the GLN mapping and equipment costs for barcoding has begun, with the goal to use this total to assist with gaining 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 beneath). 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 remains as Amber to reflect the current ongoing issues.				

Project Name	Project Manager	Project Exec/SRO		
Renewal of Virtual Cabinet & Servers	Daniel Sinderby	Mark Harris		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>				

Objective

As the current case management system project has stalled (as at Jul-22), Legal & Risk Services and Welsh Risk Pool need to maintain the document storage solution (Virtual Cabinet) and the case management system to ensure business as usual operations can continue.

A secondary project has been established to:

- Implement an extension of the Virtual Cabinet System;
- Explore the options for the case management extension upgrade;
- Confirm how WAST can access their files post 31 March 2023 when their Datix access is revoked; and
- Confirm the infrastructure for the Virtual Cabinet System to sit on as the warranty on the current server is due to expire Feb-23.

Progress Update

Procurement of the contract extension for Virtual Cabinet has now been completed and is renewed until 2025.

Virtual Cabinet User Acceptance Testing and future upgrades has been handed over to Business as Usual (BAU) due to the ongoing nature of the tasks. The Hyper-V Server warranty has been extended until 2024 and is now with NWSSP IT under the work to replace the hardware by Feb-24.

The work for WAST to access the Legal & Risk database and following that, Virtual Cabinet, has been transferred to the Legal & Risk Services Case Management System project to ensure any work that may impact this is picked up as early as possible.

All risks, issues and actions have been closed as any mitigations/recurring actions have been highlighted as BAU.

Project Closure Document is currently being prepared for sign off by the Project Board before formally closing this project.

Main Issues, Risks & Blockers

All risks, issues and blockers have been closed/handed over to BAU.

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)		Amber (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 and the contract was signed 30 March 2023. The solution will be implemented sequentially starting with DHCW, then Hywel Dda University Health Board and then NWSSP. The original Kick-Off for NWSSP was planned on 01 June 2023.					
An error in the tender process meant that the committed contract only covered delivery of the Contact Centre and not back-office telephony. The Project Team worked with the supplier, 8x8, to understand costings for this back-office telephony service, to assess whether this was something that could be viable or whether another tender process was needed for the service. After detailed discussions it was deemed viable, and so as the Back-office telephony was allowed for under an "optional additional services" item.					
To convert Back Office Telephony from an "option" to a contractual commitment a Contract Change Notice (CCN) was needed, and this was signed on 30 June 2023. The Delivery Kick-Off meeting is now planned for the 06 July 2023. This project will move into the Delivery phase after this session.					
Work has progressed well with the review of the Interactive Voice Response (IVR) menus, which will allow NWSSP to handover the IVR routes to the new supplier to set up and test prior to the system going live. Reviews are to ensure Welsh Language compliance as well as an efficient customer-focused approach, and this is around 70% complete.					
Main Issues, Risks & Blockers					
Resolved Issue: There was a contract admission with the 8x8 contract which DHCW have worked on to provide a satisfactorily solution. The options available were to either work up a solution with the supplier, 8x8, if costings were appropriate, or to tender for the back-end telephony service. The Project Board felt that having one supplier deliver the two services was key and so a solution was found with the supplier, and this was resolved on 30 June 2023.					
Risk: This contract admission has pushed the project back around six weeks, and although this project may be able to be delivered by the end date, there is a risk it may exceed. This would have minimal impact to stakeholders, but the time status is					

set to Amber to reflect the above. As part of the mitigation actions, the current Maintel system has been extended for 12 months to allow for the new solution to be implemented.

Project Name	Project Manager	Project Exec/SRO		
Medicine Value Unit	Peter Elliott	Alex Curley		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective				
To establish the Medicines Value Unit as a service hosted within NWSSP, creating innovative contracts for medicines supply incorporating value based payments.				
<ul style="list-style-type: none">Dedicated procurement resource within Procurement ServicesSupporting Pharmacy resource hosted within NWSSP				
Open a pipeline of work including input from clinical services within Health Boards and Trusts				
Progress Update				
Project Board continues to meet monthly to review and control the project.				
All of the Pharmacy resources have now been appointed, and have been mobilised. Recruitment of the Procurement resources is ongoing, with mobilisation now forecast for Sep-23. Reporting lines are agreed between the NWSSP Directorates involved and these are correctly reflected in the Job Descriptions.				
The project has established links with clinical commissioning bodies within Wales to seek to establish a pipeline of work proposals for the new service, with mutual Project Board memberships of key personnel.				
A contract for market scoping work has been awarded via a framework of a specialist consultancy company, funded by accrued pay budget from the 22/23 financial year. Milestone meetings have been held and initial progress is good. The aim is to ensure that when the in-house staff are fully mobilised they can be given a clear view of the market opportunities on which to begin work.				
One key dependency that has been identified is the roll out within the Health boards and Trusts of the BlueTeq software to monitor patient outcomes. Being able to track these outcomes is a key aspect of the innovative contracting methods which the new service will utilise to procure medicine. A Welsh Health Circular mandating the use of BlueTeq has now been issued.				
NWSSP Finance are being kept sighted on spending out-turns. There is the opportunity to invest underspend in further interim or permanent roles. Project Board are currently evaluating the benefits of a proposal.				
Main Issues, Risks & Blockers				
<ul style="list-style-type: none">Until work proposals start to be generated from the clinical service, the specialist procurement resource will not be able to begin work on contracting. Opening this pipeline of work is a key priority.Payments for medicine in these contracts will be based on clinical outcomes achieved. Adoption of the BlueTeq software by the Health Boards and Trusts to record patient outcomes is a key dependency to enable this form of contracting. A Welsh Health Circular mandating BlueTeq use has now been issued. Care will still need to be taken that the reporting requirements of the contracts do not increase the administrative burden on the clinical service.				

Project Name	Project Manager	Project Exec/SRO		
CAF Remediation	Peter Elliott	Neil Jenkins		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective				
To provide remediations to vulnerabilities identified by the organisational Cyber Assessment Framework (CAF), with a particular focus on those risks rated red in the report.				
Progress Update				
The Project Board has been established and is meeting monthly.				
Actions accomplished include:				
<ul style="list-style-type: none">Creating NWSSP level workflows for Senior Leadership Group (SLG) and Senior Manager use during Incident Response and Disaster Recovery.Updating the register of System Owners and ensuring that all system owners understand their role.				

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- DHCW have agreed to support the inclusion of the majority of NWSSP digital assets on their WASP asset management system.
 - Devising a methodology for Business Impact Assessments associated with the Service Catalogue. This will allow Service Continuity and Disaster Recovery actions to be prioritised in the event of major incidents.
 - Updating the NWSSP Portfolio Management Approach to improve the way we specify and procure digital systems.
- Work currently ongoing includes

- Reviewing the options for a Network Monitoring System. If a national system is agreed across NHS Wales it is likely that this will meet the NWSSP need.
- Supporting Divisions and Services to carry out Business Impact Assessments on the new templates. This will be ongoing for the remainder of the financial year.

Many of the issues identified by the CAF are being remediated at a national level.

We continue to align our work with the national actions, to ensure a "Once for Wales" approach is followed.

It is likely that Project Closure and handover of remaining tasks to Business As Usual will be recommended in around September 2023.

Main Issues, Risks & Blockers

- Risks of not mitigating our vulnerabilities are
 - Fines as a % of turnover due to loss of data through hacking which will have financial consequences.
 - Reputational Damage to failure of service from being locked out of our IT systems by ransomware
- Availability of skilled resource to implement the various actions is under ongoing review. In particular skilled staff time will be needed to:
 - Manage the Service Catalogue and Business Impact Assessments on an ongoing basis
 - Support Asset Management
 - Contribute to Digital Architecture reviews associated with the procurement of systems
 - Carry out Assurance Reviews on prospective suppliers
- Recruitment and retention of skilled staff to carry out Cyber related tasks remains challenging, with two posts again being put out to advert in Jul-23
- We have around 200 software applications in NWSSP. Assuming a 5-year lifecycle this means we should be replacing around 40 applications per year, nearly 1 per week. The collective resources in certain areas such as Cyber, Procurement, Information Governance, PMO and the in-life support services to manage these changes effectively may not currently be in place and need to be monitored closely, however recruitment of key roles is in progress to mitigate areas such as Cyber and PMO.

Project Name		Project Manager		Project Exec/SRO	
Mobile Phones		Abigail Shackson		Mark Roscrow	
Monthly Update (key/issues (blockages)/risks)					
Status		Green (Overall)		Green (Time)	
				Green (Cost)	
				Green (Quality)	
Recent Gateway Review?		No			
Objective					
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.					
Progress Update					
<ul style="list-style-type: none">The NWSSP Mobile Phone Policy was taken to Shared Services Partnership Forum alongside an update of the Crown Commercial Services (CCS) Aggregation update, whilst highlighting the potential savings that will occur from this project. Subsequently, the NWSSP Mobile Phone Policy was agreed and the feedback on the Crown Commercial Services Update was positive.Connections are currently being organised to prepare for transition to new tariff.Transition cannot begin until the call-off agreement is signed, this is currently going through the correct Procurement process and Governance.The Briefing Paper has been completed for the CCS Aggregation, this gives an overview on what we plan to do, whilst the Ratification paper is yet to be completed which will provide an in-depth of what we are doing. This is looking to be completed within the next reporting period.The project team are currently working collaboratively with BT (EE) to potentially create a process for Health Courier Services (HCS) to wipe/ unlock current Personal Digital Assistants (PDA) as without this being carried out, HCS will be unable to aggregate connections across due to the winning provider of the Aggregation being BT. BT (EE) are currently looking at options for support with this process, however, an internal NWSSP process will need to be created in case BT fail to provide support. This risk has been documented on the RAID log.					
Main Issues, Risks & Blockers					
<ul style="list-style-type: none">Data received from current providers may not be correct or relevant which subsequently provides the project team with an incorrect data baselineData entered into the CCS Aggregation competition may not be accurate therefore giving the project team inaccurate savings analysis					

PMO Dashboard Report

- Health Courier Services (HCS) will need to wipe and unlock all handsets before being able to aggregate due to the handsets only allowing Vodaphone sims to work on them. Therefore, a transfer plan needs to be in place in order to effectively wipe and unlock HCS handsets without interrupting HCS's 24/7 service.

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>				
Initial market research undertaken to gain a better understanding of the current legal provision available to the General Practitioners.				
NWSSP Legal & Risk Senior Managers provided a presentation to a multi-disciplinary team from North Cardiff Cluster to test out ideas and appetite for the new service. The information was well received with positive feedback suggesting that the service is needed and would be used.				
The project team made up of representatives from NWSSP Legal & Risk Services are in the process of designing the new service based on this initial feedback.				
<u>Main Issues, Risks & 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		
Low Vision Services Wales	Daniel Sinderby	Nicola Phillips		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>				
<u>Objective</u>				
Welsh Government have requested the transfer of Low Vision Services and staff from Hywel Dda University Health Board to NWSSP with effect from 01 April 2023 to support NHS Wales General Ophthalmic Services (WGOS) reform.				
<u>Progress Update</u>				
The transfer of the Low Vision Service Wales (LVSW) was successfully completed on the 01 June 2023, with all staff members set up on Payroll and ESR. The team are being managed by an interim LVSW Manager, who is supporting the team through the transition until a permanent manager is appointed. It was confirmed that the LVSW team can continue to be based on the NHS Glangwili site for the foreseeable future but will still be considered in any future arrangements regarding accommodation.				
It was agreed that the workstream focusing on the transfer can now be closed with any small follow-on actions to be picked up in Business as Usual (BAU), however the project will remain open to complete the work surrounding the digital solution and Procurement contracts.				
The development of the digital solution by RedCortex has now been put on hold due to reasons surrounding funding and challenge/concerns from Optometry Wales.				
As the funding ring-fenced from Welsh Government is to cover the operational costs of the LVSW, additional costs for development have been identified that NHS Wales Shared Services Partnership (NWSSP) would have to source funding for.				
The challenges from Optometry Wales surrounds assurance and engagement with the wider profession and that more work				

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would need to be done in this area before committing further resource to develop the digital solution.

Work is currently being undertaken on the Procurement contract for the Electronic Magnifiers supplied by Vision Aid. The contract period was agreed as 2 years + 2 years and the briefing paper has been sent to the LVSW for approval. This will then need to be approved by the Procurement Director and Welsh Government so that the tender can be released.

The project plan has been updated to reflect the additional tasks required for the digital and procurement workstreams.

Main Issues, Risks & Blockers

Risks

Risk that the procurement of the two contracts and the cost of the IT system may not be within the budget allocation and may be a liability for NWSSP. PCS and Finance are reviewing the budget allocation to understand the options available for resolution.

Funding required for additional support from RedCortex to continue the development may not be available.

Issues

The contract for the Service needs to be reviewed which is due to start as part of the Procurement workstream when the team is ready. The current contract is out of date; however this has been since 2014 therefore the risk impact to stakeholders is low.

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)		
<div><div>Status</div><div><div>Green</div>(Time)<div>None</div>(Cost)<div>Green</div>(Quality)</div></div>		
<div><div>Recent Gateway Review?</div><div>Status</div></div>		
<div><div>Objective</div><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><div><div>Progress Update</div><p>A Project Manager was assigned to this project in Mar-23 however product alignment had already been carried out over the last year. Project documentation and governance has since been set up and has seen the project move officially into the Delivery stage.</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 will allow 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, better estimate timescales. This reporting tool has also allowed the Board to identify which stock commodities to target next, in more of an effective, managed approach. This data is still to be developed but will be used monthly to assess progress.</p><p>The item alignment process has also been mapped allowing 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.</p></div></div>		
<div><div>Main Issues, Risks & Blockers</div><p>No risks, issues and blockers identified currently.</p></div>		

Project Name	Project Manager	Project Exec/SRO
NWSSP Job Description Modernisation	Rachel Pember	James Green Abigail Sheppard
Monthly Update (key/issues (blockages)/risks)		

Status **None** (Overall)

Recent Gateway Review?

Objective

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.

Progress Update

Request received for Project Manager support on 06 June 2023, with Project Manager allocated same day.

A Project team has been established and are in the process of creating a project plan.

Awaiting guidance from the Welsh Partnership Forum regarding the procedures to be followed in matching the old Job Descriptions to the new Job Description format along with timescales for project completion.

Main Issues, Risks & Blockers

No risks or issues identified at this time

Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Payroll Overpayments	Tim Knight	Gareth Hardacre
Monthly Update (key/issues (blockages)/risks)		
Status Amber (Overall)		
Objective The objective is to review the overpayment process and its performance metrics, whilst identifying any areas for improvement and suggesting ongoing remedial actions. We will seek to provide assurance to the Director and Sponsor that the right reporting mechanisms are in place, helping them to reduce inefficiency.		
Progress Update Good progress has been made through the month of June with completion of most of the Define, Measure and Analyse phases, this was following the rescoping exercise to focus on overpayments and the subsequent release of data that happened on the 25 May 2023 and over the week that followed. Throughout the course of this initiative, we have identified 29 points for improvement which need to be analysed further by an Improvement phase team that is yet to be established. Of these improvements, the six points below have been taken from the list of potential quick wins and could be implemented within a short period of time, when convenient to do so in line with service pressures. The six potential quick wins are as follows: <ul style="list-style-type: none">• Improve the NWSSP intranet/internet site, bringing payroll into the initial menu.• Improve and embed the forms. Termination and changes forms should be reviewed and improved where possible.• Re-standardise the Payroll cut-off date and begin sending reminders.• To build an “age of overpayment” measure into the reporting process.• Communicate through the bottom of payslips to advise of and counter points of failure.• Develop a consistent overpayment handling system to ensure ownership from first point of contact (Flag). In addition to the quick wins, the data has identified three longer term opportunities that could be adopted to facilitate further improvement and drive down overpayments: <ol style="list-style-type: none">1. Preventative - using the data to guide us to specific places of failure within relevant organisations and carrying out email campaigns, drop-in sessions, workshops, and training to remedy.2. Process Improvement and Statistical Process Control (SPC) – to start to focus on “age of overpayment” as a key performance indicator whilst also setting up effective SPC reporting within the overpayments team. Additionally, we would like to review the efficiency measure to ensure it is a true reflection of activity, should overpayments be counted on a per payslip issued basis?3. Remedial – working alongside the overpayments policy team and the payroll digital solution to ensure that the root cause of all instances of overpayments are identified, capturing and correcting multiple instances. We also want to look into the time it takes to recover overpayments made, understanding the relationship between the age of the overpayment and the likelihood of recovery, implementing measures to suit. The teams continue to work towards an improved overpayments process, with engagement increasing across the involved services. Though the data suggests that the root cause lies mostly within the different organisations, in that they are responsible for 89% of the over payments, we are working to rule out our existing processes as a facilitator to failure which would fall into the remit of NWSSP.		
Main Issues, Risks & Blockers With all of the recent pay awards, the Payroll team have understandably been very busy and it would appear that this is causing a delay in progress.		

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Customer Service Excellence	Kim Eley	Neil Frow
Monthly Update (key/issues (blockages)/risks)		
Status Green (Overall)		
Objective 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.		

PMO Dashboard Report

Progress Update

Through the month of June we both appointed Assessment Services as the provider of the Customer Service Excellence accreditation and we have launched the Customer Service Excellence Community of Practice group, the latter of which will be the key to the success of this initiative.

We are now meeting with each of the separate divisions on a one-to-one basis and talking through any concerns, questions or queries that they might have, either generally or specifically around the collation of evidence.

It has been agreed that we will take NWSSP through a pre-assessment at the end of Sept-23 and then onto the full assessment in Oct-23. This is five months earlier than we originally planned, however, good progress has allowed for the assessment to be brought forward and all parties are comfortable with this.

Main Issues, Risks & Blockers

Benchmarking against other organisations - A number of CSE elements encourage you to provide evidence to show how you measure your customer service against similar organisations. Due to the nature of several of the divisions, this is proving difficult to identify therefore this information will be fed back to the assessor to identify alternative solutions to meeting the criteria.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Accounts Payable Process	Tim Knight	Andrew Butler
Monthly Update (key/issues (blockages)/risks)		
<u>Status</u>	Green (Overall)	
<u>Objective</u>	<p>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.</p> <p>Below are some key messages highlighted in the Accounts Payable April Performance Data 2023 slide deck.</p> <ul style="list-style-type: none">The invoice on hold (30 days+) position remains high, with 35,935 invoices on hold.We have over 531 invoices on hold across 6 organisations that are older than 1st April 2018. These require attention to see if they can be cancelled off Oracle due to their age - 5 years oldNo PO No Pay continues to remain high with an updated Policy and refresh-d exempt due to be relaunched in October <p>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.</p> <p>An increase to the number/percentage of invoices meeting the requirements of straight through processing metric will be a good indicator of improvement.</p>	
<u>Progress Update</u>	<p>We have received approval to move forward with a focus on:</p> <ul style="list-style-type: none">Invoices on hold for more than 30 daysNo Purchase Order no Pay Invoices and the underlying processReducing the straight through processing metric <p>A meeting took place on the 03 June 2023 to launch the initiative and form a project team, from here we will look to map out the existing process, gather the voice of the customer, capture the existing measures, define the benefits and create a project plan.</p>	
<u>Main Issues, Risks & Blockers</u>	None at this time	

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)		
<u>Status</u>	Green (Overall)	
<u>Recent Gateway Review?</u>	No	
<u>Objective</u>		

Using a collaborative approach with all partners, implement, enhance and sustain an effective tool to support Health Bodies to comply with their duties in relation to concerns management and service user experience. To improve consistency and quality of concerns data throughout NHS Wales to facilitate service improvement.

Progress Update

Phase 1 of the programme is fully rolled out across all Organisations. Two products, Datix Cymru and Civica Experience Wales have been procured and established. Over 30 workstreams involving collaboration between Health Bodies have been established, with some stood down when their tasks have been completed. A robust and effective governance structure, with a Chief Executive as SRO, has been put into place. A quarterly cycle for system update releases has been put into place. All Wales IG solutions including a DPIA for each functionality have been established.

Compliance with the duty of candour has been built into the system workflows. Interim solutions following the discontinuation of National Reporting Learning System (NRLS) have been established. Phase 2 objectives are set for delivery by 31 March 2023 with some risks regarding some aspects of functionality.

Phase 3 objectives are being finalised for ratification by the Programme Board for delivery by 31 March 2024.

Main Issues, Risks & Blockers

A risk and issues log is maintained by the Programme Board.

Operational pressures across the NHS may impact the availability of key stakeholders. Demands on Organisations is reduced as far as possible.

Some functionality may not be delivered on time by the supplier. Strategic reviews and alternative solutions are sought where possible.

There is a need to migrate to Azure for user authentication, which is currently not possible. The supplier is designing a solution to migrate users and DHCW is addressing authentication errors, which occurred previously.

Integration of Civica with local data systems is delayed in some Organisations. Standard functionality remains available.

Project Name		Project Manager		Project Exec/SRO	
ESR Transformation Programme				Gareth Hardacre	
Monthly Update (key/issues (blockages)/risks)					
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)	
<u>Recent Gateway Review?</u>	No				
<u>Objective</u>					
Lead on the development and implementation of the Electronic Staff Record (ESR) Transformation Programme for Wales					
<u>Progress Update</u>					
Work with and support the NHS Business Services Authority (NHSBSA) with the transformation programme. NHSBSA Governance programme established with Engagement and Collaboration Network consisting of key leads from NHS England and Wales.					
The procurement element has been delayed but will shortly be moving to the next stage which is Invite to Submit Initial Tender (ISIT) in Jul-23. Evaluation and Moderation will take place from October for a period of 15 weeks. This will then be followed by the Proof of Concept (POC) in Feb-24. Discussions have commenced to identify appropriate representation from Wales. Those involved in the SQ element have been invited to continue the procurement element.					
Ongoing engagement taking place with our Regional Engagement Lead for Wales attending relevant key stakeholder meetings.					
New levels of Attainment (LOA) launched in Jun-23 which will form part of the optimisation. These will be presented to Assistant Directors of Workforce (ADWODs) and the Optimisation group in Jul-23. Follow up meetings with organisations will take place August/September where an assessment will be taken against the LOAs and a local action plan developed.					
A Wales People Portal Steering Group is currently being agreed with key stakeholders from workforce, digital and finance along with Welsh Government colleagues. Aim for first meeting in Sept-23.					
<u>Main Issues, Risks & Blockers</u>					
Significant culture and process change.					
Consideration to existing processes including payroll to ensure no disruption to service.					
No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register. Until we have an indication of suppliers / transition requirements, we are unable to quantify the resource requirements for organisation readiness/proof of concept/migration 2024/2025.					

PMO Dashboard Report

Project Name	Project Manager	Project Exec/SRO		
Scan 4 Safety	Andrew Smallwood	Andy Smallwood		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.				
Progress Update Initial Programme delays due to central server implementation and cyber resilience measures 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 within Health Boards with five organisations live and a further four due to begin within the next quarter. 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 Cwm Taf Morgannwg University Health Board (CTMUHB) and Powys Teaching University Health Board (PTHUHB) and this will go live during the next quarter. Cardiff and Vale University Health Board (C&VUHB) does not use WPAS and as such a separate feed has been developed with C&VUHB that has passed testing and will be live as C&VUHB implementation commenced during the next quarter.				
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 part of the programme will be reviewed with Welsh Government at the next Oversight Group. The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. This is being worked around with each organisation based on local pressure but impacting the speed of rollout. Whilst the WPAS patient feed introduced successfully for HDUHB allows patient id to be brought up on the SupplyX handset, the 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)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
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).				
<u>Progress Update</u>				
<u>Project Plan updates:</u>				
<ul style="list-style-type: none">• Denbigh Stores have had their refresher training, and meetings have been conducted for updated shift patterns. Awaiting this data prior to utilising the roster• 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. Training will commence shortly• Bridgend Stores and IP5 were on hold due to internal demands, however, we have meet with management to initiate the rostering programme• BankStaff – Most units that use Bank Workers are now utilising BankStaff to pay their workers, eliminating Timesheets being sent to the Bank Office. Work will continue to transfer the remaining Bank Workers				

Next Steps:

Health Roster:

- Training: HCS Swansea Bay, Swansea Bay University Health Board (SBUHB) laundry transport, HCS Powys, HCS Hywel Dda and IP5
- Finalise data gathering: Bridgend Central Stores, HCS Wrexham, BCUHB Laundry Transport, HCS Victor Base, HCS Manager North and HCS Tywyn
- Finalise training for Denbigh Stores in readiness for the first payroll submissions in Apr-23
- Continue consultation with outstanding areas
- Discussions with Unit Heads of future units to agree timescales in line with the plan

Public Health Wales (PHW) project:

- ESRCo, an additional piece of software/module of ESR that automates and speeds up the transfer between ESR and Health Roster, is now activated for PHW. The first Kick Off meeting has been held with RL Datix and their implementation team to confirm the parameters to use in the build of the system
- 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 plans
- All project team and project board meetings set-up for the next 6 months

Main Issues, Risks & Blockers

Data gathering and training for HCS Swansea Bay, SBU Landry Transport, HCS Powys & HCS Hywel Dda was completed during Dec-22, however due to Christmas and the loss of a Roster team member, these units were delayed going live. Meetings have been held to establish updated shift patterns and further ones booked to gain traction in utilising the roster. No impact to customers.

Medical Examiners are 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: 5.6

20 July 2023

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Update – July 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 ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		The Committee is asked to NOTE the report.					

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

NWSSP CORPORATE RISK REGISTER UPDATE July 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:

Current Risk Rating	July 2023
Red Risk	6
Amber Risk	12
Yellow Risk	2
Green Risk	0
Total	20

2.1 Red-rated Risks

The following red risks remain on the Corporate Risk Register:

- The role that NWSSP plays as the lead energy purchaser for the whole of NHS Wales, and the reputational risk that is associated with that role;
- The risk of having insufficient staff resource to meet demand. NWSSP have a lot of staff on bank contracts who help to deliver essential services but for whom we are unable to guarantee security of employment due to Welsh Government not confirming whether these posts beyond 2023/24;
- The contractual dispute affecting the replacement for the Legal & Risk Case Management system. While there are contingency arrangements in place to maintain services, the potential financial loss could be significant; and
- The Brecon House roof at Mamhilad where there are serious issues with water ingress and falling masonry, making the building unsafe for staff.

2.2 New/Deleted Risks

The following risks have been added to the Risk Register since the last meeting of the Committee:

- The adverse publicity arising from the issues discovered at BCUHB (red risk);

- The threat to services if a suitable building is not found to house the TRAMs service in South-East Wales (red risk);
- The potential disruption to staff and services due to meeting the demands of the UK COVID Public Inquiry; and
- Issues with the roof at IP5 leading to water ingress and potential damage to stored items.

3. RISKS FOR MONITORING

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

Current Risk Rating	July 2023
Red Risk	0
Amber Risk	0
Yellow Risk	2
Green Risk	3
Total	5

4. RECOMMENDATION




The Committee is asked to:

- **NOTE** to the Corporate Risk Register as at July 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	2	4	8	Lease for Du Pont 1 to be signed with Johnseys (AE 31 July 2023) Plan to reduce costs of moving to be costed and documented (AE 31 Aug 2023)	Agreement given to sign lease on Du Pont 1 and also to utilise space in IP5 and Picketston. Costs of moving are extremely high and need to find ways to reduce these - e.g. through employing staff to move boxes rather than using an external contractor.	➡	31-Aug-23
	Strategic Objective - Service Development									Risk Lead: Programme Director		
A2	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	3	3	9	Produce review of 1st year activity for NWSSP LCFS (PS/MW 30 June 2023) - COMPLETE	C&V UHB have given notice to withdraw their 75 days p.a. support due to limited resource.	➡	31-Jul-23
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A3	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 Electronis System - although this is not hosted by NWSSP.	➡	31-Mar-24
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance & Informatics		
A4	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.	3	4	12	Extend Modernisation Programme to all Health Boards and Trusts (GH 31 July 2023)	Good progress being made with the early adopters of the Recruitment Modernisation Programme. New systems in place within Student Awards and recent internal audit review awarded substantial assurance.	➡	31-Jul-23
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A5	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Donations to India and Namibia	2	3	6	Confirm WG required stock holding for PPE - currently 16 weeks (AB 31 Aug 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	➡	31/07/2023
										Risk Lead: Director of Finance & Corporate Services		
A6	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.	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 (AB 30 April 2023) - complete	Paper on energy costs to March SSPC, where approval was given for switch to CCS and establishment of the WEG and WEOG.	⬇	31/07/2023
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		

A7	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.	5	5	25	Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	4	5	20	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.	➔	31/07/2023
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A8	The threat of industrial action (both within the NHS and across other sectors) is likely to lead to staff shortages in both NWSSP and across NHS Wales impacting delivery of services	4	4	16	Good working relationship with Trade Union colleagues - presence on and updates to SLG. Business Continuity Plans and Arrangements - action cards updated Training provided by Legal & Risk	2	4	8	Continue to monitor impact through SLG (SLG 31 July 2023)	Pay award accepted. Current risk score reduced.	⬇️	31/07/2023
	Strategic Objective - Staff									Risk Lead: Director of People and OD		
A9	Adverse publicity arising from the financial irregularities at BCUIHB 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) Review Comms resource in the light of increased scrutiny (AB - 31/07/23)	Number of FoI requests being received. Verbal updates to Audit Committee and SSPC (both July 23)	✳️	30/09/2023
	Strategic Objective - Customers									Risk Lead:		
A10	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.	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.	4	5	20	Confirm funding for COVID- specific temporary posts from Welsh Government - this has been confirmed 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	➔	31-Jul-23
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A11	An issue with the supplier of the replacement Legal & Risk Case Management System threatens financial loss and the delivery of the service	4	4	16	Formal project managed through PMO	4	4	16	Regular updates to SLG (MH - 31 July 2023)	There is currently a significant issue about the scope, duration and cost of the project.	➔	31/07/2023
	Escalated Divisional Risk									Risk Lead: Director, Legal & Risk Services		
A12	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	Discussion regarding funding and TUPE of staff from Health Boards (CP 31 July 2023).	Update to July 2023 SSPC	➔	31/07/2023
	Escalated Divisional Risk									Risk Lead: Service Director		
A13	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 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	Awaiting the allocation of year by year capital for the implementation of the short to medium term plan	⬇️	01/08/2023
	Strategic Objective - Service Development									Risk Lead: Director, Procurement Services		
A14	Difficulties in recruiting staff leave us unable to meet the expectations of Welsh Government in playing a leading role in delivering the decarbonisation agenda.	5	5	25	Decarbonisation Programme Board Project Execution Plan PMO Support	3	4	12	Continue to recruit to fill vacant posts (SD - 30/06/2023) - update required	Anticipated that the full team will not be in place until the summer of 2023.	➔	31/08/2023
	Strategic Objective - Service Development									Director, Specialist Estates Services		
A15	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	Nantgarw lease renegotiated. Initial meeting of Steering Group held 15 May.	➔	31/12/2023
	Strategic Objective - Staff									Director, Specialist Estates Services		
A16	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	3	5	15	Immediate work being undertaken to make building safe for staff (SD 31/05/2023). Plan to vacate Brecon House asap (AE 31/07/2023) Plan to vacate Companies House by 31/12/2023 - RAAC in self-contained area.	Lease to be signed for Du Pont 1 - allows us to move out of Brecon House Ove Arup in place for monitoring RAAC condition Cook & Arkwright appointed to mobilise contractors to intervene directly if required Update contained in SES report dated May 2023	➔	31/12/2023
	Escalated Divisional Risk									Director, Primary Care Services		
A17	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 31/07/23)	Risk Rating may be escalated once demands for information start to be received.	✳️	30/09/2023
	Strategic Objective - Services									Director, Finance & Corporate Services		
A18	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	Position is monitored through regular meetings of the Steering Board.		✳️	30/09/2023
	Strategic Objective - Services									Director, Specialist Estates Services		

A19	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	Chief Pharmacists preparing detailed Risk Assessment (CP - 31 August 23) Development of plan to work on regionalised basis (CP - 30 Sept 23) Update to be provided to September SSPC (CP - 30 Sep 2023)	Two potentially compliant sites shortlisted.		31/03/2024
	Strategic Objective - Services									Service Director TRAMs		
A20	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	All-Wales Programme Business Case Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry	2	3	6	Appoint additional H&S resource to address problems and maintain progress in Laundry sites. (AB 30/06/2023)	Transfer has now taken place for all of the 5 laundries, although arrangements are different for Hywel Dda and Cwm Taf. Updates provided to SLG. IA reviews have provided reasonable assurance.		30-Sep-23
	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 undertake annual reviews of high risk buildings e.g. IP5, Picketston	1	4	4	Review results from security checklists (PS - 31/07/22 - complete)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded.		
										Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services		

 GIG Cymru NHS Wales Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:6.1 20 July 2023
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Annual Report of Conflict of Interests Declarations.

ARWEINYDD: LEAD:	Carly Wilce, Corporate Services Manager
AWDUR: AUTHOR:	Carly Wilce, Corporate Services Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Stephenson, Head of Finance & Business Development
MANYLION CYSWLLT: CONTACT DETAILS:	Carly.wilce@wales.nhs.uk

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

To update the Committee on progress with completion of the Declarations of Interest exercise as at July 2023.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

This report was taken to the Audit Committee on 11 July 2023 for **NOTING**.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	The Shared Services Partnership Committee is asked to NOTE the report.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	The exercise helps to ensure that the Nolan Principles of Public Life are upheld.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswariant: Risk and Assurance:	The Declarations of Interest exercise helps to manage any risks arising from potential conflicts in undertaking NWSSP activities.
Dyletswydd Ansawdd / Duty of Quality:	No direct impact.
Gweithlu: Workforce:	All of the NWSSP workforce are now required to complete a Declaration of Interest.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

The [Velindre University NHS Trust Standards of Behaviour Framework](#) outlines arrangements within the organisation to ensure that staff comply with requirements, including recording and declaring potential conflicts of interest. It is important to note that any private interest(s) does not conflict with NHS duties.

The Nolan Principles on Public Life were established in 1994 and have recently been extended to define public office as applying to all those involved in the delivery of public services. The seven principles are as follows:

1. **Selflessness** - You should take decisions solely in terms of the public interest. You must not act in order to gain financial or other material benefit for family or friends.
2. **Integrity** - You should not place yourself under any financial or other obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties
3. **Objectivity** - You must make decisions solely on merit when carrying out public business (including the awarding of contracts)
4. **Accountability** - You are accountable for your decisions and actions to the public. Consider issues on their merits, taking account of the views of others and ensure the organisation uses resources prudently and in accordance with the law.
5. **Openness** - You should be as open as possible about all decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest demands.
6. **Honesty** - You have a duty to act honestly. Declare private interests relating to public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership** - Holders of public office should promote and support the foregoing principles by leadership and example.

It is the responsibility of all individuals to ensure that they are familiar with the requirements of Nolan Principles and every public body should develop Codes of Conduct for staff and Independent Members, which reflect these Nolan Principles and its shared values. The guidance in terms of disclosing potential conflicts of interest is to err on the side of caution and disclose more rather than less. What is important is whether a relationship could be perceived as a conflict of interest, whether or not it actually is. Guidance had been revised to require staff to highlight any family relationships in their declarations made, in accordance with our [Managing Personal Relationships at Work Protocol](#).

2. DECLARING CONFLICTS OF INTEREST

In 2022 NWSSP implemented a lifetime declaration approach. All employees regardless of their banding are required to complete the exercise, in line with best practice and to improve compliance rates. Members of the Senior Leadership Group and Independent Members will still be required to complete an annual declaration, the details of which will be made publicly available on our website. Once a declaration has been submitted, staff will only need to revisit their declaration if their circumstances change. Staff are asked to complete the exercise via ESR, however those who do not have access to the system are able to complete a hard copy form, which must be subsequently authorised by their Director of Service prior to being submitted to Corporate Services for recording. Guidance on how to complete a

declaration via ESR is available and should managers require this, they can contact Corporate Services for assistance.

In addition we have recently asked Committee members to also complete a specific declaration in their role with NWSSP. Members are always asked to declare any interests at the start of each meeting, but the completion of a separate and specific declaration is good practice. At the time of writing not all declarations have been received but when complete these will also be published on our website in accordance with expected practice.

Compliance rates across NWSSP as at 03 July 2023 is as follows:

Directorate	Headcount	Declarations completed	Percentage Completion	Outstanding Declarations
Audit & Assurance Services	58	55	95%	3
Employment Services	401	330	81%	71
Finance & Corporate Services	244	198	82%	46
Laundry Services	132	22	17%	110
Legal & Risk Services	182	173	95%	9
Medical Examiners	84	55	65%	31
People and OD	50	35	70%	15
Planning, Performance Informatics	42	40	95%	2
Primary Care Services	329	305	93%	24
Procurement Services	820	639	78%	181
Specialist Estates Services	53	52	98%	1
SMTL	24	24	100%	0
TMU	25	10	40%	15
Total	2444	1938	79%	508

We continue to remind staff on a quarterly basis of the need to complete a declaration, which also should ensure that new starters are included. A large number of staff in the Laundry Service and in Procurement Stores have yet to complete a declaration. These are the harder-to-reach staff who tend not to have daily computer access. We are pursuing the hard copy declaration with these staff where the risk profile tends to be relatively low due to the nature of their role. Procurement staff directly involved in the letting of contracts also complete a separate declaration specific to the contract(s) that they are involved in. At present the above figures do not include staff on the Single Lead Employer Scheme and we are again investigating how best to ensure that these staff are included.

A summary of the declarations received for each directorate is emailed through to the relevant Director, to develop a local Action Plan for the


Management of Potential Conflicts. Directors will find a link to the guidance and templates below to use in developing best practice Action Plans.

- <http://nww.sharedservicespartnership.wales.nhs.uk/conflicts-of-interest>

3. RECOMMENDATION

The Committee is asked to:

- **NOTE** the report.

 GIG Cymru NHS Wales Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:6.2 20 July 2023
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Annual Report of Gifts, Hospitality & Sponsorship Declarations 2022-23

ARWEINYDD: LEAD:	Carly Wilce, Corporate Services Manager
AWDUR: AUTHOR:	Carly Wilce, Corporate Services Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Stephenson, Head of Finance & Business Development
MANYLION CYSWLLT: CONTACT DETAILS:	Carly.wilce@wales.nhs.uk

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

The purpose of this report is to provide the Shared Services Partnership Committee with a summary of the Gifts, Hospitality and Sponsorship declared within the reporting period, 1 April 2022 to 31 March 2023.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

This report was taken to the Audit Committee on 11 July 2023 for noting.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	The Partnership Committee is asked to note the report.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
Cyfreithiol: Legal:	Declaration of such gifts, hospitality and Sponsorship must be declared and approved in accordance with the Velindre University NHS Trust Standards of behaviour Framework.
Iechyd Poblogaeth: Population Health:	No direct Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	No direct Impact
Risg a Aswariant: Risk and Assurance:	All declarations must be approved by the Managing Director or Director of Finance and Corporate Services.
Dyletswydd Ansawdd / Duty of Quality:	No direct Impact
Gweithlu: Workforce:	All staff are required to declare any gifts, hospitality and Sponsorship in line with Policy.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

The Velindre University NHS Trust [Standards of Behaviour Framework Policy](#) ("the Policy") outlines arrangements within the organisation to ensure that staff comply with requirements, including recording and declaring potential conflicts of interest and offers gifts, hospitality and sponsorship, regardless of whether these have been accepted or declined. It is important to note that any private interest(s) does not conflict with NHS duties.

Supplementary to the Policy referenced above, the NWSSP also has its own [Gifts and Hospitality Procedure](#).

2. GIFTS, HOSPITALITY & SPONSORSHIP

All employees of the NWSSP should consider their position very carefully before accepting any personal gifts or offers of hospitality during, or outside of, office hours. They should avoid placing themselves in a position where acceptance of such gifts or hospitality might be perceived to influence their decision in respect of purchasing goods or services, awarding contracts, or making appointments. Anyone found to be in breach of this procedure could face disciplinary action.

If staff receive any offer over the value of £25 (or several small gifts, which value over £100, received from the same or closely related source in a 12-month period), whether accepted or declined, these are required to be recorded in the Gifts and Hospitality Register, held by the Corporate Services Manager. A summary of declarations received is presented to the Audit Committee at each meeting.

During 2022/23, the following declarations were received –

Department	Type of sponsorship	Source of hospitality	Description	Value	Accepted or declined
Welsh Risk Pool (WRP)	Sponsorship	RLDatix	Funding from RLDatix to support the recruitment and training of post within the Once for Wales Concerns Management System Central Team. Funding will cover twelve months pay of Band 7 with a small surplus to cover travel and subsistence. £55k total covering the	£55,000	Accepted

			period Dec 22 to Nov 23.		
Welsh Risk Pool	Sponsorship	RLDatix	Funding from RLDatix to facilitate travel and accommodation for NWSSP's Head of Safety and Learning and his deputy to travel to Edinburgh and present to the forum on the Once for Wales programme.	£500	Accepted
Corporate Services	Hospitality	IO Associates	Golf event September 2022, registration, breakfast, tee off and hot buffet and awards ceremony.	£85	Declined
Corporate Services	Sponsorship	HCSA Health Care Supply Association	To attend the annual conference of Procurement and supply chain in the USA.	£3,700	Accepted
Corporate Services	Hospitality	IO Associates	Hospitality Box invite to attend the Bristol City v Sunderland game, Saturday 6th August 2022.	£100	Declined
Corporate Services	Hospitality	Department of Health and Social Care/Healthcare Supply Association Costs	Awards evening for Procurement staff.	£375	Accepted

Corporate Services	Hospitality	BIP Solutions	Evening awards dinner linked to the BIP Procurex. Offer made as chief Judge for the awards event.	£40	Accepted
Corporate Services	Hospitality	HCSA/HFMA	Evening awards dinner linked to the HCSA event	£350	Accepted
WRP	Sponsorship	RLDatix Ltd	Invite to PROMPT Wales Celebratory Event.	£250	Accepted
WRP	Sponsorship	RLDatix Ltd	To attend RLDatix Educational (Palooza) Event Orlando to present on behalf of NWSSP to the North America Datix community event on the Once for Wales programme, plus participation in workshops on system design and development.	£2,500	Accepted
Corporate Services	Hospitality	IO Associates	Hospitality Box at Ashton Gate for the Bristol Bears Rugby.	£250	Declined

3. RECOMMENDATION

The Committee is asked to:

- **NOTE** the report.



**NHS WALES
Shared Services Partnership
(NWSSP)**

**Counter Fraud Annual Report
01/04/2022 – 31/03/2023**

**Mark Weston
Local Counter Fraud Manager
NHS Wales Shared Services Partnership**

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1. Introduction

In compliance with the Secretary of State for Health's Directions on Countering Fraud in the NHS, this report provides details of the work carried out by the NHS Wales Shared Service Partnership (NWSSP) Local Counter Fraud Manager supported by Cardiff and Vale University Health Board's (CAVUHB) Local Counter Fraud Specialists for NWSSP from the financial year 1st April 2022 to the 31st March 2023.

The report's format has been adopted, in consultation with the Director of Finance and Corporate Services, to update the Audit and Assurance Committee about counter fraud activity i.e. Fraud Awareness, risks, proactive work, referrals, investigations, recoveries and other operational issues.

The Counter Fraud Annual Plan 2022/2023 was completed jointly by Cardiff Vale Lead LCFS and the NWSSP LCFS Manager and approved by the Director of Finance and Corporate Services and Audit Committee in June 2022.

At 31st March 2023, 205 days of Counter Fraud work have been completed against the agreed 242 days in the Counter Fraud Annual Work-Plan for the 2022/23 financial year.

The breakdown of these days is as follows:

TYPE	Days Planned	Days Actual
Proactive	150	161.5
Reactive	92	43.5
Total	242	205

2. Progress

Staffing

Previously NWSSP obtained all of its Local Counter Fraud Services from Cardiff and Vale University Health Board (C&VUHB) on a limited provision of 75 service days under a Service Level Agreement (SLA).

Since 6th June 2022 NWSSP have directly employed its own Local Counter Fraud Services (LCFS) Manager. The position was taken by Mark Weston on the basis of a 3-year secondment. Mark was previously employed within the NHS Counter Fraud Service Wales team hosted by NWSSP.

NWSSP continued with the SLA with Cardiff and Vale University Health Board, however during the year it did not receive the full benefit of the agreed 75 days, partly due to the new appointment of the NWSSP LCFS Manager and the additional resources the position provided, and also due to a high turnover of staff at the C&VUHB which limited the resources available to support NWSSP. The Director of Finance at C&VUHB has recently written to NWSSP giving notice of the withdrawal of the service due to the limitations on resource within the Health Board.

Activity

Infrastructure/Annual Plan outcomes

The Counter Fraud Plan's objectives for 2022-2023 were fully aligned to the NHSCFA requirements as stipulated in Government Standard 13 (GovS13). The plan stated proposed delivery throughout the year and has been updated outlining the outcomes/delivery against each objective set by NWSSP's Local Counter Fraud Manager during the reporting period from 1st April 2022 to 31st March 2023. and is presented as Appendix 1.

All but one of the functional standards have been rated as green and is summarised as follows. LCFS is currently reviewing NHS CFA thematic risk assessments to ensure that action points have been dealt with and more work needs to be carried out in other key areas to detect fraud using data analytics and liaison with service providers.

Ref	Objective / Functional Standard	Rating
1	Accountable individual	GREEN
1b	Counter Fraud Champion, Audit Chair and Board Level Reporting	GREEN
2	Counter fraud bribery and corruption strategy	GREEN
3	Fraud bribery and corruption risk assessment	GREEN
4	Policy and Response Plan	GREEN
5	Annual action plan	GREEN
6	Outcome-based metrics	GREEN
7	Reporting routes for staff, contractors and members of the public	GREEN
8	Report identified loss	GREEN
9	Access to trained investigators	GREEN
10	Undertake detection activity	AMBER
11	Access to and completion of training	GREEN
12	Policies and registers for gifts and hospitality and COI.	GREEN

In addition to the Annual Plan Objectives which are aligned to the Government Functional Standards a summary is provided of the traditional core actions as follows:

- Improving Fraud Awareness to develop an Anti-Fraud Culture,

- Prevention and Detection of Fraud
- Investigation
- Sanctions and Financial Recoveries.

Fraud Awareness

Fraud Awareness Sessions

From 1st April 2022 to 31st March 2023 a total of 11 fraud awareness sessions were delivered to 527 NWSSP staff. Groups included the Senior Leadership Team, Internal Audit, Primary Care Services, People and Organisational Development Business Partnering Team, Supplier Maintenance Team, and Payroll Teams.

Staff during each session were very engaging, a feedback forms were issued following most sessions with very supportive and positive feedback. Feedback samples have been provided to the Audit Committee.

All Wales E-Learning Fraud Awareness Module

The LCFS has collaborated with NHS CFS Wales and NWSSP Learning and Development to produce a new Fraud Awareness e-Learning module. The training was subsequently launched in April 2023 and made available to all NHS Wales staff. The module will also be available in the Welsh Language and manual versions will be produced for staff with restricted access to computers.

Newsletters

Two Newsletters were issued throughout the year, one coinciding with Fraud Awareness week in November 2022. Newsletters showed recent fraud prosecutions and focussed on topical areas.

Counter Fraud Videos

The LCFS Manager collaborated with NWSSP Communications Team to produce five fraud videos to improve fraud awareness. Each video was also translated into Welsh. They are available on the NWSSP intranet/Internet sites via a You-Tube link and have been disseminated to staff by email and social media (Twitter). The videos were also made available to all Health Bodies in NHS Wales to help raise fraud awareness.

Counter Fraud App

The LCFS Manager collaborated with NWSSP Communications Team to produce a Counter Fraud Mobile App. The initial uptake of this innovative was disappointing, however LCFS continue to promote it via all fraud awareness presentations and communications.

Fraud Prevention and Detection Activity

Summary 2022/2023

No of deterrence activities	<i>For example, media reports or articles published in local newsletters etc, relating to successful cases or counter fraud activities.</i>	26
No of fraud prevention activities	<i>Actions undertaken to directly change procedures identified as being at risk to fraud, or actions to implement a structured prevention process</i>	17

Fraud Prevention Notices (FPN'S)

During Q2 two FPN's were issued by the NHS CFA, both related to the risks associated with Mandate Fraud with one specifically concerning cyber related mandate fraud. The concerns were discussed with the Supplier Maintenance Team Lead in Finance to provide assurance on the processes in place. Changes to supplier bank accounts are limited to the team of four staff who conduct relevant checks. Further checks are made independently at a senior level by the Head of Finance and Business Development.

A FPN was issued on 19/12/2022 to raise awareness as to the possible risks in relation to fraudulent attempts with false invoices relating to payment of office supplies/consumables, concentrating mainly on printer toners and printer drums. In most cases the items have not been ordered or received. It should be noted that the fraud not only applies to office supplies but could apply to supplies in general. The risk was mainly with Primary Care Contractors. The methodology of the fraudster is to impersonate a company that may do business with the NHS, therefore adding plausibility that the invoice request is legitimate. The information was disseminated to Finance Leads and Accounts Payable managers who assessed that the risk to NWSSP and HB's we serve was minimal. In this instance the information was circulated wider to all NHS Wales Primary Care contractors to make them aware of the risk.

Intelligence Bulletins (IBURN's)

An IBurn issued on 25/7/22 gave specific details of IP addresses and Bank Accounts used by cyber criminals in preparation for mandate fraud attempts. Liaison also took place with the DCHW LCFS to obtain assurance on the cyber related threats to prevent mandate fraud. No IP addresses or accounts quoted were identified in checks made by DCHW for all NHS Wales. The aforementioned FPN was issued as a response to the intelligence on this cyber threat.

The NHS Counter Fraud Authority also issued an Intelligence Threat Assessment which highlighted a potential risk concerning fraudsters making requests under the Freedom of Information Act (FOIA) in order to obtain NHS suppliers information. It is suspected that they then use this information to target the supplier in order to hack their email systems to commit mandate frauds. NWSSP liaised with NHS CFS Wales and met with the NWSSP Information Governance Manager to make him aware of the risks and agreed to report any unusual requests or activity to Counter Fraud. The

Supplier Maintenance Team have also been made aware. Arrangements are already in place whereby Suppliers whose IT systems have been compromised advise the Supplier Maintenance Team who in turn advise NWSSP LCFS and NHS CFA Wales. This information is then shared with NHS CFA as intelligence.

The IBURN issued on 22/12/22 again related Mandate Fraud against Health bodies in NHS England where a supplier's bank account had been hacked and fake emails issued in an attempt to request to change their bank account details. Checks carried out with NWSSP Supplier Maintenance Team show no attempts made by the parties involved and that NHS Wales does not pay this company. Checks also made with DCHW show no emails received from the email domains reported and they were blocked to mitigate the risk.

Changes to supplier bank accounts are limited to the Supplier Maintenance Team to conduct checks. Further checks are made independently at a senior level by the Head of Finance and Business Development. A bespoke fraud awareness session was delivered to the Supplier Maintenance Team (SMT) in February 2023, it was well received but it is acknowledged that the SMT is very fraud aware and engage frequently with the LCFS and CFS Wales.

On 10th March 2023 NHS CFA issued an Intelligence Bulletin (IBURN) which related to concerns over an individual with a significant history of fraud offences against their employer who was actively seeking employment with Government Organisations including the NHS. Checks were made with Employment Services which confirmed that the individual was not employed in NHS Wales, nor had they applied for jobs given the known aliases. CFM now liaising with Asst Head of Recruitment to consider the use of markers on the TRAC system

On 31st March NHS CFA issued an intelligence bulletin (IBURN) which related to concerns over an unsuccessful mandate fraud against two NHS Trusts in England relating to spoof emails from a supplier whose email account had been compromised. Checks made on all-Wales basis with the Supplier Maintenance Team showed no attempts were made. However, it was confirmed that the supplier had been a dormant creditor on Oracle with one HB for many years and it was decided to remove them from the systems.

Where possible FPN's and IBURN's are also actioned by NWSSP Lead LCFS centrally and outcomes disseminated to all Lead LCFS in NHS Wales to avoid duplication which previously existed in verifying similar alerts.

All FPN's and IBURN's are recorded and actioned on the CLUE 2 database in accordance with NHS CFA requirements.

Risk Assessments

The NWSSP LCFS also undertook risk-based activity:

- Continues to liaise with Swansea Bay UHB LCFS to conduct a risk measurement exercise on pre-employment checks undertaken by NWSSP Recruitment and Health Board Departmental Managers.

- Liaison with C&VUHB/Health Education and Improvement Wales LCFS to conduct a risk measurement exercise on the new Bursary Management system.
- Discussing the methodology of recording fraud risk assessments with the Head of Finance and Business Development.
- Liaison with NHS CFS Wales and other Lead LCFS in NHS Wales on management and recording of fraud risks. A particular focus will be given to the Thematic Assessment exercise published by the NHS CFA in 2020 and updated with a final progress report from NHS CFA on 25th January 2023 in relation to NHS Wales Shared Services Standards.
 - 3.4 Pre-Employment Checks
 - 3.5 Procurement Fraud
 - 3.6 Invoice Fraud
- The work already completed and provided in the NHS CFA Covid-19 Post Event Assurance (PEA) Report of Findings for Velindre NHS Trust (Organisation specific feedback) (which includes NWSSP) issued on 29TH September 2022.
- NHS CFA Preventing Procurement Fraud
- Velindre NHS Trust PO Report Sept 2022

National Fraud Initiative (NFI)

Data has now been collected and processed by the Cabinet Office NFI Team, and the results were made available for analysis in January 2023. Initial analysis of the data has identified that NWSSP data is included within the Velindre NHS Trust, arrangements have been made with C&V Lead LCFS to make the data available and NWSSP Lead LCFS will review the data relating to NWSSP. Initial checks have been made on Payroll/Creditor/Companies House data and liaison to discuss matches with the Corporate Services Compliance Manager to conduct checks against Declaration of Interests.

Other Detection activity

Work is ongoing on other proactive projects with NHS CFS Wales and Audit Wales

- Community Pharmacy Data Analytics Exercise - a long-term data analytical exercise with NHS CFS Wales and Audit Wales to analyse Primary Care Services Community Pharmacy Services claims data for expensive items to identify and assess unusual claiming trends. The exercise is still in a pilot stage with two Health Board's data used to test analyse the data and collaborate with the Pharmacy Teams. The NWSSP LCFS Manager will continue to engage with the project with CFS Wales, Audit Wales and the Health Boards involved.
- The NWSSP Lead LCFS also met with CFS Wales, Audit Wales, NWSSP Primary Care Services and others to consider a further data analytical exercise to provide assurance on General Medical Services Patient Registration and Capitation Fees. Further meetings have taken place with Audit Wales, NWSSP, and the Betsi Cadwaladr UHB Lead LCFS and have requested an update from Audit Wales.

Referrals/Enquiries/Investigations

Summary 1st April 2022 – 31st March 2023

Summary of case numbers	Status	No
Number of cases investigated 2022/2023	b/f at 31/3/2022	1
	Opened 2022/2023	8
	Closed during 2022/2023	4
	Cases open at 31/3/2023	5

Annual Case Summary 2022 / 2023								
No.	Case Ref	Start Date	Subject Category (as recorded on Clue)	Potential Offences (as recorded on Clue)	Outcome sanctions and recoveries	Closure Date	Recovery	Prevented
1	INV/023/00607	30/03/2023	Non NHS Staff	Fraud by False Representation	Taxi company employee false journeys. Case being investigated by Police as non NHS victims were also identified. Subject interviewed by Police and further update pending. Taxi company has already repaid NHS loss of £528.48	Open	£528.48	
2	INV/023/00608	30/03/2023	NHS Supplier	Fraud by False Representation	Various creditor requests made for payment to an account different than that named on invoice. Each case unique, step made to ensure payment made to correct payee. No fraud found but recommendations made on handling future requests / anomalies to A/P.	Open		
3	INV/23/00610	30/03/2023	NHS Supplier	Fraud by False Representation	Company chasing non payment of invoices for services not provided. Confirmed services provided to Primary care contractor who was liable. No Fraud found.	Open		
4	INV/22/01515	19/10/2022	NHS Employee	Theft (of Sal O/P)	SLE Dr left employment yet salary continued for 10 months £22,265.34. Investigations concluded and recovery agreed over 5 months, final repayment due June 2023.	Open	£13,000.00	
5	INV/023/00468	08/03/2023	NHS Employee	Theft (of Sal O/P)	SLE Dr left employment yet salary continued for 12 months £15,964.86. Investigations concluded and agreed to repay in one payment, invoice requested.	Open		
6	INV/22/0055	13/01/2022	NHS Employee	Fraud by False Representation	Employee alleged raising timesheet, no fraud found.	05/08/2022		
7	INV/2201531	21/10/2022	NHS Employee	Fraud by False Representation	Allegations of employee working whilst on sick leave. Advised Manager. HR / Managerial issue due to nature of work involved and sickness reason	14/11/2022		
8	INV/22/00977	28/07/2022	NHS Contractor	Fraud By Abuse of Position	Care Provider selling PPV on Social Media. Concerns raised over false invoice.	30/03/2023		£2,700.00
9	INV/02300609	30/03/2023	NHS Contractor	Fraud by False Representation	Investigations made showed no fraud and invoice payable by Primary Care contractor	31/03/2023		
10	INV/23/130 CFS Wales Case	17/01/2023	NHS Employee	Theft (of Sal O/P)	Staff Member Overpaid Salary	Open		
						Total	£13,528.48	£2,700.00

Local Proactive Exercises

As part of the Government Functional Standards LCFS are required to conduct Local Proactive Exercises (LPE's) and Fraud Risk Assessments and record them on the CLUE case management system. LPE's should be conducted on a local risk-based approach or can be directed by NHS CFA or because of an action point e.g. from an investigation, a Fraud Prevention Notice (FPN) or a wider nationally driven proactive exercise.

LPE's were conducted following the issue of the fraud risks identified from the issue of the aforementioned FPN's and IBURN's relating to mandate fraud and employee identity fraud which were detailed above.

Salary Overpayment – It was noted that instances relating to overpayment of salary from NWSSP Finance and Payroll were being under reported to NWSSP to counter fraud. LCFS have liaised with Payroll and Finance to ensure such cases are reported at the earliest opportunity with criteria for reporting cases and an interim process has now been set up. Several new cases of overpayment of salary have since been received as an outcome of this liaison. In addition further work is ongoing to devise a consistent approach for referring Salary Overpayments to counter fraud with a working group involving the NWSSP Assistant Director of Finance, Payroll, HR, Finance and Audit representation from all Health Boards.

It was identified that the Velindre Policy for addressing Overpayment of Salary used by NWSSP requires updating following more recent guidance from NHS CFS Wales. LCFS will continue to liaise with Employment Services and the NWSSP Deputy Director of Finance to address the policy and process issues and advise on an All Wales Policy to ensure a consistent approach.

The LCFS Manager has also liaised further with the Single Lead Employer HR Manager on ongoing cases to identify why they occurred to detect potential system weaknesses to minimise instances of large overpayment of salaries, and also more prompt reporting when identified.

Welsh Language Annual Performance Report

2022 – 2023

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Introduction

This Welsh Language Annual Performance Report outlines key achievements during 2022/2023 in our delivery of our services through the medium of Welsh, and performance in line with the Welsh Language Standards (no.7) 2018 and the Welsh Language (Wales) Measure 2011.

Overall, we've had a successful year in implementing the Welsh language standards and increasing our capacity to offer Welsh language services through dynamic systems.

The increase for our translation services continues to grow, and we have invested in staff and technology resources in order to meet the increasing demand for our services.

The Welsh Language Standards (no.7) 2018 are an integral part of our service planning as are the priorities of the More Than Just Words Strategy for 2022 – 2027, which launched in September 2022. Both standards and strategies remain at the forefront of our future planning and benchmarking of our services.

Service Delivery Standards

In order to ensure that we maintain and improve our compliance with all the Welsh Language Service Delivery Standards within NWSSP, each division or service delivery area are required to self-assess against the requirements of the each of the standards in category areas.

The self-assessment tool provides a basis for conversations and putting in place local improvement and action plans, and also informs us where further support is required to strengthen the service offer.

The self-assessment will also enable us to share best practice between divisions and service delivery areas across the organisation.

The overall outcome of the Self-Assessment for 2022/23 were as follows:

Set of Standards	Level of compliance
Correspondence (1,4,5,6,7)	High level of compliance
Telephone services main number/contact centres (8,9,10,11,12,13,14,15,16)	Low to medium level of compliance
Telephone services direct numbers (16,17,18, 19)	Low to medium level of compliance
Telephone automated systems (20)	Medium to high level of compliance
Meetings (21,22, 22A, 22CH)	High level of compliance
Public Meetings (26,27,28,29)	Not applicable
Displaying written material at public meetings (30)	Not applicable
Public Event (31,32,33,34)	Medium to high level of compliance
Forms to be completed by individuals (36)	High level of compliance
Documents available to individuals (37)	High level of compliance
Documents and Forms (38)	High level of compliance
Websites (39,40,,41,42,43)	High level of compliance
Apps (used on electronic devices) (44)	High level of compliance
Social media (45,46)	Medium to high level of compliance
Signage in publicly accessible areas (47,48,49)	Medium to high level of compliance
Reception services (50, 52, 53)	Medium level of compliance
Applications and documents for grants (54,55,56)	High level of compliance
Invitations to Tender (57,58,59)	High level of compliance
Promote Welsh language services (60-61)	High level of compliance
Corporate Identity (62)	High level of compliance
Public Address Systems (64)	Not applicable

We review our protocols that are available to all members of staff employed by NWSSP annually to ensure that our protocols and processes are deliverable across all service delivery areas. All protocols are available on our internal Welsh language support page.

We promote that we welcome correspondence and telephone calls in Welsh on our websites and in emails and corporate letterheads.

Most meetings are now hosted on virtual platforms, such as Microsoft TEAMS and Zoom. We have a protocol as to how meetings can be facilitated in both languages and the Welsh language support all divisions and service delivery areas to source interpreters as and when required.

As an organisation, we do not host public meetings where the public are invited to participate or speak, therefore, we consider these standards as not applicable. However, it is important to state that agendas and minutes of the Shared Services Partnership Committee are available in Welsh on our website.

The majority of our events are not public facing. However, when an event is organised, we have a protocol and a checklist in place for event organisers to ensure that they consider and accommodate the Welsh language when planning events.

All NWSSP Forms and Documents intended for use by individuals are available in Welsh, whether they are hard copies or whether they are digital copies. We also recognise that it is important for us to give instruction as to how to use these resources where staff manage their administration and dissemination.

Our websites and pages are available in Welsh. The websites are audited on a quarterly basis by the Welsh Language Unit, and if any content is found to be non-compliant, the web authors are contacted immediately with a list of recommendations and corrections to be made. Our websites have a high level of compliance and we have a robust protocol in place to ensure that our website pages remain fully compliant.

Applications to be used on electronic devices that are for use by patients, the public at large or by staff, in specific relation to their employment are made available in Welsh from the outset. We have an effective EQIA system that determines the Welsh language requirements for applications. The Welsh Language Manager works closely with our Planning and Performance Directorate which also hosts our ICT and Project Management Office.

Our social media posts are planned ahead and are translated, if required in advance of any social media events and activities. We reply to Welsh language social media posts in Welsh if a reply is required.

We currently have 12 social media accounts for NWSSP, which consist of 2 You Tube channels and 10 Twitter accounts. All accounts have dedicated administrators from the divisions that they represent. They are trained by the Communications Team and as part of that training, they are made aware of the requirements of the Welsh language standards. All accounts are monitored for compliance by the Communication team on a monthly basis and we have a social media protocol for staff to follow to ensure that posts are compliant

with Standards 45 and 46. If we were to find that accounts were non-compliant at any one time, we will pick this up with the administrators and rectify the situation.

Signage and notices in our buildings/sites are bilingual and the site leads/managers are responsible for ensuring that all NWSSP signage and notices are available in both languages. They undertake a regular audit to check signage at our sites.

We have reception services across 4 administration sites for NWSSP.

Our office in Cardiff is supported by the building's reception services, for which we are not responsible for. Our reception at our north Wales office offers Welsh language services to visitors.

Reception staff at our other two sites in south Wales have been supported to learn key Welsh language phrases to be able to greet visitors to our buildings. There is a protocol in place to support Welsh reception services further if required.

The average number of visitors we welcome to our buildings post the Covid-19 pandemic averages 10.5 visitors per month per site. Most of our staff now work from home and tend to host meetings/appointments virtually.

During 2022/23 we developed a new Student Bursary System, the system will launch on the 1st of April 2023, and will be fully functional in Welsh. The Student Awards System is the only grant giving programme that we host in NWSSP. During 2023/24 we will be developing the Student Streamlining System to be fully bilingual and launch by 2024/25.

We received no requests for Invitations to Tender through the medium of Welsh during 2022/23. We received no tenders through the medium of Welsh in 2022/23. However, we do train all our procurement staff to challenge all commissioning staff in Health Boards and Trusts about the Welsh language requirements in the contracting of services. We also focus on the specification of service/system or goods that are required and outline those requirements clearly in invitations to tender.

Investigation to Telephone Services – outcomes pending.

We received no complaints or concerns about our services in 2022/23.

However, we were contacted by the Welsh Commissioner's Office in October 2022, notifying us that the Commissioner's office had undertaken a series of mystery shoppers calls to selected Velindre University NHS Trust telephone numbers, one of those numbers was our main telephone number, where we failed to offer a Welsh language service on our main telephone number 01443 848585 at 11.54am on 24 June 2022.

The Welsh Language Manager investigated internally and provided a response to the Welsh Language Commissioner by the 31st of January 2023. As of the 31st of March 2023, we are still awaiting the outcomes of the investigation from the Welsh Language Commissioner's Office.

We have outlined improvements we intend to make in our investigation and have begun to roll those improvements in priority areas. This work will continue in 2023/24.

Policy Making Standards (Standards 69 – 77)

NHS Wales Shared Services Partnership is hosted by Velindre University NHS Trust. All our policies are therefore Velindre University NHS Trust policies.

Velindre University NHS Trust follows all Wales policies, which consider the Welsh language when they are produced or reviewed.

Whenever we need to develop or review a local NWSSP protocol, we ensure that the Welsh language is considered in the development or review of that protocol. All relevant protocols are available in Welsh.

We do have a policy on the use of the Welsh language in NWSSP and it is available on our Welsh Language support intranet page.

Operational Standards (Standards 79 – 114)

As part of the self-assessment process we also included the operational standards. The outcomes from the self-assessments for Operational Standards are as follows:

Set of Standards	Level of compliance
Welsh Language Policy – Using Welsh internally (79)	High level of compliance
Contract of Employment (80)	High level of compliance
Documents relating to employment of employees (81)	High level of compliance
Policies relating to employment & workplace (82)	High level of compliance
Complaints made by staff & disciplinary matters (83 – 88)	High level of compliance
Computer software for spelling and grammar & interfaces (89)	Medium to high level of compliance
Intranet pages (90 – 95)	High level of compliance
Assessing Welsh language skills of employees (96)	Medium level of compliance
Training for staff in key areas (97 & 98)	Medium to high level of compliance
Opportunities to learn Welsh (99 – 103)	High level of compliance
Email signatures, wording and Welsh language logo (104)	High level of compliance
Welsh badges and branding for staff (105)	High level of compliance
Assessing skills, advertising, recruiting & onboarding (106 – 109)	Medium to high level of compliance.
Signage & notices (113)	High level of compliance
Recorded announcements (114)	Not applicable.

We have a local Welsh language protocol for NWSSP and this is available to all staff on our Welsh language support page on the intranet. It is communicated widely and also referred to in meetings with divisions.

The contract of employment, policies and documents relating to employment are available in Welsh and are available on our People and OD intranet pages for all staff to access.

There is an all Wales policy on complaints and disciplinaries, and the Welsh language has been considered in the development and delivery of that policy. The policy is available in Welsh.

In most cases Welsh language software is made available to staff across the organisation.

All intranet pages detailed in our compliance notice are available in Welsh. When a new page is produced and published it is done so in Welsh at the same time as the English version of the page. Any reviews and updates are undertaken in both languages at the same time.

NWSSP's record for recording Welsh language skills is currently at 95%. We recognise that we need to find a solution to enable trainees on the SLE programme to be able to access ESR from smart devices to be able to update their skills on ESR. We will be addressing this in 2023/24.

We have developed a number of training courses in Welsh:

- All statutory and mandatory training on ESR is available in Welsh, these also include dealing with the public, health & safety
- We provide training for managers to cover recruitment and interviewing, performance management, complaints and disciplinary procedures, induction and dealing with the public. We embed Welsh language considerations into the training itself.
- We've also developed training on using the Welsh language in meetings and interviews and these are supported by local protocols.
- Training is available on the all Wales policy in handling and managing complaints and disciplinary procedures.

All the training is supported with local protocols for managers and staff to follow to ensure that we comply with standards 97 and 98.

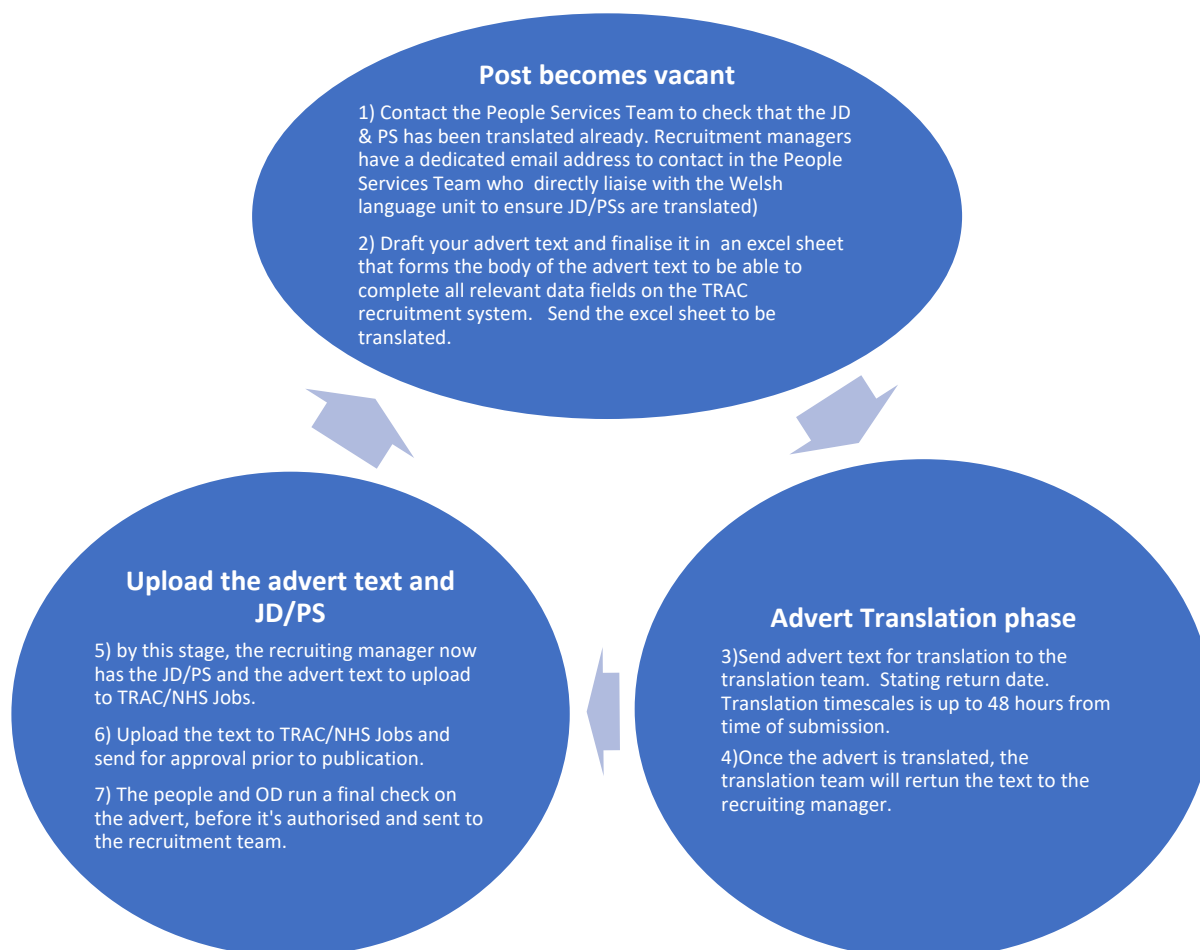
We are committed to providing training to staff to learn the Welsh language and to be aware of the language and culture of Wales.

In 2022/23, 108 members of staff received induction training, and within that training there is information about the Welsh language and their obligations as employees to comply with our Welsh language standards. They are also informed and signposted to where they can find support to deliver our services through the medium of Welsh.

We offer a number of opportunities to introduce our staff to the Welsh language and culture. As specified in Standards 99 to 103.

Compliance with Standard 106A

NHS Wales Shared Services categorises vacant or newly created posts as either Welsh essential or Welsh desirable, and we have introduced a matrix to determine which skill category is most relevant to each vacancy. We have devised a protocol and a system whereby all advertisements are translated and published on the TRAC recruitment system and NHS Jobs in both Welsh and English since June 2022. We regularly review the system to capture any issues that arise in the creating vacancy advert process.



Opportunities to learn Welsh:

We currently have a provider to host Welsh language courses to our staff.

The courses that were hosted in 2022/23 were as follows:

Course Level	Number of staff enrolled onto the courses
Entry Level 1	14
Entry Level 2	14
Foundation Level 1	4
Intermediate Level 1	3
Higher Level 1 part 2	5
Work Welsh Welcome part 1	10
Work Welsh Welcome back part 2	12

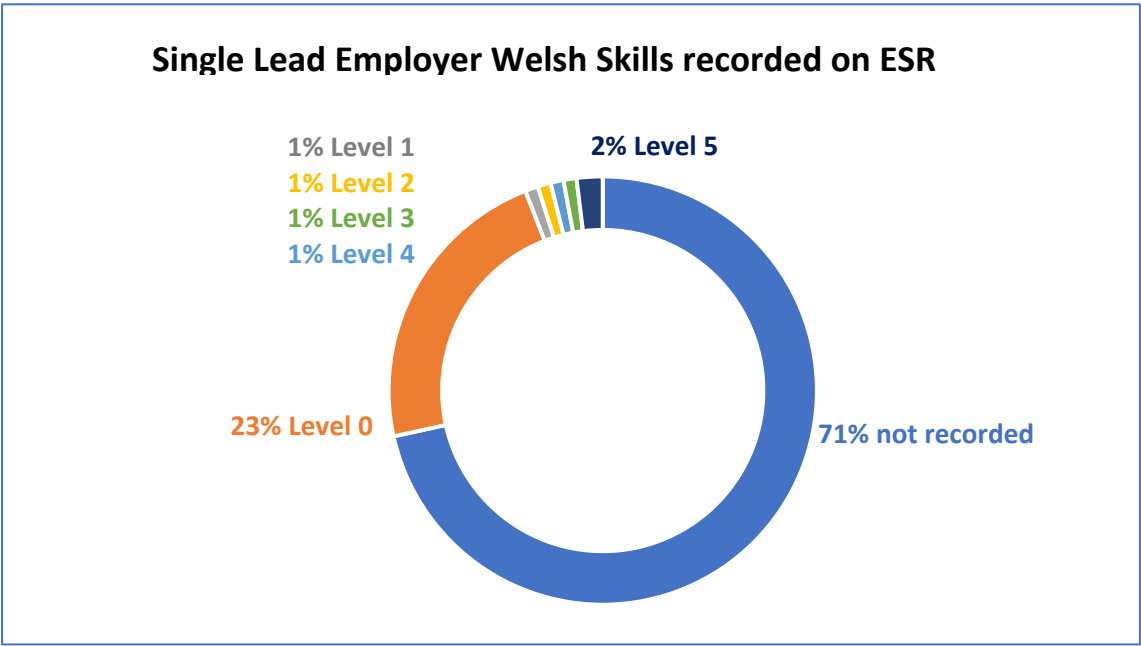
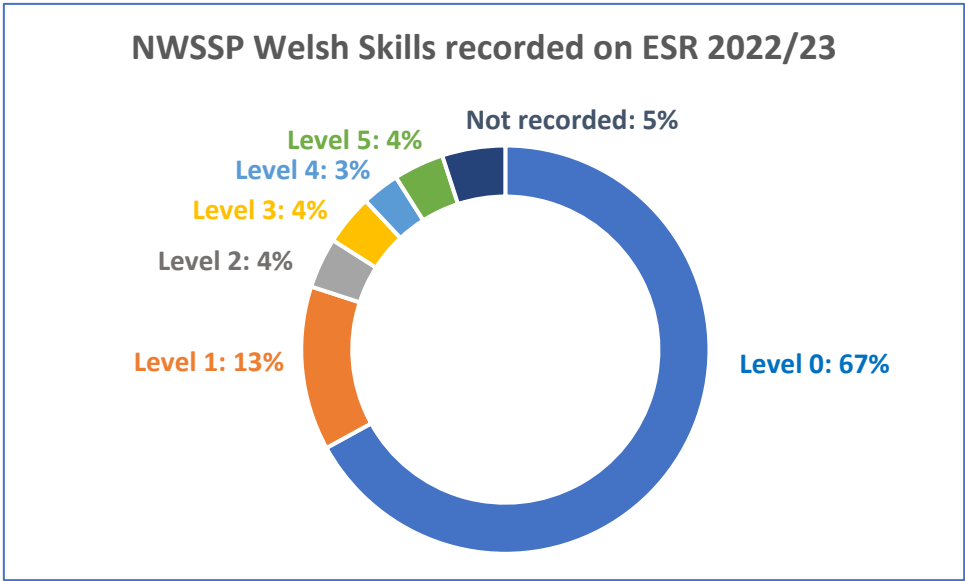
All these courses are hosted during work time. The cost of the courses and coursebooks are covered by NWSSP as the employing organisation. We actively promote opportunities to learn Welsh to all NWSSP employees. We also promote other opportunities apart from the Learn Welsh courses, such as Duolingo and Say Something in Welsh.

Record Keeping Standards (115 – 117)

Record Keeping Standards - Complaints and Concerns - Standard 115:

We did not receive a complaint nor a concern about our services in 2022/23. However we did receive notice of investigation from the Welsh Commissioner’s office in autumn 2022. We responded by 31 January 2023. Outcomes pending as at 31 March 2023.

Record Keeping Standards - Recording Welsh Language Skills on ESR - Standard 116:



Information about Single Lead Employer:

Prior to 2015, trainees who undertook a training programme requiring them to rotate/move over various departments, in different hospitals and/or health boards every 6 months, would then need to complete new starter paperwork for every rotation (e.g. payroll forms, pre employment checks). So, the Single Lead Employer (SLE) arrangement was put into place so the trainees could be employed by one employer throughout the duration of their training programme.

It was then agreed that not only would the SLE employ GP Trainees but all Medical & Dental training groups over Wales. Since Aug 2020, the team have been transferring a different trainee group from Health Board employment to SLE employment every month.

Once the transfer process has been completed for each group, they then become SLE's responsibility. The groups will continue to transfer to SLE individually and is scheduled to be fully complete in May 2022. The SLE team will then directly employ any new intakes for the groups, which includes onboarding tasks such as undertaking pre employment checks and processing New Employee forms for payroll.

The benefits of the SLE model for Trainees are:

For the whole of the training scheme, the trainee will have one employer. This means that if you rotate into a different organisation you will remain employed by NWSSP and your employment checks will not generally require re-examination.

It is anticipated that the model will cut down bureaucracy, provide greater equity and improve the working experience for trainees.

Prior to the new arrangements, each time a trainee moved from one health board or host organisation to another, they had to change employer. This was time-consuming and caused problems in areas such as mortgages, tax codes, access to employee service based entitlements (e.g. cycle to work, childcare vouchers). These problems will be removed by the new arrangements.

The benefits to the Health Boards/Trusts and HEIW:

- Economies of scale savings for NHS Wales;
- One point of contact for employment support and expertise for all trainees;
- Streamlining of transactional processes; and
- Increased close working with GMC/BMA/GDC/GPC/NHS Wales Employers in relation trainee contractual matters.

The Welsh language is integrated into the SLE Programme, the challenges we face is the accessibility to ESR to be able to record language skills, and to undertake statutory and mandatory training, due to the nature of the work of all of our trainees.

To this end, we're currently exploring ways and means of making ESR more accessible to our trainees across all NHS organisations in Wales. It is our intention to address this issue in 2023/24.

Record Keeping Standards - Advertising vacancies – Standard 117:

Total number of vacancies advertised as:	
Welsh language skills are essential	2
Welsh language skills are desirable	646
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	33
Total Number of vacancies advertised 01/04/2022 - 31/03/2023	681

NHS Wales Shared Service's Senior Leadership Group, agreed unanimously in 2020/21 that the basic requirement for advertising vacancies at NWSSP would be Welsh Desirable. We are an inclusive organisation that welcomes and values Welsh language skills.

The two vacancies that were advertised as Welsh Essential were:

- Translator for the Welsh Language Unit – recruited
- Call Agent for the ESR Support Desk - recruited

There were fewer vacancies advertised where Welsh skills were not necessary:

- 15 of these vacancies were test vacancies, and were not advertised publicly.
- 4 of these vacancies were hidden/internal adverts for people on a redeployment list.
- 14 of these vacancies were due to human error* and/or due to old vacancies stored in the TRAC recruitment system that had been noted as 'Welsh language skills are not necessary' previously.

*There is a protocol in place to check the language skills required for vacancies, and this protocol will be implemented more rigorously in 2023/24. A copy of the protocol is available in Appendix 1, to this report. Managers who selected Welsh language skills are not necessary will be communicated with directly and provided training on advertising based on language assessment of either Desirable or Essential.

We have also identified posts within NWSSP where Welsh Language Skills would be 'Essential' until services can offer a minimum of 20% to 25% compliment of Welsh speaking staff across service delivery areas. These posts are:

- Reception staff
- Call handling staff on main telephone and helpline numbers
- Communication roles

We intend to continue to build capacity in critical areas where there is engagement and liaison with customers, services users, patients and the public at large.

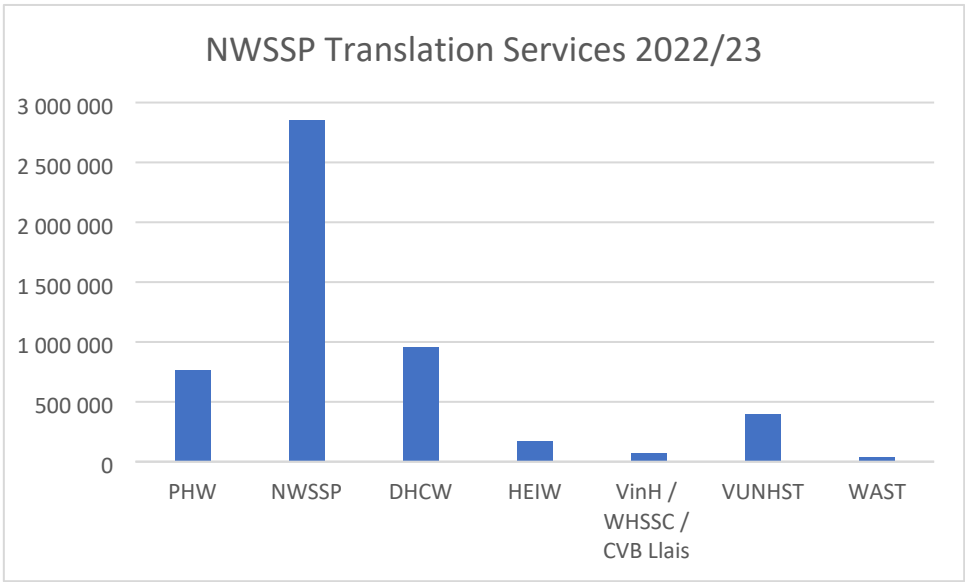
This will be achieved combined with opportunities to improve and build confidence in the use of the Welsh language amongst existing staff and targeting the offer of those courses to relevant service delivery teams.

Projects and Support Services 2022/23:

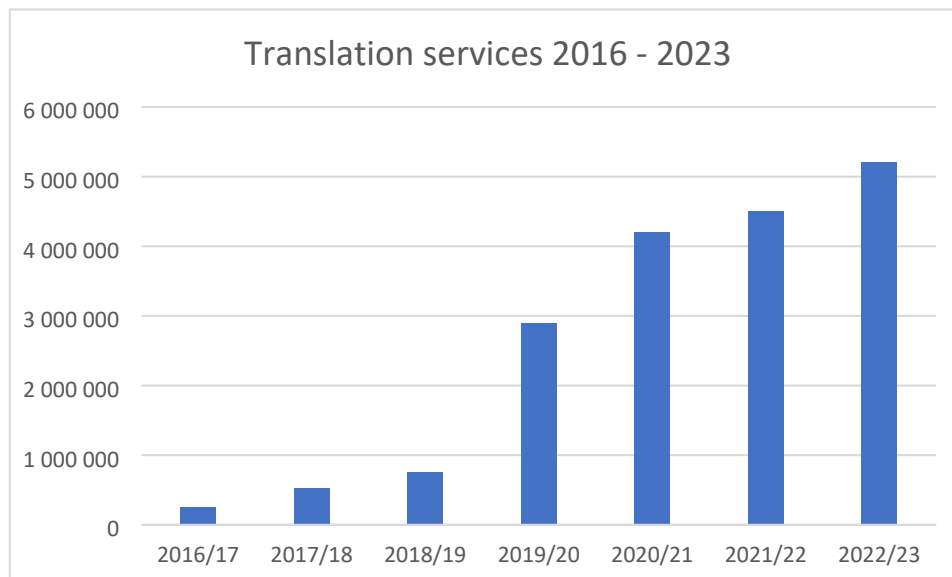
Translation services:

The demand for translation services continues to grow, and this year we’ve translated even more words than in 2021/22. In 2022/23 NWSSP has translated a total of over 5.2million words for the following organisations:

- NHS Wales Shared Services Partnership
- Velindre University NHS Trust
- Public Health Wales NHS Trust
- Digital Health Care Wales
- Health Education Improvement Wales
- Wales Ambulance Service Trust
- Value in Health Care
- WHSSC



The illustration below demonstrates clearly the increase in demand for Welsh language translation services from the NWSSP Welsh Language Unit between 2016/17 and 2022/23. The introduction of the Welsh Language Standards has influenced the increase in demand in 2019/20 and the demand has steadily increased over the last four years. We continue to build capacity to be able to support smaller NHS organisations with translation services support.



It is clear to see that the Welsh Language Standards have been a driving force in the demand for Welsh language translation services from 2018/19 onwards. The aspiration and determination of NWSSP and other NHS organisations to improve service delivery through the medium of Welsh is clearly demonstrated in the increase in these figures.

Easy-read Patient Information Leaflets

During the year, we've undertaken a full review of existing easy-read leaflets and new leaflets and have ensured that the translation of these leaflets are suitable for the audience for which they are intended.

Student Awards System

We reviewed the old system to ensure that the user journey was entirely through the medium of Welsh. During 2022/23 we have commissioned a new developer and a new Student Awards System, whereby the interface for students will be available through the medium of Welsh as well as any mail tips, correspondence and messages that are generated by the system. This work will continue into 2023/24.

Workforce Reporting System

This site provides a Web Portal for Primary Care Data accessible to GP practice staff, Clusters and Health Boards of NHS Wales and other approved stakeholder organisations. This site is only available to registered users. However, we have ensured that the system is bilingual.

Duty of Candour Public Video

We have supported the production of an animated video for the public in Wales about the duty of candour in collaboration with Welsh Government. The video is available in both Welsh and English.

Counter Fraud Awareness Course and App

The Counter Fraud Awareness Course for all Wales NHS Staff is available in Welsh, as is the application for NHS Staff to report fraud or suspicion of fraud in NHS Wales.

All Wales GDPR Awareness Course

We have been supporting the production of the All Wales GDPR Awareness Course through the medium of Welsh and this will be available to launch in 2023/24.

All Wales Occupational Health System for NHS Wales Staff

The specification in the tender process for this system has included detailed requirements for the system interface and any correspondence/messages and mail tips to be available through the medium of Welsh as well as English. Further work on this system will continue in 2023/24.

Audit and Assurance Services Promotional Video

The NWSSP Audit and Assurance Services produced a promotional video to inform our customers of what Audit and Assurance Services do and how they conduct audits across NHS Wales. The promotional video is available in Welsh.

Finance Academy promotional video

The Finance Academy hosted by NWSSP created a video to promote the opportunities that the Finance Academy offers in terms of training and careers in finance within NHS Wales. The video is available in Welsh.

More Than Just Words

The More Than Just Words five year plan 2022 – 2027 was published in September 2022. We have developed a draft plan to identify areas of priority for NWSSP in supporting NHS organisations and ourselves in achieving the ambitions of the strategy and identifying further future opportunities in improving our services for the future. We will be reporting on our initial (September 2022 – March 2023) progress to Welsh Government by the end of June 2023.

NWSSP Health and Safety Annual Report 2022-2023





**Tîm Iechyd a
Diogelwch PCGC**
**NWSSP Health &
Safety Team**



Purpose of the report:

Annual quality management review to ensure continuing suitability, adequacy and effectiveness of the QMS and alignment with the strategic direction of the organisation.

Prepared by:

Paula Jones, Health and Safety Manager

Reporting Period:

Financial Year 2022/2023

Report date:

May 2023

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Introduction

This report is a statement of NHS Wales Shared Services Partnership's (NWSSP) health and safety management for the financial year 2022/2023 and its intentions with regards to 2023/2024 and beyond.

The Health and Safety report covers the period 1st April 2022 – 31st March 2023.

NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is essential that management and staff work together to ensure that there is a positive health and safety environment. Within the workplace health hazards to everyone should be minimised and the highest quality services are available, so far as is reasonably practical.


To achieve our aims, we need a highly skilled, motivated, engaged and healthy workforce. Staff engagement and health and safety is a priority and will be delivered in an environment where staff are well managed and valued for their contribution.




The annual report outlines key developments and the work that has been undertaken during this reporting period and is an opportunity to consider work planned and the objectives for the year(s) ahead.

NWSSP's aim is to provide and maintain a safe and healthy environment for all that use our services. This is achieved through effective leadership by senior managers, participation of all staff and open and responsive communication channels.

This annual report has two main purposes:

- 

To promote health and safety management.
- 

To provide general information on the progress being made to improve health and safety throughout NWSSP.







The annual report reflects NWSSP’s compliance with the Health & Safety Policy Statement, which requires those responsible for health and safety within NWSSP premises and during NWSSP activities to:

	<p>Comply with health and safety legislation.</p>		<p>Implement health and safety arrangements.</p>
	<p>Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies.</p>		<p>Develop partnership working and to ensure health and safety arrangements are maintained for all.</p>

The Director of Corporate and Finance leads on the overall direction of health and safety for NWSSP and in conjunction with the Health and Safety Manager continues to improve performance through monitoring progress, reviewing processes and discussions at the NWSSP All Wales Health and Safety Group.

Our Values

 <p>Listening & Learning</p> <p>To continually reflect upon and improve the quality and effectiveness of all we do.</p>	 <p>Taking Responsibility</p> <p>For brave and compassionate decisions and making the right things happen.</p>	 <p>Working Together</p> <p>Inclusively with colleagues, customers, and suppliers.</p>	 <p>Innovating</p> <p>To be courageous and creative through continuous improvement.</p>
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Health and Safety Incident Reporting



Figure 1

Health and Safety Incidents within NWSSP from 2017 to 2023



There has been a slight decrease in the incidents reported within 2022/2023 from the previous year.

It should be noted that the figures for 2020/2021 showed a marked reduction on previous years, which is inevitably due to the pandemic and the resultant significant drop in staff being on-site. There was also an increase in 2021/2022 due to the Laundry Services transferring to NWSSP from April 2021.



Figure 2**Health and Safety Incidents by Service Group from 2017 to 2023**

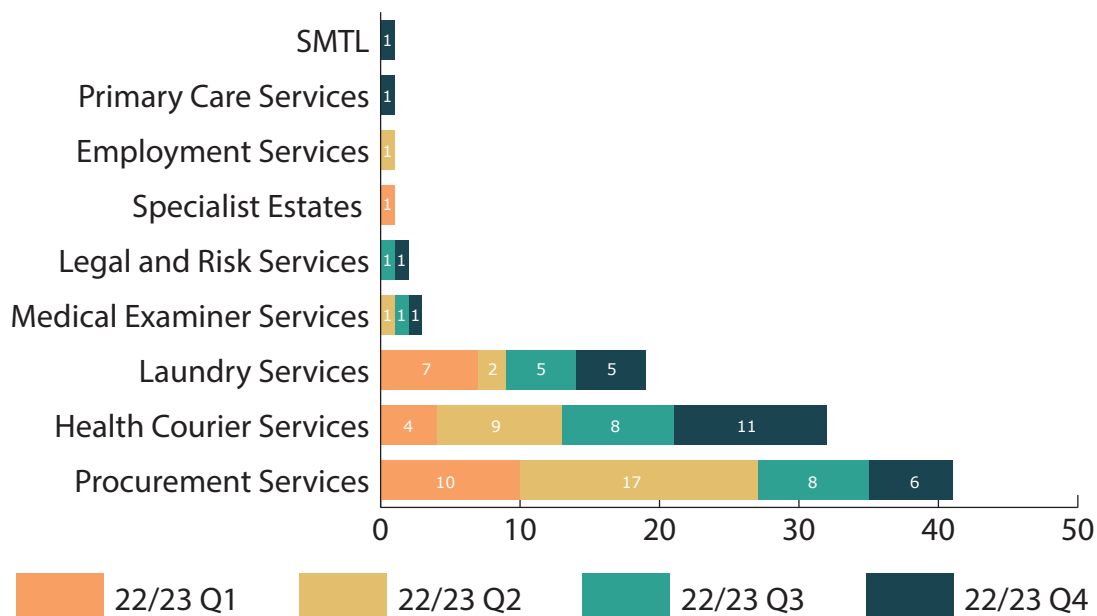
Service Group	17 - 18	18 - 19	19 -20	20 - 21	21 - 22	22 - 23	Total
Procurement Services	42	34	34	25	25	41	201
Health Courier Servies	19	20	22	18	37	32	148
Employment Services	16	16	16	6	4	1	59
Laundry Services	-	-	-	-	23	19	42
Primary Care Services	10	9	6	6	5	1	37
Corporate and Finance	4	13	4	4	3	-	28
Medical Examiner Services	-	-	-	-	2	3	5
Workforce and OD	-	3	1	1	-	-	5
Legal and Risk Services	-	1	-	-	1	1	3
SMTL	-	1	1	-	1	1	4
Specialist Estates Services	-	1	2	-	-	1	4
Audit and Assurance	1	1	1	-	-	-	3
NHS Counter Fraud	1	-	1	-	-	-	2
People and OD	-	-	1	-	1	-	2
CIVAS@IP5	-	-	-	1	1	-	2
Digital Work Solutions	-	-	-	-	2	-	2
WEDS	-	-	1	-	-	-	1
Student Awards	-	-	1	-	-	-	1
	93	99	91	61	105	100	549

An increase can be seen within Procurement Services incidents reported in 2022/2023 from the previous year.

A slight decrease can be seen within Health Courier Services and Laundry Services within 2022/2203 from the previous year.

Figure 3

Health and Safety Incidents by Service Group and by Quarter – **2022/2023**



The highest reporting service groups for 2022/2023 are:

- Procurement Services;
- Health Courier Services; and
- Laundry Services



Figure 4

Health and Safety Incidents by Sub-Category by Quarter – 2022/2023

	Q1	Q2	Q3	Q4	Total
Compliance with bundle/guidance	1	-	-	-	1
Entrapment / Drawn in	1	1	-	-	2
Environmental Clean	-	2	-	-	2
Contact with hazardous substance	-	1	1	-	2
Burns or scalds	1	-	-	2	3
Ill health work related	-	-	3	-	3
Sterilisation/decontamination	-	3	2	-	5
Road traffic collision	-	2	1	3	6
Inappropriate behaviour/attitude	-	2	-	1	3
Antisocial behaviour	-	1	-	1	2
Harrasment	-	1	-	-	1
Aggressive/threatening behaviour	-	5	3	1	9
Slip, trip or fall	6	-	4	5	15
Struck against or by an object	6	6	6	4	22
Contact with object or animal	2	2	1	3	8
Manual Handling - Non patient/ service user handling	5	4	1	6	16
	22	30	22	26	100

During 2022/2023 the health and safety incident trends remains as:

- Contact with an object/struck by an object, a total of 30 incidents reported;
- Manual handling, a total of 16 incidents reported;
- Slips, trips and falls, a total of 15 incidents reported;
- Violence and aggression, a total of 15 incidents reported.

Refer to section on health and safety objectives for further information.

Figure 5

Health and Safety incidents by Site and Category – 2022/2023

	Accident, Injury	Behaviour (including violence and aggression)	Ill health (work related)	Infection Prevention and Control	Total
Bridgend Stores, Princess of Wales Hospital	13	2	3	1	19
Cwmbran House	9	2	-	-	11
Denbigh Stores Colomendy Ind Est	8	-	-	1	9
Green Vale Laundry Service	5	-	-	2	7
IP5 Imperial Park	5	2	-	-	7
Samlet Road, Llansamlet, Swansea	3	3	-	-	6
Ysbyty Glan Clwyd Laundry Service	6	-	-	-	6
West Point Industrial Estate	5	1	-	-	6
Lakeside, UHW, Heath, Cardiff	5	-	-	-	5
Llansamlet Laundry Service	5	-	-	-	5
Companies House	1	-	2	-	3
Llandough Hospital, Stores, Cardiff	2	-	-	1	3
Morrison Hospital, Heol Maes Eglwys, Morrison, Swansea	-	-	-	2	2
Alder house, St Asaph Business Park	1	1	-	-	2
Unit 2 Cefn Coed, Nantgarw	-	2	-	-	2
Bron Afon, Ysbyty Bryn y Neuadd	1	1	-	-	2
Princess of Wales Hospital, R&D Stores	-	-	-	1	1
Matrix House	1	-	-	-	1
Greenvale, HCS, Llanfrechfa	1	-	-	-	1
Princess of Wales Hospital	1	-	-	-	1
Prince Charles Hospital, Stores	1	-	-	-	1
	73	14	5	8	100

Accident, injury is the highest reported category within 2022/2023.

Bridgend Stores are the highest reporting site for 2022/2023.

Health and Safety Objectives



During 2022/2023, the health and safety incident trends remain as:



Trend Category	2019 - 20	2020 - 21	2021 - 22	2022 - 23	
Contact with Object/Struck by an object	11	11	26	30	↑
Manual Handling	14	12	23	16	↓
Slips, Trips and Falls	13	6	15	15	→
Violence & Aggression	14	10	10	15	↑

A slight increase can be seen on the previous year in relation to contact with an object/struck by an object and violence and aggression. Slips, trips and falls has remained the same as the previous year, whereas manual handling has decreased on the previous year.

The expansion of NWSSP through taking on services such as Laundry Services has also inevitably led to an increase in incidents. However, despite the increases, the objectives set for manual handling, slips, trips, and falls have been achieved.

Violence and Aggression

- A promotional exercise was carried out in 2022/2023 to encourage staff to report violence and aggression incidents.

Manual Handling

- NWSSP has achieved its objective.

Slips, Trips and Falls

- NWSSP has achieved its aim to reduce work related slips, trips and falls in the workplace, aspiring to the 10% reduction over two years.

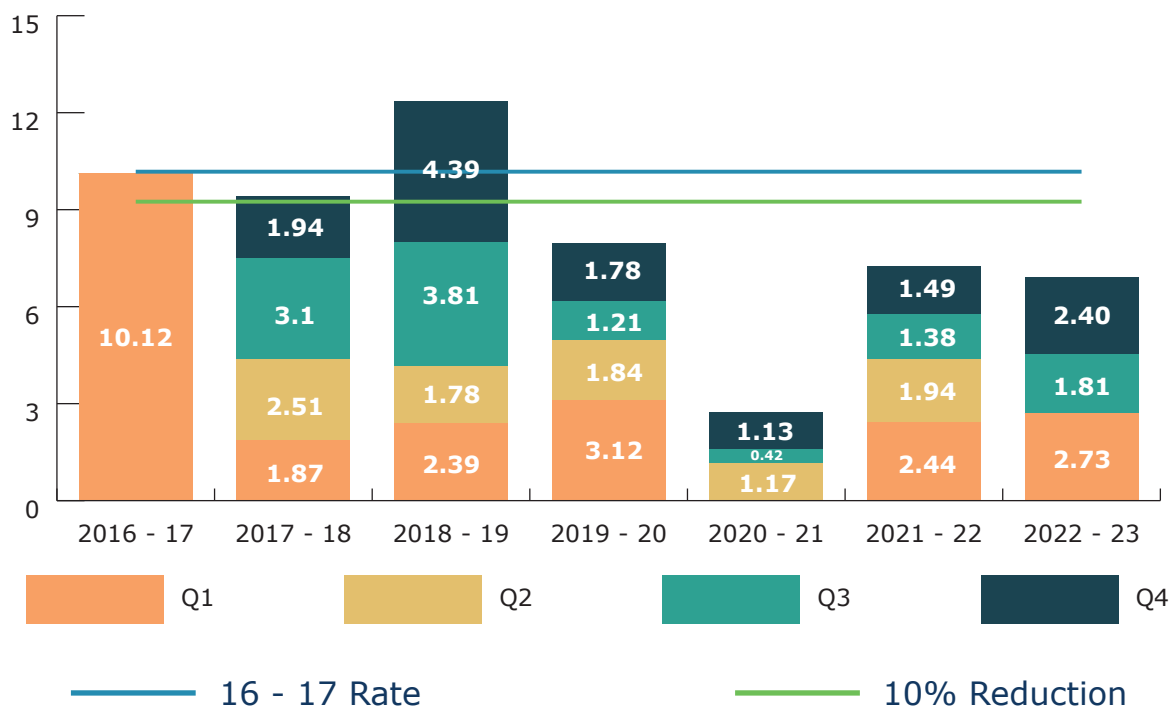


Objective 1

Aim to reduce work related slips, trips and falls in the workplace, aspiring to a 10% reduction over two years.

Figure 6

Incident rate per 1,000 employees by quarter – **2022/2023**



NWSSP has achieved its aim to reduce work related slips, trips and falls in the workplace, aspiring to the 10% reduction over two years.

Figure 7
 Slips, trips and falls by Service Group – 2022/2023

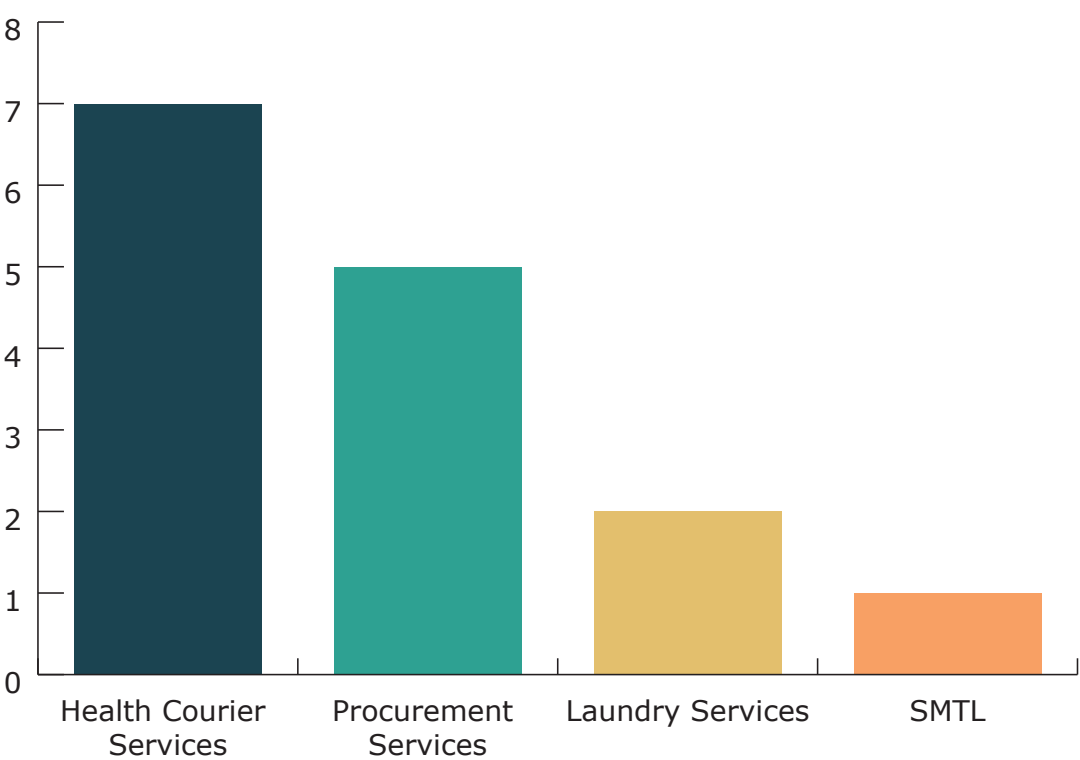


Figure 8
 Slips, trips and falls by site – 2022/2023

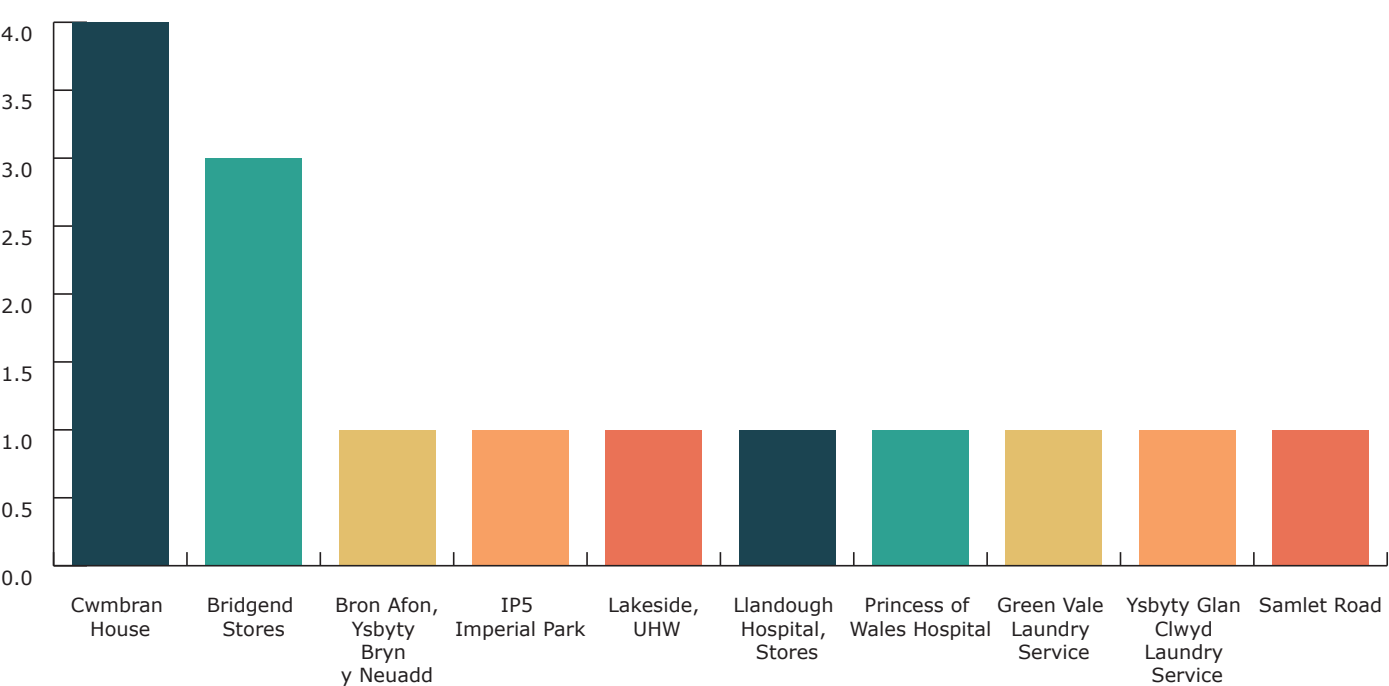


Figure 9
Slips, trips and falls by sub sub-type – 2022/2023

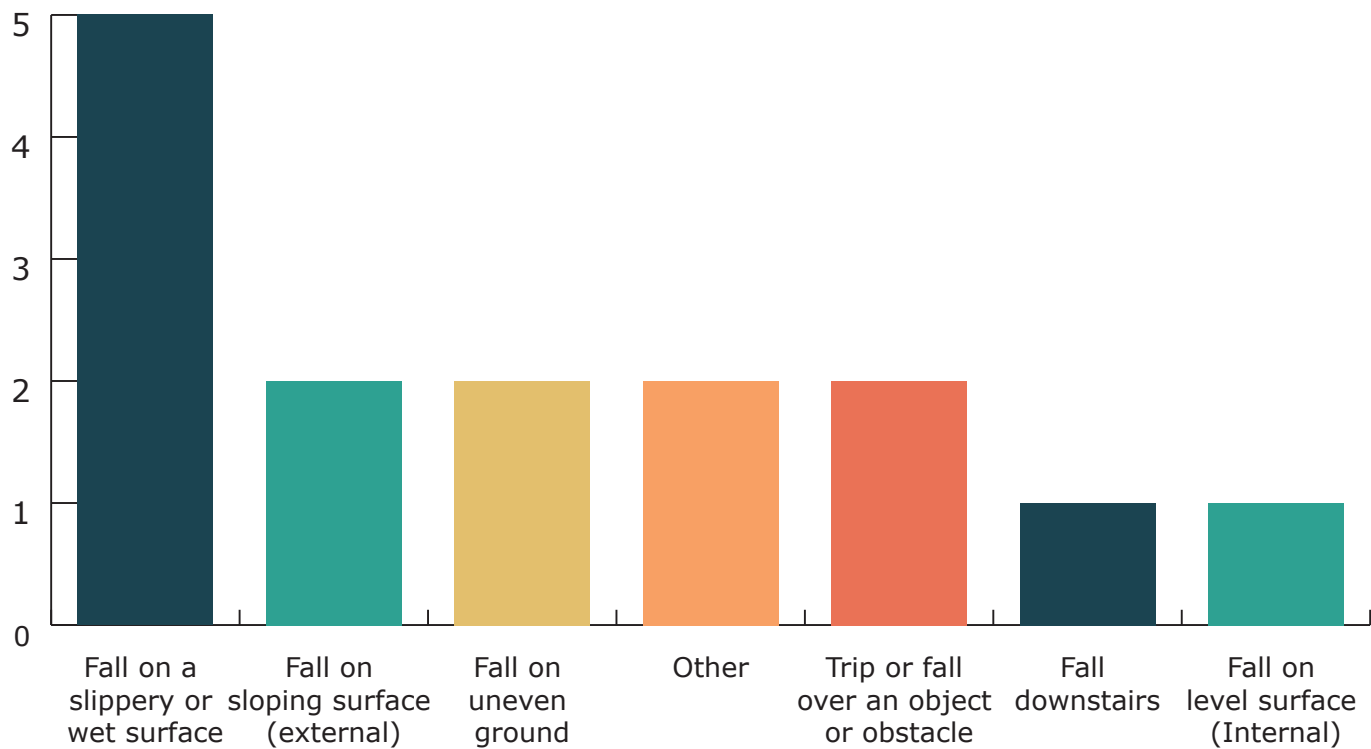
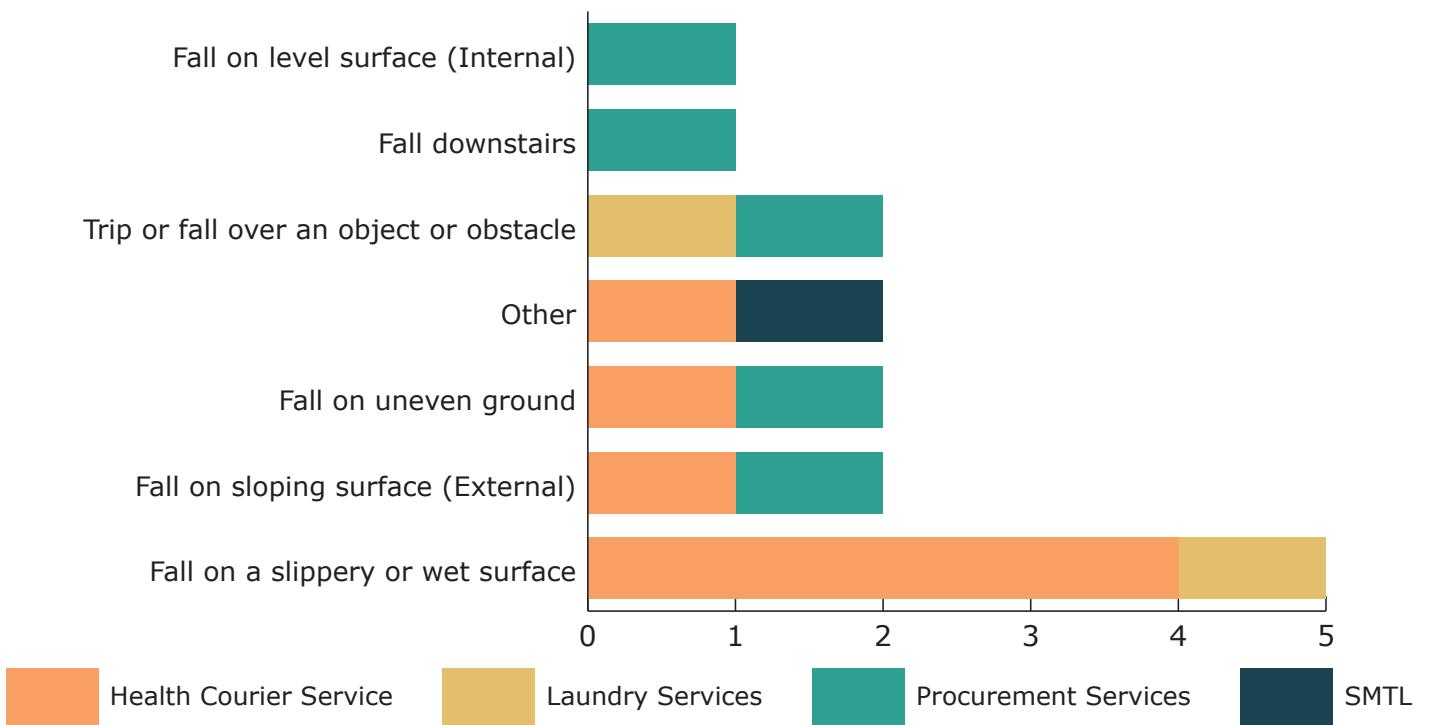


Figure 10
Slips, trips and falls by sub sub-type and service group – 2022/2023



Lessons Learned

- All staff are reminded to inform estates/site managers of any issues in relation to housekeeping or building maintenance.
- Workplace checklist updated to ensure external areas are also checked on a regular basis.
- Ensuring the workplace checklist is completed and actions as a consequence resolved in a timely manner.
- Good Housekeeping leaflet issued to staff on the importance of good housekeeping.
- Ensuring picking areas adhere to good housekeeping protocols and pallets/roll cages etc should be stored in designated areas.
- Ensuring that walkway areas are clear of obstructions and adhering to the good housekeeping protocol.
- All staff to take reasonable care whilst using the stairs.
- Ensuring staff walk on designated walkways/footpaths at all times.
- Report any maintenance issues within car park areas to managers as soon as possible so issue can be rectified.



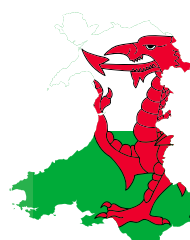
- Ensuring signage is positioned in appropriate areas when cleaning is being undertaken at sites.
- Reinforcing the importance of reporting any spillages on floors/walkways, to appropriate supervisor/manager.
- Ensuring signage is positioned where a spillage has occurred, until rectified.
- Ensuring that all spillages are cleaned when they occur.
- Ensuring any spillages within vehicles and tail lifts are cleaned when they occur.
- Applicable staff should attend spill management training.
- Only staff who have been trained in manual handling inanimate load training are to carry out manual handling tasks.
- Ensuring that staff adhere to the safe system of work when operating tail lifts and roll cages.
- Encourage staff to report any slips, trips and falls in a timely manner on the Datix Cymru system.



Improvement Plan



- Ensuring implementation of the slips, trips and falls investigation template is completed.
- Ensuring any lessons learnt are communicated across NWSSP via the Health and Safety Newsletter.
- Continue to undertake Datix Cymru Training for Investigating Officers on how to navigate the system.
- Continue to undertake training for Investigating Officers from the perspective of the Legal and Risk Team in the importance of undertaking.
- Investigations in a timely manner and gathering the relevant evidence when undertaking investigations.
- Ensure refresher training is undertaken when an incident occurs when operating tail lifts and roll cages.
- Continue to promote the Good Housekeeping leaflet.
- Regularly promote staff to use designated footpaths at sites at all times.
- Continually remind staff to inform estates/site managers of any issues in relation to housekeeping or building maintenance via the H&S newsletter.
- Ensure regular maintenance of designated footpaths/walking areas, particularly in winter period.
- Continue to ensure that inclement weather processes are in place at sites.
- During HSG65 site assessments, check housekeeping at sites and raise actions where necessary.
- Continue to promote sites to complete the Workplace checklists at all sites to identify potential hazards and to ensure good housekeeping.
- Ensure Spill Management training is undertaken, at relevant sites.
- Continue to monitor the time it takes for incidents to be reported onto the Datix Cymru System within the KPI of within 3 working days.
- Continue to monitor the time it takes for incidents to be investigated within the KPI of within 30 working days.
- Continue to promote the reporting of slips, trips, and falls via the Datix System and within a timely manner.



**System Rheoli Pryderon
Unwaith dros Gyru**

**Once for Wales Concerns
Management System**

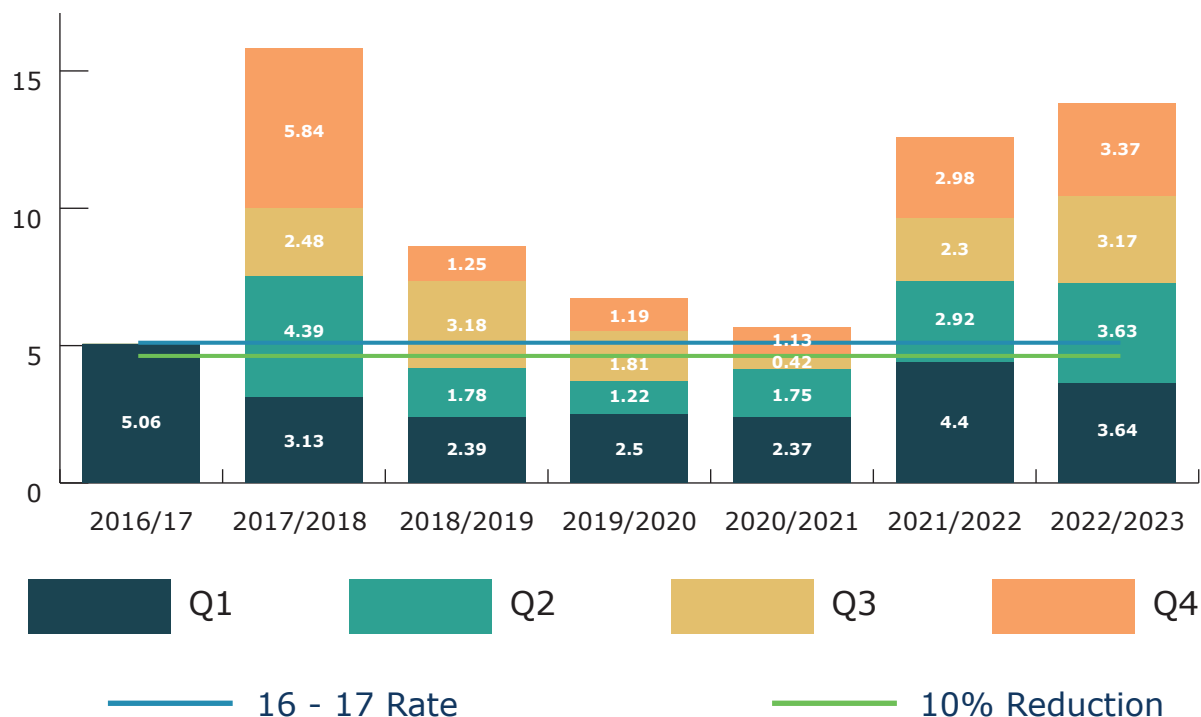


Objective 2

Aim to reduce work related contact-with-an-object incidents in the workplace, aspiring to a 10% reduction over two years.

Figure 11

Incident rate per 1,000 employees by quarter – **2022/2023**



NWSSP has not achieved its aim to reduce work related contact with an object. The main increase can be seen within Procurement Services within sub type of struck against stationary object, eg equipment, machinery.

Figure 12
Contact with an object/struck by and object by Service Group – 2022/2023

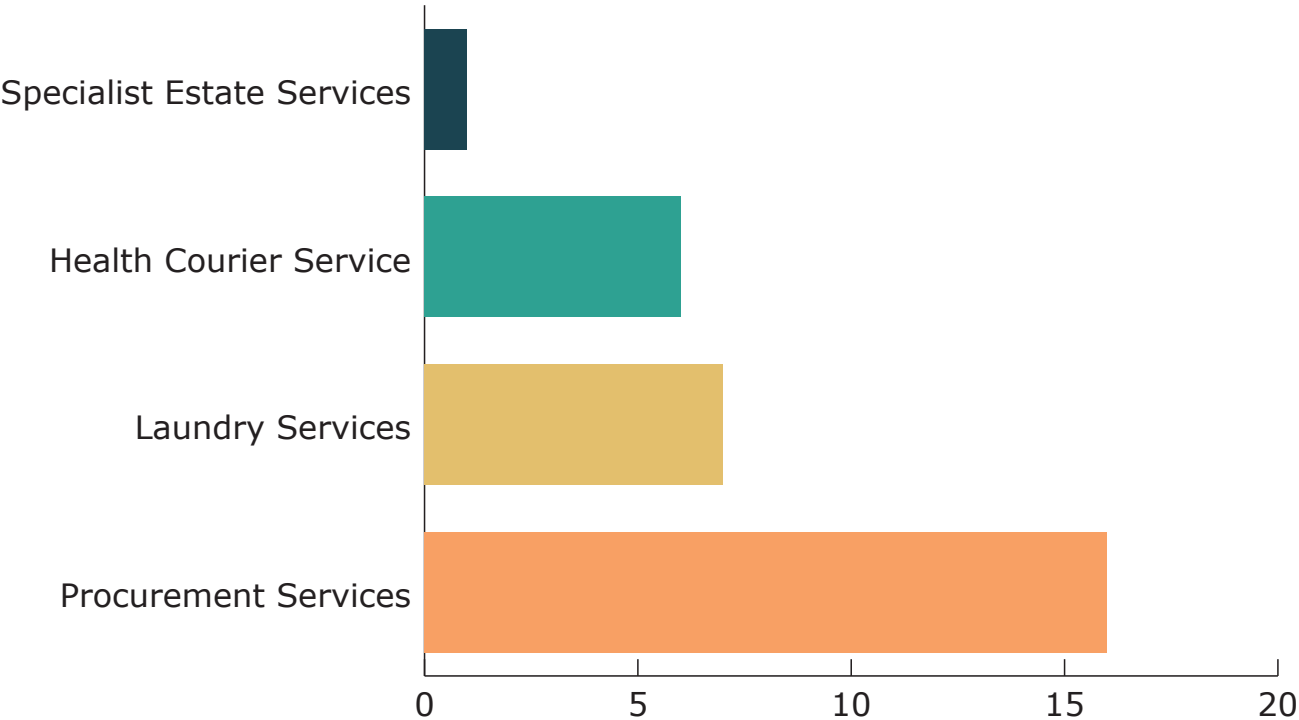


Figure 13
Contact with an object/struck by and object by Site – 2022/2023

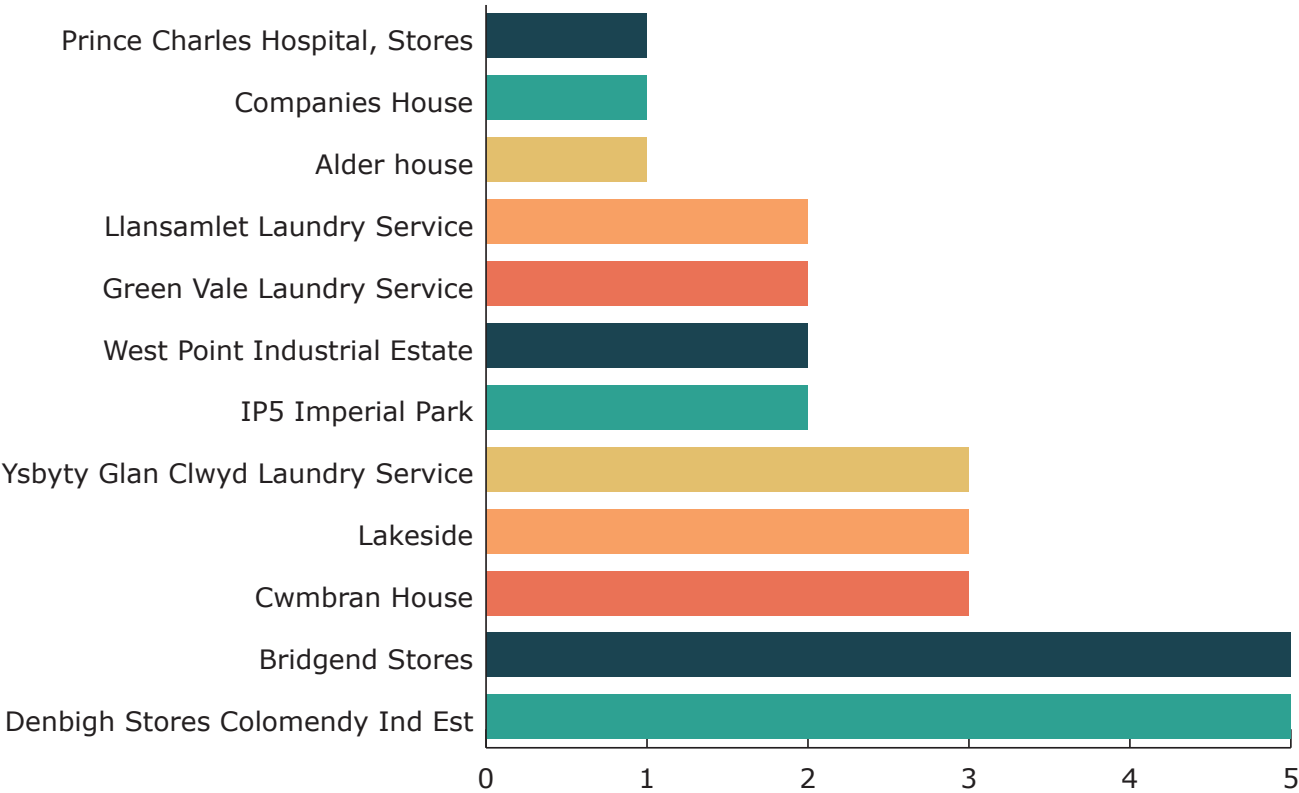


Figure 14
Contact with an object/struck by and object by sub sub-type – 2022/2023

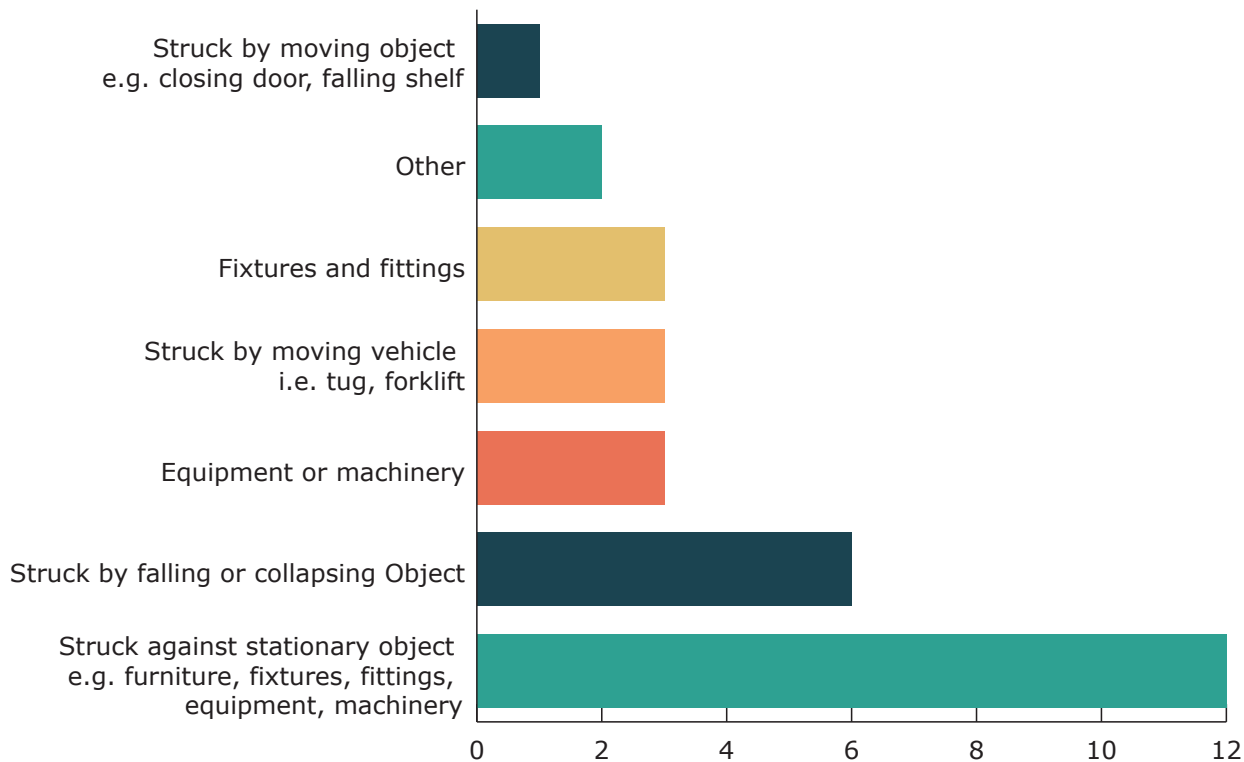
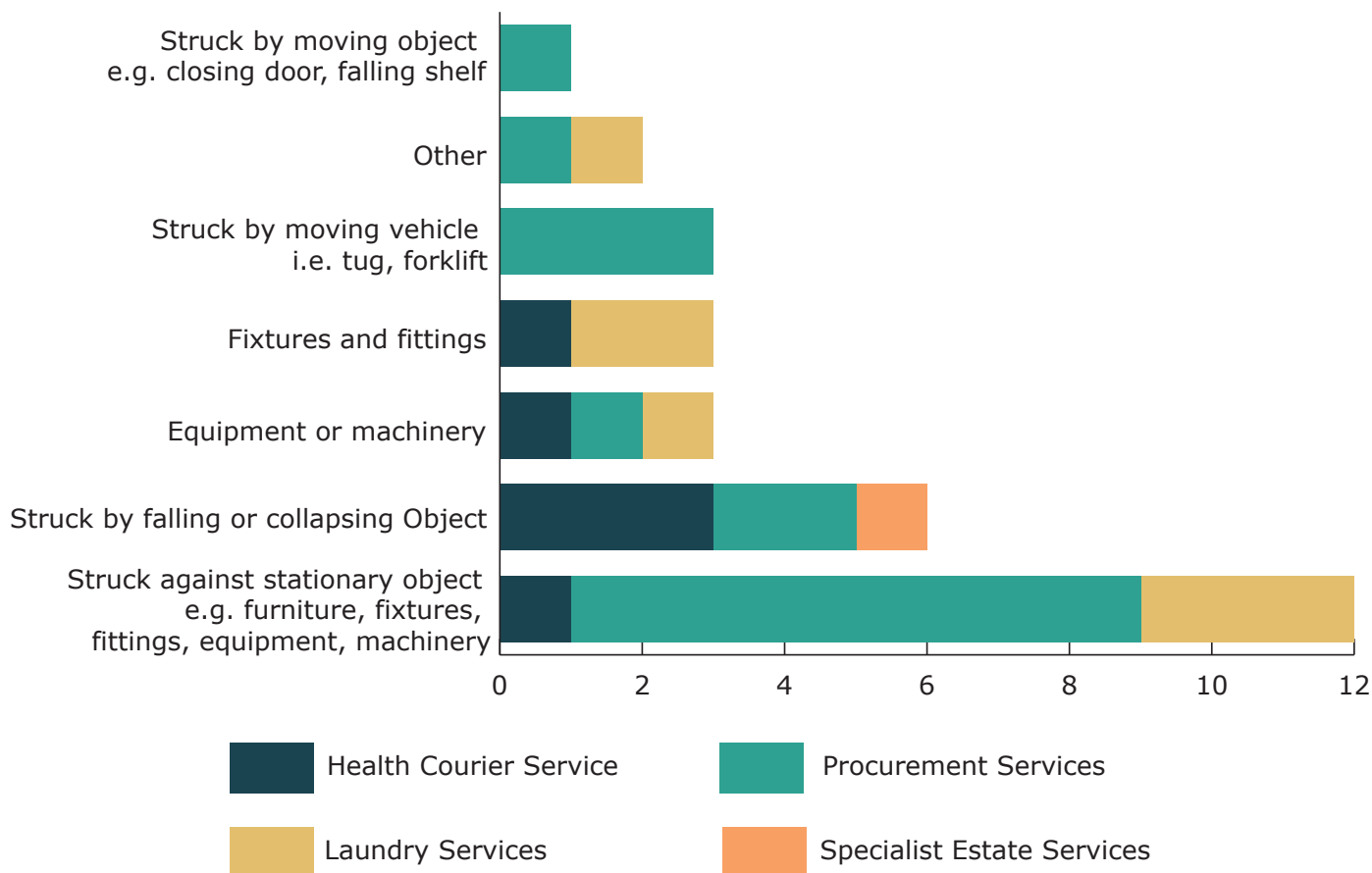


Figure 15
Contact with an object/struck by and object by sub sub-type and Service Group – 2022/2023

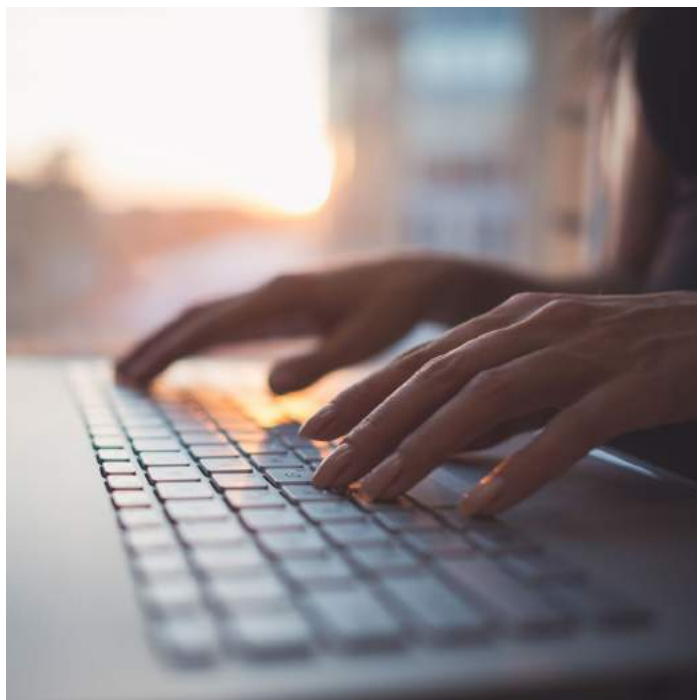


Lessons Learned

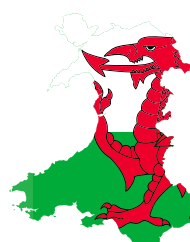


- Ensuring that furniture is maintained and staff report any defects to site managers.
- Report estates issues to Health Boards.
- Ensuring that building maintenance is carried out in a timely manner.
- When provided with appropriate PPE, ensure worn at all times and follow the safe system of work.
- Ensuring loading bays are clear prior to commencing unloading deliveries.
- Ensuring forklift truck/roll cage/tail lift and pallet truck training and refresher training is undertaken where applicable.
- Ensuring that staff adhere to the safe system of work when operating forklift trucks/roll cage/ tail lifts and pallet truck.
- Newly qualified staff within stores to receive supervision in first month of employment.
- In some cases, a dynamic risk assessment should be undertaken when carrying out manual handling tasks.
- Staff should be familiar/aware of their surroundings.
- Ensuring that roller shutter doors are elevated fully at the beginning of any shift and any defects to be reported in a timely manner.
- Defective roll cage tags were introduced.
- Ensure pallets are secure before attempting to unload.
- Inspect area prior to driving into location for loading purposes.
- Within the laundry sites, ensuring that all plastic bags are opened in the tubs provided and not within the washer drums.
- Ensuring that roll cages and trolleys are positioned in designated areas only.
- Ensuring that machine breakdown/faults are reported to supervisor/maintenance.
- Only authorised personnel are to remove safety guards.
- Encourage staff to report any contact with an object/struck by an object in a timely manner on the Datix Cymru system.

Improvement Plan



- Ensuring any lessons learnt are communicated across NWSSP via the Health and Safety Newsletter.
- Continue to undertake Datix Cymru Training for Investigating Officers on how to navigate the system.
- Continue to undertake training for Investigating Officers from the perspective of the Legal and Risk Team in the importance of undertaking investigations in a timely manner and gathering the relevant evidence when undertaking investigations.
- Ensure refresher training is undertaken when an incident occurs when operating tail lifts and roll cagesImplement the general investigation template, leading to an improvement in the consistency of information and investigation outcomes, lessons learnt etc.
- Ensuring that lessons learnt are communicated across NWSSP.
- Continue to undertake Datix Cymru Training for Investigating Officers.
- Undertake training for Investigating Officers from the perspective of the Legal and Risk Team in the importance of undertaking investigations in a timely manner and gathering the relevant evidence when undertaking investigations.
- Continue to monitor the time it takes for incidents to be reported onto the Datix Cymru System within the KPI of within 3 working days.
- Continue to monitor the time it takes for incidents to be investigated.
- Ensure all relevant staff are aware of the tail lifts and pallet trucks safe system of work.
- Ensure all bank/agency staff receive training on the relevant safe systems of work.
- Continue to monitor the time it takes for incidents to be reported onto the Datix Cymru System within the KPI of within 3 working days.
- Continue to monitor the time it takes for incidents to be investigated within the KPI of within 30 working days.
- Ensure refresher training is undertaken when an incident occurs when operating tail lifts and roll cages.
- Promoting the reporting of any contact with an object incident via the Datix System and within a timely manner.



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Unwaith dros Gyru**

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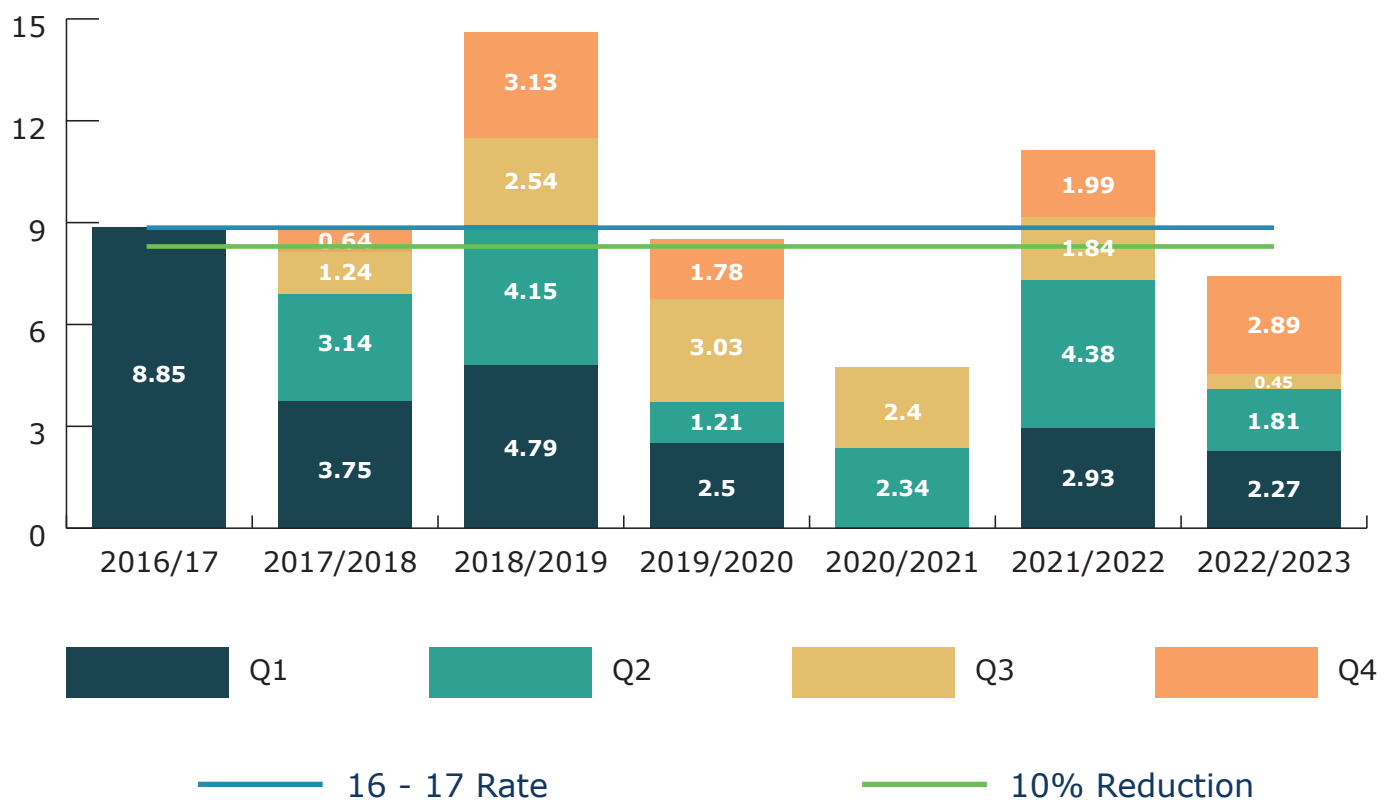


Objective 3

Aim to reduce manual handling incidents in the workplace, aspiring to a 10% reduction over two years.

Figure 16

Incident rate per 1,000 employees by quarter – **2022/2023**



NWSSP has achieved its aim to reduce work related manual handling incidents in the workplace, aspiring to the 10% reduction over two years.

Figure 17
Manual Handling by Service Group – 2022/2023

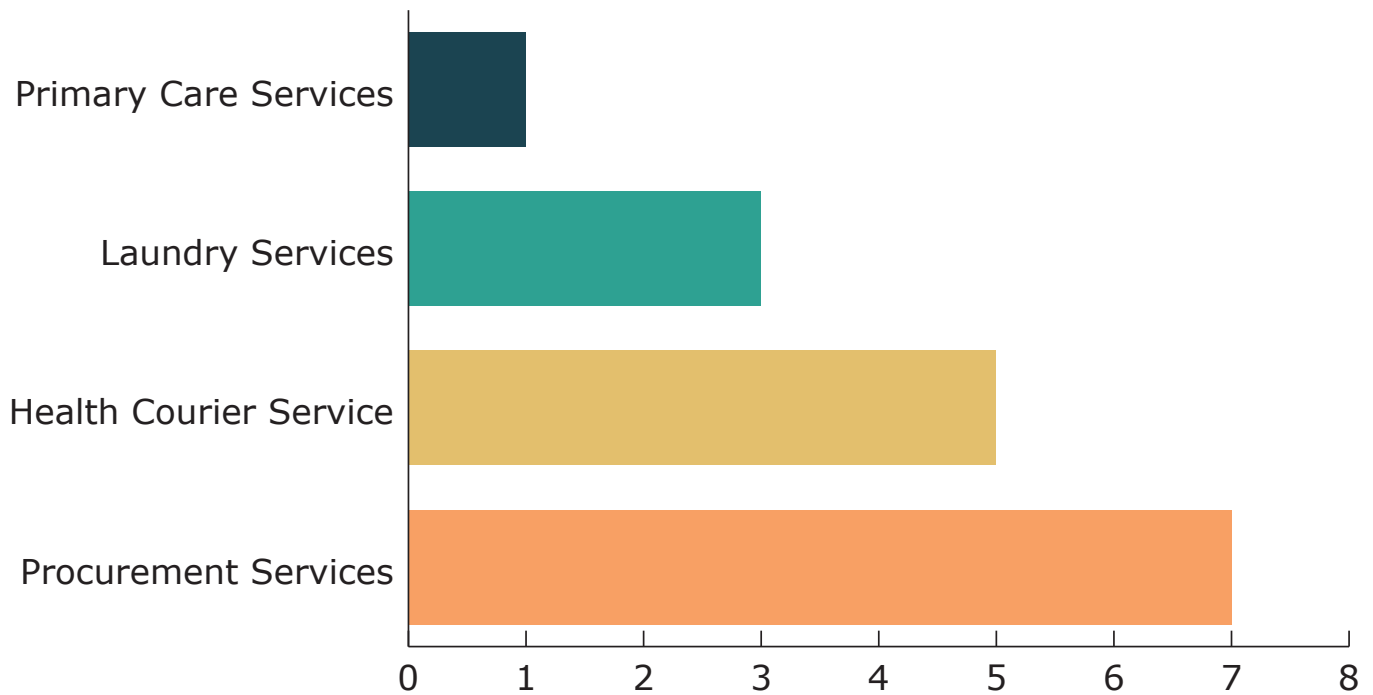


Figure 18
Manual Handling by Site – 2022/2023

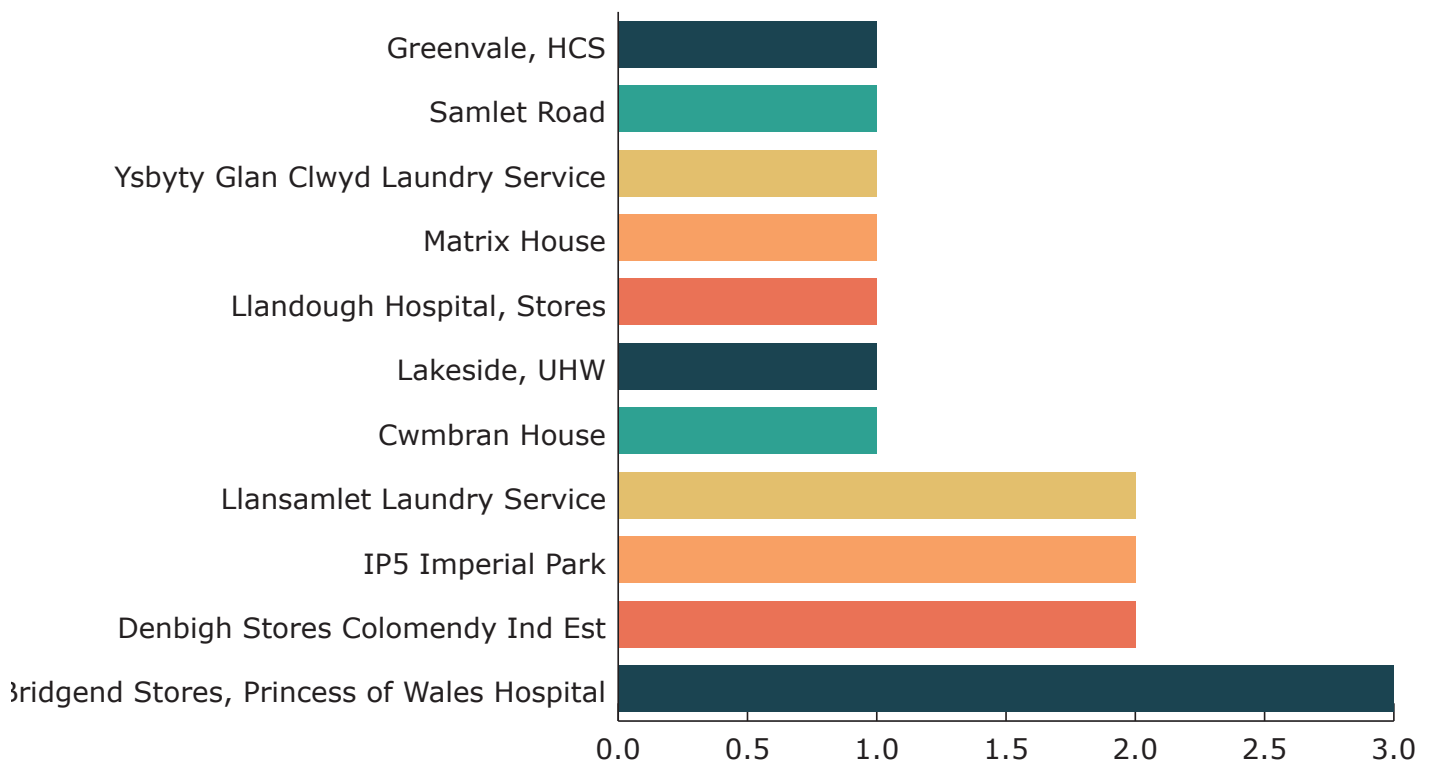


Figure 19
Manual Handling by Sub sub-Type – 2022/2023

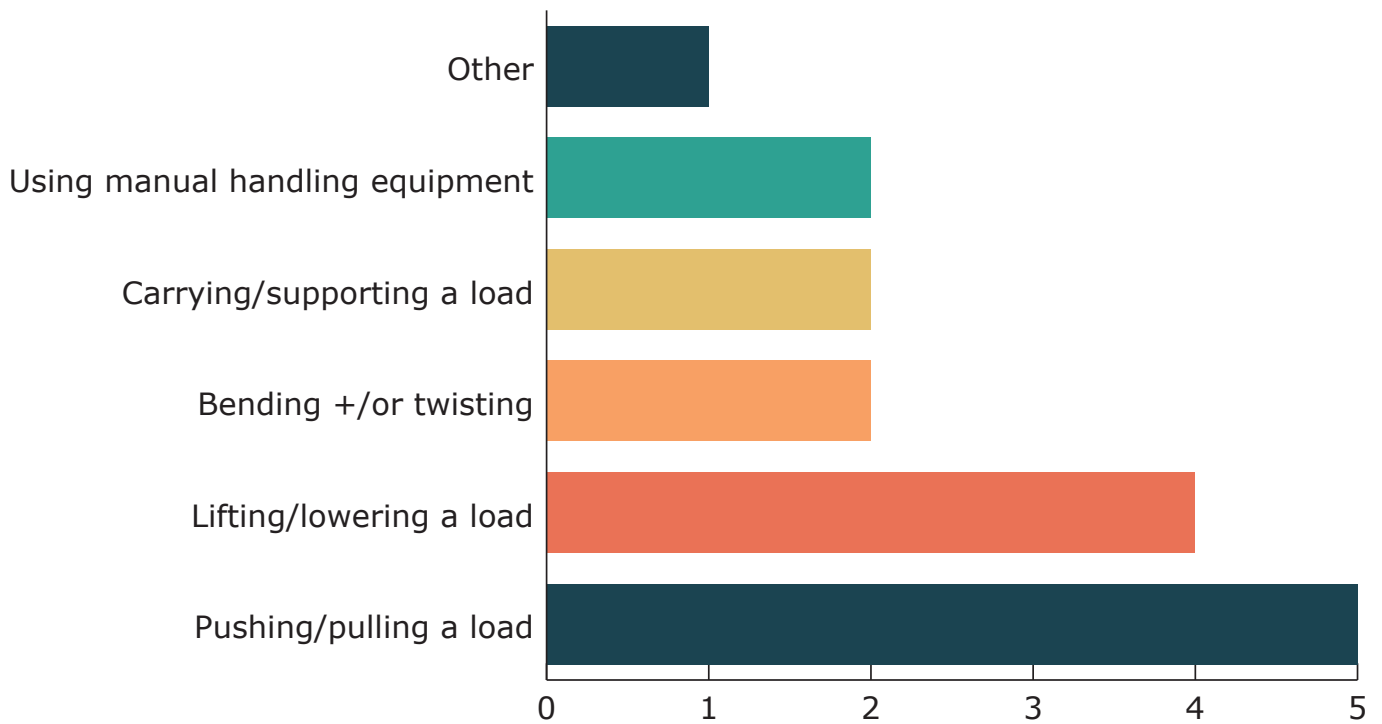
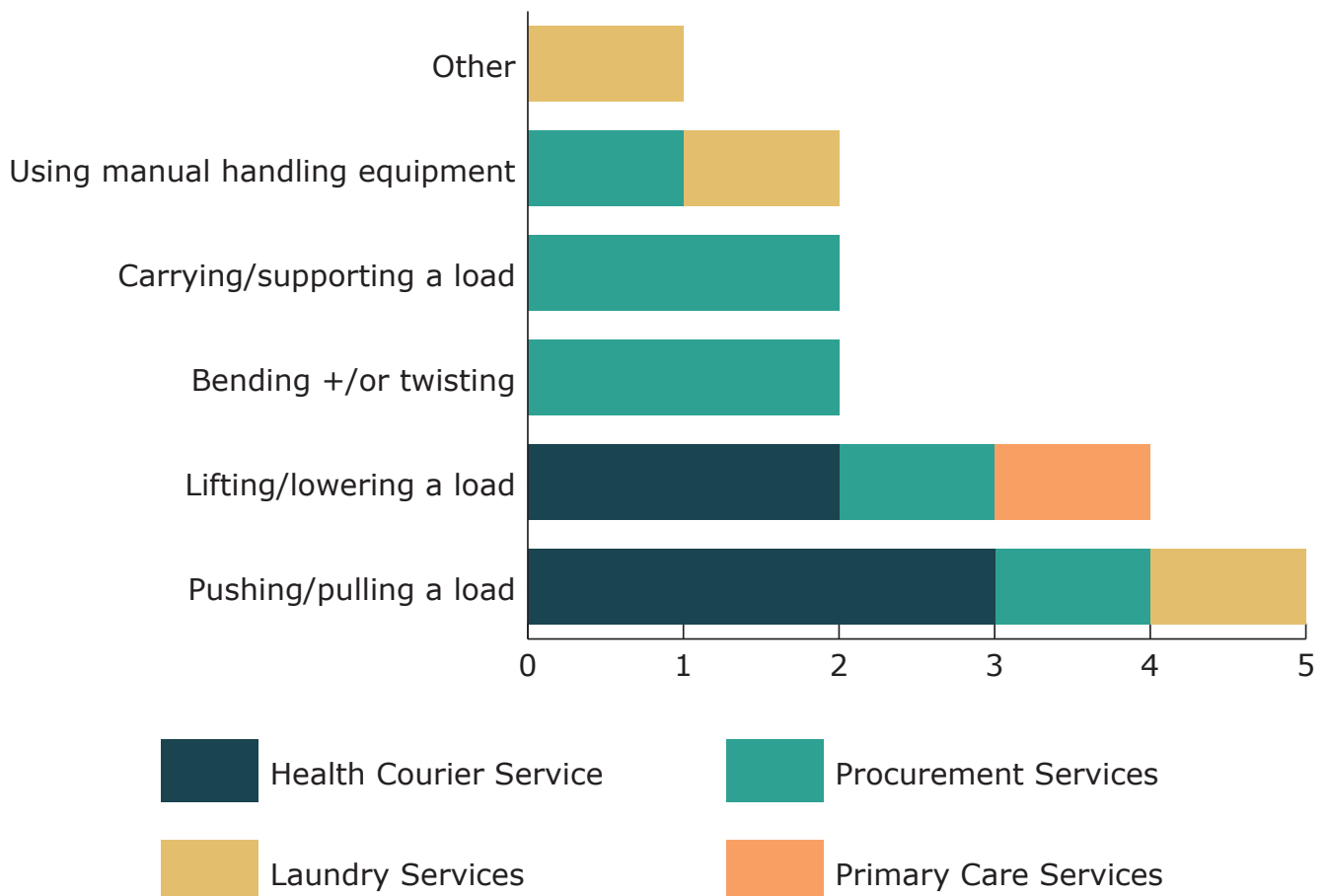


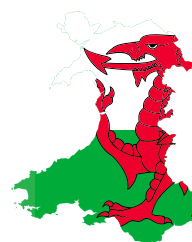
Figure 20
Manual Handling by Sub Sub-Type by Service Group – 2022/2023



Lessons Learned



- Ensure individual is aware of the load when operating a roll cage.
- Ensure manual handling inanimate load on-line training is undertaken for all new starters, including bank and apprentices staff.
- Ensuring forklift truck/roll cage/tail lift and pallet truck training and refresher training is undertaken where applicable.
- Ensuring that staff adhere to the safe system of work when operating forklift trucks/roll cage/tail lifts and pallet trucks.
- When unloading stock from a roll cage, ensure stock is secured and packed suitable prior to moving.
- Ensure relevant staff undertake the roll cage safe system of work training.
- When lifting heavy stock items, ensure correct lifting equipment is used.
- In some cases, a dynamic risk assessment should be undertaken when carrying out manual handling tasks.
- Report any unsafe conditions or practises by reinforcing the message "if in doubt, avoid it and report it".
- Encourage staff to report any manual handling incidents in a timely manner on the Datix Cymru system.



**System Rheoli Pryderon
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Management System**

Improvement Plan



- Implement the manual handling investigation template, leading to an improvement in the consistency of information and investigation outcomes, lessons learnt etc.
- Ensuring that lessons learnt are communicated across NWSSP.
- Continue to undertake Datix Cymru Training for Investigating Officers.
- Undertake training for Investigating Officers from the perspective of the Legal and Risk Team in the importance of undertaking investigations in a timely manner and gathering the relevant evidence when undertaking investigations.
- Procurement Supply Chain to continually review items on racking.
- Ensure that site surveys are carried out for deliveries to any new sites.
- Ensure refresher training is undertaken when an incident occurs when operating tail lifts, pallet truck and roll cages.
- Ensure all relevant staff are aware of the revised roll cage training safe system of work.
- Ensure all relevant staff are aware of the roll cage, tail lifts and pallet trucks safe system of work.
- Ensure all relevant staff, including bank staff undertake the on-line manual handling inanimate load training every two years.
- Continue to monitor the time it takes for incidents to be reported onto the Datix Cymru System within the KPI of within 3 working days.
- Continue to monitor the time it takes for incidents to be investigated within the KPI of within 30 working days.
- Promoting the reporting of any manual handling incident via the Datix System and within a timely manner.

Objective 4

Develop and enhance the health and safety and risk management knowledge and skills of managers and supervisors throughout NWSSP.

Achievements

- Applicable supervisors and managers continue to undertake the e-learning IOSH Working/Managing Safely course.
- Ensuring the statutory health and safety training is undertaken on an annual basis.
- Guidance on RIDDOR reporting continues to be issued to supervisors/managers.
- The investigations templates are continually reviewed to ensure that improvement in the consistency of information and investigation outcomes, lessons learnt etc are undertaken.
- Updated lessons learnt template.
- Numerous training sessions have been undertaken on how to navigate the Datix Cymru system for investigators.
- Undertake dashboard training with supervisors and managers so able to identify own health and safety trends for service group/site.
- Incidents over 30 days continue to be monitored and escalated to the NWSSP All Wales H&S meeting.
- Incidents reported outside of the KPI of reporting within 3 working days are continually monitored and escalated to the NWSSP All Wales H&S meeting.
- How to produce an effective H&S risk Assessment training continues to be rolled out across NWSSP.
- NWSSP All Wales H&S meetings continue to be held on a quarterly basis.
- NWSSP Regional Health and Safety Meetings continue to be held on a quarterly basis where information is communicated to supervisors and managers.
- Updated the HSG65 template to be rolled out from April 2023.
- The 7-minute briefings continue to be released on a monthly basis whereby recurring issues are promoted on a monthly basis to site managers and health and safety representatives.
- The implemented the CoSHH Risk Assessment process for relevant service groups continues to be undertaken.
- Continually promoted manager/supervisors to encourage staff to report incidents on the Datix Cymru System.
- Continually developed the intranet SharePoint Health and Safety webpages.

Improvement Plan

- Refer to objective 1, 2, 3 and 7.

Objective 5

Continually improve the health and safety culture within NWSSP.

Achievements

- Core skills training is continually monitored to ensure compliance.
- Continually undertake Datix Cymru training with investigating officers on the new Datix Cymru System.
- Continually promote staff to report incidents in a timely manner.
- Enhanced the roll cage safe system of work safe system of work.
- QR Code has been implemented so that staff on the go can report an incident and a credit card style card has also been introduced.
- Producing a user guide for all staff on how to put an incident onto the Datix Cymru system.
- Undertake dashboard training with supervisors and managers so able to identify own health and safety trends for service group/site.
- Once for Wales team have devised a National Audit Programme. The audit will therefore be undertaken in conjunction with NWSSP.
- Continually monitored the time it took for an incident to be investigated on the Datix Cymru system.
- Continually developed the intranet SharePoint Health and Safety webpages.
- First Month Local Site Induction Handbook has been revised.
- Quarterly H&S reports continue to be produced for SLG.
- Health and Safety objectives continue to be monitored and trend analysis is undertaken.
- Promoted staff to report any violence and aggression incidents.
- Link with People and OD to ensure that health and safety is included in Corporate Induction and Managers training.
- Continued to produce the 7-minute briefing, whereby recurring issues are promoted on a monthly basis.



Improvement Plan

- Refer to objective 1, 2, 3 and 7.

Objective 6

Regularly monitor and evaluate the health and safety performance throughout NWSSP.

Achievements

- HSG65 assessments continue to be undertaken throughout NWSSP.
- Regular meetings are held with Site Leads to discuss estates compliance and any issues are escalated to NWSSP All Wales H&S group.
- Quarterly reports are produced for the purpose of SLG and All Wales H&S Meeting to identify trends.
- Progress against the Health and Safety Objectives are monitored quarterly.
- Continually monitor the time it took for an incident to be reported on the Datix Cymru system.
- Continually monitor the time it took for an incident to be investigated on the Datix Cymru system.
- Continually promoted manager/supervisors to encourage staff to report incidents on the Datix Cymru System.
- Continually encourage service groups to monitor their own trends.
- Continually produce the 7-minute briefing.

Improvement Plan

- Refer to objective 1, 2, 3 and 7.

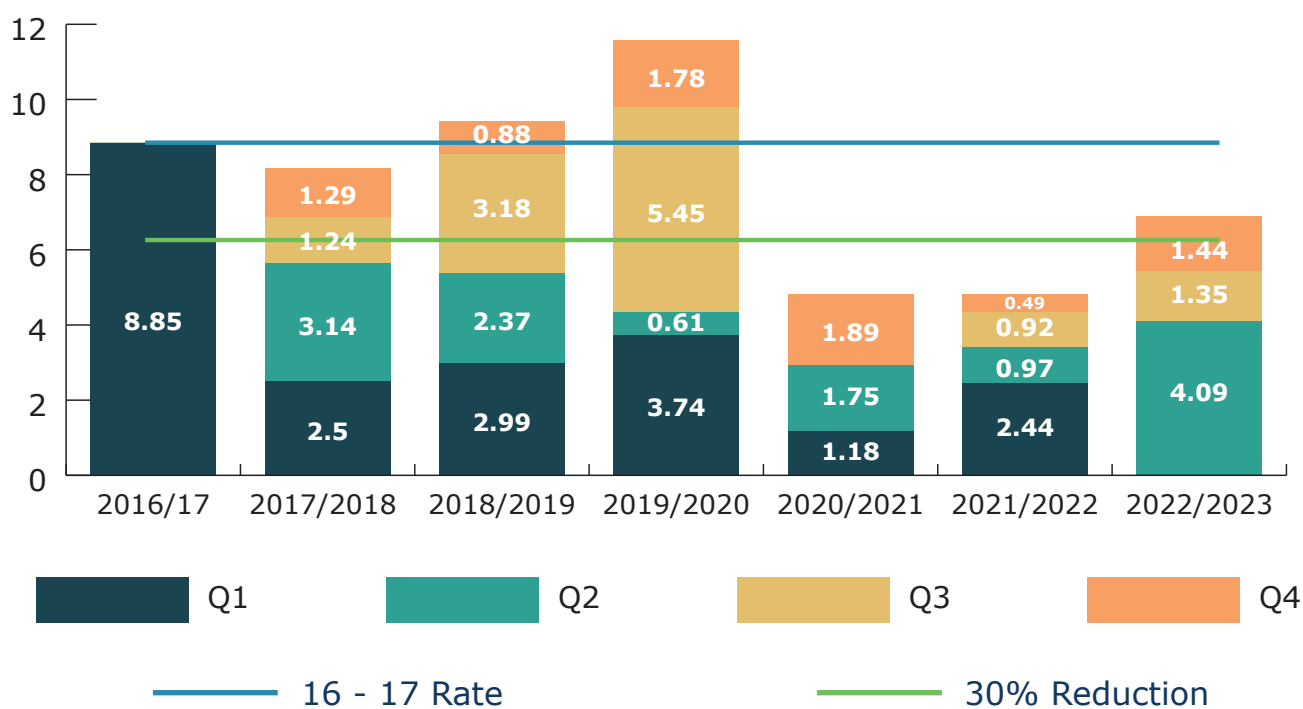




Objective 7

Promote a zero-tolerance culture in relation to violence and aggression incidents within NWSSP, aspiring to improve incident reporting and investigations and reduce the number of incidents by 30% over two years.

Figure 21
Incident rate per 1,000 employees by quarter – **2022/2023**



NWSSP has not achieved its aim to reduce violence and aggression incidents, aspiring to the 30% reduction over two years.

Figure 22
Violence and Aggression by Service Group – 2022/2023

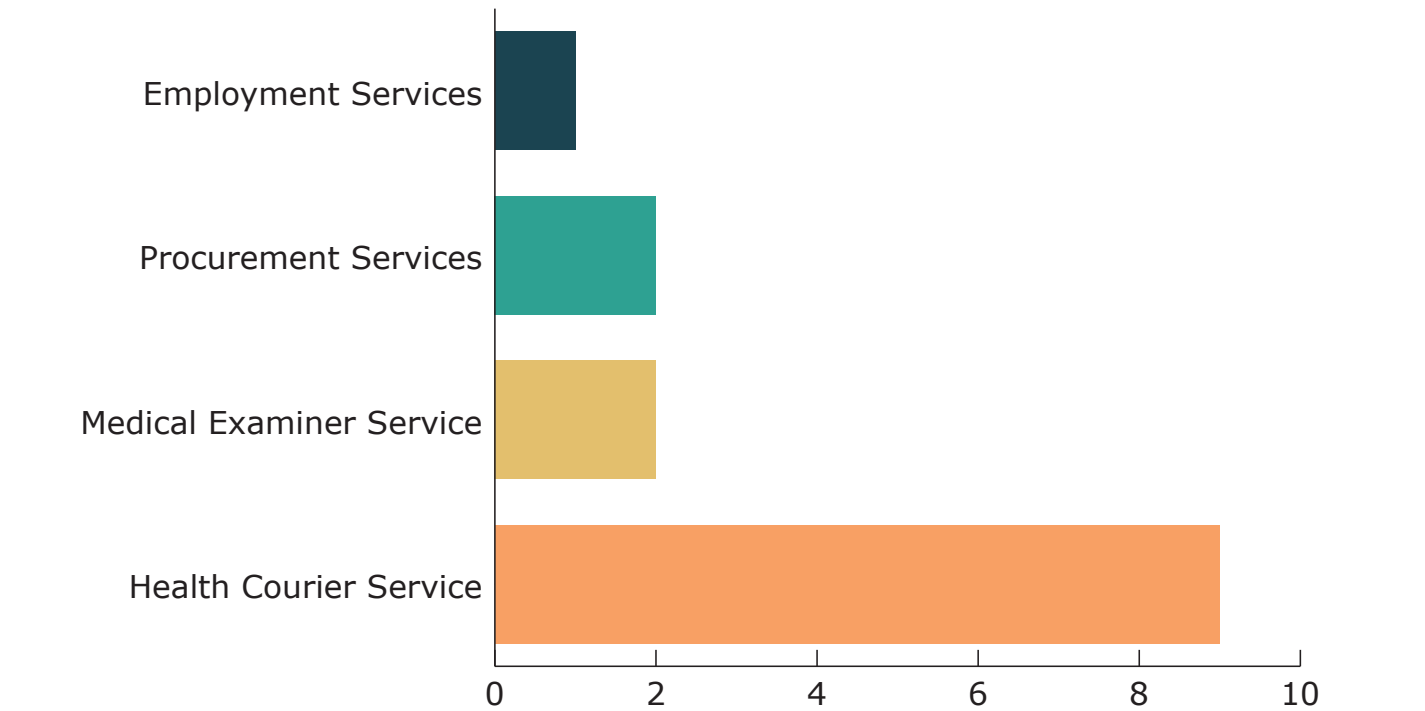
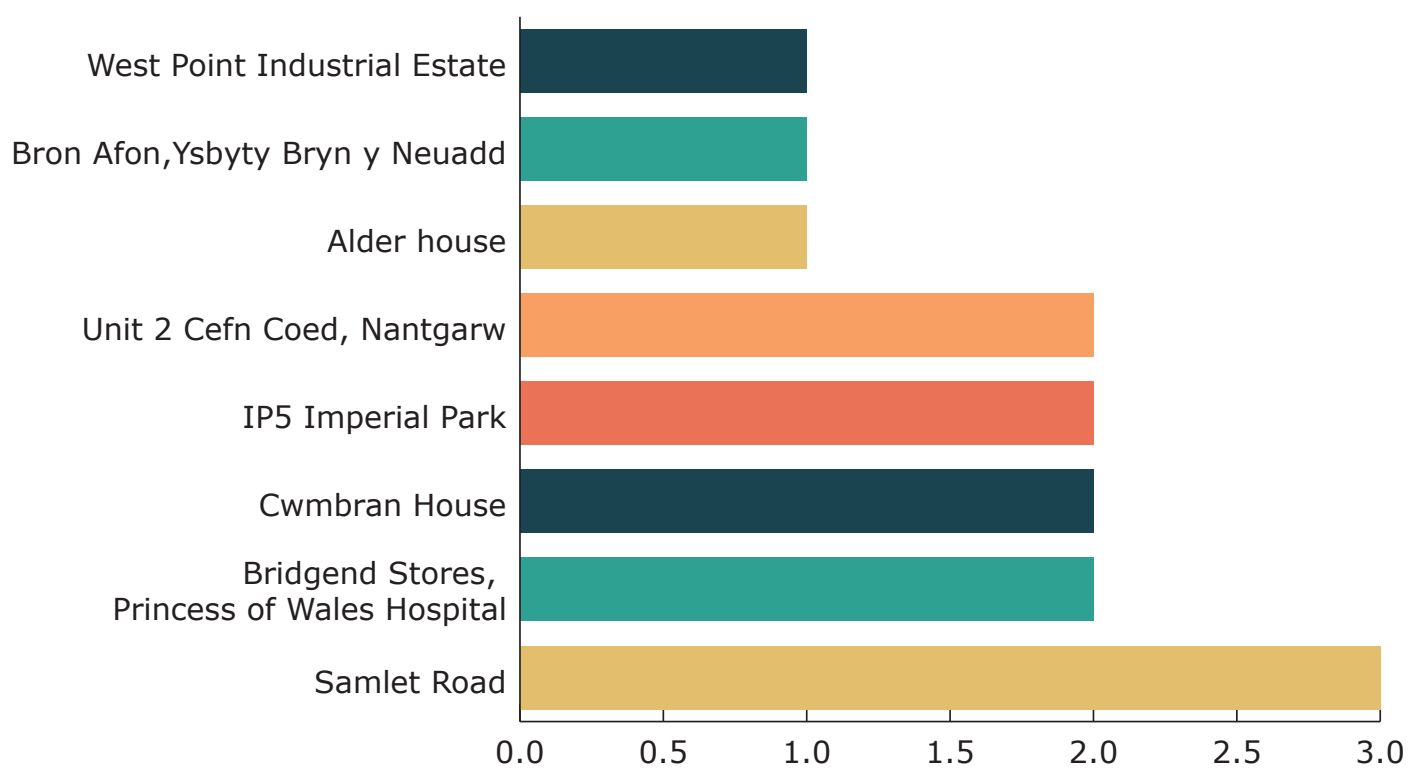


Figure 23
Violence and Aggression by Site – 2022/2023



NB: These incidents are allocated to a specific site within NWSSP, but could have occurred at a HB delivery/collection points.

Figure 24
 Violence and Aggression by sub category and sub-sub Type – **2022/2023**

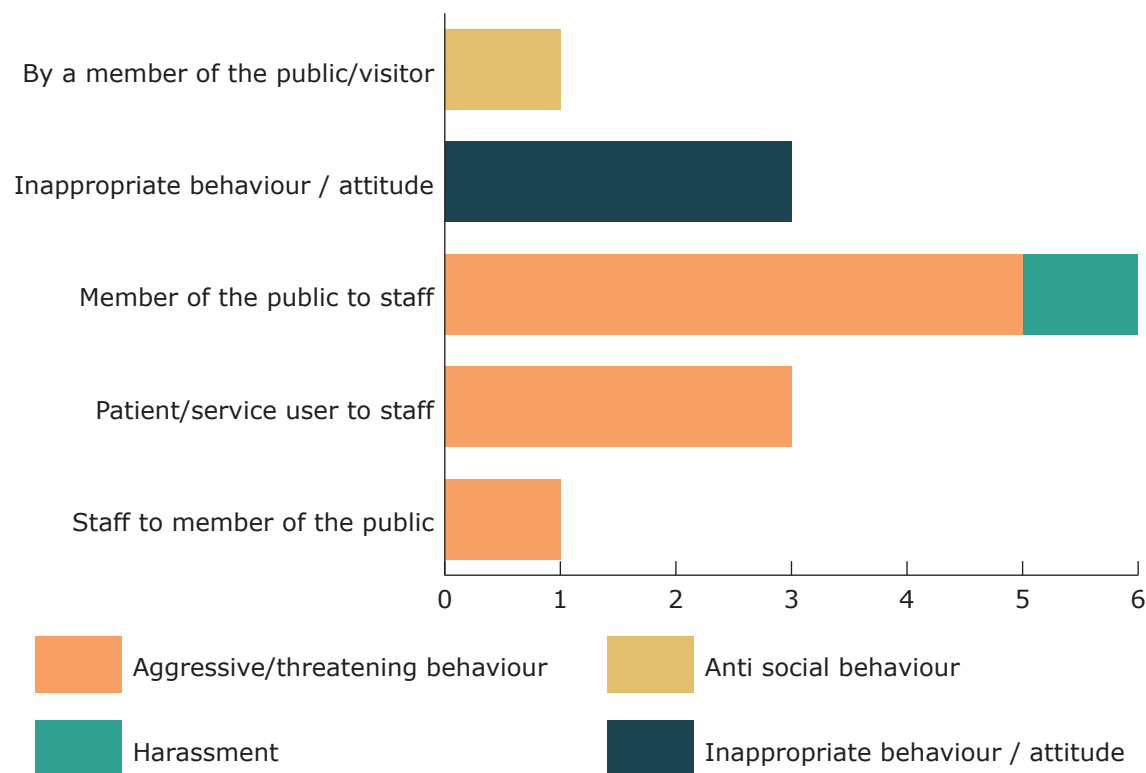


Figure 25
 Violence and Aggression by Sub sub-Type – **2022/2023**

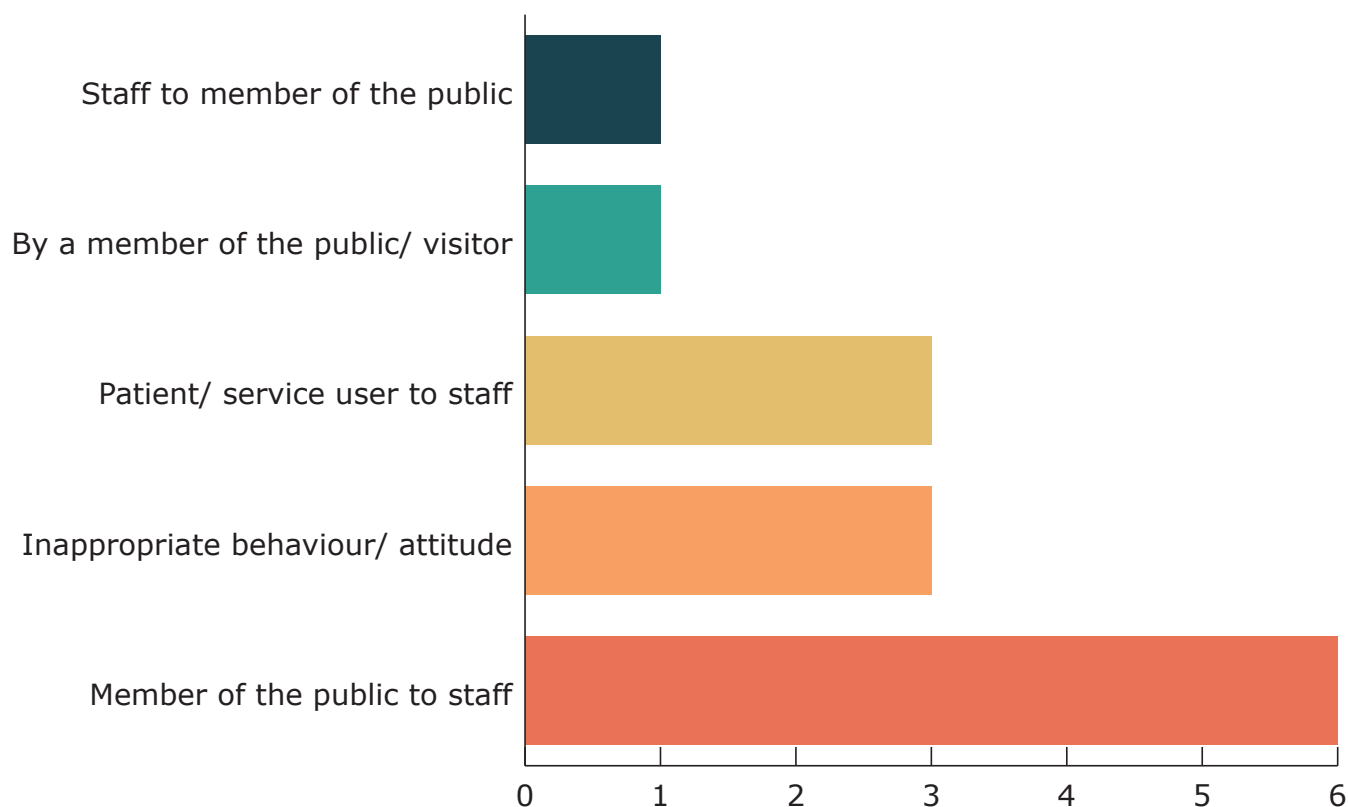
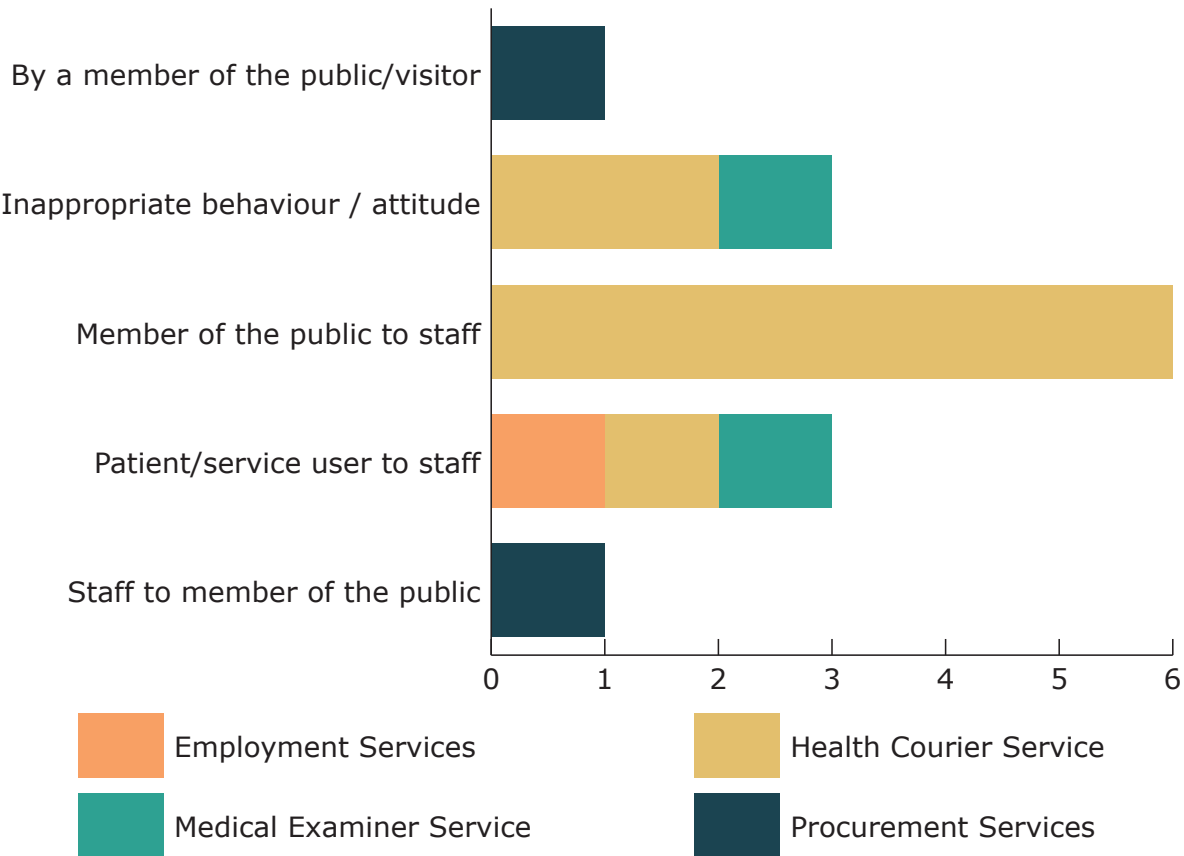


Figure 26
Violence and Aggression by Sub Sub-Type by Service Group – 2022/2023



Lessons Learned

- A campaign to remind all staff that NWSSP had a zero tolerance approach to violence and aggression was issued across NWSSP to promote staff to report violence and aggression incidents.

➤ To inform telephone callers that if abusive will not be tolerate and the call will be ended.

➤ Informed Health Boards of any incidents involving their staff to NWSSP staff members.

➤ Training in SOS system within Health Courier Services.

➤ Report incidents to security at Health Board sites.

➤ Ensuring that dashcam footage is reviewed in a timely manner.



Improvement Plan

- Encourage staff to report any violence and aggression incidents.
- Promote to staff that NWSSP takes a zero approach to violence and aggression in the workplace.
- Implement the general investigation template, leading to an improvement in the consistency of information and investigation outcomes, lessons learnt etc.
- Implement the general investigation template, leading to an improvement in the consistency of information and investigation outcomes, lessons learnt etc.
- Ensuring that lessons learnt are communicated across NWSSP.
- Continue to undertake Datix Cymru Training for Investigating Officers.
- Undertake training for Investigating Officers from the perspective of the Legal and Risk Team in the importance of undertaking investigations in a timely manner and gathering the relevant evidence when undertaking investigations.
- Applicable staff members to undertake the Module B element of core skills for violence and aggression training.
- Monitor the time it takes for incidents to be reported onto the Datix Cymru System.
- Monitor the time it takes for incidents to be investigated.



Reporting of Injuries, Diseases and Dangerous Occurrences and Regulations (RIDDOR)



A total of 11 incidents were reported under RIDDOR to Health and Safety Executive in 2022/2023. One incident was specified injury and 10 were over 7-day injuries. The previous year, there were 9 incidents.

Figure 27
RIDDOR incidents by Service Groups – 2022/2023

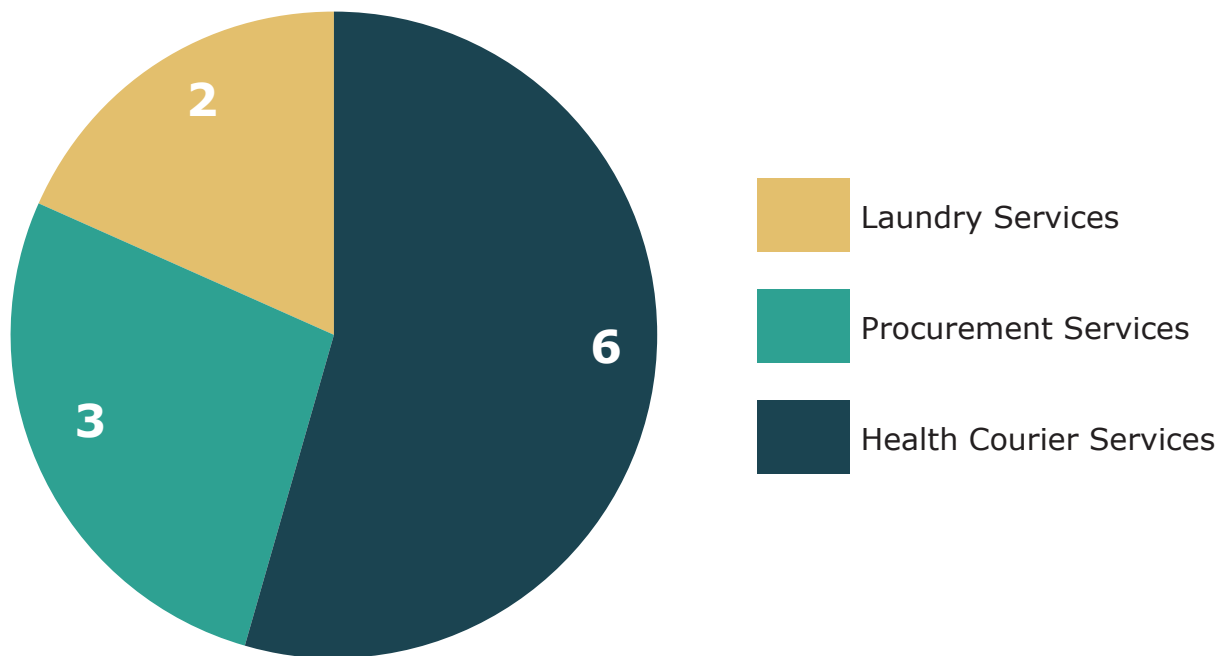
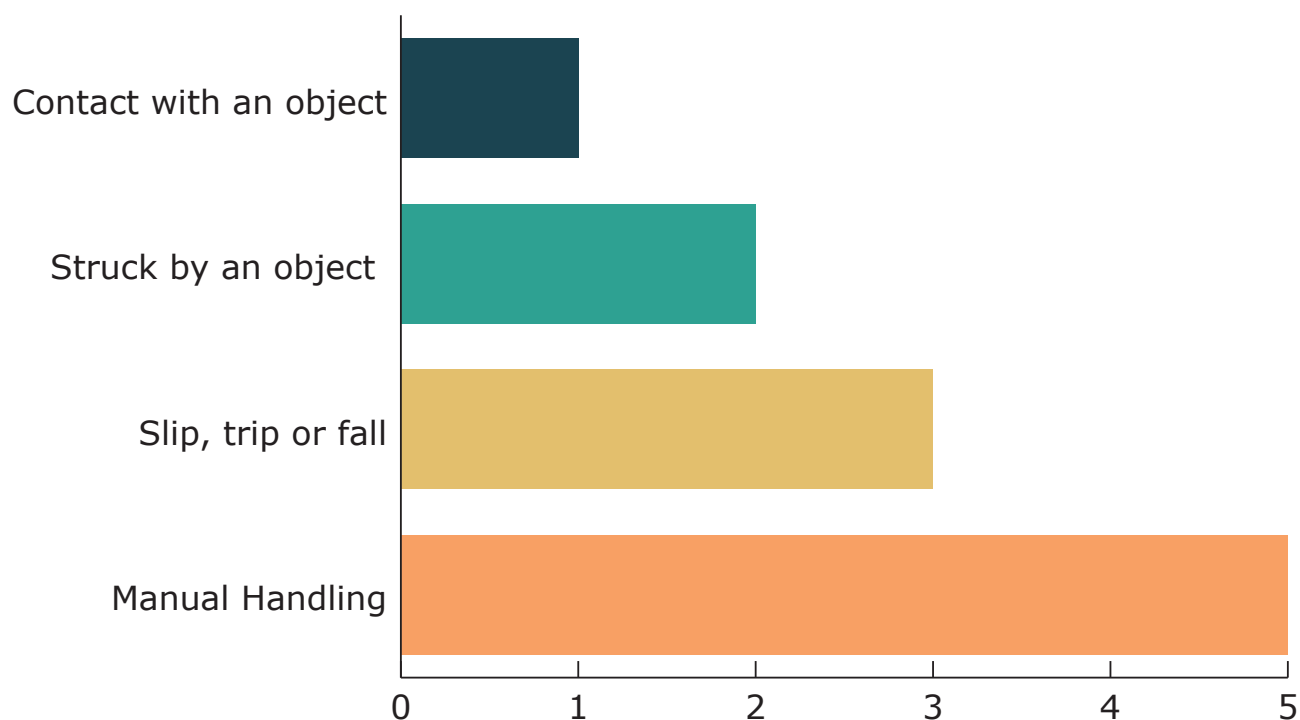


Figure 28
RIDDOR incidents by Service Groups – 2022/2023



Personal Injury Claims





During the period April 2022 – March 2023 there was one new claim received.

Health and Safety Executive Enforcement Action





During the year there have been no prosecutions, enforcement actions or intervention costs by either the Health and Safety Executive (HSE) or Environmental Health.

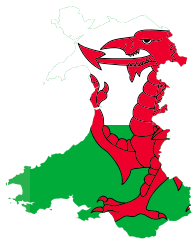
Once for Wales Concerns Management System Datix Cymru



OFW New System

The OFW system, Datix Cymru, was launched in NWSSP on 17th May 2021.

This is a modern, cloud-based version of Datix software and will replace previous versions of Datix. The Welsh Government asked NWSSP to accelerate the introduction and roll out of the system, in order to deliver the benefits of the system as soon as possible.



**System Rheoli Pryderon
Unwaith dros Gyr**

**Once for Wales Concerns
Management System**

The system replaced the various versions and configurations of the Datix software currently in use across NHS Wales and provides the opportunity to provide a level of consistency in our approach to incident management.

NWSSP has issued various publications throughout 2022/2023 demonstrating the benefits of the Datix Cymru system and how to access the system.

Training undertaken for Investigating Officer on Datix Cymru

A series of training sessions were undertaken during 2022/2023 by the Health and Safety Manager with investigating officer on the Datix Cymru System.

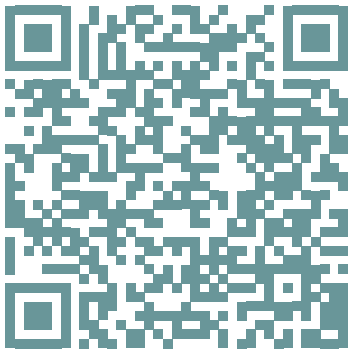
Further sessions continue to be undertaken into 2023/2024.

Benefits of the New System

- Easy to log in - Nadex/Windows login can be used to access the system.
- Quicker process – The flow and layout of the incident form has been undertaken making it more user friendly.
- Business Intelligence tool – simpler process to access reports from the system which will improve efficiency.

QR Code – Accessing Datix Cymru on the go

A QR code was issued across NWSP which can be scanned by any smart phone or similar device and takes the user to Datix Cymru. This has been designed for staff who are “on-the-go” such as drivers, laundry staff, procurement etc.



Datix Cymru Incident Reporting Card – QR Code

In addition to the QR Code Poster, the NWSSP Health & Safety team devised a credit card style card which informs staff how to report an incident and has the QR code displayed. The QR code can be scanned by any smart phone or similar device so that staff can report an incident, on the go, using their mobile phones. These cards were issued to those staff who do not have access to their own computer in the workplace.

Health and Safety Management System Framework (HSG65)





The Health and Safety Executive stipulate that areas must be subjected to Health and Safety Inspections on a regular basis.

NWSSP operates a Health & Safety Management System, utilising the HSE-approved HSG65 tool. The Health and Safety Manager maintains an annual schedule of site audits. The model is structured into a **Plan, Do, Check, Act** approach.

An integrated Health and Safety Management System brings consistency to the health and safety approach throughout the organisation and enables NWSSP to execute health and safety practice by building on existing management systems, policies and procedures.

The systems aids in delivering greater consistency and a more rigorous approach to managing risks to health and safety within NWSSP. It ensures that operations remain safe and reliable.



Revision of the HSG65 Assessment questions and template from April 2023

The HSG65 assessment questions and template has been revised along with the audit template an new question set has been put together for 2023/2024. The revised template will be undertaken from April 2023.

Sites are required to undertake self-assessments during the year. Going forward the HSG65 process should be integrated into the sites’ day to day activities and on a continuous basis and not just for the purpose of the assessment.

Health and Safety Management System - HSG65 Assessment Tool

The 'HSG65 Assessment Tool' used within NWSSP utilises and provides assurance to NWSSP that matters relating to health and safety are being dealt with adequately and effectively and any weaknesses in areas are brought to the attention of management and advice issued on how particular problems may be resolved and improved to minimise future occurrence.

An action plan is produced in conjunction with the manager and the Health and Safety Manager, with agreed timescales outlining specific actions for development, the delivery of which is monitored quarterly.

The objectives of the internal audits are:

To confirm that the management system conforms with all the requirements of the audit standard.

To confirm that the organisation has effectively implemented the planning management system.

To confirm that the management system is capable of achieving the organisation's policy objectives.

The Health and Safety Management System Framework within NWSSP is set into the following Principles of good health and safety management.

The system consists of the following key categories and are stated below:

» Health and Safety Policy

» Organisation

» Health, Safety and Emergency Planning

» Selection and Training

» Consultation, Communication and Control

» General Risk Assessments

» CoSHH Assessments

» Manual Handling Assessments

» Display Screen Equipment Assessments

» Workplace Safety

- » Fire and Emergencies
- » First Aid
- » Work Equipment
- » The Workplace

» Covid-19 Secure

» Monitoring

Health and Safety Internal Site Audits Undertaken During 2022-23

A schedule of health and safety internal audits were undertaken by the Health and Safety Manager/Health and Safety Support Officer at NWSSP sites during 2022/2023



The following sites demonstrated Substantial Assurance (90% and above):

Sites Visited	% Rate
Lakeside Stores	93.44%
Surgical Materials Testing Laboratory (SMTL)	98.94%
Westpoint Industrial Estate	96.94%

➤ SLG can take substantial assurance that arrangements are in place regarding the management of health and safety on site and internal control are in place. Few matters require attention.



The following sites demonstrated reasonable assurance (80% - 89%):

Sites Visited	% Rate
Morrison Hospital R&D	85.02%
Princes of Wales R&D	81.25%
Alder House	89.13%
Brecon House	83.07%
Charnwood Court	88.91%

➤ SLG can take reasonable assurance that arrangements are in place regarding the management of health and safety on site and internal control are in place. Some matters require management attention.



The following sites demonstrated limited assurance (70% - 79%):

Sites Visited	% Rate
Bridgend Stores	73.84%
<div><div><div>➤ The SLG can take limited assurance that arrangements are in place regarding the management of health and safety on site and internal control are in place. More significant matters require management attention.</div><div>➤ Since the assessment has taken place, a health and safety improvement plan was been drawn up from the main themes. The Health and Safety Manager has worked with the management at the site and good progress has been made.</div></div></div>	

Main Themes Arising from the Internal Health and Safety Site Audits Carried Out During 2022/2023

Consultation, Communication & Control:

- Ensuring that regular team meetings are undertaken by service groups and a standard agenda item includes Health and Safety.
- Ensuring that all service groups and sites have representatives attending regional, site and local meetings.
- Ensuring the information from the Regional Health and Safety Meetings are communicated to staff at team meetings.

General Risk Assessment

- Ensuring that risk assessment ratings are realistic.
- Ensuring that risk assessments are reviewed at regular intervals to ensure they are reflective of work practices and risks.
- Ensuring risk assessments are reviewed following relevant incidents occurring.
- Ensuring Safe Systems of Work are reviewed following relevant incidents occurring.
- Ensuring each site has their own risk assessment inventory for all risk assessments undertaken at site.
- Ensuring staff sign receipt and understanding of their respective safe systems of work.

Selection & Training

- Ensuring training records are kept up to date.
- Ensuring that retraining is undertaken before it expires.
- Ensuring that all staff undertake the First Month Local Site Induction Toolkit on their first day and complete it within a month.
- Ensuring that managers have completed the IOSH Managing Safely course.
- Ensuring supervisors have completed the IOSH Working Safely course.

Workplace Safety - First Aid

- Ensuring a fire aid risk assessment is in place and reviewed.
- Ensuring that the first aid box is equipped in line with the first aid checklist and is checked on a monthly basis.

DSE Assessments

- Ensuring that assessments are completed for all display screen equipment users.
- Ensuring DSE assessments are completed for staff returning to the office.
- Ensuring that DSE assessments are completed when changes occur i.e., moving desks.
- Ensuring that all staff who work on an agile basis have completed that Agile Working DSE Assessment.

Other areas where improvements are required in 2023/2024 include:

- Ensuring that during workplace inspections outside areas are monitored and findings are recorded.
- Ensuring NWSSP management on health boards sites maintain regular communication with the on-site facilities and health and safety teams.
- Ensuring that every staff member has access to Datix Cymru.

Summary of HSG65 overall scores for 2022/2023

Category	Average HSG65 Score (%)
Consultation, Communication and Control	77.97%
Selection and Training	80.29%
General Risk Assessment	81.24%
Workplace Safety - First Aid	81.48%
Organisation	83.88%
Workplace Safety - Work Equipment	85.37%
Health and Safety Policy	88.15%
Monitoring	88.55%
Display Screen Equipment	88.89%
Manual Handling	89.87%
CoSHH Assessment	90.37%
Workplace Safety - Fire and Emergencies	91.90%
Health, Safety and Emergency Planning	93.06%
Workplace Safety - The Workplace	96.75%

Consultation, Communication and Control



The Director of Corporate and Finance leads on the overall direction of health and safety for NWSSP with the Health and Safety Manager continuing to improve performance through regular monitoring progress, reviewing processes and having regular discussions under the Health and Safety Committee Structure.

NWSSP has established an effective means of communication and consultation with its staff through regular health and safety specific newsletters and articles within the internal magazine, which demonstrates a proactive, positive approach to raising awareness of health and safety issues.

Regular health and safety reports are submitted to the Senior Leadership Group (SLG) on a quarterly basis. The SLG receives, discusses and scrutinises reports and provides updates on any issues associated with the management of health and safety risks. The SLG ensures that health and safety issues are integrated into its Integrated Medium Term Plan (IMTP) business planning process and appropriately actioned.

All Wales Health & Safety Group Meetings

7 Minute Briefings

- There is an NWSSP Health and Safety Group in place with approved terms of reference. Through this structure NWSSP communicates and consults with employees on health and safety issues. The various H&S groups in place have suitable management membership to implement actions and meetings are held on a quarterly basis. In addition, trade unions are invited to attend.

➤ During 2022/2023 the 7-Minute Briefing continued to be issued to Site Managers and Health and Safety Reps on a monthly basis.

➤ The aim is to provide Site Managers and H&S reps with a briefing of the main issues from the last NWSSP Health and Safety Meetings. It is concise and informative.

Regional Health & Safety Group Meetings

- There are two regional health and safety groups which meeting on a quarterly basis.

NWSSP Health & Safety Sharepoint

- During 2022/2023 the dedicated health and safety webpages continued to be updated on Sharepoint and staff are directed to this area for relevant documetation.



Other Training



Fire Marshal Training

On-line fire marshal training continues to take place on an annual basis for certain staff members.

First Aid Training



Nominated individuals continue to be trained in first aid training undertaken by St John Ambulance.

Roll Cage Training

Enhanced roll cage safe system of work training has been undertaken.

Datix Cymru Training

A number of training sessions have been undertaken with investigating officers on the Datix Cymru System.

Legionella Awareness Training

This training continued to be undertaken during 2022/2023.

Certain members of the laundry maintenance staff attended PPM training.



Asbestos Awareness

This training continued to be undertaken during 2022/2023.

IOSH Working / Managing Safely

A number of supervisors and managers continue to undertake the e-learning IOSH Working/Managing Safely course.



CoSHH Awareness

A number of staff have now attended the on line CoSHH awareness training.

Manual Handling Inanimate Load Training On-line

The on-line safer handling package was devised for NWSSP staff who have an element of manual handling requirements in their role. This training continued to be undertaken during 2022/2023.



Spill Management

A number of staff have now attended the on line spill management training.



Estates Compliance

The Health and Safety Manager currently manages the estates statutory compliance for our Velindre leased sites, and also attends the Velindre NHS Trust Estates management group meetings, feeding back any issues and non- conformities.

Many of the NWSSP locations are on Trust/ UHB sites and when the H&S Manager undertakes the annual site visits, issues are often addressed directly with the site managers to ensure compliance from the Health Body’s perspective. This is not always easy as their priorities are patient care and not our offices on their sites.

All elements of estates compliance were continually monitored for compliance by the Health and Safety Manager during 2022/2023.

The Health and Safety Manager for NWSSP represents NWSSP on the Velindre NHS Trust Estates/Statutory Compliance Management Group and provides updates on the collation of data for the mandatory data collection audit.



Reinforced Autoclaved Concrete Panels (RAAC)

Ove Arup and Partners Limited (Arup) have been commissioned by NWSSP Specialist Estates Services (SES) to provide an visual inspection of the buildings leased by NWSSP to determine the presence of Reinforced Autoclaved Concrete Panels (RAAC).

Reinforced Autoclaved Concrete Panels (RAAC) has been located at Brecon House, Mamhilad Park Estate, Pontypool and Companies House Repository area.



RAAC is a lightweight ‘bubbly’ form of concrete that was commonly used in hospitals/schools and other buildings from the mid-1960’s to the mid-1980s. RAAC is mainly found in roofs, although occasionally floors and walls. RAAC is considered to be less strong than traditional reinforced concrete structures and there have been reported issues in building throughout the UK. Due to its highly porous nature, RAAC is significantly more prone to deflections, cracks and weaknesses.

The issue remains under regular review. A focussed incident group, led by staff from the Specialist Estates service and the NWSSP Health & Safety team, meets on a regular basis and a risk management plans have been put into place and are constantly reviewed.



Legionella Management

NWSSP Water Safety Plan (WSP) and Written Scheme



During 2022/2023 the NWSSP Water Safety Plan and Written Scheme was issued within the laundry sites.

This Water Safety Plan (WSP) - Procedural Document is aimed at the management of Legionella from an NWSSP perspective.

The Health and Safety Commission’s publication ‘Legionnaire’s Disease, The Control of Legionella Bacteria in Water Systems Approved Code of Practice and Guidance’ (HSE L8) provides a framework and guidance for NWSSP to achieve compliance relative to the hazards posed by Legionella.

The WSP provides the guidance, instruction, specification and infrastructure for the implementation of the NWSSP Management & Control programme for: The control of Legionella, hygiene, ‘safe’ hot water, cold water and drinking water systems.



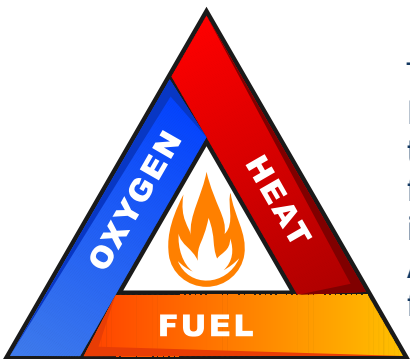
Fire Risk Assessments



Fire Risk Assessments – NWSSP Leased Sites

During 2022/2023 fire risk assessments continued to be undertaken, where applicable by the Specialist Estates Fire Safety Advisor.

Fire Risk Assessments Completed During the 2022/23	
➤ Brecon House, Mamhilad House, Pontypool	➤ Westpoint Industrial Estate
➤ PHW within IP5 Stores	➤ Dupont, C2, Mamhilad Park Estate, Pontypool
➤ Charnwood Court	➤ Counter Fraud
➤ Swansea Laundry	➤ Cwmbran House
➤ Matrix House - Fire Risk Assessment	➤ Companies House
➤ SMTL new Lab in IP5	



The purpose of the Fire Risk Assessment is to identify potential Fire Hazards, identify steps to be taken to reduce any risks to as low as reasonably practicable, and to recommend what fire precautions and management arrangements can be put in place to ensure safety if a fire does occur. The Fire Safety Advisor within the Specialist Estates Directorate undertakes fire risk assessments for the Velindre leased sites.

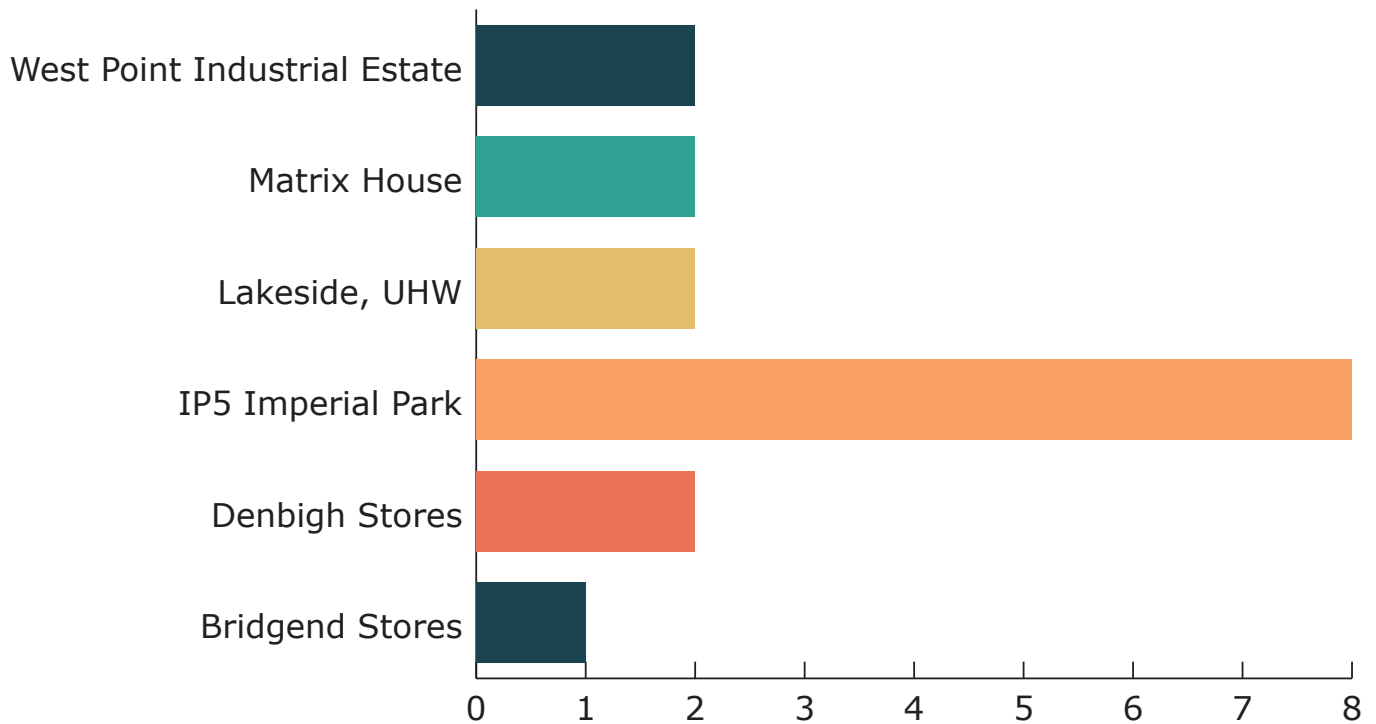
Following on from fire risk assessments, the Health and Safety Manager ensures that all the actions are carried out as a consequence and works with the site leads and landlords of each site.

The current fire control measures within NWSSP are and will remain:

- Fire drills twice a year at leased sites.
- Site inductions for new starters which included an element of fire safety.
- Fire marshal training annual.



Figure 29
Fire Alarm Activations by Site – 2022/2023



There were 17 Fire Alarm activations during 2022/2023 all of which were unwanted fire signals – no actual fire – These were either as a consequence of fire panel faults or toast being burnt and food left in a microwave oven.



Single Lead Employer





Single Lead Employer (SLE) is an employment arrangement that was put in place to effectively manage and support all Medical and Dental trainees across Wales for the duration of their training programme. The Single Lead employer team, are part of NHS Wales Shared Services People & Organisational Development department, and work alongside Health Education Improvement in Wales and Host Organisations as part of the tripartite agreement.

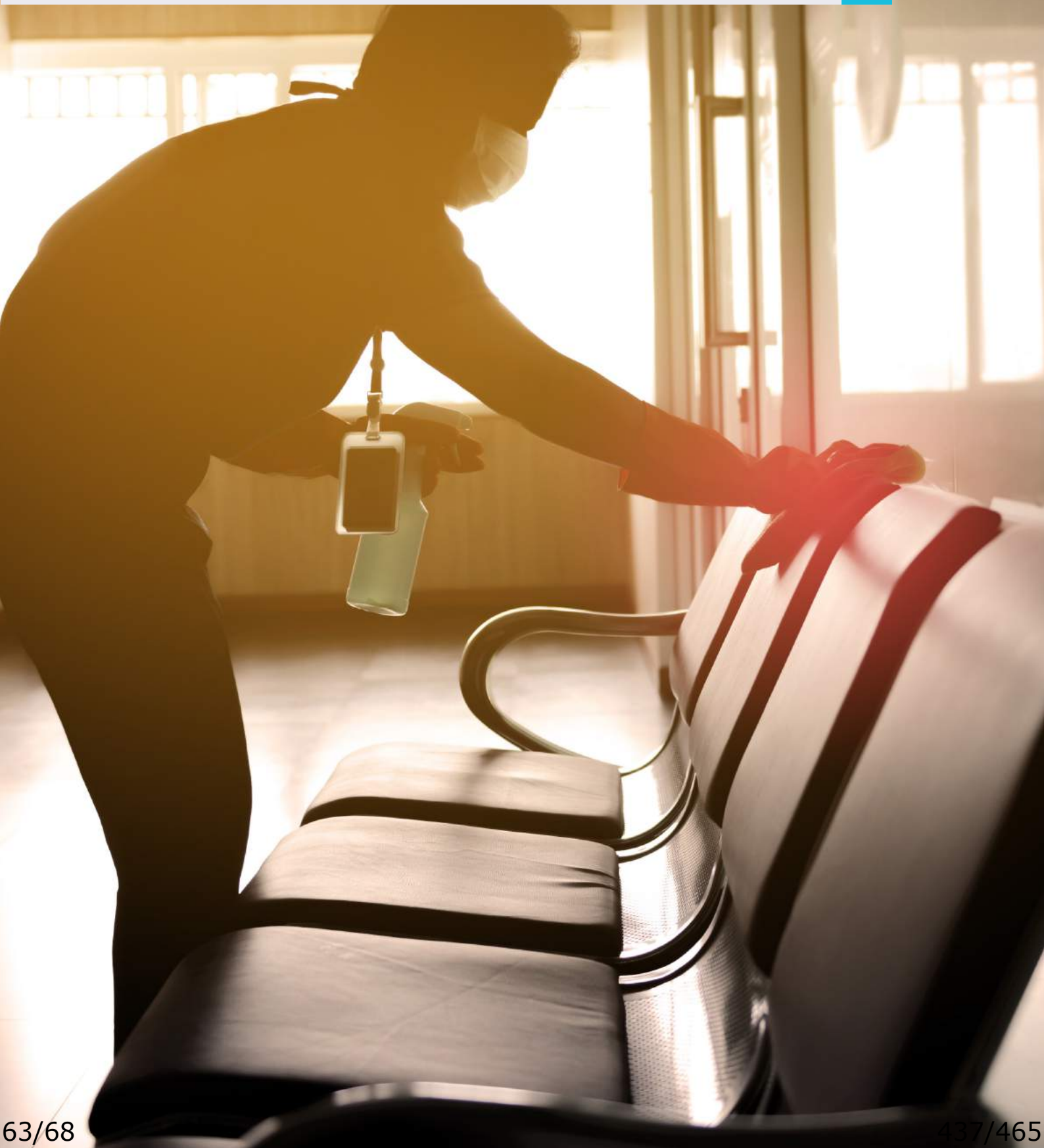
NWSSP trainees work in all areas of Wales, providing essential clinical services. All NWSSP trainees remain employees of NWSSP whilst on placement and it is important that the Shared Services Senior Leadership Group are aware of any incidents or occurrences involving this important group of staff.

During 2022/2023 it was recommended that once an incident/occurrence is populated onto the Datix Cymru system by a Health Board or Dental Practice involving a member of staff employed under the single lead employer programme, the Health Board or Dental Practice were to communicate this incident/occurrence to the NWSSP Health and Safety Manager in order that appropriate support and actions could be taken.



During 2022/2023 **no incidents** were reported for Single Lead Employees.

COVID-19 Response




COVID-19 Response

Welsh Government (WG) were moving towards accepting coronavirus as a vaccine-preventable disease where immunisation is the most critical first line of defence. With increasing numbers of people vaccinated and everyone’s continued efforts, coronavirus specific legal requirements no longer apply. The risks from coronavirus are now considered in the same context as other communicable diseases risks (for example flu and norovirus).

Health and Safety Protection Measures within NWSSP:

From 18th April 2022 the Covid-19 specific risk assessment was no longer required as a legal requirement and the Health and Safety Executive (HSE) no longer required businesses to consider COVID-19 in their risk assessment or to have specific measures in place.



The NHS COVID-19 QR code poster was withdrawn from 24th February 2022.



Consistent communication messages to staff

From 9th May 2022 a separate covid-19 risk assessment, physical distancing and face coverings were no longer a legal requirement and were not mandated within NWSSP sites. Perspex Screens continue to remain at sites, where installed

Protect staff who are at increased risk and promote vaccination;

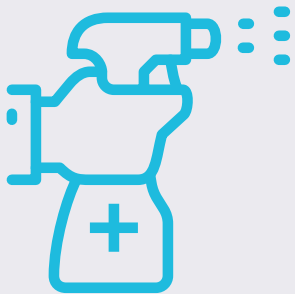


NWSSP continues to comply with the Workplace (Health, Safety and Welfare) Regulations 1992 for Welfare Facilities.

From 30th May 2022, the legal requirement to wear a face covering in health and care settings ended.

Staff based at health and care settings and staff who attend these sites were expected to comply with the local arrangements at each site. Staff continued to be required to familiarise themselves with local arrangements prior to attending.

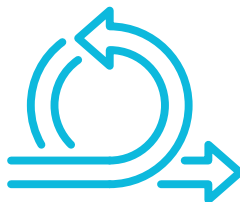
Enhanced cleaning;



Promoting good hand hygiene;



To reduce the risk of the spread of Covid-19 transmission, health and safety protection measures continued in the workplace, within NWSSP.

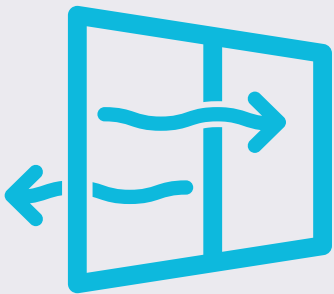


Promote the principles of agile working.

In March 2022 WG produced guidance which is set out in 'Together for a safer Future:

Wales' long-term Covid-19 transition from pandemic to endemic' in March 2022

Adequate ventilation;



During 2022/2023 Specialist Estates Services undertook a series of ventilation reviews at NWSSP leased sites.



First Aiders continued to be issued with their own personal PPE.

Conclusion



The management of health and safety remains key for NWSSP with appropriate resources being provided to manage this within an expanding organisation. The continuing growth of NWSSP provides constant challenge as new services are taken on, but we are ensuring that the progress made to date within NWSSP is shared across all areas of the organisation.

Site visits/audits will continue to be undertaken by the Health and Safety Manager and Health and Safety Support Officer. It is imperative that the manager responsible for the health and safety of the site undertake the actions from the site visits, in a timely manner, within the agreed timescale set at the visit by the Health and Safety Manager, otherwise exception reports will need to be carried out. From the audits undertaken during 2022/2023 in general, there is significant evidence to demonstrate good practice across all sites and there are no areas having unacceptable risk.

The current health and safety objectives will continue to be monitored. As a consequence of incidents occurring at NWSSP it is important that NWSSP continues to ensure lessons are learnt and improvement plans are put in place each year.



Thank you for reading this document. If you would like to find out more, please visit our website, our social media channels, or use the contact details provide below:



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NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 02/07/2023 (Updated 03/07/2023)

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	238,206,400	591,325	35,671,600	180,400
Body Bags	15,371	15	10,762	400
Eye Protector	1,644,530	0	596,317	300
Type I & Type II Masks	2,247,850	1,300	155,700	0
Type IIR Masks	272,357,977	305,600	3,715,015	0
FFP2 Masks	127,144	0	2,400	240
FFP3 Masks (3M)	4,808,464	1,020	2,680,069	0
FFP3 Masks (Other)	191,100	0	0	0
Face Visors	7,494,904	419	1,110,354	0
Fit Test Kits & Spares	6,654	0	271	0
Gloves	1,112,960,380	4,732,000	84,185,550	27,679,300
Gloves Cuff	1,796,000	600	469,100	0
Gowns (Fluid-Resistant)	4,753,946	3,208	965,396	23,220
Gowns (Other)	1,090,464	2,701	102,081	0
Hand Sanitizer	973,963	2,957	210,105	3,120
Wipes (Universal)	104,981,600	1,305,200	8,274,600	18,720,000
Wipes (Other)	118,474,202	208,377	1,255,400	298,600
Respirator Hoods	154	0	445	0
Respirator Filters	35,273	0	42,600	0
Total	1,872,166,376	7,154,722	139,447,765	46,905,580

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

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 2 – MAY 2023

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for May 2023 and should be read in conjunction with the Monitoring Return tables submitted for Month 2.

Thank you for your email of 19th May 2023 responding to the Month 1 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 2 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 recently announced covid recovery payment and the 5% 2023/24 pay award.

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 reduction in energy costs since both our IMTP was submitted and the Month 1 submission, there is a further reduction in 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 in agreement with the suggestion to address this issue in two six-month periods. The income

generation values have been reprofiled to months 7 and 12 (**Action Point 1.2**). The value of the anticipated funding shortfall has reduced from £4.079m as included in our IMTP to £1.737m in line with the all Wales forecast reduction – this continues to be a high level estimate given not all energy volumes and prices have been secured for the financial year given the transfer to the CCS framework from 1st October 2023.

Table A has also been populated with the full year updated forecast of Covid expenditure and funding anticipated. This indicates a reduction of £7.430m against the forecast included within our IMTP. This is due to a reduction in the forecast of issues of PPE to Primary & Social Care, due to both reduced quantities and reduced item costs following the revaluation exercise in 2022/23. At present we continue to assume that the current arrangements for PPE stock management, warehousing and distribution, along with the issue of PPE to Primary & Social care will continue to 31st March 2024, although funding has to date only been confirmed to 30th June 2023. An updated version of the business case to secure recurring funding has been submitted to Welsh Government. We understand from our meeting with Sioned Rees on 6th June 2023 that Ministerial Advice has been prepared which recommends that funding is continued to 31st March 2024. We await an update on this advice.

Additional in year savings and income generation of £0.233m are included to Month 2 which are negated by the establishment of a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales.

The assumption of full funding for the Covid expenditure and other anticipated income enables us to continue to report a break-even forecast outturn.

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2023/24 has reduced from £650.392m as forecast in Month 1 to £646.921m. This is primarily due to (i) the removal of non-cash depreciation charges on unapproved schemes, (ii) a further reduction in the forecast for stores income due to reduced issues and the ongoing impact of the PPE revaluations undertaken in March 2023 and (iii) the reduced forecast energy recharges to UHBs for Laundries following the All Wales energy forecast reduction.
- The agreed 1.5% consolidated pay award costs backdated to 1st April 2022 were paid in May. We are reviewing the actual payments against the accrual to ascertain whether any further arrears will be paid in future months. No other adjustments for the more recent pay award offers are included in the forecast, although these will obviously impact our forecast and profile if/when these are agreed/paid. We await confirmation of both recurrent and in year funding for these pay awards.

- The SLE pay and non pay forecast totals £236.149m as detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	18.472	17.452	18.605	18.605	18.605	18.605	18.605	18.605	18.605	18.605	18.605	18.605	221.972
NON PAY	1.080	1.179	1.163	1.163	1.163	1.163	1.163	1.163	1.163	1.163	1.163	1.450	14.176
TOTAL	19.552	18.631	19.768	19.768	19.768	19.768	19.768	19.768	19.768	19.768	19.768	20.055	236.149

This is based on trainee numbers currently employed, although will vary with the large August and February rotations and intakes, and also with the variable locum shifts paid to SLE trainees that we now process centrally for the majority of UHBs. We are working through the reconciliation of the backdated pay award paid in May against the accrual for SLE trainees to better understand the reason for the reduced expenditure in Month 2 and whether any further pay arrears are anticipated.

- 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 £6.083m have been included which are per the current draft of our non-cash return that is due for submission at the end of June. This is a reduction from our IMTP forecast due to the exclusion of unapproved schemes. Amendments to the baseline/strategic rows in the table have been made to reflect our new baseline funding of £3.799m.
- £1.715m income and expenditure is included for Month 2 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. The table below details the current organisation shares per our planning assumptions shared with UHBs/Trusts, however this apportionment will change when we have the final 2022/23 data to update the cost drivers for 2023/24. We will update you when these have been recalculated following the completion of the audit of the 2022/23 UHB/Trust annual accounts (**Action Point 1.3**).

	Risk Share	23/24
		£m
Aneurin Bevan	16.80%	4.455
Swansea Bay	16.38%	4.339
Betsi Cadwaladr	19.71%	5.224
Cardiff & Vale	14.43%	3.823
Cwm Taf Morgannwg	13.15%	3.483
Hywel Dda	10.74%	2.845
Powys	4.51%	1.194
Public Health Wales	1.34%	0.354
Velindre	1.10%	0.290
Welsh Ambulance Service	1.84%	0.487
Digital Health & Care Wales	0.00%	-
Health Education & Improvement Wales	0.00%	-
	100.00%	26.494

A high level review of our forecast undertaken at the beginning of June confirms that the £135.929m forecast continues to be the best estimate at this early point in the financial year. This will continue to be monitored on a monthly basis to ensure any material deviation from forecast can be highlighted at the earliest opportunity.

- The total energy cost forecast is £4.191m based on the updated All Wales forecast received from British Gas in May. This 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.
- Explanations for the highlighted variances in Table B1 are:
 - Welsh NHS Income – £1m due to the forecast for stores income reducing due to issue volumes and reduced values following the revaluation exercise in March 2023 and £1m reduction in SLE charges in May
 - WG Income – £1.6m non-cash depreciation forecast reduction and WRP re-profile over the financial year
 - Other income – £1m pharmacy rebates re-profiled between months
 - Pay – £1m reduced SLE pay costs in May
 - Non pay –pharmacy rebate reprofile £1m and the further forecast reduction in stores issues £1m
 - Losses, Special Payments & Irrecoverable debts – in month profile change due to WRP straightline profile forecast being updated with actuals, no impact on full year forecast
 - DEL Depreciation charges – £1.6m reduction in charges following a review in readiness for the non-cash submission in June and the exclusion of unapproved depreciation charges

- 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. Per our IMTP it has been assumed that the current level of resource required to support covid will be required for the remainder of the financial year although funding for the PPE support has only been confirmed to 30th June 2023. A summary of the year to date and forecast expenditure is detailed below:

Covid Costs	YTD M2	2023/24
	£m	£m
PPE Operational Costs	0.573	4.923
Social Care/Primary Care PPE	0.681	5.681
Mass Vacc - Pay & Non Pay (non PPE)	0.131	1.132
Lateral Flow Testing	-	0.135
TOTAL	1.385	11.871

This is a further reduction on the Month 1 forecast due to the continued lower value of PPE issues to Primary Care & Social Care and the ongoing revision of forecast costs as we progress through the financial year.

We await confirmation with regards to the approval of funding for the PPE support beyond 30th June 2023 following submission of the Ministerial Advice. When this is received and the level of service to be provided confirmed, we can further update the expenditure profile for the PPE Operational Costs.

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 a combination of internal savings within NWSSP and planned recharges to UHBs. 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 1.1**). Changes reported since the Month 1 submission are:

- The risk regarding agreeing laundry energy recharges with UHBs has reduced to £1.737m following a further reduction in the All Wales forecast received at the end of May.
- The NWSSP energy pressure has also reduced to £0.098m in line with the All Wales reduced forecast costs.
- The IP5 energy pressure remains at £0.286m whilst we undertake an assessment of the forecast costs under the new energy contract rates for the site which are not part of the All Wales supply.
- The Medical Examiner Service funding risk has reduced to £3.601m given the part year effect of the service expansion during 2023/24 so the full recurrent funding will not be required this financial year.
- Funding for PPE service risk has reduced to £3.915m to reflect the forecast costs for Months 4-12 (excluding PPE issues) which we currently do not have confirmed funding for. If funding for the service is not continued, we will need to include the risk of increased stock obsolescence/write offs during 2023/24.

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)

£0.080m of agency expenditure was reported in Month 2 and due to the high level of vacancies and recruitment issues we are experiencing we are forecasting this is likely to continue during the financial year.

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 £0.233m to the end of May 2023.

This also indicates that schemes included as 'amber' are currently being achieved and are on track to turn 'green' in October as forecast.

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 2-26 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 more accurate forecast assessments (Depreciation, Covid, Medical Examiner and Energy). Lines 24-26 for pay award funding have been included although for the recent awards we don't yet have values to incorporate.

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 31st May 2023 there were two NHS invoices outstanding over 17 weeks that are recorded in Table M. Due to a look up error on the Velindre aged debt report at the end of April these were not reported against NWSSP in Month 1.

We are urgently chasing invoices for payment as we are aware that the deadline for invoices agreed in the agreement of balances exercise has now passed.

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 that was issued on 5th April 2023.

To Month 2 we have incurred £0.112m capital expenditure against our 2023/24 CEL of £1.244m. We have plans to ensure all funding is spent in full during the financial year.

We have recently received confirmation of £0.192m EFAB funding for the balance of laundry equipment under construction and await this addition to our CEL.

We have disposed of three large end of life scanners in April and May which are recorded in Table K.

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 2 Financial Monitoring Return, along with the returns for Months 1 and 3 at the July meeting.

14. Authorisation of Return



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ANDREW BUTLER
DIRECTOR OF FINANCE AND
CORPORATE SERVICES

12th June 2023



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 3 – JUNE 2023

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for June 2023 and should be read in conjunction with the Monitoring Return tables submitted for Month 3.

Thank you for your email of 30th June 2023 responding to the Month 2 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 3 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 covid recovery payment and the 5% 2023/24 pay award.

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 fluctuation in energy costs since both our IMTP was submitted and the Month 2 submission, there is an 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 in agreement with the suggestion to address this issue in two six-month periods.

The value of the anticipated funding shortfall has been amended from £4.079m as included in our IMTP to £1.902m in Month 3 in line with the all Wales forecast received in June – this continues to be a high level estimate given not all energy volumes and prices have been secured for the financial year given the transfer to the CCS framework from 1st October 2023.

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.

We received confirmation in June of Ministerial approval for the extension of the funding for the current arrangements for PPE stock management, warehousing and distribution, along with the issue of PPE to Primary & Social care to 31st March 2024.

Additional in year savings and income generation of £0.448m are included to Month 3 which are being used to establish a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales. In line with the monitoring return response received on 30th June 2023, we are continuing to take action to mitigate and reduce planned cost growth through continued and improved cost control mechanisms with the aim of maximising savings to NHS Wales. Given the additional costs that are being flagged that we will need to incur in respect of the move from Brecon House due to the identified RAAC, we anticipate that these additional savings will be required to support these additional in year costs.

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 £646.921m as forecast in Month 2 to £652.692m. This is primarily due to the inclusion of income assumptions for both the Covid recovery payment (£2.230m) and the 2023/24 5% pay award (£4.533m) from Month 3.
- The pay expenditure profile increases in June due to the payment of the Covid recovery payment and will also increase in July due to the payment of the 2023/24 5% pay award uplift plus arrears backdated to 1st April 2023. We await confirmation of in-year and recurrent funding for these pay awards plus the recurrent funding for the 1.5% consolidated award from 2022/23.

- The SLE pay and non pay forecast totals £235.721m as detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	18.472	17.452	18.268	18.605	18.605	18.605	18.605	18.605	18.605	18.605	18.605	18.605	221.636
NON PAY	1.080	1.179	1.072	1.163	1.163	1.163	1.163	1.163	1.163	1.163	1.163	1.450	14.085
TOTAL	19.552	18.631	19.341	19.768	19.768	19.768	19.768	19.768	19.768	19.768	19.768	20.055	235.721

This is based on trainee numbers currently employed, although will vary with the large August and February rotations and intakes, 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 £6.123m have been included which reconcile to our non-cash submission made on 30th June 2023. This is a reduction from our IMTP forecast due to the exclusion of unapproved schemes. Amendments to the baseline/strategic rows in the table have been made to reflect our new baseline funding of £3.799m.
- £6.456m income and expenditure is included to Month 3 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 July confirms that the £135.929m forecast continues to be the best estimate at this early point in the financial year. This will continue to be monitored on a monthly basis to ensure any material deviation from forecast can be highlighted at the earliest opportunity.

- The total energy cost forecast is £4.403m based on the updated All Wales forecast received from British Gas in June. This 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.
- Explanations for the highlighted variances in Table B1 are:
 - Welsh NHS Income £1.5m increase from prior month forecast and £1.6m increase in full year forecast – increase in Medicines Unit sales to UHBs/Trusts £0.6m, increase in All Wales workforce system recharges/international recruitment £0.4m, increase in All Wales Employment Services recharges £0.4m, increase in stores recharges above forecast £0.3m

- WG Income – in month reduction of £7.2m primarily due to the net impact of the Welsh Risk Pool income reducing in month to match expenditure (it is phased on a straight-line basis and reprofiled to match expenditure during the financial year with a £8.7m reduction for Month 3 against the forecast at Month 2) and the increase due to the Covid recovery payment in June (£2.2m).
 - WG Income - full year forecast increase of £4.1m primarily due to the inclusion of the 2023/24 pay award from Month 4 (£4.5m), reduced by the decrease in the Covid funding forecast (£0.8m).
 - Other income – £0.9m movement in month primarily due to the reprofile of pharmacy rebate income between months.
 - Pay – in month increase of £1.8m due to £2.2m increase for the Covid recovery payment and a £0.4m reduction in the forecast for SLE. The 23/24 pay award increase of £4.1m from July accounts for the majority of the full year increase above the £1.8m in month increase.
 - Non pay – £0.6m reduction in the full year forecast – primarily due to the reduction in 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. A summary of the year to date and forecast expenditure is detailed below:

Covid Costs	YTD M3	2023/24
	£m	£m
PPE Operational Costs	0.865	4.231
Social Care/Primary Care PPE	1.112	5.612
Mass Vacc - Pay & Non Pay (non PPE)	0.201	1.104
Lateral Flow Testing	0.034	0.136
TOTAL	2.212	11.082

This is a further reduction on the Month 2 forecast due to the continued lower value of PPE issues to Primary Care & Social Care and the ongoing revision of forecast costs as we progress through the financial year.

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 a combination of internal savings within NWSSP and planned recharges to UHBs. 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. Changes reported since the Month 2 submission are:

- The risk regarding agreeing laundry energy recharges with UHBs has increased to £1.902m following an increase in the All Wales energy forecast received at the end of June.
- The NWSSP energy pressure has increased to £0.123m in line with the All Wales increased forecast costs.
- The IP5 energy pressure remains at £0.286m whilst we undertake an assessment of the forecast costs under the new energy contract rates for the site which are not part of the All Wales supply.
- The risk regarding funding for the PPE service has reduced to zero in month following confirmation that funding will be provided to 31st March 2024.

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)

£0.096m of agency expenditure was reported in Month 3, and due to the high level of vacancies and recruitment issues we are experiencing we are forecasting this is likely to continue during the financial year.

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 £0.448m to the end of June 2023.

This also indicates that schemes included as 'amber' are currently being achieved and are on track to turn 'green' in October as forecast.

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 2-26 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 more accurate forecast assessments (Depreciation, Covid and Energy). Lines 24-26 for pay award funding have been populated in Month 3 with the funding anticipated based on actual payments made and forecast arrears calculations.

An additional entry for TRAMS Transitional Management Structure funding has been included from Month 3 and we await an update on the availability of funding from Matt Denham-Jones.

The table continues to assume additional income 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.

All 2023/24 SLA's have been uplifted by the 1.5% core uplift and agreed and the overarching NWSSP SLAs with UHBs/Trusts/SHAs were approved at the May Shared Services Partnership Committee **(Action Point 2.2)**

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 30th June 2023 there were twelve NHS invoices outstanding over 17 weeks that are recorded in Table M. Five of these remain outstanding at the submission date despite no issues being raised during the agreement of balances exercise and no disputes being raised since.

We continue to urgently chase these invoices for payment.

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 £1.994 that was issued on 29th June 2023.

To Month 3 we have incurred £0.122m capital expenditure and we have plans to ensure all funding is spent in full during the financial year.

We have recently received confirmation of additional discretionary funding for the Laundries and EFAB slippage monies to support progress towards the Laundry modernisation programme and await the issue of funding letters in due course.

EFAB slippage monies have been confirmed for 2023/24 and 2024/25, however the combined total of circa £2.200m is not sufficient for us to proceed with the Laundry transformation programme. Recognising that we cannot deliver a discrete tranche of the planned transformation, and cannot assume further funding beyond 2024/25, or transfer of funding from UHBs who previously operated the sites, we have completed a review of the immediate business need and assembled a plan which is built around meeting two core objectives (i) underpinning service resilience and (ii) addressing estate and/or laundry equipment needs which are rated as 'higher risk', although statutory spend requirements for Glangwili and Church Village have not been included as they are the responsibility of Hywel Dda and Cwm Taf Morgannwg, and ultimately the sites may be released if the transformation proceeds in the future.


We disposed of three large scanners in April and May which are recorded in Table K and no sale proceeds were received due to the age of the scanners (**Action Point 2.1**).

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 3 Financial Monitoring Return, along with the returns for Months 1 and 2 at the July meeting.

14. Authorisation of Return



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ANDREW BUTLER
DIRECTOR OF FINANCE AND
CORPORATE SERVICES

13th July 2023



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Shared Services Partnership Committee

Forward Plan of Business

2023-2024

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
18 May 2023	Minutes & Action log	Deep Dive- Welsh Risk Pool	Corporate Risk Register	Annual Report on Complaints
	Chair's Report	Review of SLAs	Audit Committee Highlight Report	2022/23 Draft Annual Governance Statement
	Managing Director's Report	Citizen Voice Body SLA		2023/24 Internal Audit Plan
	Finance and Performance Report	Duty of Quality update		2023/24 Audit Wales Plan
	Project Update	Update on Laundry Services		Draft Annual Governance Statement
	Monthly Monitoring Returns	IMTP Q4 Update		
20 July 2023	Minutes & Action log	Q1 IMTP Update	Corporate Risk Register	Health and Safety Annual Report
	Chair's Report		List of Declarations of Interest	Annual Review
	Managing Director's Report		Report on Gifts and Hospitality	Audit Committee Annual Report
	Finance and Performance Report		Audit Committee Terms of Reference	Counter Fraud Service Annual Report
	Project Update		Welsh Risk Pool Committee Terms of Reference	Annual Report on Welsh Language
	Monthly Monitoring Returns			

				Final Annual Governance Statement
21 September 2023	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep dive session - Decarbonisation	Corporate Risk Register Audit Committee Highlight Report Audit Wales Management Letter	WIBSS Annual Report
23 November 2023	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep Dive session – IMTP Q2 IMTP Update Draft IMTP – 2023-26	Corporate Risk Register Audit Committee Highlight Report Duty of Quality	IMTP - discussion key themes and priorities; overview of emerging finance and workforce plans.
18 January 2024	Minutes & Action log Chair's Report	Deep Dive session – Primary Care Q3 IMTP Update	Corporate Risk Register	IMTP – Approval

	Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns		Report on SSPC Effectiveness Questionnaire	
21 March 2024	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep dive session – Welsh Risk Pool Q4 IMTP Update	Corporate Risk Register Audit Committee Highlight Report	