

# Shared Services Partnership Committee

Thu 18 May 2023, 10:00 - 12:00

Teams



## Agenda

10:00 - 10:05  
5 min

1. Agenda

1.1. Welcome and Introductions

Tracy Myhill, Chair

1.2. Apologies for absence

Tracy Myhill, Chair

1.3. Declarations of Interest

Tracy Myhill, Chair


1.4. Draft minutes of meeting held on 23 March 2023

Tracy Myhill, Chair

 1.4 NWSSP Partnership Cttee Minutes March 24 Final.pdf (9 pages)

1.5. Action Log

Tracy Myhill, Chair

 1.5 Action Log May 2023.pdf (1 pages)

10:05 - 10:10  
5 min

2. Matters Arising

2.1. Duty of Quality Update

Verbal Ruth Alcolado, Medical Director

10:10 - 10:30  
20 min

3. Deep Dive - Welsh Risk Pool

Presentation Jonathan Webb, Head of Safety & Learning

10:30 - 10:45  
15 min

4. Chair/Managing Director's Reports

4.1. Chair's Report

Verbal Tracy Myhill, Chair

4.2. Managing Director's Update



Neil Frow, Managing Director

10:45 - 11:15  
30 min

## 5. Items for Approval/Endorsement



### 5.1. Citizen Voice Body SLA

*Rhiannon Holtham, Solicitor, Legal & Risk Services*

-  5.1 SSPC CVB SLA CP.pdf (3 pages)
-  5. 1 Overarching SLA-NWSSP and CVB-V2 4.5.23.pdf (21 pages)

### 5.2. 2023/24 Service Level Agreements

*Peter Stephenson, Head of Finance & Business Development*

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

### 5.3. Single PC Workforce Intelligence System

*Andrew Evans Director of Primary Care*

-  5.3 Primary Care Workforce Intelligence Reporting Syst.pdf (5 pages)



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11:15 - 11:30  
15 min

## 6. Items for Noting



### 6.1. Internal Audit - External Quality Assessment

*Simon Cookson, Director, Audit & Assurance Services*

-  6.1 SSPC IA EQA CP.pdf (2 pages)
-  6.1 Final- NWSSP A&A Svs -PSIAS EQA - March 2023.pdf (15 pages)

### 6.2. Laundry Services Update

*Stuart Douglas, Director, Specialist Estates Services*

-  6.2 SSPC Laundry Update CP.pdf (2 pages)
-  6.2 Laundry Service Update SSPC.pdf (3 pages)

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11:30 - 11:55  
25 min

## 7. Governance, Performance & Assurance

### 7.1. Finance Report

*Andy Butler, Director of Finance & Corporate Services*

-  7.1 SSPC Finance Report May 2023 FINAL.pdf (7 pages)



### 7.2. People & OD Report

*Gareth Hardacre, Director of People & Organisational Development*

-  7.2 SSPC People and OD Report April 2023.pdf (9 pages)

### 7.3. Performance Report

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

-  7.3 May 23 SSPC Performance Report Cover.pdf (2 pages)
-  7.3 SSPC Performance Report May 23.pdf (14 pages)

## 7.4. IMTP Q4 Progress Report

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

- 📄 7.4 SSPC Q4 IMTP CP .pdf (2 pages)
- 📄 7.4 NWSSP Q4 IMTP Report.pdf (16 pages)

## 7.5. PMO Highlight Report

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

- 📄 7.5 PMO Bi Monthly Report May final v3 (1).pdf (25 pages)

## 7.6. Corporate Risk Register

*Peter Stephenson, Head of Finance & Business Development*

- 📄 7.6 Corporate Risk Register CP.pdf (4 pages)
- 📄 7.6 Corporate Risk Register.pdf (3 pages)

## 7.7. 2022/23 Annual Governance Statement (Draft)

*Peter Stephenson, Head of Finance & Business Development*

- 📄 7.7 SSPC Annual Governance Statement CP.pdf (4 pages)
- 📄 7.7 DRAFT Annual Governance Statement 2022-23.pdf (34 pages)

11:55 - 12:00  
5 min

## 8. Items for Information

### 8.1. Audit Wales Plan

*Andy Butler, Director of Finance & Corporate Services*

- 📄 8.1 2022-23 Audit Wales Audit Assurance Arrangements.pdf (10 pages)

### 8.2. 2023/24 Internal Audit Plan

*Andy Butler, Director of Finance & Corporate Services*

- 📄 8.2 Annual Internal Audit Plan 2023-24.pdf (27 pages)

### 8.3. Audit Committee Assurance Report

*Andy Butler, Director of Finance and Corporate Services*

- 📄 8.3 19042023 SSPC Audit Committee Assurance Report.pdf (6 pages)

### 8.4. 2022/23 Annual Complaints Report

*Peter Stephenson, Head of Finance & Business Development*

- 📄 8.4 SSPC Complaints Annual Report 2022-23.pdf (4 pages)

### 8.5. Finance Monitoring Returns

*Andy Butler, Director of Corporate and Finance Services*

- 📄 8.5 A1 Monitoring Return Month 11 NWSSP 2022-23.pdf (7 pages)
- 📄 8.5 A2 Monitoring Return Month 12 NWSSP 2022-23.pdf (7 pages)

### 8.6. 2023/24 SSPC Forward Plan

*Peter Stephenson, Head of Finance & Business Development*

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

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12:00 - 12:00 **9. Any Other Business**  
0 min

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12:00 - 12:00 **10. Date and Time of Next Meeting**  
0 min  
Thursday, 20th July, 2023 10am (Teams)



## NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

### MINUTES OF MEETING HELD THURSDAY 23 MARCH 2023

**10:00 – 12.00**

**Meeting held on TEAMS**

**Part A - Public**

ATTENDANCE		DESIGNATION	ORGANISATION
<b>MEMBERS:</b>			
Tracy Myhill	(TM)	Chair	NWSSP
Neil Frow	(NF)	Managing Director	NWSSP
Huw Thomas	(HT)	Director of Finance	Hywel Dda UHB
Sarah Simmonds	(SS)	Director of Workforce & OD	ABUHB
Claire Osmundsen-Little	(COL)	Director of Finance	DHCW
Catherine Phillips	(CP)	Director of Finance	C&VUHB
Debbie Eytayo	(DE)	Director of Workforce & OD	SBUHB
Matt Denham-Jones	(MDJ)	Deputy Director of Finance	Welsh Government
<b>OTHER ATTENDEES:</b>			
Dawn Lewis-Whelan	(DLW)	Head of People	CTM UHB
Chris Payne	(CP)	Deputy Director of Finance	HEIW
Richard Davies	(RD)	Assistant Director of Capital and Estates	WAST
Andy Butler	(AB)	Director, 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
<b>PRESENTERS</b>			
Eifion Williams		Chair, Energy Price Risk Management Group	NWSSP

Item		Action
<b>1.1</b>	<b>Welcome and Opening Remarks</b>	
	The Chair welcomed members to the March 2023 Shared Services Partnership Committee meeting.	

Item		Action
1.2	<b>Apologies Received From:</b> <ul style="list-style-type: none"> <li>• Steve Webster – Interim Director of Finance BCUHB.</li> <li>• Pete Hopgood - Director of Finance Powys THB.</li> <li>• Liz Blayney - Board Governance Manager PHW.</li> <li>• Rhiannon Beckett – Director of Finance HEIW</li> <li>• Hywel Daniel - Director of Workforce &amp; OD CTMUHB</li> <li>• Carl James – Acting Chief Executive, Velindre University NHS Trust.</li> <li>• Chris Turley – Director of Finance WAST.</li> <li>• Alison Ramsey - Director, Planning, Performance &amp; Informatics NWSSP.</li> </ul>	
1.3	<b>Declarations of Interest</b>  There were no declarations of interest.	
1.4	<b>Minutes of Previous Meeting</b>  The minutes of the January meeting of the Committee were reviewed and approved.	
1.5	<b>Action Log</b>  All actions were complete,	
2.	<b>Matters Arising</b>	
2.1	<b>Recruitment Modernisation Update</b>  GH presented an update on the Recruitment Modernisation Programme. The process consists of three strands: Process, Education and Technology with the main actions being to reduce the time to hire and improve the applicant journey. Regular engagement sessions continue to be held and a review of performance indicators shows an improvement across the board compared to this time last year, both within NWSSP and NHS Wales organisations, despite a significant and continuing increase in activity volumes. The automated pre-employment check (PEC) process is accessible to approximately 80% of applicants (slightly lower for the Single Lead Employer cohorts) and is having a demonstrably positive impact. Not all recruitment activity is undertaken through NWSSP (e.g. Medical and Bank Recruitment), but Health Boards and Trusts are still able to use the automated PEC process for these appointments.  The statistics are adversely affected by the current activity which involves closing down many old records which are negative outliers but for new applicants the time from application to commencing employment has generally halved to 26 days. Current actions have included the training of over 1800 Recruitment Managers across NHS Wales in the last twelve months and the provision of regular and dedicated communications. The one area that we continue to struggle with is to receive forecast information from Health Boards, Trusts, and Special Health Authorities, in terms of their recruitment plans for the medium and longer term.  Future improvements will include an automatic interface between TRAC and the new Occupational Health system that will deliver significant time savings over the current manual process and greater use of robotic processing to generate further efficiencies. The re-procurement of the ESR system is currently underway and we are looking to see how we can influence the system specification to maintain and enhance system efficiencies.	

	<p>Following the presentation there were a number of questions and positive comments from SSPC members. These concerned the need to ensure that there is continuous improvement with targets being revised and appropriately monitored. There is some concern that TRAC may not be able to accommodate all of the improvements that we want to implement, but there are other systems (NHS Jobs) that will help to take us forward. As the type of roles that we recruit to continues to diversify, we will need to ensure that we are utilising all available and appropriate recruitment channels (e.g. Linked-In, Instagram). The Chair reminded Health Boards in particular to provide as much information in advance on recruitment plans as possible.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b>3.</b>	<b>Chair and Managing Director Reports</b>	
<b>3.1</b>	<p><b>Chair's Update</b></p> <p>The Chair reported her attendance at the following meetings and events:</p> <ul style="list-style-type: none"> <li>a) NWSSP Audit Committee in January;</li> <li>b) Welsh Risk Pool in March;</li> <li>c) The NWSSP Staff Awards in January.</li> <li>d) The Chairs' Peer Group in January and March</li> <li>e) The Chair's Appraisal (reported later on the agenda) in March.</li> <li>f) The recent Away Day with the Minister and NHS Chairs. Themes covered included digital, budget, priorities, diversity on boards, what the NHS can and cannot do, building capacity through community care, accountability, priorities, and objectives.</li> </ul> <p>The Committee development sessions have also been scheduled for the 9<sup>th</sup> June and 10<sup>th</sup> November 2023.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b>3.2</b>	<p><b>Managing Director Update</b></p> <p>The Managing Director presented his report. Points to note were:</p> <ul style="list-style-type: none"> <li>• NWSSP participation in two Senedd Committees relating to Social Partnership and the Procurement Bill.</li> <li>• There have been a number of meetings with counterparts in England, Scotland and Northern Ireland, in trying to work together on the Decarbonisation agenda and agreeing a common way forward.</li> <li>• Conversations have taken place with NHS Shared Business Services and Northumbria Healthcare Trust on developments they are taking forward across a number of areas.</li> <li>• The number of electric vehicles in both the supply chain fleet and the salary sacrifice fleet has increased significantly but the UK Government trial of electric HGVs is still stalled which is frustrating for the team who have put a lot of effort into putting in the initial infrastructure across a number of sites.</li> <li>• A Staff Consultation process has started regarding the accommodation move from Companies House to Cathays Park. The accommodation within Brecon House in Mamhilad has essentially been condemned due to issues with the concrete roof structure and we are looking to urgently procure alternative accommodation on site. All the appropriate risk assessments have been done and working protocols implemented from a health and safety perspective.</li> <li>• Welsh Government have confirmed that the required capital is not available to support the two Outline Business Cases for the Laundry Service, and we are therefore working on a Plan B which is a much slimmed down version of the Programme Business Case which refurbishes 3 sites which addresses the minimal requirements to achieve the required ISO standards and high risk areas but with substantially reduced capital spend. Some capital has been made</li> </ul>	

	<p>available due to end-of-year slippage which will be utilised on required kit and equipment</p> <ul style="list-style-type: none"> <li>There is an ongoing conversation with colleagues in Welsh Government around PPE storage, stock management, ordering, delivery, and the links to supplies to Primary Care and Social Care, which seems quite positive but hopefully the Welsh Government PPE Policy Lead will clarify the position soon.</li> </ul> <p>The Chair noted the figures on International Recruitment and particularly the low numbers for Powys tHB. GH stated that this was due to accommodation issues, which is a problem for all Health Boards, but particularly Powys due to its rurality.</p> <p>The Committee <b>NOTED</b> the report.</p>	
<b>4.</b>	<b>Items for Approval/Endorsement</b>	
<b>4.1</b>	<p><b>Duty of Quality</b></p> <p>RA presented the report regarding the Duty of Quality which comes into effect from the 1<sup>st</sup> of April, but for which the Statutory Guidance is still to be issued, and which we understand will contain some changes from the current guidance.</p> <p>The paper sets out NWSSP's approach to the implementation of the Duty of Quality and for which there are two main components to consider:</p> <ul style="list-style-type: none"> <li>The first concerns the work that NWSSP does (both clinical and non-clinical) and how this will be reported. The proposal is that reporting will be via the Committee but as NWSSP is not a named organisation under this legislation, further reporting will be via the Velindre Quality Safety and Partnership Committee to enable the information to be formally reported on our behalf.</li> <li>The second relates to the work that we do for NHS Wales organisations and how we will report this to enable those organisations to include the data within their own reporting requirements. The proposal for that is for a suite of data to be developed over the coming months which can then be provided to NHS Wales organisations for their own reporting schedules.</li> </ul> <p>The Chair questioned the figures on the supporting appendix that suggested there was still a lot for NWSSP to do to fully implement the requirements. RA stated that the assessment was at the end of February and a number of further actions had been undertaken during March which would improve the self-assessed scores. However, much is dependent on release of the Statutory Guidance, and she is aware that our self-assessment is broadly consistent with other NHS Wales organisations.</p> <p>The Chair requested a further update at the May Committee.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li><b>NOTED</b> the Assessment of Readiness included as Appendix A and required no amendments.</li> <li><b>APPROVED</b> the proposed approach that NWSSP will adopt to take forward compliance with the Duty of Quality. This includes the role of the Partnership Committee to provide oversight and the twofold role NWSSP will have in providing evidence under Duty of Quality.</li> </ul>	<b>RA</b>
<b>4.2</b>	<p><b>Telephony and Contact Centre (Chair's Action)</b></p> <p>PS presented this item. This was a joint procurement led by DHCW, but the timing of the contract meant that it just missed the January Committee for approval. Due</p>	

	<p>to the urgency needed to sign off the contract, it was taken forward as a Chair's Action which was approved by the Chair and Pete Hopgood on behalf of the Committee. Approval has also subsequently been given by the Velindre University Trust Board and the contract offers both technological advancement and opportunity for longer-term savings. The Committee was asked to ratify the approval under the Chair's Action.</p> <p>The Committee <b>RATIFIED</b> the approval provided by the Chair's Action.</p>	
<b>4.3</b>	<p><b>Energy Procurement</b></p> <p>AB introduced the item and reminded Committee Members that Eifion Williams had previously attended the Committee in September 2022 to update on energy arrangements following the volatility in international markets after the invasion of Ukraine. At that time it was agreed that Eifion would return to provide a further update to the Committee.</p> <p>Currently, both gas and electricity supply for NHS Wales is provided by British Gas. In August of last year we received notice that they intended to withdraw from the commercial market, but that they would continue to support existing customers until the end of their contract period. As our contract still had a number of years to run, there was a concern that the service received from British Gas would deteriorate due to their desire to exit the market.</p> <p>Alternative options were presented to Directors of Finances with the most favourable being Crown Commercial Service (CCS) due to their substantial portfolio across the public sector, both in gas and electricity. British Gas confirmed that there would be no termination fees for an early contract exit. A paper has been produced with regard to the transfer of contract to CCS and this has been approved at board level by all NHS Wales organisations, with the new arrangement coming into force in October 2023.</p> <p>The Directors of Finance also recommended that instead of the current arrangements of one group the Energy Price Risk Management Group (EPRMG), we should establish (a) the Welsh Energy Group and (b) the Welsh Energy Operating Group, to oversee the arrangements. The Terms of Reference for both Groups have been prepared and are included in the Committee papers. The Welsh Energy Group ( WEG) , which is a sub-group of the Shared Services Partnership Committee, met on 15<sup>th</sup> March and membership comprises Directors of Finance or their Deputies. The WEG meeting considered the various energy baskets available from CCS and made a recommendation to purchase the October locked 6 fixed price basket for the period 1 October 2023 to 31 March 2024. In addition they also reviewed the baskets available from CCS from 1 April 2024 and recommended to separately advance purchase the L12 basket for the 12-month period from April 2024 to March 2025, thereby providing certainty over pricing for the first 18 months of the contract.</p> <p>Eifion mentioned that there was one further consideration for the Committee. We have previously purchased advance supplies of electricity and gas through our contract with British Gas and some of these are still unused. They were bought at favourable rates to today's market prices and if we exit the contract with British Gas, these options would be lost. We could however consider the sale back of these advance purchases to British Gas which would generate a profit (potentially up to a maximum of £3.0m) for NHS Wales.</p> <p>NF thanked Eifion for all the work that he has committed to this area over a number of years, but also reminded members of the significant commitment that will be expected from their organisations to achieve a successful transfer of supplier. He also highlighted that the Welsh Energy Group will be a sub-Committee of the</p>	

	<p>Partnership Committee. Eifion also wanted to thank Emma Cavanagh, Lena Boghossian and Julie Davies within NWSSP for their support in this work.</p> <p>The Chair confirmed that the Committee was being asked to:</p> <ol style="list-style-type: none"> <li>1. <b>APPROVE</b> the transfer to the CCS framework RM6251 Supply of Energy for both Gas and Electricity. In parallel to this, NHS Wales should proceed with the appropriate necessary action with British Gas to exit the current All Wales Contacts.</li> <li>2. <b>APPROVE</b> the terms of reference for the Welsh Energy Group and the Welsh Energy Operational Group</li> <li>3. <b>APPROVE</b> the purchase of energy for: <ol style="list-style-type: none"> <li>a. 6 lock basket starting October 1<sup>st</sup>, 2023, to March 31<sup>st</sup>, 2024; and</li> <li>b. 12 lock basket starting April 1<sup>st</sup>, 2024, to March 31<sup>st</sup>, 2025</li> </ol> </li> <li>4. <b>APPROVE</b> the sale back of energy to British Gas as described.</li> <li>5. <b>NOTE</b> the support required from all organisations to achieve a successful transfer of supplier.</li> </ol> <p>The Committee <b>NOTED</b> and <b>APPROVED</b> the above recommendations.</p>	
<b>5.</b>	<b>Items for Noting</b>	
<b>5.1</b>	<p><b>Chair's Appraisal</b></p> <p>GH presented the paper which summarised the results of the appraisal conducted on the 9<sup>th</sup> of March. He thanked those members that fed back and participated in the appraisal.</p> <p>The Committee <b>NOTED</b> the appraisal.</p>	
<b>5.2</b>	<p><b>Overpayment Policy</b></p> <p>AB presented the paper. Although a long-term issue, it has increased in profile recently, with in excess of £10m being overpaid during 2021/22. This is usually due to late notification of staff terminations within NHS Wales organisations, but the issues may be exacerbated through difficulties in contacting NWSSP. An all-Wales Overpayments Policy has been drafted but it has proved extremely difficult to get all organisations to sign up to it. A Task and Finish Group has been established by the Deputy Directors of Finance in an attempt to progress the Policy, and the Directors of Finance have also asked for an end-to-end process review.</p> <p>The paper produced significant comment from members. Whilst the Policy is important, it was considered equally important to make the termination process as simple as possible so that busy line managers could engage with it on a timely basis. It was also considered that the proposed membership for the Task and Finish Group might be appropriate for identifying the problem, but that the Group needed to be expanded if workable solutions were to be identified. NF stated that the Service Improvement Team within NWSSP were already looking at this issue.</p> <p>The Committee <b>NOTED:</b></p> <ol style="list-style-type: none"> <li>1. the value, volume of and reasons for salary overpayments being incurred;</li> <li>2. the progress in the development of an All-Wales overpayments policy;</li> <li>3. the progress in the development of the All-Wales overpayments summary matrix; and</li> <li>4. the All Wales Directors of Finance request for a wider review of the end-to-end process.</li> </ol>	

	However the Committee were keen to express their full support for the above and to ensure that these actions were conducted at pace to achieve a resolution to the problem as soon as possible. It was also agreed that an update would be brought back to Committee at a later date.	
<b>6.</b>	<b>Governance, Performance &amp; Assurance</b>	
<b>6.1</b>	<p><b>Finance Report</b></p> <p>AB presented the report as at the end of Month 11. The main points noted were:</p> <ul style="list-style-type: none"> <li>• Forecasting a break-even outturn position after paying distribution of £2m.</li> <li>• In-year COVID costs are £17.9m mostly due to PPE and energy costs are £3m over budget.</li> <li>• Stores are currently valued at £40m but we are in the process of applying a significant review of the stores valuations due to lower prices and slow-moving stock.</li> <li>• Welsh Risk Pool expenditure remains on track with the forecast position.</li> <li>• £4.6m additional capital was received late in the year and £3.85m of capital spend was scheduled before the year-end.</li> <li>• All financial targets have been achieved apart from payment of NHS invoices within 30 days.</li> <li>• Overtime is high due to a high level of vacancies.</li> </ul> <p>The Committee <b>NOTED</b> the:</p> <ol style="list-style-type: none"> <li>1. Financial position to 28th February 2023</li> <li>2. Forecast financial position for 2022/23 at break-even</li> <li>3. Achievement to date against key financial targets</li> <li>4. The content of this update.</li> </ol>	
<b>6.2</b>	<p><b>People &amp; OD Report</b></p> <p>GH presented the report, and the main highlights were:</p> <ul style="list-style-type: none"> <li>• Sickness absence is stable and remains low.</li> <li>• Staff turnover, even after excluding the Single Lead Employer, is higher than we would normally expect, and a review is therefore being undertaken to examine the reasons for this.</li> <li>• PADR compliance is almost green, and Statutory and Mandatory Training compliance rates are improving.</li> <li>• The NWSSP People &amp; Organisational Development team won four awards at the recent HPMA Cymru Awards.</li> </ul> <p><b>TM</b> congratulated the team on behalf of the Committee.</p> <p>The Committee <b>NOTED</b> the report.</p>	
<b>6.3</b>	<p><b>Performance Report</b></p> <p>AB presented the report. The main points noted were:</p> <ul style="list-style-type: none"> <li>• Changes are being made to the Performance Management Framework and particularly the escalation process.</li> <li>• There is also a greater focus on KPIs being based on outcome measures and it is intended to explore this in more depth with the Committee at the development session in June. .</li> <li>• 32 out of 37 KPIs are achieving target. The one red KPI relates to call-handling in Payroll, but improvements in performance are being noted.</li> </ul>	

	<p>HT reiterated comments made at earlier Committees that he considered that the number of targets showing as green may be a reflection that targets are not sufficiently challenging. AB noted that these are the current year targets and that the targets for 2023/24 had been reviewed, and where appropriate revised, as part of the IMTP process. The planned development session with the Committee in June 2023 will provide the opportunity for this to be explored in more depth. GH added that the current monthly performance for Payroll calls handling (i.e. not yet included in the formal report) shows a marked improvement on previous months.</p> <p>The Committee <b>NOTED</b>:</p> <ol style="list-style-type: none"> <li>1. Changes to the Performance Framework agreed by SLG in February 23.</li> <li>2. The work in progress on Outcome measures that will be brought back to a SSPC development session in June 23.</li> <li>3. The significant level of professional influence benefits generated by NWSSP to 31st January 2023.</li> <li>4. The performance against the high-level key performance indicators to 31st January 2023.</li> </ol>	
<b>6.4</b>	<p><b>IMTP Q3 Progress Report</b></p> <p>AB presented the report. The main points noted were that 78% of our required actions are either complete or on-track for completion. Those actions that are off track are assessed during the quarterly review process within NWSSP.</p> <p>The Committee <b>NOTED</b> the report.</p>	
<b>6.5</b>	<p><b>PMO Highlight Report</b></p> <p>AB presented the report providing a summary of progress on the 28 schemes currently underway, with 16 of these being All-Wales projects and 12 internal to NWSSP. Most are on track, but the Laundry transformation as explained in the Managing Director's update report earlier, cannot advance as projected due to a lack of capital funding from Welsh Government. The Legal &amp; Risk Case Management System is also graded red due to a dispute with the system supplier, but this does not affect our ability to provide the ongoing service.</p> <p>The Committee <b>NOTED</b> the report.</p>	
<b>6.6</b>	<p><b>Corporate Risk Register</b></p> <p>PS presented the Risk Register. While there remain a number of red risks on the register, these have largely already been discussed earlier on the agenda.</p> <p>The Committee <b>NOTED</b> the Corporate Risk Register.</p>	
<b>7.</b>	<b>Items for Information</b>	
<b>7.1</b>	<p><b>Audit Committee Assurance Report</b></p> <p>The report covered the meeting held on the 24<sup>th</sup> of January.</p> <p>The Committee <b>NOTED</b> the report.</p>	



7.2	<b>Finance Monitoring Returns</b>  The returns relate to Month 10 and Month 11.  The Committee <b>NOTED</b> the report.	
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**DATE OF NEXT MEETING:**  
**Thursday, 18th May from 10:00-12:00**  
**Via Teams**


Item 1.5

**ACTION LOG**

**SHARED SERVICES PARTNERSHIP COMMITTEE**

**UPDATE FOR 18 MAY 2023 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS MAY 2023
1.	2023/03/4.1	March 2023	<b>Medical Director</b> Provide further update on Duty of Quality.	RA	May 2023	<b>On Agenda</b>

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:4.2</b>  <b>18 May 2023</b>
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<b><i>The report is not Exempt</i></b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>Managing Director's Report</b>

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

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

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

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

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

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

## Introduction

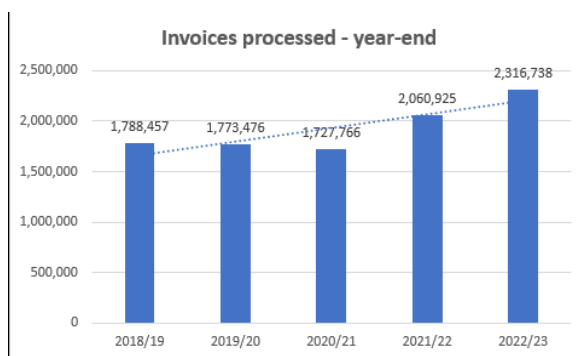
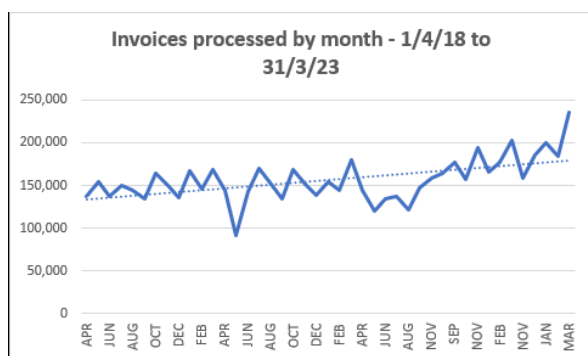
This paper provides an update into the key issues that have impacted upon, and the activities undertaken by, NWSSP, since the date of the last meeting in March.

## Internal Audit

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. CIPFA's report is included as a separate agenda item in the Committee papers.

## Accounts Payable

The number of invoices processed in 2022/23 was in excess of 2.3m which represents a 30% increase in activity compared to 2019/20. The month of March 2023 saw the highest ever total of invoices processed at 235,413 invoices with a combined value of £907m.



## Finance

We reported a draft Month 12 financial position with a small surplus of £0.012m. The accounts will be subject to external audit review with the audit expected to continue until the end of July. The audit of the Welsh Risk Pool accounts commenced on 25<sup>th</sup> April. The financial outturn was achieved after increasing the NWSSP 2022/23 distribution to £2m. The final 2022/23 WRP expenditure was £136.727m which was within the range forecast throughout the financial year. Total long-term provisions have increased by £69.270m in 2022/23 and now total £1.499bn at 31<sup>st</sup> March 2023. Our final Capital Expenditure Limit for 2022/23 was £5.023m which was spent in full.

## Salary Sacrifice

The table below shows the launch dates for both the Home Electronics and Cycle 2 Work schemes. Most NHS Wales organisation are involved in these schemes with Hywel Dda and Powys UHBs also expressing an interest.

Staff benefits Home Electronics Scheme		Cycle 2 Work Scheme	
Organisation:	Status:	Organisation:	Status:
Cwm Taf Morgannwg	Set up to launch on 3/5/23	Cwm Taf Morgannwg	Set up to launch on 3/5/23
DHCW	Set up to launch on 3/5/23	DHCW	Set up to launch on 3/5/23
NWSSP SLE	Set up to launch on 3/5/23	NWSSP SLE	Set up to launch on 3/5/23
PHW	Set up to launch on 3/5/23	PHW	Set up to launch on 3/5/23
Swansea Bay	Set up to launch on 3/5/23	Swansea Bay	Set up to launch on 3/5/23
Velindre	Set up to launch on 3/5/23	Velindre	Set up to launch on 3/5/23
WAST	Set up to launch on 3/5/23	WAST	Set up to launch on 3/5/23
Shown Interest:	Status:	Shown Interest:	Status:
Hywel Dda	Expressed interest for NWSSP to take over their Halfords scheme admin	Hywel Dda	Expressed interest for NWSSP to take over their Halfords scheme admin
Powys	Expressed interest for NWSSP to administer scheme	Powys	Expressed interest for NWSSP to administer scheme

The table below shows the number of cars procured through the lease car scheme. 89% of these are either totally electric or hybrid models. There are no diesel options available through the scheme, but a small number of basic petrol options remain to provide opportunities for those unable to afford the current cost of the electric and hybrid vehicles.

Salary Sacrifice Cars 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
<b>TOTAL</b>	<b>3127</b>	<b>2167</b>	<b>625</b>	<b>548</b>	<b>£1,876,200</b>
<b>Percentage</b>		<b>69%</b>	<b>20%</b>		

## Welsh Risk Pool

NWSSP Welsh Risk Pool coordinated a launch of the All-Wales Consent to Examination & Treatment e-Learning on 30<sup>th</sup> March 2023. The keynote address was delivered by the Minister for Health & Social Services. The e-Learning package has been professionally developed with a production company, The Sound Doctor, and all those who have piloted the training have stated how effective the package is, and that it is focussed to the needs of busy clinicians.

Research indicates that issues relating to consent are presented as allegations in a large proportion of claims received in NHS Wales and this is a similar picture across the other home nations. Between £10 and £20 million of reimbursements are made each year in respect of claims where issues related to consent are a factor. Clearly, by addressing the causes of claims related to consent, considerable savings can be made in relation to the litigation quantum

## IP5

The following developments have taken place within IP5:

- LED lighting with a controlled management system has been installed through the whole building driving significant savings and carbon reductions.
- Racking installation has been completed across the remaking part of the store adding in another 3000 pallets spaces to help grow resilience, reduce external storage costs, and enable further development of the stocked lines.
- Development of the Pharmacy storage facility to support the deployment of counter measures and the CBRN support.
- Additional installations of EV charging points for the growth in Electric vehicles

## TrAMS


We continue to work with third parties to explore options for a site in the southeast. If procured this will bring forward developments in the programme in terms of replacing legacy arrangements by approximately 18 months to two years compared to a new build. On-going discussions continue with Welsh Government in respect of the capital funding requirement.

## **Brecon House**

Negotiations are continuing with the landlord to procure alternative and additional facilities at Mamhilad due to the issues with the Brecon House roof and the need for more space to expand the Patient Medical Record scheme.

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



 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:5.1</b> <b>18 May 2023</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

Service Level Agreement – Citizen Voice Body (LLAIS) and NWSSP.

<b>ARWEINYDD: LEAD:</b>	Rhiannon Holtham, Solicitor, Legal & Risk Services
<b>AWDUR: AUTHOR:</b>	Rhiannon Holtham, Solicitor, Legal & Risk Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhiannon Holtham, Solicitor, Legal & Risk Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Rhiannon.Holtham@wales.nhs.uk

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

For the Shared Services Partnership Committee to **APPROVE** the draft Service Level Agreement between NWSSP and the Citizen Voice Body (LLAIS).

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Each of the five strategic objectives, in particular; Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
<b>Tystiolaeth: Supporting evidence:</b>	Governance Framework supports Legislative and regulatory requirements.

**Ymgynghoriad/Consultation :**

The Citizen Voice Body (known as LLAIS) was established on 1 April 2023, and a draft Memorandum of Understanding and Service Level Agreement between NWSSP and the Citizen Voice Body (LLAIS) was taken to NWSSP'S Formal Senior Leadership Group on 26 April 2023 for NOTING and APPROVAL.

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
<b>Argymhelliad/ Recommendation</b>		For the <b>Shared Services Partnership Committee</b> to <b>APPROVE</b> the draft Service Level Agreement between NWSSP and the Citizen Voice Body (LLAIS).					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	CVB supports Pan-Wales demographics and NHS Wales Organisations in achieving a more equal Wales.
<b>Cyfreithiol: Legal:</b>	Legal advice has been obtained from NWSSP Legal and Risk Services. Governance Framework supports Legislative and regulatory requirements.
<b>Iechyd Poblogaeth: Population Health:</b>	CVB supports pan-Wales demographics and NHS Wales Organisations in achieving a Healthier and resilient Wales.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Ensuring that CVB adheres to the Duty of Quality, Duty of Candour and Putting Things Right.
<b>Ariannol: Financial:</b>	Hosted by NWSSP.
<b>Risg a Aswariant: Risk and Assurance:</b>	The report provides assurance that we meet our obligations including managing risks effectively and ensuring that we have robust risk management processes in place.
<b>Dyletswydd Ansawdd: Duty of Quality:</b>	Ensuring that CVB adheres to the Duty of Quality and supports NHS Wales Organisations in their requirement to report under the Duty of Quality.
<b>Gweithlu: Workforce:</b>	NWSSP will provide CVB the following services- <ul style="list-style-type: none"> <li>○ Payroll and pensions</li> <li>○ Travel expenses</li> <li>○ Recruitment</li> <li>○ Procurement services</li> <li>○ Finance</li> <li>○ Salary sacrifice</li> <li>○ Accounts Payable</li> <li>○ Enablement services</li> <li>○ Job evaluation</li> </ul>

	○ Workforce information
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## 1. BACKGROUND

Following the establishment of Citizen Voice Body (to be known as LLAIS) with effect from 1 April 2023, a Memorandum of Understanding and Service Level Agreement are required to document the relationship between NWSSP and the new body, and the detail of the services to be provided. Although going forward the organisation will be known as LLAIS, the legal name is the Citizen Voice Body and hence the documentation is prepared in that name.

## 2. RECOMMENDATION

The Committee is asked to **APPROVE** the draft Service Level Agreement between NWSSP and the Citizen Voice Body (LLAIS).



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

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

**NHS WALES SHARED SERVICES PARTNERSHIP**  
  
and  
  
**CITIZEN VOICE BODY**

**4 May 2023**  
**Version 2**

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	<b>Schedules</b> <ul style="list-style-type: none"><li>A. Corporate Services</li><li>B. Employment Services</li><li>C. Financial Services</li><li>D. Procurement Services</li><li>E. Charges</li></ul>	
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**BETWEEN**

- (1) **NHS WALES SHARED SERVICES PARTNERSHIP** (as hosted by the Velindre University NHS Trust) whose principal office is 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff CF15 7QZ ("**NWSSP**"); and
- (2) **CITIZEN VOICE BODY** whose principal address is 33/35 Cathedral Road, Cardiff, CF11 9HB ("**the CVB**"),

together "**the Parties**" and "**the Party**" shall be construed accordingly.

**1. Background**

- 1.1. NWSSP is the operating name of the Velindre National Health Service Trust Shared Services Committee which was established pursuant to the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 ("**the 2012 Regulations**").
- 1.2. The Velindre University NHS Trust ("**the Velindre Trust**") has a statutory duty to manage and provide shared services (that is, professional, administrative and technical services) to the health service in Wales. In accordance with the 2012 Regulations NWSSP is responsible for exercising the Velindre Trust's shared service functions.
- 1.3. The CVB has been established pursuant to Part 4 of The Health and Social Care (Quality and Engagement) (Wales) Act 2020. It is a body corporate and will replace Community Health Councils with effect from 1 April 2023.
- 1.4. The Parties will enter into a Memorandum of Understanding on or around the date of this Agreement. The Memorandum of Understanding will coordinate the effective delivery of certain shared services by establishing a framework for cooperation and collaboration between the Parties.
- 1.5. The Parties wish to enter into this Agreement in order to record the basis on which NWSSP will provide shared services to the CVB and to set out the respective responsibilities of the Parties to the Agreement to ensure highly efficient and cost-effective service delivery. The Parties acknowledge that the CVB Shared Services shall be delivered under this Agreement on a not for profit basis and that this arrangement is governed by considerations relating to promoting the public interest and fulfilling public duties.
- 1.6. It is acknowledged and agreed that the Parties wish to keep this Agreement under review and that this will be a matter for the Parties to consider pursuant to the Memorandum of Understanding.

**2. Definitions**

- 2.1. In this Agreement, including the Background section and the Schedules and Appendices to this Agreement, the following definitions shall apply:

**Ad Hoc Legal Services:** means the provision of legal services, subject to the application of NWSSP's Conflict of Interest policy and compliance with regulatory requirements.

**The Agreement:** means this service level agreement between the Parties and any Schedules and Appendices referred to therein.

**Charges:** means the charges which shall become due and payable by the CVB to NWSSP as set out in Appendix E.

**Commencement Date:** means 1 April 2023.

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

**Corporate Services:** means accounts payable, enablement and salary sacrifice services as more particularly described in Appendix A to this Agreement.

**CVB Shared Services:** means the provision of the following shared services:

- A) Corporate Services
- B) Employment Services;
- C) Financial Services;
- D) Procurement Services;
- E) Ad Hoc Legal Services.

**Data Protection Legislation:** all applicable data protection and privacy legislation in force from time to time in the UK including the retained EU law version of the General Data Protection Regulation ((EU) 2016/679) (UK GDPR); the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party.

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

**Employment Services:** employment services shall include payroll, recruitment, expenses, pensions, job evaluation, and workplace information and reporting as more particularly described in Appendix B, Part 1 and Part 2 to this Agreement.

**Existing IPR:** means licensed to any of the Parties and which have been developed independently of this Agreement (whether prior to the date of the Agreement or otherwise).

**Financial Services:** means the services described in Appendix C to this Agreement.

**Intellectual Property Rights or IPR:** means patents, utility models, rights to inventions, copyright and neighbouring and related rights, trademarks and service marks, business names and domain names, rights in get-up and trade dress, goodwill and the right to sue for passing off or unfair competition, rights in designs, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets), and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.

**Memorandum of Understanding:** means the arrangement between the Parties documented in the memorandum of understanding of even date.

**New IPR:** means all and intellectual property rights in any materials created or developed by or on behalf of NWSSP pursuant to the Agreement but shall not include any of the Parties' Existing IPR.



**Party:** means the NWSSP and/or the CVB.

**Procurement Services:** means the services described in Appendix D to this Agreement.

**Regulatory Body:** means those government departments and regulatory, statutory and other entities, committees and bodies which, whether under statute, rules, regulations, codes of practice or otherwise, are entitled by any applicable law to supervise, regulate, investigate or influence the matters dealt with in this Agreement or any other affairs of the CVB.

**Term:** means the duration of this Agreement as set out in clause 3 (Commencement and Duration).

**VAT:** means value added tax chargeable in the United Kingdom;

**Working Day:** Monday to Friday, excluding any public holidays in England and Wales.

**Year:** means a period of twelve (12) months commencing on the Commencement Date and on each anniversary of the Commencement Date thereafter.

- 2.2. The Schedules and Appendices form part of this Agreement and shall have effect as if set out in the full body of this Agreement. Any reference to this Agreement includes the Schedules and Appendices.
- 2.3. A reference to a statute, statutory provision or subordinated legislation is a reference to it as it is in force from time to time, taking account of any amendment or re-enactment and includes any statute, statutory provision or subordinate legislation which it amends or re-enacts.
- 2.4. References to the plural include the singular and vice versa.

### **3. Commencement and Duration**

- 3.1. This Agreement shall come into effect from the Commencement Date and shall continue (unless terminated earlier in accordance with clause 19) until 31 March 2025, unless extended in accordance with clause 3.2.
- 3.2. The Agreement may be extended by mutual agreement by both Parties provided always that the Parties have followed the process described in the Memorandum of Understanding.

### **4. Responsibilities of the Parties**

- 4.1. NWSSP will provide CVB Shared Services in accordance with the specification and achieve the performance targets as set out in Schedules A to D (inclusive).
- 4.2. NWSSP shall seek to ensure the CVB Shared Services provided by it are delivered by appropriately qualified and trained staff, in a timely fashion with due skill, care and diligence.
- 4.3. The CVB will pay the Charges to NWSSP in accordance with Clause 6.
- 4.4. Each Party is responsible for ensuring its individual regulatory compliance.

### **5. Performance and Monitoring Arrangements**

- 5.1. The Parties have agreed that the quality standards and performance indicators listed in Schedules A, B, C and D shall be used to measure the performance of the CVB

Shared Services by NWSSP. NWSSP shall monitor its performance against each quality standard and performance indicator within the annual performance report to be delivered to the CVB.

- 5.2. The day-to-day management and monitoring of the Agreement shall be dealt with on behalf of each Party by the following officers and / or their nominated representatives:

5.2.1. NWSSP:

- a) For Corporate Services: Russell Ward, Head of Accounts Payable and Enablement at [Russell.Ward@wales.nhs.uk](mailto:Russell.Ward@wales.nhs.uk);
- b) For Employment Services: Gareth Hardacre, Director of People, Organisational Development and Employment Services at [Gareth.Hardacre2@wales.nhs.uk](mailto:Gareth.Hardacre2@wales.nhs.uk);
- c) For Financial Services: Andrew Butler, Director of Finance and Corporate Services at [Andy.Butler@wales.nhs.uk](mailto:Andy.Butler@wales.nhs.uk);
- d) For Procurement Services: Jonathan Irvine, Director of Procurement, Supply Chain and Health Courier Services at [Jonathan.Irvine@wales.nhs.uk](mailto:Jonathan.Irvine@wales.nhs.uk); and
- e) For Ad Hoc Legal Services: Mark Harris, Director of Legal and Risk Services at [Mark.Harris@wales.nhs.uk](mailto:Mark.Harris@wales.nhs.uk);

5.2.2. The CVB: Angela Mutlow, Director of Corporate Services at [angela.mutlow@llaescymru.org](mailto:angela.mutlow@llaescymru.org).

- 5.3. Any notices required under this Agreement shall be in writing and shall be sent to the officers detailed in clause 5.2 above.

## 6. Charges and Invoicing

- 6.1. The CVB shall pay the Charges to the NWSSP and such Charges shall be calculated in accordance with the provisions of this Clause 6 and Schedule E.
- 6.2. NWSSP shall at the end of each month, invoice the CVB for the CVB Shared Services provided by NWSSP in that month. The CVB shall pay the Charges due under the Agreement to NWSSP within thirty (30) days of receiving NWSSP's valid invoice for the same.
- 6.3. Additional services are priced on an individual added cost basis. All pricing to be agreed in writing by the Parties in accordance with the mechanisms for change described in the Memorandum of Understanding.
- 6.4. All sums payable by the CVB pursuant to this Agreement are exclusive of VAT, and the CVB shall in addition pay an amount equal to any VAT chargeable on those sums.

## 7. Audit Arrangements

- 7.1. During the Term and for a period of six (6) years after the expiry or termination of the Agreement, the CVB (acting by itself or through its representatives) and /or the Welsh Government may conduct an audit of the NWSSP, for the following purposes:
- 7.1.1. to verify the accuracy of the sums payable and/or paid to NWSSP under this Agreement, including any proposed or actual variations to such Charges in accordance with this Agreement);

- 7.1.2. to review the integrity, confidentiality and security of any data relating to the CVB and any of the CVB's staff;
- 7.1.3. to review any records created during the provision of the CVB Shared Services;
- 7.1.4. to review any books of account kept by NWSSP in connection with the provision of the CVB Shared Services;
- 7.1.5. to carry out the audit and certification of the CVB's accounts;
- 7.1.6. to carry out an examination pursuant to section 6(1) of the National Audit Act 1983 of the economy, efficiency and effectiveness with which the Authority has used its resources;
- 7.1.7. to verify the accuracy and completeness of the performance reports delivered or required by this Agreement.
- 7.2. Except where an audit is imposed on the CVB by the Welsh Government or a Regulatory Body, the CVB may not conduct an audit under this Clause 7 more than twice in any calendar year.
- 7.3. The CVB shall use its reasonable endeavours to ensure that the conduct of each audit does not unreasonably disrupt the NWSSP or delay the provision of the shared services or the CVB Shared Services.
- 7.4. Subject to the CVB's obligations of confidentiality, NWSSP shall on demand provide the CVB, the Welsh Government, and any relevant Regulatory Body (and/or their agents or representatives) with all reasonable co-operation and assistance in relation to each audit, including;
  - 7.4.1. all information requested by the above persons within the permitted scope of the audit;
  - 7.4.2. reasonable access to any sites and to any equipment used (whether exclusively or non-exclusively) in the performance of the CVB Shared Services; and
  - 7.4.3. access to NWSSP's staff.
- 7.5. The CVB shall endeavour to provide at least ten 10 Working Days notice of its intention or, where possible, the Welsh Government or a Regulatory Body's intention, to conduct an audit.
- 7.6. The Parties agree that they shall bear their own respective costs and expenses incurred in respect of compliance with their obligations under this clause.
- 7.7. If an audit identifies that:
  - 7.7.1. NWSSP has failed to perform its obligations under this Agreement in any material manner, the Parties shall agree and implement a remedial plan;
  - 7.7.2. the CVB has overpaid any Charges, NWSSP shall pay to the CVB the amount overpaid within thirty 30 days; and
  - 7.7.3. the CVB has underpaid any Charges, the CVB shall pay NWSSP the amount of the under-payment within thirty 30 days.

7.8. NWSSP shall comply and fulfil any legally enforceable request by any Regulatory Body.

## **8. Variations**

8.1. Service variations may be agreed between the Parties in accordance with the process and procedure detailed within the MoU.

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

## **9. Service Disruption**

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

## **10. Force Majeure**

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

10.2. If either party is prevented or delayed in the performance of any of its obligations under this Agreement for force majeure, that party shall forthwith serve notice in writing on the other party specifying the nature and extent of the circumstances giving rise to force majeure and shall, subject to service of such notice and to paragraph 10.4, have no liability in respect of the performance of such of its obligations as are prevented by the force majeure events during the continuation of such events.

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

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

## **11. Dispute Resolution**

11.1. If either party has any issues, concerns or complaints about the performance of any of the CVB Shared Services, that party shall notify the other party and the parties shall then seek to resolve the issue by a process of consultation involving the individuals listed in Clause 5.2 of this Agreement. For NWSSP, the relevant individual will be the person identified in Clause 5.2.1 as the nominated representative for the CVB Shared Service to which the issue, concern or complaint relates.

11.2. If the issue cannot be resolved within a reasonable period of time, the Memorandum of Understanding sets out the dispute resolution process which should be followed the parties in the event of a dispute arising pursuant to this Agreement.

## **12. Confidentiality**

- 12.1. The Parties to this Agreement will keep confidential all matters relating to the other party's business, staff, patients, and any other matters which may be disclosed to them during the course of this Agreement. Parties to the Agreement will not permit information to be disclosed to any third party or to use or copy any such information except with the relevant party's written consent or as may be reasonably necessary for the proper management or provision of the CVB Shared Services.
- 12.2. The provisions of this clause shall apply during the continuance of the Agreement and indefinitely after its expiry or termination.

## **13. Waiver**

- 13.1. No failure or delay by a Party to exercise any right or remedy provided under this Agreement or by law shall constitute a waiver of that or any other right or remedy, nor shall it preclude or restrict the further exercise of that or any other right or remedy. No single or partial exercise of such right or remedy shall preclude or restrict the further exercise of that or any other right or remedy.

## **14. Intellectual Property**

- 14.1. Each Party keeps ownership of its own Existing IPR. The CVB gives NWSSP a non-exclusive, perpetual, royalty-free, irrevocable, transferable worldwide licence to use, change and sublicense their Existing IPR to enable NWSSP to (a) perform the CVB Shared Services and /or (b) comply with its obligations relating to its delivery of the CVB Shared Services, and (c) use the New IPR.
- 14.2. Any New IPR created under this Agreement is owned by NWSSP but shall be held upon trust for the Shared Services Committee. NWSSP gives the CVB a licence to use any of NWSSP's Existing IPRs for the purpose of fulfilling their obligations under the Agreement and a perpetual, royalty-free, non-exclusive licence to use any New IPRs.
- 14.3. Where either Party acquires ownership of intellectual property rights incorrectly under this Agreement it must do everything reasonably necessary to complete a transfer assigning them in writing to the other Party on request and at its own cost.
- 14.4. If any claim is made against NWSSP for actual or alleged infringement of a third party's intellectual property arising out of, or in connection with, the delivery of the CVB Shared Services (an "IPR Claim") (except where such claim relates to any infringement of a third party right which has arisen as a result of a direct action by NWSSP or a wilful breach by NWSSP of this Agreement), then the CVB indemnifies NWSSP against all losses, damages, costs or expenses (including professional fees and fines) incurred as a result of the IPR Claim.
- 14.5. The CVB shall inform NWSSP immediately of any breach of this Clause 14 either during or after this Agreement and shall use reasonable endeavours to assist NWSSP in defending any claims for breach.

## 15. Data Protection<sup>1</sup>

- 15.1. The Parties will comply with all applicable requirements of the Data Protection Legislation. This Clause 15 is in addition to, and does not relieve, remove or replace, a Party's obligations under the Data Protection Legislation.
- 15.2. The Parties acknowledge that where NWSSP is processing personal data under or in connection with this Agreement that for the purposes of the Data Protection Legislation, the CVB where applicable is the data controller and NWSSP is the data processor. Where NWSSP is processing personal data each of the Schedules (Schedules A to D inclusive) sets out the scope, nature and purpose of processing by NWSSP, the duration of the processing and the types of Personal Data and categories of Data Subject.
- 15.3. Without prejudice to the generality of Clause 15.1, the CVB will ensure that it has all necessary appropriate consents and notices in place to enable lawful transfer of the Personal Data to NWSSP for the duration and purposes of this Agreement.
- 15.4. Without prejudice to the generality of Clause 15.1, NWSSP shall, in relation to any Personal Data processed in connection with the performance by NWSSP of its obligations under this Agreement:
  - 15.4.1. process that Personal Data only on the written instructions of the CVB where applicable unless NWSSP is required by Domestic Law to otherwise process that Personal Data. Where NWSSP is relying on Domestic Law as the basis for processing Personal Data, NWSSP shall promptly notify the CVB where applicable of this before performing the processing required by the Domestic Law unless the Domestic Law prohibits NWSSP from so notifying the CVB;
  - 15.4.2. ensure that it has in place appropriate technical and organisational measures, reviewed and approved by the CVB where applicable, to protect against unauthorised or unlawful processing of Personal Data and against accidental loss or destruction of, or damage to, Personal Data, appropriate to the harm that might result from the unauthorised or unlawful processing or accidental loss, destruction or damage and the nature of the data to be protected, having regard to the state of technological development and the cost of implementing any measures (those measures may include, where appropriate, pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of its systems and services, ensuring that availability of and access to Personal Data can be restored in a timely manner after an incident, and regularly assessing and evaluating the effectiveness of the technical and organisational measures adopted by it);
  - 15.4.3. ensure that all personnel who have access to and/or process Personal Data are obliged to keep the Personal Data confidential; and
  - 15.4.4. not transfer any Personal Data outside of the UK unless the prior written consent of the CVB has been obtained and the following conditions are fulfilled:

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<sup>1</sup> These data protection clauses cover situations where NWSSP is the data processor and the CVB is the data controller (clauses 15.1 to 15.6) and where NWSSP is the data controller and the CVB is also data controller(s), but where no party is processing Personal Data (clauses 15.7 to 15.10) i.e. NWSSP and the CVB are data controllers in their own right. Clause 15.9 provides for a data sharing agreement. For any other situation, these data protection clauses will require amendment.

- (i) NWSSP or the CVB has provided appropriate safeguards in relation to the transfer;
  - (ii) the Data Subject has enforceable rights and effective legal remedies;
  - (iii) NWSSP complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred; and
  - (iv) NWSSP complies with reasonable instructions notified to it in advance by the CVB with respect to the processing of the Personal Data;
- 15.4.5. assist the CVB, in responding to any request from a Data Subject and in ensuring compliance with its obligations under the Data Protection Legislation with respect to security, breach notifications, impact assessments and consultations with supervisory authorities or regulators;
- 15.4.6. notify the CVB without undue delay on becoming aware of a Personal Data breach;
- 15.4.7. at the written direction of the CVB, delete or return Personal Data and copies thereof to the CVB on termination of the Agreement unless required by Domestic Law to store the Personal Data; and
- 15.4.8. maintain complete and accurate records and information to demonstrate its compliance with this Clause 15 and allow for audits by the CVB or the CVB's designated auditor.
- 15.5. The CVB does not consent to NWSSP appointing any third-party processor of Personal Data under this Agreement.
- 15.6. The Parties may, at any time on not less than 30 days' notice, and through agreement revise this Clause 15 by replacing it with any applicable controller to processor standard clauses or similar terms forming part of an applicable certification scheme (which shall apply when replaced by attachment to this Agreement).
- 15.7. Where NWSSP and the CVB are each a data controller under or in connection with this Agreement, NWSSP and the CVB shall duly observe all their obligations under the Data Protection Legislation, which arise in connection with the performance of this Agreement and the provisions of clauses 15.8 to 15.10 inclusive shall apply.
- 15.8. The CVB shall perform its obligations under this Agreement in such a way as to ensure that it does not cause NWSSP to breach any of its applicable obligations under the Data Protection Legislation and vice versa.
- 15.9. If required to do so, NWSSP and the CVB agree that they shall enter into a data sharing agreement (in a form to be agreed) with each other so as to set out the parties obligations in relation to any Personal Data which may be shared between them.<sup>2</sup>
- 15.10. The provisions of this clause 15 (Data Protection) shall apply during the continuance of this Agreement and indefinitely after its expiry or termination.

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

## **16. Information Security**

- 16.1. Without limitation to any other information governance requirements set out in this Agreement, NWSSP shall:
- 16.1.1. notify the CVB where applicable forthwith of any information security breaches or near misses (including without limitation any potential or actual breaches of confidentiality or actual information security breaches); and
  - 16.1.2. fully cooperate with any audits or investigations relating to information security and any privacy impact assessments undertaken by the CVB and shall provide full information as may be reasonably requested by the CVB in relation to such audits, investigations and assessments.
- 16.2. NWSSP shall ensure that it puts in place and maintains an information security management plan appropriate to this Agreement, the type of services being provided and the obligations placed on NWSSP. NWSSP shall ensure that such a plan is consistent with any relevant policies, guidance, and good industry practice.

## **17. Freedom of Information**

- 17.1. Each Party acknowledges that the other Party is subject to the requirements of the Freedom of Information Act 2000 ("FOIA") and the Environmental Information Regulations 2004 ("EIR") and each Party shall where reasonable assist and co-operate with the other Party (at their own expense) to enable each Party to comply with these information disclosure obligations in respect of the CVB Shared Services.
- 17.2. Where a request under the FOIA or the EIR is received by NWSSP in respect of the CVB Shared Services, the request shall be dealt with in accordance with the NWSSP policy. Where the request is considered to be an issue relating to the CVB, and it relates to recorded information which is held by the CVB in respect of the CVB Shared Services, then the request shall be forwarded to the Board Secretary or nominated officer of the CVB to respond to in accordance with the FOIA Code of Practice.
- 17.3. The Parties shall be responsible for determining in their absolute discretion whether any information requested under the FOIA or the EIR in respect of the CVB Shared Services:
- 17.3.1. is exempt from disclosure under the FOIA or the EIR;
  - 17.3.2. Is to be disclosed in response to a request for information.
- 17.4. Each Party acknowledges that the other Party may be obliged under the FOIA or the EIR to disclose information:
- 17.4.1. without consulting with the other Party where it has not been practicable to achieve such consultation; or
  - 17.4.2. Following consultation with the other Party and having taken their views into account.

## **18. Liability and Indemnity**

- 18.1. Each Party will co-operate with the other in relation to any concerns, complaints or claims which arise out of or from the CVB Shared Services and this Agreement.



- 18.2. Neither party will make any legal admissions on the part of the other nor agree to pay any compensation on the part of the other.
- 18.3. Each party will refer any indemnity issue or legal claims noting that:
- 18.3.1. For NWSSP, Legal & Risk Services and Welsh Risk Pool Services should be notified as appropriate and required under the current Welsh Risk Pool Reimbursement Procedures; and
  - 18.3.2. For the CVB, it is recognised that the CVB is a Welsh Government sponsored body and any liability and / or indemnity will be met in the usual way for these types of organisations.
- 18.4. Each party will work collaboratively in the investigation of any legal claims or redress matters arising from the actions of, or advice given by, their respective staff.
- 18.5. Nothing in this Agreement shall be taken to exclude or restrict liability for fraudulent misrepresentation or for death or injury resulting from the negligence of any Party.

## **19. Termination**

- 19.1. This Agreement shall terminate on:
- 19.1.1. The expiry of the term of the Agreement where the parties do not extend the term in accordance with clause 3.2;
  - 19.1.2. the revocation of the 2012 Regulations or in accordance with a direction by the Welsh Ministers; or
  - 19.1.3. either Party giving at least three months' notice in writing to the other Party at any time.
- 19.2. The termination of this Agreement for any reason shall be without prejudice to any rights or obligations which shall have accrued or become due between the Parties prior to the date of termination.

## **20. Consequences of Termination**

- 20.1. On termination of this Agreement, each Party shall within seven (7) days after termination of this Agreement:
- 20.1.1. Return or destroy (as directed by the other Party) any documents, handbooks, or other information or data provided to it by the other Party for the purposes of this Agreement. If reasonably required by the relevant Party, the other Party shall provide written evidence that these have been destroyed and that it/they has/have not retained any copies of them; and
  - 20.1.2. Return all equipment and materials belonging to the other Party, failing which, the Party concerned may enter the relevant premises and take possession of them. Until these are returned or repossessed, that Party shall be solely responsible for their safe-keeping.
- 20.2. Any provision of this Agreement that expressly or by implication is intended to come into or continue in force on or after termination or expiry, shall remain in full force and effect.

## **21. Notices**

- 21.1. All notices in connection with this Agreement shall be in writing and shall be delivered by hand, prepaid first class post, special delivery post, facsimile or email, addressed to the recipient at the address set out as the principal office address at the start of this Agreement or such other recipient address or facsimile number as may be notified in writing from time to time by a Party.
- 21.2. The notice or demand shall be deemed to have been duly served:
  - 21.2.1. If delivered by hand, when left at the proper address for service;
  - 21.2.2. if given or made by prepaid first class post or special delivery post, 48 hours after being posted (excluding days other than Business Days);
  - 21.2.3. if given or made by email, at the time of transmission, provided that, where in the case of delivery by hand or transmission by facsimile or email such delivery or transmission occurs either after 4.00pm on a Business Day or on a day other than a Business Day service shall be deemed to occur at 9.00am on the next following Business Day.

## **22. Waiver**

- 22.1. A partial or full waiver or relaxation of the terms of the Contract is only valid if it is stated to be a waiver in writing to the other Party.

## **23. Status of Agreement**

- 23.1. This Agreement is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this Agreement. The Parties enter into this Agreement intending to honour all their obligations.
- 23.2. Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership or joint venture between the Parties, constitute either Party as the agent of the other Party, nor authorise either of the Parties to make or enter into any commitments for or on behalf of the other Party.

## **24. Entire Agreement**

- 24.1. This Agreement and the Memorandum of Understanding contains all the terms which the Parties have agreed in relation to the subject matter of this Agreement and supersedes any prior written or oral agreements, representations or understandings between the parties relating to such subject matter.

## **25. Third Party Rights**

- 25.1. The Parties do not intend that any of its terms will be enforceable by virtue of the Contracts (Rights of Third Parties) Act 1999 by any person not a party to the Agreement.

## **26. Counterparts**

- 26.1. This Agreement may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but all the counterparts shall together constitute the one agreement.

27.     **Governing Law and Jurisdiction**

27.1.   This Agreement is a contract made in England and Wales and shall be subject to the laws of England and Wales, as applicable in Wales.

Signed for and on behalf of **NHS SHARED SERVICES PARTNERSHIP**

Signature: .....  
Name: .....  
Position: .....  
Date: .....

Signed for and on behalf of **CITIZEN VOICE BODY**

Signature: .....  
Name: .....  
Position: .....  
Date: .....

**Schedule A – Corporate Services**  
(see overleaf)

**Schedule B – Employment Services**

(see overleaf for Part 1 and Part 2)

## **Schedule C – Financial Services**

(see overleaf)

## **Schedule D – Procurement Services**

(see overleaf)

## Schedule E – Charges

### Calculation of Charges


The Charges payable for the provision of the Services under this Agreement shall be calculated on the basis of the rates and prices set out in this Schedule E and are payable in accordance with the provisions of clause 6 of this Agreement.

<u>Item</u>	<u>Description</u>	<u>Amount Payable per annum</u>
1.	Service charge	£10,000.00
2.	FMS Costs - Oracle licence, Qlikview, C SI Fund, Ctes and Version 1 contributions (annual cost)	£12,893.00
3.	AP PO Box costs	£ 378.00
4.	E-Expenses GO2 Annual Support Fee	£1,635.00
5.	E-Expenses Ongoing Duty of Care charges (£3 per vehicle@ 100 vehicles)	£300.00
6.	ESR System & Support Hub	£2,300.00
7.	Costs for setting up dedicated TRAC access - (subject to contract review in July 2023 but currently £702 per month)	£8,424.00
8.	Ad Hoc Legal Services <sup>3</sup>	To be charged on an hourly basis, as follows: <ul style="list-style-type: none"><li>• £101 per hour for work conducted by a solicitor, barrister or CILEX Fellow; and</li><li>• £78.50 per hour for work undertaken by unqualified staff.</li></ul>
9.	VAT shall be payable on all Charges incurred by the CVB	

- The sub-total of the figures itemised in Items 1 to 7 (inclusive) is £35,930.00 (plus VAT).
- Save for the applicable hourly rates, legal costs are unknown and will be incurred by the CVB on an ad hoc basis.

<sup>3</sup> Rates apply for 2023/24. Hourly rates will be reviewed on an annual basis. The CVB will be notified of any increase in the hourly rates applicable to the Ad Hoc Legal Services.



 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:5.2</b> <b>18 May 2023</b>
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<b><i>The report is not Exempt</i></b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>Service Level Agreements Update</b>

<b>ARWEINYDD: LEAD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Peter Stephenson, Head of Finance and Business Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Peter Stephenson, Head of Finance and Business Development
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:peter.stephenson2@wales.nhs.uk">peter.stephenson2@wales.nhs.uk</a>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
To approve the updated Service Level Agreements for 2023/24

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

<b>Ymgynghoriad/Consultation:</b>
NWSSP SLG

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

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

## **Service Level Agreements – Updates for 2023/24**

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

The supporting schedules have been separately provided for Committee approval. Other than revising the dates of the documents the changes made are as follows:

- Schedule A Audit & Assurance – No changes. The SLA has also been presented to, and approved by, the Board Secretaries Group;
- Schedule B Employment Services – There are no significant changes;
- Schedule C Specialist Estate Services – There are no significant changes;
- Schedule D Legal & Risk Services – The hourly rates charged under the SLA have been raised in line with inflation;
- Schedule E Primary Care Services – There are no significant changes at present, but the Primary Care Advisory Services offering is currently under review and is likely to be updated later in the year;
- Schedule F Procurement – This was subject to a detailed update and separate review at the July 2022 Committee following the implementation of the New Operating Model and consequently there are no further changes at this time.
- Schedule G Health Courier Services – This has been updated to include reference to a number of additional services such as the Interim Pathology and extended HSDU service for Swansea Bay UHB and the interim T20 Medicine Service for BCUHB.
- Schedule H Accounts Payable and e-Enablement – There are no significant changes.

The Committee is asked to **APPROVE** the updated Service Level Agreements for 2023/24.

**NWSSP**  
**May 2023**



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

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

and

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

and

**BETSI CADWALADR UNIVERSITY HEALTH BOARD**

and

**POWYS TEACHING HEALTH BOARD**

and

**SWANSEA BAY UNIVERSITY HEALTH BOARD**

and

**ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

and

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

And

**HEALTH EDUCATION AND IMPROVEMENT WALES**

And

**HYWEL DDA UNIVERSITY HEALTH BOARD**

and

**VELINDRE UNIVERSITY NHS TRUST**

and

**PUBLIC HEALTH WALES NHS TRUST**

and

**WELSH AMBULANCE SERVICES NHS TRUST**

and

**DIGITAL HEALTH AND CARE WALES**

**Revised 12 May 2023 - Version 12**

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

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

## Approval Tracking Sheet

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

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	A. Audit and Assurance Services	

	B. Employment Services C. Specialist Estates D. Legal and Risk Services (incl Welsh Risk Pool) E. Primary Care Services F. Procurement Services G. Health Courier Service (HCS) H. Accounts Payable and e-Enablement	
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## 1. Definitions

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

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

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

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

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

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

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

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

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



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

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

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

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

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

**WG:** Welsh Government

## **2. Introduction**

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

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

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

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

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

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

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

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

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

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

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

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

2.11 NWSSP will operate in compliance with the following:

- Welsh Risk Management Standards
- NHS Standards of Business Conduct
- Requirements under the Freedom of Information Act.
- The approved Standing Orders and Standing Financial Instructions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **4. Services**

4.1 NWSSP shall provide core services in the areas of Audit and Assurance, Employment Services, Specialist Estates Services, Legal and Risk Services, Primary Care Services, Procurement Services and Health Courier Services (HCS) as set out in schedules A-G.

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

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

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

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

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

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

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

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

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

## **6. Financial Arrangements**

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

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

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

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

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

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

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

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

## **7. Duration**

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

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

## **8. Audit Arrangements**

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

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

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

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

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

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

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

## **9. Service Variations**

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

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

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

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

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

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

## **10. Performance Indicators**

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



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

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

## **11. Service Disruption**

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

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

## **12. Force Majeure**

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

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

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

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

## **13. Dispute Resolution**

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

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

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

## **14. Risk Management**

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

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

## **15. Client Confidentiality**

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

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

## **16. Waiver**

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

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

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<sup>1</sup> These data protection clauses cover situations where NWSSP is the data processor and the Partner Organisations are the data controllers (clauses 17.1 to 17.6) and where NWSSP is the data

## Data Protection

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

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

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

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

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

(b) ensure that it has in place appropriate technical and organisational measures, reviewed and approved by the relevant Partner Organisation where applicable, to protect against unauthorised or unlawful processing of Personal Data and against accidental loss or destruction of, or damage to, Personal Data, appropriate to the harm that might result from the unauthorised or unlawful processing or accidental loss, destruction or damage and the nature of the data to be protected, having regard to the state of technological development and the cost of implementing any measures (those measures may include, where appropriate, pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of its systems and services, ensuring that availability of and access to Personal Data can be restored in a timely

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

manner after an incident, and regularly assessing and evaluating the effectiveness of the technical and organisational measures adopted by it);

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

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

(i) NWSSP or the relevant Partner Organisation has provided appropriate safeguards in relation to the transfer;

(ii) the Data Subject has enforceable rights and effective legal remedies;

(iii) NWSSP complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred; and

(iv) NWSSP complies with reasonable instructions notified to it in advance by the relevant Partner Organisation where applicable with respect to the processing of the Personal Data;

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

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

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

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

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

17.6 The Parties may, at any time on not less than 30 days' notice, and through agreement revise this Clause 17 by replacing it with any applicable controller to processor standard clauses or similar terms forming part of an applicable certification scheme (which shall apply when replaced by attachment to this Agreement).

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

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

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

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

### **Information Security**

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

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

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

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

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

## **18. Freedom of Information**

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

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

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


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

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

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

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

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

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:5.3</b>  18 May 2023
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Primary Care Workforce Intelligence Reporting System**

<b>ARWEINYDD: LEAD:</b>	Andrew Evans, Director, Primary Care Services
<b>AWDUR: AUTHOR:</b>	Alison Lewis, Programme Management Office
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andrew Evans, Director, Primary Care Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andrew.evans@wales.nhs.uk

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

For the Committee to approve the Business Case for the Primary Care Workforce Intelligence Reporting System.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

Senior Leadership Group  
Welsh Government

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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<b>Argymhelliad/ Recommendation</b>	For the Committee to <b>APPROVE</b> the Business Case for the Primary Care Workforce Intelligence Reporting System.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Considered where appropriate.
<b>Cyfreithiol: Legal:</b>	Considered where appropriate.
<b>Iechyd Poblogaeth: Population Health:</b>	Will indirectly benefit the health of the Welsh population.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Considered where appropriate.
<b>Ariannol: Financial:</b>	Significant capital outlay in first year which will be fully funded from Welsh Government. Thereafter, will deliver revenue savings.
<b>Risg a Aswiriant: Risk and Assurance:</b>	All risks fully considered.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Considered where appropriate.
<b>Gweithlu: Workforce:</b>	Has direct impact on primary care workforce.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

## 1. BACKGROUND

NHS Wales Shared Services Partnership (NWSSP) through its Primary Care Services and Employment Services Divisions are responsible for three critical pathways that ensure:

- Compliant registration of practicing clinicians to meet the national health service regulations via the Performers List & Pharmacy Database, and
- 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.

- c) Capture and publication of declarations of interest enabling open and transparent assessment of conflict of interest under 'Do no harm'

Data from both the Performers List and Pharmacy Database (Primary Care Services) and the Welsh National Workforce Reporting System (Employment Services) is used routinely by Welsh Government, Health Boards and Trusts, Independent Contractors and Health Education and Improvement Wales, and involve data collected from the same primary and community care service providers.

The existing Performers List and Pharmacy Database solution provided by DHCW is built on legacy technology (2014), and whilst the solution can continue to be supported "as is" by DHCW for the foreseeable future, the legacy nature of the technology limits capacity for service change, self-service, and interoperability with other solutions.

The Wales National Workforce & Reporting System (WNWRS) captures the multi-disciplinary workforce of GP Practices across Wales and is being extended to all contractor services in 2023. This system is built on a 3<sup>rd</sup> party supplier platform (Argyle) whose contract has been extended to March 2024, to allow the procurement of a joint Workforce Intelligence System to replace both current offerings and introduce new declaration of interest self-service portal.

The performers list and WNWRS are closely aligned on an operational basis however the legacy technology limits true integration. The systems rely on multiple pathways and workarounds resulting in a fragmented experience for service users and inefficiencies for NWSSP.

The benefits in creating a single system include:

- Continued delivery of legislative requirements around performers' professional registration
- Continued delivery of commissioned service by Welsh Government including GMS contractual requirements for GMPI purposes
- Integration and inter-operability across processes within NWSSP with consistent links to other, dependent, services (single data entry reduces duplication)
- Combining server hosting and development budget for three digital services will reduce combined costs for the joint solution and a single system will be more cost effective
- Remove the need for manual data quality checks and introduce a single data source to inform service planning, delivery, and performance monitoring. single source of truth for medical, dental, ophthalmic and pharmacy performers and contractors

- Improved user experience with a focus on end user experience delivering automated, self-service, process for with service point customer satisfaction measures
- Improve user experience with providing interactive dashboards for planning and performance monitoring, through increased customer satisfaction measures
- Improvement staff efficiency through task management visibility, staff can prioritise workload and focus on added value tasks)
- Data usage can be controlled and managed via a single system (all GDPR requirements managed in one place)
- Improved communication to service users and strategic partners through built-in workflows
- Improved compliance with existing Primary Care Service Key Performance Indicator's
- Improved access for performers/providers to their own data ensuring transparency of the data held about individuals
- Ability to provide self-service flexible reporting functionality/data dashboard to key stakeholders, as currently receive ad-hoc requests from stakeholders regarding data held within the system
- Employment services and Primary Care Services staff will be able to forecast workload and appropriately redirect resource to meet service needs
- Manual process will no longer be required such as writing out to all contractors on an annual basis
- Process efficiencies for service user by managing datasets through one system
- Accessible Data through attribute-based access. Live data dashboards reflecting end user persona needs.
- API with other service systems automating combining of datasets e.g. Locum Hub Wales
- Open and transparent assessment of conflict of interest under 'Do no harm

The preferred supplier costs of combining the two systems and incorporating declaration of interest (based on outcome of procurement tender) are shown overleaf based on a 5-year contract.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>OPERATIONAL COSTS</b>						
Internal Admin Users	43,278	43,278	43,278	43,278	43,278	216,392
External Concurrent Users	35,526	94,739	94,739	94,739	94,739	414,481
Training Provision (150 delegates)	21,053					21,053
WNWRS contract extension	128,700					128,700
Data migration	52,631					52,631
Welsh languages	10,000					10,000
DHCW Performers List	3,102					3,102
Annual fee	29,684	29,684	29,684	29,684	29,684	148,421
Staff costs - PCS	283,029	256,685	203,998	203,998	203,998	1,151,708
Staff Costs - ES	200,247	200,247	200,247	200,247	200,247	1,001,235
<b>TOTAL</b>	<b>807,251</b>	<b>624,633</b>	<b>571,946</b>	<b>571,946</b>	<b>571,946</b>	<b>3,147,723</b>
<b>RECURRENT FUNDING:</b>						
Staff Costs	483,276	483,276	483,276	483,276	483,276	2,416,378
DHCW Performers List	6,204	6,204	6,204	6,204	6,204	31,020
WG Funding WNWRS	192,000	192,000	192,000	192,000	192,000	960,000
<b>TOTAL RECURRENT FUNDING</b>	<b>681,480</b>	<b>681,480</b>	<b>681,480</b>	<b>681,480</b>	<b>681,480</b>	<b>3,407,398</b>
<b>REVENUE FUNDING (SHORTFALL)/SURPLUS</b>	<b>(125,771)</b>	<b>56,846</b>	<b>109,533</b>	<b>109,533</b>	<b>109,533</b>	<b>259,675</b>
<b>Capital Costs Year 1 only</b>	557,895	0	0	0	0	557,895
<b>Capital funding Ring fenced by WG</b>	557,895	0	0	0	0	557,895
<b>CAPITAL FUNDING (SHORTFALL)/SURPLUS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Welsh Government have been advised of the revised funding requirements based on the commercial tender submission. Welsh Government have acknowledged the significance of this procurement and are supportive in principle and have sought assurances of delivery within budget by the 1 April 2024.

## 2. RECOMMENDATION

The Committee is asked to **APPROVE** the Business Case for the Primary Care Workforce Intelligence Reporting System.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:6.1</b>  18 May 2023
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**CIPFA External Quality Assessment of Internal Audit**

<b>ARWEINYDD: LEAD:</b>	Simon Cookson, Director, Audit & Assurance Services
<b>AWDUR: AUTHOR:</b>	Simon Cookson, Director, Audit & Assurance Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Simon Cookson, Director, Audit & Assurance Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Simon.cookson@wales.nhs.uk

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

For the Committee to note the contents of the External Quality Assessment.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

Audit Committee

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		For the Committee to <b>NOTE</b> the contents of the External Quality Assessment.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Not directly relevant.
<b>Cyfreithiol: Legal:</b>	Not directly relevant.
<b>Iechyd Poblogaeth: Population Health:</b>	Not directly relevant.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Not directly relevant.
<b>Ariannol: Financial:</b>	Not directly relevant.
<b>Risg a Aswariant: Risk and Assurance:</b>	Not directly relevant.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	This provides independent evidence of the quality of the Internal Audit Service.
<b>Gweithlu: Workforce:</b>	Not directly relevant.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

## 1. BACKGROUND

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.

## 2. RECOMMENDATION

The Committee is asked to **NOTE** the attached report.

# External Quality Assessment of Conformance to the Public Sector Internal Audit Standards

## NHS Wales Shared Services Partnership's Audit and Assurance Service

Final Report

Lead Associate: Ray Gard, CPFA, FCCA, CFIIA, DMS

Quality Assessment: Diana Melville, FCPFA

8 April 2023

# NHS Wales Shared Services Partnership's Audit and Assurance Service

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## 1. Introduction

- 1.1 Internal audit within the public sector in the United Kingdom is governed by the Public Sector Internal Audit Standards (PSIAS), which have been in place since 1<sup>st</sup> April 2013 (revised 2016 and 2017). All public sector internal audit services are required to measure how well they are conforming to the standards. This can be achieved through undertaking periodic self-assessments, external quality assessments (EQA), or a combination of both methods. However, the standards state that an external reviewer must undertake a full assessment or validate the Internal Audit Service's own self-assessment at least once in a five-year period.

## 2. Background

- 2.1 The Audit and Assurance Service provides internal audit and consultancy services to the NHS Wales Shared Services Partnership NWSSP), the seven geographic Health Boards, and the five Trusts and Specialist Health Authorities in Wales. The service is managed by the Director of Audit and Assurance and is organised into four regional teams namely Audit North Wales; Audit South East & Swansea; Audit Hywel Dda; Audit South Central; and a fifth team, the Specialist Services Unit (SSU), that provides capital project and specialist estates assurance services for the whole of NHS Wales. As is common with NHS shared services, a single NHS trust takes on responsibility for hosting the shared service. For NWSSP, including the Audit and Assurance Service, the host trust is the Velindre University NHS Trust.
- 2.2 The Director of Audit and Assurance is supported by seven Heads of Internal Audit (one each for Audit North Wales; Audit Hywel Dda; and the SSU; and two each for the Audit South Central & Swansea; and Audit South Central regions who each have a larger portfolio of clients. Audit and Assurance is a large experienced and well qualified NHS internal audit agency with, at the time of the EQA, a workforce comprising 52 employees. The Director of Audit and Assurance, and the Heads and the Deputy Heads of Internal Audit all hold relevant professional qualifications, being mainly CCAB accountants with four chartered internal auditors. Below this are the Audit Managers and Principal Auditors, the majority of which also hold relevant professional qualifications or are working towards obtaining them.
- 2.3 From an operational perspective, the Audit and Assurance Service is part of the NWSSP and reports to the Managing Director and the NWSSP's Audit Committee. Regarding Audit and Assurance's other clients, the Heads of Internal Audit report to the respective Board Secretaries and Executive Boards, and their Audit Committees. The Public Sector Internal Audit Standards requires internal audit services to define the roles of 'Senior Management' and 'the Board' in the audit charter. The Board Secretaries and the Executive Boards fulfil the role of 'Senior Management' and the Audit Committees fulfil the role of 'the Board' at each of the Audit and Assurance Service's clients. 'Senior Management' and the 'Board' at each client receive regular reports from the Heads of Internal Audit on their audit plans, progress being made on delivering the plans, details of the completed audit reviews, and the annual opinion and outturn.
- 2.4 Audit and Assurance has an audit manual that provides the auditors with a comprehensive guide to all aspects of performing an internal audit or consultancy assignment and is cross referenced to the PSIAS. The Service uses standard templates for all engagement working papers, testing schedules, and audit reports, and these are embedded in their TeamMate audit management system. Supervision of the engagements takes place at every stage of the process and is recorded on the appropriate documentation in the TeamMate.
- 2.5 There is a quality assurance process in place that includes internal and external quality assessments of the Service, reviews of live engagements, and final clearance of all



completed reports by the relevant Head of Internal Audit, or the Director of Audit and Assurance where appropriate, and post audit satisfaction client surveys. In addition, the Director of Audit and Assurance randomly selects a sample of audit reports each year and performs an in-depth quality assurance review. All these processes feed into the Audit and Assurance Service's Quality Assurance and Improvement Programme (QAIP).

- 2.6 The Audit and Assurance Service has been operating under PSIAS since its launch in 2013, and this is the second external quality assessment (EQA) that they have commissioned.

### 3. Validation Process

- 3.1 This validation of the Service's self-assessment comprised a combination of a review of the evidence provided by Audit and Assurance; a review of a sample of completed internal audits for the Service's clients; a survey that was sent to and completed by a range of stakeholders; and interviews with key stakeholders from a sample of the Service's clients, using MS Teams. The interviews focussed on determining the strengths and weaknesses of Audit and Assurance and assessed the Service against the four broad themes of Purpose and Positioning; Structure and Resources; Audit Execution; and Impact.
- 3.2 The Audit and Assurance Service provided a comprehensive range of documents that they used as evidence to support their self-assessment, and these were available for examination prior to and during this validation review. These documents included the:
- self-assessment against the standards;
  - quality assurance and improvement plan (QAIP);
  - evidence file to support the self-assessment;
  - the audit charters;
  - the annual reports and opinions;
  - the audit plans and strategies;
  - audit procedures manual;
  - a range of documents and records relating to the team members;
  - progress and other reports to the respective Audit and Standards Committees.

All the above documents were examined during this EQA.

- 3.3 The main phase of the validation process was carried out during the week commencing 6 March 2023, with further work and interviews undertaken during the following weeks. This phase of the EQA involved a review of a sample of audit files covering the Service's clients, and interviews with a wide sample of key stakeholders from the Service's clients. Overall, the feedback from the interviewees was positive with clients valuing the professional and objective way the Audit and Assurance Service delivered their services.
- 3.4 A survey was sent to a range of other key stakeholders and the results analysed during the review. Details of the survey findings have been provided to the Internal Audit Manager and a brief summary has been included in this report.
- 3.5 The assessor reviewed examples of completed audits, to confirm his understanding of the audit process used by the Audit and Assurance Service, and to determine how Audit and Assurance has applied the PSIAS in practice.

## 4. Opinion

**It is our opinion that the self-assessment for the NHS Wales Shared Services Partnership's Audit and Assurance Service is accurate, and we therefore conclude that the Audit and Assurance Service FULLY CONFORMS to the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note.**

- 4.1 The table below shows the Audit and Assurance Service's level of conformance to the individual standards assessed during this external quality assessment:

<b>Standard / Area Assessed</b>	<b>Level of Conformance</b>
Mission Statement	<b>FULLY Conforms</b>
Core principles	<b>FULLY Conforms</b>
Code of ethics	<b>FULLY Conforms</b>
Attribute standard 1000 – Purpose, Authority and Responsibility	<b>FULLY Conforms</b>
Attribute standard 1100 – Independence and Objectivity	<b>FULLY Conforms</b>
Attribute standard 1200 – Proficiency and Due Professional Care	<b>FULLY Conforms</b>
Attribute standard 1300 – Quality Assurance and Improvement Programmes	<b>FULLY Conforms</b>
Performance standard 2000 – Managing the Internal Audit Activity	<b>FULLY Conforms</b>
Performance standard 2100 – Nature of Work	<b>FULLY Conforms</b>
Performance standard 2200 – Engagement Planning	<b>FULLY Conforms</b>
Performance standard 2300 – Performing the Engagement	<b>FULLY Conforms</b>
Performance standard 2400 – Communicating Results	<b>FULLY Conforms</b>
Performance standard 2500 – Monitoring Progress	<b>FULLY Conforms</b>
Performance standard 2600 – Communicating the Acceptance of Risk	<b>FULLY Conforms</b>

## 5. Areas of full conformance with the Public Sector Internal Audit Standards

### 5.1 Mission Statement and Definition of Internal Audit

The mission statement and definition of internal audit from the PSIAS are included in the audit charter.

### 5.2 Core Principles for the Professional Practice of Internal Auditing

*The Core Principles, taken as a whole, articulate an Internal Audit function's effectiveness, and provide a basis for considering the organisation's level of conformance with the Attribute and Performance standards of the PSIAS.*

The clear indication from this EQA is that the Core Principles are embedded in Audit and Assurance's procedures and working methodologies and they are a very competent, experienced, and professional Service that conforms to all ten elements of the Core Principles.

### 5.3 Code of Ethics

*The purpose of the Institute of Internal Auditors' Code of Ethics is to promote an ethical culture in the profession of internal auditing, and is necessary and appropriate for the profession, founded as it is on the trust placed in its objective assurance about risk management, control, and governance. The Code of Ethics provides guidance to internal auditors and in essence, it sets out the rules of conduct that describe behavioural norms expected of internal auditors and are intended to guide their ethical conduct. The Code of Ethics applies to both individuals and the entities that provide internal auditing services.*

The clear indication from this EQA is that the Audit and Assurance Service conforms to the Code of Ethics, and this is embedded in their procedures, and their audit methodologies. The code of ethics is part of their overarching culture and underpins the way the Service operates.

### 5.4 Attribute Standard 1000 – Purpose, Authority and Responsibility

*The purpose, authority and responsibility of the Internal Audit activity must be formally defined in an internal audit charter, consistent with the Mission of Internal Audit and the mandatory elements of the International Professional Practices Framework (the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards, and the Definition of Internal Auditing). The internal audit charter must be reviewed regularly and presented to senior management and the audit panel for approval.*

There is a separate audit charter in place for each of the Service's clients and these are reviewed on an annual basis. We reviewed these documents and found them to be comprehensive and well written. We are satisfied that the Audit and Assurance Service conforms to attribute standard 1000.

### 5.5 Attribute Standard 1100 – Independence and Objectivity

*Standard 1100 states that the Internal Audit activity must be independent, and internal auditors must be objective in performing their work.*

The need for independence and objectivity is an integral part of the Service's culture. The Service reports in its own name and directly to the Board Secretaries and Executive Boards, and the Audit Committees at all the Service's clients. All employees declare any potential impairment to their independence or objectivity for each audit they undertake.

We have reviewed the Audit and Assurance Service's comprehensive audit manual, procedures, and their standard documentation; their quality assurance and improvement plan; and a sample of completed audit files for all of the Service's clients. We have also reviewed their reporting lines and their positioning within the respective organisations. Neither the Director of Audit and Assurance nor the Heads of Internal Audit have any other roles and responsibilities in addition to Audit and Assurance at NWSSP or any of the Service's other clients. The audit charter confirms that there are no impairments to their independence or the Audit and Assurance Service, although this is not reinforced in the Heads of Internal Audit's annual reports. As the annual report looks back on the year just finished, whereas the audit charter and plan are designed to look forward, it is recognised as good practice to confirm whether there have been any impairments to independence during the year. We have made one advisory suggestion regarding this observation. We are satisfied that the Audit and Assurance Service conforms with attribute standard 1100.

#### 5.6 **Attribute Standard 1200 – Proficiency and Due Professional Care**

*Attribute standard 1200 requires the Internal Audit Services' engagements are performed with proficiency and due professional care, having regard to the skills and qualifications of the staff, and how they apply their knowledge in practice.*

It is evident from this EQA that the Audit and Assurance Service has a professional and experienced workforce. As mentioned in the background section above, the Director of Audit and Assurance, and the Heads and the Deputy Heads of Internal Audit all hold relevant professional qualifications, being mainly CCAB accountants with four chartered internal auditors. Below this are the Audit Managers and Principal Auditors, the majority of which also hold relevant professional qualifications or are working towards obtaining them.

The Audit and Assurance Service has a specialist IT audit team that undertakes all of the technical IT audits across NHS Wales, although all the team members have sufficient knowledge of the operation of high-level IT controls that they can incorporate these into their testing for the audits they undertake. In addition, the Service also undertakes a regular comprehensive programme of transactional audits for NWSSP who provide all the transactional processing for all of NHS Wales and are currently exploring the potential to expand this by using specialist data analytics software applications.

It is evident from this review that the Audit and Assurance Service's employees are experienced and well qualified and perform their duties with due professional care. We are satisfied that the Audit and Assurance Service complies with attribute standard 1200.

#### 5.7 **Attribute Standard 1300 – Quality Assurance and Improvement Programmes**

*This standard requires the Head of Audit to develop and maintain a quality assurance and improvement programme that covers all aspects of the Internal Audit activity.*

The Audit and Assurance Service has developed an effective quality assurance process which feeds into their quality assurance and improvement programme that ensures engagements are performed to a high standard. Supervision of audit engagements is carried out at all stages of the audit. Evidence of the supervision of the assignments is recorded throughout the audit process. We have examined the supporting evidence provided by the Audit and Assurance Service during this EQA and are satisfied that they conform to attribute standard 1300.

#### 5.8 **Performance Standard 2000 – Managing the Internal Audit Activity**

*The remit of this standard is wide and requires the Chief Audit Executive to manage the Internal Audit activity effectively to ensure it adds value to its clients. Value is added to a client and its stakeholders when Internal Audit considers their strategies, objectives,*

*and risks; strives to offer ways to enhance their governance, risk management, and control processes; and objectively provides relevant assurance to them. To achieve this, the Chief Audit Executive must produce an audit plan and communicate this and the Service's resource requirements, including the impact of resource limitations, to senior management and the Audit and Risk Committee for their review and approval. The Chief Audit Executive must ensure that Internal Audit's resources are appropriate, sufficient, and effectively deployed to achieve the approved plan.*

*The standard also requires the Chief Audit Executive to establish policies and procedures to guide the Internal Audit activity, and to share information, co-ordinate activities and consider relying upon the work of other internal and external assurance and consulting service providers to ensure proper coverage and minimise duplication of efforts.*

*Last, but by no means least, the standard requires the Chief Audit Executive to report periodically to senior management and the Audit Committees on Internal Audit's activities, purpose, authority, responsibility, and performance relative to its plan, and on its conformance with the Code of Ethics and the Standards. Reporting must also include significant risk and control issues, including fraud risks, governance issues and other matters that require the attention of senior management and/or the audit panels.*

The Audit and Assurance Service has a range of procedures in place that are incorporated in their comprehensive audit manual that is cross-referenced to the PSIAS.

The Service have developed comprehensive planning processes that take into consideration the risks and objectives of each client; their risk management and governance frameworks; any other relevant and reliable sources of assurance that are available; key issues identified by managers at each client; the Service's own risk and audit needs assessments; and any emerging risks identified through horizon scanning and networking with other organisations. The Service produces a risk-based audit plan for each client that is designed to provide them with relevant assurance on their Board Assurance Framework and their governance, risk management and internal controls. The audit plans are reviewed and approved by the Executive Boards and the Audit Committees of the respective clients.

Details of the completed audits, together with regular updates on the progress being made on delivering the audit plans and the performance of the Audit and Assurance Service, are reported to the respective Board Secretaries and Executive Boards and the Audit Committees at each client. Annual reports and opinions are also issued at the end of the year and presented to the respective Executive Boards and Audit Committees.

The clear indication from this EQA is that the Audit and Assurance Service is managed effectively and conforms to standard 2000.

## **5.9 Performance Standard 2100 – Nature of Work**

*Standard 2100 covers the way the Internal Audit activity evaluates and contributes to the improvement of the organisation's risk management and governance framework and internal control processes, using a systematic, disciplined and risk-based approach.*

This is the approach adopted by the Audit and Assurance Service and is embedded in their working methodologies. During this EQA, we reviewed a sample of completed audits and examined them to see if they conformed to standard 2100 and Audit and Assurance's own methodologies. We found that all the sample audit files examined during the EQA complied with all three.

The clear indication from this EQA is that the Audit and Assurance Service conforms to performance standard 2100.

#### 5.10 **Performance Standard 2200 – Engagement Planning**

*Performance standard 2200 requires Internal Auditors to develop and document a plan for each engagement, including the engagement's objectives, scope, timing, and resource allocations. The plan must consider the organisation's strategies, objectives, and risks relevant to the engagement.*

As mentioned above, the Service have a comprehensive and robust audit manual and supervision processes in place that include engagement planning and meets the requirements of the PSIAS. From the sample of audit files that we examined during the EQA we found that they all conformed to standard 2200 and the Service's own audit procedures, and therefore we conclude that Audit and Assurance conforms to performance standard 2200.

#### 5.11 **Performance Standard 2300 – Performing the Engagement**

*Performance standard 2300 seeks to confirm that Internal Auditors analyse, evaluate and document sufficient, reliable, relevant, and useful information to support the engagement results and conclusions, and that all engagements are properly supervised.*

As we have mentioned above, the Audit and Assurance Service has a comprehensive audit manual, sound supervision arrangements, and quality assurance processes in place that meet the requirements of the standards. We reviewed the evidence provided in support of the Service's self-assessment, together with a sample of audit files held in the TeamMate audit management system to see if they conformed to the standards, and Audit and Assurance's own working methodologies. We found that all the evidence we examined conformed to the standards and Audit and Assurance's own procedures and methodologies. We therefore conclude that the Audit and Assurance Service conforms to performance standard 2300.

#### 5.12 **Performance Standard 2400 – Communicating Results**

*This standard requires Internal Auditors to communicate the results of engagements to clients and sets out what should be included in each audit report, as well as the annual report and opinion. When an overall opinion is issued, it must take into account the strategies, objectives and risks of the clients and the expectations of their senior management, the audit panels and other stakeholders. The overall opinion must be supported by sufficient, reliable, relevant, and useful information. Where an internal audit function is deemed to conform to the PSIAS, reports should indicate this by including the phrase "conducted in conformance with the International Standards for the Professional Practice of Internal Auditing".*

The Service's audit manual and supervision processes cover the communication of results of individual audits and meet the requirements of the PSIAS. During the EQA we reviewed the evidence provided in support of the Service's self-assessment and the audit reports issued for a sample of audits to establish if they conformed to the standards. All the evidence we examined conformed to the standards and Audit and Assurance's own procedures and methodologies.

We also reviewed the progress and annual reports presented to the respective Audit Committees and found that these also conformed to the standards and the Service's own internal procedures.

We therefore conclude that the Audit and Assurance Service conforms to performance standard 2400.

#### 5.13 **Performance Standard 2500 – Monitoring Progress**

There is a comprehensive follow-up process in place, the objective of which is to monitor the client's progress towards the implementation of agreed actions. The results of the

follow-up reviews are reported to the respective Audit Committees. From this EQA, it is evident that the Audit and Assurance Service conforms to performance standard 2500.

#### 5.14 **Performance Standard 2600 – Communicating the Acceptance of Risk**

Standard 2600 considers the arrangements which should apply if the Director of Audit and Assurance and the relevant Head of Internal Audit has concluded that management have accepted a level of risk that may be unacceptable to the organisation. Situations of this kind are expected to be rare, consequently, we did not see any examples of this during this review. From this EQA, it is evident that the Audit and Assurance Service conforms to performance standard 2600.

## 6. Areas of partial conformance with the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note

- 6.1 There are no areas of partial conformance with the Public Sector Internal Audit Standards.

## 7. Areas of non-conformance with the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note

- 7.1 There are no areas of non-conformance with the Public Sector Internal Audit Standards.

## 8. Survey results

- 8.1 Overall, the results of the survey of key stakeholders from the Audit and Assurance Service's clients were positive with respondents valuing the services provided by them. The overall number of positive responses were very high with nearly all respondents agreeing or partially agreeing with the survey statements. The detailed findings from the survey have been shared with the Director of Audit and Assurance and a summary of the survey results has been included in this report at page 14.

## 9. Issues for management action

- 9.1 We have identified two advisory issues for management to consider, as set out in the table below.

Issues for management action	Priority
The audit charter confirms that there are no impairments to the independence of the Director of Audit and Assurance, the Heads of Internal Audit, or the Audit and Assurance Service although we have noted that this is not reinforced in the respective annual reports. As the annual report looks back on the year just finished, whereas the audit charter and plan are designed to look forward, it is recognised as good practice to confirm whether there have been any impairments to independence during the year.	Advisory

Issues for management action	Priority
Management should be mindful of the fact that a consultation on revising the Institute of Internal Auditors global International Professional Practice Framework (IPPF) which is incorporated into the PSIAS, commenced on 1 March 2023. Whilst this will not impact on the Service's current level of conformance, any changes to the Standards arising from the consultation may affect the Service's conformance in the medium term. It is therefore suggested that the Director of Audit and Assurance considers the contents of the consultation document and keeps a watching brief on the developments to the Standards and how this may impact the Service in the medium term.	<b>Advisory</b>

## 10. Definitions

Level of Conformity	Description
<b>FULLY Conforms</b>	The Internal Audit Service complies with the standards with only minor or no deviations. The relevant structures, policies, and procedures of the internal audit service, as well as the processes by which they are applied, at least comply with the requirements of the individual Standard and the Code of Ethics in all material respects. This means that there is conformance to all of the individual Standards and the Code of Ethics.
<b>Partially Conforms</b>	The Internal Audit Service is endeavouring to deliver an effective service however, they are falling short of achieving some of their objectives and/or generally conforming to a majority of the individual Standards and elements of the Code of Ethics and at least partial conformance to the others. There will usually be significant opportunities to improve the delivery of effective internal audit and enhance conformance to the Standards or elements of the Code of Ethics. The Internal Audit Service may be aware of some of these opportunities and the areas they need to develop. Some identified deficiencies may be beyond the control of Internal Audit and may result in actions for Senior Management or the Board of the organisation to address.
<b>Does Not Conform</b>	The Internal Audit Service is not aware of; not making efforts to comply with; or is failing to achieve many/all of the individual Standards or elements of the Code of Ethics. These deficiencies will usually have a significant adverse impact on Internal Audit's effectiveness and its potential to add value and are likely to represent significant opportunities for improvement to Internal Audit. Some identified deficiencies may be beyond the control of Internal Audit and may result in recommendations to Senior Management or the Board of the organisation.



Action Priorities	Criteria
<b>High priority</b>	The Internal Audit Service needs to rectify a significant issue of non-conformance with the standards. Remedial action to resolve the issue should be taken urgently.
<b>Medium priority</b>	The Internal Audit Service needs to rectify a moderate issue of conformance with the standards. Remedial action to resolve the issue should be taken, ideally within a reasonable time scale, for example six months.
<b>Low priority</b>	The Internal Audit Service should consider rectifying a minor issue of conformance with the standards. Remedial action to resolve the issue should be considered but the issue is not urgent.
<b>Advisory</b>	These are issues identified during the course of the EQA that do not adversely impact the service's conformance with the standards. Typically, they include areas of enhancement to existing operations and the adoption of best practice.

The co-operation of the Director of Audit and Assurance, the Heads of Internal Audit, the Business Support Manager, and the Deputy Head of Internal Audit at Audit Hywel Dda in providing the information requested for the EQA, is greatly appreciated. Our thanks also go to the Board Secretaries and chairs of the respective Audit Committees, and the key stakeholders from all the Service's clients that made themselves available for interview during the EQAs and/or completed the survey.

Ray Gard, CPFA, FCCA, FCIIA, DMS

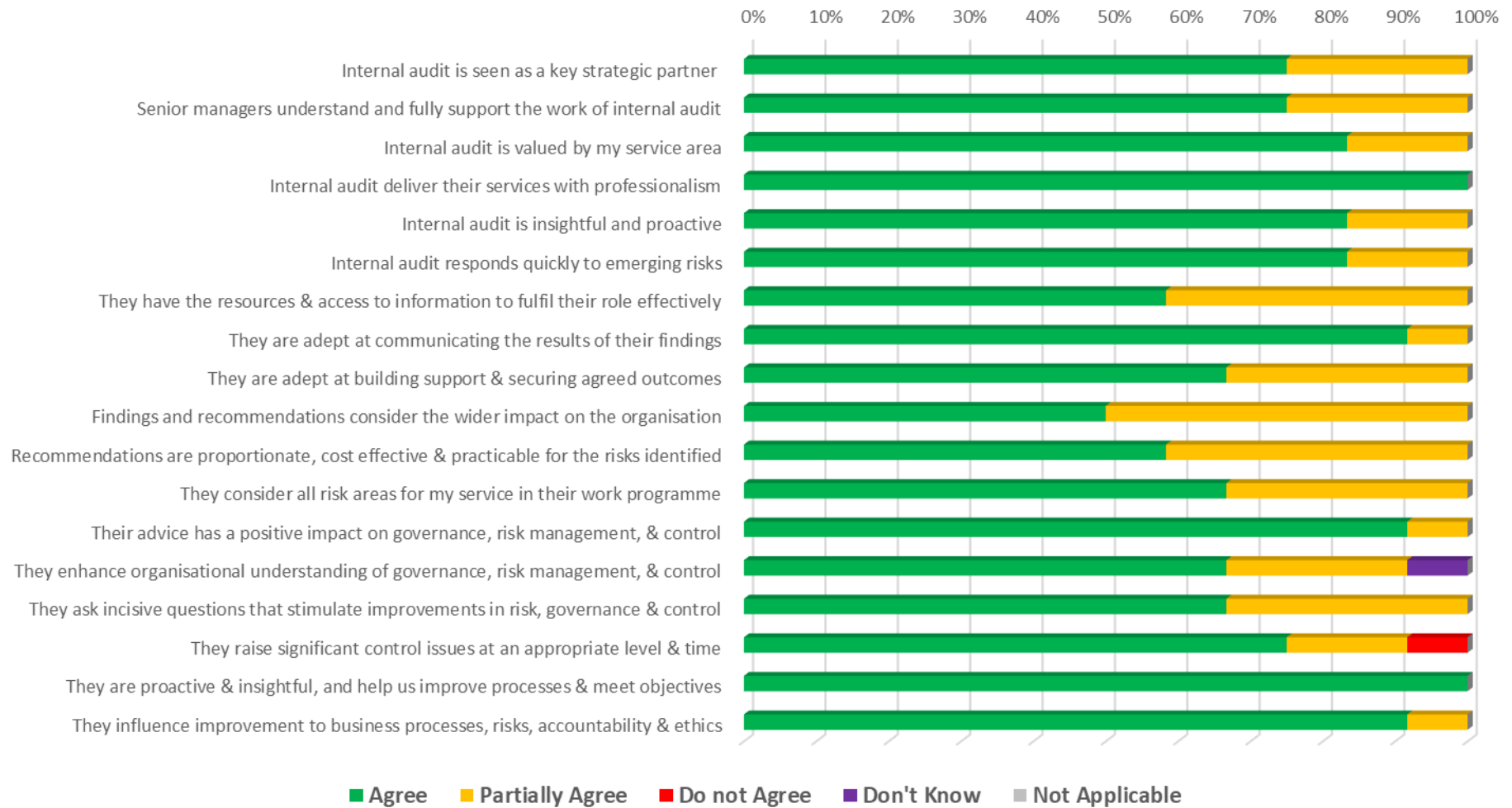
8 April 2023

## 11. Disclaimer


This report has been prepared by CIPFA at the request of the NHS Wales Shared Services Partnership's Audit and Assurance Service, and the terms for the preparation and scope of the report have been agreed with them. The matters raised are only those that came to our attention during our work. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, we have only been able to base findings on the information and documentation provided to us. Consequently, no complete guarantee can be given that this report is necessarily a comprehensive statement of all the issues that exist with their conformance to the Public Sector Internal Audit Standards that exist, or of all the improvements that may be required.

The report was prepared solely for the use and benefit of NHS Wales Shared Services Partnership's Audit and Assurance Service, including the Executive Boards and Audit Committees of NWSSP and the Service's clients, and to the fullest extent permitted by law, CIPFA accepts no responsibility and disclaims all liability to any other third party who purports to use or rely, for any reason whatsoever on the report, its contents, conclusions, any extract, and/or reinterpretation of its contents. Accordingly, any reliance placed on the report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk.

## NWSSP Audit and Assurance Survey Results





 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:6.2</b>  18 May 2023
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**All-Wales Laundry Service Update**

<b>ARWEINYDD: LEAD:</b>	Stuart Douglas, Director, Specialist Estate Services
<b>AWDUR: AUTHOR:</b>	Stuart Douglas, Director, Specialist Estate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Stuart Douglas, Director, Specialist Estate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Stuart.douglas@wales.nhs.uk

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

To update the Committee on progress with the All-Wales Laundry Programme.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

Laundry Project Board  
Senior Leadership Group  
Welsh Government

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
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<b>Argymhelliad/ Recommendation</b>	For the Committee to <b>NOTE</b> progress with the All-Wales Laundry Programme.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Included where relevant.
<b>Cyfreithiol: Legal:</b>	Included where relevant.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Included where relevant.
<b>Ariannol: Financial:</b>	Included where relevant.
<b>Risg a Aswariant: Risk and Assurance:</b>	Included where relevant.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Included where relevant.
<b>Gweithlu: Workforce:</b>	Included where relevant.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

## 1. BACKGROUND

The attached paper and appendices provide an update on the All-Wales Laundry Programme.

## 2. RECOMMENDATION

The Committee is asked to **NOTE** progress with the All-Wales Laundry Programme.

## **BRIEF PROGRESS UPDATE TO THE NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE ON THE ALL WALES LAUNDRY PROGRAMME**

### **1. Purpose**

To provide the Committee with a brief update on the status of the All-Wales Laundry Programme.

### **2. Introduction & Background**

In July 2020, NHS Wales Shared Services Partnership (NWSSP) submitted a Programme Business Case with proposals for transformation of laundry services provided to NHS providers in Wales. The Programme Business Case had been approved by the Shared Services Partnership Committee and was endorsed by Welsh Government in 2021 on the basis of investing in development of a modern and compliant service configuration which would see a move from operation of 5 sites to 3, including creation of a centralised management function.

This would have involved building a new laundry in Swansea, a new laundry in North Wales and completing a significant refurbishment of the Green Vale site in the period between 2023 to 2026.

During 2022 business cases were developed for progression of the preferred way forward, but the estimated total investment of £72million could not be afforded within the All-Wales Capital Programme.

Accordingly, NHS Wales Shared Services Partnership were advised to develop proposals for progression of the reconfiguration on the basis of a 'Do Minimum' approach; to achieve compliance with British Standard reference EN 14065, meet demand for the short to medium term (of 5-8 years) and build in resilience.

### **3. Progress on Do Minimum (Short to Medium Term Solution)**

During the first quarter of 2023 the Assistant Director of Laundry & FM Operational Services developed a revised Do Minimum approach comprising:

- a) Green Vale Site: Complete minor refurbishment and investment in new equipment to create a compliant base from which to operate and enable closure and transfer of activity from the Church Vale site
- b) Swansea / Glangwili Sites: Complete refurbishment and investment in new equipment at the Swansea site to create a compliant base from which to operate laundry services and enable transfer of all activity from Glangwili, with the exception of minor hub collection, storage, and distribution services
- c) Ysbyty Glan Clwyd Site: Complete minor refurbishment and investment in new equipment to create a compliant base from which to operate

An early and initial estimate of costs for delivery of the programme was set at £14.8m based on 1<sup>st</sup> Quarter 2023 price levels.

A Programme Brief was presented to the Laundry Programme Board held on 28 March 2023. This document set out the proposed content of the work and equipment supply (including transfers), together with an implementation plan.

The Programme Brief was approved in principle, and the Programme Team were directed to make contact with Welsh Government to seek approval to progress a Business Justification Case for full implementation as soon as operationally viable.

A Scoping Meeting was held with Welsh Government on 13 April 2023. Whilst the proposals were positively received, the Programme Team were advised that:

- a) It would not be possible to offer any undertakings on the availability of capital at this time
- b) In light of the very limited availability of capital, the programme would need to be configured over a number of financial years and with business cases for each phase

In response, a suggested approach for implementation over 4 years was offered for consideration and this involved:

**2023-2024: £3m for design and equipment**

- Develop initial stages of design<sup>1</sup> for the programme to confirm the overall scope and improve cost certainty: Circa 100k (Exc VAT)
- Develop detailed proposals for refurbishment works<sup>2</sup> and equipping at Green Vale Laundry and secure tenders: Circa £300k
- Purchase and install equipment / engineering plant: £2.6m (Swansea and Green Vale Laundries)

**2024-2025: £4m (Green Vale – enabling closure of Church Village and efficiencies)**

- Deliver Green Vale Laundry refurbishment works, together with equipping
- Develop detailed proposals for refurbishment works<sup>3</sup> and equipping at Swansea Laundry and Glangwili hub and secure tenders
- Purchase and install equipment with any spare capital which may arise in year

**2025-2026: £5m (Swansea / Glangwili – enabling further efficiencies)**

- Deliver Swansea Laundry refurbishment works and Glangwili Hub refurbishment works, together with equipment supply and installation
- Develop detailed proposals for Ysbyty Glan Clwyd refurbishment works<sup>4</sup> and equipping and secure tenders
- Purchase and install equipment with any spare capital which may arise in year

**2026-2027: £3 (YGC – achieving compliance)**

- Deliver Ysbyty Glan Clwyd refurbishment works, together with equipment supply and installation
- Deliver any outstanding equipment from previous financial years

In the period following the meeting, Welsh Government have been engaged in an intensive process of capital planning and prioritisation for this year's investment programme and they are unable at this stage to offer any advice on the All-Wales Laundry Programme.

A briefing on progress was provided to the Programme Board on 26 April 2023: In essence, whilst work such as procurement of advisors is progressing to be ready for an award of funds, no programme can be developed until it is clear what the funding award will look like.

<sup>1</sup> RIBA Stages 0-1 (Preparation & Briefing) are the first of seven design stages set out in the RIBA Plan of Work (dated 2020)

<sup>2</sup> Detailed design proposals would be taken to RIBA Stage 4 – Technical Design

<sup>3</sup> Detailed design proposals would be taken to RIBA Stage 4 – Technical Design

<sup>4</sup> Detailed design proposals would be taken to RIBA Stage 4 – Technical Design



Programme Board acknowledged the constraint, noting however that this leaves staff and health board partners without clear sight on the future, and NHS Wales Shared Services with an unchanged operating profile of 5 non-compliant bases, together with the associated operating inefficiencies.

The Programme Team were directed to provide a briefing for staff and for partner organisations.

#### **4. Staff**

A briefing was last provided to staff on 23 March 2023 to let them know of the newly formulated plan built around the same principles as set out in the Programme Business Case (5 units reducing to 3) but involving a reduced investment, centred on existing sites.

A further briefing note with the latest position will be issued to staff, w/c 22 May 2023.

#### **5. Conclusions**

The Committee is requested to **NOTE** the contents of this report.

#### **Presented by:**

**Stuart Douglas (SRO and Director, NWSSP Specialist Estates Services)**

**Anthony Hayward (Lead Client and Assistant Director of NWSSP Laundry and FM Operational Services)**

**Lee Wyatt (Programme Director, NWSSP Corporate Team)**



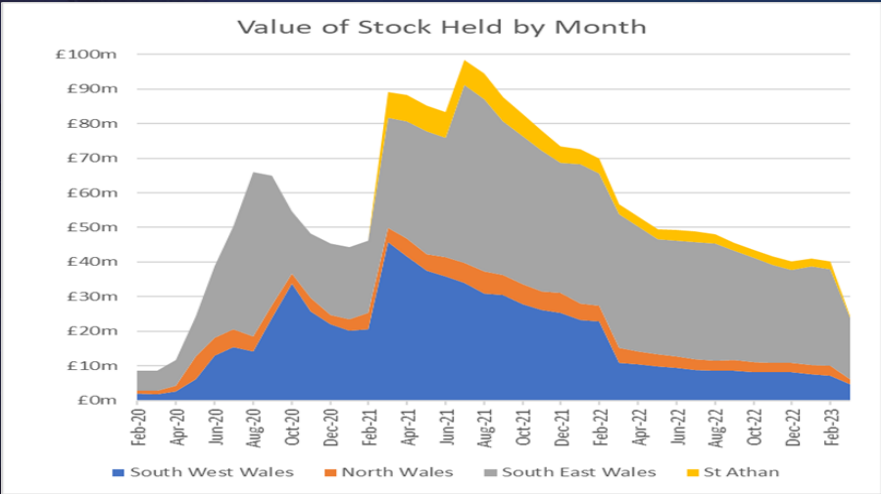
# NWSSP Finance Report May 2023

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

*Adding Value  
Through Partnership,  
Innovation and Excellence*

Dashboard Summary – 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023

	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£'000	£'000	£'000	£'000
Income	-778,365	-778,365	-778,021	344
Pay	327,505	327,505	322,860	-4,645
Non Pay	244,113	244,113	247,152	3,039
WRP – DEL	136,727	136,727	136,727	0
WRP-AME	69,270	69,270	69,270	0
Distribution	750	750	2,000	1,250
	0	0	-12	-12



The value of stock held in Stores at 31<sup>st</sup> March 2023 was **£24.3m**. The reduction in the value of stock reflects the ongoing usage of stock as well as the write off and revaluation of certain PPE stock to net realisable value. In addition the level of stock provisions have also been reviewed. These were actioned and reported to the Audit Committee in April 2023. We continue to maintain the 16 week PPE stock holding as requested by Welsh Government.

NWSSP reported a draft Month 12 financial position with a **small surplus of £0.012m**. The NWSSP financial position is consolidated within the Velindre University NHS Trust annual accounts which will be subject to external audit review with the audit expected to continue until the end of July.

The financial outturn was achieved after making a distribution of £2.000m. During the financial year we received Welsh Government funding of **£3.012m** to cover our energy pressure, **£31.767m** for Covid and PPE stock costs and **£6.379m** for pay award funding. This excludes any impact of the new pay offer which was announced on 20<sup>th</sup> April.

NWSSP funded costs of £1.198m to support increased transactional activity from internally generated savings during 2023/23.

CAPITAL SCHEME	Allocation	Expenditure	Variance
	£000	£000	£000
Laundry Services	194	194	0
EV charging infrastructure	1	1	0
IP5	44	44	0
IT equipment	164	164	0
Medicines Unit	213	213	0
Denbigh Stores	41	41	0
HCS replacement vehicles	163	163	0
Matrix House	10	10	0
Laundry credit	-226	-226	0
Capital accrual/VAT credits	-147	-147	0
<b>Discretionary Capital Total</b>	<b>457</b>	<b>457</b>	<b>0</b>
IP5 discretionary	190	192	2
Scan for Safety	826	833	7
TRAMS	303	305	2
Welsh Healthcare Student Hub	474	474	0
IP5 Racking	308	252	-56
Denbigh Stores - decarbonisation	20	18	-2
Portable EV chargers	68	73	5
IP5 LED lights	600	544	-56
Laundry Equipment	1,522	1,579	57
HCS Vehicles	503	495	-8
Transfer from DHCW	26	22	-4
Denbigh Warehouse improvements	0	53	53
Glidescopes transfers	-282	-282	0
<b>Additional Capital Total</b>	<b>4,558</b>	<b>4,558</b>	<b>0</b>
<b>IFRS16 Lease</b>	<b>8</b>	<b>8</b>	<b>0</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>5,023</b>	<b>5,023</b>	<b>0</b>

Our final Capital Expenditure Limit for 2022/23 was **£5.023m** which was spent in full. **£3.815m** expenditure was incurred in Month 12 as planned.

# Welsh Risk Pool

The final 2022/23 WRP DEL expenditure was **£136.727m** which was within the range forecast throughout the financial year. **£25.345m** was funded by UHBs/Trusts under the agreed Risk Share Agreement.

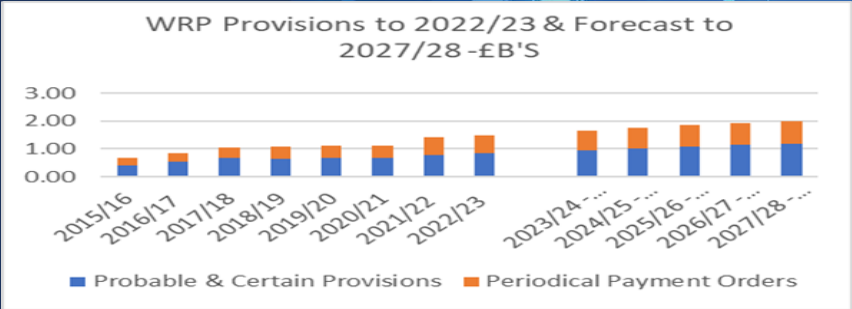
Expenditure is above the IMTP forecast of £134.780m, however the additional £1.947m expenditure was planned and funded by Welsh Government during the last quarter of 2022/23.

Total long term AME provisions have increased by **£69.270m** in 2022/23 and now total **£1.499bn** at 31<sup>st</sup> March 2023.

The downward movement in the claims creditor is due to the more timely submission of claims following the WRP team working closely with UHB teams.

	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

Expenditure Type	2021/22	2022/23
Claims reimbursed & WRP Managed Expenditure	99.921	131.613
Periodical Payments made to date	16.645	19.395
Redress Reimbursements	1.909	2.149
EIDO – Patient consent	0.062	0.077
Clinical Negligence Salary Subsidy	0.550	0.550
WRP Transfers, Consent, Prompt, CTG	0.226	0.335
Movement on Claims Creditor	10.302	-17.392
Total expenditure	129.615	136.727

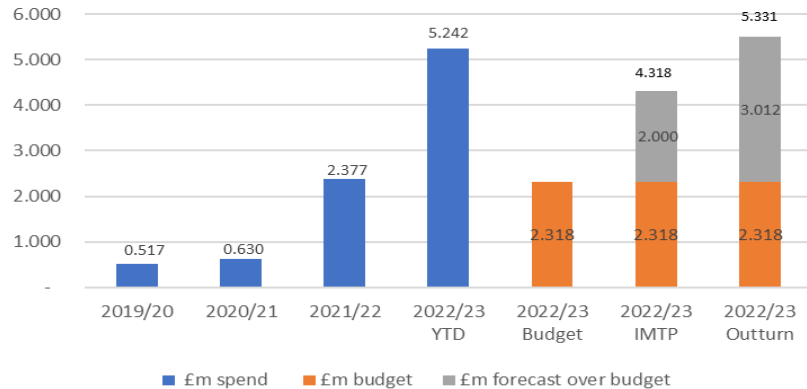


Movement on Creditors			
	2021/22 – M12	2022/23 – M12	Movement
	£M	£M	£M
SWANSEA BAY	18.753	20.163	1.410
ANEURIN BEVAN	27.717	29.277	1.560
BETSI CADWALADR	31.331	26.696	-4.635
CARDIFF & VALE	26.923	19.738	-7.185
CWM TAF MORGANNWG	29.224	12.988	-16.236
HYWEL DDA	12.052	19.132	7.080
POWYS	0.171	0.767	0.596
PHW	0.745	0.877	0.132
WAST	2.364	2.202	-0.162
VELINDRE	0.009	0.057	0.048
	149.289	131.897	-17.392



# Decarbonisation - Energy & Travel

Annual Energy Costs (£m)



At the end of March, the final 2022/23 energy expenditure was **£5.331m** against a forecast of £5.500m. This represented a final budget shortfall of **£3.012m** which Welsh Government funded.

The reduction in expenditure against forecast was due to the UHBs providing reduced actual Quarter 4 charges against those originally forecast and had been flagged as a risk throughout the financial year.

ALL WALES ENERGY	2023/24 FORECAST £m		
	Gas	Electricity	Total
August 2022	142.830	146.600	<b>289.430</b>
September 2022	87.672	95.778	<b>183.450</b>
October 2022	107.377	116.219	<b>223.596</b>
November 2022	75.956	102.002	<b>177.958</b>
December 2022	83.859	102.076	<b>185.935</b>
January 2023 (1)	55.452	78.399	<b>133.851</b>
January 2023 (2)	52.297	71.877	<b>124.174</b>
February 2023 (included in IMTPs)	43.831	66.260	<b>110.091</b>
March 2023	38.486	62.586	<b>101.072</b>
April 2023	41.803	64.081	<b>105.884</b>

The All Wales energy costs have varied considerably during the financial year which we report through the All Wales Energy Price Risk Management Group (EPRMG)

Travel & Subsistence Spend by Service	12 Months to 31st March 2020	12 Months to 31st March 2021	12 Months to 31st March 2022	12 Months to 31st March 2023
Audit & Assurance Services	31,122	5,380	2,797	5,644
CTES	4,347	139	0	178
Corporate Services	60,347	10,374	7,708	6,993
Counter Fraud Services	5,286	102	613	3,553
Employment Services	48,967	8,607	2,851	4,095
Health Courier Services	25,679	17,068	8,252	10,157
Laundry Services	0	0	0	908
Legal & Risk Services	41,805	12,287	8,826	21,917
Medical Examiner Service	0	2,472	2,983	2,045
People & OD	0	0	0	5,795
Planning, Performance & Informatics	0	0	1,794	1,291
Primary Care Services	30,983	5,091	1,744	1,375
Procurement Services	69,083	23,716	16,635	22,597
SMTL	1,795	686	536	2,663
Specialist Estates Services	69,344	27,729	32,624	49,041
TRAMS	0	0	0	2,346
WIBSS	0	362	790	1,015
Lump Sum Relocation			8,245	
<b>Total</b>	<b>388,758</b>	<b>114,014</b>	<b>96,397</b>	<b>141,614</b>

Organisation	Number of live Salary	Live 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
<b>TOTAL</b>	<b>3127</b>		<b>2167</b>	<b>625</b>	<b>548</b>	<b>£1,876,200</b>
<b>Percentage</b>			<b>69%</b>	<b>20%</b>		

Financial Position and Key Targets

KPI	Target	2021/22				2022/23										Trend
		March	April	May	June	July	August	September	October	November	December	January	February	March		
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	
Capital financial position	Within CEL Monthly	Achieved	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	
Planned Distribution	£0.75m Annual	£2.00m	£0.75m	£0.75m	£0.75m	£0.75m	£0.75m	£0.75m	£0.75m	£0.75m	£0.75m	£2.000m	£2.000m	£2.000m	£2.000m	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	95.14%	96.54%	94.52%	96.77%	95.43%	97.12%	95.73%	95.51%	95.04%	93.91%	89.64%	100.07%	98.06%		
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	96.12%	96.54%	95.09%	95.75%	95.65%	95.96%	95.92%	95.85%	95.75%	95.51%	94.90%	95.50%	95.71%		
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	93.68%	94.29%	91.64%	97.73%	84.29%	84.09%	86.67%	86.52%	83.82%	76.29%	85.83%	91.73%	87.38%		
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	92.40%	94.29%	92.56%	94.74%	92.11%	91.02%	90.07%	89.44%	88.77%	86.96%	86.79%	87.50%	86.44%		

Non NHS PSPP Target of over 95% achieved

Corporate

KPI	Target	2022/23													Trend
		March	April	May	June	July	August	September	October	November	December	January	February	March	
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	0	2	3	1	0	2	3	1	7	12	5	11	0	
Variable Pay – Overtime	<£75k Monthly	£102k	£104k	£90k	£93k	£86k	£140k	£148k	£137k	£143k	£120k	£104k	£108k	£106k	
Agency % to date	<0.8% Cumulative	0.53%	0.31%	0.25%	0.32%	0.32%	0.33%	0.32%	0.30%	0.31%	0.29%	0.31%	0.32%	0.29%	
Agency % Adjusted to exclude SLE	<1% Cumulative	1.02%	1.06%	0.89%	1.12%	1.13%	1.16%	1.13%	1.08%	1.10%	1.04%	1.10%	1.16%	1.03%	

## Recommendations

The Shared Services Partnership Committee is asked to note the :

1. Outturn Financial position for the 2022/23 Financial Year
2. Achievement against key financial targets
3. The content of this update and seek further information if required.



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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	2 <sup>nd</sup> May 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 31<sup>st</sup> March 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 April 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. Chest & respiratory problems

### Welsh Language Awareness

Compliance is at 79.73% which has improved from 75.72% last month. This excludes the Single Lead Employer Division.

Including Single Lead Employer Division compliance drops to 34.76%



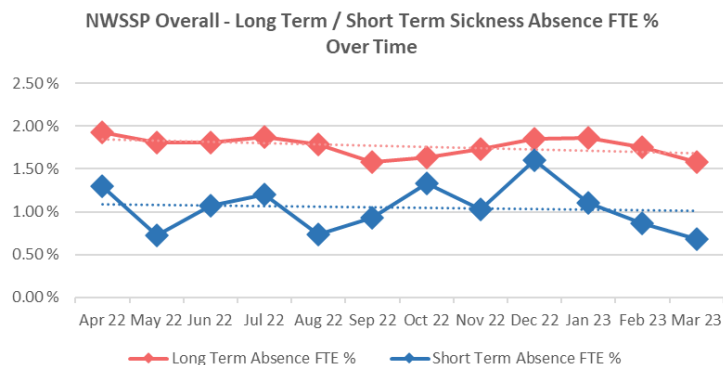
Turnover appears significantly higher for the period (24.50%) compared to last year (12.10%). This increase is due to starters and leavers within the Single Lead Employer Division.

Excluding Single Lead Employer Division turnover is 12.97%

#### Key

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

## FURTHER DETAIL



Data Source: ESR

## Long Term Vs Short Term Absence

The overall trajectory of Long Term Absence has decreased over 12 months from 1.93% In April 22 to 1.58% in March 23.

Short Term Absence has seen a continued decrease from December position and is 0.68% for March 23

The top reason for Long Term Absence for the period based on FTE Lost is **Anxiety/Stress/Depression**

## In Month Sickness Absence Percentage by Division

Division	Feb-23	Mar-23	Change
Accounts Payable Division	4.06%	2.92%	-1.14% ▼
Audit & Assurance Division	3.00%	2.44%	-0.56% ▼
Corporate Division	2.12%	2.75%	0.63% ▲
Counter Fraud Division	0.00%	0.00%	0.00%
Digital Workforce Division	0.15%	1.24%	1.09% ▲
E-Business Central Team Division	0.68%	0.24%	-0.44% ▼
Employment Division	4.14%	4.63%	0.49% ▲
Finance Division	1.16%	1.34%	0.18% ▲
Hosted Services Division	0.52%	0.00%	-0.52% ▼
Laundry Division	7.41%	5.56%	-1.85% ▼
Legal & Risk Division	2.79%	3.06%	0.27% ▲
Medical Examiner Division	4.80%	2.47%	-2.33% ▼
People & OD Division	2.20%	1.11%	-1.09% ▼
Planning, Performance and Informatics Division	4.89%	3.68%	-1.21% ▼
Primary Care Division	5.68%	4.97%	-0.71% ▼
Procurement Division	5.70%	5.68%	-0.02% ▼
Single Lead Employer Division	1.29%	0.87%	-0.42% ▼
Specialist Estates Division	1.86%	1.88%	0.02% ▲
Surgical Materials Testing (SMTL) Division	0.43%	3.17%	2.74% ▲
Temporary Medicines Unit Division	0.62%	0.00%	-0.62% ▼
Welsh Employers Unit Division	5.23%	0.00%	-5.23% ▼
<b>Grand Total</b>	<b>2.61%</b>	<b>2.26%</b>	<b>-0.35% ▼</b>

Source: ESR

In month sickness has decreased from the February 23 position and is now 2.26% which is still below the target of 3.30%

Procurement Division has the highest in Month Sickness Percentage for March at 5.68%

## Appraisal Compliance by Division

Division	Feb-23	Mar-23	Change
Accounts Payable Division	85.71%	81.02%	-4.69% ▼
Audit & Assurance Division	96.08%	100.00%	3.92% ▲
Corporate Division	79.17%	84.00%	4.83% ▲
Counter Fraud Division	100.00%	100.00%	0.00%
Digital Workforce Division	86.36%	86.96%	0.59% ▲
E-Business Central Team Division	92.31%	92.31%	0.00%
Employment Division	85.55%	84.08%	-1.47% ▼
Finance Division	95.45%	95.45%	0.00%
Hosted Services Division	78.57%	66.67%	-11.90% ▼
Laundry Division	77.78%	79.20%	1.42% ▲
Legal & Risk Division	80.13%	82.24%	2.10% ▲
Medical Examiner Division	28.57%	69.49%	40.92% ▲
People & OD Division	71.70%	67.92%	-3.77% ▼
Planning, Performance and Informatics Division	96.67%	93.33%	-3.33% ▼
Primary Care Division	90.88%	92.33%	1.46% ▲
Procurement Division	86.96%	86.71%	-0.25% ▼
Specialist Estates Division	86.00%	88.00%	2.00% ▲
Surgical Materials Testing (SMTL) Division	86.36%	95.45%	9.09% ▲
Temporary Medicines Unit Division	60.00%	66.67%	6.67% ▲
Welsh Employers Unit Division	0.00%	0.00%	0.00%
<b>Grand Total</b>	<b>83.98%</b>	<b>84.92%</b>	<b>0.94% ▲</b>

Source: ESR

An improvement has occurred overall recording appraisal reviews during March 23 which is up by 0.94% on the previous month and is at **84.92%**.

The target for appraisal compliance is 85.00%

1 Division have less than 50% compliance:

- Welsh Employers Unit Division

## E-Learning Competency Compliance

Division	043 MAND Cyber Awareness Core	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	95.10%	96.50%	95.10%	95.10%	95.80%	94.41%	95.10%	93.71%	96.50%	95.80%	99.30%
Audit & Assurance Division	96.15%	96.15%	96.15%	92.31%	98.08%	94.23%	94.23%	94.23%	94.23%	96.15%	98.08%
Corporate Division	92.31%	92.31%	96.15%	96.15%	96.15%	88.46%	92.31%	96.15%	96.15%	92.31%	100.00%
Counter Fraud Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Digital Workforce Division	95.83%	100.00%	100.00%	100.00%	100.00%	95.83%	95.83%	95.83%	100.00%	95.83%	100.00%
E-Business Central Team Division	92.86%	100.00%	78.57%	92.86%	100.00%	85.71%	78.57%	92.86%	100.00%	100.00%	100.00%
Employment Division	90.86%	92.95%	90.34%	90.60%	90.60%	89.56%	89.56%	90.08%	89.82%	89.82%	97.65%
Finance Division	100.00%	95.45%	100.00%	95.45%	95.45%	100.00%	100.00%	95.45%	95.45%	95.45%	95.45%
Hosted Services Division	93.33%	100.00%	100.00%	93.33%	93.33%	86.67%	93.33%	86.67%	93.33%	93.33%	93.33%
Laundry Division	30.47%	60.16%	51.56%	67.19%	69.53%	50.00%	85.94%	67.97%	71.09%	65.63%	76.56%
Legal & Risk Division	95.68%	99.38%	93.21%	93.83%	96.30%	93.21%	93.21%	95.68%	96.30%	95.68%	96.30%
Medical Examiner Division	44.93%	69.57%	56.52%	60.87%	62.32%	68.12%	53.62%	56.52%	60.87%	60.87%	65.22%
People & OD Division	80.00%	89.09%	83.64%	87.27%	87.27%	85.45%	87.27%	85.45%	87.27%	85.45%	89.09%
Pharmacy Technical Services Division	20.00%	40.00%	60.00%	80.00%	60.00%	60.00%	60.00%	60.00%	40.00%	60.00%	60.00%
Planning, Performance and Informatics Division	100.00%	100.00%	96.97%	96.97%	100.00%	100.00%	100.00%	100.00%	96.97%	96.97%	100.00%
Primary Care Division	96.59%	97.95%	96.25%	96.93%	96.93%	93.52%	94.88%	96.93%	96.59%	96.25%	98.63%
Procurement Division	90.74%	94.95%	92.01%	93.83%	94.25%	91.30%	93.27%	95.65%	95.09%	94.67%	97.19%
Specialist Estates Division	92.16%	96.08%	90.20%	94.12%	98.04%	94.12%	90.20%	98.04%	98.04%	98.04%	100.00%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	100.00%	100.00%	100.00%	100.00%
Temporary Medicines Unit Division	72.22%	100.00%	100.00%	100.00%	94.44%	100.00%	100.00%	94.44%	100.00%	100.00%	100.00%
Welsh Employers Unit Division	83.33%	50.00%	66.67%	66.67%	50.00%	66.67%	66.67%	66.67%	66.67%	66.67%	100.00%
<b>Total</b>	<b>87.32%</b>	<b>92.59%</b>	<b>89.28%</b>	<b>91.20%</b>	<b>91.92%</b>	<b>88.74%</b>	<b>91.16%</b>	<b>91.60%</b>	<b>92.01%</b>	<b>91.38%</b>	<b>95.31%</b>

## Welsh Language Awareness Compliance

Division	Assignment Count	Required	Achieved	Compliance %
Accounts Payable Division	141	141	112	91.61%
Audit & Assurance Division	53	53	40	76.92%
Corporate Division	24	24	20	92.31%
Counter Fraud Division	7	7	7	100.00%
Digital Workforce Division	24	24	22	100.00%
E-Business Central Team Division	14	14	13	92.86%
Employment Division	378	378	337	90.24%
Finance Division	22	22	18	95.45%
Hosted Services Division	15	15	12	80.00%
Laundry Division	129	129	23	20.31%
Legal & Risk Division	160	160	124	84.57%
Medical Examiner Division	66	66	24	49.28%
People & OD Division	53	53	41	80.00%
Pharmacy Technical Services Division	5	5	2	40.00%
Planning, Performance and Informatics Division	34	34	30	87.88%
Primary Care Division	292	292	261	91.13%
Procurement Division	712	712	521	76.72%
Single Lead Employer Division	3229	3229	90	3.74%
Specialist Estates Division	51	51	43	88.24%
Surgical Materials Testing (SMTL) Division	22	22	22	100.00%
Temporary Medicines Unit Division	16	16	11	83.33%
Welsh Employers Unit Division	6	6	1	33.33%
<b>NWSSP including SLE</b>	<b>5453</b>	<b>5453</b>	<b>1774</b>	<b>34.76%</b>
<b>NWSSP Overall</b>	<b>4735</b>	<b>4735</b>	<b>1252</b>	<b>79.73%</b>

Source: ESR

31-Mar-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

- 13 Divisional Management Team Meetings have now been held with a further two left to complete in April 2023. This will mean every division has been contacted on several occasions and 15 divisions have been keen to engage with the project. This will end the quantitative and qualitative data stage and also initial brand elements of the project. The actions from these meetings have been fed back to the Senior Business Partners, Organisational Development and the next stage will be the creation of bespoke implementation plans in May.
- The on-going focus of external advertising documents on TRAC, including the "About Us" and the "NWSSP Benefits" documents have been updated pending a long term branding proposal being agreed.
- Now the TRAC documents have been updated, a meeting with the Corporate communications team will be held in April, to discuss a timeline to create a series of animations and service based videos that will showcase Who NWSSP are, the benefits we offer and then work more closely with the wider organisation to create bespoke service based videos to go on TRAC adverts and our external internet.

#### Widening Access – Candidate Attraction

- Elena Morris from the Organisational Development Team is working on a number of pieces that link into the project as part of the widening access agenda. Elena is creating a number of documents that will form a “careers pack” which will be available on the intranet for staff to download and take to career fairs and events in the future. We will update you on these over the coming months however in the meantime the following elements are near completion:-
  - A NWSSP Career Entry booklet. This is now complete and ready for launch, in both an online format with a QR code, complimented by a printable version ready to be distributed at Careers Events. This is the first of a number of other marketing materials such as case studies etc., which are being designed to illuminate the offer.
  - Case studies from staff who are currently on, or previously participated in, widening access routes (apprenticeships, graduates etc). This will complement the branding work, as a great way to showcase success stories within NWSSP, which can be shared with potential candidates of the future.
  - A new internet page focused on career entry routes is in progress, providing an overview of the options available to prospective job seekers, creating an externally focused lens for candidates who want to join NWSSP.

#### Other Project Areas

- In line with the All Wales Job Description Modernisation Plan - The new templates, format and relevant guides have been approved ready for use on a national basis. NWSSP has now gone live, all the documents have been uploaded onto the intranet ready for use. A cascade of the changes will be sent out via the Corporate Communication team in the next week, outlining the changes and newly associated format, including a series of drop in sessions for managers to understand the changes, ask any questions and enable the Job Evaluation and Business Partnering team to provide all the necessary support.
- A new leavers / exit process has been created and is now live on the intranet:- [Exit Process NWSSP](#) .This provides a guide for managers to follow, making sure all the relevant checks have been completed and a simplified step by step process to follow. Included within the new process is a newly formatted employee exit questionnaire on Microsoft forms. This questionnaire has been amended to gather more tangible data of the reasons why people have moved or left the organisation, to provide detailed qualitative information to support our long-term branding and attraction strategy.

## RESOURCE BANK AND AGENCY

## General Bank – Monthly Use

- 118.58 WTE actively engaged on the Bank in March 2023, when removing 11.20 WTE for collaborative bank
- Total spend of £302,940 when removing £302,940 for Corporate Reserves and Collaborative Bank
- Increase in total spend of £24,635 from February 2023
- **Note from the finance team:-** *There are some adjustments within the position under Corporate Reserves/Provisions that are specific to Month 12 – Provision for the 1.5% Consolidated Pay Award, the notional pension adjustment and a provision for late information which we don't normally adjust for in other months. To compare with month 11 you can exclude the £240,712*

Row Labels	Sum of Cur Month Actual	Sum of WTE Actual
Accounts Payable & E-Enablement	8,037.71	3.17
Audit & Assurance Services	-646.75	-0.11
Collaborative Bank	52,340.18	11.20
Corporate Reserves / Provisions	240,712.29	0.00
Corporate Services	5,698.46	1.36
Employment Services	48,124.25	15.72
Health Courier Services	50,726.04	23.41
Laundry Services	28,049.55	11.63
Legal & Risk Services	3,127.51	1.23
People & OD	13,877.37	5.85
Primary Care Services	12,071.08	5.29
Procurement services	107,449.77	45.08
SMTL	3,110.37	0.80
Welsh Risk Pool	23,314.69	5.15
<b>Grand Total</b>	<b>595,992.52</b>	<b>129.78</b>

## Agency Spend by Reason and Service

Service	£	People Engaged
Audit	25,415	2
Planning, Performance & Informatics	16,222	2
Corporate	9,584	3
PS - Local Procurement	2,324	1
PS - Supply Chain	-3,098	0
Laundry	-13,624	15
HCS	14,310	4
Legal & Risk	-14,450	0
Employment Services	-1027	1
SMTL	6,028	1
	<b>41,684</b>	<b>29</b>

## Agency Use

- Agency spend for March decreased to £41,684 (from £123,917 in February)
- Legal & Risk staff were counted as Agency staff during February, but further investigation has meant that they've been reclassified as external consultancy costs – leading to a credit in month.
- 29 x staff engaged via Agency in last month (Down from 34)
- 5 staff moving from Agency to Bank in the laundry service. This continues to be a key area of success, working in partnership between the two services

## Recruitment

- Advertising remains frozen at present as we have 283 people registered to the Bank not currently working and can be placed.
- With the new Bank Team in place from 17<sup>th</sup> April, a runway of job fayres and recruitment visits are being planned from May onwards. These will be PAN Wales as we now have resource in South East Wales, South West Wales and North Wales to do this

## 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**

- Business Intelligence learning videos for managers have been developed and are now available on the People Development intranet pages.
- NWSSP’s Leadership Development Hub will be launched in early May and will incorporate the People Manager’s Toolkit as well as access to a broad range of resources for leaders
- NWSSP’s People Development Hub will be launched in late May and this will be a ‘one stop shop’ for access to learning and development opportunities and resources from within and from outside NWSSP.
- Information Governance and Cyber Security CSTF modules have now been merged so colleagues are no longer required to undertake both modules. This module is now called **000 NHS Wales - Information Governance, Records Management and Cyber Security**.

**Well-being and Inclusion**

- NWSSP has invested in an additional OD Manager who will lead the portfolio of Diversity, Well-being and Inclusion. This enables the team to fully exploit the overlaps between the health and well-being and the diversity and inclusion agendas, supporting colleagues in the best way, and to drive forward the NWSSP actions plans as well as responding to the national strategic priorities.
- A successful physical well-being session took place on 19<sup>th</sup> April in the form of Desk Yoga. 50 people attended the session and the recording has been made available. This is the third of a series of six sessions and attendance has continued to grow. The programme will be evaluated before committing to further programmes. This session also formed a part of the Stress Awareness Month programme of activity to enable colleagues to find ways to manage stress.
- A new cultural mental health support page has been launched to provide additional support to those from different cultural backgrounds who need support with mental health concerns.

**This is Our NWSSP**

- A Senior Leadership Coffee Morning will take place on 15<sup>th</sup> May, led by Gareth Hardacre and Andrew Evans with the theme: This is Our NWSSP: You Said, We Did, What's Next? This will outline the progress made, show appreciation for the involvement of the Culture Change Champions, and hear from colleagues to find out what they would like to see from the programme in the future. The invitation will be sent out via calendar appointment to maximise attendance.



**Procurement**

- An Equality, Diversity and Inclusion Session is scheduled in Denbigh Stores for mid-May.
- A Communication Workshop took place on 6th of April for the Local Procurement Team in Companies House.
- The Senior Management Team Development Proposal has been drafted and is awaiting finalisation and approval.
- People and OD are currently working on new ways of providing training to allow access for our SCLT teams who don't have access to Microsoft Teams.
- Supply Chain Qualification information sessions promoting fully funded learning opportunities have been completed at IP5 and Bridgend Stores. 18 operatives expressed an interest in enrolling on the Warehousing and Storage Qualification, to date 11 have successfully enrolled. Those not on site have had an additional date scheduled to complete enrolment paperwork. 6 staff expressed an interest in undertaking Supply Chain Management L3, enrolment session TBC. 4 members of staff based in North Wales have also been successfully approved for PLA Welsh Government funding to undertake ILM L3.
- Sector wide competency mapping is progressing in the Welsh Government led task and finish group.
- Sector wide apprenticeships are progressing again led by Welsh Government, CIPS are on board and the outcome is likely to be approved and supported by CIPS.

**Audit and Assurance**

- The Audit and Assurance Career Entry Routes Scoping Paper has been shared with the Director of the Service for consideration.

**Transforming Access to Medicines (TrAMs)**

- People and OD are working closely with Project Management colleagues to prepare for the larger change project (OCP2), which is likely to commence in April/May 2023.

**Citizens Voice Body (CVB)**

- Llais/CVB are now operational with effect from 1st April 2023.
- The Employment Services functions are preparing for the April 2023 transfer of employment service function in readiness for April 2023 pay.

**Primary Care Services**

- The TUPE process for the Low Vision Service is underway and is being managed through the PMO due to additional workstreams relating to Digital and Procurement exercises. Consultations, one to ones and due diligence have all been completed. A new Service Lead job description has been created and will be advertised shortly. The Deputy Director of Primary Care is also liaising with NWSSP colleagues within Glangwilli regarding accommodation.



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:7.3**

**18 May 2023**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Performance Update Report**

**ARWEINYDD:  
LEAD:**

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

**AWDUR:  
AUTHOR:**

**Richard Phillips, Business and Performance  
Manager**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

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

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

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for December 2022 – March 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 2022-25

**Ymgynghoriad/Consultation :**

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE
						✓
<b>Argymhelliad/ Recommendation</b>		<p>The Shared Services Partnership Committee is requested to NOTE:</p> <ol style="list-style-type: none"> <li>1. The significant level of professional influence benefits generated by NWSSP to 31st March 2023.</li> <li>2. The performance against the high-level key performance indicators to 31st March 2023.</li> <li>3. The area of improvement now seen in payroll call handling which has been discussed in recent SSPC meetings.</li> </ol>				

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

# NWSSP Performance Information Report

Covering Period December  
2022 to March 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 December 2022 – March 2023.

Health Organisations received their individual performance reports for Quarter 4 at the end of April 2023.

## Key Messages

The in-month March performance was generally good with 34 KPIs achieving the target against the total of 40 KPIs.

However, 6 KPIs did not achieve the target and are considered Red/Amber. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £150M at end of March. This is further broken down on Page 12 of this report.

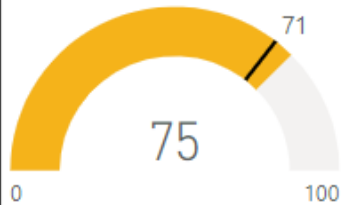


## Summary Position by exception – 6 KPIs off target

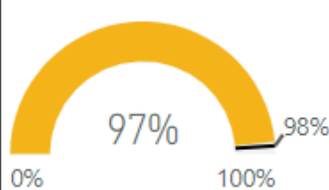
### Performance - March 23

#### Recruitment

Vacancy Creation to Conditional



Conditional offers sent with 4 days

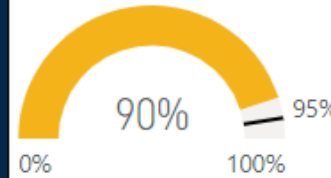


#### Audit & Assurance

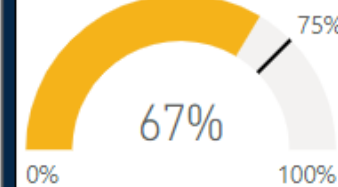
Audit Reports to agreed Committee

**No**  
(See Explanation in Body of Report)

Report turnaround fieldwork to draft reporting [10 days]

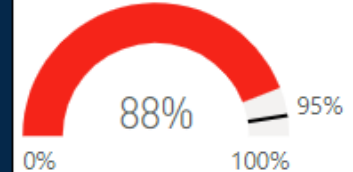


Report - management response to draft report [15 days]



#### Accounts Payable

All Wales PSPP -NHS YTD















Of the 6 KPIs that did not achieve the targets for March

- 1 is not in complete control of NWSSP and are dependent on external stakeholders
- 3 are a combination of both External/Internal processes.
- 2 are within our gift to influence as a service provider.

# Summary of Key Performance Indicators – March 23












22/23								
KFA	KPIs	Target		December	January	February	March	Trend
Audit & Assurance								
Excellence	Audit opinions/annual reports on track	Y/N	Monthly	Y	Y	Y	Y	
Excellence	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Monthly	Y	N	N	N	
Excellence	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	90%	89%	90%	90%	
Excellence	Report turnaround management response to draft report [15 days]	75%	Monthly	69%	67%	67%	67%	
Excellence	Report turnaround draft response to final reporting [10 days]	95%	Monthly	99%	99%	99%	100%	
Procurement Services								
Value for Money	Procurement savings *Current Year	£32m	Cumulative	£38,486,378	£33,179,504	£33,381,623	£53,338,699	
Accounts Payable								
Value for Money	Savings and Successes		Monthly	£33,778	£36,300	£41,055	£50,191	
Excellence	All Wales PSPP – Non-NHS YTD	95%	Quarterly	95%	Reported Quarterly	Reported Quarterly	95%	
Excellence	All Wales PSPP –NHS YTD	95%	Quarterly	88.10%	Reported Quarterly	Reported Quarterly	88.10%	
Customers	Accounts Payable % Calls Handled (South)	95%	Monthly	98.80%	99.70%	98.90%	99.60%	
Employment Services Payroll								
Excellence	Overall Payroll Accuracy	99.60%	Monthly	99.60%	99.74%	99.67%	99.63%	
Customers	Payroll % Calls Handled	95%	Monthly	79.89%	89.88%	96.85%	97.36%	
Recruitment All Wales								
Excellence	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	55.30%	53.20%	46.30%	56.90%	
Excellence	Average Days Vacancy creation to unconditional offer within 71 days		Monthly	74.70	85.60	88.90	74.50	
Recruitment Responsibility								
Excellence	Recruitment - % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	95%	100%	99%	100%	
Excellence	Recruitment - % of conditional offer letters sent within 4 working days	98.00%	Monthly	96%	97.6%	98%	97.4%	
Customers	Recruitment % Calls Handled	95%	Monthly	93%	98%	99%	99%	

# Summary of Key Performance Indicators – March 23

22/23										
KFA	KPIs			Target		December	January	February	March	Trend
Student Awards										
Excellence	% of NHS Bursary Applications processed within 20 days			100.00%	Monthly	100.00%	100.00%	100.00%	100.00%	
Customers	Student Awards % Calls Handled			95%	Monthly	95.56%	99.11%	96.95%	98.61%	
Primary Care										
Excellence	Primary care payments made in accordance with Statutory deadlines			100%	Monthly	100%	100%	100%	100%	
Excellence	Prescription - keying Accuracy rates (Payment Month)			99%	Monthly	99.72%	99.67%	99.72%	99.73%	
Excellence	Urgent medical record transfers actioned within 2 working days			100%	Monthly	100%	100%	100%	100%	
Customers	Patient assignment actioned within 24 hours of receipt of request			100%	Monthly	100%	100%	100%	100%	
Customers	Category A Cascade alerts to be issued within 4 hours of receipt			100%	Monthly	100%	100%	100%	100%	
Legal & Risk										
Value for Money	Savings and Successes			£65m annual target	Monthly	£8,702,989	£5,103,007	£8,250,397	£2,041,337	
Excellence	Timeliness of advice acknowledgement - within 24 hours			90%	Monthly	100%	100%	100%	100%	
Excellence	Timeliness of advice response - within 3 days or agreed timescale			90%	Monthly	100%	100%	100%	100%	
Welsh Risk Pool										
Excellence	Time from submission to consideration by the Learning Advisory Panel			95%	Monthly	100%	100%	100%	100%	
Excellence	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee			100%	Monthly	100%	100%	100%	100%	
Excellence	Holding sufficient Learning Advisory Panel meetings			90%	Monthly	100%	100%	100%	100%	
Specialist Estates Services										
Value for Money	Professional Influence			£16m annual	Monthly	£3,207,586	£298,100	£303,879	£1,336,342	
Excellence	Timeliness of Advice - Initial Business Case Scrutiny			95%	Monthly	100%	100%	100%	100%	
Customers	Issues and Complaints			0	Monthly	0	0	0	0	
CTES										
Excellence	P1 incidents raised with the Central Team are responded to within 20			80%	Cumulative	100%	100%	100%	100%	
Customers	BACS Service Point tickets received before 14.00 will be processed the			92%	Monthly	100%	100%	99%	99%	



# Summary of Key Performance Indicators – March 23

22/23								
KFA	KPIs	Target		December	January	February	March	Trend
Digital Workforce								
Customers	DWS % Calls Handled	70%	Monthly	96.20%	97.10%	96.90%	96.20%	
SMTL								
Excellence	% of incident reports sent to manufacturer within 50 days of	90%	Monthly	100%	100%	100%	100%	
Excellence	% delivery of audited reports on time (Commercial)	87%	Monthly	95%	93%	100%	100%	
Excellence	% delivery of audited reports on time (NHS)	87%	Monthly	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
Customers	% delivery of Technical assurance evaluations on time	87%	Monthly	Not Applicable	100%	100%	100%	
Pharmacy Technical Services								
Excellence	Service Errors	<0.5%	Monthly	0%	0%	0%	0%	
Medical Examiners Service								
Excellence	Deaths Scrutinised	60%	Monthly	100%	100%	100%	100%	
All Wales Laundry								
Excellence	Orders dispatched meeting customer standing orders	85%	Monthly	110%	92%	94%	102%	
Excellence	Delivery's made within 2 hours of agreed deliver	85%	Monthly	100%	100%	100%	100%	
Excellence	Microbiological contact failure points	85%	Monthly	94%	94%	94%	94%	
Customers	Inappropriate items returned to the laundry including Clinical waste items	<5	Monthly	0	0	0	0	

# Audit & Assurance (A&A)

22/23								
KFA	KPIs	Target		December	January	February	March	Trend
Audit & Assurance								
Excellence	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Monthly	Y	N	N	N	
Excellence	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	90%	89%	90%	90%	
Excellence	Report turnaround management response to draft report [15 days]	75%	Monthly	69%	67%	67%	67%	

## What is happening?

Audits reports to agreed Audit Committee has been highlighted overall as “No” with 9 of the 13 health organisations not achieving the target. The reasons highlighted for this were either fully or partly down to delays in carrying out field work and receipt of information which has also resulted in the Report turnaround field work to draft to miss the target with 90% against a target of 95%.

Report turnaround management response to draft report [15 days], has been missed in March achieving 67% against the target of 75%. This measures the performance of turnaround times within the health organisation.

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

A&A have agreed updated audit plans and are still planning to deliver these in time for the annual audit and opinions reports relating to 2022-23.

We are continually working with organisations to review plans and audits that are behind schedule and will realign out resources to audits as required taking into account audit committee dates changing due to delays in the year end accounts timetable.

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.

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

22/23

KFA	KPIs	Target		December	January	February	March		Trend
Accounts Payable									
Excellence	All Wales PSPP –NHS YTD	95%	Quarterly	88.10%	Reported Quarterly	Reported Quarterly	88.10%		

**What is happening?**

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

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

This KPI is reported directly from Welsh Government using the organisations Monthly Monitoring Returns (MMR) and is for information. Accounts Payable plans to work with health orgs in 2023-24 to improve the performance.

# Employment Services – Recruitment

22/23								
KFA	KPIs	Target		December	January	February	March	Trend
Employment Services Recruitment All Wales								
Excellence	Average Days Vacancy creation to unconditional offer within 71 days		Monthly	74.70	85.60	88.90	74.50	
Recruitment Responsibility								
Excellence	Recruitment - % of conditional offer letters sent within 4 working days	98.00%	Monthly	96%	97.6%	98%	97.4%	

### What is happening?

The target of creation to unconditional offer within the 71 days has been missed with an average of 75 days. Only 57% 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

97.4% of records have the conditional offer letters sent within the target of 4 days with an average of 3.2 days.

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

During March 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 199 records processed over 91 days in March compared to in excess of 400 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.

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

Given the recent trend and improving trajectory in performance across all the health orgs it is considered that this will continue to improve into 2023-24.

# Employment Services – Recruitment

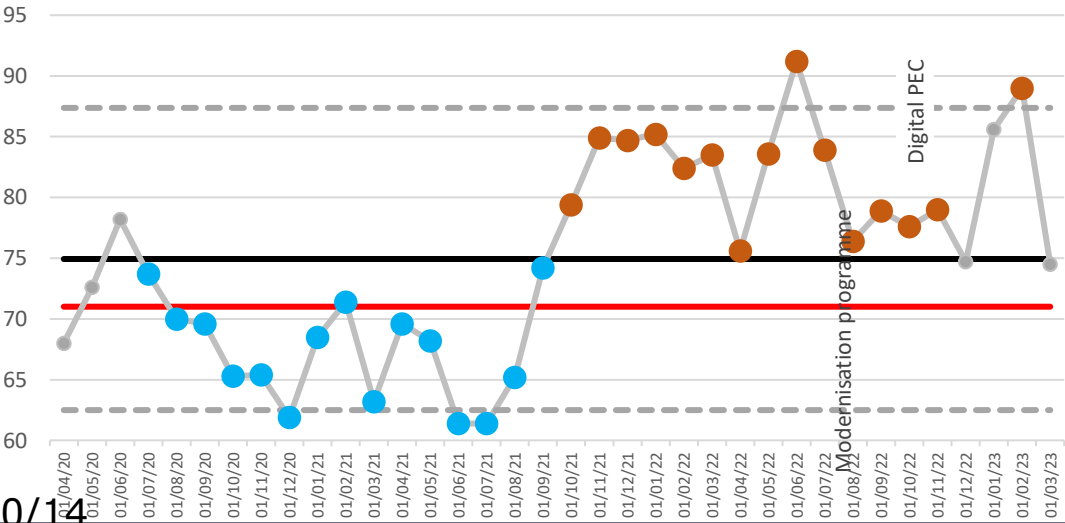
## Recruitment

## Vacancy Creation to Unconditional Offer

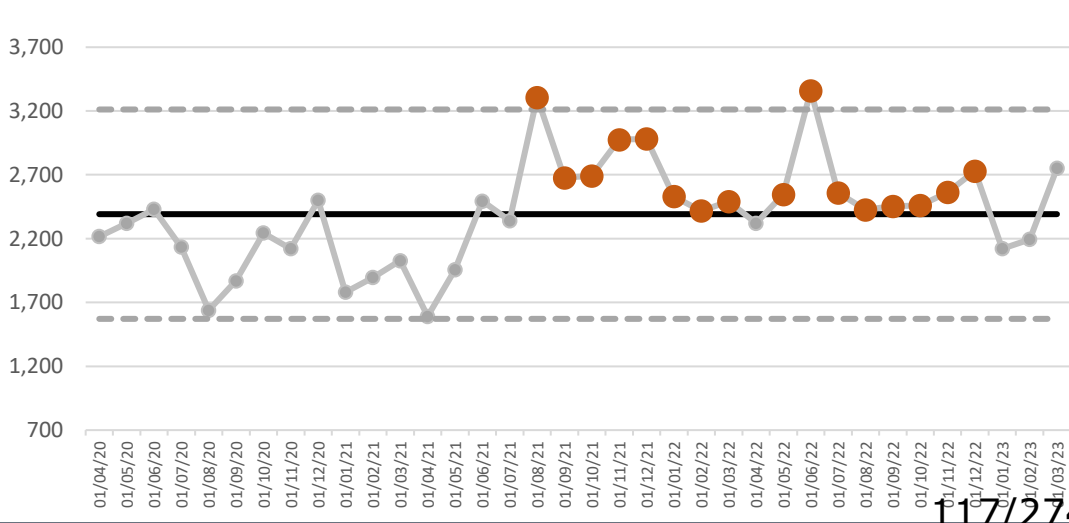
Org	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trend
AB	71	102	102	94	86	87	81	89	89	81	110	128	77	
BCU	71	85	88	84	86	84	94	80	76	70	80	90	80	
CV	71	80	85	85	92	84	90	83	83	84	88	86	78	
CTM	71	97	99	116	111	102	110	94	101	89	96	98	91	
HD	71	59	76	79	82	67	71	76	77	71	67	79	65	
HEIW	71	48	80	61	52	71	69	59	77	72	72	70	54	
DHCW	71	53	57	84	58	66	60	75	67	74	75	63	58	
NWSSP	71	63	65	82	60	55	79	68	61	61	72	94	63	
PTHB	71	80	76	73	66	77	80	73	74	72	72	81	72	
PHW	71	60	68	65	56	60	60	66	60	54	65	68	57	
SBU	71	73	87	75	87	84	82	103	100	86	90	91	81	
VEL	71	74	87	114	97	73	75	73	74	71	85	86	78	
WAST	71	113	111	127	131	92	85	81	90	93	142	126	107	
All Wales	71	76	84	91	84	76	79	78	79	75	86	89	75	

For the month of March an improvement is seen within all Health Organisations in the performance of Vacancy Creation to Unconditional Offer.

Vacancy Requested to Unconditional Offer

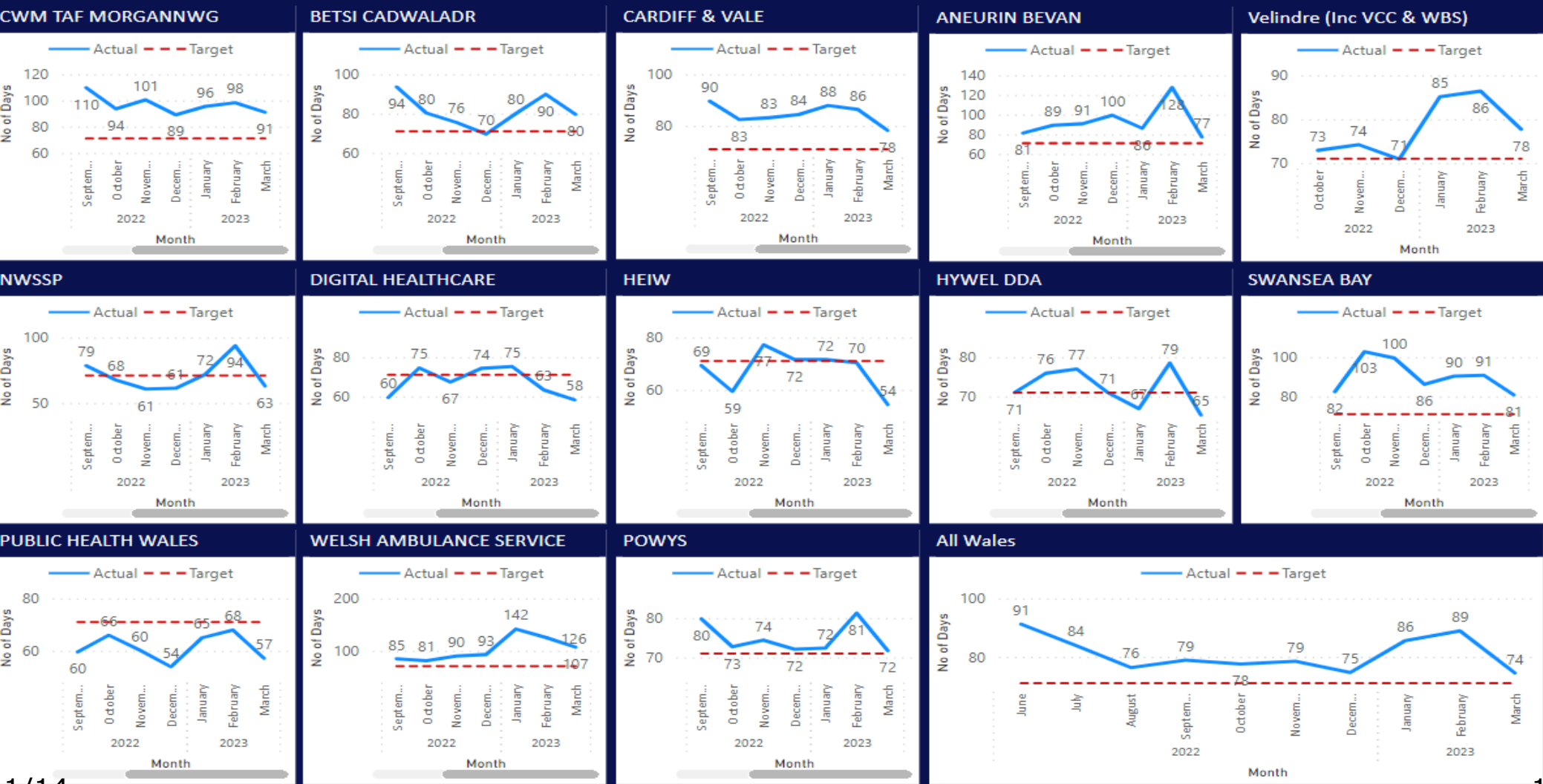


Number of Conditional Offers Sent



# 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 September – March 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.
- **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 2022 – March 2023 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	14.4
Procurement Services	53.4
Legal & Risk Services	75.5
Accounts Payable	4.6
Counter Fraud Services*	1.7
<b>Total</b>	<b>150</b>

\* Quarter 4 Financial Recoveries are unavailable at the time of writing

# Areas of Improvement - Employment Services – Payroll % Calls Handled

22/23

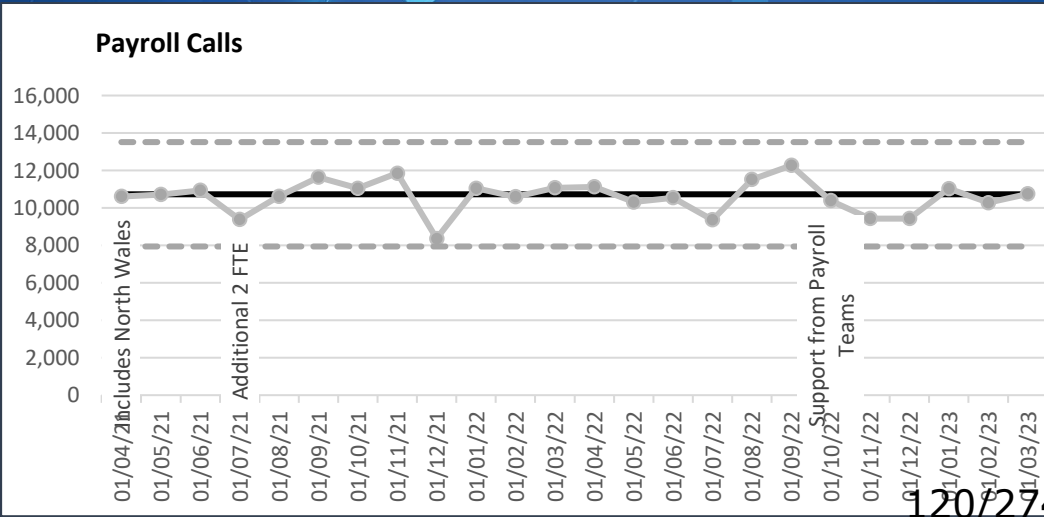
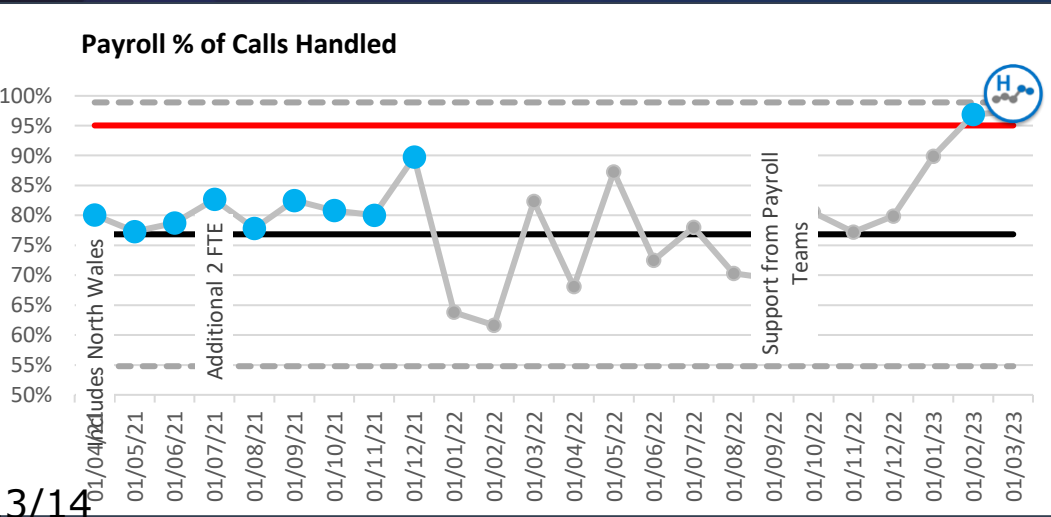
KFA	KPIs	Target	December	January	February	March	Trend
Employment Services Payroll							
Customers	Payroll % Calls Handled	95%	Monthly	79.89%	89.88%	96.85%	97.36%

**What is happening?**  
For the month of March performance improved resulting in 97.4% of the calls handled achieving the target of 95%. The February performance was 97% and 90% in January. It was agreed that performance monitoring could de-escalate in this area and move back to green routine monitoring.

**What are we doing about it and when is performance expected to improve?**  
Performance has improved this month. The transfer of the payroll teams was completed at the end of February and indications are showing the improvements seen are being sustained.

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

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





## Summary

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

- The significant level of professional influence benefits generated by NWSSP to 31st March 2023.
- The performance against the high-level key performance indicators to 31st March 2023.
- The area of improvement now seen in payroll call handling which has been discussed in recent SSPC meetings.





GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

## AGENDA ITEM:7.4

### ***The report is not Exempt***

#### **Teitl yr Adroddiad/Title of Report**

NWSSP Integrated Medium Term Plan Progress Report  
– Quarter 4

<b>ARWEINYDD: LEAD:</b>	Alison Ramsey, Director of Planning, Performance, and Informatics
<b>AWDUR: AUTHOR:</b>	Helen Wilkinson, Planning and Business Change Manager
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Helen Wilkinson, Planning and Business Change Manager
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#### **Pwrpas yr Adroddiad: Purpose of the Report:**

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

This report will also be shared with the Welsh Government.

#### **Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	<p><b>Excellence</b> – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.</p> <p><b>Value for Money</b> - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.</p> <p><b>Customers and Partners</b> – Open and transparent customer-focussed culture that supports the delivery of high quality services.</p>
<b>Tystiolaeth: Supporting evidence:</b>	The NWSSP IMTP 2022/2025, as approved by the Partnership Committee in January 2022 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](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 2022/25 Progress Report

-  
2022/23 Quarter 4



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

*Delivering Value,  
Innovation and Excellence  
through Partnership*

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## 1. Background

This is the final report of the 2022-23 IMTP which will provide an overview of the progress relating to delivery of our IMTP objectives during the year.

The monitoring system, via Microsoft Lists (MS Lists) has continued to be an effective way of tracking our progress against each of the objectives we set for year 1 and will continue as our reporting mechanism for 2023-24.

We have embedded the use of MS Lists in to the full IMTP planning cycle. It was a key feature in carrying out our objective setting for the 2023-24 IMTP planning cycle.

Moving into Quarter 4 reporting, we have sustained the rigour to our reporting, as seen within Quarter 3, with the focus on those objectives that are being reported as 'off track', with scrutiny being applied through our Quarterly Review process, the Quarter 4 Review cycle started on 17 April through to 28 April 2023.

## 2. Key Messages

### Achievements in 2022-23

In Quarter 4 we have seen further progress being 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. A selection of these include:

- Several divisions have reviewed agile working practices to assess the efficiency and effectiveness of their teams with a view to reduce staff turnover and increase the wellbeing of staff.
- We have created efficiencies through reviewing the structures of some of our teams to ensure we have the capacity to undertake activity across NHS Wales.
- Efficiencies across NWSSP have been realised through standardisation of processes both at a local and national level and through a variety of service improvements.

Achievements impacting on our partners include:

- Our Pharmacy Technical Service now supply medicines via a Wholesale Dealer Authorisation licence, where injectable medicine products are purchased in an All Wales agreement for distribution, this is

consequently realising cost savings for Health Organisations across Wales.

- Legal and Risk teams have obtained further compliance awards as part of their Customer Service Excellence audit, which supports the continuous improvement in partnership working with NHS Wales Health Boards and Trusts.
- Our Audit and Assurance team have ensured plans throughout the year have been a balance of pre-emptive and responsive audit plans to include a focus on key risks around customer service pressures, COVID-19 response, and recovery.
- We have standardised and agreed processes as part of our Procure to Pay objectives which will result in improved customer experience and reduced queries.
- We have created greater resilience within our Laundry Services through the appointment of Operational and Technical Service Managers alongside rolling out an All-Wales cloud-based laundry dispatch system and a Planned Preventative Management System.
- An All-Wales central repository for financial training packages such as Oracle has been developed and is now accessible to all Health Organisations.
- The realignment and integration of Procurement Services activity to deliver the objectives of the National Operating Model, at a local, regional, and national level is transitioning to a full category management approach. Regional meetings are now be held to deliver savings and standardisation opportunities.
- We have increased the product portfolio range and scope within our Pharmacy Technical Services focussing on semi-automated manufacturing of batched infusion bags and syringes, with supply to several Health Boards underway.
- Arrangements are now in place across many NHS Wales Organisations offering Salary Sacrifice Schemes (cycle and electronics) as part of a centralised arrangement administered by NWSSP.

We have been continuing to work on our wider programmes of work which will continue to progress into 2023-24, these include, but are not limited to:

- Expanding our legal and Risk services into Primary Care.
- Implementation of the national e-prescribing programme with DHCW.
- The Electronic Staff Record Transformation Programme.
- Supporting the Medical Workforce Productivity agenda and the National Nursing Workforce Productivity agenda and leading on National initiatives.
- Supporting NHS Wales Organisations in the development and implementation of decarbonisation Plans.
- Developing and digitalise learning platforms to support continued professional development of the current and future Health and Social Care Workforce.

- Continuation of testing within our Surgical Materials Testing Laboratory, including face masks and compression garments.
- Improving the quality of Workforce Data in line with National Workforce Datasets (NWD) to support Workforce Planning and implementation of Establishment Management.
- Continue to develop processes and operational systems within our Single Lead Employer teams working closely with Health Education and Improvement Wales.

### **Off track and at risk of going off track objectives**

We have a total of **10%** of our objectives being recorded as 'off track' at year end to deliver within the programme of work, and **2%** 'at risk of going off track' in 2023-24 to deliver. We have scrutinised these objectives and have concluded a small number of themes that can be associated with not delivering our target actions, these are:

- Funding – for example pending decisions on staffing costs and capital funding.
- Recruitment and vacancies – inability to recruit to some posts and pending funding decisions, impacting on activity.
- Dependencies on other organisations – these relate to several work programmes where delays have been incurred due to agreements not being reached, a lack of appetite in NHS Wales to buy in to some work streams, decision making still pending, and slow progress on actions due to competing priorities.

### **Plans to support objectives for 2023-24**

Going in to 2023-24 we will focus on those objectives that start the year 'off track' and 'at risk of being off track'. We will consider options such as support from our Project Management Office (PMO) and Service Improvement Team to get these objectives back on track.

These objectives will continue to be a key area of scrutiny in our Quarterly Reviews with Divisions. All Quarterly Reviews have been planned with dates in the diary for 2023-24.

### **Lessons Learnt**

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

- MS Lists is a useful tool for reporting, and further improvements planned for 2023-24 following feedback from Divisions.

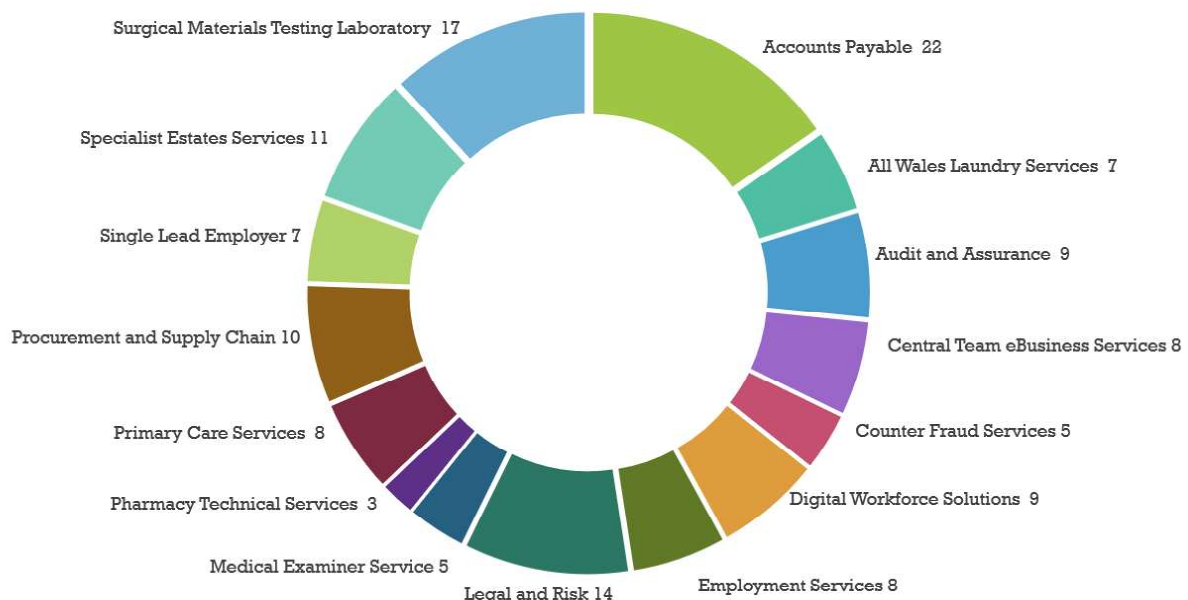


- A quarterly report for Senior Leadership Group (SLG) and for SSPC allows the opportunity to share information and discuss emerging issues during the reporting year.
- More work needed to shape more focused objectives following SMART principles.
- More work needed to articulate the outcome of the specific objectives and the wider benefits for NHS Wales and our partners.
- Divisions need to reflect on whether what they include in Year 1 of their plans is realistic; could some work be spread across the three years.
- Further discussion planned for 2023-24, at a SLG level to agree priorities across Divisional plans. Most Divisions initially load their work plans towards Quarter 1 and Quarter 2, this can have an impact on the support provided by corporate functions such as use of PMO, Digital support via DHCW, Robotic Process Automation, People and Organisation Development, Finance etc.

### 3. Quarter 4 analysis

#### Overview analysis

In Quarter 4 we reported on **143 divisional objectives across 15 divisional level IMTPs**. There has been no increase in objectives in Quarter 4, therefore reporting remains the same as previous quarters. The split of objectives can be seen below in **Figure 1**.



**Figure 1 – Split of Divisional Objectives**

Reporting remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the quarterly review process which commenced in April 2023.

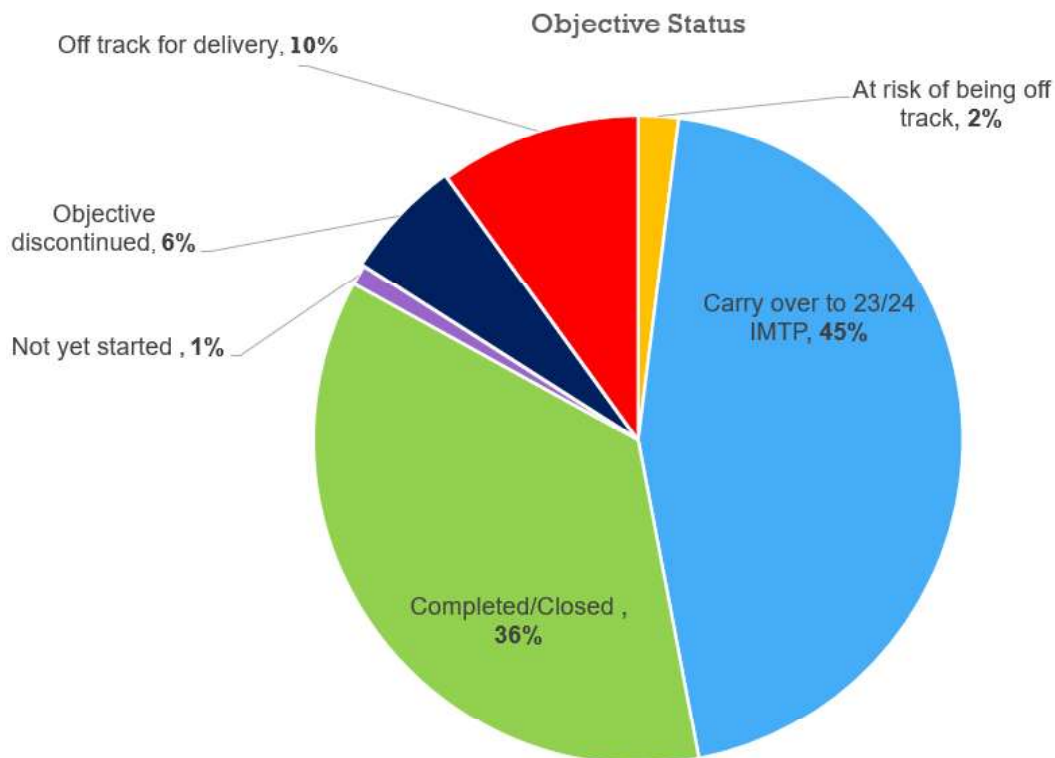
A quarterly comparison can be found in **Table 1** below which highlights the progress through the year.

	Quarter 2	Quarter 3	Quarter 4
<b>Completed/closed</b>	1%	5%	36%
<b>On track</b>	74%	73%	45%
<b>At risk of being off track</b>	12%	11%	2%
<b>Off track</b>	6% %	5%	10%
<b>Not yet started</b>	3%	1%	1%
<b>Objective discontinued</b>	2%	5%	6%

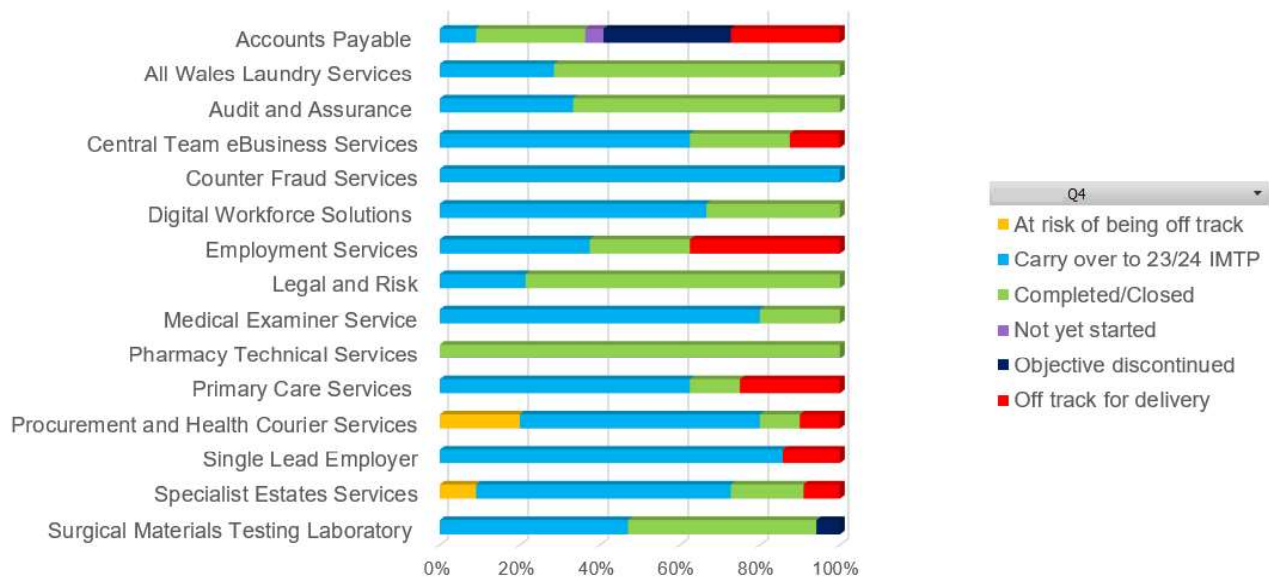
**Table 1** – Q2, Q3 and Q4 comparison

The 'objectives discontinued' have increased by **1%** from Quarter 3 which accounts for an objective that was discontinued for 22-23 and has been revised to merge with another objective for 23-24. This may also be indicative of Divisional plans mainly being drafted in late Q3 and early Q4 of the previous operating year, and the requirements may have changed by Q1 of the IMTP.

**Figure 2** shows the objectives status overall for Quarter 4, and **Figure 3** shows a more detailed breakdown of those statuses by division.



**Figure 2** – Objective Status



**Figure 3 – Objective Status breakdown by division**

Below you will find the Quarter 4 objectives analysis overview. The detail relating to these objectives can be found in **Table 2** (Page 8 to 11):

- **45%** of objectives are on track and are carrying over to the 23-24 IMTP as part longer programmes of work.
- **36%** of our total objectives were fully completed as scheduled and closed in 22-23.
- **6%** of objectives were discontinued throughout the year.
- **10%** were reported as being 'off track' for delivery in 22-23 and comprise of both objectives that were pre-planned to continue into 23-24 and unplanned objectives that will need to continue in to 23-24.
- **2%** of the rolling objectives into year 2 were reported as at risk of being off track going into 23-24.
- **1%** not yet started – as reported in Quarter 2 and 3.

Division	Desired Objective	Progress Update – Q4
Divisional Objectives 'off track' for delivery in year, will continue as planned into 2023-24		
Primary Care Services	Improve the quality of data management products.	<p>Remains on hold as per Quarter 3 reporting, pending allocation of dedicated resource which has been approved by the Project board.</p> <p>Job Descriptions have been drafted and are being job matched and consistency checked March 23. A post to support the programme will be advertised by end of April 23.</p> <p>This objective, although all the targeted actions were not delivered in year, it will continue as planned into the 23-24 IMTP.</p>
Primary Care Services	Automate the Performers List process.	<p>We reported this objective was at risk of going off track in Quarter 3. The contract has not yet been awarded due to delays with the tender release pre-December 2022.</p>

		<p>An additional review of costings is underway with potential suppliers due to a significant discrepancy between the value of contracts. March 2023 Business Case submitted to Welsh Government for Capital funding.</p> <p>This objective, although all the targeted actions were not delivered in year, it will continue as planned into the 23-24 IMTP.</p>
Specialist Estates Services	Refresh the fire safety web-based systems covering fire audits, fire risk assessments and fire related unwanted signals.	<p>As per Quarter 3, we are continuing to report this objective as off track. Engagement with Digital Health Care Wales to firm up the delivery plan is ongoing.</p> <p>This objective, although all the targeted actions were not delivered in year, it will continue as planned into the 23-24 IMTP with revised deadlines to be confirmed including use of additional resource for further upgrade of fire audit systems.</p>
Single Lead Employer	To support the implementation of new national pay terms and conditions of employment and updated contractual arrangements for junior medical staff in training.	<p>Negotiations for the new contract for Junior Doctors in Quarter 4 have not yet recommenced as reported in Quarter 3. Negotiations are likely to recommence in the Spring 2023, as initial proposals were rejected in 2022-23.</p> <p>This objective, although all the targeted actions were not delivered in year, it will continue as planned into the 23-24 IMTP with revised deadlines.</p>
Employment Services	Primary Care Sustainability	<p>The joint procurement tender outcome informed a revised Business Case and application to Welsh Government for funding. Additional capacity payment validation pathway engagement sessions will be held with all Health Boards - agreed start dates 1 April 2023.</p> <p>Amended timeline for full release of Wales National Workforce Reporting System (WNWRS) to Dental and Pharmacy practices because of contract reform discussions.</p> <p>Continued engagement with General Ophthalmic Service reform to establish contractual commitments within WNWRS.</p> <p>This objective, although all the targeted actions were not delivered in year, it will continue as planned into the 23-24 IMTP with revised deadlines and new targeted actions to support performers list reforms and Wales Workforce Race Equality Standards.</p>
Accounts Payable	Increase supplier statement reconciliations through Robotic Process Automation	<p>This objective had been put on hold mid-year due to technical issues with the Robotics Process Automation software (RPA). We have been working to resolve these issues and in addition, we have looked at what the market can offer. We can use a product from Fiscal Tec but in order to implement this we require Fiscal Tec's NXG platform and that is currently with IT as we require the new platform for their forensic software. We also have a follow up demonstration with another third party.</p> <p>This objective, although all the targeted actions were not delivered in year, it will continue as planned into the 23-24 IMTP with revised deadlines.</p>
Accounts Payable	Commence an e-trading trial using PEPPOL	<p>Major testing issues linked to mapping of electronic documents. Outstanding plan to allocate required delivery formats across Wales.</p> <p>This objective, although all the targeted actions were not delivered in year, it will continue as planned into the 23-24 IMTP with revised deadlines.</p>

Divisional Objectives 'at risk of being off track' planned to continue into 2023-24 IMTP		
Procurement and Health Courier Services	Delivery of Procurement contribution to the NHS Wales Decarbonisation Strategic Plan.	<p>Target activity for Quarter 4 was delivery against the relevant initiatives for 2022-23. The overall project is reporting as an amber status. 5 initiatives are reported as: Initiative 25 is red, Initiative 26 &amp; 27 are amber, Initiatives 28 &amp; 29 are green.</p> <p>This objective, although at risk of being off track, will continue as planned in to the 23-24 IMTP with revised deadlines.</p>
Procurement and Health Courier Services	Delivery of agreed Foundational Economy workplan for NHS in respect of Procurement.	<p>Delivery against agreed targets are on track, however, NWSSP are carrying a risk of circa £200k staffing costs. We are currently awaiting Welsh Government agreement of funding for 23-24, likely to be £100k.</p> <p>This objective, although at risk of being off track, will continue as planned in to the 23-24 IMTP with revised deadlines once funding is clarified.</p>
Specialist Estates services	Commence activity to establish the next generation Building for Wales construction procurement frameworks.	<p>Contract documents are in development in collaboration with Legal and Risk services. Estimated completion of contract drafting currently is April 2023. Publication of tenders May 2023.</p> <p>This objective, although at risk of being off track, will continue as planned in to the 23-24 IMTP with revised deadlines.</p>
Divisional Objectives 'Off track' unplanned carry over to 2023-24 IMTP		
Employment Services	RECRUITMENT: Moving to an All Wales Certificate of Sponsorship (CoS) department.	<p>There has been no change concerning the way payments are made to the Home Office. However, as part of a Certificate of Sponsorship (CoS) 4 nations group there is a possibility of influencing change. There is no appetite from Health Boards to have COS done centrally by the recruitment team and as such it remains at risk of being off track.</p> <p>Exploring bringing a legal firm to support CoS on a strategic perspective to assist lobbying of the Home Office to support workforce planning initiatives and provide expertise on complex areas of immigration. This will support an All Wales model.</p> <p>This objective has been reported as at risk of being off track and will need to be carried over in to the 23-24 IMTP.</p>
Employment Services	Further strengthen working relationships with our customer base from a strategic perspective.	<p>Establishing a formal performance and quality insights mechanism to distribute performance reports to Directors and Directors of Finance.</p> <p>This objective has been reported as at risk of being off track due to work load levels and will need to be carried over in to the 23-24 IMTP.</p>
Procurement and Health Courier Services	Delivery of agreed long term Personal Protective Equipment (PPE) Plan for Health and Social Care sites in Wales.	<p>Decision still required from Welsh Government on the 16 week stock level i.e., based on second wave or current demand.</p> <p>Further urgent decision required from Welsh Government on PPE funding for social care and primary care contractors post 1st July 2023.</p> <p>This objective has been reported as at risk of being off track and will need to be carried over in to the 23-24 IMTP.</p>
Accounts Payable	Develop a Salary Sacrifice Dashboard if portal rejected.	<p>Currently developing a working dashboard that will assist with the eligibility checking of the Car, Home Electronic and Cycle scheme. Progress has been slower than expected but there is a focus that it will be operational by the end of Quarter 2 2023/24.</p>

		This objective has been reported as at risk of being off track and will need to be carried over in to the 23-24 IMTP.
Accounts Payable	Develop an action plan to implement the recommendations from the external benchmarking review that is taking across the Division.	Two sub-groups are in place (1) No Purchase Order (PO) No Pay and (2) Auto/Covid release. Progress has been slow due to little appetite to engage on the efficiencies across Wales as PSPP is being achieved and it is not a high priority for Health Organisations in the current climate.  This objective has been reported as at risk of being off track and will need to be carried over in to the 23-24 IMTP.
Accounts Payable	Introduce more process automation in the Procure to Pay process, where practicable to do so.	This objective will be merged with the Robotic Process Automation objective for 23-24 and will be progressed in Quarter 1.  This objective has been reported as at risk of being off track and will need to be carried over in to the 23-24 IMTP.
Accounts Payable	Implement a Procure to Pay (P2P) training programme for procurement Services and Accounts Payable staff.	Training for P2P will continue for the foreseeable future. The P2P governance groups are now taking shape so traction has started but there is no real strategy in place yet.  This objective has been reported as at risk of being off track and will need to be carried over in to the 23-24 IMTP.
<b>Divisional Objectives 'Not Yet Started' (Carry over to 2023-24 pending decision)</b>		
Accounts Payable	Consider and if appropriate, introduce an additional fleet provider in addition to Fleet Solutions.	This objective is focussed around finding an additional fleet car provider. Current frameworks do not support dual providers; therefore, this objective has been put on hold whilst the team speak to procurement colleagues.

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

#### 4. Decarbonisation

There has been lots of activity in Quarter 4 including the final appointments to the Decarbonisation Programme Team and an agreed way forward with Welsh Government on NWSSP's national role.

Our local NWSSP Decarbonisation Action Plan for 2022-23 has matured throughout the year and going into 2023-24 it is being fully co-ordinated by the Project Management Office (PMO).

Activity in Quarter 4 includes:

- New appointments to the Decarbonisation Programme Team in Quarter 4 now complete the team of two Project Managers, a Programme Manager, and Programme Director.
- The programme team have agreed a way forward with Welsh Government for their national role as the Decarbonisation Coordination Reporting team. The team will act as the formal interface between the Welsh Government Health and Social Care Climate Emergency Programme and NHS Wales. They will provide leadership, oversight, coordination, monitoring, and reporting of delivery on an NHS Wales wide basis,

focusing on driving the implementation of all the initiatives in the Strategic Plan. A pilot evaluating the reporting process will be launched in Quarter 1 2023.

- The Transport Task & Finish group, led by NWSSP, has successfully appointed a contractor to develop a best practice approach for electric vehicle charging technology, procurement, and car park space planning for NHS Wales' own fleet, staff vehicles and visitor electric vehicle charging. The guidance produced will be considered by the Task and Finish Group in Quarter 1 2023.

Forward look to 2023-24:

- To continue to coordinate the delivery of the actions in the NWSSP Decarbonisation Action Plan, and NWSSP national initiatives, carrying forward any actions not completed.
- To ensure NWSSP Decarbonisation activities are fully aligned with the NHS Wales Decarbonisation Strategic Delivery Plan initiatives.
- As part of the programme team's national role, establish reporting mechanisms for all NHS Wales organisations to demonstrate delivery of the NHS Wales Decarbonisation Strategic Delivery Plan initiatives.

- **Foundational Economy**

We continue to recognise the need to deliver sustainable, ethical and responsible products, provisions, and services as part of our Foundational Economy plans. We are continuing to focus on delivering our agreed work plan where we are actively exploring opportunities within and beyond already agreed contracts. Work is continuing to establish key stakeholder, community and market links in order to develop networks and share best practice.

In Quarter 4, we continued to deliver and monitor the award of Welsh contracts to Welsh suppliers. Quarter 4 saw over **£5.6m** of new business was awarded to Welsh Headquartered organisations with **£13m** of new business awarded over the 2022-23 Financial Year.

NHS Wales's average overall spend within Wales for 2022-23 was **33.26%**. In Quarter 4, we have expanded our reporting to Welsh Government to include ongoing projects and engagement with Welsh suppliers. Quarter 4, saw the delivery of pilot projects which included wider Social Value evaluation, with further examples planned for the 2023-24 Financial Year.

Quarter 1 of the 2023-24 financial year will see continuing work to improve the Foundational Economy data quality, with further work required to report Tier 2 expenditure, where NHS Wales suppliers buy goods and services from, due to the breadth of the NWSSP catalogue.



Our continued work to realign and integrate procurement services activity to deliver the objectives of the National Operating Model at a local, regional, and national level remain on-track.

- **People and Organisational Development**

The People and Organisational Development plan has progressed rapidly throughout the year with progress being made in all our key focus areas:

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

All objectives with the People and Organisational Plan are currently **'on track'** to be delivered within the scope of the programmes. Within Quarter 4 we have seen lots of progress, including:

- The actions which are the basis for the Equality, Diversity and Inclusion Action Plan have been shared with and agreed by the Equality, Diversity and Inclusion Group and NWSSP Culture Change Champions.
- Continuing to embed Health and Wellbeing into our culture, systems and processes and an application is underway to become an accredited training centre for mental health first aid and approval will be granted once the internal quality assurance process is finalised.
- Development of resources for careers fairs is ongoing alongside a plan to promote career opportunities at NWSSP to the wider community.
- Support packages have been finalised for employees and managers to sit within the programme of activity to support the development of a 'Just and Learning Culture'.

In 2023-24 our People and Organisational Development plans will continue to focus on the design and implementation of the work programmes to support the development of a high performing organisation, increasing its effectiveness and facilitating personal and organisational growth and wellbeing.

- **Digital Plan**

Our Digital Plan is linked through to our key digital themes which are: to support cloud first, agile working strategy and enable digital empowerment. We continue to work closely with our partner Digital Health and Care Wales on several objectives within this plan.



**4** of the **8 digital objectives** have been '**Completed/Closed**', **4** are '**on track**' for completion within the term of the programmes which extend through 2023 to 2026, the details of which are shown in **Table 3** below.

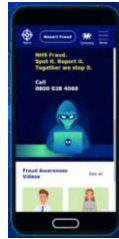
Desired Objective	Progress Update – Q4
Deliver remediation actions to support the recommendations of the Cyber Resilience Unit Cyber Assessment Framework (CAF) report.	<ul style="list-style-type: none"> <li>• Business Impact Assessment sessions have been scheduled and incident response training sessions presented to the Business Continuity Plan Group.</li> <li>• The delivery plan extends to March 2024.</li> </ul>
Develop a digital strategy that sets out a roadmap for future investment in hardware, software, and skills.	<ul style="list-style-type: none"> <li>• Strategy approved by the Partnership Committee.</li> <li>• Initial meetings held with Digital Health Care Wales and quick win service changes identified.</li> <li>• Roadmap extends to March 2026.</li> </ul>
Champion and support cloud first approaches where relevant and feasible.	<ul style="list-style-type: none"> <li>• Readiness assessment complete.</li> <li>• Proof of concept candidates identified.</li> <li>• Initial delivery scheduled for February 2024 with the possibility of additional elements beyond that.</li> </ul>
Implement a customer centric telephony system and contact centre system.	<ul style="list-style-type: none"> <li>• MITEL contract extended &amp; preferred supplier identified.</li> <li>• Implementation for NWSSP to commence July 2023 as per plan with a targeted implementation date of September 2023.</li> </ul>
Build a virtual Azure environment to support the ambition within Divisional digital transformation plans.	<ul style="list-style-type: none"> <li>• Completed in Quarter 3</li> </ul>
Provide advice and support on proposed business systems utilised by NWSSP Divisions.	<ul style="list-style-type: none"> <li>• Completed in Quarter 3</li> </ul>
Complete migration of NWSSP staff onto NWSSP platform supported by DHCW.	<ul style="list-style-type: none"> <li>• Completed in Quarter 3</li> </ul>
Work with Divisions to develop robust RPA solutions as they adapt and change processes.	<ul style="list-style-type: none"> <li>• Completed. Developments delivered as per work plan and now business as usual.</li> </ul>

**Table 3** – *Digital Objectives*

## What do our Quarter 4 plans mean to our partners?

### Counter Fraud

- ✓ We have successfully rolled out a Counter Fraud application with updated training material available.



### Procurement & Health Courier Services

- ✓ Continued delivery of recovery savings plans with a £38m planned delivery in 23-24 for front line and national sourcing categories.
- ✓ Scan for Safety continues to be rolled out as part the modernisation programme in Wales, with Cwm Taff and Hywel Dda Health Boards going live with some elements in Quarter 4.

### Central Team eBusiness Services

- ✓ Ensured that Software as a Service factors in requirements and interfaces for the Scan for Safety implementation. Roll out to Health Boards is progressing, with a major development planned for improving operational effectiveness in May 2023.
- ✓ Implemented an automated BACs solution, with additional improvements identified.

### Primary Care Services

- ✓ We continue to support the review of the National Ophthalmic contract for Wales, where the Implementation Board has now been established and work streams are reporting monthly.
- ✓ Technical proof of concept for the implementation of the national e-prescribing programme with DHCW is scheduled for May 2023.



### Welsh Risk Pool

- ✓ The Practical Obstetric Multi-Professional Training (PROMPT) Wales and Community PROMPT Wales Quality Assurance process has been successfully delivered, with reports submitted to all organisations and associated action plans in place.
- ✓ We continue to lead, coordinate the implementation and maintenance of the Once for Wales Concerns Management Systems. This quarter we have seen Duty of Candour amendments delivered to health bodies two weeks early to permit training and local testing. Version 3A Datix Cymru and Version 10 national codes rolled out on time for 1st April 2023. Civica Experience updated to Version 7 and rolled out with training support. Phase 3 workstreams are in place for 2023-24.

- **Conclusion**

We have made good progress towards achieving several of our longer-term programmes of work in 2022-23 and have showcased many of our achievements within the case studies section of our 2023-24 IMTP.

We have started to frame our approach around innovation which will focus on benefits realisation, good practice, and improvements in our ability to tell our stories.

We have refreshed our Vision, Values and Strategic Objectives in the NWSSP Strategy Map, giving us renewed vigour in which to move forwards at pace.

We are refreshing elements of the NWSSP branding which will support embedding our new Strategy Map throughout 2023-24.

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

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

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

<b>Llywodraethu/Governance</b>	
<b>Amcanion: Objectives:</b>	<b>Value for Money</b> - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. <b>Excellence</b> - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. <b>Staff</b> - To have an appropriately skilled, productive, engaged and healthy workforce.
<b>Tystiolaeth: Supporting evidence:</b>	NWSSP IMTP 2022-25 approved by SSPC in Jan-22.

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

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

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

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



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Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

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

**NWSSP PMO Monthly Update - 05 May 2023**  
**Reporting Period – End of April 2023**  
**Prepared by Ian Rose**

## Monthly Summary

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

<b>Projects</b>	21
<b>Programmes</b>	2

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:

- **52% (12 Schemes) All Wales** – Typically where the scheme covers multiple health boards, and the schemes seek to implement products utilised on a multi health board or all Wales basis
- **48% (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 included in the NWSSP IMTP and respective Divisional Plans will be supported by the PMO and 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 PMs from the PMO but performance is reported separately.

## Annual Summary

The team continues to thrive with growing experience and knowledge and increasing levels of professional certification across a multitude of disciplines from Prince2, Managing Successful Programmes, Agile, Six Sigma and Business Case development.

A number of initiatives have been supported throughout 22/23 by the PMO team with a consistent demand on the team from within NWSSP and also from key stakeholders in Welsh Government and Health Boards.

Successful implementation has been achieved in several areas where PMO resources have been supporting delivery including:

- Community Dressings - The supply and management of wound care products within the community setting which aim to give nursing time back to patient care.
- Scanners – Replacement of Primary Care Scanners within NWSSP which improve the existing service capability.
- Digital ID checking – Support the implementation of bi-lingual software that validates new employees’ identity digitally speeding up elements of the recruitment process.
- Laundry Transition – Completion of transition arrangements for Greenvale Laundry and Memorandum of Terms of Occupation (Moto) which provides agreement and assurance on the occupation terms for the laundry service in Greenvale.
- Citizens Voice body - implement a new statutory body, Citizen's Voice Body for Health and Social Care.

A number of presentations have been given to a wide range of stakeholders including the Finance Academy Cohorts, Public Health Wales and WAST (Welsh Ambulance Services Trust) around good practice in project, programme, and service improvement principles.

Establishment of the Service improvement team within Planning Performance & Informatics Division as a corporately available resource was undertaken, with key tools and processes embedded to support a range of collaborative initiatives, so far including Payroll and Single Lead Employer service areas.

Furthermore, in 23/24 further focus will be made on refining information around key areas such as planned benefits, business cases and a number of actions outlined within the Planning Performance & Informatics Divisional Plan all of which aim to support pragmatic good practices in support of IMTP delivery.

## SSPC Recommendation

To note the contents of the report

Key Trend information and Initiative Overview

Total Number of Current Initiatives – 23

Scheme Scale						
All Wales	SRO	RAG	SIZE	Estimated Start Date	Original Completion	% Completion
Citizens Voice Body (CVB)	Hazel Robinson	Green	Medium	30/04/2022	05/05/2023	98%
Single Lead Employer Phase 3	Ruth Alcolado	Green	Medium	01/06/2021	11/05/2023	100%
Procurement and Implementation of Wales Healthcare Student Hub	Darren Rees	Green	Large	25/11/2019	01/08/2023	82%
Medical Examiner	Andrew Evans	Green	Medium	31/03/2021	31/10/2023	95%
Occupational Health Checks	Rebecca Jarvis	Green	Large	15/11/2021	30/11/2023	59%
GS1 Coding Locations	Andy Smallwood	Green	Large	24/08/2022	30/11/2023	25%
Expansion of Legal Services to Primary Care	Daniela Mahapatra	Green	Medium	02/02/2023	29/03/2024	81%
EPS Reimbursement claims	Andrew Evans	Amber	Large	01/10/2022	31/03/2024	35%
Workforce Reporting Intelligence System (Including Performers List)	Andrew Evans	Amber	Medium	13/04/2021	30/04/2024	55%
Demographic Transformation	Ceri Evans	Green	Large	21/06/2021	31/07/2024	62%
Decarbonisation Programme	Stuart Douglas	Amber	Large	01/04/2022	31/03/2030	5%
TRAMS Programme	Neil Frow	Red	LargeXOrg	01/04/2021	31/03/2031	10%

NWSSP	SRO	RAG	SIZE	Estimated Start Date	Original Completion	% Completion
L&R Case Management System implementation phase	Mark Harris	Red	LargeXOrg	01/09/2020	28/02/2023	75%
Mobile Phones	Mark Roscrow	Green	Small	19/12/2022	30/05/2023	75%
Laundry Transition	Stuart Douglas	Blue	Medium	26/02/2021	31/05/2023	100%
Renewal of Virtual Cabinet & Servers	Mark Harris	Green	Medium	01/09/2020	31/05/2023	90%
CAF Remediation	Neil Jenkins	Green	Medium	03/05/2022	31/05/2023	50%
Medicine Value Unit	Alex Curley	Green	Medium	01/10/2022	30/06/2023	30%
Low Vision Services Wales	Nicola Phillips	Green	Medium	26/01/2023	30/06/2023	31%
Patient Medical Records and (Scanning) Service Accommodation Review	Scott Lavender	Red	Large	16/08/2021	31/08/2023	25%
Customer Contact Centre - Telephony and Contact Centre Solution	Andrew Evans	Green	LargeXOrg	01/06/2021	31/10/2023	97%
Alignment of NSV Codes	Sara Taylor	Green	Medium	03/04/2023	31/05/2024	75%
Data Management	Neil Jenkins	Amber	Large	04/04/2022	30/09/2024	54%



Key Individual Project/Programme Updates				
Project Name		Project Manager		Project Exec/SRO
L&R Case Management System implementation phase		Jenna Goldsworthy		Mark Harris
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Red</b> (Overall)	<b>Red</b> (Time)	<b>Red</b> (Cost)	<b>Red</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
<p>The Legal &amp; Risk Service (L&amp;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. A Business Case for a replacement system submitted to and approved by Digital Priorities Investment Fund (DPIF), Welsh Government on 24 March 2021 for financial year 21/22.</p> <p>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.</p> <p>The project has been set up to implement the new solution above.</p>				
<b>Progress Update</b>				
<p>L&amp;RS have encountered difficulties with the provider and are currently taking steps to resolve these. The main points are set out in the following section. These are in highly summarised form to preserve confidence.</p> <p>The supplier has begun negotiating with NWSSP to resolve the ongoing issues.</p> <p>There is no direct impact on service delivery for our customers.</p> <p>NWSSP Procurement have been made aware of the current situation and are working with the NWSSP Case Management System (CMS) Project team and the NWSSP L&amp;RS commercial team.</p> <p>As the supplier cannot deliver the agreed system, it has been agreed that this project will complete a change control to revert from delivery to prestart and will begin to review the marketplace for options.</p>				
<b>Main Issues, Risks &amp; Blockers</b>				
<b>Scope Issues</b>				
<p>There is currently significant disagreement between NWSSP and the provider about the scope of the contract. Confidential negotiations are ongoing with a view to achieving a mutually acceptable resolution.</p>				
<b>Supplier Hours Overspend</b>				
<p>The supplier team have used an excessive number of hours above what was anticipated.</p>				
<b>Supplier Delay</b>				
<p>While working with the supplier’s Management team to resolve the current open issues, it was agreed that all work from the supplier’s perspective would pause from 07 July 2022 until all issues have been resolved.</p>				
<b>Microsoft Dynamics (D365) Licenses</b>				
<p>L&amp;RS have purchased a 3-year contract for 150 Microsoft Dynamics (D365) Licenses and due to the current project position, these cannot be utilised this year. L&amp;Rs is currently looking at possible mitigations with meetings taking place but there are no firm changes in the position.</p>				

# PMO Bi-Monthly Report

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 Primary Care Services (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"><li>Brecon House, Mamhilad Industrial Estate, Pontypool – Lease expired Mar-23 but extended on 3 month rolling basis due to the issue noted below</li><li>Additional storage space is required to ensure business as usual can be maintained and to enable the expansion of the medical record service</li></ul>				
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 approval.				
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 Estates, 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 need to 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)				
Status	Red (Overall)	Amber (Time)	Red(Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective				
To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.				
Progress Update				
<ul style="list-style-type: none"><li>Discussions are ongoing with the owners of potential sites in Southeast Wales. Informal discussions with Welsh Government during Aug-22 have revealed a strong preference from Government for the investment to result in a tangible asset in public ownership. The Project Team are reviewing the site options to ensure that the proposals developed have due regard to this preference.</li><li>A new option has come forward during Feb-23 which gives the potential to occupy and develop space within an existing building in Southeast Wales which already has brand new cleanroom facilities in place. The commercial aspects and affordability of this option is being actively explored. This option has the potential to offer substantial improvements in both time and cost compared to a new build and could potentially recover the programme to a more positive status. Provisional locality selections for Southwest and North regions have been made by representative scoring panels. The Southwest selection has been endorsed by Programme Board. The North selection is being reviewed, in the context of emergent changes to the clinical Nuclear Medicine service in BCUHB. The programme has opened an interface with BCUHB to remain sighted on this issue.</li><li>Space has been secured for the TRAMS Quality Control Lab in IP5. Opportunities for early benefit realisation from this capacity are being assessed.</li><li>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 DHCW and is being considered by DHCW Executives. The NWSSP Chief Digital Officer is sighted.</li><li>Organisational Change Project 1 (OCP1) is in the implementation phase. 5 national roles have had staff identified through the consultation process, and 2 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 Jun-23. Care will be taken not to destabilise the front-line service. The actual TUPE transfer will take place only when they move to NWSSP full time. Planning of OCP2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues.</li><li>Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.</li><li>The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and has now met twice, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives. This group will meet quarterly.</li><li>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.</li><li>Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing. There is an emergent opportunity to support the revenue budget of the new service by making products from the agreed standard UK catalogue for sale outside Wales. Care will need to be taken to prioritise establishing our core Welsh Patient service first.</li></ul>				
Main Issues, Risks & Blockers				
<ul style="list-style-type: none"><li>Confirming suitable sites that meet both the very demanding needs of the service, and the strategic context of the funding stakeholder.</li><li>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.</li><li>Ongoing cost inflation in the construction and scientific equipment markets. This is not necessarily TRAMS specific but a global market pressure that will act on all major capital projects</li><li>Current staffing pressures throughout the service threaten the ability of Health Boards and Trusts to release staff time to the extent needed to achieve the transformational change</li><li>Backfill funding for OCP1 has not yet been agreed. Until this is agreed the secondments cannot begin, to avoid destabilising the fragile front-line service. OCP1 secondments are now overdue by 1 month, which is impacting the timeline to prepare for OCP2.</li><li>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.</li><li>Based on the current position, the programme is now “Red”</li></ul>				

# PMO Bi-Monthly Report

Project Name		Project Manager		Project Exec/SRO	
Data Management in PCS		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"><li>Existing delivery mechanisms and solutions.</li><li>Current arrangements for the supply of regular reports.</li></ul>					
To review: -					
<ul style="list-style-type: none"><li>Data request / response processes including IG review processes</li><li>Existing technical infrastructure</li></ul>					
To identify: -					
<ul style="list-style-type: none"><li>Opportunities to streamline request / response processes including IG review processes.</li><li>Duplication / inconsistency in the provision of regular reporting.</li><li>Opportunities to drive Statistical Process Control and performance management using existing data sets.</li><li>Opportunities to add value to data provision through the application of domain knowledge.</li><li>Recurring themes in existing data provision and opportunities to consolidate information delivery around these themes.</li><li>Stakeholder groups that have requirements beyond existing information provision</li><li>Inconsistencies in existing data models.</li><li>Potential “quick wins”</li></ul>					
Progress Update					
The Project Board approved the revised delivery approach in Nov-22 to set up a task and finish group/workstream to support the delivery of the next project phases with representative's who have the correct domain knowledge for each of the services.					
Project Board agreed on 16 November 2022 to pause the project.					
Project Board met on 07 February 2023 to review the current position and agree a way forward. It has been agreed to secure resource to fulfil Data Analyst and Business Information Manager posts with Primary Care Services (PCS) to support this project but potentially also provide support to other areas in NWSSP, if required. Review of current status completed in Apr-23, waiting for the vacancies to be advertised which will be done shortly.					
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)				
Status	Amber (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	Yes			
Objective				
To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).				
Progress Update				
Evaluations have been completed and preferred supplier identified.				
An initial clarification meeting with the preferred supplier was held on 01 March 2023 although further clarification is still required to ensure that the preferred supplier can deliver the requirements of the specification. This is a priority for the project with the anticipation that the meeting will be held by 05 May 2023.				



# PMO Bi-Monthly Report

Meeting held with Welsh Government (WG) on 24 April 2023 who confirmed they will ring fence the funding for a new system. The full business case has been completed and is awaiting approval.

As WG commission NWSSP to provide the WNWRS, they have requested additional assurance around the WNWRS element for the transition to the new system. The project will be paused while we complete the additional clarification meeting and the additional work required with the preferred supplier on the workforce reporting solution before we can proceed with contract award.

**Main Issues, Risks & Blockers**

Project continues to run behind schedule due to the delays experienced with the gaps identified from Workforce perspective. Due to the level of Governance approval required, it is now anticipated that the contract will not be awarded until Q2 2024.

The current arrangements for WNWRS has been extended to Mar-24 with no impact on 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**

The NHS Wales Decarbonisation Strategic Delivery 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, Transport, Procurement, Estates Planning and Land Use and Approach to Healthcare, with NWSSP leading on a number of tasks.

In line with these objectives, NWSSP outlined a local Decarbonisation Action Plan in Mar-22, integrating all Wales duties and responsibilities as an NHS organisation.

NWSSP have established a programme team to support the implementation and management of the Decarbonisation plans.

Progress Update

Welsh Government funding has been used for the recruitment of required resource to support the Decarbonisation Programme:

- The Programme Team is now in place, with the Decarbonisation Programme Lead and second Project Manager both starting on the Mar-23.
- The position of Principal Environmental Facilities Advisor and Decarbonisation Subject Matter Expert remains vacant. Work is continuing to recruit to this post.

19 of the 46 initiatives outlined in the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 are being led by NWSSP. The Decarbonisation Programme Board oversee the implementation and progress of these initiatives.

The NWSSP led Transport Task & Finish group to target completion of Initiative 17 have appointed a contractor. The contractor will develop a best practice approach for electric vehicle charging technology, procurement, and car park space planning for NHS Wales’ own fleet, staff vehicles and visitor electric vehicle charging. The draft guidance produced will be considered by the Task and Finish Group in Jun-23. Once Initiative 17 is complete this will enable the progression of other transport related initiatives.

The programme team have agreed a way forward with Welsh Government for their national role as the Decarbonisation Coordination Reporting team. The team will act as the formal interface between Welsh Government and NHS Wales. The team will provide leadership, oversight, coordination, monitoring, and reporting of delivery of all the initiatives in the NHS Wales Decarbonisation Strategic Delivery Plan. A pilot to evaluate and test the reporting process can now be launched following consideration by the Health and Social Care Climate Emergency Programme Board on the 24 April 2023.

Main Issues, Risks & Blockers

**Risks:**

- If dedicated resource in NWSSP and Health Boards to monitor and support the delivery of these initiatives is not obtained then key actions will be not have a timely start, be delivered appropriately and the NHS will not succeed in making an impact in reducing carbon.
- Risk of NHS Wales Stakeholders lack of engagement towards reporting methods.
- If financial resources for decarbonisation is not available to address initiatives with the biggest carbon savings as identified in the NHS Decarbonisation strategy, then emissions targets in 2025 and 2030 will not be achieved; behaviour change by staff and the patients will be delayed or not happen; and air quality and health related illnesses will not improve. Capital funding pressures are limiting available funds to support schemes.

- If by 2030 the NHS Wales estate does not meet agreed targets, then there is a reputational risk for the NHS in Wales and Welsh Ministers.
- Issues:**
- Due to the delay in recruitment, the Programme has been delayed.
  - Limited specialist resource available within NWSSP, NHS Wales more generally, and in the private sector (decarbonisation) consultancy market.

Project Name	Project Manager	Project Exec/SRO		
Laundry Transition	Ian Rose	Stuart Douglas		
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Blue</b> (Overall)	<b>Blue</b> (Time)	<b>Blue</b> (Cost)	<b>Blue</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
As part of the laundry transformation programme, the transition project was initiated to devise an approach to transferring laundry budget for the three laundries in Llansamlet, Glan Clwyd and Greenvale. This was approved by the Committee and verified within the Health Boards in Mar-21 as part of transferring the laundry services for NHS Wales to NWSSP.				
<b>Progress Update</b>				
Three Laundries continue to operate on the agreed basis because of the transfer in Apr-21:				
The remaining agreement has been signed and returned by Aneurin Bevan and this project is now in formal closure.				
<ul style="list-style-type: none"><li><b>Glan Clwyd – Complete.</b></li><li><b>Llansamlet – Complete.</b></li><li><b>Aneurin Bevan / Greenvale – Complete.</b></li></ul>				
<b>Main Issues, Risks &amp; Blockers</b>				
All risks there have been identified have been mitigated through discussions with the Health Board and NWSSP key stakeholders in Informatics, Laundry and Finance.				

Project Name	Project Manager	Project Exec/SRO		
EPS Reimbursement claims	Jenna Goldsworthy	Andrew Evans		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (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 have been tasked with providing technical proof of concept by 22 May 2023.				
<u>Progress Update</u>				
Project Status Summary:				
Statement of Works Contract: Progress on completing milestone 2 is ongoing. This was delayed by the delay with the delivery of the hardware. Work has been completed from Milestone 3 and 4.				
Additional development tasks to support integration with business processes have been identified. NWSSP will use the new developers that started in NWSSP on 30 March 2023. The developers will be required to sync the data from the Message Exchange				

# PMO Bi-Monthly Report

for Social Care and Health (MESH) Mailbox through the current apps and rules engine used for Reimbursement. The funding request for financial year 23/24 has been shared with DHCW.

**Electronic Transfer of Claims:** three x Band 3 posts have been agreed by the DHCW Programme Board. Funding will be allocated in Financial Year 23/24. NWSSP Finance have submitted formal documentation of the agreed funds which has been completed by DHCW and NWSSP. The incentive payments for the band 3 roles have not been included in the original funding request to DHCW. This additional funding request has been shared with DHCW. (Related Issue 6)

Members of the Project team have also highlighted the following:

- Recruitment timeframe 2 months
- Training timeframe 2 months

**Hardware:** The servers have been installed; Two in Church Village, Cardiff and Two in Newport Data Centre. The two servers in Companies House have now been successfully moved to Church Village on 14 March 2023.

Work is underway to ensure business continuity and disaster recovery plans are in place.

**Welsh Pharmacy data:** Privacy Impact Assessment completed with confirmation received from Information Governance Manager that nothing will need to be completed for this process. The Memorandum of Understanding (MOU) between NWSSP and NHS Business Services Authority (BSA) is currently being reviewed to include EPrescribing.

**Tokens:** The specification has been sent to the prescription printing supplier for expected costs and timeframes. Supplier has been chased. Still awaiting a reply. DHCW have confirmed that as the token is a document that will be from clinician to clinician, the Welsh Language Act 2018 does not apply. DHCW are reviewing this decision and will confirm. Follow up meetings to discuss token costs and delivery plans are scheduled for May-23.

**Golden Script:** DHCW provided specification for golden script (the authorisation process for pharmacies to be set-up in EPS). PCS to review triggers for the golden prescription. Review meetings are scheduled for May-23.

**Assurance:** Participation in working group and task and finish group to establish testing protocols is ongoing. Team Foundation Server is no longer in use by DHCW. It has been agreed that spreadsheets will be used to track testing and assurance. Work is underway to finalise testing from the spine (NHS E) to the MESH Mailboxes (NWSSP).

**Programme:** NWSSP Project Roles and responsibilities have been defined and shared with DHCW. Timeframes for each responsibility has not yet been confirmed

**Main Issues, Risks & Blockers**

**NWSSP Roles and Responsibilities for the project:** The timeframe for DHCW to confirm roles and responsibilities have not yet been defined. There is a risk that the timeframe to complete tasks may be longer than expected. Meetings with all relevant parties are being held to define expected timeframes and understand any impact.

**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.

**Lack of NWSSP Recourse:** There is a risk that NWSSP do not have the resources available to complete the work required to complete the EPS project within the allocated time. The work required is being assessed by the project team to ensure all tasks can be accomplished within the required timeframe.

**Technical Roof of Concept (TPOC):** DHCW have delayed TPOC from Mar-23 to May-23 due to a delay in the Suppliers undertaking the development required for EPS to be implemented in Wales.

Project Name		Project Manager		Project Exec/SRO	
Medical Examiner		Bethan Rees		Andrew Evans	
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 create a Medical Examiner Service model for Wales that:					
<ul style="list-style-type: none"><li>○ Is fit for purpose</li><li>○ Complies with standards set by the National Medical Examiner</li><li>○ Is sustainable and resilient</li><li>○ Represents value for money for NHS Wales</li><li>○ Meets the requirements of the Coroners &amp; Justice Act 2009.</li><li>○ Provides independence</li></ul>					
<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.					

**Main Issues, Risks & Blockers**

The main risks are:

- 1. The inability to retain staff could jeopardise service continuity.
- 2. The legislation has been delayed until 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**

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

Implementation of replacement functionality such as:

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

**Progress Update**

PCRM: To note the transition to PCRM is dependent upon:

- Implementation of Cervical Screening Management System (CSMS) in England - anticipated to be launched on or near to 20 November 2023
- Implementation of Breast Screening (Wales) managed by Public Health Wales - progress with NHSE to implement Breast Select for NHS Wales has come to a halt.

On the basis that CSMS goes live from Nov-23 and a Breast Screening solution is in place for NHS Wales, 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.

Elaboration sessions run by NHSE to explain and understand the new system are scheduled to commence from May-23.

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. Quarterly meetings have been scheduled to ensure timely progress is made.

Notify: The application development has been completed and released to the test environment. Initial improvements and additional features have been identified which will require further internal development by PCS developers before the application can be released for User Acceptance Testing.

**Main Issues, Risks & Blockers**

With effect from 01 February 2023, NHS Digital transitioned to NHS England (NHSE). Other organisations are due to transition to the new NHSE by 01 April 23. NHSE have identified two key risks to the de-commissioning programme:

- Impact to contractor arrangements as a result of the transition to NHSE (contractor arrangements in place for 2 years or more are being ended and new contracts are currently unable to be set up).
- NHSE transformation seeks to reduce headcount by 30-40%.

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.

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.

NHS England 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. In light of the above, necessary preparatory work will need to be completed in Wales by Mar- 24 and plans have been updated to support this timeline.



# PMO Bi-Monthly Report

Project Name	Project Manager	Project Exec/SRO		
Single Lead Employer Phase 3	Abigail Shackson	Ruth Alcolado		
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Amber</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
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.				
<b>Progress Update</b>				
<ul style="list-style-type: none"><li>Due to the completion of sprints 1-6 in the Single Lead Employer (SLE) Programme Review, a SLE Programme Review board meeting was held and a Waste and Values list was fed back to the board. The list was created by the Service Improvement Team and highlighted the wastes and values found within the end-to-end process.</li><li>Three subgroups were formed to achieve benefits at pace. These subgroups included representatives from Health Boards, Single Lead Employer, Health Education Improvement Wales (HEIW), The British Medical Association (BMA), NWSSP Finance and The NWSSP Service Improvement Team. The three subgroups covered the three key themes identified in the review, which are- communication, data-management and terminations.</li><li>From within the subgroups, key objectives have been raised and prioritised. These objectives will be fed back at the next Programme Board as part of the hand over to business as usual.</li><li>A survey has been drafted to gain feedback from SLE Trainees on their experiences within SLE.</li><li>A closure document is being drafted and will be shared within the next Programme Board meeting as all objectives from the Project Initiation document (PID) have been completed.</li></ul>				
<b>Main Issues, Risks &amp; Blockers</b>				
Discussion ongoing in relation to IT support and licencing arrangements for trainee Dentists as the management for this cohort varies from previous trainees.				
Following a review of the work that is required for the process review, the Feb-23 deadline was not met. Focus will be made to complete the review by an agreed date of May 11 <sup>th</sup> . To ensure recommendations are submitted to stakeholders with enough time for changes to be made, it has been agreed that the team will work with an agile approach and submit recommendations to stakeholders as and when they become available. The project plan is also being reviewed to see if any time can be saved and to prioritise areas for review.				

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			
<u>Objective</u>				
<ul style="list-style-type: none"><li>To provide contract continuity in a stable and secure IT environment for the contract extension period.</li><li>To procure a single IT solution for Student Services to:<ul style="list-style-type: none"><li>Deliver the highest quality Bursary &amp; Streamlining Service capable of adapting to changing demand.</li><li>Comply with standards.</li><li>Enhance the student journey.</li><li>Provide a single IT solution that is fit for the future.</li><li>Comply with IT security &amp; Welsh Government Cloud First Principles.</li></ul></li></ul>				
<u>Progress Update</u>				
<b>Phase One - Student Awards</b>				
<ul style="list-style-type: none"><li>Phase one (Student Awards) successfully went live in Apr-23 following Release Penetration test approval. The triumphant go live is testament to the hard work and commitment of the Project Team and Supplier working under severe pressure and to extremely tight timescales. Students started to submit bursary applications immediately upon go live and the application volumes are starting to increase. So far student feedback has been positive.</li><li>Extensive User Acceptance testing was completed over an eight-week period for phase one, which included student facing testing and internal functionality testing. The user acceptance testing was approved, and a large number of backlog items were also included within the solution pre go live which relate to key system requirements identified and prioritised by the service users and operators.</li><li>In preparation for the Student Awards phase go live, team members &amp; staff from the six Welsh Universities attended online training with the supplier GP UK at the end of March. The training was successful and provided the opportunity for attendees to engage in an interactive session that generated considerable discussion with the supplier.</li></ul>				

- The IT Security Release penetration test was successfully completed. The Penetration tester passed the solution enabling the solution to go live, however there are some minor tasks to complete within the next month to comply fully with the tester's recommendations.
- The Student Awards Archive Database has been developed in collaboration with colleagues from DHCW and NWSSP IT. This will enable the Student Awards team to review bursary applications prior to 2021 to check if students have previously applied for a bursary.

## Phase Two - Student Streamlining

- The phase two Student Streamlining build is underway and this phase of the solution will go live by the end of August. This is despite some additional time being required by the SAS phase of the build, due to compliance with IT Security standards as recommended by the Pen Tester.

## Main Issues, Risks & Blockers

### Risks

- There is a risk that the SSP (Student Streamlining) build could be delayed due to an additional requirement of SAS (Student Awards) functionality. The extra functionality will be affordable using contract development days and discussions are currently underway with the supplier.

### 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. Therefore, there is limited contingency budget available for Student Streamlining and some of the build will be reliant upon development days which form part of the contract.
- 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.

Project Name	Project Manager	Project Exec/SRO
Occupational Health Checks	Rhiann Cooke	Rebecca Jarvis

## Monthly Update (key/issues (blockages)/risks)

<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b><u>Recent Gateway Review?</u></b>	No			

## Objective

NWSSP have the responsibility to contract and manage an Occupational Health system on behalf of NHS Wales. The system enables Health Boards and Trusts to manage their Occupational Health records. The existing contract is due to expire on 30th November 2022.

- Development of product specification
- Procurement of replacement web-based software solution
- Implementation of procured software solution ensuring a seamless transition with full ongoing support.

## Progress Update

The project is in delivery phase. The following actions have been undertaken during this period to ensure the implementation of OPAS-G2, the solution/system, by Civica.

The focus of this period has been around the development of all Wales processes to inform the configuration of the system. This has been achieved through the establishment of 4 Task and Finish groups, each constructed around how the modules/work packages will appear on the system (Pre -Placement, Management Referral, Health Surveillance and Vaccinations and Immunisations). Utilising this approach, 2 of the 4 have been configured and shared with the project team for sign off and 2 are in configuration development, anticipated end date of 24th May 2023. To support this work, a small group has been formulated, consisting of the task and finish chairs as well as the senior users and the developer from Civica to produce test scripts for each of the 4 modules.

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.

To accept NHS Wales data from the current provider Cority for uploading 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. However, several queries have been raised from organisations leading to a delay in obtaining a full suite of approved documents. We are currently awaiting 3 out of the 8 requested and are working with Occupational Health leads to encourage liaison with organisational IT and IG leads to ensure receipt of the signed documents needed. We are also working with NWSSP Cyber Security in terms of completion of the cyber assessment.

The first initial set 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.

## Main Issues, Risks & Blockers

Discussions are ongoing 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.

The resource requirements for implementation such as training, dissemination of training and user acceptance testing are a concern for organisations. The project team is working to develop a practical checklist which can be utilised by all the organisations to ensure that implementation is approached consistently across NHS Wales.

Although involved in the project from the start-up phase, internal stakeholders such as Recruitment and Single Lead Employer will be encouraged to undertake a practical/operational review of processes and practices as soon as possible. This will highlight any risks and/or issues with the implementation. These will be considered and mitigated for well in advance of the first go live date (Betsi Cadwaladr University Health Board) on 13 September 2023.

Concern has been raised about the go-live cutover downtime that is scheduled for each organisation following the final data extract from Cority to Civica. Discussions have taken place with organisations to raise their awareness of this and to ensure business continuity plans are in place to continue to provide a service. The current Cority system will be available as read only during this period.

The overall percentage completion of the project has decreased from 72% to 59%. This decrease is due to additional implementation tasks arising from Civica's delivery plan which have been incorporated into the overall project plan.

Project Name	Project Manager	Project Exec/SRO		
Citizens Voice Body (CVB)	Rhiann Cooke	Hazel Robinson		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Green (Overall)	None (Time)	None (Cost)	None (Quality)
<u>Recent Gateway Review?</u>	Yes			
<u>Objective</u>				
Welsh Government sponsored programme to implement a new statutory body, Citizen's Voice Body for Health and Social Care. The project objective is to implement back office functions in preparation for Citizen Voice Body to become a legal entity.				
<u>Progress Update</u>				
Citizens Voice Body (operational name- Llais) became operational on 03 April 2023. NWSSP systems are fully set up to support Llais for the next 12 months:				
<ul style="list-style-type: none"><li>Records have been transferred from both 070 and 043 Virtual Private Database(s) (VPD) to newly created VPD, 026 and this is fully functional for staff and managers.</li><li>Payroll has run successfully with no issues reported and all staff able to access pay information via ESR.</li><li>Finance Month end activity is ongoing, due to be concluded 05 May 2023.</li><li>The e-Expenses system Selenity became operational for Llais staff on 27 April 2023.</li></ul>				
Two residual tasks remain on the project plan will be handed over to business as usual:				
<ul style="list-style-type: none"><li>Central Team<ul style="list-style-type: none"><li>Inbound email approval will be completed as part of release 2023/01 testing cycle scheduled for 25 May 2023</li></ul></li><li>Workforce Information<ul style="list-style-type: none"><li>Service request with IBM to ensure 026 VPD is not linked to NHS Wales ESR data warehouse. Data extract as of 30 April 2023 is expected mid-June before proceeding to formal sign-off</li></ul></li></ul>				
The project will be formally closed 05 May 2023 and detail gathered as part of lessons learned from NWSSP will be shared with the Llais implementation team for inclusion in the overall programme evaluation.				
<u>Main Issues, Risks &amp; Blockers</u>				
None.				

# PMO Bi-Monthly Report

Project Name	Project Manager	Project Exec/SRO		
GS1 Coding Locations	Will Brown	Andy Smallwood		
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Amber</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
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.				
<b>Progress Update</b>				
The project has a new Project Manager appointed so a period of integration has taken place. A series of meetings with the Health Board Estates leads have been undertaken to understand the current position of each Health Board, the specific issues, and frustrations as well as what they may require progressing further. The next task for all Health Boards is to assign the GLN codes within their Estates Management systems, however only two Health Boards has completed this yet.				
Work to gather specific Estates benefits for GLN codes has provided successful feedback which will be shared with the Health Boards to help increase engagement levels as they seek to clarify any potential financial and resource requirements. Also, a meeting with Welsh Government is being planned to assess the options of resource and financial aid to assist the rollout of GS1 standards and GLN codes across NHS Wales.				
<b>Main Issues, Risks &amp; Blockers</b>				
Two main issues have been raised by the nominated Health Board Estates Leads to the previous Project Manager, and these are still relevant:				
While phase one of the project is complete for most Health Boards, progressing to Phases 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.				
A meeting held in Feb-23 highlighted that there is no direction or approval from Health Board Executive level to undertake the project. The work has not been mandated but was included within the Full Business Case signed off by Welsh Government and All Wales Directors of Finance Forum. Consequently, the Health Board leads have advised they require a directive from their Executive team.				
To address the above issue and the inherent lack of Health Board resource and funding available to support the implementation and ongoing sustainability of maintaining the project, the position has been raised with Welsh Government and S4S oversight board. The engagement with Welsh Government is to gain funding and resource, as well as trying to understand any other Health Board issues to reduce the impact of this issue. Delivery of the project timescales is therefore at risk. The project time status remains as Amber to reflect the above.				
For information:				
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				

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>				
<u>Objective</u>				
As the current Case Management System (CMS) 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:				
<ul style="list-style-type: none"><li>• Implement an extension of the Virtual Cabinet System;</li><li>• Explore the options for the case management extension upgrade;</li><li>• Confirm how WAST can access their files post 31 March 2023 as they will no longer have access beyond this date; and</li></ul>				



# PMO Bi-Monthly Report

- 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 is ongoing. The supplier had provided the team with quotes of varying costs that are working to be finalised and purchased. The team are in contact with our Procurement lead to find the best way forward.

Virtual Cabinet User Acceptance Testing is still ongoing with the migration of the Legal & Risk Services database now completed.

The Hyper-V Server warranty work is to be picked up again now we are in the new financial year and will look to be extended until Feb-24.

WAST now have a 3 month extension to the end of May-23 with Datix where an audit has been scheduled with data mapping and testing also planned to be completed. Currently have received some data from WAST and are working on the migration plan. The priority is to get WAST set up on the database and all documents onto SharePoint as a mitigation.

## **Main Issues, Risks & Blockers**

### **Server Warranty**

The Hyper-V Server that Virtual cabinet sits on has warranty until July-23. Work is ongoing to see if this warranty can be extended to Feb-24. The supplier has provided a quotation for the warranty extension which is currently being processed by the IT team. The costs are to be paid for in the next financial year (23/24).

### **WAST Access**

Due to the delays with the CMS System, and as WAST access to Datix will expire on 31-May 2023, it has been agreed that WAST will need access to Virtual Cabinet from Jun-23. The issue with the WAST Team not being able to access VC on their work laptops has now been resolved. Data Privacy Impact Assessment (DPIA) and a data sharing agreement are underway. We are now waiting for some sample data to work on the data import from DATIX to the WAST Database.

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)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Amber</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b><u>Recent Gateway Review?</u></b>	No			
<b><u>Objective</u></b>				
Review and improve how our customers interact with NWSSP.				
<b><u>Progress Update</u></b>				
The new telephony and contact centre contract has been awarded to the supplier 8x8 and the contract has been signed 30 March 2023. The solution will be implemented sequentially starting with DHCW, then Hywel Dda University Health Board and then NWSSP, with the planned Kick-Off for NWSSP on 01 June 2023. Due to the timescales the project team are extending the current Maintel system for 12 months to allow for the new solution to be implemented.				
Work is ongoing to review 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.				
<b><u>Main Issues, Risks &amp; Blockers</u></b>				
<b>Issue:</b> There has been a contract admission with the 8x8 contract which DHCW procurement team are working on to provide a satisfactorily solution. This means that NWSSP cannot engage with 8x8 or raise the Purchase Order (PO) until a clear direction is provided by DHCW. The NWSSP Project Board hope to have an update from DHCW on their plan moving forward shortly, but until that is known progress is on pause. There are tasks, however, that can be completed, and the team are working on these to not lose momentum.				
This issue is owned by DHCW and is one for NWSSP to closely monitor and gain regular updates on.				
Risk: There is a risk to the 8x8 system mobilisation due to an issue with the scope of the contract, and in turn a delay with raising the PO. The longer the delay to PO, either the less mobilisation time there will be, or the mobilisation start date is pushed back.				
The time status has been changed to Amber to reflect the above.				

Project Name	Project Manager	Project Exec/SRO
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# PMO Bi-Monthly Report

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"><li>Dedicated procurement resource within Procurement Services</li><li>Supporting Pharmacy resource hosted within NWSSP</li></ul> 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 will be mobilised by Jun-23. Recruitment of the Procurement resources is ongoing, with mobilisation now forecast for Aug-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 off framework of a specialist consultancy company. Milestone meetings have been held and initial progress is good. The opportunity to extend this scope of work using unspent 23/34 staffing budget is being evaluated. 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.				
Main Issues, Risks & Blockers				
<ul style="list-style-type: none"><li>Until work proposals start to be generated from the clinical service within Health Boards and Trusts, the specialist procurement resource will not be able to begin work on contracting. Opening this pipeline of work is a key priority.</li><li>Payments for medicines in these contracts will be based on the clinical outcomes achieved. To support, 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.</li></ul>				

Project Name	Project Manager		Project Exec/SRO	
CAF Remediation	Peter Elliott		Neil Jenkins	
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 provide remediations to vulnerabilities identified by the organisational Cyber Assessment Framework (CAF), with a particular focus on those risks rated red in the report.				
<u>Progress Update</u>				
The Project Board has been established and is meeting monthly.				
Actions accomplished include:				
<ul style="list-style-type: none"><li>Creating NWSSP level workflows for Senior Leadership Group (SLG) and senior manager use during Incident Response and Disaster Recovery.</li><li>Updating the register of System Owners and ensuring that all system owners understand their role.</li><li>DHCW have agreed to support the inclusion of the majority of NWSSP digital assets on their asset management system.</li><li>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.</li></ul>				
Work currently ongoing includes:				
<ul style="list-style-type: none"><li>Updating the NWSSP Portfolio Management Approach to improve the way we specify and procure digital systems</li><li>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.</li></ul>				

# PMO Bi-Monthly Report

- 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 initially remedied at a national level prior to localised action being taken.

We continue to align our work with the national actions, to ensure a "Once for Wales" approach is followed.

## **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
- 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)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b><u>Recent Gateway Review?</u></b>	No			
<b><u>Objective</u></b> To review and update the NWSSP Mobile Phone Policy and to establish an agreed Mobile Phone policy which will provide a compliant route that addresses the wider service need (mindful of the All-Wales nature of the organisation) and maximises the flexibility required and to deliver value for money.				
<b><u>Progress Update</u></b> <ul style="list-style-type: none"><li>The NWSSP Mobile Phone Policy has been updated and is currently under review.</li><li>Crown Commercial Services has provided the project team with a notification of Procurement Outcome</li><li>BT (EE) are the winning supplier for the Aggregation.</li><li>Meetings have been held with the winning supplier to understand the level of support that will be provided when transferring data, especially within Health Courier Services.</li></ul>				
<b><u>Main Issues, Risks &amp; Blockers</u></b> <ul style="list-style-type: none"><li>Data received from current providers may not be correct or relevant which subsequently provides the project team with an incorrect data baseline</li><li>Data entered into the CCS Aggregation competition may not be accurate therefore giving the project team inaccurate savings analysis</li><li>Currently not understanding the roles and responsibilities there are during the transition period of the CCS Aggregation which could cause delayed payment charges.</li><li>As a new provider has won the contract we will need to ensure a robust plan exists working with Vodafone (for Health Courier Service) as we will need to transfer a significant amount of data across to new devices.</li></ul>				

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>				
Design and implement a new legal service providing commercial, and employment law advice to GP Practices within NHS Wales.				
<u>Progress Update</u>				
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.				

# PMO Bi-Monthly Report

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.

A survey was issued in September 2022 to GP Practices within NHS Wales to gather information to understand how the GP Primary Care sector in Wales could benefit from a new service provided by NWSSP, Legal & Risk Services. Survey results have been analysed.

Initial market research to identify the services provided by 3rd party providers has been completed.

In the process of setting up an exploratory meeting with Practice Managers and GPs from North Cardiff cluster to test out ideas and dive deeper into the responses received from the survey. This will help to inform a business case to confirm that the new service offering is a viable proposition.

**Main Issues, Risks & Blockers**

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)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b><u>Recent Gateway Review?</u></b>				
<b><u>Objective</u></b>				
Welsh Government have requested the transfer of Low Vision Services and staff from Hywel Dda University Health Board (HDUHB) to NWSSP with effect from 01 April 2023 to support NHS Wales General Ophthalmic Services (WGOS) reform.				
<b><u>Progress Update</u></b>				
The one-to-one consultations with NHS Wales Shared Services Partnership (NWSSP) and the Low Vision Service Wales (LVSW) staff, including the clinical lead, have now been completed. Work is being undertaken by People & OD to formally accept the transferring staff.				
As the current Low Vision Service Manager is not being transferred the job description is being revised. The draft has been produced and is currently being evaluated and following consistency an outcome is scheduled for the 09 May 2023. Following this outcome, the role will be advertised to secure a 1 x WTE service manager role. Discussions are taking pace with existing service leads to ascertain if an existing manager can support the transfer arrangements during the recruitment phase. A handover from the current Service Manager is being created.				
Discussions are ongoing between NWSSP and HDUHB regarding future accommodation plans for Glangwili to understand the options to physically base the staff, with potential to move staff to the Welsh Government building in Carmarthen. People & OD are exploring how this could also affect other NWSSP staff moving, including IT infrastructure impacts.				
Options are also being explored regarding the current and new digital solution to run the service. The new solution is currently being developed by Red Cortex (a third-party IT solution provider who work closely with DHCW) using an Agile methodology, with the expectation for it to be handed over to NWSSP on completion. The options that are being explored are related to the support and maintenance agreements of the new solution.				
The procurement process is also underway regarding the two contracts; one relating to the service/distribution of equipment and the other specifically to the electronic magnifiers. These are separate due to the higher renewal frequency needed for the electronic magnifiers to stay up to date and fit for purpose.				
<b><u>Main Issues, Risks &amp; Blockers</u></b>				
<b>Staff Accommodation/Base</b>				
There is a risk regarding finding a long-term base for the service staff. Discussions are ongoing to work towards a solution.				



# PMO Bi-Monthly Report

Project Name	Project Manager	Project Exec/SRO		
Alignment of NSV Codes	Will Brown	Sara Taylor		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Green (Overall)	Green (Time)	None (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
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.				
Standardisation of stock coding across NWSSP is required due to overarching Scan4Safety programme and general efficiency improvements.				
<u>Progress Update</u>				
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.				
Standardisation of stock coding across NWSSP is required due to overarching Scan4Safety programme and general efficiency improvements.				
<u>Main Issues, Risks &amp; Blockers</u>				
The Risks, Issues and Blockers are yet to be assessed with the Project Team (session planned for 04 May 2023).				

Project Name	Project Manager	Project Exec/SRO		
Laundry Transition	Ian Rose	Stuart Douglas		
Monthly Update (key/issues (blockages)/risks)				
<b><u>Status</u></b>	<b>Blue</b> (Overall)	<b>Blue</b> (Time)	<b>Blue</b> (Cost)	<b>Blue</b> (Quality)
<b><u>Recent Gateway Review?</u></b>	No			
<b><u>Objective</u></b>				
As part of the laundry transformation programme, the transition project was initiated to devise an approach to transferring laundry budget for the three laundries in Llansamlet, Glan Clwyd and Greenvale. This was approved by the Committee and verified within the Health Boards in Mar-21 as part of transferring the laundry services for NHS Wales to NWSSP.				
<b><u>Progress Update</u></b>				
Three Laundries continue to operate on the agreed basis because of the transfer in Apr-21:				
The remaining agreement has been signed and returned by Aneurin Bevan and this project is now in formal closure.				
<ul style="list-style-type: none"><li><b>Glan Clwyd – Complete.</b></li><li><b>Llansamlet – Complete.</b></li><li><b>Aneurin Bevan / Greenvale – Complete.</b></li></ul>				
<b><u>Main Issues, Risks &amp; Blockers</u></b>				
All risks there have been identified have been mitigated through discussions with the Health Board and NWSSP key stakeholders in Informatics, Laundry and Finance.				

## 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)		
<b>Status</b>	Green (Overall)	
<b>Recent Gateway Review?</b>	No	
<b>Objective</b>		
Using a collaborative approach with all partners, implement, enhance and sustain an effective tool to support Health Bodies to comply with their duties in relation to concerns management and service user experience. To improve consistency and quality of concerns data throughout NHS Wales to facilitate service improvement.		
<b>Progress Update</b>		
Phase 1 of the programme is fully rolled out across all Organisations. Two products, Datix Cymru and Civica Experience Wales have been procured and established. Over 30 workstreams involving collaboration between Health Bodies have been established, with some stood down when their tasks have been completed. A robust and effective governance structure, with a Chief Executive as SRO, has been put into place. A quarterly cycle for system update releases has been put into place. All Wales Information Governance solutions including a 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 NRLS have been established. Phase 2 objectives are set for delivery by 31/03/23 with some risks regarding some aspects of functionality.		
Phase 3 objectives are being finalised for ratification by the Programme Board for delivery by 31/03/24.		
<b>Main Issues, Risks &amp; Blockers</b>		
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 are 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	Rebecca Jarvis	Gareth Hardacre		
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>	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 ISIT.			
	A proof of concept as part of the procurement exercise has been developed by the NHSBSA where suppliers will be tasked with demonstrating their software and business concepts to meet the draft technical specification. Discussions to commence to identify appropriate representation from Wales.			
	Those involved in the SQ element have been invited to continue the procurement element.			

Transformation and Engagement Lead for Wales commenced in post and is working with the Digital Workforce team and NHSBSA Functional Advisor to assess the current level of maturity, organisational optimisation and readiness via annual assessments and implementation plan.

Annual ESR Assessments have taken place between January and March 2023 as a baseline for organisational readiness and optimisation. New levels of Attainment (LOA) are being developed by the NHSBSA which will also form part of the optimisation. Anticipated these will be launched in June.

Gap analysis to take place to ensure all elements have been captured from the Assessments and the LOA.

A Wales People Portal Steering Group is currently being established to drive the optimisation work programme, key stakeholders from workforce, digital and finance along with Welsh Government colleagues will need to be engaged.

**Main Issues, Risks & Blockers**

Significant culture and process change.

Consideration to existing processes including payroll to ensure no disruption to service.

No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register.

Until we have an indication of suppliers / transition requirements, we are unable to quantify the resource requirements org readiness/proof of concept/migration 2024/2025

Project Name		Project Manager		Project Exec/SRO				
Scan 4 Safety		James Griffiths		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 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. Status reset from Amber to Green as now delivering in line with revised timescales as agreed with NWSSPC and DoFs (Directors Of Finance) forum.								
The team continue the roll-out of the Inventory Management System within Health Boards with pre-existing servers and is currently ahead of target. The past quarter has seen new implementations at Cwm Taf Morgannwg and Hywel Dda go live.								
The past month has also seen success with the patient link information feed from WPAS (Welsh Patient Administration System) being able to send information to Omnicell to allow products to be scanned to patients. The feed has passed all testing and will now be placed into the live environment within Hywel Dda to begin implementation as our pathfinder organisation for patient feed.								
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.								

Project Name	Project Manager	Project Exec/SRO
Health Roster Implementation All Wales	Lloyd Jones	Rebecca Jarvis

Monthly Update (key/issues (blockages)/risks)

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

Objective

To implement Health Roster across NWSSP digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (ESR).

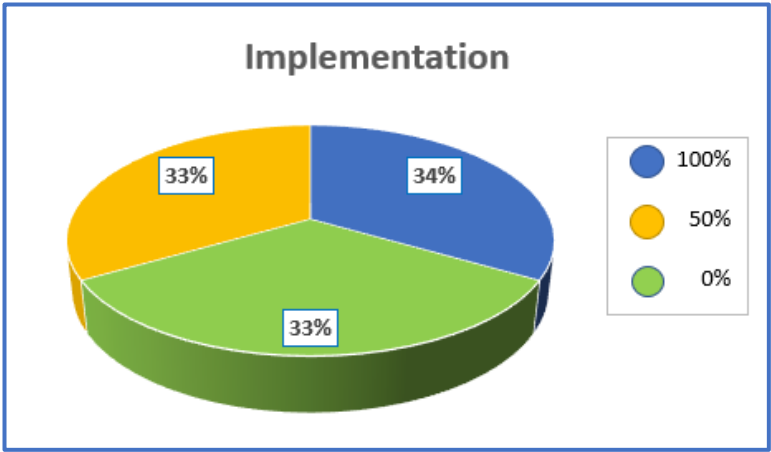
Progress Update

Project Plan updates:

- HCS Swansea Bay, HCS Hywel Dda, HCS Powys, Bridgend Stores, and Denbigh Stores are live as of May.
- Denbigh Stores - Training has been conducted and now are live.
- Data from HCS Wrexham, BCU Laundry Transport, HCS Victor Base, HCS Manager North, and HCS Tywyn has been gathered. Implementation was delayed whilst awaiting Denbigh Stores to go live.
- Bridgend Stores and IP5 - Implementation was delayed whilst awaiting Bridgend to go live.
- Medical Examiners are on hold indefinitely.
- HCS Aneurin Bevan & ABU Laundry Transport was delayed due to a re-structure which has now been completed.
- BankStaff –All Bank members are paid via BankStaff, and the only remaining time sheets paid are those units to go live with HealthRoster within the next 6-8 weeks.

Implementation Rates

19 agreed rollout areas



N.B. The diagram represents 18 units with 043 Procurement Division. The remaining one agreed unit within the 043 Medical Examiner Division, is on hold indefinitely

Next Steps

NWSSP:

- Commence discussions and data gathering with HCS Aneurin Bevan & ABU Laundry Transport.
- Finalise data gathering for Newport IP5 to commence training.
- Commence training for HCS Wrexham, BCU Laundry Transport, HCS Victor Base, HCS Manager North, and HCS Tywyn.
- Continue consultation with outstanding areas continuing.
- Present latest variable pay data to the next Project Board to discuss adding further units and agree timescales extending the existing implementation plan.
- Create and implement an e-learning package for new and live units.

PHW:

- ESR GO, the interface between ESR and Health Roster, is now live for PHW. The first Kick Off meeting has been held with RL Datix and their implementation team.
- The Business Process Analysis document signed off.
- Project Team gathering intelligence on areas with enthusiasm to implement and complex rotas
- 80% of the Data Protection Impact Assessment (DPIA) complete. Further discussions between Information Governance and RL Datix Programme Manager to be held w/c 15th May to finalise details
- Document review / Project Initiation Document scheduled 16 May 2023
- Ongoing updates to the Communications plan and Implementation plan.
- All Project Team and Project Board meeting set up for 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.



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**AGENDA ITEM: 7.6**

**18 May 2023**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Update – May 2023**

**ARWEINYDD:  
LEAD:**

Peter Stephenson  
Head of Finance & Business Development

**AWDUR:  
AUTHOR:**

Peter Stephenson  
Head of Finance & Business Development

**SWYDDOG ADRODD:  
REPORTING OFFICER:**

Andy Butler  
Director of Finance & Corporate Services

**MANYLION CYSWLLT:  
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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	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the report.					

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

## **NWSSP CORPORATE RISK REGISTER UPDATE May 2023**

### **1. INTRODUCTION**

The Corporate Register is presented at **Appendix 1** for information.

### **2. RISKS FOR ACTION**

The ratings are summarised below in relation to the Risks for Action:

<b>Current Risk Rating</b>	<b>May 2023</b>
Red Risk	5
Amber Risk	11
Yellow Risk	2
Green Risk	0
<b>Total</b>	<b>18</b>

#### **2.1 Red-rated Risks**

The following red risks remain on the 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 will be funded into 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.
- 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.

#### **2.2 New/Deleted Risks**

No other risks for action have been added or removed from the Corporate Risk Register since the last meeting of the SSPC.

### 3. RISKS FOR MONITORING

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

Current Risk Rating	May 2023
Red Risk	0
Amber Risk	0
Yellow Risk	2
Green Risk	1
<b>Total</b>	<b>3</b>

Since the last meeting of the SSPC, five risks for monitoring that were specific to the pandemic have been removed from the register.

### 4. RECOMMENDATION

The Committee is asked to:

- **NOTE** to the Corporate Risk Register as at May 2023.



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 (added April 2021)	4	4	16	IP5 Board Additional facilities secured at Picketston	2	4	8	Consider alternative accommodation options offered by Johnseys on the Mamhilad site and their respective affordability. (AE - 31 May 2023)	Business Case approved at June SLG and July SSPC. There is now also a problem with Brecon House that impacts current capacity. This has led to a funding gap for the business case - options to close this gap are being reviewed.	➡	31-Aug-23
	Strategic Objective - Service Development									Risk Lead: Programme Director		
A2	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019)	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)	C&V have recruited an additional Band 6 LCFS and an 8A. Dedicated LCFS commenced in post for NWSSP with effect from 6/6/22. Fraud Awareness session held for, and tailored to, specific teams.	➡	30-Jun-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. (added Apr 2019)	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	Present update to SLG on CAF (AR 31 May 2023) 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.	➡	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. (added November 2021)	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 30 June 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.	➡	30-Jun-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. (added January 2022)	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Donations to India and Namibia	2	3	6	Consider levels of write-off for year-end accounts (AB - 30 April 2023) - complete	SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment Schedules produced and discussed with senior finance officials in WG and Velindre. There may be a need to write off significant values of PPE stock	➡	30/04/2023
										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. (added March 2022)	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 (added August 22)	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	3	4	12	Continue to monitor impact through SLG (SLG 30 April 2023)	Pay award accepted. Current risk score reduced.	⬇️	30/06/2023
	Strategic Objective - Staff									Risk Lead: Director of People and OD		
A9	The Student Awards software is at end of life and needs replacement without which delays to student bursary payments could be significantly affected. (added May 2022)	5	5	25	Formal project management in place	2	4	8	Phase 1 delivered by April 2023. (GH - 31 March 2023) - complete	FBC approved by Welsh Govt 5/9/22 and funding agreed.	➔	31/05/2023
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A10	There is a reputational risk associated with the establishment of the Citizens' Voice Body (added July 2022)	4	4	16	Experienced Programme Director Appointment of (Agency) Governance Lead	2	4	8	New body launched 1 April 2023 (HR - 31 March 2023) - complete SLA between NWSSP and CVB to be approved at SSPC - (PS 18/05/23)	Role is to assist Welsh Government in determining how CVB will operate. Governance advice provided initially by PS but an Agency Governance Lead has now been appointed.	➔	31/05/2023
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
A11	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. (added back Sept 2022)	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	The review of bank staff employed under COVID funding continues, but the priority has been on focusing on those fixed term contracts that are coming to an imminent end as set out below. (GH - 31 May 2023)	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. There is no confirmation of funding beyond 30 June 2023 for staff employed in the provision of PPE	➔	31-May-23
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A12	An issue with the supplier of the replacement Legal & Risk Case Management System threatens financial loss and the delivery of the service (added Sept 22)	4	4	16	Formal project managed through PMO	4	4	16	Regular updates to SLG (MH - 31 May 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		
A13	The planned development of the Clinical Pharmacy Service is adversely impacted due to financial and staffing challenges (added Sept 22)	4	4	16	CIVAS Board National QA Pharmacist	3	4	12	Discussion regarding funding and TUPE of staff from Health Boards (CP 31 May 2023).	Update to January 2023 SSPC	➔	31/05/2023
	Escalated Divisional Risk									Risk Lead: Service Director		
A14	The lack of available capital threatens the successful implementation of the Laundry Transformation programme, resulting in required service improvements not being achieved.	5	5	25	Business Case signed off at SSPC and Trust Board	5	5	25	Develop alternative plans that do not rely on substantial capital investment. (SD 30/06/2023)	Welsh Government have confirmed that the required capital funding is not available for the foreseeable future. Update to be provided at May SSPC.	➔	30/06/2023
	Strategic Objective - Service Development									Risk Lead: Director, Procurement Services		
A15	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)	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		
A16	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.	3	4	12	Set up working group to oversee move from Companies House to Cathays Park (MR 31/05/23)	Nantgarw lease renegotiated.	➔	31/12/2023
	Strategic Objective - Staff									Director, Specialist Estates Services		
A17	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. (added January 2023)	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 30/06/2023)	Negotiations being undertaken for alternative accommodation. Update paper to May 2023 SSPC.	➔	30/06/2023
	Escalated Divisional Risk									Director, Primary Care Services		
A18	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships. (added April 2021)	4	4	16	All-Wales Programme Business Case Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry	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-Jun-23
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		

### Risks for Monitoring

<b>M1</b>	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.	➔	
										<b>Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services</b>		
<b>M2</b>	There is an increased fire risk with a consequence for protection of buildings at Alder House, Brecon House and Matrix House due to a lack of compartmentation in the roof space.	2	5	10	Fire Safety Officer Risk Assessment - assessed risk to life as low - Update Paper to Feb, May and November SMTs.	1	5	5	Discrete fire risk assessments undertaken for each site at the recommended intervals. Risk to remain on Corporate Risk Register to ensure sufficient monitoring.	Landlords consider any work on compartmentation to be our responsibility. SES reported to Nov 2020 SLT where it was agreed that the risk to life is very low.	➔	
										<b>Risk Lead: Director of People and OD</b>		
<b>M3</b>	Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters	5	3	15	Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews	1	3	3	Spate of attacks (Apr 22) reinforces need to maintain current controls.	Further spate of attempted frauds in April/May 2022 (4) but all stopped by team. This has reinforced the need to maintain and possibly even strengthen existing controls.	➔	
										<b>Risk Lead: Director of Finance &amp; Corporate Services</b>		



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**AGENDA ITEM:7.7**

**19 May 2022**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Annual Governance Statement**

**ARWEINYDD:  
LEAD:**

Andy Butler  
Director of Finance & Corporate Services

**AWDUR:  
AUTHOR:**

Peter Stephenson  
Head of Finance & Business Development

**SWYDDOG ADRODD:  
REPORTING OFFICER:**

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

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

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Tystiolaeth:  
Supporting  
evidence:**

-

**Ymgynghoriad/Consultation:**

The purpose of this report is to receive the Draft Annual Governance Statement (AGS) for the NHS Wales Shared Services Partnership (NWSSP). The Statement 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<sup>th</sup> July.

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS	✓	NODI/ NOTE	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the Statement and provide any comments ahead of formal approval by the Audit Committee.					

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

# NWSSP ANNUAL GOVERNANCE STATEMENT

## May 2023

### 1. BACKGROUND

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

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

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

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

The Annual Governance Statement for 2022-2023 is presented at **Appendix 1**. The Statement is shown as a Draft as we are still awaiting some final information. Any sections of the report that still require updating are highlighted.

### 2. TIMELINE FOR APPROVAL

The timeline for approving the statement is as follows:

<b>1</b>	<b>SLG 30 March 2023 draft for endorsement</b>
<b>2</b>	<b>Velindre Integrated Governance Group April 2023</b>
<b>3</b>	<b>SSPC 18 May 2023 draft for comment</b>

<b>4</b>	<b>SLG 25 May 2023 final for endorsement</b>
<b>5</b>	<b>Audit Committee 11 July 2023 for approval</b>
<b>6</b>	<b>SSPC 20 July 2023 Final for Information</b>

### **3. GOVERNANCE & RISK**

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

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

### **RECOMMENDATION**

The Committee is asked to:

- **NOTE** the Statement and provide any comments ahead of formal approval by the Audit Committee in July.

# Annual Governance Statement 2022/2023

## NHS Wales Shared Services Partnership

<b>1</b>	<b>SLG 30 March 2023 draft for endorsement</b>
<b>2</b>	<b>Velindre Integrated Governance Group April 2023</b>
<b>3</b>	<b>SSPC 18 May 2023 draft for comment</b>
<b>4</b>	<b>SLG 25 May 2023 final for endorsement</b>
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## 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.

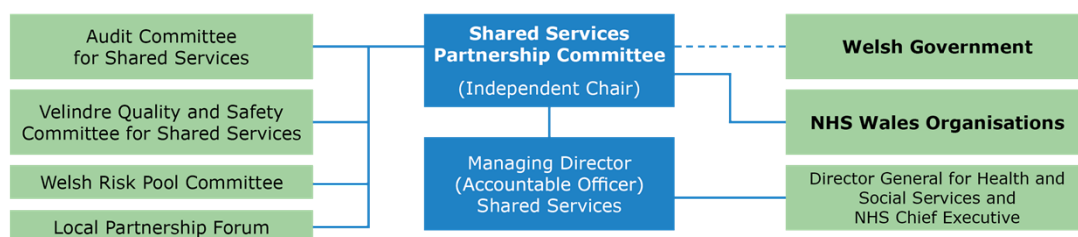
The Chief Executive of the Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust. As the host organisation, the Chief Executive (and the Trust Board) has a legitimate interest in the activities of NWSSP and has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

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>Full/Part Year</b>
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	<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 &amp; 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**

<b>Organisation</b>	<b>19/05/ 2022</b>	<b>21/07/ 2022</b>	<b>22/09/ 2022</b>	<b>19/01/ 2023</b>	<b>23/03/ 2023</b>
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
<b>Members</b>					
Martin Veale, Chair & Independent Member	✓	✓	✓	✓	<b>4/4</b>
Gareth Jones, Independent Member	✓	✓	✓	✓	<b>4/4</b>



<b>In Attendance</b>	<b>April 2022</b>	<b>July 2022</b>	<b>October 2022</b>	<b>January 2023</b>	<b>Total</b>
Vicky Morris, Independent Member	✓	✓	✓	✓	<b>4/4</b>
<b>Audit Wales</b>					
Audit Team Representative	✓	✓	✓	✓	<b>4/4</b>
<b>NWSSP Audit Service</b>					
Director of Audit & Assurance	✓	✓	✓	✓	<b>4/4</b>
Head of Internal Audit	✓	✓	✓	✓	<b>4/4</b>
<b>Counter Fraud Services</b>					
Local Counter Fraud Specialist	✓	✓	✓	✓	<b>4/4</b>
<b>NWSSP</b>					
Tracy Myhill, Chair NWSSP	✓	✓	✓	✓	<b>4/4</b>
Neil Frow, Managing Director	✓	✓	✓	✓	<b>4/4</b>
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	<b>4/4</b>
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	<b>4/4</b>
Carly Wilce Interim Corporate Services Manager	✓	✓	✓	✓	<b>4/4</b>
<b>Velindre University NHS Trust</b>					
Matthew Bunce, Director of Finance	✓	✓	✓	✓	<b>4/4</b>
Lauren Fear Director of Corporate Governance	✓	✓	✓	✓	<b>4/4</b>

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, 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 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.

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 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; 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 inflationary consequences of the situation in Ukraine and the resultant impact on energy prices is being mitigated through the role of the Energy Price Risk Management Group (EPRMG), but energy prices remain very volatile.
- 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 the impact of potential industrial action. While the strikes currently called by the RCN are not likely to have a significant impact on NWSSP, the likely industrial action from other Trade Unions will have a greater impact.
- 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 be funded into 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.
- 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, Health and Care Standards and workforce;
- The Service Level Agreements in place with NHS Wales organisations set out the operational arrangements for NWSSP's services to them and are reviewed on an annual basis;
- NWSSP 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 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. 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 as a key source of its internal assurance arrangements, in accordance with the Public Internal Auditing Standards.

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

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

## 5.6 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
<b>Governance, Leadership and Accountability</b>	Senior Management Team	4	4
<b>Staying Healthy</b>	Director of Workforce and Organisational Development	4	4
<b>Safe Care</b>	Director of Finance and Corporate Services  Director of Specialist Estates	4	4
<b>Effective Care</b>	Senior Management Team	4	4
<b>Dignified Care</b>	Not applicable	Not applicable	Not applicable
<b>Timely Care</b>	Not applicable	Not applicable	Not applicable
<b>Individual Care</b>	Senior Management Team	4	4
<b>Staff and Resources</b>	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				✓	

## 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 31<sup>st</sup>, 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, 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 education effectively provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

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

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

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

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.

In light of these challenges, NWSSP has still been able to demonstrate significant overall reductions in energy usage where it is possible to directly compare with the previous year, achieving an overall reduction of 3.15% in carbon emissions.

	Target	2017 -18	2018 -19	2019 -20	2020 -21	2021 -22	Achieved
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<b>Electricity CO2e</b>	3% ↓	18% ↓	11.5% ↓	27% ↓	15% ↓	4.4% ↑	x
<b>Gas CO2e</b>	3% ↓	7% ↓	38% ↓	35% ↑	32% ↓	12% ↓	✓
<b>Water CO2e</b>	3% ↓	9% ↓	6% ↑	50% ↓	46% ↓	13.3% ↑	x
<b>Overall Carbon Footprint</b>	3.78% ↓	5% ↓	11.3% ↓	12% ↓	16.2% ↓	3.1% ↓	✓

## 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

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.

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

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

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

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

NWSSP has a network of BCP Champions who meet bi-monthly and who represent all directorates and major teams. The Group is chaired by the Director of Planning, Performance, and Informatics.

NWSSP complete the Welsh Government Health Emergency Planning Report 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.

## **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 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.

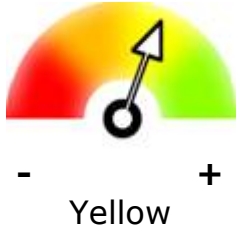
### Internal Audit Opinion

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		<p>The Committee can take <b>reasonable assurance</b> 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 <b>low to moderate impact on residual risk</b> exposure until resolved.</p>

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance. During the year, there 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:

Managing Director – NHS Wales Shared Services Partnership

Date:

# 2023 Audit Assurance Arrangements **NHS Wales Shared Services Partnership**

Audit year: 2022-23

Date issued: March 2023

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

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

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

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

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# Summary

- 1 The purpose of this paper is to set out the 2022-23 audit assurance arrangements for external audit in line with the requirements of International Standards of Auditing (UK and Ireland) (ISAs) relevant to services provided by the NHS Wales Shared Services Partnership (NWSSP).
- 2 External audit assurance arrangements need to consider:
  - ISA 315 – identifying and assessing the risks of material misstatement through understanding the entity and its environment;
  - ISA 402 – audit considerations relating to an entity using a service organisation;
  - ISA 500 – audit evidence (relevant to a management expert); and
  - ISA 610 – using the work of internal auditors.
- 3 This paper sets out my proposed work, when it will be undertaken and who will undertake it. It does not refer to any other audit work that we will be undertaking at NWSSP in regard to our audit of Velindre University NHS Trust's 2022-23 financial statements.

## External audit assurance arrangements

- 4 The Velindre University NHS Trust's external audit team and the Audit Wales IM&T auditors are responsible for co-ordinating and completing the audit work necessary to provide the assurances required by the local audit teams of each of the various NHS audited bodies across Wales. Local audit teams decide the areas of work required on the services provided by NWSSP, relevant to their responsibilities for providing an opinion on the related health bodies financial statements. They consider whether testing of the key controls within the system, or substantive testing of the figures produced by the system, provides the required assurance in the most efficient way.
- 5 The expected work programme for 2022-23 is set out in [Exhibit 1](#). Further information upon the areas subject to our review, together with a brief description of the audit procedures and proposed dates for the audit visits are detailed in [Appendix 1](#).
- 6 In determining the scope of our work for this year we have considered, in consultation with the external audit teams of NHS Wales bodies, the impact of the revised auditing standard ISA315 and therefore some small changes have been made to our approach. For this year we will not be performing control testing on payroll exception reports and instead we will document and assess the controls and recharges associated with NWSSP's single lead employer role. We will also be undertaking some work on student bursaries on behalf of the HEIW audit team. Our IT audit work is also changing slightly in response to ISA315 with a greater focus on IT controls. It is likely that the scope of our assurance work at NWSSP will continue to evolve over the coming years as a result of the impact of ISA315.

## Exhibit 1: audit assurance arrangements

The table below sets out the content of the audit assurance work programme for 2023

NWSSP managed service	Audit assurance requirements
<b>Understanding the entity and its environment (ISA 315)</b>	
<ul style="list-style-type: none"> <li>• Prescription Pricing System</li> <li>• National Health Application and Infrastructure Services (NHAIS)</li> <li>• Family Practitioner Payment System (FPPS)</li> <li>• Oracle Financial Management System (including OCR invoice scanning and e-invoicing platform)</li> <li>• Oracle ESR Payroll systems administration (user access to payroll elements only)</li> </ul>	<ul style="list-style-type: none"> <li>• Review, document and evaluate the IM&amp;T environment and application controls.</li> </ul>
<b>Service organisation (ISA 402)</b>	
<ul style="list-style-type: none"> <li>• Primary Care Services (general medical and general pharmaceutical services)</li> <li>• Employment Services – Payroll and Single Lead Employer (SLE) functions</li> <li>• Procurement Services – accounts payables system</li> <li>• Student Award Services - assessment of applications and calculation of bursaries</li> </ul>	<ul style="list-style-type: none"> <li>• To document the financial systems, identify key controls and evaluate the system.</li> <li>• Controls or substantive testing, as determined by local audit teams.</li> </ul>
<b>Management expert (ISA 500)</b>	
<ul style="list-style-type: none"> <li>• Legal and Risk Services</li> </ul>	<ul style="list-style-type: none"> <li>• Document an understanding of the services provided.</li> <li>• Evaluate the competence, capability and objectivity of the service provider.</li> <li>• Evaluate the appropriateness of the work (as relevant to the work of the local audit teams).</li> </ul>
<b>Internal audit (ISA 610)</b>	
<ul style="list-style-type: none"> <li>• All-Wales 'management arrangements'</li> <li>• Internal audit services provided to individual NHS bodies</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of compliance with internal audit standards (applicable to overall management of internal audit services across NHS Wales) – which will include regular liaison with the Director of Audit and Assurance.</li> <li>• Local audit teams may also need to assess compliance with standards relevant to internal audit work at each individual NHS body.</li> </ul>

- 7 The NWSSP manage a number of national NHS IT applications that are used by other NHS organisations in Wales. Audit Wales IM&T auditors will review the IM&T infrastructure and application controls that are applied to the following IT systems for the purposes of providing assurances for NHS audit opinions to local audit teams:
- Prescription Pricing System which is used to process prescriptions and calculate reimbursement for pharmacy contractor payments;
  - The new Family Practitioner Payment System (FPPS) - used for calculating primary care General Medical Services (GMS) contractor payments from NHS demographics uploaded from the National Health Application and Infrastructure Services (NHAIS);
  - Oracle Financial Management System (FMS), including OCR invoice scanning and e-invoicing platforms, used by all of NHS Wales as the main accounting system for managing and producing the NHS accounts; and
  - System administration functions for the payroll elements of the Electronic Staff Record (ESR) payroll system.
- 8 IM&T auditors will undertake a programme of work to understand the IT environment and the IT controls, including testing of IT controls. In addition to the above IT systems, this programme will also include work undertaken centrally at Digital Health and Care Wales (DHCW) on the IT applications and infrastructure provided which are also used by other NHS organisations in Wales.
- 9 In addition, Health Board auditors have requested that we review all contracts greater than £1 million to ensure that appropriate approval has been sought from Welsh Government.
- 10 Local audit teams may determine that additional assurances are required, from other service areas of the NWSSP, during the course of the audit. If such work arises, we will discuss this with the NWSSP management and update the Audit Committee for Shared Services accordingly.

## Fee, audit team and timetable

### Fee

- 11 This work is being undertaken in order to provide local audit teams with assurances relevant to their responsibilities. There is therefore no associated audit fee for NWSSP and instead the cost of this work will be included in the various individual audit fees of the NHS bodies across Wales.

### Audit team

- 12 The main members of my local audit team, together with their contact details, are summarised in [Exhibit 2](#).

**Exhibit 2: my local audit team**

The table below provides details of my local audit team

Name	Role	Contact number	E-mail address
Richard Harries	Engagement Lead – Financial Audit	02920 320640	<a href="mailto:richard.harries@audit.wales">richard.harries@audit.wales</a>
Steve Wyndham	Financial Audit Manager	02920 320664	<a href="mailto:steve.wyndham@audit.wales">steve.wyndham@audit.wales</a>
David Burridge	Financial Audit Lead	02922 677839	<a href="mailto:david.burridge@audit.wales">david.burridge@audit.wales</a>
Andrew Strong	Information Management & Technology Audit Lead	02920 320587	<a href="mailto:andrew.strong@audit.wales">andrew.strong@audit.wales</a>

**Timetable**

- 13
- Following the completion of the above work, the Velindre University NHS Trust external audit team will issue the following reports that provide:
- appropriate assurances to the external auditors of the various NHS Wales bodies, or highlighting any areas of concern that need to be addressed, to support their work to inform their opinion on the financial statements; and

a summary of the work undertaken, together with any matters arising that need to be considered by the NWSSP management. This report will also include any issues relating to NWSSP identified by other Welsh health auditors.
- 14
- The assurance reports provided to local audit teams will be reported to the health board or trust’s audit committee, where appropriate, as part of the audit of their financial statements. The report to the NWSSP management will be reported to the Velindre University NHS Trust’s Audit Committee for Shared Services, and shared with other audit committees, where matters arising affect their local responsibilities. My key milestones for reporting to NWSSP are set out in **Exhibit 3**.

**Exhibit 3: timetable**

The table below sets out the key milestones for delivering my proposed areas of work

Planned output	Work undertaken	Report finalised
Audit assurance arrangements plan	February - April 2023	May 2023
Nationally Hosted NHS IT systems	February - April 2023	May 2023
Management letter	February - July 2023	Sept 2023



# Appendix 1

## Audit areas and proposed timing

Exhibit 4: audit areas and proposed timing

Audit areas	Proposed audit timing	Audit work
Internal audit	April 2023	Review Internal Audit in accordance with ISA610, "Using the Work of Internal Auditors".  Review their annual audit plan and status of their audits.
Payroll	February - April 2023	Update our understanding of the payroll system and identify key controls.  We will document the information flows and walk through the key controls in regard to the Single Lead Employer (SLE) function.
General Medical Service	February - April 2023	Update our understanding of the general medical service system and identify key controls. Controls testing of global sum payments (capitation lists and patient rates).
Pharmacy & Prescribed drugs	February - April 2023	Update our understanding of the pharmacy contract and prescribed drugs. Controls testing of payments to pharmacists (checks undertaken by the Professional Services Team and drug tariff rates).
Accounts Payable & Public Sector Payment Policy	February - April 2023	Update our understanding of the accounts payable system and undertake any substantive or controls testing as determined by local audit teams. Review the process of how PSPP works in NWSSP.
Procurement	April 2023	Review of contracts awarded with a value greater than £1 million.
Student Award Services	March – April 2023	Review the arrangements in place for the assessment of student bursary applications
Legal and Risk Services	March – April 2023	Assess the competence, capability and objectivity of NWSSP LARS staff (as required by ISA 500). Update our understanding of the systems used to record legal cases, the assumptions and methods used to populate Quantum reports. Test a sample of clinical negligence cases, reviewing the information collated on the Legal and Risk management system.
Nationally Hosted NHS IT systems – IT audit work	February - April 2023	Review our understanding of the general IT controls and identify key controls.

Audit areas	Proposed audit timing	Audit work
		Review, document and evaluate the IM&T environment and application controls. Test, by walkthrough, a sample of IT controls.



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# Annual Internal Audit Plan

## Internal Audit Charter 2023/24

### April 2023

NHS Wales Shared Services Partnership

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Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared in accordance with the agreed audit brief and the Audit Charter, as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership (NWSSP) and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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# 1. Introduction

This document sets out the Internal Audit Plan for 2023/24 (the Plan) detailing the audits to be undertaken and an analysis of the corresponding resources. It also contains the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

The Accountable Officer (the NWSSP Managing Director) is required to certify, in the Annual Governance Statement, that they have reviewed the effectiveness of the organisation's governance arrangements, including the internal control systems, and provide confirmation that these arrangements have been effective, with any qualifications as necessary including required developments and improvement to address any issues identified.

The purpose of Internal Audit is to provide the Accountable Officer and the Board, through the Audit Committee, with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control. The opinion should be used to inform the Annual Governance Statement.

Additionally, the findings and recommendations from internal audit reviews may be used by management to improve governance, risk management, and control within their operational areas.

The Public Sector Internal Audit Standards (the Standards) require that 'The risk-based plan must take into account the requirement to produce an annual internal audit opinion and the assurance framework. It must incorporate or be linked to a strategic or high-level statement of how the internal audit service will be delivered in accordance with the internal audit charter and how it links to the organisational objectives and priorities.'

Accordingly, this document sets out the risk-based approach and the Plan for 2023/24. The Plan will be delivered in accordance with the Internal Audit Charter and the agreed KPIs which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership (NWSSP).

## 1.1 National Assurance Audits

The proposed Plan includes assurance audits on some services that are provided by Digital Health and Care Wales (DHCW), on behalf of NHS Wales. These audits will be included in Appendix A where applicable and when agreed formally. These audits are part of the risk-based programme of work for DHCW, but the results, as in previous years, are reported to the relevant organisations and are used to inform the overall annual Internal Audit opinion for those organisations.

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## 2. Developing the Internal Audit Plan

### 2.1 Link to the Public Sector Internal Audit Standards

The Plan has been developed in accordance with Standard 2010 – Planning, to enable the Head of Internal Audit to meet the following key objectives:

- the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals;
- provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks;
- improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- confirmation of the audit resources required to deliver the Internal Audit Plan;
- effective co-operation with Audit Wales as external auditor and other review bodies functioning in the organisation; and
- provision of both assurance (opinion based) and consulting engagements by Internal Audit.

### 2.2 Risk based internal audit planning approach

Our risk-based planning approach recognises the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk, and our approach addresses this by considering:

- the organisation's risk assessment and maturity;
- the organisation's response to key areas of governance, risk management and control;
- the previous years' internal audit activities; and
- the audit resources required to provide a balanced and comprehensive view.

Our planning takes into account the NHS Wales Planning Framework and other NHS Wales priorities and is mindful of significant national changes that are taking place. In addition, the plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and other changes within the organisation, assurance needs, identified concerns from our discussions with management, and emerging risks.

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We will ensure that the plan remains fit for purpose by recommending changes where appropriate and reacting to any emerging issues throughout the year. Any necessary updates will be reported to the Audit Committee in line with the Internal Audit Charter.

While some areas of governance, risk management and control will require annual consideration, our risk-based planning approach recognises that it is not possible to audit every area of an organisation's activities every year. Therefore, our approach identifies auditable areas (the audit universe). The risk associated with each auditable area is assessed and this determines the appropriate frequency for review.

In addition, we will, if requested, also agree a programme of work through both the Board Secretaries and Directors of Finance networks. These audits and reviews may be undertaken across all NHS bodies or a particular subset, for example at Health Boards only.

Therefore, our audit plan is made up of a number of key components:

- 1) Consideration of key governance and risk areas: We have identified a number of areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover the Governance and Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management and an overall IM&T assessment. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing or further work where required. Within NWSSP we also consider areas where annual audit work will both support the most efficient and effective delivery of an annual opinion and provide assurance to other NHS Wales organisations. These cover Primary Care Services Contractor Payments, Purchase to Pay and Payroll.
- 2) Organisation based audit work – this covers key risks and priorities from the Board Assurance Framework and the Corporate Risk Register together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review.
- 3) Follow up: this is follow-up work on previous limited and no assurance reports as well as other high priority recommendations. Our work here also links to the organisation's recommendation tracker and considers the impact of their implementation on the systems of governance and control.
- 4) Work agreed with the Board Secretaries, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by a number of organisations. This may be advisory work in order to identify areas of best practice or shared learning.
- 5) The impact of audits undertaken at other NHS Wales bodies that impacts on the NWSSP, including Digital Health and Care Wales (DHCW).



6) Where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into the Final Business Case for major capital bids.

These components are designed to ensure that our internal audit programmes comply with all of the requirements of the Standards, supports the maximisation of the benefits of being an all-NHS Wales wide internal audit service, and allows us to respond in an agile way to requests for audit input at both an all-Wales and organisational level.

## 2.3 Link to NWSSP's systems of assurance

The risk based internal audit planning approach integrates with the NWSSP systems of assurance; therefore, we have considered the following:

- a review of NWSSP's vision, values and forward priorities as outlined in the Annual Plan and three year Integrated Medium Term Plan (IMTP);
- an assessment of the governance and assurance arrangements and the contents of the corporate risk register;
- risks identified in papers to the NWSSP Partnership Committee and its Audit Committee;
- key strategic risks identified within the corporate risk register and assurance processes;
- discussions with Executive Directors regarding risks and assurance needs in areas of corporate responsibility;
- cumulative internal audit knowledge of governance, risk management, and control arrangements (including a consideration of past internal audit opinions);
- new developments and service changes;
- legislative requirements to which the organisation is required to comply;
- planned audit coverage of systems and processes provided through other NHS Wales Bodies;
- work undertaken by other supporting functions of the Audit Committee including Local Counter-Fraud Services (LCFS);
- work undertaken by other review bodies including Audit Wales and Healthcare Inspectorate Wales (HIW); and
- coverage necessary to provide assurance to the Managing Director in support of the Annual Governance Statement.

## 2.4 Audit planning meetings

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met with the Director of Finance and Corporate Services and the Head of Finance and Business Development to discuss current areas of risk and related assurance needs. Meetings have been

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held, and planning information shared, with the NWSSP Senior Leadership Group and Chair of the Audit Committee.

The draft Plan was presented to the NWSSP Senior Leadership Group on 16<sup>th</sup> March and also discussed further by the group on the 30<sup>th</sup> March, to ensure that Internal Audit's focus is best targeted to areas of risk.

### 3. Audit risk assessment

The prioritisation of audit coverage across the audit universe is based on both our and the organisation's assessment of risk and assurance requirements as defined in the Board Assurance Framework and Corporate Risk Register.

The maturity of these risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal controls). Our assessment also takes into account corporate risk, materiality or significance, system complexity, previous audit findings, and potential for fraud.

### 4. Planned internal audit coverage

#### 4.1 Internal Audit Plan 2023/24

The Plan is set out in Appendix A and identifies the audit assignments, lead executive officers, outline scopes, and proposed timings. It is structured under the six components referred to in section 2.2.

Where appropriate the Plan makes cross reference to key strategic risks identified within the corporate risk register and related systems of assurance together with the proposed audit response within the outline scope.

The scope, objectives and audit resource requirements and timing will be refined in each area when developing the audit scope in discussion with the responsible executive director(s) and operational management.

The scheduling takes account of the optimum timing for the performance of specific assignments in discussion with management, and Audit Wales requirements if appropriate.

The Audit Committee will be kept apprised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Audit Committee meeting.

The majority of the audit work will be undertaken by our regionally based teams with support from our national Capital & Estates team, in terms of capital audit and estates assurance work, and from our IM&T team, in terms of Information Governance, IT security and Digital work.

## 4.2 Keeping the plan under review

Our risk assessment and resulting Plan is limited to matters emerging from the planning processes indicated above.

Audit & Assurance Services is committed to ensuring its service focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. Consistent with previous years, and in accordance with best professional practice, an element of unallocated contingency provision has been retained in the Plan to enable Internal Audit to respond to emerging risks and priorities identified by the Executive Management Team and endorsed by the Audit Committee. Any changes to the Plan will be based upon consideration of risk and need and will be presented to the Audit Committee for approval.

Regular liaison with Audit Wales as your External Auditor will take place to coordinate planned coverage and ensure optimum benefit is derived from the total audit resource.

## 5. Resource needs assessment

The plan has been put together on the basis of the planning process described in this document. The plan includes sufficient audit work to be able to give an annual Head of Internal Audit Opinion in line with the requirements of Standard 2450 – Overall Opinions.

Audit & Assurance Services confirms that it has the necessary resources to deliver the agreed plan.

Provision has also been made for other essential audit work including planning, management, reporting and follow-up.

If additional work, support, or further input necessary to deliver the plan is required during the year over and above the total indicative resource requirement a fee may be charged. Any change to the plan will be based upon consideration of risk and need and presented to the Audit Committee for approval.

The Standards enable Internal Audit to provide consulting services to management. The commissioning of these additional services, by NWSSP, unless already included in the plan, is discretionary. Accordingly, a separate fee may need to be agreed for any additional work.

Under the approach we have adopted for a number of years, the top slice provided to us to undertake the core Internal Audit programme is sufficient to deliver the proposed plan for 2023/24. Work in respect of the development of any Integrated Audit & Assurance Plans for major programme would be chargeable in line with the specific requirements of those plans.

## 6. Action required

The Audit Committee is invited to consider the Internal Audit Plan for 2023/24 and:

- approve the Internal Audit Plan for 2023/24;
- approve the Internal Audit Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

James Johns

Head of Internal Audit, Audit & Assurance Services  
NHS Wales Shared Services Partnership

Appendix A: Internal Audit Plan 2023/2024

Planned output	Audit Ref	Corporate Risk Ref	Outline Scope	Executive Lead	Outline Timing
Purchase to Pay	1		To review the adequacy of the systems and controls in place for key risk areas in the Purchase to Pay Process.	Director of Finance & Corporate Services and Director of Procurement Services	Q2-4
Employment Services - Payroll	2		To review the adequacy of the systems and controls in place for key risk areas of Payroll Services processes.	Director of People, O.D & Employment Services	Q2-4
Primary Care Contractor Services (PCS)	3		To provide assurance that Primary Care Services is maintaining a robust system to facilitate timely and accurate payments.	Director of Primary Care Services	Q2-4
PCS – Reconciliation Tool	4		To review the newly developed reconciliation tool.	Director of Primary Care Services	Q1
Procurement Services	5		To review the adequacy of the systems and controls in place for key risk areas of Procurement Services.	Director of Procurement Services	Q2-4
IT /Digital - Infrastructure upgrade /Azure environment	6	A6	To review arrangements for the migration to the new infrastructure environment.	Director of Planning, Performance & Informatics	Q2/3

Planned output	Audit Ref	Corporate Risk Ref	Outline Scope	Executive Lead	Outline Timing
Decarbonisation	7		To consider progress against the NHS Wales Decarbonisation Strategic Delivery Plan and the Decarbonisation Action Plan (demonstrating how the organisation will implement the Strategic Delivery Plan initiatives). Following on from the advisory review delivered in 2022/23, the proposed scope will include governance, strategy progress and implementation.	Director of Finance / Specialist Estates Services	Q2/3
Performance Data Quality	8		Review a sample of reported performance figures and validate to supporting information.	Director of Planning, Performance & Informatics	Q2
Business Continuity Planning	9		Review arrangements for business continuity planning	Director of Planning, Performance & Informatics / Director of Procurement Services	Q2
Student Awards	10	A9	New System Implementation and testing compliance with a range of policies and procedures.	Director of People, O.D & Employment Services	Q3/4
Single Lead Employer	11		To test compliance with a range of policies and procedures, key aspects of risk and governance within the Service.	Director of People, O.D & Employment Services	Q3/4

Planned output	Audit Ref	Corporate Risk Ref	Outline Scope	Executive Lead	Outline Timing
CIVAS/Medicines Unit	12	A13	To test compliance with a range of policies and procedures, key aspects of risk and governance within the Service	Director	Q2
Central E Business Team – Oracle System	13		To test compliance with a range of policies and procedures, key aspects of risk and governance within the Service.	Central E Business	Q3
Energy Cost Management	14	A6&7	Review arrangements for energy cost Management and All Wales Purchasing.	Director of Finance & Corporate Services	Q2
Specialist Estates Services - Building for Wales Framework.	15		Review arrangements for the retendering of the NHS Building for Wales Framework.	Director of Specialist Estates Services	Q2/3
Specialist Estates Services - Prioritisation of Estates Funding Advisory Board monies for 2023/24	16		Review arrangements for the Prioritisation of Estates Funding Advisory Board monies for 2023/24	Director of Specialist Estates Services	Q3
Development of Integrated Audit & Assurance Plans (IAAP)s	-		Integrated Audit and Assurance Plans for major projects /programmes will be prepared as agreed with management.	Director of Finance / Specialist Estates Services	---

Planned output	Audit Ref	Corporate Risk Ref	Outline Scope	Executive Lead	Outline Timing
Internal Audit Management	--	--	Provision for audit planning, management, Audit Committee, liaison, annual reporting and follow up.	-----	-----
NHS Wales national audit work	--	--	To collate the assurances derived from the review of NHS Wales bodies that provide services to this organisation and contribute to its overall system of control.	-----	-----



## Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2023/24
Audit plan agreed/in draft by 30 April	✓	100%
Audit opinion delivered by 31 May	✓	100%
Audits reported versus total planned audits (to at least draft)	✓	95%
Audits delivered for each Audit Committee in line with agreed plan	—	80%
Report turnaround fieldwork to draft reporting [10 days]	✓	95%
Report turnaround management response to draft report [15 working days minimum]	✓	80%
Report turnaround draft response to final reporting [10 days]	✓	95%

## Appendix C: Internal Audit Charter

### 1 Introduction

- 1.1 This Charter is produced and updated annually to comply with the Public Sector Internal Audit Standards. The Charter is complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.
- 1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Charter:
- *Board means the NWSSP Partnership Committee (Hosted by the Board of Velindre NHS Trust) with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit Committee in terms of providing a reporting interface with internal audit activity; and*
  - Senior Management means the Managing Director as being the designated Accountable Officer for NHS Wales Shared Services Partnership. The Managing Director has made arrangements within this Charter for an operational interface with internal audit activity through the Head of Finance & Business Development (Board Secretary).
- 1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

### 2 Purpose and responsibility

- 2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the operations of NHS Wales Shared Services Partnership. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.
- 2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.

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- 2.3 The organisation's risk management, internal control and governance arrangements comprise:
- the policies, procedures and operations established by the organisation to ensure the achievement of objectives;
  - the appropriate assessment and management of risk, and the related system of assurance;
  - the arrangements to monitor performance and secure value for money in the use of resources;
  - the reliability of internal and external reporting and accountability processes and the safeguarding of assets;
  - compliance with applicable laws and regulations; and
  - compliance with the behavioural and ethical standards set out for the organisation.
- 2.4 Internal audit also provides an independent and objective consulting service specifically to help management improve the organisations risk management, control and governance arrangements. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management have put in place to ensure the achievement of the organisations objectives, and through recommendations for improvement. Such consulting work contributes to the opinion which internal audit provides on risk management control and governance.

### 3 Independence and Objectivity

- 3.1 Independence as described in the Public Sector Internal Audit Standards as the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Head of Internal Audit will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Audit Committee and Accountable Officer.
- 3.2 Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the Board. Such functional reporting includes the Audit Committee:
- approving the internal audit charter;
  - approving the risk based internal audit plan;
  - approving the internal audit resource plan;
  - receiving outcomes of all internal audit work together with the assurance rating; and
  - reporting on internal audit activity's performance relative to its plan.

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- 3.3 While maintaining effective liaison and communication with the organisation, as provided in this Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.
  - 3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited.
  - 3.5 This Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.
  - 3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Standards that apply to non-audit activities.

## 4 Authority and Accountability

- 4.1 Internal Audit derives its authority from the Board, the Accountable Officer and Audit Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.
- 4.2 The Minister for Health and Social Services has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.
- 4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Public Sector Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.
- 4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit Committee on behalf of the Board. Accordingly, the Head of Internal Audit has a direct right of access to the Accountable Officer, the Chair of the Audit Committee and the Chair of the organisation if deemed necessary.
- 4.5 The Audit Committee approves all Internal Audit plans and may review any aspect of its work. The Audit Committee also has regular

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private meetings with the Head of Internal Audit.

- 4.6 In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any committee or sub-committee of the Board charged with aspects of governance.

## 5 Relationships

- 5.1 In terms of normal business the Accountable Officer has determined that the Board Secretary will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.
- 5.2 In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with the organisation's Board Secretary (Head of Business Finance and Business Development) in planning its work programme.
- 5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.
- 5.4 Internal Audit will meet regularly with the external auditor, Audit Wales, to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. In particular, Internal Audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.
- 5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.
- 5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, such as the Digital Health and Care Wales, WHSSC and EASC.
- 5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.
- 5.8 The Audit Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit Committee will remain the final reporting line for all our audit and consulting reports.
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## 6 Standards, Ethics, and Performance

- 6.1 Internal Audit must comply with the Definition of Internal Auditing, the Core Principles, Public Sector Internal Audit Standards and the professional Code of Ethics, as published on the NHS Wales e-governance website.
- 6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2021) and associated performance standards agreed with the Audit Committee and the Shared Services Partnership Committee. The Service Level Agreement includes a number of Key Performance Indicators, and we will agree with each Audit Committee which of these they want reported to them and how often.

## 7 Scope

- 7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:
- reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
  - reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance;
  - reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
  - reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;
  - reviewing operations or programmes to ascertain whether results are consistent with the organisation's objectives and goals and whether the operations or programmes are being carried out as planned;
  - reviewing specific operations at the request of the Audit Committee or management, this may include areas of concern identified in the corporate risk register;
  - monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance;

- ensuring effective co-ordination, as appropriate, with external auditors; and
  - reviewing the Annual Governance Statement prepared by senior management.
- 7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation’s risk environment.
- 7.3 If the Head of Internal Audit or the Audit Committee consider that the level of audit resources or the Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

8 Approach

- 8.1 To ensure delivery of its scope and objectives in accordance with the Charter and Standards, Internal Audit has produced an Audit Manual (called the Quality Manual). The Quality Manual includes arrangements for planning the audit work. These audit planning arrangements are organised into a hierarchy as illustrated in Figure 1.

Figure 1: Audit planning hierarchy

NHS Wales Level	NWSSP overall audit strategy	Arrangements for provision of internal audit services across NHS Wales
Organisation Level	Entity strategic 3-year audit plan	Entity level medium term audit plan linked to organisational objectives
	Entity annual internal audit plan	Annual internal audit plan detailing audit engagements to be completed in year ahead leading to the overall HIA opinion
Business Unit Level	Assignment plans	Assignment plans detail the scope and objectives for each audit engagement within the annual operational plan

- 8.2 NWSSP Audit & Assurance Services has developed an overall audit strategy which sets out the strategic approach to the delivery of audit services to all health organisations in NHS Wales. The strategy also includes arrangements for securing assurance on the national transaction processing systems including those operated by DHCW and NWSSP on behalf of NHS Wales.
- 8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the

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assurance needs of the organisation will be met as required by the Standards and facilitate:

- the provision to the Accountable Officer and the Audit Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement;
- audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisation's objectives and risks;
- improvement of the organisation's risk management, control and governance by providing management with constructive recommendations arising from audit work;
- an assessment of audit needs in terms of those audit resources which 'are appropriate, sufficient and effectively deployed to achieve the approved plan';
- effective co-operation with external auditors and other review bodies functioning in the organisation; and
- the allocation of resources between assurance and consulting work.

8.4 The Strategic 3-year Audit Plan will be largely based on the Board Assurance Framework where it is sufficiently mature, together with the organisation-wide risk assessment.

8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information and outlining the scope and timing of audit assignments to be completed during the year ahead.

8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.

8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit Committee on behalf of the Board.

8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit approach applied to the provision of internal audit and consulting services.

8.9 During the planning of audit assignments, an assignment brief will be prepared for discussion with the nominated operational manager. The brief will contain the proposed scope of the review along with the relevant objectives and risks to be covered. In order to ensure the scope of the review is appropriate it will require agreement by the



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relevant Executive Director or their nominated lead and will also be copied to the Board Secretary.

## 9 Reporting

9.1 Internal Audit will report formally to the Audit Committee through the following:

- An annual report will be presented to confirm completion of the audit plan and will include the Head of Internal Audit opinion provided for the Accountable Officer that will support the Annual Governance Statement.
- The Head of Internal Audit opinion will:
  - a) State the overall adequacy and effectiveness of the organisation's risk management, control and governance processes;
  - b) Disclose any qualification to that opinion, together with the reasons for the qualification;
  - c) Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies;
  - d) Draw attention to any issues Internal Audit judge as being particularly relevant to the preparation of the Annual Governance Statement;
  - e) Compare work actually undertaken with the work which was planned and summarise performance of the internal audit function against its performance measurement criteria; and
  - f) Provide a statement of conformity in terms of compliance with the Public Sector Internal Audit Standards and associated internal quality assurance arrangements.
- For each Audit Committee meeting a progress report will be presented to summarise progress against the plan. The progress report will highlight any slippage and changes in the programme. The findings arising from individual audit reviews will be reported in accordance with Audit Committee requirements; and
- The Audit Committee will be provided with copies of individual audit reports for each assignment undertaken unless the Head of Internal Audit is advised otherwise. The reports will include an action plan on any recommendations for improvement agreed with management including target dates for completion.

9.2 The process for audit reporting is summarised below:

- Following the closure of fieldwork and the resolution of any queries, Internal Audit will discuss findings with operational

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managers to confirm understanding and shape the reporting stage through issue of a discussion draft report;

- Operational management will receive discussion draft reports which will include any proposed recommendations for improvement within 10 working days following the closure of fieldwork. Operational management will be required to respond to the discussion draft report within 5 working days of issue.
- The discussion draft report will give an assurance opinion on the area reviewed in line with the criteria at Appendix B (unless it is a consulting review). The discussion draft report will also indicate priority ratings for individual report findings and recommendations;
- Following the receipt of comments on the discussion draft (for factual accuracy etc), operational management will be required to respond to the draft report in consultation with the relevant Executive Director within 15 working days of issue, identifying actions, identifying staff with responsibility for implementation and the dates by which action will be taken;
- Reminder correspondence will be issued to the Executive Director and the Board Secretary 5 working days prior to the set response date.
- Where management responses are still awaited after the 20 working days deadline, or are of poor quality, the matter will be immediately escalated to the Executive Director and copied to the Board Secretary (Head of Finance and Business Development) and Chair of the Audit Committee.
- If non-compliance continues, the Board Secretary (Head of Finance and Business Development) and the Chair of the Audit Committee will decide on the course of action to take. This may involve the draft report being submitted to the Audit Committee, with the Executive Director being called to the meeting to explain the situation and why no responses/poor responses have been received;
- Internal Audit issues a Final report to Executive Director within 10 working days of receipt of complete management response. Within this timescale Internal Audit will quality assess the responses, and if necessary, return the responses, requiring them to be strengthened.
- Responses to audit recommendations need to be SMART:
  - Specific
  - Measurable
  - Achievable

- Relevant / Realistic
  - Timely.
  - The relevant Executive Director, Board Secretary (Head of Finance and Business Development) and the Chair of the Audit Committee will be copied into any correspondence.
  - The final report will be copied to the Accountable Officer and Board Secretary and placed on the agenda for the next available Audit Committee.
- 9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow-up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.
- 9.4 Timescales are to be included in all initial scopes sent prior to commencing an audit.

## 10 Access and Confidentiality

- 10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.
- 10.2 All information obtained during the course of a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access shall be granted to the organisation's external auditors.
- 10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

## 11 Irregularities, Fraud & Corruption

- 11.1 It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.

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- 11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.
- 11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

## 12 Quality Assurance

- 12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Public Sector Internal Audit Standards, is being achieved.
- 12.2 The Director of Audit & Assurance will establish a quality assurance and improvement programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Public Sector Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to the Audit Committee.
- 12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit Committee through the reporting mechanisms outlined in Section 9.

## 13 Resolving Concerns

- 13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition, any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.
- 13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Managing Director of Shared Services.

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## 14 Review of the Internal Audit Charter

14.1 This Internal Audit Charter shall be reviewed annually and approved by the Board, taking account of advice from the Audit Committee.

Simon Cookson  
Director of Audit & Assurance  
NHS Wales Shared Services Partnership  
March 2023



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 <b>GIG Cymru NHS Wales</b>		Partneriaeth Cydwasaethau Shared Services Partnership		<b>AGENDA ITEM: 8.3</b> <b>SSPC 18 May 2023</b>	
<b>The report is not Exempt</b>					
<b>Teitl yr Adroddiad/Title of Report</b>					
<b>NWSSP Audit Committee Assurance Report – April 2023</b>					
<b>ARWEINYDD: LEAD:</b>		Peter Stephenson Head of Finance & Business Development, NWSSP			
<b>AWDUR: AUTHOR:</b>		Carly Wilce Interim Corporate Services Manager, NWSSP			
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>		Andy Butler Director of Finance & Corporate Services, NWSSP			
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>		Andy Butler Director of Finance & Corporate Services, NWSSP 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>			
<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>					
The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee, at its meeting on 19 April 2023.					
<b>Llywodraethu/Governance</b>					
<b>Amcanion: Objectives:</b>		Each of the five key Corporate Objectives			
<b>Tystiolaeth: Supporting evidence:</b>		Individual reports submitted to Audit Committee			
<b>Ymgynghoriad/Consultation:</b>					
Who has been consulted on the details of the report? <ul style="list-style-type: none"> <li>NWSSP Audit Committee</li> </ul>					
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>					
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>	<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>		Outline the recommendation of the report <ul style="list-style-type: none"> <li>The Committee is asked to <b>NOTE</b> the report</li> </ul>			
<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>					
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>		No direct impact			
<b>Cyfreithiol: Legal:</b>		No direct impact			
<b>Iechyd Poblogaeth: Population Health:</b>		No direct impact			
<b>Answadd, Diogelwch a Profiad y Claf:</b>		No direct impact			

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	No direct impact
<b>Risg a Aswariant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Dyletswydd Ansawdd/ Duty of Quality:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open



## VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT

### 1. CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 19 April 2023, is outlined below:

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	No matters to advise.
<b>ASSURE</b>	<p><b>NWSSP Update</b></p> <p>The Managing Director presented the committee with an extensive update as to key developments within NWSSP. Main highlights discussed are as follows-</p> <ul style="list-style-type: none"> <li>NWSSP's IMTP had been submitted to Welsh Government (WG) on time. There were some challenging issues in the submission but overall, the plan was balanced. Initial discussions had taken place with the Finance Delivery Unit and feedback from WG was pending;</li> <li>Work to develop alternative plans for laundry services at a reduced capital investment, remain ongoing with Welsh Government;</li> <li>The Low Vision Service would transfer to NWSSP in June 2023 following some unavoidable delays;</li> <li>Formal consultation with staff affected by the move from Companies House to Cathays Park has commenced with a likely estimated date for the move in January 2024;</li> <li>Brecon House in Mamhilad is experiencing challenges with the concrete used in the fabric of the building. Plans are underway to vacate the building and relocate to a different building on site;</li> <li>The non-consolidated Pay Award uplift of 1.5% had been successfully processed in March and the consolidated 1.5% uplift would be paid in May;</li> <li>An opportunity to acquire a property for the TRAMS project has arisen, which could generate significant savings over the longer term;</li> <li>Work to establish the Citizens Voice Body (LLAIS) is complete. NWSSP will be providing basic support services under a Service Level Agreement;</li> <li>Arrangements are being progressed to support the recruitment of healthcare professionals from India on behalf of NHS Wales.</li> </ul>
<b>ASSURE</b>	<p><b>External Audit Position Statement</b></p> <p>Audit Wales provided a detailed update as to current and planned audit work. While the overall deadlines for audit completion have been delayed, assurance work completion was on course for early May 2023, when findings would be issued to NHS external audit teams. At this stage, there was nothing of concern or no significant findings to bring to management or the Audit Committee's attention.</p>
<b>ASSURE</b>	<p><b>Audit Assurance Arrangements for NWSSP 2022-23</b></p> <p>Audit Wales presented the 2022-23 Audit Assurance Arrangements for NWSSP Highlighting that the scope for this year's work had changed slightly from previous years, and more work</p>

	was focused on the Single Lead Employer function and IT controls. All work is expected to be completed in May 2023.
<b>ASSURE</b>	<p><b>Internal Audit Position Statement</b></p> <p>Head of Internal Audit presented the Position Statement together with an overview of other activity undertaken since the previous meeting. Key points to highlight were:</p> <ul style="list-style-type: none"> <li>• There were three remaining audits from the 2022/23 workplan that are all in progress;</li> <li>• Two audits were at draft stage and the remaining audit in the fieldwork phase; and</li> <li>• There were no concerns to raise.</li> </ul>
<b>ASSURE</b>	<p><b>Internal Audit Reports</b></p> <p>The following reports were presented to the Committee for consideration:</p> <p><b>Student Award Services Follow Up Review</b></p> <p>A full-scale review of the Student Award Services was undertaken in 2020-21 and the audit had raised recommendations to strengthen governance and control arrangements. Considerable progress had been made, but there were also several actions to progress. It was highlighted that the process for verifying childcare costs should be strengthened further and prior to the closure of the review the matter was discussed with Counter Fraud and the system was enhanced further as recommended. One recommendation remained outstanding, which related to the review and refreshment of KPIs. It was confirmed that the action would be completed in conjunction with the new system implementation. The audit received substantial assurance overall, albeit on a limited scope. A separate review would be undertaken in 2023-24 for the service as a whole.</p> <p><b>Risk Management &amp; Assurance Mapping Report</b></p> <p>The Risk Management &amp; Assurance Mapping Internal Audit report was presented and highlighted that corporate risks were well-managed and assurance maps were in place for most service areas. At divisional level, the laundry services risk register was operational, but did not capture business risks. There was no assurance map in place for the Surgical Materials Testing Laboratory and some assurances for other directorates were inappropriate or did not exist. The findings were of minor significance and issues were being addressed and improved upon. The report was rated as reasonable assurance.</p> <p><b>Payroll Services</b></p> <p>The Payroll review focused on the controls in place to ensure timely and accurate payments to NHS employees. Continued improvements were seen this year with only two medium priority matters arising: (1) inconsistent payroll checks within one team, however no inaccuracies were recorded, and (2) the necessity to recover overpayments which had increased significantly. Reasonable assurance was awarded.</p> <p><b>Primary Care Contractor Payments</b></p> <p>There were no significant findings to report on processes in place to pay primary care contractors and substantial assurance was awarded. Management highlighted an issue with the FPPS system impacting on the validation and post payment verification of enhanced services submitted by GPs. It was confirmed that PCR was developing a validation tool that would be subject to an internal audit review in early 2023-24.</p>
<b>ASSURE</b>	<p><b>Draft Internal Audit Plan 2023-24</b></p> <p>Head of Internal Audit presented the 2023-24 draft internal audit plan and charter which had been developed in line with Auditing Standards. The draft Audit Plan was reviewed and approved by the Senior Leadership Group in March 2023 and completion of the plan and</p>

	any changes would be monitored throughout the year. The Internal Audit Plan and charter was approved.
<b>ASSURE</b>	<p><b>External Quality Assessments</b></p> <p>It is a requirement of Public Sector Internal Audit Standards that every five years there is an independent review of compliance with the standards. It was last undertaken in 2018 by the Chartered Institute of Internal Auditors (CIIA) and it has now been undertaken in 2023 by the Chartered Institute of Public Finance &amp; Accountancy (CIPFA). The report concluded that NWSSP conforms fully to the Standards with no areas of partial or non-compliance recorded. There were no recommendations raised. The report would be shared with all Audit Committees and the WG.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Position Statement</b></p> <p>The Counter Fraud Position Statement was presented to the Committee, with an overview of other activity. As of 31 March 2023, a total of 205 days of Counter Fraud work has been completed against the agreed 242 days in the Counter Fraud Annual Work-Plan for the 2022/23 financial year.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Annual Plan 2023-24</b></p> <p>The 2023-24 Annual plan was presented to the committee. The plan is based on the Cabinet Office Standards for Counter Fraud Arrangements and would be reviewed throughout the year.</p>
<b>ASSURE</b>	<p><b>Governance Matters</b></p> <p>The <b>Governance Matters</b> paper detailed the contracting activity for the last quarter, highlighting there had been no departures from Standing Orders. 35 contracts had been let for NWSSP and 45 further contracts for NHS Wales. There have been two declarations made as to gifts, hospitality or sponsorship since the last meeting and no internal audits reports have received limited or no assurance.</p> <p>Of 239 <b>audit recommendations</b>, 227 have been implemented, 8 are not yet due, 4 are not in the gift of NWSSP and 0 were overdue</p> <p>The <b>Corporate Risk Register</b> contains 7 red risks, 9 amber, and 2 yellow risks.</p>
<b>ASSURE</b>	<p><b>Financial Valuations</b></p> <p><b>Stock Valuation</b></p> <p>Committee members were reminded that 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 continues to request 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 stock going out-of-date. Additionally, the prices paid for the PPE during the pandemic were much higher than the current price. Health Boards would therefore not accept paying a high price for items currently held in stock when they could get it much cheaper on the open market. The stock figures therefore needed to be revised to reflect both the items going out-of-date and the reduction in the value of items held, due to the price reductions. A request has also been received from WG to donate PPE stock to Africa. The stock has been identified at a value of £2.3m and is ready to ship.</p> <p>As a result of all of the above, adjustments of £18.858m were required to the stock valuation. It was summarised that the breakdown of adjustments included the revaluation of stock due to a change in the market price of £12.8m; with £1.2m to be written off; slow moving stock of £2.4m; and a donation of £2.4m to Africa. These figures have been agreed with, and would be funded by, WG.</p>

	<p><b>Fixed Assets Summary</b></p> <p>The Deputy Director of Finance explained that under Chapter 6 of the Manual for Accounts, fixed asset impairments would be required to cover two separate issues, these are summarised below:</p> <ul style="list-style-type: none"> <li>• The first relates to the All-Wales Laundry Outline Business Case. This was submitted in the summer of 2022, but a letter was received in January 2023 instructing that lack of funding resulted in services needing to be paused. This triggered an impairment review as much of the expense that would be capitalised was related to fees, site selection and surveys for the new laundry sites. An impairment value of £995K had been agreed with WG; and</li> <li>• The second issue relates to the Legal &amp; Risk Case Management System where NWSSP are in a contractual dispute with the supplier. Legal action is being progressed to recover the full expenditure incurred, however there are no guarantees that any funds will be recovered. Due to there currently being no economic value in any of the work that the supplier has undertaken to date it has therefore been considered prudent to fully impair this capital asset within 2022/23.</li> </ul> <p>The Audit Committee approved all checklists presented to the committee to formally request Welsh Government approval to write of the losses.</p>
<b>ASSURE</b>	<p><b>Draft Audit Committee Forward Plan</b></p> <p>Members were presented with the Audit Committee 2022-23 Forward Plan.</p>
<b>INFORM</b>	<p><b>Items for Information</b></p> <p>The following items were provided for information:</p> <ul style="list-style-type: none"> <li>• NHS Wales Audit of Accounts 2022-23.</li> </ul>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- **NOTE** the Assurance Report

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 8.4</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

Shared Services Partnership Committee Annual Complaints Report 2022-23

<b>ARWEINYDD: LEAD:</b>	Peter Stephenson, Head of Finance and Business Development
<b>AWDUR: AUTHOR:</b>	Carly Wilce, Corporate Services Manager
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Peter Stephenson, Head of Finance and Business Development
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Peter.Stephenson@wales.nhs.uk

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

To provide the Shared Services Partnership Committee (SSPC) with an update on complaints received by NWSSP during the financial year, 1 April 2022 to 31 March 2023.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

NWSSP SLG.

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

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

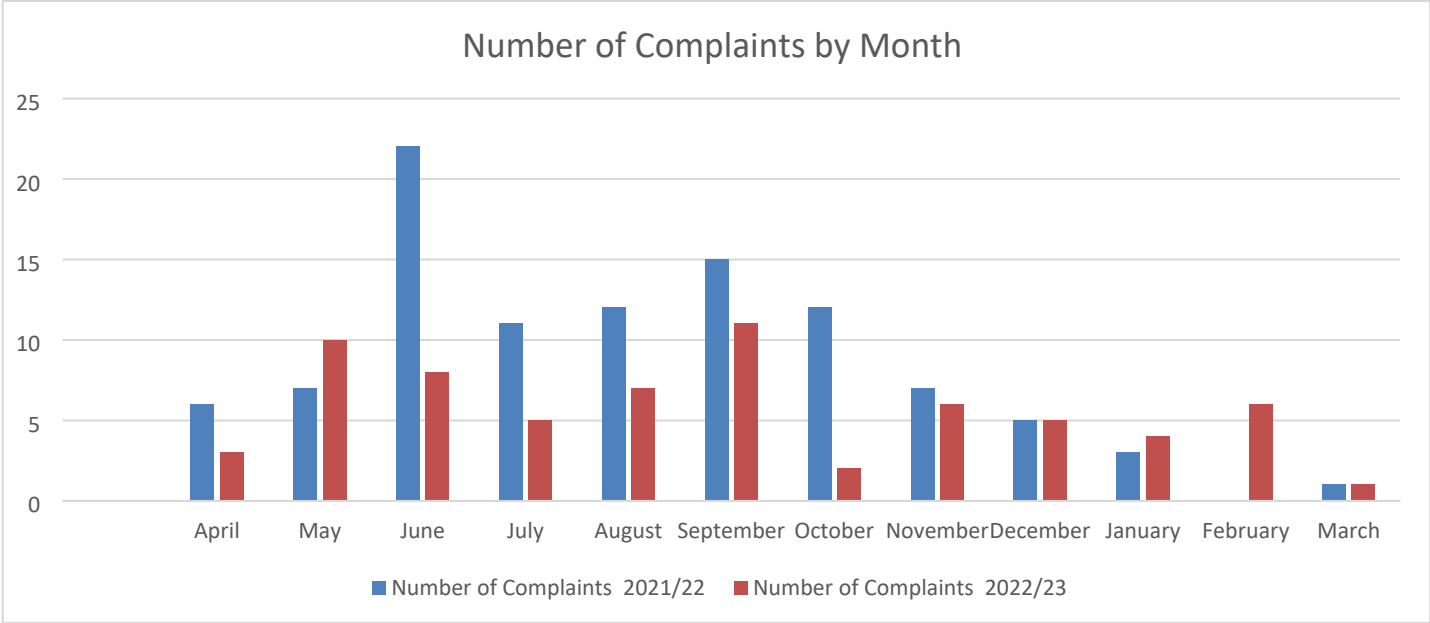
<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Considered where appropriate
<b>Cyfreithiol: Legal:</b>	Considered where appropriate
<b>Iechyd Poblogaeth: Population Health:</b>	Considered where appropriate
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Considered where appropriate
<b>Ariannol: Financial:</b>	Considered where appropriate
<b>Risg a Aswiriant: Risk and Assurance:</b>	Considered where appropriate
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> <b>Standard 1.1 Health Promotion, Protection and Improvement</b>
<b>Gweithlu: Workforce:</b>	Considered where appropriate
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## 1. BACKGROUND

### 1. COMPLAINTS RECEIVED

During 2022-23, 68 complaints have been received through the NWSSP Complaints Mailbox for investigation, as detailed below:

Service Area	Complaints Received for Formal Investigation	Acknowledged within 2 Working Days (W/D)	Responded to in 24 hours	Responded within 30 W/D	Responded outside of 30 W/D
<b>Employment Services</b>	<b>43</b>	<b>43</b>	<b>21</b>	<b>21</b>	<b>1</b>
Payroll	33	33	15	17	1
Expenses	4	4	2	2	0
Pensions	2	2	0	2	0
Lease Cars	1	1	1	0	0
Recruitment	1	1	1	0	0
Student Awards	1	1	1	0	0
Streamlining	1	1	1	0	0
<b>Procurement Services</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>
Health Courier Services	3	3	0	3	0
<b>People and OD</b>	<b>17</b>	<b>17</b>	<b>11</b>	<b>6</b>	<b>0</b>
Single Lead Employer	17	17	11	6	0
<b>Primary Care Services</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>
Medical Records	2	2	1	1	0
Medical Examiners	1	1	0	1	0
Printing Services	1	1	0	1	0
<b>Legal and Risk Services</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Total</b>	<b>68</b>	<b>68</b>	<b>33</b>	<b>34</b>	<b>1</b>



The above graph above demonstrates a significant reduction in complaints received in 2022-23, from the previous financial year.

## **2. EARLY RESOLUTION COMPLAINTS (DEALT WITH WITHIN 24 HOURS)**

An Early Resolution Complaint is a concern received via the Complaints mailbox which is resolved and closed within 24 hours. The total number of complaints received and dealt with via this early resolution for the financial period was 33. The majority of these complaints relate to Employment Services with most being about pay or expenses. While the root cause of the complaint may be due to delays with completing documentation in Health Boards or Trusts, the problem may have been exacerbated due to delays in responding to requests for information within NWSSP.

## **3. OUTSIDE THE GIFT OF NWSSP TO RESOLVE**

During the period NWSSP received a further 6 complaints not within the gift or influence of NWSSP to investigate and the concern was therefore redirected to the respective Health Board or Trust for investigation.

## **4. ESCALATION AND HOLDING RESPONSES**

No complaints were escalated to the Public Services Ombudsman Wales for independent investigation during 2022-23.

## **2. RECOMMENDATION**

The SSPC is asked to:

- **REVIEW** and **NOTE** the content of this report.



## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 11 – FEBRUARY 2023**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for February 2023 and should be read in conjunction with the Monitoring Return tables submitted for Month 11.

Thank you for your email of 17<sup>th</sup> February 2023 responding to the Month 10 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

NWSSP's forecast outturn financial position at Month 11 is reported at break-even.

The reported position includes the additional costs to support the significant increase in transactional activity related to the utilisation of Covid recovery monies in UHBs/Trusts, estimated at £1.246m. These have been funded internally from non-recurring NWSSP savings during 2022/23.

#### **1. Movement of Opening Financial Plan to Forecast Outturn (Table A)**

Table A has been amended in month to reflect the Month 11 position. Energy costs continue to be forecast at £5.500m with a budget pressure of £3.182m. The forecast is £1.182m more than the £2.000m pressure originally assumed in our IMTP in January 2022. There continues to be a level of risk within our energy forecast due to delays in obtaining actual energy cost forecasts from UHBs and we continue to accrue costs based on estimates provided which will have to be confirmed and agreed in Month 12 as part of the agreement of balances process.

The table has also been populated with the updated Covid expenditure forecast and equivalent funding anticipated which identifies a reduction from the Month 10 forecast due to reduced actual and forecast PPE issues to Primary & Social Care in February and March.

The utilisation of the in year over-achievement of savings and income generation has been updated to include the £1.000m of brokerage agreed on a separate line in Table A (**Action Point 10.1**)

When the value of the release of the annual leave accrual is confirmed in Month 12, Tables A and C3 will be updated to reflect the accountancy gain and the utilisation of this **(Action Point 10.2)**

## 2. Overview of Key Risks & Opportunities (Table A2)

Our risks and opportunities have been reviewed and updated during February. The only risk and opportunity reported in Month 11 relates to energy costs being more/less than forecast and upon which the funding shortfall that we have now invoiced to Welsh Government is based. This risk and opportunity continue due to the delays in confirmation of actual laundry utility costs by UHBs which are the main driver of our energy pressure.

## 3. Actual Year to Date Monthly Position (Tables B, B2 & B3)

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2022/23 has slightly reduced from £668.703m as forecast in Month 10 to £668.063m in Month 11. This is due to the reduction in the PPE issues to Primary & Social care in Month 11 and a corresponding reduction in the forecast issues for Month 12.
- The NHS income profile increased in Month 2 as the final cohort of trainees transferred to SLE in May. This spiked again in August due to the new SLE rotation intake and again in September with the payment of the pay award and arrears. These movements are also evidenced in the phased increase of pay costs in Table B and the Medical/Dental pay costs in Table B2.

The forecast annual SLE income is broadly in line with previous months at £232.180m (£232.272m Month 10) and is detailed below. Due to the ad hoc locum payments that are now processed through SLE and the rotations some variability between months is to be expected.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	15.978	16.607	16.662	16.699	18.382	23.292	19.387	18.479	18.534	18.143	18.302	18.420	218.885
NON PAY	0.711	0.957	0.962	1.068	1.206	1.159	1.404	0.816	1.533	1.227	1.124	1.129	13.295
TOTAL	16.689	17.564	17.624	17.766	19.588	24.451	20.791	19.295	20.067	19.370	19.426	19.548	232.180

- HEIW will fund up to £0.299m additional SLE workforce team costs in 2022/23 to enhance the service provided to medical, dental and pharmacy trainees. We progressed a submission for recurrent funding from 2023/24

to Emma Coles in Welsh Government in early December 2022 and have chased an update in January and February but have still not received any correspondence with regard to the funding position.

- The Other income spikes in Months 6, 8, 9 and 12 due to the timing of the annual settlement and quarterly pharmacy rebates which are received one quarter in arrears. Corresponding spikes in non pay also occur in these months to match the income as the funds are repatriated to NHS Wales and Welsh Government.
- The total energy pressures funding estimate remains at £3.182m again in Month 11 pending full year actual costs from UHBs for laundry utility costs.
- No estimate of the impact of the new pay award offer has been included in the tables.
- Forecast non-cash charges of £8.728m are included which reconciles to the final non-cash forecast submitted on 10<sup>th</sup> March 2023. Full details of the movement in the forecast were provided with this return (**Action Point 10.3**).

We are also aware of the donation of assets from the Lighthouse Lab closure which would give rise to an AME funding requirement for donated asset depreciation. We continue to await formal transfer documentation and asset values to be able to calculate this or identify if we will be in a position to account for the donation within the financial year given the delays in receiving this information.

The income over our £1.551m baseline funding has been anticipated in Table E1.

- £87.531m income and expenditure is included to Month 11 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 £134.780m (£132.521m WRP DEL and £2.259m Redress which forms part of the DEL expenditure from 2022/23) as included in our IMTP. Expenditure of £47.249m is forecast to be incurred in Month 12 due to the year end accruals for cases that we can account for within the financial year.

An updated review of the full year forecast, which continues to have a number of risks at this late stage in the financial year, indicates that the minimum forecast expenditure is £127m, with the expectation that we will reach circa £135m with the cases that we will be in a position to accrue within 2022/23. There is the potential that we may exceed the £135m, although with slippage on a number of recent cases and savings in

settlement values achieved, there is reduced likelihood of us exceeding this target. We are meeting with Welsh Government colleagues on 16<sup>th</sup> March 2023 to discuss in more detail and will continue to update on the position as we progress through March.

- £0.124m of agency expenditure was reported in Month 11 which is an increase on previous months. Expenditure continues to be incurred as we utilise more agency to cover the increasing number of vacancies to ensure service continuity.
- Table B3 details the in month and forecast Covid19 additional expenditure. This has been collated and reviewed on a service by service basis within NWSSP and will continue to be monitored at this level.

The mass vaccination and other covid expenditure sections have been populated. The overall forecast of Covid funding required has reduced from £17.300m in Month 10 to £16.463 in Month 11. This is due to only £0.555m of PPE issues to Primary and Social care in February against the £1.000m forecast. The forecast for March has been reduced to £0.750m.

A summary of the year to date and forecast expenditure is detailed below:

<b>Covid Costs</b>	<b>YTD</b>	<b>22/23 Forecast</b>
	<b>£m</b>	<b>£m</b>
Operational Costs	4.000	4.383
Mass Vacc - PPE	-	-
Mass Vacc - Pay & Non Pay (non PPE)	1.228	1.340
Social Care/Primary Care PPE	9.732	10.482
Ukraine PPE donation	0.258	0.258
<b>TOTAL</b>	<b>15.218</b>	<b>16.463</b>

At the end of 2021/22 we accrued a credit note to Welsh Government totalling £41.749m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. £8.614m has now been returned to Welsh Government in 2022/23 so that the credit note accrual now totals £33.135m.

<b>CREDIT NOTE BALANCE @ 31.03.2022</b>	<b>41.749</b>
Quarter 1 PPE - Primary & Social Care	-3.535
Ukraine donation - PPE elements	-0.125
Quarter 2 & 3 PPE - Primary & Social Care	-4.954
<b>CREDIT NOTE BALANCE @ 28.02.2023</b>	<b>33.135</b>

We will continue to monitor the cash position in the next few weeks to identify if any further cash can be returned to Welsh Government before the end of March, although this is dependent upon overall stock balances and/or additional stock purchases.

We are also reviewing the value of our stock and whether any write downs of PPE items to net realisable value are required in addition to reviewing our stock provisions for obsolete or out of date items. We are liaising with Welsh Government finance colleagues in respect of this and any resulting funding implications.

#### **4. Savings (Tables C & C3)**

Table C3 has been populated with the savings schemes and income generation opportunities per our IMTP, and has been updated with additional in year schemes and actual and forecast achievements. Over achievement of savings and income generation total £2.461m to Month 11 after internally funding the year to date increased activity/covid recovery costs. At Month 11 we are forecasting a potential £3.707m over achievement of savings and income generation based on performance to date, with £1.246m to be utilised to fund the full year forecast increased activity/covid recovery costs.

#### **5. Welsh NHS Assumptions (Table D)**

Table D has been left blank as requested.

#### **6. Invoiced Income Streams (Table E1)**

Line 1 of this table has been populated with the 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.

Lines 2-22 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation or have yet to raise an invoice for the full year funding.

The Covid costs have been updated to reflect the most recent funding assumptions as noted in the sections above and have been reduced by any invoices raised to date. The anticipated income for energy has been reduced to zero now that all invoices for the estimated funding shortfall have been raised.

The IFRS Revenue Recovery and Depreciation values have been updated to reflect the values reported in the final non-cash requirements submitted on 10<sup>th</sup> March 2023 (**Action Point 10.4**). The Strategic and Accelerated DEL Depreciation charges and the DEL and AME impairment forecast charges have also been updated in Month 11 to reconcile to this submission.

**7. Cash Flow (Table G)**

Not required for completion.

**8. PSPP (Table H)**

This table is not required for NWSSP.

**9. Capital Expenditure Limit Management and Disposals (Tables I, J & K)**

Tables I & J have been completed to reconcile to our most recent CEL of £5.102m issued on 15<sup>th</sup> February 2023.

Tables I and J have been updated in line with the planned approved expenditure and profile. Whilst expenditure of £3.815m is profiled in March, a detailed review of all schemes has provided confidence that this will all be incurred to meet our CEL.

The Glidescope transfers in 22/23 have been reported under asset disposals in Table K and Table I in month and the tables have also been updated for the now approved TRAMS funding so that we show a break-even capital position (**Action Point 10.5**)

We have finalised our review of the Laundry OBC Fees with the split of the value of fees to carry forward to our Laundry Plan B and those that need to be impaired. The £0.995m impairment is included in our final non-cash requirements submission, along with £0.348m for the Legal & Risk Case Management system due to the abandonment of the capital project. The review of the Laundry OBC Fees identified the release of £0.226m contingency accruals, which with Welsh Government capital colleagues approval we have now reallocated the funding to other schemes to spend within the financial year. This credit, along with other credits for VAT recovery are recorded under the 'other' category in the discretionary table.

**10. Aged Debtors (Table M)**

At 28<sup>th</sup> February 2023 we had eleven invoices outstanding over 17 weeks. Four have been paid in early March however we are struggling to get Organisations to confirm payment dates as we near the end of the financial year. The UHBs have confirmed that there is no dispute with these invoices and we continue to face issues with approval of payments and/or generation of purchase order numbers with UHBs/Trusts. We continue to actively chase for payment to ensure no invoices breach 17 weeks and in particular that these are resolved before the last NHS payment date in March (**Action Point 10.6**)

**11. GMS (Table N)**

Not required for completion by NWSSP.

**12. Dental (Table O)**

Not required for completion by NWSSP.

**13. Other Issues**

The financial information provided in this return is an accurate assessment of the NWSSP financial position 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 11 Financial Monitoring Return along with the Month 10 return at the March meeting.

**14. Authorisation of Return**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**13<sup>th</sup> March 2023**



.....  
**ANDREW BUTLER**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 12 – MARCH 2023**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for March 2023 and should be read in conjunction with the Monitoring Return tables submitted for Month 12.

Thank you for your email of 21<sup>st</sup> March 2023 responding to the Month 11 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

NWSSP is reporting a small surplus of £0.012m for the 2022/23 financial year.

The generation of additional non-recurrent savings during the financial year has enabled us to report this financial position after increasing the 2022/23 distribution to £2.000m, agreeing £1.000m brokerage and incurring additional costs of £1.198m to support the significant increase in transactional activity related to the utilisation of Covid recovery monies in UHBs/Trusts.

#### **1. Movement of Opening Financial Plan to Forecast Outturn (Table A)**

Table A has been amended in month to reflect the final 2022/23 outturn position. This now includes additional cost pressures for increased dilapidation costs and stores provisions which were offset by the inclusion of accountancy gains in Table C3 (**Action Point 10.2**).

The table has also been populated with the updated 2022/23 Covid expenditure and equivalent funding. This remains broadly in line with the forecast reported at Month 11 but also with the inclusion of expenditure on PPE revaluations, write offs and provisions as agreed.

#### **2. Overview of Key Risks & Opportunities (Table A2)**

This table is now reported at zero now we are at the end of the financial year.



### 3. Actual Year to Date Monthly Position (Tables B, B2 & B3)

The key points to note within the year to date and forecast position are:

- The full year income for 2022/23 is £708.751m. This has increased from the Month 11 forecast of £668.063m primarily due to funding for stock revaluations/write offs (£16.031m), Notional pension adjustments (NWSSP and SLE £11.286m), Pay award funding (NWSSP and SLE £8.561m), WRP claims (£1.947m) and GMPI claims (£0.984m).
- The NHS income profile increased in Month 2 as the final cohort of trainees transferred to SLE in May. This spiked again in August due to the new SLE rotation intake and again in September with the payment of the pay award and arrears. A further spike is reported in Month 12 with the payment of the non-consolidated pay award, accrual of the consolidated award and the notional pension adjustment. These movements are also evidenced in the phased increase of pay costs in Table B and the Medical/Dental pay costs in Table B2.

The total SLE income for 2022/23 is £245.802m and is detailed below. Due to the ad hoc locum payments that are now processed through SLE and the rotations some variability between months is to be expected.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	15.978	16.607	16.662	16.699	18.382	23.292	19.387	18.479	18.534	18.143	18.302	31.411	231.876
NON PAY	0.711	0.957	0.962	1.068	1.206	1.159	1.404	0.816	1.533	1.227	1.124	1.760	13.926
<b>TOTAL</b>	<b>16.689</b>	<b>17.564</b>	<b>17.624</b>	<b>17.766</b>	<b>19.588</b>	<b>24.451</b>	<b>20.791</b>	<b>19.295</b>	<b>20.067</b>	<b>19.370</b>	<b>19.426</b>	<b>33.171</b>	<b>245.802</b>

The £33.171m reported in Month 12 comprises the following pay award and notional pension adjustments so that the net Month 12 SLE costs are £19.803m which are in line with previous months.

	£m
Notional Pension	7.409
Pay Award accruals	3.967
March Pay Award	1.992
<b>M12 ADJUSTMENTS</b>	<b>13.368</b>
M12 SLE costs	19.803
<b>TOTAL M12 SLE</b>	<b>33.171</b>

- HEIW funded £0.266m additional SLE workforce team costs in 2022/23 to enhance the service provided to medical, dental and pharmacy trainees. We progressed a submission for recurrent funding from 2023/24 to Emma Coles in Welsh Government in early December 2022 and understand

advice was presented to the Minister in late March. We await an update regarding the recurrent funding for this service.

- The Other income spikes in Months 6, 8, 9 and 12 due to the timing of the annual settlement and quarterly pharmacy rebates which are received one quarter in arrears. Corresponding spikes in non pay also occur in these months to match the income as the funds are repatriated to NHS Wales and Welsh Government.
- The total 2022/23 energy costs were £5.331m resulting in a budget shortfall of £3.012m which was funded by Welsh Government. Due to Quarter 4 actual laundry energy recharges from UHBs being less than previously forecast, we returned the balance of funding we no longer required. This had been flagged as a risk throughout the financial year **(Action Point 11.1)**
- The non-consolidated 1.5% pay award was paid in March. The costs for the 1.5% non-consolidated award for staff on maternity to be paid in April and the 1.5% consolidated award to be paid in May have been accrued based on the data shared from payroll/Welsh Government.
- Final non-cash charges of £8.747m are reported which is slightly above the non-cash submission that was made on 10<sup>th</sup> March 2023 due to the late change to the date the indexation on fixed assets should be applied. This total includes £2.020m of AME impairments resulting from the quinquennial valuation of IP5 and Matrix House in 2022/23. It also includes £1.344m of DEL fixed asset impairments arising from the abandonment of capital schemes which have been notified to our Audit Committee and appropriate losses forms submitted to Welsh Government for approval.
- £136.727m income and expenditure is reported for 2022/23 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. This is within the range we were forecasting throughout the last half of the financial year. Additional funding above the £134.780m allocation and risk share agreement was agreed by Welsh Government.
- £0.042m of agency expenditure was reported in Month 12 with full year expenditure totalling £0.938m. Expenditure was incurred largely due to the need to cover the increasing number of vacancies to ensure service continuity. Expenditure has reduced as we have tried to move to utilisation of our local bank staff and fixed term contracts.
- Table B3 details the total Covid19 additional expenditure. This has been collated and reviewed on a service by service basis within NWSSP

throughout the financial year. There has been an increase reported above values previously forecast due to the PPE revaluations, write offs and provisions that were accounted for in March (**Action Point 11.2**)

The total expenditure of £31.767m can be summarised as:

<b>Covid Costs</b>	<b>2022/23</b>
	<b>£m</b>
Operational Costs	4.322
Mass Vacc - PPE	-
Mass Vacc - Pay & Non Pay (non PPE)	1.337
Social Care/Primary Care PPE	10.253
Ukraine PPE donation	0.258
PPE Revaluations/write offs/provisions	15.598
<b>TOTAL</b>	<b>31.767</b>

The £15.598m PPE adjustment can be further detailed as:

<b>PPE Adjustments:</b>	<b>£</b>
Lumira Test Kits - provision for stocks that expiry Dec 23 that won't be used based on 22/23 usage	942,348.00
PPE - provision for stocks that expire in 2023/24 that won't be utilised	496,645.88
PPE - Alexandra Gowns - ongoing legal dispute	583,095.76
PPE - write off of Faulty FFP3 stock	66,194.92
PPE - write off of Faulty Gown stock	585,692.82
PPE - write off of stock no use to NHS Wales/Potential donation to Africa	2,369,079.68
PPE Revaluations	12,858,052.90
FFP3 replenishment of stock from supplier	- 2,440,218.00
Backdated VAT charge on visors	136,737.60
<b>TOTAL</b>	<b>15,597,629.56</b>

A paper detailing the final values for PPE revaluations, write offs and PPE and non-PPE stock provisions was presented to our Audit Committee on 19<sup>th</sup> April 2023. Losses forms have been completed and submitted to Welsh Government for approval as required in Chapter 6 of the Manual for Accounts.

At the end of 2021/22 we accrued a credit note to Welsh Government totalling £41.749m to provide NWSSP with the continued cash coverage

for the increased stock balance we hold. Further cash funds have been returned to Welsh Government in 2022/23 as stock has been issued so that the credit note accrual now totals £17.537m.

<b>CREDIT NOTE BALANCE @ 31.03.2022</b>	<b>41.749</b>
Quarter 1 PPE - Primary & Social Care	-3.535
Ukraine donation - PPE elements	-0.125
Quarter 2 & 3 PPE - Primary & Social Care	-4.954
M12 adjustments	-15.598
<b>CREDIT NOTE BALANCE @ 31.03.2023</b>	<b>17.537</b>

#### 4. Savings (Tables C & C3)

Table C3 has been populated with the savings schemes and income generation opportunities per our IMTP, and has been updated with additional in year schemes and actual achievement during the financial year. Two accounting gains have been included in Month 12 for (i) the release of old system accruals for items receipted but not invoiced and (ii) the movement in the annual leave accrual (**Action Point 10.2**)

Over achievement of savings, income generation and accounting gains total £4.153m in 2022/23. These savings have been used to fund the increase transactional activity/covid recovery costs (£1.198m), increase the NWSSP distribution (£1.250m), support brokerage (£1.000m) and increase provisions (£0.693m).

#### 5. Welsh NHS Assumptions (Table D)

Table D has been left blank as requested.

#### 6. Invoiced Income Streams (Table E1)

Line 1 of this table has been populated with the actual income invoiced/accrued by Organisation.

#### 7. Cash Flow (Table G)

Not required for completion.

**8. PSPP (Table H)**

This table is not required for NWSSP.

**9. Capital Expenditure Limit Management and Disposals (Tables I, J & K)**

Tables I & J have been completed to reconcile to our final CEL of £5.023m issued on 29<sup>th</sup> March 2023. Tables I and J have been updated in line with the final expenditure profile which report that the full allocation of £5.023m was spent.

Amendments to the reporting of the glidescope transfers in 2022/23 have been made as requested (**Action Point 10.5**)

Table K has been updated to reflect the final asset disposals for 2022/23 as confirmed in our asset validation exercise.

**10. Aged Debtors (Table M)**

At 31<sup>st</sup> March 2023 we had no invoices outstanding over 17 weeks. We had five invoices outstanding over 11 weeks, of which three have been paid before the end of April (**Action Point 11.3**)

**11. GMS (Table N)**

Not required for completion by NWSSP.

**12. Dental (Table O)**

Not required for completion by NWSSP.

**13. Other Issues**

The financial information provided in this return is an accurate assessment of the NWSSP financial position at the end of the financial year and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 12 Financial Monitoring Return at the next meeting in May.

**14. Authorisation of Return**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**28<sup>th</sup> April 2023**



.....  
**ANDREW BUTLER**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**



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
<b>18 May 2023</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep Dive- Welsh Risk Pool Review of SLAs IMTP Q4 Update	Corporate Risk Register Draft Annual Governance Statement Audit Committee Highlight Report	2022/23 Annual Report on Complaints 2023/24 Internal Audit Plan 2023/24 Audit Wales Plan
<b>20 July 2023</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep dive session Q1 IMTP Update	Corporate Risk Register Declarations of Interest Report on Gifts and Hospitality Approve Annual update of Audit Committee Terms of Reference Final Annual Governance Statement/	2022/23 Health and Safety Annual Report 2022//23 Annual Review 2022/23 Audit Committee Annual Report 2022/23 Annual Report on Welsh Language 2022/23 WIBSS Annual Report



				2022/23 Counter Fraud Service Annual Report
<b>21 September 2023</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep dive session	Corporate Risk Register  Audit Committee Highlight Report  Audit Wales Management Letter	IMTP - discussion key themes and priorities; overview of emerging finance and workforce plans.
<b>23 November 2023</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep Dive session  Q2 IMTP Update  Draft IMTP – 2023-26	Corporate Risk Register  Audit Committee Highlight Report	
<b>18 January 2024</b>	Minutes & Action log Chair's Report Managing Director's Report	Deep Dive session  Q3 IMTP Update	Corporate Risk Register	IMTP – Approval

	Finance and Performance Report			
	Project Update Monthly Monitoring Returns			
<b>21 March 2024</b>	Minutes & Action log	Deep dive session	Corporate Risk Register	
	Chair's Report		Audit Committee Highlight Report	
	Managing Director's Report			
	Finance and Performance Report			
	Project Update			
	Monthly Monitoring Returns			