

Shared Services Partnership Committee

Thu 22 September 2022, 10:00 - 11:30

Teams



Agenda

10:00 - 10:15
15 min

1. Agenda

1.1. Welcome and Introductions

Tracy Myhill, Chair

1.2. Apologies for absence

Tracy Myhill, Chair

1.3. Declarations of Interest

Tracy Myhill, Chair

1.4. Draft minutes of meeting held on 21 July 2022

Tracy Myhill, Chair

 NWSSP Partnership Cttee Minutes 21.07.22.pdf (11 pages)

1.5. Action Log

Tracy Myhill, Chair

 1.5 Action Log September 2022.pdf (2 pages)

1.6. Matters Arising

1.6.1. Recruitment Update

VERBAL

Gareth Hardacre, Director People & Organisational Development

1.6.2. PMO Highlight Report - Student Awards Update

Gareth Hardacre, Director People & Organisational Development

 1.6.2_Student Awards Update _Sept22.pdf (7 pages)

10:15 - 10:35
20 min

2. Deep Dive - Energy Costs

PRESENTATION

Eifion Williams, Chair, Energy Price Risk Management Group

10:35 - 10:45
10 min

3. Chair/Managing Director's Reports

3.1. Chair's Report

VERBAL

Tracy Myhill, Chair

3.2. Managing Director's Update

Neil Frow, Managing Director

 3.2 SSPC MD Update September 22.pdf (6 pages)





10:45 - 11:00

15 min

4. Items for Approval/Endorsement

4.1. Chair's Appraisal Process

Gareth Hardacre, Director, People & Organisational Development


-  4.1 Report to SSPC - Appraisal.pdf (4 pages)
-  4.1 Appendix 1 - NWSSP Appointment of Chair - Information Pack.pdf (10 pages)
-  4.1 Appendix 2 - Chair multisource assessment template - Sept 22.pdf (3 pages)
-  4.1 Appendix 3 - NWSSP Chair_appraisal_report_template Sept 22.pdf (2 pages)

4.2. Chair's Working Arrangements

VERBAL *Neil Frow, Managing Director*

4.3. Procurement SLA

Jonathan Irvine, Director, Procurement Services

-  4.3 Procurement Services SLA Cover September 2022.doc.pdf (3 pages)
-  4.3 Procurement Services SLA September 2022.pdf (5 pages)


4.4. Provision of Digital Patient Pathways

Andy Butler, Director of Finance & Corporate Services

-  4.4 Provision of Digital Patient Pathways.pdf (3 pages)

4.5. Provision of Remote Advice and Guidance

Andy Butler, Director of Finance & Corporate Services

-  4.5 Provision of Remote Advice & Guidance.pdf (3 pages)

4.6. Welsh Risk Pool Risk Sharing Agreement

Andy Butler, Director of Finance & Corporate Services

-  4.6 WRPC 04-02 Risk Sharing Agreement.pdf (19 pages)
-

11:00 - 11:05

5 min

5. Items for Noting

5.1. All-Wales Agency Audit

Angela Jones, Assistant ESR Programme Director

-  5.1 NWSSP Committee Paper All Wales Agency Audit.pdf (5 pages)
-

11:05 - 11:25

20 min

6. Governance, Performance & Assurance

6.1. Finance Report

Andy Butler, Director of Finance & Corporate Services

- 📄 6.1 SSPC Finance Report Cover.pdf (2 pages)
- 📄 6.1 SSPC Finance Report August 22 FINAL.pdf (11 pages)

6.1.1. Accounts Payable Benchmarking Report

Andy Butler, Director, Finance & Corporate Services

- 📄 6.1.1 SSPC AP Benchmarking Cover.pdf (2 pages)
- 📄 6.1.1 Accounts Payable Benchmarking Report.pdf (15 pages)

6.2. Performance Report

Alison Ramsey, Director, Planning, Performance & Informatics

- 📄 6.2 Sept 22 SSPC Performance Report Cover.pdf (2 pages)
- 📄 6.2 SSPC Performance Report Sept 22.pdf (15 pages)

6.3. PMO Highlight Report

Alison Ramsey, Director, Planning, Performance & Informatics

- 📄 6.3 PMO Monthly Update Sept Final.pdf (26 pages)

6.4. People & OD Report

Gareth Hardacre, Director of People & Organisational Development

- 📄 6.4 POD Report September 2022.pdf (6 pages)

6.5. Corporate Risk Register

Peter Stephenson, Head of Finance & Business Development

- 📄 6.5 Corporate Risk Register September 2022.pdf (4 pages)
- 📄 6.5 Corporate Risk Register 20220915.pdf (3 pages)

11:25 - 11:30
5 min

7. Items for Information

7.1. Audit Committee Update - Surplus Beds

Andy Butler, Director, Finance & Corporate Services

- 📄 7.1 SSPC - AC update paper on surplus beds.pdf (2 pages)

7.2. Audit Committee Assurance Report

Andy Butler, Director of Finance and Corporate Services

- 📄 7.2 Audit Committee Assurance Report.pdf (7 pages)

7.3. Finance Monitoring Return - M4

Andy Butler, Director of Corporate and Finance Services

- 📄 7.3 Monitoring Return Commentary Month 4 NWSSP 2022-23.pdf (8 pages)

7.4. Finance Monitoring Return - M5

Andy Butler, Director of Finance & Corporate Services

- 📄 7.4 Monitoring Return Commentary Month 5 NWSSP 2022-23.pdf (9 pages)

7.5. Welsh Risk Pool - Annual Report

Andy Butler, Director of Finance & Corporate Services

- 📄 7.5.1 WRP Annual Review 2021-22 ENGLISH.pdf (55 pages)

11:30 - 11:30 **8. Any Other Business**
0 min

11:30 - 11:30 **9. Date and Time of Next Meeting**
0 min

Thursday 17 November 10am (Teams)

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

MINUTES OF MEETING HELD THURSDAY 21st July 2022 10:00 – 12:00 Meeting held on TEAMS Part A - Public

ATTENDANCE		DESIGNATION	ORGANISATION
MEMBERS:			
Tracy Myhill	(TM)	Chair	NWSSP
Neil Frow	(NF)	Managing Director	NWSSP
Huw Thomas	(HT)	Director of Finance	Hywel Dda UHB
Sarah Simmonds	(SS)	Director of Workforce & Organisational Development	Aneurin Bevan UHB
Claire Osmundsen-Little	(COL)	Director of Finance	DHCW
Rhiannon Beckett	(RB)	Interim Director of Finance and Corporate Services	HEIW
Pete Hopgood	(PH)	Director of Finance	Powys tHB
Debbie Eyitayo	(DE)	Director of Workforce & Organisational Development	Swansea Bay UHB
Steve Ham	(SH)	Chief Executive	Velindre
Chris Turley	(CT)	Director of Finance	WAST
Matt Denham-Jones	(MDJ)	Deputy Director of Finance	Welsh Government
OTHER ATTENDEES:			
Rob Nolan	(RN)	Director of Finance	BCUHB
Helen Watkins	(HW)	Deputy Director of Workforce & Organisational Development	CTMUHB
Robert Mahoney	(RM)	Interim Deputy Director of Finance	C&V UHB
Helen Bushell	(HB)	Board Secretary	PHW
Tanya Bull	(TB)	Trade Union Representative	UNISON
Andy Butler	(AB)	Director, Finance & Corporate Services	NWSSP
Gareth Hardacre	(GH)	Director, People & Organisational Development	NWSSP
Lindsay Payne	(LP)	Deputy Director, Finance & Corporate Services	NWSSP
Ruth Alcolado	(RA)	Medical Director	NWSSP
Peter Stephenson	(PS)	Head of Finance & Business Development	NWSSP
PRESENTERS:			
Jonathan Irvine	(JI)	Director, Procurement Services	NWSSP

Carolyn Robinson	(CR)	Consultant	SHP
Lee Wyatt	(LW)	Programme Director	NWSSP
Helen Wilkinson	(HW)	Planning and Business Change Manager	NWSSP

SECRETARIAT:

Terry-Anne Davies	Personal Assistant	NWSSP
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Item		Action
1.1	Welcome and Opening Remarks The Chair welcomed members to the July 2022 Shared Services Partnership Committee meeting.	
1.2	Apologies Received From <ul style="list-style-type: none"> Sue Hill Executive Director of Finance BCWUHB – Rob Nolan deputising Catherine Phillips Executive Director of Finance C&VUHB – Robert Mahoney deputising Hywel Daniel Director of Workforce & OD CTMUHB – Helen Watkins deputising Alison Ramsey Director of Planning Performance and Informatics NWSSP 	
1.3	Declarations of Interest No declarations of interest were disclosed.	
1.4	Minutes of Previous Meeting The minutes of the May meeting of the Committee were reviewed and approved.	
1.5	Action Log The Chair was content that the Action Log provided a comprehensive update on the progress with each action.	
1.6	<u>Matters Arising</u> Procurement Update JI provided an update on the New Operating Model for Procurement. This built on an initial presentation given to the Committee in January of this year, and particularly focused on the perspective of NHS Wales organisations as customers of the service. The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert	

Item		Action
	<p>procurement resource more effectively. Progress will be monitored through a revised suite of KPIs. Comments were raised on whether there were too many KPIs, but JI referred to this effectively being a menu where individual measures would be more or less relevant to their own specific circumstances.</p> <p>Recruitment Update</p> <p>GH gave a verbal update on progress with the modernisation plan for Recruitment. There has been effective dialogue with Workforce Directors, leading to the establishment of a Programme Board to oversee the development of the plan. Moves to implement technology to facilitate more effective checking of ID is still on track for August and is awaiting final Government sign-off.</p> <p>The Committee NOTED the updates.</p>	
2. Chair/Managing Director's Reports		
2.1	<p><u>Chair's Report</u></p> <p>The Chair updated the Committee on the activities that she had been involved with since the May meeting. These have included:</p> <ul style="list-style-type: none"> • Attending a development session with the Velindre Trust Board on 28 June to update Board members on recent developments within NWSSP and to assess how the Trust and NWSSP can work more effectively together; • Continuing to meet with NWSSP Directors and undertaking a further visit to IP5; and • Attending the Audit Committee and the Welsh Risk Pool Committee during July. <p>The Chair also had two papers as part of her presentation as follows:</p> <ul style="list-style-type: none"> • The first related to the re-negotiation of the contract for the Microsoft Licences for NHS Wales where the work had been led by DHCW. This included the financial allocations for all NHS Wales organisations, and due to the need to agree this by the end of May, the paper had been approved previously via a Chair's Action which had also been agreed by the Vice-Chair. The Committee ENDORSED the approval given through Chairs Action; 	

Item		Action
	<ul style="list-style-type: none"> The second paper concerned the proposal for the Committee to have a development session(s) in the autumn to provide time for Committee members to debate how it can be more effective in its role for the benefit of all NHS Wales organisations. The paper suggested the option of either a full-day session or a number of half-day sessions. There was universal support for the session but mixed views on which option to select. It was hoped that the sessions would be in person and further work would be undertaken outside the meeting to progress this. <p>The Committee NOTED the update.</p>	
2.2	<p><u>Managing Director Update</u></p> <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> The recent Joint Executive Team meeting with Welsh Government was very constructive with positive feedback being provided on progress to date and future plans; The recent decision by Welsh Government to take back the annual revenue savings resulting from the purchase of Matrix House did however come as a surprise and will adversely impact the NWSSP financial position; The risk-sharing agreement on the Welsh Risk Pool will be invoked again this year and is forecast to be £25m; We continue to work with the Chief Pharmacists Peer Group to develop the product ranges being developed through the Medicines Unit in IP5. The validation of the new automated filling equipment is going well and should become available for use in the next few weeks; and The expansion of SMTL services within IP5 is going well, with the new equipment being validated and an expectation that additional testing facilities and methodology will be in place by August. <p>The Committee NOTED the update.</p>	
3.	Items for Approval/Endorsement	
3.1	<p>Laundry Outline Business Case</p> <p>Neil Davies, Director, Specialist Estates Services and Carolyn Robinson, Consultant, SHP, presented this item.</p>	

Item		Action
	<p>The Programme Business Case for the Laundry Service concluded that a total of three units would be required in the future to serve Wales as follows:</p> <ul style="list-style-type: none"> ■ A new build facility in South-West Wales to replace the laundries at Glangwili Hospital and Llansamlet; ■ A new build facility in North Wales to replace Glan Clwyd Laundry; ■ A refurbishment of Green Vale to upgrade the existing laundry facility and to allow closure of Church Village Laundry. <p>Following feedback the Welsh Government required the new facilities in South-West Wales and North Wales to proceed as Outline Business Cases, whereas the refurbishment at Greenvale is subject to a separate Business Justification Case.</p> <p>The paper presented to the Committee concerned only the Outline Business Cases for South-West and North Wales. Governance of the Transformation Programme is through the Laundry Programme Board who scrutinised and endorsed these outline business cases at it's meeting on the 22nd of June. The outline business cases have also been subject to two Gateway reviews and an assessment by Internal Audit.</p> <p>The main benefits in taking over the Laundries was to ensure that the Laundries were compliant with relevant standards and legislation and not to deliver a cheaper service although efficiencies would be made. There has been a lack of investment in Laundry services for a very long time and the three business cases require capital investment of £77m. NHS Wales is hugely dependent on the laundries – as an example the two current sites in South-West Wales process over 9m items per annum. The outline business cases, whilst undoubtedly requiring capital investment, do make sound economic sense and they tick all the environmental boxes, and provide the workforce with much better working conditions. The All-Wales capital position may mean that Welsh Government may not be able to afford to fund the business cases concurrently, so NWSSP will need to explore the options with them.</p> <p>The Committee APPROVED the Outline Business Cases which will now be formally submitted to Welsh Government for Approval together with a request for the funding needed to develop the final Full Business Cases.</p>	

Item		Action
3.2	<p>Patient Medical Record Accommodation Business Case</p> <p>The Patient Medical Records Store in Brecon House, Mamhilad, has now reached maximum capacity and consequently no additional records are able to be accommodated without additional space being procured. In practice this means that not only will no additional GP practices be able to take advantage of this service, freeing up space for additional clinical services, but NWSSP will also be unable to take additional medical records from GP Practices who already use the service, from deceased patients, patient movements or practice mergers for example.</p> <p>A number of options for expansion of the scheme have been explored in the business case but the preferred option is the acquisition of a further warehouse on a 10-year lease providing a further 75,000 square feet of storage space. Whilst this acquisition provides some funding challenges, these will be met through the generation of additional income; savings resulting from moving PPE from commercial storage facilities to this new warehouse (until capacity is reached on the PMR scheme) and internal savings on the Primary Care budget.</p> <p>Questions were raised by Committee members as to whether future plans should focus more on digitisation rather than acquiring more space to store paper records. AB confirmed that this is the aspiration for the longer-term, but for the time being GP Practices are requesting that paper records continue to be stored, and the costs of digitisation are very substantial.</p> <p>The Committee APPROVED the Business Case.</p>	
3.3	<p>Annual Review 2021/22</p> <p>The Annual Review for the 2021/22 financial year was reviewed by Committee members who commented favourably on both the content and presentation and suggested that this should be shared more widely where possible.</p> <p>The Committee APPROVED the Annual Review.</p>	
3.4	<p>Audit Committee Terms of Reference</p> <p>The Audit Committee Terms of reference are required to be subject to annual review and approval by the Partnership Committee. There are no changes from the prior year, and this was also subject</p>	

Item		Action
	<p>to review at the NWSSP Audit Committee meeting held on July 13, 2022. HB felt the Terms of Reference needed to be clearer on how the meeting operated being held in public or private and the continuation of virtual meetings, and if there were any Information Governance implications.</p> <p>The Committee APPROVED the Terms of Reference</p>	
4.	Governance, Performance and Assurance	
4.1	<p>Finance Report</p> <p>AB reported that the Month 3 financial position is a cumulative non recurrent underspend of £1.338m after anticipating £0.943m of WG funding for the 1.25% NI increase, Covid recovery support costs and energy pressures. This funding can only be anticipated at risk at present – the financial position would have been £0.395m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. The position also does not reflect the claw back of £176k of funding from WG in respect of Matrix House, notified in July 2022. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales. The forecast outturn remains at break-even with the assumption of the exceptional pressures funding from Welsh Government.</p> <p>£10.277m Welsh Risk Pool expenditure has been incurred to 30th June 2022. A high-level review of cases due to settle in 2022/23 indicates that the £134.8m included in our IMTP remains within the forecast range, requiring £25.3m to be funded under the Risk Share Agreement in 2022/23. The 2022/23 risk share apportionment has been revised to reflect the updated cost driver information from the 2021/22 outturn position. This has resulted in some changes to the contributions from organisations as a result of movements in the actual 2021/22 data. The updated shares are being reported to the Welsh Risk Pool Committee on 20th July 2022 and will be subsequently shared with Directors of Finance.</p> <p>The current Capital Expenditure Limit for 2022/23 is £1.473m. The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to £0.457m from £0.6m and the IP5 discretionary allocation reduced from £0.25m to £0.19m. Capital expenditure to Month 3 is £0.297m. A review of all discretionary capital funding requests is being undertaken which includes any</p>	

Item		Action
	<p>capital funding requirements identified in the IMTP and any new requests flagged by our Services. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service.</p> <p>Attached to the report were the Audit Wales Management Letter and review of Nationally Hosted Systems that both provided positive opinions on the integrity of NWSSP systems and procedures.</p> <p>The Committee NOTED the:</p> <ul style="list-style-type: none"> • Financial position to 30th June 2022 including the financial risks from anticipated funding; • Forecast financial position for 2022/23 including the financial risks from anticipated funding; and • Achievement to date against key financial targets. 	
4.2	<p>IMTP Q1 Progress Report</p> <p>Helen Wilkinson, Planning and Business Change Manager attended to present this item.</p> <p>2022/23 is a year of transition as new measures of performance are developed. The update looks at how NWSSP adds value in terms of quality and socio-economic benefit alongside cost reductions and savings. At the end of Quarter 1, 1% of divisional objectives have been 'completed and closed', 76% of objectives are 'on track' to be completed, 15% are 'at risk of being off track', 4% are 'off track for delivery' and 4% have 'not yet started'. The Committee were also asked to feedback on the content and format of the report.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the position at the end of Quarter 1; • CONSIDERED the level of detail required within section 7 for future reports, or to continue with a risk-based approach; and • PROVIDED feedback on the reporting format, structure, tone, and content to inform future reports. 	
4.3	<p>Performance Report</p> <p>34 KPIs are reported of which 31 are rated as green and three as amber. Two of these relate to the number of calls handled which</p>	

Item		Action
	<p>should be at 95% but this is not being met in either Payroll (73%) or Student Awards Services (92%). The remaining amber indicator is in Recruitment where the average time to create an unconditional offer from first creating the vacancy should be no more than 71 days and this is currently measuring 91 days. Work is on-going to address all these areas and improvements are already being noted. The report also included an assessment of Professional Influence Benefits to NHS Wales which are calculated at £35m for the first quarter of the financial year.</p> <p>The Committee NOTED the report and in particular:</p> <ul style="list-style-type: none"> • The significant level of professional influence benefits generated by NWSSP to 30th June 2022; • The performance against the high-level key performance indicators to 30th June 2022; and • The on-going work to develop outcome measures during 2022-23. 	
4.4	<p>PMO Highlight Report</p> <p>Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. NWSSP are currently undertaking a procurement exercise to source a replacement system</p> <p>The Committee NOTED the report and the specific progress with key projects.</p>	
4.5	<p>People & Organisational Development Report</p> <p>The report is in a new dashboard format which was commented on favourably by Committee members. Sickness absence rates continue to be very low, but improvement is needed in the timeliness of reporting absence. PADR rates continue to improve but still require more work – a particular focus recently has been on Laundry Services where compliance was initially very low but is now at 73%. Headcount is now nearly at 5,300 following the transfer of the final cohorts of the Single Lead Employer Scheme. Questions were asked on how NWSSP can undertake research to look at better facilitation of apprenticeships and new ways of working to make NHS Wales an attractive employer in the future. This is something that will be considered going forward.</p>	

Item		Action
	The Committee NOTED the report.	
4.6	<p>Corporate Risk Register</p> <p>There remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group. There is one new risk that has been added relating to the reputational risks associated with NWSSP's role in helping to establish the Citizens' Voice Body. The risks associated with the replacement of the GP Payments system in Primary Care Services, and the upgrade of CLERIC in Health Courier Systems, have both been removed from the Corporate Risk Register as the new systems are working successfully in both cases.</p> <p>The Committee NOTED the Corporate Risk Register.</p>	
4.7	<p>Declarations of Interest</p> <p>The Committee reviewed a report summarising the recent declarations of interest exercise within NWSSP. This has now been extended to all staff on the basis that they complete a lifetime declaration which only needs updating if circumstances change. However, Directors and Independent Members will be required to continue to provide an annual Declaration and an appendix containing details of their most recent declarations was included in the report.</p> <p>The Committee NOTED the report.</p>	
5.	<p>Items for Information</p> <p>The following papers were provided for information:</p> <ul style="list-style-type: none"> • Decarbonisation Action Plan; • Annual Governance Statement 2021/22; • Health & Safety Annual Report 2021/22 • Finance Monitoring Returns (Months 2 and 3) 	
6.	There were no other items of business.	

Item		Action
DATE OF NEXT MEETING: Thursday, 22nd September from 10:00-12:00 Via Teams		


Item 1.5

ACTION LOG


SHARED SERVICES PARTNERSHIP COMMITTEE

UPDATE FOR 22 SEPTEMBER 2022 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2022
1.	2022/01/3.1	January 2022	Integrated Medium Term Plan Management of assurance arrangements, including Counter-Fraud to be reviewed.	SC/AB	November 2022	Not Yet Due Arrangements being reviewed by Counter Fraud Steering Group (18 Oct) and reported to the Directors of Finance Group on 21 October. Will be brought back to November SSPC.
2.	2022/05/1.4	May 2022	Minutes of Previous Meeting The Committee approved the proposed action to explore the provision of an all-Wales Lease Car Salary Sacrifice Service.	AB	November 2022	Not Yet Due A report will be brought back to the November Committee.
3.	2022/05/2.4	May 2022	Service Level Agreements It was however noted that the Procurement SLA would need to be brought back to the July Committee as it is to be further amended to reflect changes resulting from the implementation of the new Operating Model.	PS	July 2022	On Agenda
4.	2022/05/5.3	May 2022	Programme Management Office Update The Chair asked for a more detailed update on	GH	July 2022	On Agenda



List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2022
			progress with the Student Awards project at the July Committee.			

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:1.6.2 22 September 2022
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Updated Briefing for the procurement & implementation of a Wales Healthcare Student Hub.

ARWEINYDD: LEAD:	Darren Rees, Interim Deputy Director, Employment Services
AWDUR: AUTHOR:	Bethan Rees, Programme Management Office
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Hardacre, Director, People & OD
MANYLION CYSWLLT: CONTACT DETAILS:	Gareth.hardacre@wales.nhs.uk

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

The purpose of this report is to present an updated briefing on the procurement & implementation of a Wales Healthcare Student Hub with capital investment of £474,000 confirmed at Procurement.

Llywodraethu/Governance

Amcanion: Objectives:	Excellence – to procure & implement a single solution that enables transformation of the Student Awards & Streamlining Services through investment of a modern IT solution.
Tystiolaeth: Supporting evidence:	Final Business Case

Ymgynghoriad/Consultation :

NWSSP Senior Leadership Group
Welsh Government

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	The Committee is asked to NOTE the update on the Wales Healthcare Student Hub project within Employment Services.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	It is essential to provide a high-quality service that complies with the Future Generations Act Wales and ensures equality and bi-lingual choice for all Bursary & Streamlining applicants.
Cyfreithiol: Legal:	Adherence to the Bursary terms & conditions is an essential legal requirement for all stakeholders. Auditable payment and reconciliation compliance.
Iechyd Poblogaeth: Population Health:	Access to education is a key element to improve the population's health.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	A key objective for the project is to improve the student & stakeholder journey for bursary healthcare applications. Incorporating streamlined recruitment for quicker deployment of healthcare graduates
Ariannol: Financial:	A key objective is to provide a high-quality service that is value for money and supports the transition and return on investment of healthcare graduates into employment and compliance with Bursary Terms to work in Wales.
Risg a Aswiriant: Risk and Assurance:	Data security & end of support software is a risk to the organisation if new software is not procured & implemented. Procurement Regulations prevent further extensions of contract with current provider.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	Implementation of new software would enable service transformation including the introduction of new processes & procedures within the service.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Final Business Case enables a single source of information accessible across stakeholders strengthening management of Service FoIs

1. BACKGROUND

The Final Business Case for the procurement & implementation of new software to support the Student Journey from Bursary funding through to employment in Wales was approved by Welsh Government on Monday 5th September 2022. This investment will enable the Health Minister's recent announcement to support student's tuition and living costs through extending the NHS Wales Bursary Scheme to include students in the academic year 2023/24 (managing their funding up to 2029).

The implementation of a Wales Healthcare Student Hub would be delivered in two phases, with phase one being required before 31st March 2023 enabling academic year September '23. The second phase implementation will enable matching of Year 3 students to posts in Wales. The business case requested capital investment of £474,000 from a total contract value of £953,985 over four years, confirmed at Procurement in August 2022 by NHS Wales Shared Services Partnership, plus Capital Charges funding of £495,744, which includes accelerated depreciation against a current system enhancement. The main benefit of the investment is to ensure service continuity up to 2029, to fulfill the bursary scheme obligations and maximise appointment of healthcare graduates in Wales in line with Ministerial policy and strategy. The Business Case has been approved by Finance and the Senior Leadership Group in NWSSP.

Strategic Case - Strategic Context

The current Bursary solution is no longer viable from a technical or contractual perspective from 31 March 2023. With expired software and mitigated risk management, the transformation of the NHS Wales Bursary Service is critical to supporting the Health Minister, Eluned Morgan's policy position:

"We are committed to investing in the training of our nurses, midwives and other highly-skilled professionals working in our NHS. This further extension of the NHS bursary demonstrates our commitment to ensuring the future sustainability of the NHS workforce. We are proud to continue the bursary that has helped so many people qualify and work in the NHS, caring for people in Wales".

The current software system is end of life and offers students a poor customer service journey experience, with applications being manually assessed within the Student Awards Service Department. As a result, students wait nearly a month for confirmation of the funding they would receive from accessing the bursary funding route.

The new Bursary software system would enable the Student to receive confirmation on funding in real time so they can make instantaneous

decisions around the bursary funding route instead of waiting nearly a month within the current system.

Additionally, the new software application will also seek to take Students receiving bursaries straight from academia into NHS jobs across Wales. This is an innovative amalgamation of the Student Journey and provides increased protection of the bursary budget, assisting both students and Health Organisations in filling Health roles across the whole of Wales in a streamlined fashion. This is currently operated manually providing a disjointed experience to the Student. The new solution will provide a seamless journey to the student through each stage and places the student at the heart of this change.

The table below summarises the benefits of the project.

Outcome	Benefits
Compliance	Compliance with GDPR.
	Enable case management of students' adherence to bursary terms and conditions.
	Alignment with the National Digital Architecture and National Digital Infrastructure Review undertaken on behalf of NHS Wales by Welsh Government.
	Compliance with: <ul style="list-style-type: none"> ○ NHS Wales IT Security policies. ○ NIS2 Directive. ○ ISO27001 ○ Equality Act 2010 / Future Generations Act (Wales) 2015. ○ NHS Wales Bursary T&C's ○ NHS Wales Student Streamlining Principles
	Reduced risk of fraud in documentation evidence and validation process.
	Compliance with Welsh Language guidelines.
Flexible solution to adapt to changing demand	Provides flexibility to adapt to varying service demands.
	Increased automation and reduction in paper applications / manual processes.
	All aspects of the student application process are managed within Employment Services.
	All student applications managed in one system enabling full traceability of applications at each stage of the process – single source of data.
	Efficiency benefits aligned to introduction of new software capabilities. <ul style="list-style-type: none"> ○ Reduction in headcount by 1 WTE. ○ Cost avoidance saving from skill match review from 2 x band 6 to 2 x band 4 posts (SSP). ○ Time saved on reporting and tracking students through process. ○ Elimination of manual document evidence checking. ○ Reduction in number of pre -employment checks carried out.
	A flexible service model supported by resilient software to adapt to a changing working environment.

Improve Student Journey	Technology induced reduction in student bursary application processing times from 20 working days by 50% (will evaluate further post implementation). <ul style="list-style-type: none"> Self – access for bursary estimate prior to submitting application. Evidence available instantly when uploaded by Student. Confirmation of funding in real time as opposed to waiting a month. Reduction in queries due to decrease in processing times.
	Automated document evidence and validation. <ul style="list-style-type: none"> Students can upload documents without posting evidence such as passports off to service during summer holiday period.
	Visibility of Journey. <ul style="list-style-type: none"> Student centered journey with seamless service touch points with all stakeholders Reduced burden to graduate when applying for post in Wales. Once for Wales approach and single release of vacancies suitable to healthcare graduates. Self -service portal for students providing instant understanding of application status and outcomes. Integrated communications making queries and resolution easier and faster.
Modern fit for purpose solution	Ability to manage process in one system.
	Ability to track students from bursary application process via streamlining through to employment.
	Link student queries to student account.
	Reporting and performance functionality to monitor KPI's / bursary and streamlining take up.
	Easy to use system taking advantage of latest technologies to provide simplified application process and ability to track both bursary and streamlining applications for all students.
	Reduction in number of complaints for process, accuracy, and communication.
	Software that provides functionality to manage and amend academic years within Student Awards Team and Streamlining application questions and schedules.
	Data exchange to recruitment system with open exploration of operability for bursary payments during term of contract.
Value for money	Restructure hosting agreement and reduce hosting costs.
	Reduced bursary and streamlining administrative costs.
	Cost avoidance through single solution used by multi-stakeholders.
	Reduced Health Board/Trust recruitment administrative costs.
	Enabling multi sector working through technology and strengthen delivery of 'A Healthier Wales' quadruple aim 'to deliver an inclusive, engaged, sustainable, flexible, and responsive workforce in health and social care

Procurement Process

The procurement was managed by the NWSSP IM&T Procurement Services team in line with OJEU rules and procedures. A Prior Information Notice (PIN) was issued via Sell 2 Wales informing the market of NHS Wales's intentions to procure a Healthcare Student Hub System. Seven interested suppliers responded to the PIN and an initial supplier engagement day took place in January 2022. A further supplier engagement day was held in February 2022 where suppliers presented to the Project Team a potential service offering. Feedback provided by the suppliers was used to refine the previously issued specification. The suppliers offered a range of possibilities including a Commercial Off-the-Shelf solution or a bespoke MS Dynamic solution. As a result of the supplier engagement days, it became clear that only four or five suppliers could provide a solution to meet our requirements. For this reason, the Project Team wanted to allow maximum flexibility for the market to respond allowing variant bids for a Commercial Off-the-Shelf solution or a Microsoft Dynamics Solution which may be delivered via the following platforms:

Cloud solution e.g., Azure or Amazon Web Services
Supplier solution hosted in their own data centre
Supplier solution hosted in the NHS Wales data centre

Two bidders submitted a completed tender by the (revised) closing date of 12th July 2022:

GP UK Support Services Ltd.
Smart Simple

The table below summarises the tender results.

		SAS COSTS			SSP COSTS			TOTAL COSTS		
Supplier	Licence Costs - Revenue 7 years	Revenue 7 years	Capital	Total SAS	Revenue 7 years	Capital	Total SSP	Total Revenue 7 years	Total Capital	Total cost (7 years)
GP UK	£86,758	£397,343	£250,000	£647,343	£378,399	£224,000	£602,399	£862,500	£474,000	£1,336,500


Project Timelines

The project timelines are summarised in the table below.

Project Milestones	Milestone Date
Renew Kainos Contract Support Agreement	March 2022
Specification Approval by Project Board	May 2022
Issue Procurement tender	June 2022
Award tender contract	September 2022
Implementation, testing and training for SAS	1 st October 2022 to 31 st March 2023
SAS Go Live	1 st April 2023
Implementation, testing and training for SSP	February 2023 to July 2023
SSP Go Live	1 st August 2023

2. RECOMMENDATION

The Committee is asked to **NOTE** the update on the Wales Healthcare Student Hub project within Employment Services.

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:3.2 22 September 2022
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<i>The report is not Exempt</i>
Teitl yr Adroddiad/Title of Report
Managing Director's Report

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

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

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

Ymgynghoriad/Consultation :
Shared Services Partnership Committee

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

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

Introduction

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

Queen Elizabeth II

NWSSP offers our deepest condolences to the Royal Family following the death of Her Majesty the Queen on Thursday 8th September. Throughout her 70-year reign Her Majesty was the embodiment of public service, integrity, and decency. She will always be remembered with the greatest respect, admiration, and affection.

IMTP

We have previously shared with you Judith Paget's letter of the 22nd of July confirming acceptance of our IMTP. The letter recognises the continued development and maturing of integrated planning within NWSSP, demonstrating the positive position that the organisation is in as we move from the pandemic towards recovery. The plan is described as robust and ambitious and Judith refers to NWSSP as being an organisation that has a strong track record on delivering on its commitments, but also identifies that NWSSP needs to become the catalyst for change in leading the transformation agenda from the front. The letter highlights the expectations on the Committee to effectively scrutinise the plan and to monitor progress throughout the year.

Financial Position

NWSSP reported the Month 5 financial position with a year-to-date underspend of £1.5m after anticipating £1.095m of WG funding for the 1.25% NI increase and Energy pressures. Our financial position would have been £0.415m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding from Welsh Government. The receipt of this funding will determine whether we are able to increase our distribution to NHS Wales in 2022/23.

£20.964m Welsh Risk Pool expenditure has been incurred to 31st August 2022. A review of cases due to settle in 2022/23 indicates a potential range of £127m-£142m. The IMTP forecast of £134.78m remains within this

forecast range. We continue to assume £25.345m will be funded under the Risk Share Agreement in 2022/23.

Our current Capital Expenditure Limit for 2022/23 is £1.947m. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September. Capital expenditure to Month 5 is £0.366m and we have plans to fully utilise all available capital funding. We are finalising a priority list of capital projects that we could expedite if additional funding becomes available later in the financial year. Since the transfer of the All-Wales Laundry Service in 2021/22 we are experiencing increased pressure on our discretionary capital allocation as this was not increased following the transfer of the new Service

Recruitment

The Home Office have announced that from 1st October 2022 organisations will be able to use a certified Identification Document Verification Technology (IDVT) service provider to carry out digital identity checks on their behalf for those appointees who have an in-date UK or Irish Passport or Share Code. Those who do not meet these criteria will still require a face-to-face pre-employment check from 1st October 2022. Without this software, all appointees would require a face-to-face pre-employment check meeting from this date.

NWSSP Recruitment Services have procured a service provider to enable digital identity checks for NHS Wales as part of the Recruitment Modernisation Programme, which will be implemented on 28th September 2022. This will improve the experience for appointees and also provide process efficiencies for NWSSP Recruitment Service and internal Health Board/Trust recruitment services such as Medical and Bank Recruitment, as most appointees will be able to complete their pre-employment checks via this route.

NWSSP have agreed to fund this software for the first year for all organisations due to the benefits this will bring to NHS Wales.

Donation of Surplus Beds

We have received a request from Welsh Government to donate 198 surplus critical care beds to a charity (Communication Workers Union Humanitarian Aid) who will transport these to a hospital in Moldova to support Ukrainian refugees. These beds were part of the write-off of stock that we actioned in 2020/21 which was funded by Welsh Government. There is no financial implication resulting from the donation for NWSSP/Velindre and the charity is covering all transportation costs after collection of the goods from our warehouse.

Decarbonisation

Tony Chatfield, National Clinical Logistics Manager for NWSSP is currently working with Health Boards, Trusts, and Special Health Authorities, in reviewing fleet management arrangements with the purpose of defining a common set of data standards and management information to support the decarbonisation agenda. Specialist Estates Service is also supporting Health Boards in establishing a national infrastructure plan for electric vehicle charging. Health Boards have been approached to nominate representatives to sit on the various decarbonisation sub-groups that support the above agendas.

Energy Costs

The deep dive on the SSPC agenda is into Energy costs where we are currently reviewing the existing strategy in light of the current provider giving notice to withdraw from the commercial market.

Citizens' Voice Body

We continue to support the establishment of the Citizens' Voice Body which is planned to come into operation with effect from 1 April 2023.

Payroll

The Payroll team are currently exceptionally busy responding to the implications of the recent pay rise and need to pay arrears. This is on top of the change to pensions which is adding a significant amount of additional work to existing workloads.

COVID-19

NWSSP continues to support the vaccination booster campaign through the making-up of vaccination packs in IP5, and their distribution via the Health Courier Service. We also continue to prepare for the upcoming Public Inquiry and have appointed Barristers to assist in this regard.

Surgical Materials Testing Laboratory (SMTL)

SMTL are currently undergoing a review by the United Kingdom Accreditation Service as part of their accreditation to ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories.

Welsh Risk Pool/Legal & Risk Services

The Welsh Risk Pool and Legal & Risk Services Annual Review document for 2021/22 has been included within the meeting papers for today for your information. It has already been shared with Chief Executives of health

bodies together with supplementary information which outline the current caseload of matters and an analysis of the health body's data in comparison to the all-Wales position. The review outlines some of the improvement programmes being coordinated by the Welsh Risk Pool, along with a summary of the work of the teams within Legal & Risk Services. Of particular note are the savings & successes achieved by our team, which amount to over £74m. A key aspect of the work undertaken by the Welsh Risk Pool is to help organisations to recognise the causes of claims and redress cases, identify lessons learned, and establish the improvements needed to reduce the risk of reoccurrence. We will continue to focus on this work to further reduce the causes of litigation.

Senior Staff Changes

Neil Davies, Director, Specialist Estates Services has notified me of his intention to retire in March 2023 and consequently the process to appoint a replacement is underway.

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



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Shared Services
Partnership

AGENDA ITEM:4.1

22 September 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Arrangements for the Annual Performance Appraisal Review of NWSSPC's Chair

ARWEINYDD: LEAD:	Gareth Hardacre, Director of People, OD & Employment Services
AWDUR: AUTHOR:	Gareth Hardacre, Director of People, OD & Employment Services
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Hardacre, Director of People, OD & Employment Services

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

The purpose of this report is establish a standard framework within which annual appraisal for NWSSPC's Chair is applied and managed.

Llywodraethu/Governance

Amcanion: Objectives:	The principal aim is to ensure the annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of the Chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered.
Tystiolaeth: Supporting evidence:	Published Best Practice arrangements have been considered as part of the review.

Ymgynghoriad/Consultation :

Chair, Director General Health and Social Care/NHS Chief Executive, Managing Director, and Head of Business Development

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		The Committee is asked to APPROVE the standard framework within which annual appraisal for NWSSPC's Chair is applied and managed, alongside the relevant documentation to be included within the process.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	No direct impact.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	Ensures that the Chair is afforded the same opportunity as all employees to gain feedback on performance via the Annual appraisal process.
Deddf Rhyddid Gwybodaeth/ FOIA	Open

1. BACKGROUND

The Chair of NWSSP was recruited last year using the role description and person specification contained in the attached Information Pack (Pages 5 & 6) contained as Appendix 1. This report sets out the proposed Framework and Annual Appraisal process that we will agree to put in place to provide the Chair with feedback on their performance.

2. PROPOSED ARRANGEMENTS

The principal aim is to ensure the annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of the Chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered.

The management of the recruitment process for the Chair was the responsibility of the Director of People, OD & Employment Services as laid down in the Standing Orders. It is therefore proposed that the responsibility for managing the Annual Appraisal process will reside with the same postholder, who will co-ordinate the feedback and undertake the review itself with the Chair.

The framework that is proposed, establishes a more standardised approach to the appraisal process, based on multiple stakeholder assessment from each member of the NWSSPC; and is aligned with a set of core competencies for an NHS Chair that is suitable for use with the Chair of NWSSPC. This form is contained as appendix 2, and it is proposed that it will be the basis for gathering feedback from the members of NWSSPC to inform the review process of the Chair. This feedback will be confidential, and the anonymity of the feedback will be maintained.

Once all the feedback has been received by the Director of People, OD & Employment Services, this will be compiled and correlated, in order to provide feedback for the Chair as an integral part of the process. This will enable a cross section of views and feedback to be provided to the Chair.

In order to record and capture the detail of the annual appraisal review, the attached Appraisal Reporting Template (see Appendix 3) will be used as a means to document the discussion, agreeing any development / support needs as appropriate. This document will be confidential and not therefore shared beyond the Chair and Director of People, OD & Employment Services (unless there is a definitive reason to do so e.g a disclosure is made which is relevant). One section of the form documents three principal objectives for the following 12 months, and these will be reported to NWSSPC in order to provide assurance to NWSSPC members that the review has been completed, and to provide transparency around the agreed objectives for the coming year.

Having undertaken the process in its entirety this first year, it is recognised that there may need to be some amendments proposed to the process to improve the quality and experience through the process. Should any changes be proposed – these would be brought back to NWSSPC for ratification.

The three key agreed objectives for this year against which performance are to be measured are those contained within the original role description laid down in the recruitment process. For transparency purposes we will review the Chairs performance in light of:

- Their effectiveness in Chairing SSPC meetings;

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

The agreed objectives for the following year may remain consistent or could be the subject of review. Where it is proposed that the three key objectives are to be amended, this will be reported to NWSSPC (in Private Exempt section) for approval.

3. RECOMMENDATION

The Committee is asked to **APPROVE** the standard framework within which annual appraisal for NWSSPC's Chair is applied and managed, alongside the relevant documentation to be included within the process.



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NHS Wales Shared Services Partnership

Appointment of Chair

Information pack for applicants

Adding value through partnership, innovation and excellence



Chair – NHS Wales Shared Services Partnership Committee

Dear Candidate,

We are delighted that you are interested in this pivotal and exciting national leadership role within NHS Wales Shared Services Partnership.

This is an extremely exciting time for an inspirational Chair to join us – we have seen extensive growth in our services and excellence in the quality of our delivery throughout the most challenging time in our history, but we don't want to stop here....we recognise we can do more, more to support our Health Board colleagues, to support the communities we serve, to make a difference to the people of Wales, in essence to add value. And we want to add this value through partnership and innovation and at scale and pace. We therefore look for a Chair who will lead us in our journey, working with Stakeholders across the sector and beyond, to pave the way for the delivery of exciting and meaningful developments across Wales.

Of paramount importance to us are our relationships. Our relationships with the public, national and international cross-sector partners, policymakers, and cross Government ministers. Consequently, a fundamental requirement to be successful in the role is to have the fine-tuned behaviours, interpersonal and influencing skills to create and maintain these mutual synergies and collaborative partnerships in order to galvanise collective action and enable the achievement of a healthy and sustainable Wales.

You will be joining an innovative, open, and ambitious organisation with 3,500 of the most amazing and talented people across all of our functions and our values of Listening and Learning, Innovating, Working Together and Taking Responsibility, are extremely important to us. With such a fertile and enabling environment, we believe that if any country can transform the health of its nation at pace – it is Wales. This is an extremely exciting time for an exceptional strategic leader to come and help us change a nation.

If you are interested in contributing to the leadership of this exciting organisation, working with us to continue embedding our innovative approaches in support of the improvement population health across all sectors, then please feel free to contact us to explore the opportunity further.

Further information about us is provided in the attached pack.

With kind regards

Neil Frow
Managing Director

Gareth Hardacre
*Director of People, Organisational
Development and Employment*

Background and context

NWSSP is an independent mutual organisation, owned and directed by NHS Wales. It was set up on 1 April 2011 to provide a range of high quality, customer-focused professional, technical, and administrative services on behalf of all Health Boards and Trusts in NHS Wales.

Adding Value through Partnership, Innovation and Excellence - NWSSP delivers a wide range of high quality, professional, technical, and administrative services to NHS Wales working with wider public services, including the Welsh Government. We are an integral part of the NHS Wales family; supporting the staff and patients of Health Boards, Trusts and Special Health Authorities in Wales. We also provide a range of services to the GP practices, dentists, opticians, and community pharmacies.

As a hosted organisation NWSSP operates under the legal framework of Velindre NHS Trust. The Managing Director is accountable to health boards and trusts through the Shared Services Partnership Committee (SSPC), which is comprised of representatives from each of the NHS organisations that use our services and from Welsh Government. We also have several sub-committees and advisory groups, which include members drawn from our partners, stakeholders, and service users.

Our services

The following is a list of our current portfolio of services:

- Audit and Assurance
- Accounts Payable
- Counter Fraud Wales
- Central E-Business Team
- Digital Workforce Solutions
- Employment Services
- E-Enablement
- Finance Academy (hosted)
- Health Courier Services
- Legal and Risk
- Laundry Services
- Lead Employer – Medical, Dental and Pharmacy trainees (including GPs)
- Medical Examiner
- Primary Care Contractor Services
- Procurement and Stores
- Specialist Estates
- Surgical Materials Testing Laboratory
- Salary Sacrifice
- Welsh Risk Pool
- Welsh Infected Blood Supply

We are also supporting the post Brexit supply network from our distribution centre at IP5 in Newport, which also hosts the Temporary Medicine Unit that we have built to support our NHS Wales Covid-19 response. We are supplying pre-prepared syringes manufactured in an MRHA-approved clean room environment to health boards across Wales, which is just one of the main areas where we have been supporting NHS Wales Covid-19 efforts and also extended support to Primary Care and Social Care sectors.

We have also received approval from the Minister for Health for our exciting Trams project (which will see us produce medicines in a controlled environment to supply NHS Wales with medicines from a regional hub-based model), and Scan for Safety

project to accelerate innovation and traceability across NHS Wales. These are two significant investments in our services to deliver on a 'Once for Wales' agenda, building on the back of the existing services that we already provide.

Our committee

The committee (SSPC) is responsible for exercising NHS Wales Shared Service Partnership functions in relation to shared services, including the setting of policy and strategy and the management and provision of shared services to Local Health Boards, National Health Service Trusts and Special Health Authorities.

The purpose of the SSPC is to:

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

The role of the SSPC is to:

- Take into account NHS Wales organisations' plans and objectives when considering the strategy of NWSSP;
- Encourage and support the aims and objectives of NWSSP;
- Identify synergies between each of the Shared Services and ensure that future strategies incorporate synergistic opportunities;
- Foster and encourage partnership working between all key stakeholders and staff;
- Oversee the identification and sharing of financial benefits to NHS Wales' organisations on a fair basis that minimises administrative costs and financial transactional arrangements;
- Seek to identify potential opportunities for further collaboration across the wider public sector;
- Consider implications for Shared Services in relation to any reviews / reports undertaken by internal auditors, external auditors, and regulators, including Healthcare Inspectorate Wales; and
- Seek assurance, through the Managing Director of NWSSP, on the adequacy and robustness of systems, processes, procedures and risk management, staffing issues and that risks and benefits are shared on an equitable basis in relation to Shared Services.

The responsibilities of the SSPC are to:

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

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

To fulfil its functions, the SSPC shall lead and scrutinise the operations, functions and decision making of the NWSSP Senior Management Team (SMT) undertaken at the direction of the SSPC.

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

The Chair – role description

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

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

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

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

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

Person Specification

The Chair will demonstrate the following qualities:

Knowledge and experience

- Experience of leading and developing a successful private, public or third sector organisation at a senior level, with the ability to look ahead and provide strategic leadership;
- A proven track record in building highly effective relationships with a range of stakeholders; and
- Knowledge and understanding of the health service, specialist service provision and/or come from a clinical background.

Personal attributes and skills

- Strong interpersonal, influencing and negotiating skills;
- An effective advocate and ambassador for better health outcomes through partnership, innovation, and service excellence;
- Credible with an ability to make an impact;
- Drive and determination, with the ability to instil vision and develop defined strategies to pursue long and short-term goals;
- Excellent communication skills, with the ability to be clear and succinct and to facilitate understanding of complex issues while demonstrating respect for the views of others;
- Sound judgement, sensitivity and political awareness; and
- Capacity to be independent and resilient.

Candidates must also demonstrate:

- A clear understanding and commitment to equality issues and challenging discriminatory practices; and
- A clear understanding and commitment to Nolan's 'Seven Principles of Public Life'.

Welsh language skills are desirable. All candidates will be expected to display empathy towards the language and demonstrate leadership to strengthen bilingual service provision within the NHS in Wales.

Candidates shortlisted for interview will be required to expand on how they meet the criteria above using examples and evidence.

Term of appointment

The appointment will be made by the Shared Services Partnership Committee.

Duration of appointment

The Chair may be appointed for a period of no longer than four (4) years, and the Chair may stand for a maximum of eight (8) years.

Location of appointment

Whilst the post is based at our head office in Nantgarw, there is significant flexibility around remote working arrangements. IT facilities will be provided to support working from home.

Eligibility

A person shall be disqualified from appointment if he/she:

- Has within the preceding five years been convicted in the UK, Channel Islands or the Isle of Man of any offence and has received a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
- Is the subject of a bankruptcy restrictions order or an interim order or has made a composition or arrangement with creditors;
- Has been dismissed, other than by reason of redundancy, from paid employment with a health service body; or
- Has had his/her membership as chair, member or director of a health service body terminated, other than by reason of redundancy, voluntary resignation, reorganisation of the health service body, or expiry of the period of office for which that person was appointed.

Any other information that may materially affect your application for appointment should be declared in the application form under the 'Conflict of Interests' section.

Applicants should be persons who conduct themselves at all times in a manner which will maintain public confidence.

Applicants are required to declare whether they are aware of anything in their private or professional life that would be an embarrassment to themselves or to the Welsh Government if it became known in the event of appointment.

Time commitment

The post of Chair is based on a time commitment of 30 days per year. This may be the subject of review.

Remuneration

The Chair is entitled to receive a taxable remuneration of £330 per day.

Expenses

You will be entitled to be reimbursed, if appropriate, against receipts for travel and subsistence expenses incurred while on Committee business.

Childcare and other dependent expenses may also be paid, on production of receipts, for additional costs incurred while undertaking Committee work.

Assistance for disabled members

Where appropriate all reasonable adjustments will be made to enable members to effectively carry out their duties.

NWSSP accepts the social definition of disability, in which it is recognised that barriers in society act to disable people who have impairments or health conditions or who use British Sign Language. We are committed to removing barriers so that all staff can perform at their best. The Equality Act 2010 uses the medical definition of disability (“a physical or mental impairment which has a substantial and long-term impact on a person’s ability to carry out normal day to day activities”).

We guarantee to interview anyone who is disabled whose application meets the minimum criteria for the post. By ‘minimum criteria’ we mean that you must provide us with evidence in your application which demonstrates that you generally meet the level of competence for the role and any qualifications, skills or experience defined as essential.

We are committed to the employment and career development of disabled people. If you would like a guaranteed interview, please contact Gareth Hardacre by email or by phone 01443 864000 to let them know.

If you have an impairment or health condition, or use British Sign Language and need to discuss reasonable adjustments for any part of this recruitment process, please contact Gareth Hardacre as above as soon as possible and a member of the team will contact you to discuss your requirements and any questions you may have.

Selection process

Although appointments to the NWSSP do not come within the remit of the Commissioner for Public Appointments these appointments are made using a process which takes into account the Commissioner’s Code of Practice on Ministerial Appointments to Public Bodies as best practice.

It is the policy of the Welsh Government to promote and integrate equality of opportunity into all aspects of its business including appointments to public bodies. Applications are welcomed and encouraged from all groups and we ensure that no eligible candidate for public office receives less favourable treatment on the grounds of age, disability, gender, marital status, sexual orientation, gender reassignment, race, religion or belief, or pregnancy and maternity. The principles of fair and open competition will apply and appointments will be made on merit.

Interview process

There will be a two-stage recruitment process including a presentation with a stakeholder panel followed by a formal panel interview. These processes will take place on separate days and depending on circumstances may be conducted virtually.

Start date

1 October 2021

Further information and queries

For further information on the application process and to apply, please visit: <https://www.jobs.nhs.uk/xi/vacancy/916607691>

Specific queries can be directed to Gareth Hardacre, Director of People, Organisational Development and Employment Services: gareth.hardacre2@wales.nhs.uk.

Application

Applications should be made by completing the online application form.

Closing date

The closing date for applications is 26 July 2021. Application forms received after this date will not be considered.

Chair of NWSSPC

Multisource assessment – impact and effectiveness (confidential when completed)

Name of chair:	
Name of NWSSP Committee Member:	
Assessment period:	

Part 1: Responses to statements relating to the Chair of NWSSP competencies framework

The following themed statements relate to the chair's impact and effectiveness in their role. Please respond to as many of the statements as possible. Where you are unable to provide a response, please leave the relevant field(s) blank. Where relevant please provide specific examples in the additional commentary section under Part 3 to aid the Chair to digest the feedback.

Competency: Strategic	Strongly agree	Agree	Disagree	Strongly disagree
Leads the partnership in setting an achievable strategy.				
Takes account of internal and external factors to guide sustainable decision-making for the benefit of partners, patients, service users and staff.				
Provokes and acquires new insights and encourages innovation.				
Evaluates evidence, risks and options for improvement objectively.				
Builds organisational and system resilience, for the benefit of the population of the system as a whole.				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Develops external partnerships with health and social care system stakeholders.				
Demonstrates deep personal commitment to partnership working and integration.				
Promotes collaborative, whole-system working for the benefit of all partners, patients, service users and staff.				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.				

Competency: People	Strongly agree	Agree	Disagree	Strongly disagree
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.				
Builds an effective, diverse, representative and sustainable partnership focused on all patients service users and staff.				
Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.				
Supports, counsels and acts as a critical friend to directors, including the Managing Director.				

Competency: Professional acumen	Strongly agree	Agree	Disagree	Strongly disagree
Owns governance, including openness, transparency, probity and accountability.				
Understands the regulatory and compliance context within which NWSSP operates.				
Leverages knowledge and experience to build a modern, sustainable partnership committee for the benefit of patients, service users and staff.				
Applies financial, commercial and technological understanding effectively.				

Competency: Outcomes focus	Strongly agree	Agree	Disagree	Strongly disagree
Creates an environment in which operational and clinical excellence is sustained.				
Embeds a culture of continuous improvement and value for money.				
Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.				
Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.				

Part 2: Strengths and opportunities

Please highlight the chair's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Strengths: What does the chair do particularly well?

Opportunities: How might the chair increase their impact and effectiveness?

Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

Additional commentary

Thank you for participating. Please now send your completed template to the appraisal facilitator, who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the appraisal facilitator, again in strict confidence, please request to do so.

Chair of NWSSP

Appraisal reporting template (confidential when completed) – **Suitability for ongoing appointment**

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between NWSSP Chair and appraisal facilitator.

Name of Chair:	
Name and role of appraisal facilitator:	
Appraisal period:	

Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

a. Summary of significant emergent themes from stakeholder assessments:

b. Highlighted areas of strength:

c. Identified opportunities to increase impact and effectiveness:

Part 2: Self-reflection (for completion by chair)

Summary of self-reflection on multisource stakeholder assessment outcomes:

Part 3: Personal development and support (for completion by chair and appraisal facilitator)

Identification of personal development and/or support needs:			
Description	Proposed intervention	Indicative timescale	Anticipated benefit/ measure of success

Part 4: Principal objectives (for completion by chair and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/ measure of success	Anticipated constraints/ barriers to achievement


Suitability for ongoing appointment

The appraisee has confirmed they continue to be suitable person and there are no pending proceedings or other matters which may affect their suitability for appointment.

YES/NO – If NO please provide details.

Part 5: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Chair		
Appraisal facilitator		

 GIG Cymru NHS Wales Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:4.3 22 September 2022
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Procurement Services Service Level Agreement

ARWEINYDD: LEAD:	Jonathan Irvine, Director, Procurement Services
AWDUR: AUTHOR:	Jonathan Irvine, Director, Procurement Services
SWYDDOG ADRODD: REPORTING OFFICER:	Jonathan Irvine, Director, Procurement Services
MANYLION CYSWLLT: CONTACT DETAILS:	Jonathan.irvine@wales.nhs.uk

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

To update the Committee on the revised Service Level Agreement for Procurement Services following the introduction of the New Operating Model.

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 :

SSPC

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
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Argymhelliad/ Recommendation	The Committee is asked to APPROVE the updated Service Level Agreement for Procurement Services.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	No direct impact.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open.

1. BACKGROUND

The Committee undertook its annual review of Service Level Agreements in the May 2022 meeting. At that time the Procurement Service Level Agreement was still being updated due to changes resulting from the implementation of the New Operating Model for Procurement which was separately reported to the Committee in both January and July 2022. The Service Level Agreement has now been updated.

2. RECOMMENDATION

The Committee is asked to **APPROVE** the updated Service Level Agreement for Procurement Services.

PROCUREMENT SERVICES - PURCHASE TO PAY SERVICE LEVEL AGREEMENT

PROCUREMENT SERVICES SPECIFICATION

SERVICE OBJECTIVES/DELIVERABLES

- ◆ The provision of an effective and efficient Procurement Services operation on behalf of NHS Wales which secures value for money, robust compliance with governance arrangements and facilitates the delivery of key priorities through active intervention in the procurement supply chain.

ACTIVITY DESCRIPTION – NWSSP	ACTIVITY DESCRIPTION – HB/TRUST/ORGANISATION	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
Developing and delivering an agreed national and local savings and reporting strategy with on-going delivery. Including financial and non-financial social, economic and environmental sustainability benefits.	<ul style="list-style-type: none"> Engaging and supporting IMTP planning activity so that contract programmes and savings plans may be developed, including potential service improvement and development opportunities. Providing requests for procurement that have been approved in line with relevant SFI and governance arrangements. Providing data and information necessary for procurement to be undertaken in a manner 	<ul style="list-style-type: none"> Director of Procurement Services. Directors of Finance. Relevant Directors and Executive leads within NHS Wales. 	<ul style="list-style-type: none"> Value of savings. Target = 100% of annual total savings plan. Total non-pay expenditure influenced. Target = 80% of total non-pay expenditure. Reduce % value of direct award contracts. Target = 15%. Increase % of catalogue lines. Target = 90%. % of contracts awarded on time. Target = 100%. 	Savings dashboard. Bravo Milestone Report. Number of direct award contracts.

	<p>that will meet stakeholder, governance and legislative requirements.</p> <ul style="list-style-type: none"> Engaging and supporting All Wales collaborative procurement activity. 			
Delivering the agreed Foundational Economy workplan for NHS Wales in respect of Procurement outcomes.	<ul style="list-style-type: none"> Engaging and supporting procurement activity to balance Foundational Economy priorities with other priorities to ensure optimal delivery through NHS Wales non-pay expenditure. 	<ul style="list-style-type: none"> Director of Procurement Services. Directors of Finance. Relevant Directors and Executive leads within NHS Wales. 	<ul style="list-style-type: none"> Value of retained and additional NHS Wales non-pay expenditure within the Foundational Economy. Target = annual target agreed with Welsh Government and individual HB/Trust/Organisations based on national, regional and local workplans. 	Foundational Economy reporting template.
Delivery of the Procurement contribution to the NHS Wales Decarbonisation Strategic Delivery Plan.	<ul style="list-style-type: none"> Engaging and supporting procurement activity to balance Decarbonization priorities with other priorities to ensure optimal delivery through NHS Wales non-pay expenditure. 	<ul style="list-style-type: none"> Director of Procurement Services. Directors of Finance. Relevant Directors and Executive leads within NHS Wales. 	<ul style="list-style-type: none"> Procurement supply chain emissions to reduce in line with NHS Wales Decarbonisation Strategic Delivery Plan. Targets as published in plan. 	Decarbonisation dashboard and HSSG Climate Change Project Highlight Report.
Scan4Safety National Roll-out and implementation.	<ul style="list-style-type: none"> Engage and enable implementation and roll-out of the Scan4Safety platform within HB/Trusts/Organisations 	<ul style="list-style-type: none"> Director of Procurement Services. Directors of Finance. Relevant Directors and Executive leads within NHS Wales. 	<ul style="list-style-type: none"> Volume and value of agreed clinical and non-clinical transactions captured via Scan4Safety. Target = 100% of agreed activity 	Scan4Safety dashboard.

Capital Procurement – Discretionary capital.	<ul style="list-style-type: none"> Provide timely notification of capital requirements wherever possible. 	<ul style="list-style-type: none"> Director of Procurement Services. Directors of Finance. Relevant Directors and Executive leads within NHS Wales. 	<ul style="list-style-type: none"> Target = 100% of capital procurements delivered within timescales required. 	Local, regional and national Capital procurement workplans.
Maintaining contract price accuracy for the eCatalogue.	N/A	<ul style="list-style-type: none"> Director of Procurement Services. 	<ul style="list-style-type: none"> Calculated as % catalogue price not in dispute/on hold. Target = 90%. 	Strategic dashboard view.
Achieving requisition turnaround target (3 days)	<ul style="list-style-type: none"> Providing requests for procurement that have been approved in line with appropriate SFI and governance arrangements. 	<ul style="list-style-type: none"> Director of Procurement Services. 	<ul style="list-style-type: none"> % of authorised non-catalogue requisitions, approved by buyer and sent to supplier in 3 working days. Target = 90%. 	Strategic and tactical dashboard views.
Supporting No PO/No Payment policy implementation.	<ul style="list-style-type: none"> Support internal processes for compliance with the No PO/No Pay policy. 	<ul style="list-style-type: none"> Director of Procurement Services. Directors of Finance. Relevant Directors and Executive leads within NHS Wales. 	<ul style="list-style-type: none"> % of non-pay invoices matched to a purchase order (PO). Target = 100%. 	Invoice Compliance (No PO No Pay) dashboard.
Modernise the warehousing and inventory management model for NHS Wales.	<ul style="list-style-type: none"> Engage with and support move to consolidated warehousing and a nationally stocked product range. 	<ul style="list-style-type: none"> Director of Procurement Services. 	<ul style="list-style-type: none"> Number and value of nationally stocked product lines. Target = consolidation of existing dispersed warehouse lines and inclusion of NHS Supply Chain products (currently directly delivered to NHS HBs/Trusts/Orgs). 	Supply Chain dashboard.


Delivering stock items that meet customer requirements.	N/A	<ul style="list-style-type: none"> Director of Procurement Services. 	<ul style="list-style-type: none"> Efficiency First Pick. Target $\geq 99\%$. 	Supply Chain dashboard.
Delivering stock items to schedule.	N/A	<ul style="list-style-type: none"> Director of Procurement Services. 	<ul style="list-style-type: none"> Compliance with delivery schedule. Target = 100%. 	Internal records.
Delivery to customer from R&D/Self Service Point.	N/A	<ul style="list-style-type: none"> Director of Procurement Services. 	<ul style="list-style-type: none"> Target = Delivery within 48hrs. 	Internal records.
Obtain customer feedback on satisfaction with services.	<ul style="list-style-type: none"> Provide open and honest feedback and facilitate where necessary completion of the necessary questionnaires/polls/interviews etc. 	<ul style="list-style-type: none"> Director of Procurement Services. 	<ul style="list-style-type: none"> Customer satisfaction score achieved against maximum score achievable. Target = 95%. 	Customer Satisfaction dashboard.
Work in compliance with best practice management standards including: ISO standards (International Standards Organisation), STS (Food Safety Standard) and GDP (Good Distribution Practice).	N/A	<ul style="list-style-type: none"> Director of Procurement Services. 	<ul style="list-style-type: none"> Target = Third party certification achieved and/or maintained. 	Third party certification to the following Standards: ISO 9001, ISO 14001, ISO 45001. Audit against GDP requirements at our Stores as part of MHRA license held by SMPU (St Mary's Pharmaceutical Unit).
Work in compliance with the Customer Excellence Standard.	<ul style="list-style-type: none"> Provide open and honest feedback and facilitate where necessary completion of the necessary questionnaires/polls/interviews etc. 	<ul style="list-style-type: none"> Director of Procurement Services 	<ul style="list-style-type: none"> Target = Third party accreditation maintained. 	Audited compliance.

NWSSP – Procurement Services
Schedule F Procurement Services

Appendix 1 of Schedule F

Data Processing

Scope	<i>Procurement Services</i>
Nature	<i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>
Purpose of processing	<p><i>To enable support of the Procurement function, namely:</i></p> <p><i>Human Resources of staff (staff records, PADRs, reviews, etc)</i></p> <p><i>Correspondence and Communication</i></p> <p><i>Minutes, agendas and meeting papers</i></p> <p><i>Legal advice</i></p> <p><i>Management reports/Business Intelligence</i></p> <p><i>Contract Management programme</i></p> <p><i>Market analysis processes</i></p> <p><i>Invoices/Purchase orders</i></p> <p><i>Inventory processes</i></p> <p><i>Requisitions and orders</i></p> <p><i>Supply chain correspondence/information/queries</i></p> <p><i>Facilities and Equipment inspection</i></p> <p><i>Complaints register</i></p> <p><i>Contracts (NHS T&Cs, advertisements, awards)</i></p> <p><i>Reports (stock, activity)</i></p>
Duration of the processing	<i>Continuous requirement to process data for management of the Procurement Services function but only in line with legal processing (with consent where required) and retained under Records Management principles.</i>
Types of personal data	<p><i>Contract information</i></p> <p><i>Human Resources records</i></p> <p><i>Customer and NHS data</i></p> <p><i>Procurement reporting data</i></p> <p><i>Payment information</i></p> <p><i>Purchasing information</i></p> <p><i>Patient and Sensitive Patient data</i></p> <p><i>Commercially/Business Sensitive data</i></p>
Categories of data subject	<p><i>Personal identifiable</i></p> <p><i>Commercially/Business sensitive</i></p> <p><i>Patient identifiable</i></p> <p><i>Sensitive Patient identifiable</i></p>

 GIG CYMRU NHS WALES Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:4.4 22 September 2022
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<i>The report is not Exempt</i>
Teitl yr Adroddiad/Title of Report
Provision of Digital Patient Pathways


ARWEINYDD: LEAD:	Welsh Government
AWDUR: AUTHOR:	Christine Thorne, Procurement Services
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy.butler@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:
NWSSP have been requested by Welsh Government to take forward the procurement of Digital Patient Pathways on behalf of NHS Wales and the Committee are asked to support this proposal.

Llywodraethu/Governance	
Amcanion: Objectives:	The Clinical Pathways interface is a new initiative that will provide and manage a digital website for the publication of nationally agreed, but locally delivered, clinical pathways, processes, and procedures to be used by NHS Wales clinicians. This will support evidence-based care organised around the individual and their family, as close to home as possible.
Tystiolaeth: Supporting evidence:	This is a Welsh Government sponsored procurement with funding flowing from Welsh Government to NWSSP. Delivery of the project will be managed by an NHS Wales Clinical Lead and supported by National Clinical Networks and National Implementation Boards. A funding letter has been provided by Welsh Government for the initial 3-year contract term. An optional extension of a further 2 years has also been included, the execution of which is dependent on funding being available from Health Boards to continue access to the website and pathways.

Ymgynghoriad/Consultation :
<ul style="list-style-type: none"> Consultation with HB's has been led by WG as part of the National Implementation Board.

Adduned y Pwyllgor/Committee Resolution (insert ✓):
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DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		The Committee is requested to ENDORSE the request by Welsh Government to take forward the procurement of the Digital Patient Pathway on behalf of NHS Wales.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Agreement will enable the development of digital clinical pathways.
Cyfreithiol: Legal:	No significant impact unless a legal challenge is received.
Iechyd Poblogaeth: Population Health:	Positive impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Implementation will support, at both national and local levels, the development of skills and organisational cultures in NHS organisations to create, adapt, and implement such clinical pathways at scale and at pace. The intended outcome of the implementation support is to maximise the speed of adoption of the Clinical Pathways Interface by all clinicians in all NHS Wales organisations.
Ariannol: Financial:	WG letter confirms the funding for the initial 3-year contract term. Funding beyond this period will require the support of the HB's who wish to continue accessing this service.
Risg a Aswariant: Risk and Assurance:	All risks recorded and managed via procurement tender documentation.
Safonau Iechyd a Gofal: Health & Care Standards:	No direct impact
Gweithlu: Workforce:	Secondary Care
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Closed

1. BACKGROUND TO REQUIREMENT

The Clinical Pathways interface is a new initiative that will provide and manage a digital website for the publication of nationally agreed, but locally delivered, clinical pathways, processes, and procedures to be used by NHS Wales clinicians. This will support evidence-based care organised around the individual and their family, as close to home as possible.

Implementation will support, at both national and local levels, the development of skills and organisational cultures in NHS organisations to create, adapt, and implement such clinical pathways at scale and at pace.


The intended outcome of the implementation support is to maximise the speed of adoption of the Clinical Pathways Interface by all clinicians in all NHS Wales organisations.

Cardiff and Vale UHB NHS Trust have been successfully delivering a similar Pathways initiative locally over the past three years and the national initiative will build on pathways already delivered for the benefit of NHS Wales.

The duration of the contract will be for three years with the option to extend for a further two years. A formal tender exercise has been undertaken with a proposed contract award date of 29 September 2022. The total cost of the scheme is £11.4m + VAT for the full five years of the contract and this will be fully funded by Welsh Government.

2. RECOMMENDATION

The Committee is requested to **ENDORSE** the request by Welsh Government to take forward the procurement of the Digital Patient Pathway on behalf of NHS Wales.

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM:4.5 22 September 2022
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Remote Advice & Guidance Solution and Access to Expert Clinical Advice

ARWEINYDD: LEAD:	Welsh Government
AWDUR: AUTHOR:	Hywel Jones, Procurement Services
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy.butler@wales.nhs.uk

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

NWSSP have been requested by Welsh Government to take forward the procurement of a Remote Advice and Guidance Communication Solution on behalf of NHS Wales and the Committee are asked to support this proposal.


Llywodraethu/Governance

Amcanion: Objectives:	Procure a Remote Advice and Guidance Communication Solution with access to expert clinical advice via telephone or messaging provision enabling Primary Care services to gain access to immediate and consistent access to expert clinical advice.
Tystiolaeth: Supporting evidence:	This is a Welsh Government sponsored procurement with funding flowing from Welsh Government to NWSSP. Delivery of the project will be managed by an NHS Wales Clinical Lead and supported by National Clinical Networks and National Implementation Boards. A funding letter has been provided by Welsh Government for the initial three-year contract term. An optional extension of a further two years has also been included, the execution of which is dependent on funding being available from Health Boards to continue access to the website and pathways.

Ymgynghoriad/Consultation :

Consultation with Health Boards has been led by Welsh Government as part of the National Implementation Board for Digital Patient Pathways.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
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Argymhelliad/ Recommendation	The Committee is requested to ENDORSE the request by Welsh Government to take forward the procurement of a Remote Advice and Guidance Communication Solution on behalf of NHS Wales.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Agreement will enable equity of access to expert clinicians.
Cyfreithiol: Legal:	No significant impact unless a legal challenge is received.
Iechyd Poblogaeth: Population Health:	Positive impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The technology provides a tool that can link care providers to expert advice within and across organisational boundaries.
Ariannol: Financial:	WG letter confirms the funding for the initial 3-year contract term. Funding beyond this period will require the support of the Health Boards who wish to continue accessing this service.
Risg a Aswiriant: Risk and Assurance:	All risks recorded and managed via procurement tender documentation.
Safonau Iechyd a Gofal: Health & Care Standards:	No direct impact
Gweithlu: Workforce:	Primary Care
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Closed

1. BACKGROUND TO REQUIREMENT

A Remote Advice and Guidance and Software Communication System was introduced as an emergency response to COVID across all of Wales in 2020 under pandemic protocols, in order to provide a way for primary care services to gain consistent and immediate access to expert clinical advice at a time when access to secondary care services was limited.

The system provides a tool that can link care providers to expert clinical advice within and across organisational boundaries. The service provides synchronous and asynchronous communication channels in line with current and future UK privacy legislation.

The existing solution is a flexible system that can be adapted according to user needs and support whole system transformation by building on learning from the COVID pandemic. It supports the restoration of elective care service and provides access to urgent care resources to ensure timely access to care for the population of Wales in line with Prudent Healthcare, A Healthier Wales, and The National Clinical Framework.


The current system facilitates the delivery of Remote Advice and Guidance from Clinical Experts by:

- Providing a bespoke directory of service based upon location and professional group;
- Ability to configure services to support pan-Wales national services;
- Providing a link with social services and local authority services to support whole system communications;
- Enable live reporting of activity including usage, missed calls and outcomes; and
- Provide a digital record of A&G provided to users for use in clinical audit, service evaluation, education, and appraisal in line with health board Information Governance agreements.

The original contract was requested and authorised by Welsh Government as a direct award in April 2020 under Reg 32 (2) (c) of the Public Contract Regulations 2015 during the first wave of the COVID pandemic. Consultant Connect Ltd was awarded the contact. The service is now being re-tendered, and it is anticipated the contract will start on the 18th November 2022 following approval, and the value will be £1m +VAT per annum for three years which will be fully funded by Welsh Government.

2. RECOMMENDATION

The Committee is requested to **ENDORSE** the request by Welsh Government to take forward the procurement of a Remote Advice and Guidance Communication Solution on behalf of NHS Wales.

 GIG Cymru NHS Wales Partneriaeth Cydwasanaethau Shared Services Partnership	AGENDA ITEM:4.6 22 September 2022
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Welsh Risk Pool – Risk Sharing Agreement

ARWEINYDD: LEAD:	Andy Butler, Director of Finance & Corporate Services
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**Pwrpas yr Adroddiad:
Purpose of the Report:**

The purpose of this report is to confirm the NHS Wales Risk Share charges for 2022/23 arising from excess expenditure above the Welsh Government annual allocation for Clinical Negligence and Personal Injury claims.

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 :

Welsh Risk Pool Committee

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		The Committee is asked to APPROVE the updated Risk Share charges to NHS Wales for 2022/23					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	Financial implications detailed in paper.
Risg a Aswiriant: Risk and Assurance:	Risk implications detailed in paper.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open.

1. Introduction

The Welsh Risk Pool receives an annual funding stream to meet in year costs associated with settled claims, the Departmental Expenditure Limit (DEL).

When expenditure rises above the DEL allocation, the excess is recouped from Health Boards and Trusts via a Risk Sharing Agreement approved by the Shared Services Partnership Committee.

The core DEL allocation is currently **£109.435M** per annum for Clinical Negligence, Personal Injury and Redress claims. The 2022/23 IMTP DEL forecast is **£134.780M** and therefore the estimated Risk Share charge for 2022/23 is **£25.345M**.

The significance of annual Risk Share apportionments has increased in recent years. A **£3.974M** charge was levied on NHS Wales for the first time in 2019/20. The charge increased to **£13.779M** in 2020/21, **£16.495M** in 2021/22 and is forecast to increase to **£25.345M** in 2022/23. This reflects the continuous increasing pressure on the DEL budget year on year.

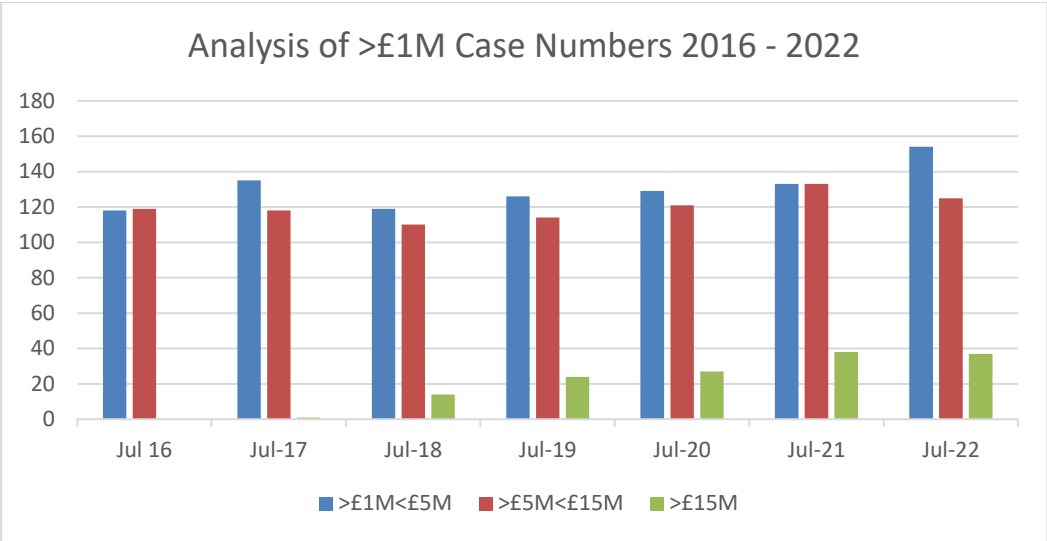
The high level IMTP DEL forecast shows Risk Share charges are expected to rise significantly over the next few years:-

Risk Share Forecast 2022/23 to 2026/27

	22/23	23/24	24/25	25/26	26/27
	£M	£M	£M	£M	£M
M4 2022/23 Refresh	25.345	27.509	28.904	30.119	31.343
2021/22 IMTP	25.345	26.703	28.070	28.439	28.813

The figures above for 2023/24 to 2026/27 have been refreshed in August 2022 following the M4 AME returns from Health Boards and Trusts. The forecasts will be updated again following receipt of the M7 returns in early November and shared with Health Boards and Trusts for inclusion in their 2023/24 planning process.

The graph below shows the increase in the number of high value cases over the past few years. In July 2016, there were no cases valued above £15M compared to 38 cases in July 2022. The trend continues to rise for >£1M cases with the subsequent impact on the DEL and Risk Share charges.



2. The Risk Share Mechanism

The current Risk Share methodology was approved by the Welsh Risk Pool Committee and Directors of Finance in March 2017. Prior to this, charges were based on each Health Board’s share of the NHS Wales core Hospital, Community and Health Services and Prescribing (HCHSP) allocation only and Trusts were outside the scope.

The current model encompasses principles based on the English NHSLA model. Draft principles were developed from the English analysis and were shared with;

- Directors of Finance
- Deputy Directors of Finance Group
- Senior Welsh Government Finance Officials
- WRPS Technical Accounting Group

The overarching principles from the NHSLA model are set out below and have been incorporated into the Welsh Risk Pool model and amended for local relevance where appropriate.

- a risk based contribution, based on size and activity levels
- a contribution based on paid claims experience over five years and
- a contribution based on known outstanding claims

The 5 areas for the Welsh version which determine how much of the excess expenditure above the Welsh Government allocation is apportioned to each Health Board or Trust is set out in the tables below:-

Area	No. of Measures	Weighting
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A	HCHS and Prescribing Allocation	1	30%
B	Claims History	1	20%
C	New Claims transferred from the Service to LARS	1	10%
D	Claims potentially affecting next years' spend	2	25%
E	Management of Concerns and Learning from Events	2	15%
			100%

These have been weighted according to the significance placed on each in terms of driving claims expenditure. The table below sets out further detail:-

	Measure	Detail	Weighting
A	HCHS and Prescribing Allocation	<i>Current measure</i>	30%
B	Claims History	<i>Last 3 years – rolling basis</i>	20%
C	New Claims transferred from the Service to LARS: Number of New Cases < £25k	<i>Last 12 months</i>	10%
D	Claims potentially affecting next years' spend: 1. Cases with cash flows < 1 yr 2. PPO Allocation Utilisation	<i>From CN database : 15%</i> <i>Actual Costs : 10%</i>	25%
E	Management of Concerns and Learning from Events 1. Management of Concerns 2. Learning from Events	<i>Annual Audit : 7.5%</i> <i>Annual Audit : 7.5%</i>	15%

A. HCHS and Prescribing Allocation

Takes account of the annual revenue allocation per Health Board as a relevant measure of the size and complexity of each organisation.

B. Claims History

Allows historic large settlements over the past 3 years to affect the overall rating. Whilst claims history is important and should have an impact on the risk weighting of each organisation it is also vital to ensure that the majority of the weighting relates to current and future impacts on the allocation.

C. New Claims <£25K Transferred from the Service to L&Rs

This element reflects the impact of cases passed to Legal and Risk Services over the last year that otherwise would have been managed by the Health Board under the Putting Things Right (PTR) scheme. PTR cases are typically managed at a local level when damages are estimated at less than £25K and negotiations can result in the avoidance of costly litigation. In financial terms the difference between the costs once the case enters full litigation as opposed to PTR is approximately £44K per case.

D. Claims Potentially Affecting Next Year's Spend

This element is comprised of two measures. The first measure takes account of the financial burden each Health Organisation places on the NHS in the future:-

i. Cases with estimated cash flows within a year

- All Remote and Possible cases are ignored, includes Probable and Certain cases only
- All cases with estimated cash flows within the next year to March 2023 on the LARS database are included.
- The risk weightings have been skewed to ensure cases settling sooner have a bigger impact than those that are not at such an advanced stage of negotiation/settlement.

Whilst not all cases predicted to settle will actually settle as forecast, as there will inevitably be delays in many cases, this provides a robust estimate

of the imminent pressures faced by NHS Wales and is therefore deemed a robust, current and relevant measure. It therefore generates a high risk weighting.

The second measure takes account of the increasing call on the DEL for annual Periodical Payment Order expenditure.

ii. Periodic Payment Orders (PPO)

PPO's are increasingly utilising a larger percentage of the in-year budget. The cost of PPOs has more than trebled since 2011/12. PPOs cost NHS Wales **£4.61m** in 2011/12 and **£16.6m** in 2021/22, an increase of over 360%. This year's annual payment total is forecast to reach **£19.2M** following the release of the 2022/23 HMT rate changes for inflationary uplifts to be applied in December.

In percentage terms an increasing proportion of the DEL budget is utilised on PPOs which reduces the funding available for in-year payments. In 2011/12, PPOs accounted for **8.2%** of the available allocation when the WG DEL allocation was £75m. In 2021/22 the % increased to **12.8%** despite a 43% increase in core funding from **£75m** to **£107m** in 2017. (The core funding increase was provided to accommodate the effect of the Personal Injury Discount change from a positive 2.5% in March 2017 to a minus -0.25% in August 2019).

As this is the first call on the allocation each year then the relevant percentage of the budget used by each organisation is used in the risk sharing agreement.

E. Management of Concerns & Learning from Events

The Concerns and Compensation Claims Standard is a framework to support compliance by health bodies with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (the Regulations) and the Welsh Government's Guidance on Putting Things Right (the Guidance).

The Standard is drafted by the Welsh Risk Pool Service in conjunction with the Welsh Government and colleagues from the service to ensure that it properly reflects the spirit of the Regulations and Guidance. It is assessed annually by a joint team from the Welsh Risk Pool Service and Legal & Risk Services.

The Standard is broadly split into the following distinct areas:

1. Management of Concerns

2. Management of Redress cases
3. Claims Management

4. Learning From Events

The risk sharing agreement focuses on the Management of Concerns and the Learning from Events areas as the most appropriate and relevant in determining a risk weighting.

Management of Concerns

The key timescales for the management of concerns are:

- Acknowledgment within 2 working days
- Initial response within 30 working days
- Final report within 6 months if the matter cannot be concluded within 30 working days and no qualifying liability in tort is identified
- An offer of Redress within 12 months if a qualifying liability in tort is present.

Learning from Events

The need to learn from events is critical to ongoing improvements in quality and safety across NHS Wales. The Evans review highlighted the significant challenges being experienced by NHS Wales and recognised that it is a complex area and the basis of Putting Things Right is predicated on learning.

This is a key part of the assessment as the success of the PTR Regulations is predicated upon learning from concerns. The assessments consider how each health bodies states that it learns from events and then how this is evidenced from concerns (incidents, complaints and claims) and all other events at all levels including provision of Board level assurance.

The two elements above have not been updated since 2016. The two scores are derived from inspections led by the Welsh Risk Pool Safety & Learning Team.

Welsh Government requested a pause to the annual assessments in 2017 as the methodology was deemed out of date. It was agreed a period of time

was required to establish the new Learning From Events process before commencing inspections again in 2020. The pause was approved by the WRP committee in 2017.

The inspections planned for the 2020/21 financial year were delayed due to the impact of the Coronavirus pandemic.

Obtaining updated measures for 2021/22 was also problematic. Delays arising from the necessary relaxation of timescales for submissions during the pandemic lockdown period would have resulted in skewed results. It was not appropriate to measure Health Boards and Trusts on the usual metrics for timescales when they were given authority to submit beyond the usual deadlines.

Normal timescales for inspections and submission dates will resume from autumn 2022. Therefore, the scores will remain the same for the financial year 2022/23 for the Audit/Lessons Learned principle, i.e, from 2016 with a resumption of inspections and data collection in 2022/23 for the 2023/24 Risk Share apportionments.

3. Risk Share Charges 2022/23

The Risk Share Agreement was invoked for the first time in 2019/20 with a **£3.974M** charge to NHS Wales. The 2020/21 and 2021/22 charges were **£13.779M** and **£16.495m** respectively, and the forecast charge for 2022/23 is **£25.345m**.

The table below sets out the apportionment %'s and charges for 2022/23 per Health Board and Trusts with the 2021/22 comparatives:-

	2021/22	2022/23	% change	2021/22	2022/23	£ change
Risk Share %'s				Risk Share £'s		
Aneurin Bevan Health Board	16.25%	16.80%	0.55%	£2,680,121	£4,261,419	£1,581,298
Swansea Bay Health Board	16.05%	16.38%	0.33%	£2,646,987	£4,150,433	£1,503,446
Betsi Cadwaladr Health Board	19.02%	19.71%	0.69%	£3,139,429	£4,997,106	£1,857,677
Cardiff & Vale University Health Board	16.07%	14.43%	-1.64%	£2,649,989	£3,657,387	£1,007,398
Cwm Taf Morgannwg Health Board	12.49%	13.15%	0.66%	£2,059,857	£3,332,279	£1,272,422
Hywel Dda Health Board	10.61%	10.74%	0.13%	£1,749,439	£2,721,884	£972,445
Powys NHS Trust	4.74%	4.51%	-0.23%	£781,717	£1,142,601	£360,884
Public Health Wales NHS Trust	1.39%	1.34%	-0.05%	£229,682	£338,627	£108,945
Velindre University NHS Trust	1.11%	1.10%	-0.01%	£183,221	£277,640	£94,419
WAST	2.27%	1.84%	-0.43%	£374,558	£465,624	£91,066
NWSSP	0.00%	0.00%	-0.00%	£0	£0	£0

	100.00%	100.00%	0.00%	16,495,000	25,345,000	8,850,000
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The Risk Share for 2022/23 excludes any charges for Health Education and Improvement Wales (HEIW) or Digital Health Care Wales (DHCW). Neither organisation incurred the relevant costs during the 3 year period to 2021/22 which trigger the cost drivers. These organisations do not typically incur negligence costs but there is the potential for property and personal injury claims from either and both have access to Welsh Risk Pool funds.

The table shows the expected increase in the total Risk Share charge from **£16.495m** in 2021/22 to **£25.345m** at the end of 2022/23.

Although some Health Boards percentage share has reduced compared to last year, the expected 2022/23 monetary charge has increased for all, due to the substantial overall increase in the total charge to be apportioned.

Detailed analysis of the movement on the Risk Share elements from 2021/22 to 2022/23

The table above, identifies Cardiff & Vale UHB as the only Health Board with either a positive or negative movement above 1% compared to last year. The other organisations have movements below 0.7% either positively or negatively.

The detailed change for all organisations is set out below.

These identify the underlying causes of the percentage movements year on year.

SWANSEA BAY

RISK SHARING AGREEMENT FOR 2022/23

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Swansea Bay UHB	16.38%	3.80%	3.65%	2.05%	2.08%	3.06%	1.74%
2021/22	Swansea Bay UHB	16.05%	3.78%	3.48%	1.59%	2.57%	2.89%	1.74%

Swansea Bay's share has increased since last year from 16.05% to 16.38%. The main drivers for the increase relate to the Claims History, PTR and PPO elements which have been partially offset by a decrease in the Cashflow <1 Year element.

The Claims History % relates to the value of reimbursements approved via the Welsh Risk Pool committee over the past three years as a proportion of the total for reimbursements across NHS Wales over the same period. Within the 20% weighting for the Claims History element, Swansea Bay's proportion has increased from 3.48% in the previous 3 year rolling period (2018/19 to 2020/21) to 3.65% for 2019/20 to 2021/22.

The total value of reimbursements paid to Swansea Bay for the 3 year rolling period to 2021/22 was **£2M** higher than for the previous 3 year period to 2020/21.

The value of total reimbursements across NHS Wales for both 3 year periods was very similar; £234.6M to March 2021 and £234.2M to March 2022. Therefore, the increase relates more to the absolute increase in the SBU value rather than any proportional impact, from a changed total reimbursement value.

The PTR % – is based on the number of claims with damages estimated at less than £25K passed to L&Rs in the previous financial year instead of being managed locally under the PTR scheme. SBU have passed more claims proportionately and numerically to L&RS compared to last year.

PPO % – Annual PPO expenditure for SBU settled cases in 2021/22 was higher proportionately than in the previous year.

Cashflow < 1 Year refers to the value of 2022/23 forecast cashflows for case settlements on the L&Rs database. A lesser proportion of forecast expenditure on the L&Rs database relates to SBU than in 2021/22.

ANEURIN BEVAN

RISK SHARING AGREEMENT FOR 2022/23

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Aneurin Bevan UHB	16.80%	5.59%	1.65%	2.29%	3.53%	2.59%	1.16%
2021/22	Aneurin Bevan UHB	16.25%	5.59%	1.50%	1.88%	3.82%	2.30%	1.16%

Aneurin Bevan's share has increased since last year from 16.25% to 16.80%. The main drivers for the increase relate to the Claims History, PTR and PPO elements which have been partially offset by a decrease in the Cashflow <1 Year element.

The Claims History % relates to the value of reimbursements approved via the Welsh Risk Pool committee over the past three years as a proportion of

the total for reimbursements across NHS Wales over the same period. Within the 20% weighting for the Claims History element, Aneurin Bevan's proportion has increased from 1.50% in the previous 3 year rolling period (2018/19 to 2020/21) to 1.65% for 2019/20 to 2021/22.

The total value of reimbursements paid to Aneurin Bevan for the 3 year rolling period to 2021/22 was **£1.7M** higher than for the previous 3 year period to 2020/21.

The value of total reimbursements across NHS Wales for both 3 year periods was very similar; £234.6M to March 2021 and £234.2M to March 2022. Therefore, the increase relates more to the absolute increase in the Aneurin Bevan value rather than any proportional impact, from a changed total reimbursement value.

The PTR % – is based on the number of claims with damages estimated at less than £25K passed to L&Rs in the previous financial year instead of being managed locally under the PTR scheme. Aneurin Bevan have passed more claims proportionately and numerically to L&RS compared to last year.

PPO % – Annual PPO expenditure for Aneurin Bevan settled cases in 2021/22 was higher proportionately than in the previous year.

Cashflow < 1 Year refers to the value of 2022/23 forecast cashflows for case settlements on the L&Rs database. A lesser proportion of forecast expenditure on the L&Rs database relates to Aneurin Bevan than in 2021/22.

CARDIFF & VALE

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Cardiff & Vale Health Board	14.43%	4.14%	4.45%	0.73%	2.90%	0.99%	1.22%
2021/22	Cardiff & Vale Health Board	16.07%	4.14%	5.32%	1.46%	2.84%	1.09%	1.22%

The Cardiff & Vale table shows the % has reduced since last year. The overall reduction from 16.07% to 14.43% mostly relates to two elements, 'Claims History' and 'PTR' with a smaller reduction in the PPO element.

The Claims History % relates to the value of reimbursements approved via the Welsh Risk Pool committee over the past three years as a proportion of the total for reimbursements across NHS Wales over the same period. Within

the 20% weighting for the Claims History element, Cardiff & Vale's proportion has reduced from 5.32% in the previous 3 year rolling period (2018/19 to 2020/21) to 4.45% for 2019/20 to 2021/22.

The total value of reimbursements paid to Cardiff & Vale for the 3 year rolling period to 2021/22 was **£10M** lower than for the previous 3 year period to 2020/21.

The value of total reimbursements across NHS Wales for both 3 year periods was very similar; £234.6M to March 2021 and £234.2M to March 2022. Therefore, the decrease relates more to the absolute reduction in the Cardiff & Vale value rather than any proportional impact, from a changed total reimbursement value.

The PTR % – is based on the number of claims with damages estimated at less than £25K passed to L&Rs in the previous financial year instead of being managed locally under the PTR scheme. C&V have passed less claims proportionately and numerically to L&RS compared to last year.

PPO % – Annual PPO expenditure for Cardiff & Vale settled cases in 2021/22 was slightly lower proportionately than in the previous year.

BETSI CADWALADR

SUMMARY: NEW RISK SHARING AGREEMENT FOR 2022/23

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Betsi Cadwaladr Health Board	19.71%	6.93%	3.64%	2.15%	3.06%	1.80%	2.14%
2021/22	Betsi Cadwaladr Health Board	19.02%	6.93%	4.01%	2.13%	2.00%	1.81%	2.14%

The Betsi Cadwaladr table shows an increase overall compared to last year from 19.02% to 19.71%.

The overall increase mostly relates to increases for Cashflow < 1 year' element, partially offset by a decrease in the Claims History element.

Cashflow < 1 Year refers to the value of 2022/23 forecast cashflows for case settlements on the L&Rs database. A greater proportion of forecast expenditure on the L&Rs database relates to BCU than in 2021/22.

The Claims History % relates to the value of reimbursements approved via the Welsh Risk Pool committee over the past three years as a proportion of the total for reimbursements across NHS Wales over the same period. Within the 20% weighting for the Claims History element, Betsi Cadwaladr's proportion has reduced from 4.01% in the previous 3 year rolling period (2018/19 to 2020/21) to 3.64% for 2019/20 to 2021/22.

The total value of reimbursements paid to Betsi Cadwaladr for the 3 year rolling period to 2021/22 was **£4.5M** lower than for the previous 3 year period to 2020/21.

The value of total reimbursements across NHS Wales for both 3 year periods was very similar; £234.6M to March 2021 and £234.2M to March 2022. Therefore, the decrease relates more to the absolute decrease in the Betsi Cadwaladr value rather than any proportional impact, from a changed total reimbursement value.

CWM TAF MORGANNWG HEALTH BOARD

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Cwm Taf Health Board	13.15%	4.47%	3.19%	1.41%	1.88%	0.87%	1.33%
2021/22	Cwm Taf Health Board	12.49%	4.47%	1.62%	1.92%	2.37%	0.78%	1.33%

The Cwm Taf Morgannwg table shows the % has increased since last year. The overall increase from 12.49% to 13.15% mostly relates to one element, 'Claims History' with a smaller increase in the PPO %. These have been partially offset via decreases in % for the PTR and Cashflow <1 year elements, but not sufficiently to avoid an overall increase in the apportionment.

The Claims History % relates to the value of reimbursements approved via the Welsh Risk Pool committee over the past three years as a proportion of the total for reimbursements across NHS Wales over the same period. Within the 20% weighting for the Claims History element, Cwm Taf Morgannwg's proportion has increased from 1.62% in the previous 3 year rolling period (2018/19 to 2020/21) to 3.19% for 2019/20 to 2021/22.

The total value of reimbursements paid to Cwm Taf Morgannwg for the 3 year rolling period to 2021/22 was **£18M** higher than for the previous 3 year period to 2020/21. This follows a catch up of reimbursements following a backlog of

submitted claims for reimbursement in 2021/22. These had been delayed due to outstanding lessons learned submissions prior to reimbursement.

The value of total reimbursements across NHS Wales for both 3 year periods was very similar; £234.6M to March 2021 and £234.2M to March 2022. Therefore, the increase relates more to the absolute increase in the Cwm Taf Morgannwg value rather than any proportional impact, from a changed total reimbursement value.

PTR – this element is based on the number of claims with damages estimated at less than £25K passed to L&Rs in the previous financial year instead of being managed locally under the PTR scheme. Cwm Taf Morgannwg have passed less claims proportionately and numerically, to L&RS compared to last year.

Cashflow < 1 Year refers to the value of 2022/23 forecast cashflows for case settlements on the L&Rs database. A lesser proportion of forecast expenditure on the L&Rs database relates to Cwm Taf Morgannwg than in 2021/22.

HYWEL DDA

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Hywel Dda Health Board	10.74%	3.75%	2.96%	1.02%	1.12%	0.32%	1.57%
2021/22	Hywel Dda Health Board	10.61%	3.75%	3.16%	0.79%	0.86%	0.48%	1.57%

The Hywel Dda table shows the % has increased since last year. The overall increase from 10.61% to 10.74% relates to two elements, 'PTR' and 'Cashflow <1 year'. These are partially offset via decreases in % for the 'Claims History' and 'PPO' elements.

PTR – this element is based on the number of claims with damages estimated at less than £25K passed to L&Rs in the previous financial year instead of being managed locally under the PTR scheme. Hywel Dda have passed more claims proportionately and numerically, to L&RS compared to last year.

Cashflow < 1 Year refers to the value of 2022/23 forecast cashflows for case settlements on the L&Rs database. A greater proportion of forecast expenditure on the L&Rs database relates to Hywel Dda than in 2021/22.

The Claims History % relates to the value of reimbursements approved via the Welsh Risk Pool committee over the past three years as a proportion of the total for reimbursements across NHS Wales over the same period. Within the 20% weighting for the Claims History element, Hywel Dda's proportion has decreased from 3.16% in the previous 3 year rolling period (2018/19 to 2020/21) to 2.96% for 2019/20 to 2021/22.

The total value of reimbursements paid to Hywel Dda for the 3 year rolling period to 2021/22 was **£2.3M** lower than for the previous 3 year period to 2020/21.

The value of total reimbursements across NHS Wales for both 3 year periods was very similar; £234.6M to March 2021 and £234.2M to March 2022. Therefore, the increase relates more to the absolute reduction in the Hywel Dda value, rather than any proportional impact from a changed total reimbursement value.

PPO % – Annual PPO expenditure for Hywel Dda settled cases in 2021/22 was lower proportionately than in the previous year.

POWYS

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Powys Health Board	4.51%	1.33%	0.02%	0.10%	0.25%	0.31%	2.50%
2021/22	Powys Health Board	4.74%	1.34%	0.00%	0.08%	0.23%	0.59%	2.50%

The Powys table shows the % has decreased since last year. The overall reduction from 4.74% to 4.51% relates mainly to the PPO element.

PPO % – Annual PPO expenditure for Powys settled cases in 2021/22 was lower numerically and proportionately than in the previous year. The decrease is due to two factors;

- one claimant mortality in 2021/22.
- Proportionately, the other Health Boards typically settle cases with a Periodical Payment Order far more frequently, and therefore, Powys payments have a diminishing proportion of the total payments year on year.

PUBLIC HEALTH WALES

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Public Health Wales	1.34%	0.00%	0.26%	0.05%	0.11%	0.00%	0.92%
2021/22	Public Health Wales	1.39%	0.00%	0.33%	0.04%	0.10%	0.00%	0.92%

The Public Health Wales table shows the % has decreased slightly since last year. The overall decrease from 1.39% to 1.34% mainly relates to the 'Claims History' element.

The Claims History % relates to the value of reimbursements approved via the Welsh Risk Pool committee over the past three years as a proportion of the total for reimbursements across NHS Wales over the same period. Within the 20% weighting for the Claims History element, Public Health Wales proportion has reduced from 0.33% in the previous 3 year rolling period (2018/19 to 2020/21) to 0.26% for 2019/20 to 2021/22.

The total value of reimbursements paid to Public Health Wales for the 3 year rolling period to 2021/22 was **£830K** lower than for the previous 3 year period to 2020/21.

The value of total reimbursements across NHS Wales for both 3 year periods was very similar; £234.6M to March 2021 and £234.2M to March 2022. Therefore, the decrease relates more to the absolute reduction in the Public Health Wales reimbursement value rather than any proportional impact, from a changed total reimbursement value.

VELINDRE UNIVERSITY NHS TRUST

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Velindre NHS Trust	1.10%	0.00%	0.05%	0.00%	0.00%	0.00%	1.05%
2021/22	Velindre NHS Trust	1.11%	0.00%	0.06%	0.00%	0.00%	0.00%	1.05%

The Velindre table shows the % has remained relatively stable since last year. The 'Claims History' element has reduced marginally due to a slight reduction in the value of reimbursements for the 3 year period to 2021/22 compared to the 3 year period to 2020/21.

WELSH AMBULANCE SERVICE TRUST

Year	Health Board/Trust	TOTAL	HCHS Allocation A	Claims History B	PTR C	Cashflow < 1 year D (i)	PPO D (ii)	Audits / Lessons Learned E
Risk Weightings			30%	20%	10%	15%	10%	15%
2022/23	Welsh Ambulance NHS Trust	1.84%	0.00%	0.15%	0.20%	0.06%	0.07%	1.36%
2021/22	Welsh Ambulance NHS Trust	2.27%	0.00%	0.54%	0.08%	0.21%	0.08%	1.36%

The Welsh Ambulance Trust table shows the % has decreased since last year. The overall reduction from 2.27% to 1.84% relates to two elements, 'Claims History' and 'Cashflow <1 year'. These are being partially offset via increases in % for the 'PTR' element.

The Claims History % relates to the value of reimbursements approved via the Welsh Risk Pool committee over the past three years as a proportion of the total for reimbursements across NHS Wales over the same period. Within the 20% weighting for the Claims History element, the Welsh Ambulance Service's proportion has reduced from 0.54% in the previous 3 year rolling period (2018/19 to 2020/21) to 0.15% for 2019/20 to 2021/22.

The total value of reimbursements paid to the Welsh Ambulance Service for the 3 year rolling period to 2021/22 was **£4.5M** lower than for the previous 3 year period to 2020/21.

The value of total reimbursements across NHS Wales for both 3 year periods was very similar; £234.6M to March 2021 and £234.2M to March 2022. Therefore, the decrease relates more to the absolute reduction in the Welsh Ambulance reimbursement value rather than any proportional impact, from a changed total reimbursement value.

Cashflow < 1 Year refers to the value of 2022/23 forecast cashflows for case settlements on the L&Rs database. A lesser proportion of forecast expenditure on the L&Rs database relates to the Welsh Ambulance Service than in 2021/22.

PTR – this element is based on the number of claims with damages estimated at less than £25K passed to L&Rs in the previous financial year instead of being managed locally under the PTR scheme. WAST have passed more claims proportionately and numerically, to L&RS compared to last year.

CONCLUSION

The current Risk Share methodology,

- weights various contributory factors in order to provide a balanced and equitable system
- is transparent and auditable in its application
- does not rely heavily on past events
- provides emphasis on activity and behaviour of the last year
- measures the impact of short term cash flows (within 12 months)
- accounts for the percentage of the allocation (PPO) that is utilised before any in-year settlements
- provides reward for managing Putting Things Right effectively
- can be updated every year to reflect recent activity and progress
- allows the inclusion of NHS Trusts that impact on the allocation usage but which were ignored from the previous formula
- utilises systems and databases that can be easily manipulated and analysed in a timely manner to derive the formula for forthcoming years to meet organisations IMTP submissions

The percentages above will only apply for 2022/23. Behaviours and patterns will change over the course of the next year and each of the areas will be recalculated as outlined in this report.

Over the longer term, successful strategies will yield lower risk weightings whilst health organisations that continue to yield high and expensive case loads will incur a larger proportion of the risk weighting.

RECOMMENDATION

The Committee is asked to **APPROVE** the updated Risk Share charges to NHS Wales for 2022/23.



GIG
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NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:5.1

22 September 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

All-Wales Agency Audit

ARWEINYDD: LEAD:	Mark McIntyre, Deputy Director of Workforce & OD (Powys tHB)
AWDUR: AUTHOR:	Sian Deen, All-Wales Project Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Hardacre, Director of Workforce & OD

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

To provide information on the proposed All-Wales Agency Audit.

Llywodraethu/Governance

Amcanion: Objectives:	To secure an All-Wales commitment to hold on-framework Nursing Agencies more accountable to the 'Agency Specification' by auditing against a standardised set of terms and conditions which will ensure better Value for Money , a standardised approach to agency standards and to deliver a better service for our patients when using agency workers. To subsequently work in partnership with NHS Wales to develop standard operating procedures, an All-Wales Agency Audit Checklist and relevant guidance that promotes Excellence throughout.
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Ymgynghoriad/Consultation :

Delivered in Partnership with Procurement and NHS Wales colleagues via Directors of Workforce & OD (WODs) and National Nursing Workforce workstream (NNWG).

Adduned y Pwyllgor/Committee Resolution (insert √):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	√
Argymhelliad/ Recommendation	The Committee is asked to NOTE approval of Health Board commitment to carry out an All-Wales Nurse Agency Audit and the associated spend.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	No significant impact, however, legal and risk have been included within all relevant workstreams to negate any impact.
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The Agency Audit will ensure agencies are providing workers which meet a designated set of standards for Registered Nurses and Health Care Support Workers throughout Wales. The audit will mean holding agencies accountable and ultimately will ensure better care for patients.
Ariannol: Financial:	<ul style="list-style-type: none"> • A standardised All-Wales approach will mean any audit undertaken on individual agencies will have the findings accessible to all Health Boards which will drive down cost as eradicates each Health Board auditing every agency themselves. • To date no Health Board carries out routine auditing of agencies for RNs and HCSWs even though NHS Wales is spending surplus of £10 million per month on agency workers. • Anticipated efficiencies related to agencies providing some cost saving of agency workers but will ultimately ensure Value for Money.
Risg a Aswiriant: Risk and Assurance:	All risks recorded and managed via Project documentation i.e. Risk Log (not included with update)
Safonnau Iechyd a Gofal: Health & Care Standards:	No direct impact
Gweithlu: Workforce:	Proposed implementation and migration monitored through AWODs/NNWG
Deddf Rhyddid Gwybodaeth/ FOIA	OPEN
All Wales Agency Audit (RNs & HCSWs)	
BACKGROUND	
The Temporary Staffing Group is a workstream which reports directly to the National Nursing Workforce Group (NNWG). The Temporary Staffing Group is responsible for the award and monitoring of contracts for Agency workers throughout Wales. The	

contract was awarded in March 2021 for a period of 3 years with an option to extend for a further year to February 2025.

There are 146 agencies on contract and each agency is aware that failure to abide by the contract specification would result in their removal from the framework. Recent data shows:

- between 5/10 suppliers supplying a high volume of agency workers
- 20 agencies providing a significant volume
- 70 agencies supplying regular small volume of workers,
- 40 agencies which provide little to no worker cover

Implementing appropriate audit measures are essential to ensure that all contracted agencies supplying nurses and health care support staff to NHS Wales uphold the conditions of the contract

Agency audits have typically been undertaken internally on an ad-hoc basis when issues arose rather than via a proactive approach linked to a planned audit programme. Following discussions at the Temporary Staffing Group it was agreed that a robust audit programme should be put in place and that various options to achieve this should be explored, including the use of external audit firms and the potential use of NWSSP Audit & Assurance Services.

Due to large costs which external providers quoted, it was agreed early in discussions that NWSSP's Audit and Assurance team would carry out the necessary audits providing an audit specification (All-Wales Agency Audit Checklist) was developed and utilised.

Current Position

A risk-based programme of audits needs to be undertaken focussing initially on the highest spend and highest usage providers. Usage data will be used to agree a priority list of agencies to be audited.

It is anticipated that:

- 30 audits will be carried out per year
- Audit plans will be annually set out based on provider usage and spend.
- The audit plan will be discussed and created annually by the Temporary Staffing Group led by procurement.

Audits are to be undertaken against the All-Wales Agency Audit Checklist and Guidance documentation which has been agreed by each Health Board throughout Wales. Each audit will result in a short template based written report which will be submitted to the Temporary Staffing Group and verbal feedback will be provided to the agency supplier. The Temporary Staffing Group will provide formal written feedback to agency suppliers as part of contract management arrangements.

Utilising the audit reports will allow better tracking and monitoring of agencies and will also give Health Boards 'hard' data to use when making agency decisions moving forward. The report will allow trend analysis to be carried out which will show common

trends as well as possible pit falls which will allow rectifications ahead of these pit falls turning into problems.

Once formal agreement has been granted, the Temporary Staffing Group led by procurement will draft the first-year plan and a start date can be agreed with the Audit and Assurance department.

Funding consequences

Based on 30 audits in the first year (2022/23), the total auditor time required would be 60 days at a cost of £19,870. In addition, year 1 we would also anticipate a small set-up cost of 5 days, equivalent to £1,655. Additional costs may be incurred for travel time and expenses.

Year 1 Total Cost: £21,525

The total cost will be split between all Health Boards utilising the All-Wales Nursing Agency contract; namely:

- Aneurin Bevan University Health Board.
- Betsi Cadwaladr University Health Board.
- Cardiff and Vale University Health Board.
- Cwm Taf Morgannwg University Health Board.
- Hywel Dda University Health Board.
- Powys Teaching Health Board.
- Swansea Bay University Health Board.
- Velindre University NHS Trust.

Cost per organisation equates to approx £2,690.

From year 2 onwards (2023/24) it is expected the audit requirement to be reduced, assuming there are no significant issues arising from the work undertaken in year 1. The coverage from year 2 would be limited to the following:

- rolling coverage of the 30 largest suppliers determined by the first-year audit results;
- any performance or other matters highlighted by the Temporary Staffing Group; and
- a sample of other suppliers weighted towards any new entrants but ensuring that all suppliers are sampled over an agreed number of years.

From year 2 onwards the work could look to be incorporated into the Internal Audit plans for each relevant NHS Wales organisation. This will be subject to final agreement by the relevant Audit Committees of NHS Wales organisations.

Next Steps

- Draft costing schedules for UHBs
- Procurement to draft a supplier audit list for the next 12 months (which will be created annually)

- Agree a start date with the audit and assurance department

Recommendation

The Committee is asked to **NOTE** approval of Health Board commitment to carry out an All-Wales Nurse Agency Audit and the associated spend.

DRAFT



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Finance Update Report

**ARWEINYDD:
LEAD:**

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

**AWDUR:
AUTHOR:**

Finance Team

**SWYDDOG ADRODD:
REPORTING
OFFICER:**

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

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

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

Llywodraethu/Governance

**Amcanion:
Objectives:**

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

**Tystiolaeth:
Supporting
evidence:**

-

Ymgynghoriad/Consultation :

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		<p>The Committee is asked to NOTE the:</p> <ol style="list-style-type: none"> 1. Financial position to 31st August 2022 including the financial risks from anticipated funding 2. Forecast financial position for 2022/23 including the financial risks from anticipated funding 3. Achievement to date against key financial targets 4. The content of this update and seek further information if required. 					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
Cyfreithiol: Legal:	No direct Impact
Iechyd Poblogaeth: Population Health:	No direct Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	Distribution to NHS Wales
Risg a Aswiriant: Risk and Assurance:	Consolidation of Financial Risk
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	No direct Impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open



NWSSP Finance Report August 2022

*Adding Value
Through Partnership,
Innovation and Excellence*

Dashboard Summary – 1st April 2022 to 31st August 2022

	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£'000	£'000	£'000	£'000
Income	-631,846	-212,679	-213,878	-1,198
Pay	314,865	119,499	117,391	-2,108
Non Pay	181,451	72,216	74,013	1,797
WRP – DEL	134,780	20,964	20,964	0
Distribution	750	0	0	0
Year to date Underspend	0	0	1,510	1,510
	0	0	0	0

POSITION SUMMARY	M5	22/23 Forecast
	£m	£m
Outturn/Forecast before anticipated funding	8.731	23.666
Mass Vaccination & PPE funding agreed	-7.636	-18.681
ADJUSTED OUTTURN	1.095	4.985
Anticipated NI 1.25% funding	-0.194	-0.465
Anticipated energy funding	-0.901	-4.520
REPORTED/FORECAST POSITION	0.000	0.000

£4.985m of funding within our 2022/23 forecast is currently anticipated from WG at risk which poses a significant threat to our financial position.

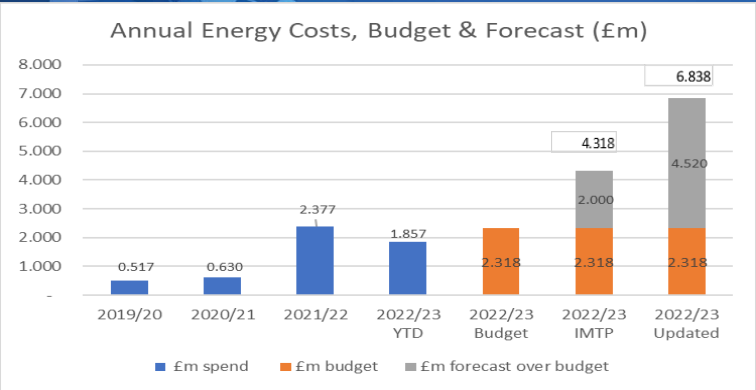
£8.025m of Covid costs have been incurred to Month 5 with a full year forecast of £19.714m. The forecast is largely dependent upon the demand for PPE from Primary and Social Care which has reduced in 2022/23 and the forecast reduced again in Month 5.

£1.033m of Covid Recovery costs are being funded from NWSSP core allocation.

Covid Costs	YTD	22/23 Forecast
	£m	£m
CONFIRMED FUNDING:		
Mass Vacc - PPE	-	0.263
Mass Vacc - Pay & Non Pay	0.542	1.613
Social/Primary Care PPE	5.310	12.310
PPE delivery/warehousing/testing	1.785	4.495
TOTAL CONFIRMED FUNDING	7.636	18.681
NWSSP TO FUND:		
Covid Recovery	0.389	1.033
TOTAL COVID COSTS	8.025	19.714

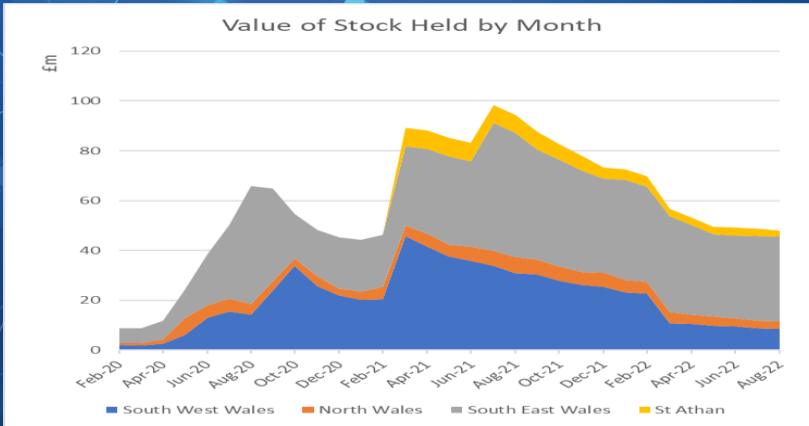
£1.033m Covid recovery costs include £0.907m of additional staff to support Covid recruitment and additional invoice payments and £0.126m to pump prime the new virtual ID checking software. The costs are being funded from NWSSP savings rather than being recharged to UHBs/Trusts.

NWSSP reported the Month 5 financial position with a year to date underspend of £1.510m after anticipating £1.095m of WG funding for the 1.25% NI increase and Energy pressures. Our financial position would have been £0.415m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year to date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding from Welsh Government. The receipt of this funding will determine whether we are able to increase our distribution to NHS Wales in 2022/23.



The energy forecast for 2022/23 has been updated in August following receipt of the revised BG forecast. This has now increased to £6.838m with funding for the £4.520m exceptional pressure anticipated from WG.

The value of stock held in stores at 31st August 2022 was £48.0m. We continue to maintain the 16 week PPE stock holding requested by Welsh Government.



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

Month 5 2022/23	£000s
Actual spend to August 2022	20,964
Settled cases – awaiting payment	9,441
Joint Settlement/Round Table Meeting/Offer	40,813
Periodical Payment Orders to March 2023	18,263
Sub Total	89,480
Future Estimated Settlements	37,539
Month 5 2022/23 DEL forecast - MIN	127,019
Month 5 2022/23 DEL forecast - MAX	142,281
IMTP DEL Forecast 2022/23	134,780

£20.964m WRP DEL expenditure has been incurred to 31st August 2022. A review of cases due to settle in 2022/23 indicates a potential range of **£127.019m-£142.281m**. The IMTP forecast of **£134.780m** remains within this forecast range. We continue to assume **£25.345m** will be funded under the Risk Share Agreement in 2022/23.

	RSA 2021/22	2021/22	Planned RSA 2022/23 - IMTP	RSA 2022/23 Updated %	RSA 2022/23 Updated £	Movement from forecast
ANEURIN BEVAN	16.25%	2,680,121	4,118,077	16.80%	4,261,419	143,342
SWANSEA BAY	16.05%	2,646,987	4,067,165	16.38%	4,150,433	83,268
BETSI CADWALADR	19.02%	3,139,429	4,823,814	19.71%	4,997,106	173,292
CARDIFF & VALE	16.07%	2,649,989	4,071,778	14.43%	3,657,387	-414,391
CTM	12.49%	2,059,857	3,165,025	13.15%	3,332,279	167,254
HYWEL DDA	10.61%	1,749,439	2,688,059	10.74%	2,721,884	33,825
POWYS	4.74%	781,717	1,201,128	4.51%	1,142,601	-58,527
PHW	1.39%	229,682	352,912	1.34%	338,627	-14,285
VELINDRE	1.11%	183,221	281,524	1.10%	277,640	-3,884
WAST	2.27%	374,558	575,518	1.84%	465,624	-109,894
TOTAL	100.00%	16,495,000	25,345,000	100%	25,345,000	0

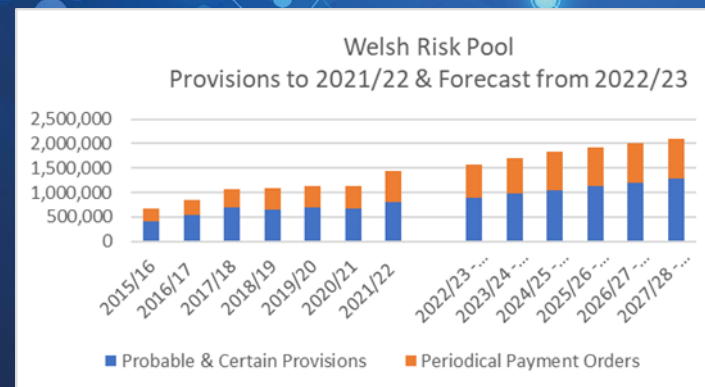
The 2022/23 risk share apportionment of the £25.345m has now been finalised. The table above indicates the movements from the IMTP planning assumptions originally shared in November 2021. A detailed paper examining the cost drivers and movements by Organisation is being reported to the Welsh Risk Pool Committee on 21st September and will be shared with Directors of Finance. Following receipt of the Month 7 returns from UHBs/Trusts, we will share the three year forecast from 2023/24 for IMTP planning purposes.

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
EV charging infrastructure	0	1	1
Laundry Services	83	2	-81
Unallocated	374	0	-374
Discretionary Capital Total	457	3	-454
IP5 discretionary	190	35	-155
Scan for Safety	826	158	-668
Laundry Services	0	54	54
TRAMS	0	116	116
Welsh Healthcare Student Hub	474	0	-474
Additional Capital Total	1,490	363	-1,127
TOTAL CAPITAL ALLOCATION	1,947	366	-1,581

Our current Capital Expenditure Limit for 2022/23 is **£1.947m**. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September.

Capital expenditure to Month 5 is **£0.366m** and we have plans to fully utilise all available capital funding. We are finalising a priority list of capital projects that we could expedite if additional funding becomes available later in the financial year.

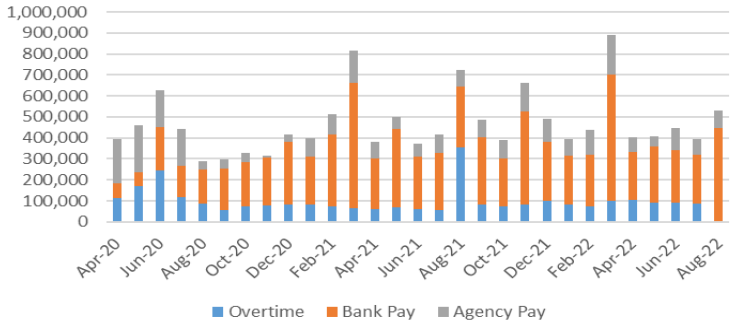
Since the transfer of the All Wales Laundry Service in 2021/22 we are experiencing increased pressure on our discretionary capital allocation as this was not increased following the transfer of the new Service



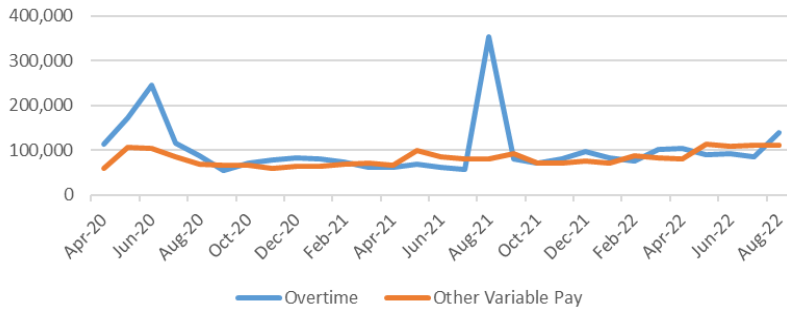
Long term liability (AME) provisions totalled **£1.429bn** at 31st March 2022. Month 4 returns for UHBs/Trusts have identified a further **£75m** increase to date in 2022/23. Provisions are forecast to be in excess of **£2bn** by 2027/28.

Variable Pay Summary

Total Variable Pay

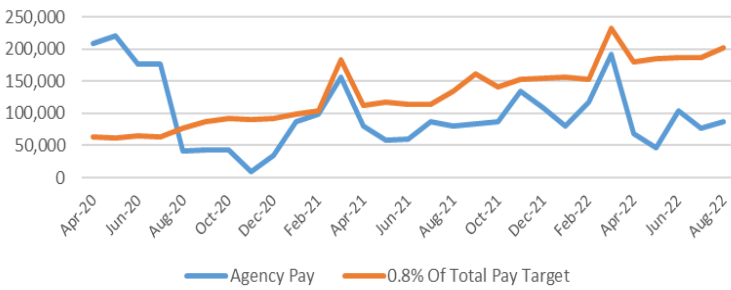


Total Overtime and Other Variable Pay

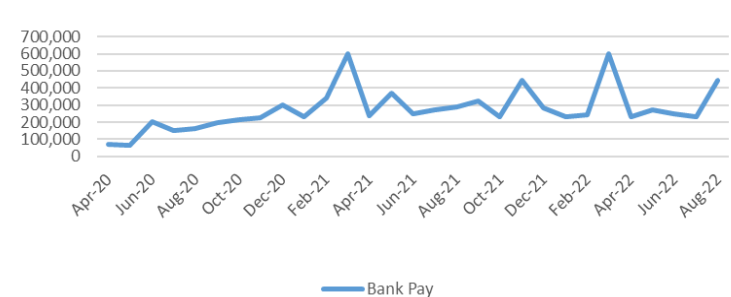


Variable pay increased in Month 5 primarily due to a change in the way the bank accrual is calculated following the implementation of new bank software. Overtime also increased in the month. This has been incurred to cover posts due to delays and the inability to recruit to vacancies to ensure continued service provision.

Total Agency Pay



Total Bank Pay



Service	Agency		Overtime		Bank	
	5 Months to 31st August 2021	5 Months to 31st August 2022	5 Months to 31st August 2021	5 Months to 31st August 2022	5 Months to 31st August 2021	5 Months to 31st August 2022
Accounts Payable & E-Enablement	0	0	28,583	36,304	13,352	46,045
Audit & Assurance Services	52,457	60,932	19	0	278	5,230
Collaborative Bank	0	0	0	0	90,089	102,540
Corporate Services	5,468	26,843	20,140	0	9,950	13,986
Counter Fraud Services	0	0	0	0	0	0
CTES	996	-4,580	399	275	0	0
Employment Services	0	0	108,958	85,800	63,827	206,814
Health Courier Services	12,488	8,596	203,031	138,150	666,193	258,946
Laundry Services	220,013	193,672	45,383	95,383	1,060	120,487
Legal & Risk Services	10,264	0	1,581	0	127,385	34,661
Welsh Risk Pool	0	0	0	0	0	88,527
Medical Examiner Service	0	0	0	9,556	0	0
People & OD	0	0	0	14,864	17,282	55,591
Planning, Performance & Informatics	0	54,497	0	0	0	9,499
Primary Care Services	0	0	26,809	52,949	30,786	57,691
Procurement Services	44,112	44,052	159,239	79,754	384,612	395,718
SMTL	0	0	0	0	13,988	30,424
Single Lead Employer	0	0	2,649	86	0	0
Specialist Estates Services	0	0	2,505	0	0	-287
TRAMS	0	0	0	0	0	681
TOTAL	345,798	384,012	599,297	513,121	1,418,803	1,426,553
TOTAL PAY	74,258,849	117,390,978	74,258,849	117,390,978	74,258,849	117,390,978
% OF TOTAL PAY	0.47%	0.33%	0.81%	0.44%	1.91%	1.22%

Financial Position and Key Targets

KPI	Target	2021/22							2022/23						Trend
		September	October	November	December	January	February	March	April	May	June	July	August		
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	Achieved	On Target	On Target	On Target	On Target	On Target	
Planned Distribution	£0.75m Annual	£2.00m	£2.00m	£2.00m	£2.00m	£2.00m	£2.00m	£2.00m	£2.00m	£0.75m	£0.75m	£0.75m	£0.75m	£0.75m	
NWSSP PSPP NON-NHS % (In Month)	95% Monthly	94.92%	96.36%	96.44%	96.90%	94.74%	96.24%	95.14%	96.54%	94.52%	96.77%	95.43%	97.12%		
NWSSP PSPP NON-NHS % (Cumulative)	95% Monthly	96.24%	96.26%	96.28%	96.36%	96.22%	96.18%	96.12%	96.54%	95.09%	95.75%	95.65%	95.96%		
NWSSP PSPP NHS % (In Month)	95% Monthly	90.00%	96.39%	80.72%	96.39%	89.77%	92.31%	93.68%	94.29%	91.64%	97.73%	84.29%	84.09%		
NWSSP PSPP NHS % (Cumulative)	95% Monthly	90.00%	92.26%	90.92%	92.53%	92.28%	92.29%	92.40%	94.29%	92.56%	94.74%	92.11%	91.02%		

Corporate

KPI	Target	2021/22							2022/23					Trend
		September	October	November	December	January	February	March	April	May	June	July	August	
NHS Debts in excess of 17 weeks - number	0 Monthly	4	15	0	3	0	3	0	2	3	1	0	2	
Variable Pay – Overtime	<£75k Monthly	£82k	£72k	£81k	£98k	£84k	£75k	£102k	£104k	£90k	£93k	£86k	£140k	
Agency % to date	<0.8% Cumulative	0.48%	0.48%	0.51%	0.52%	0.51%	0.52%	0.53%	0.31%	0.25%	0.32%	0.32%	0.33%	
Agency % Adjusted to exclude SLE	<1% Cumulative	0.97%	0.99%	1.02%	1.08%	1.01%	1.07%	1.02%	1.06%	0.89%	1.12%	1.13%	1.16%	

Covid

Covid expenditure to 31st August 2022 was **£8.025m**. Welsh Government has approved funding for mass vaccination, Social/Primary care PPE issues and All Wales PPE delivery, warehousing and testing.

Our expenditure to date includes **£0.389m** of Covid recovery support costs for the increased staff costs we have recruited in our payroll, recruitment and accounts payable teams. Welsh Government have confirmed that there is **no additional funding** for Covid Recovery costs. We forecast these Covid recovery costs will total **£1.033m** in 2022/23 which includes **£0.126m** to pump prime the new virtual ID checking software. These costs are being funded from **NWSSP savings** rather than being recharged to UHBs/Trusts.

The full year forecast Covid funding requirement from Welsh Government is **£18.681m**. The forecast has reduced further in August following reductions in the PPE supplied to Primary & Social Care and the forecast reduction in PPE and consumables to be supplied to the mass vaccination booster programme.

Covid Costs	YTD	22/23 Forecast
	£m	£m
CONFIRMED FUNDING:		
Mass Vacc - PPE	-	0.263
Mass Vacc - Pay & Non Pay	0.542	1.613
Social/Primary Care PPE	5.310	12.310
PPE delivery/warehousing/testing	1.785	4.495
TOTAL CONFIRMED FUNDING	7.636	18.681
NWSSP TO FUND:		
Covid Recovery	0.389	1.033
TOTAL COVID COSTS	8.025	19.714

Energy

The IMTP Funding assumptions letter issued by Judith Paget on 14th March enabled NHS Organisations to anticipate income at risk to cover the increasing energy costs during 2022/23.

Our IMTP included a high level estimate of increased energy costs of **£2.000m**. Following receipt of the British Gas energy forecast in September, our energy forecast has been reviewed. Our overall energy forecast is now **£6.838m** with exceptional cost pressures funding of **£4.520m** anticipated from Welsh Government. This forecast is based on the current market prices and secured volumes by NHS Wales. Any changes to the market prices will significantly impact this forecast.

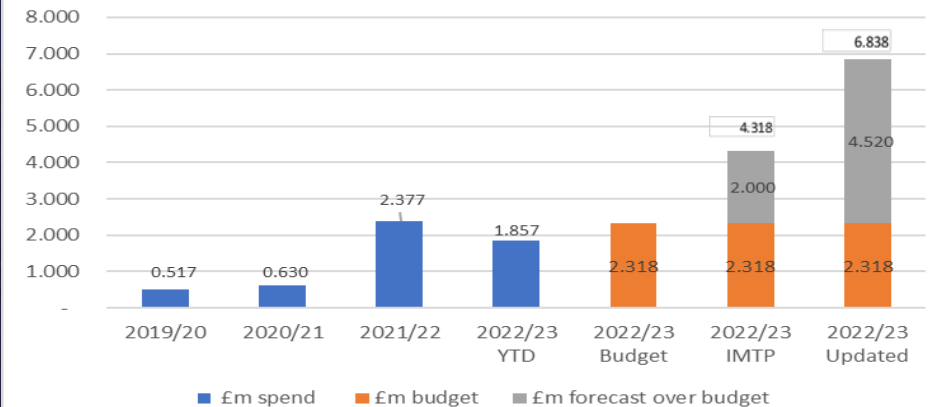
To Month 5, we have anticipated **£0.901m** of funding to cover the increased costs over budget.

The volatility of the current energy markets presents issues in forecasting with any accuracy, this is also compounded by:

- Some of our sites being on the All Wales energy contract and others recharged by Landlords
- Changes to energy requirements on our sites as laboratories are commissioned/ decommissioned
- Impact of the installation of IP5 lighting
- Seasonal fluctuations
- All Wales energy contract price changes
- Increased use of sites as more staff return to the office.

The laundries are our biggest energy consumers and due to metering arrangements, the majority of the invoices are part of the Health Board recharges from British Gas adding additional complexity and delay in obtaining accurate energy costs in a timely manner to report within the financial position.

Annual Energy Costs, Budget & Forecast (£m)



The increase in energy costs between 2020/21 and 2021/22 is due to the transfer of the All Wales Laundries during 2021/22

Capital

Our current Capital Expenditure Limit for 2022/23 is **£1.947m**. This has increased following confirmation of funding for the Welsh Healthcare Student Hub in early September. This will provide a number of benefits for both the Student Bursary and Student Streamlining programmes when it becomes operational from 1st April 2023.

The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to **£0.457m** from £0.600m and the IP5 discretionary allocation reduced from £0.250m to **£0.190m**.

Welsh Government have committed to funding the OBC Fees for Laundry and TRAMS again in 2022/23. We have submitted funding requests in respect of these schemes and await confirmation that funding has been allocated. To the end of August **£0.170m** of expenditure has been incurred on these schemes without approved capital funding.

Capital expenditure to Month 5 is **£0.366m**.

Welsh Government capital colleagues have requested that we continue to prepare business cases and tender exercises where required so that we are ready to implement schemes if capital slippage funding becomes available later in the financial year (likely to be in October). We are finalising our prioritisation exercise in respect of this during September.

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
EV charging infrastructure	0	1	1
Laundry Services	83	2	-81
Unallocated	374	0	-374
Discretionary Capital Total	457	3	-454
IP5 discretionary	190	35	-155
Scan for Safety	826	158	-668
Laundry Services	0	54	54
TRAMS	0	116	116
Welsh Healthcare Student Hub	474	0	-474
Additional Capital Total	1,490	363	-1,127
TOTAL CAPITAL ALLOCATION	1,947	366	-1,581

Our IMTP included a number of schemes that are likely to require significant capital funding – these include:

- ES – Student Bursary System replacement – **funding approved September 22**
- PCS – Roller Racking expansion – **no longer required in 22/23**
- PPI – Hyper V Server Farm – **extension solution for 22/23 – defer until 23/24**
- ES – Pure digital solution – **exploring solutions with DHCW Centre of Excellence**
- PCS – Performer list self service accreditation & on boarding application – **business case in progress to be submitted to Welsh Government in September**
- SES – EV Charging infrastructure – **feasibility study being progressed**

Welsh Risk Pool

To Month 5 expenditure of **£20.964m** has been incurred within the Welsh Risk Pool.

Our IMTP included a 2022/23 expenditure forecast of **£134.780m**, which requires **£25.345m** to be funded under the Risk Share Agreement.

At Month 5 the DEL forecast has a range of **£127.019m to £142.281m**. The IMTP forecast of £134.780m remains within this range. There is more certainty in the forecast range for 2022/23 compared to last year. At the end of August we have already committed funds of £89.480m, at the end of August 2021 the comparable figure was £77.269m.

Cases are still being assessed in terms of likelihood of settlement this year. There is also likely to be some slippage for some cases whilst others may be brought forward from future years in later months.

Monthly detailed analysis of the forecast is ongoing with discussions with Legal & Risk solicitors on the likelihood of settlement of each high value case with cashflows >£200K on the database for 2022/23.

Expenditure type	Position as at M5 2021/22 £m	Position as at M5 2022/23 £m
Claims reimbursed & WRP Managed Expenditure	54.087	52.735
Periodical Payments made to date	0.521	0.916
Redress Reimbursements	0.965	0.950
EIDO – Patient consent	0.062	0.000
Clinical Negligence Salary Subsidy	0.229	0.229
WRP Transfers, Consent, Prompt, CTG	0.076	0.095
Movement on Claims Creditor	-35.142	-33.961
Year to date expenditure	20.798	20.964

Month 5 2022/23	£000s
Actual spend to August 2022	20,964
Settled cases – awaiting payment	9,441
Joint Settlement/Round Table Meeting/Offer	40,813
Periodical Payment Orders to March 2023	18,263
Sub Total	89,480
Future Estimated Settlements	37,539
Month 5 2022/23 DEL forecast	127,019
Month 5 2022/23 DEL forecast	142,281
IMTP DEL Forecast 2022/23	134,780

Recommendations

The Shared Services Partnership Committee is asked to note the :

1. Financial position to 31st August 2022 including the financial risks from anticipated funding
2. Forecast financial position for 2022/23 including the financial risks from anticipated funding
3. Achievement to date against key financial targets
4. The content of this update and seek further information if required.



*Adding Value
Through Partnership,
Innovation and Excellence*



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Accounts Payable Benchmarking

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

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

The purpose of this report is to provide the SSPC on the findings of the recent benchmarking review of Accounts Payable.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	The Committee is asked to NOTE the report.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
Cyfreithiol: Legal:	No direct Impact
Iechyd Poblogaeth: Population Health:	No direct Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	No direct Impact
Risg a Aswiriant: Risk and Assurance:	Consolidation of Financial Risk
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	No direct Impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open

NHS Benchmarking Network presentation to the NHS Wales SSP SLT

31st March 2022



Benchmarking Network

Raising standards through sharing excellence



99/305

Introduction

- This work was conducted to provide evidence and intelligence to support the assurance process and identify any areas of good practice and improvement opportunities within NHS Wales.

The intelligence and insight provided by the project aims to support NHS Wales in:

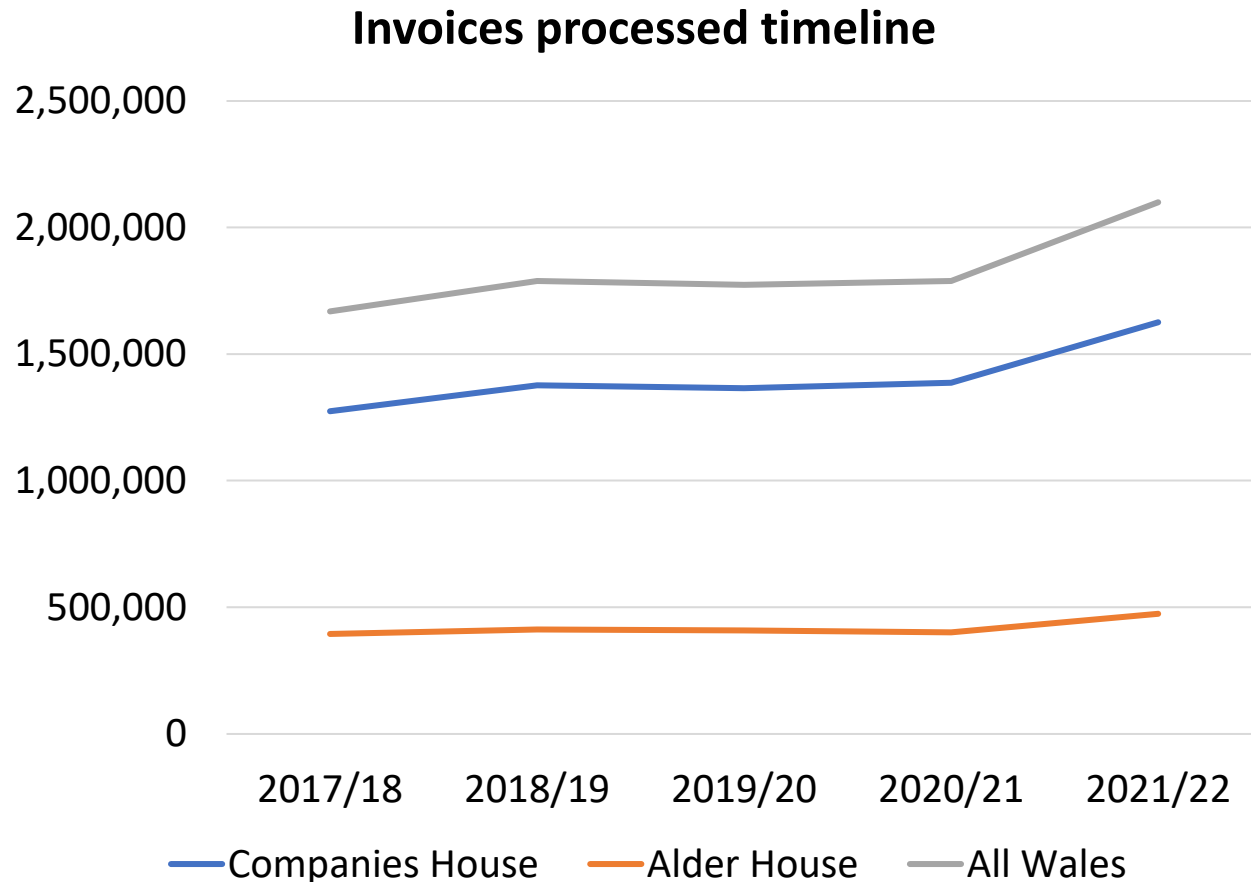
1. Understanding of the overall performance of the accounts payable service in Wales.
2. Comparing performance across different sites, teams and customers.
3. Providing assurance on service quality and value.
4. Identifying any variation in process, quality and value across the different sites, teams and customers.
5. Highlighting any clear improvement opportunities.
6. Identifying ongoing measures which can support ongoing quarterly reporting.

AP service overview

- Delivered in Cardiff (Companies House) and St Asaph (Alder House).
- Goes beyond a typical core AP service, with enhanced offer, e.g. supplier maintenance team.
- The two sites are not independent of each other – elements are provided at only one of the sites but cover both e.g. call handling.

Services Provider		Cardiff	St Asaph
Customers	Aneurin Bevan University Health Board	✓	
	Cwm Taf Morgannwg University Health Board	✓	
	Cardiff and Vale University Health Board	✓	
	Digital Health and Care Wales	✓	
	Hywel Dda University Health Board	✓	
	Health Education and Improvement Wales	✓	
	Public Health Wales NHS Trust	✓	
	Swansea Bay University Health Board	✓	
	Velindre University NHS Trust	✓	
	Welsh Health Specialist Services Committee	✓	
	Betsi Cadwaladr University Local Health Board		✓
	Powys Teaching Local Health Board		✓
	Welsh Ambulance Services NHS Trust		✓
Core AP Services	Invoice receipt and entry / upload	✓	✓
	PO matching / sourcing	✓	✓
	Invoice coding / ledger management	✓	✓
	Invoice payment	✓	✓
Enhanced AP Services	Queries Team	✓	✓
	Supplier maintenance / management		✓

Invoices processed



- In 2020/21, the AP service processed 1,788,212 invoices, with 77% at the Cardiff site, and the rest at the St Asaph site. The number of invoices processed is increasing steadily on a monthly basis, with a 20% increase between April 2021 and December 2021.

Processing cost per invoice

Period	Cardiff	St Asaph	Total – All Wales
2019/20	£1.79	£2.24	£1.89
2020/21	£1.61	£2.13	£1.72
2021/22	£1.59	£1.95	£1.67

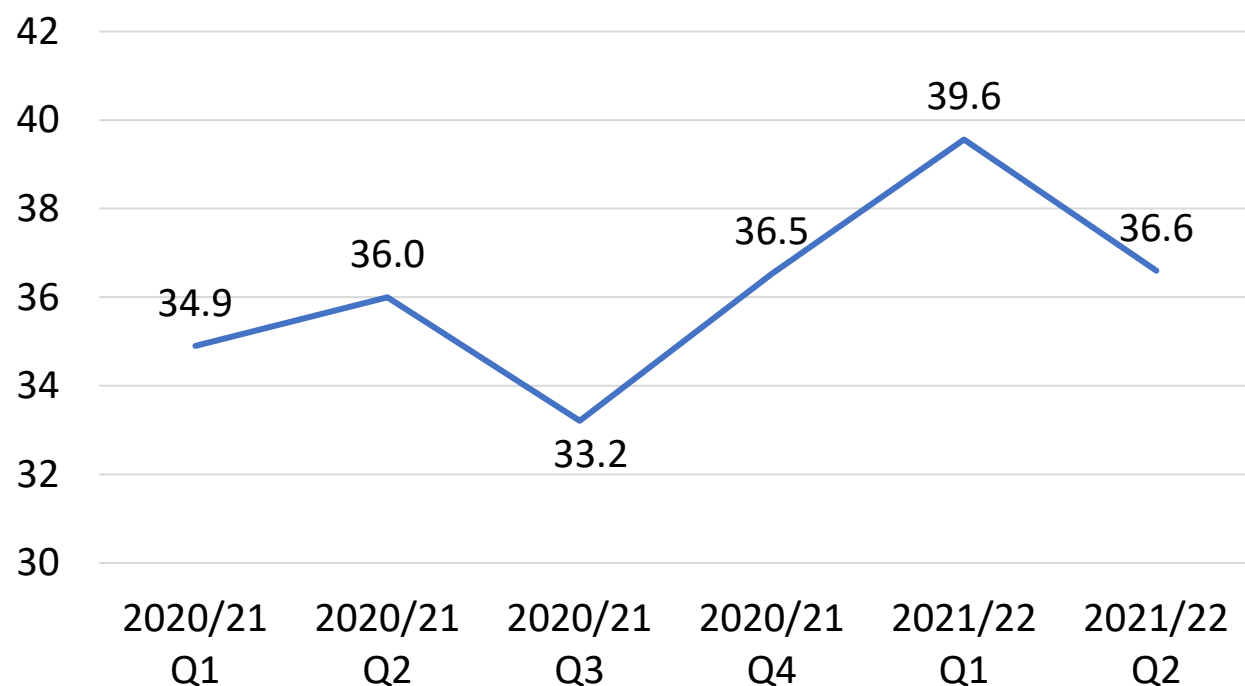
AP cost per invoice 2020/21 (with Wales AP 2021/22 value)



- The processing cost per invoice was £1.73 in 2016/17, which is in the lower quartile of submissions from the NHSBN 2017 Corporate Functions project. In 2021/22 there has been a slight reduction in the cost per invoice processed to £1.72 The forecast cost per invoice for 2021/22 is £1.67.
- The bottom chart looks at how the Wales SSP AP cost per invoice compares to English organisations.

AP help desk

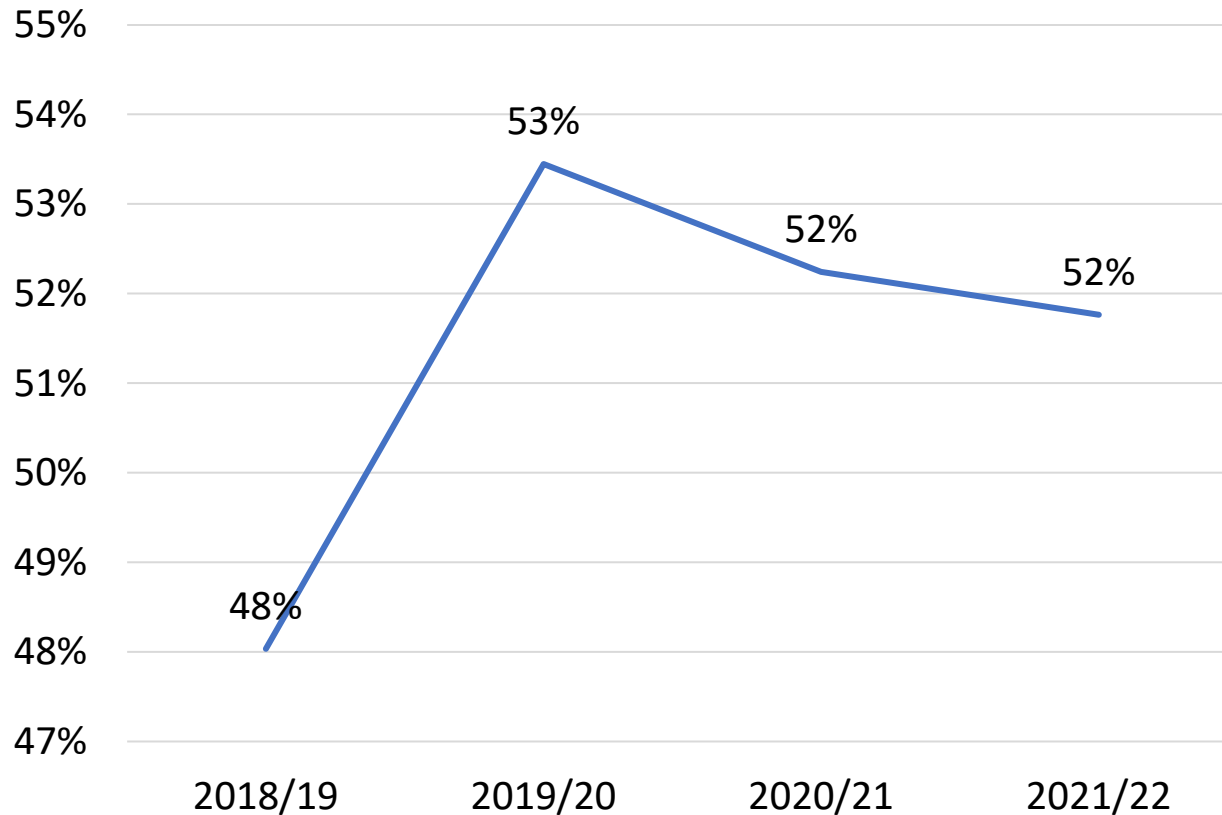
Contacts (emails and calls) per 1,000 invoices processed



- In 2020/21, there were 5,094 calls and 53,768 emails through the AP help desk. There is variation on a quarterly basis, with the first three quarters having slightly lower figures, however this may have been impacted by COVID-19 in terms of reduced hours, with the advice at the time was to only contact the queries team where there is an urgent query.

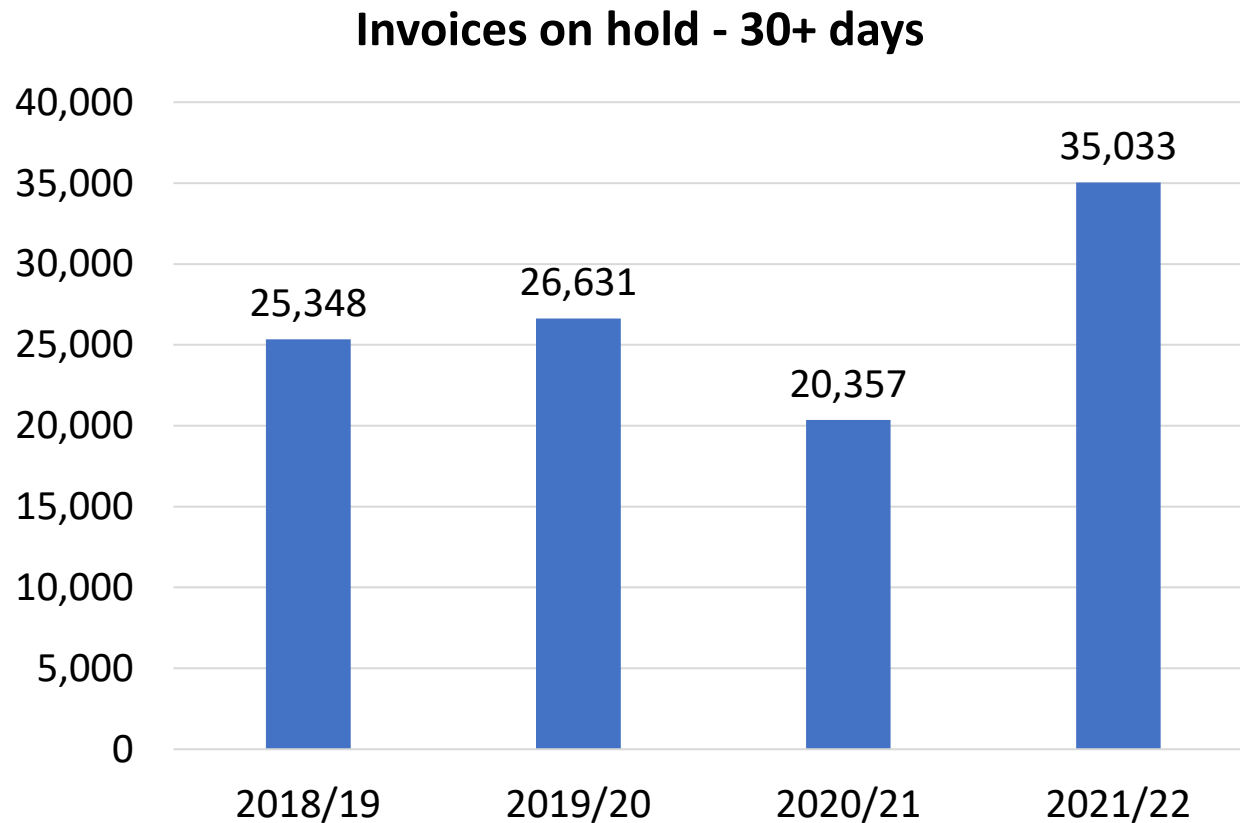
Invoices with PO

% invoices processed with a PO



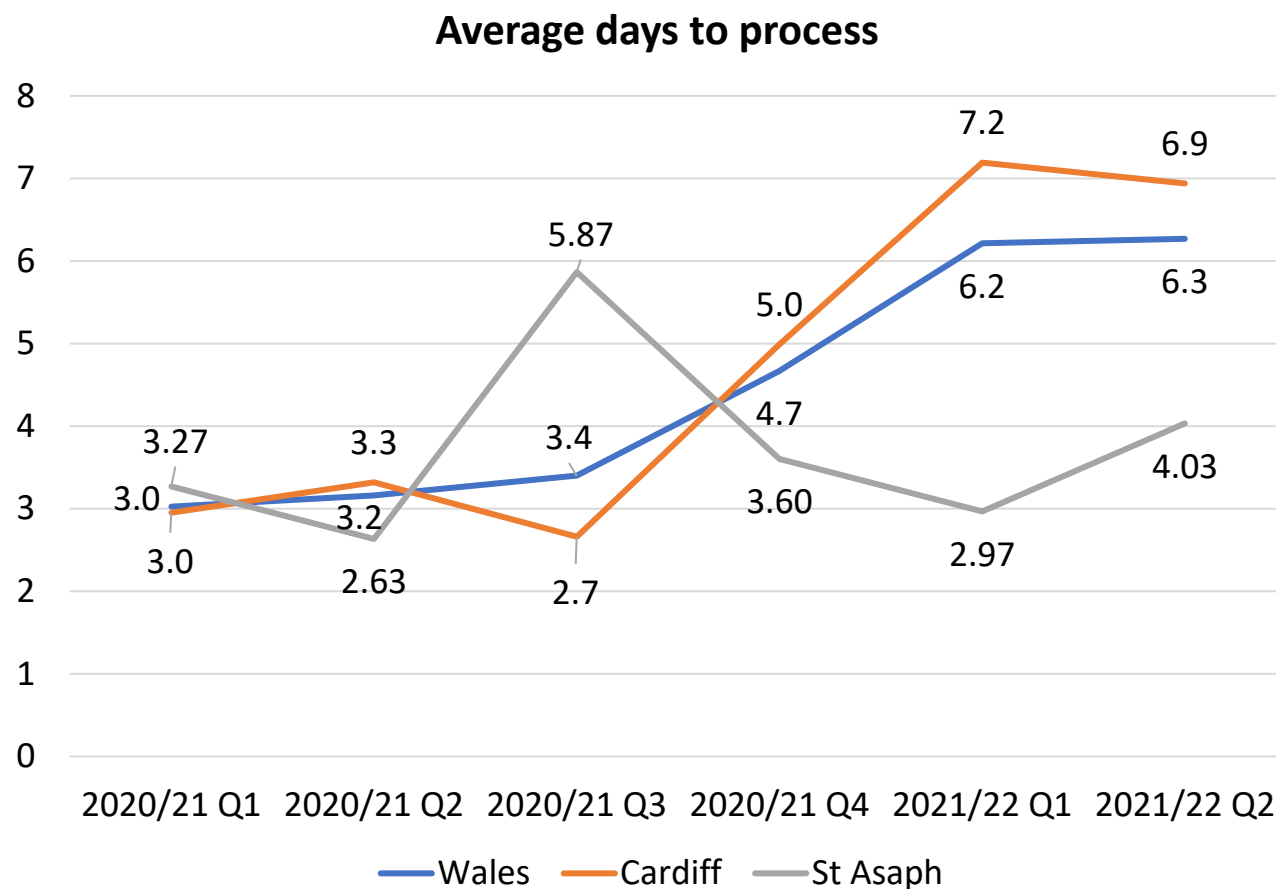
- The percentage of invoices processed with a Purchase Order (PO) has varied from around 50% to 54% in the last 18 months. There has been a gradual increase although there is considerable variation within the health boards.

Invoices on hold



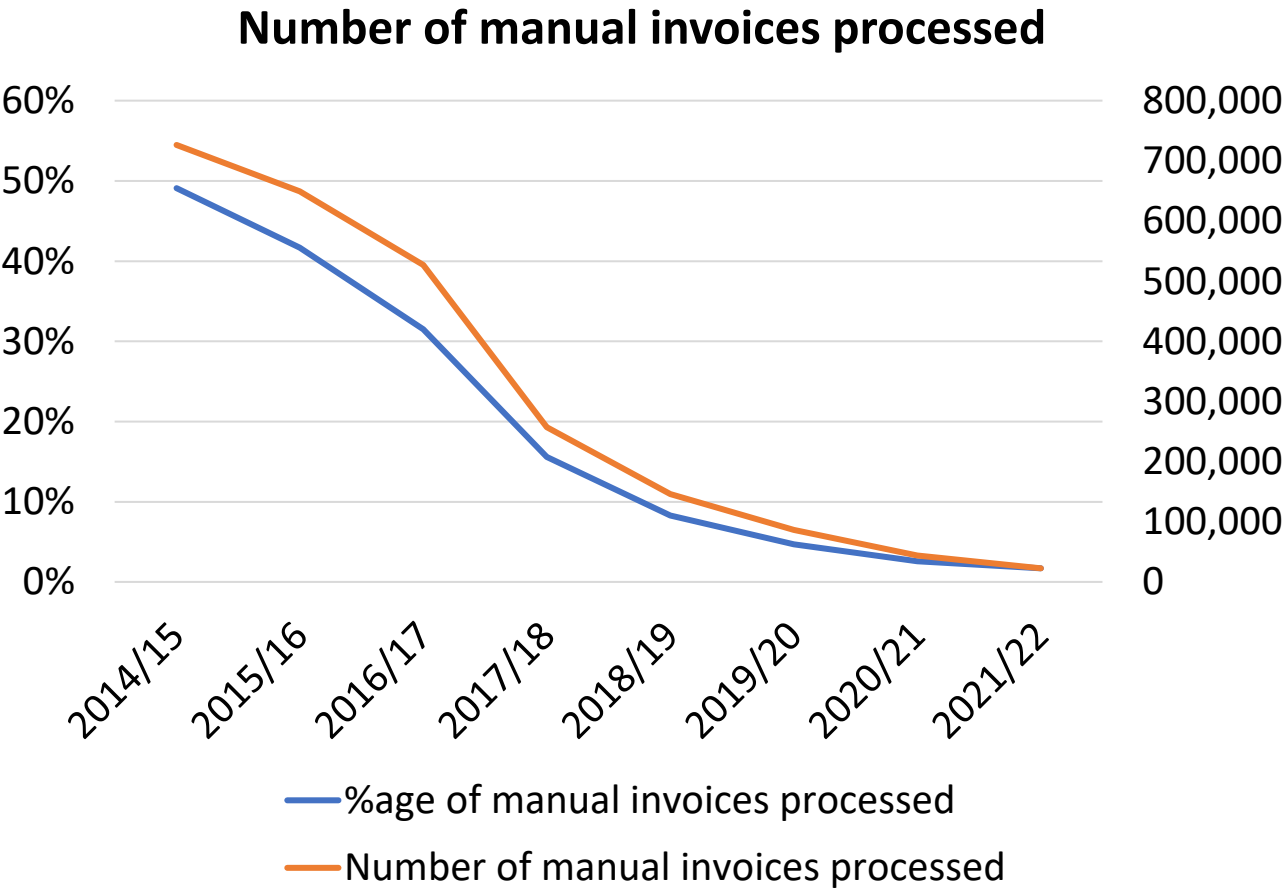
- The number of invoices on hold has risen since April 2020 (12%) however this largely relates to the increased number of invoices that are needing to be processed and delays in resolving invoices on hold, in particular Nurse Agency.

Time to process invoice



- There has been a gradual increase in the average days to process the invoice in the last 18 months, from 3 days in 2020/21 Q1 to 6.3 days in 2021/22 Q2.
- The industry standard for high performing services is 4-5 days which we would expect SSP AP services to realise as system updates seem to have compromised performance to date in 21/22.

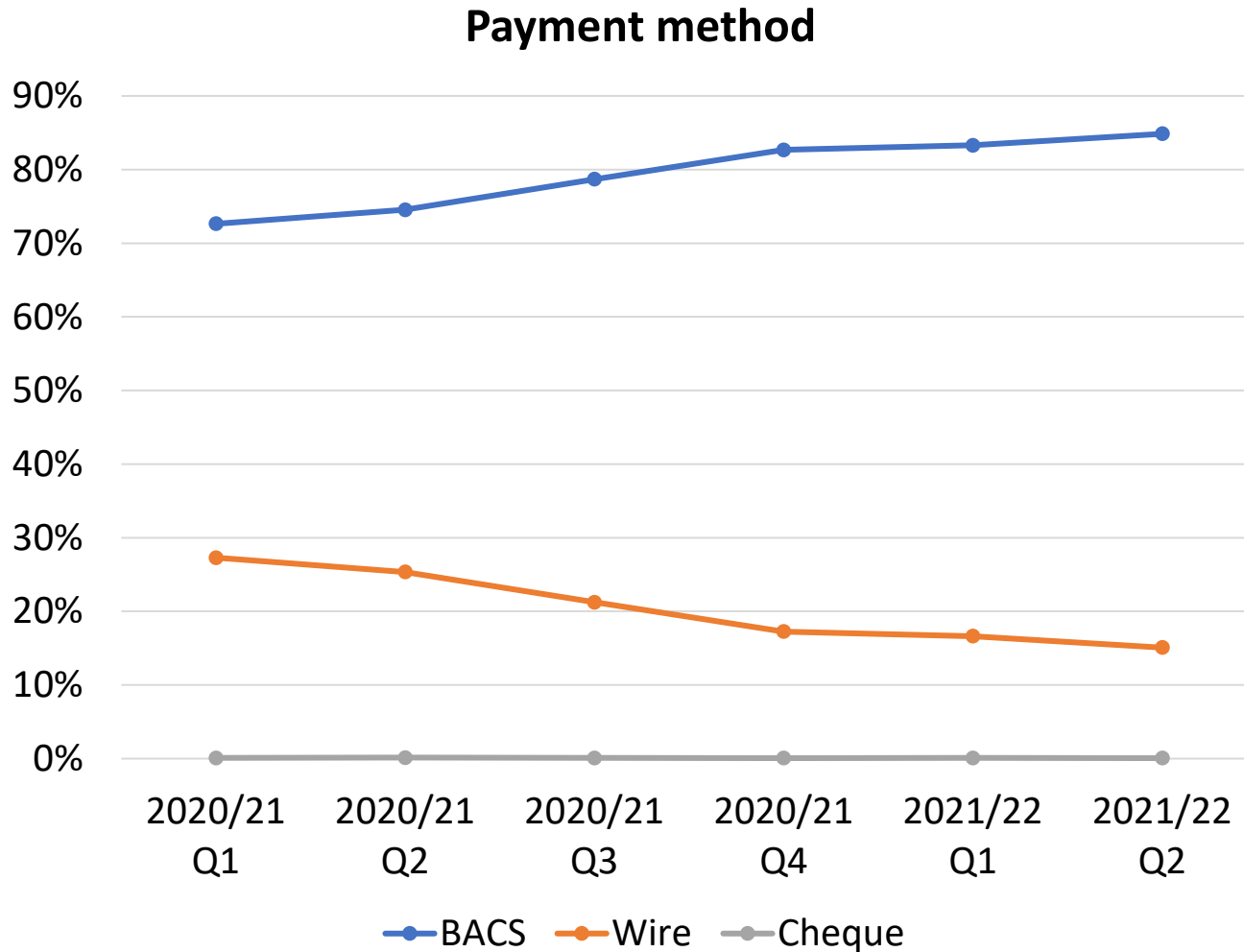
Automation



- Progress on the level of automation of the service continues to be made. The number of manual invoices processed compared to electronic has reduced from 49.1% in 2014/15 to it's current level of 1.7%. This reduction is testament to the effort of the AP team.



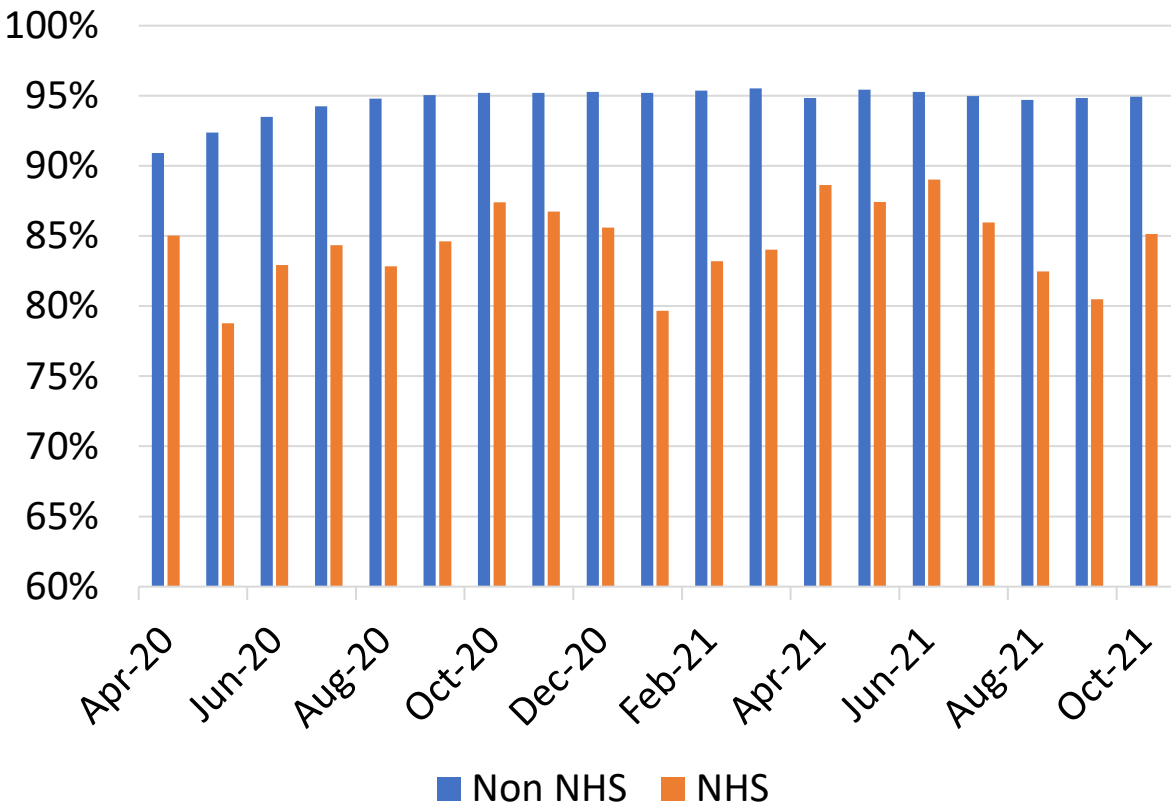
Payment method



- The Payment method of the invoices is split between BACS, Wire and Cheque, with BACS and Wire both comprising of over 99% of how invoices are paid. In 2020/21 Q1, 73% of payments were via BACS, rising to 85% in 2021/22 Q2.

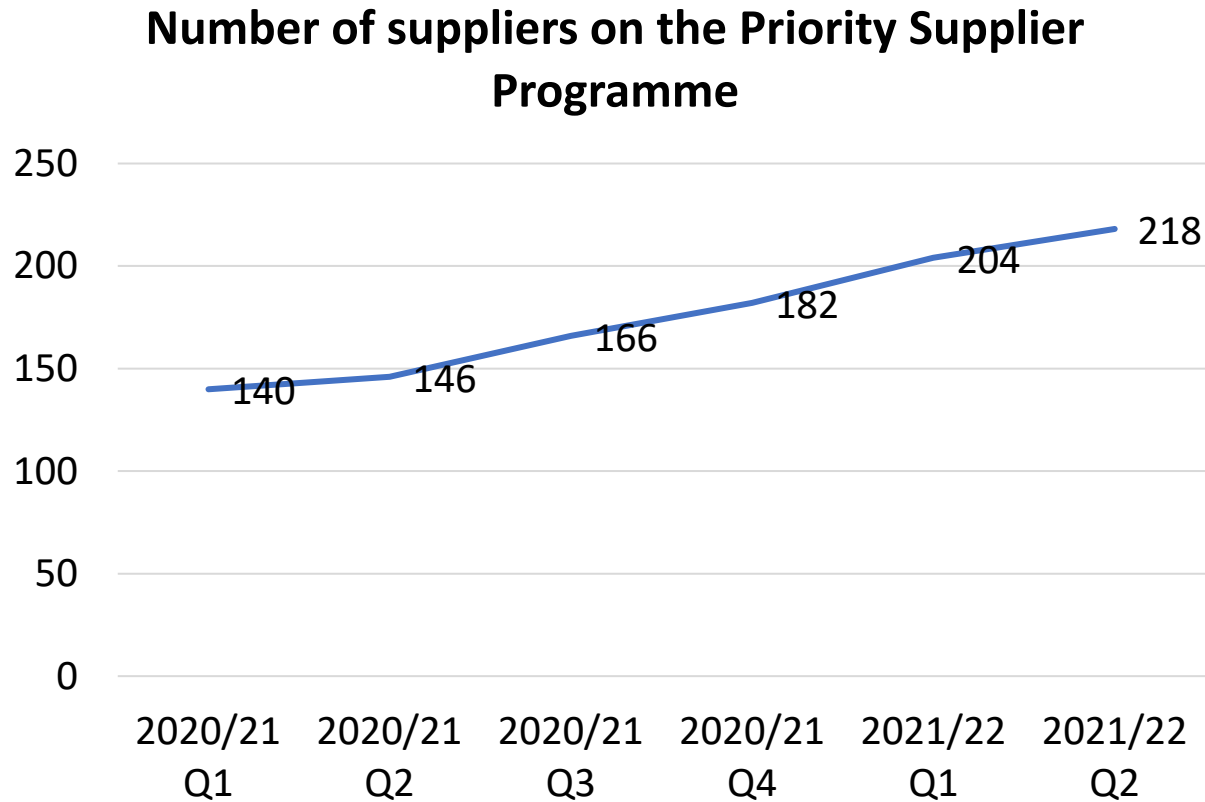
30 day public sector prompt payment policy

Public Sector Pay Performance



- Regarding the 30 day public sector prompt payment policy, performance for non-NHS suppliers increased significantly from April 20 – August 20 and has remained consistently high at 95%. NHS payments are more variable and although performance has risen it has been below 85% on average in 2021.

Priority Supplier Programme



- The number of suppliers on the Priority Supplier Programme (PSP) has increased from 140 in 2020/21 Q1 to 218 in 2021/22 Q2, showing strong uptake of this programme.

Key improvement opportunities

- Developing a fully integrated purchase to pay system within Wales SSP requires additional work with the Procurement service currently positioned elsewhere within SSP. The aim of an “end to end” procure to pay system should form part of a future strategy if supported by customers and SSP senior management and stakeholders.
- Demand management issues are pressing for SSP AP with a potential mismatch emerging between core staffing numbers and invoice volumes as the economic recovery from the pandemic continues. The 20% increase in the volume of invoices being processed is then featuring in a significantly higher number of invoices on hold which require support from procurement and health organisations to clear them. In addition, the volume of invoices not having a purchase order and on hold is also too high and needs addressing. It is important the Finance Academy All Wales P2P Forum address these issues.
- PSPP performance for non-NHS organisations is good, but there is scope to improve NHS PSPP and this is needs to be addressed by the Finance Academy All Wales P2P Forum.

Key improvement opportunities

- Throughout this report, there is variance in key metrics between Cardiff (Companies House) and St Asaph (Alder House), and NWSSP needs to explore the reasons for this variation.
- Oracle system developments will include ongoing work for SSP AP e.g. Oracle doesn't currently enable dynamic discounting arrangements for suppliers and the current version of OCR software used by SSP is not supported by the Oracle Cloud platform.
- The Priority Supplier Programme and rebates system is not fully optimised with some rebates not accessed due to local system authorisation and approval arrangements e.g. with Nurse Agency staffing rebates which require timely assessment and approval to access rebates. Nurse Agency invoicing as a whole offers opportunities for optimisation between Wales SSP and Health Boards. Examples of innovation are evident including Betsi Cadwaladr UHB's self-billing arrangements for Agency staffing providers. However, wider processes do evidence delays and sub-optimal processing (e.g. delays evident in Swansea Bay and Cwm Taf Morgannwg UHBs).



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM: 6.2

22 September 2022

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 performance as at 31st August 2022.

Llywodraethu/Governance

**Amcanion:
Objectives:**

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

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

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

**Tystiolaeth:
Supporting
evidence:**

NWSSP IMTP 2022-25

Ymgynghoriad/Consultation :

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE
						✓
Argymhelliad/ Recommendation		<p>The Shared Services Partnership Committee is requested to NOTE:</p> <ol style="list-style-type: none"> 1. The significant level of professional influence benefits generated by NWSSP to 31st August 2022. 2. The performance against the high-level key performance indicators to 31st August 2022. 3. The ongoing work to develop outcome measures during 2022-2023. 				

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



NWSSP Performance Information Report September 2022

*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 May 2022 – August 2022.

Health Organisations will also receive their individual performance reports for Quarter 2 at the end of October.

In 2021-22 the NWSSP Senior Leadership Group (SLG) agreed a definition to our RAG traffic light system :

- Red - an unacceptable result, there is a problem that needs rectification (Opportunity to improve).
- Amber - there may be a problem, we should investigate.
- Green - an acceptable result, we are on target.

Key Messages

The in-month August performance was generally good with 26 KPIs achieving the target against the total of 31 KPIs.

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

Professional influence benefits amount to £67M at end of August.

Professional Influence Benefits

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

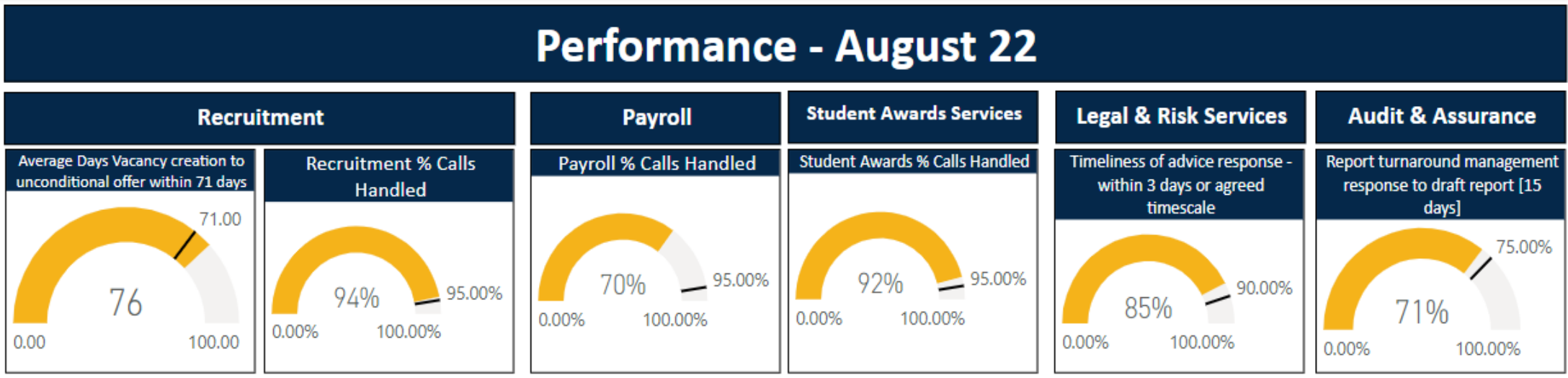
The benefits relate to Legal Services, Procurement Services, Specialist Estates Services, Accounts Payable* and Counter Fraud Services.

* Accounts Payable professional influence benefits includes statement reconciliation, priority supplier programme and the prevention of duplicate payments.

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

Service	YTD Benefit £m
Specialist Estates Services	2.7
Procurement Services	22.2
Legal & Risk Services	38.0
Accounts Payable *	3.6
Counter Fraud Services	0.7
Total	67

Summary Position by exception – 6 KPIs currently off target













Summary of Key Performance Indicators – August 22

KFA	KPIs	Target		May	June	July	August	Trend	
Audit & Assurance									
Excellence	Audit opinions/annual reports on track	Y/N	Monthly		Y	Y	Y		
Excellence	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Monthly		Y	Y	Y		
Excellence	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly		100%	100%	98%		
Excellence	Report turnaround management response to draft report [15 days]	75%	Monthly		70%	Not Applicable	83%		71%
Excellence	Report turnaround draft response to final reporting [10 days]	95%	Monthly		99%	100%	100%		100%
Procurement Services									
Value for Money	Procurement savings *Current Year	£10m	Cumulative	£6,473,720	£7,289,179	£7,600,194	£22,270,992		
Accounts Payable									
Value for Money	Savings and Successes		Monthly	£329,568	£2,896,923	£271,405	£511,790		
Excellence	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	94.70%	Reported Quarterly	Reported Quarterly		
Excellence	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	89.00%	Reported Quarterly	Reported Quarterly		
Customers	Accounts Payable % Calls Handled (South)	95%	Monthly	89.90%	88.10%	99.10%	Not Available		
Employment Services									
Payroll									
Excellence	Overall Payroll Accuracy	99.60%	Monthly	99.62%	99.74%	99.73%	99.66%		
Customers	Payroll % Calls Handled	95%	Monthly	87.26%	72.50%	78.00%	70.31%		
Recruitment All Wales									
Excellence	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	51.90%	44.80%	50.70%	50.50%		
Excellence	Average Days Vacancy creation to unconditional offer within 71 days		Monthly	83.60	91.20	83.90	76.40		
Recruitment Responsibility									
Excellence	Recruitment - % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	98.10%	99.90%	99.40%	98.80%		
Excellence	Recruitment - % of conditional offer letters sent within 4 working days	98.00%	Monthly	95.30%	98.50%	98.60%	97.90%		
Customers	Recruitment % Calls Handled	95%	Monthly	97.10%	95.50%	97.70%	93.80%		

Summary of Key Performance Indicators – August 22

KFA	KPIs	Target		May	June	July	August	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	92.13%	91.75%	94.00%	91.61%	
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	99.68%	99.74%	99.66%	99.70%	
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	£5,992,822	£17,311,308	£8,598,834	£1,864,265	
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%	95%	90%	85%	
Welsh Risk Pool								
Excellence	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	63%	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	£168,832	£140,349	£1,346,162	£211,478	
Excellence	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	Not Applicable	100%	Not Applicable	Not Applicable	
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%	100%	100%	

Summary of Key Performance Indicators – August 22

KFA	KPIs	Target		May	June	July	August	Trend
Digital Workforce								
Customers	DWS % Calls Handled	70%	Monthly	82.80%	89.20%	86.80%	85.40%	
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	96%	93%	100%	95%	
Excellence	% delivery of audited reports on time (NHS)	87%	Monthly	100%	Not Applicable	Not Applicable	Not Applicable	
Customers	% delivery of Technical assurance evaluations on time	87%	Monthly	100%	100%	100%	100%	
Pharmacy Technical Services								
Excellence	Service Errors	<0.5%	Monthly	0%	0%	0%	0%	
Medical Examiners Service								
Excellence	Deaths Scrutinised	60%	Monthly	72%	79%	80%	Not Available	
All Wales Laundry								
Excellence	Orders dispatched meeting customer standing orders	85%	Monthly		98%	97%	100%	
Excellence	Delivery's made within 2 hours of agreed deliver	85%	Monthly		100%	100%	100%	
Excellence	Microbiological contact failure points	85%	Monthly		93%	93%	93%	
Customers	Inappropriate items returned to the laundry including Clinical waste items	<5	Monthly		5	0	0	

2 KPIs are not available at the time of writing but will be updated and reported as part of the next reporting cycle

Employment Services – Recruitment

All Wales

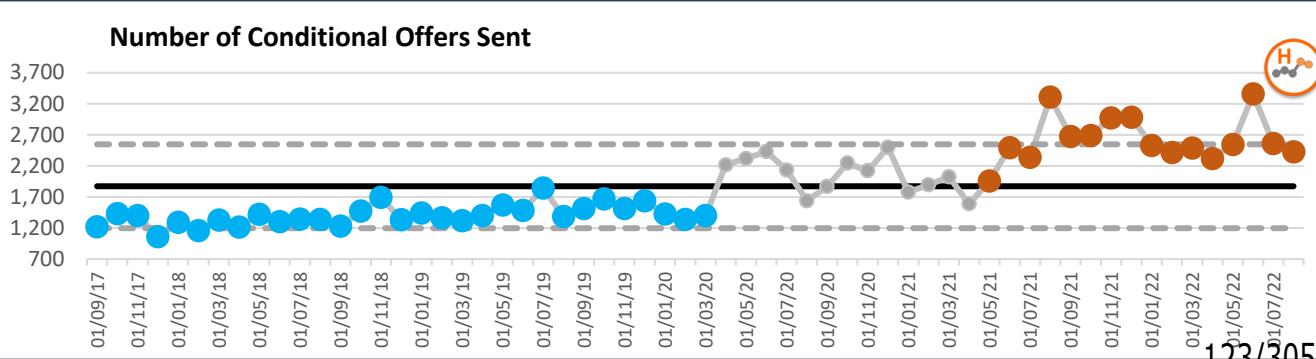
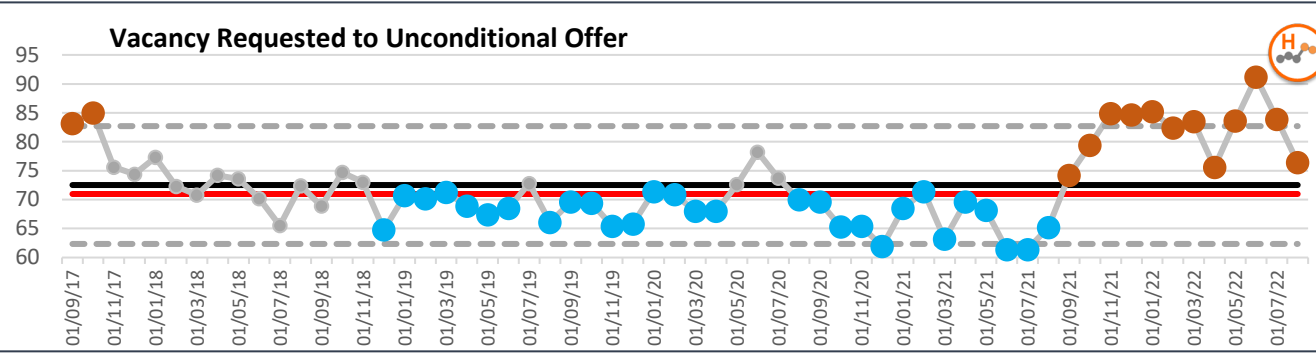
The target of creation to unconditional offer within the 71 days has been missed with an average of 76 days. Only 51% of the records were within the 71 days target. The time to hire for August has improved however is still impacted by the ongoing work on older records for appointees where they are likely to have already started in post.

Recruitment are engaging with all organisations on our recruitment modernisation programme to make improvements under 3 key themes of Education, Process and Technology. The Recruitment Business Partners are meeting with the health organisations regularly and the most recent Programme Board took place on 7th September 2022, to share the programme and progress implementation on some of the key changes that can support a reduction in the Time to Hire and an improved customer experience.

The table below highlights the variation of performance that exists within each organisation for April – Aug 22.


The recruitment teams are still currently experiencing unprecedented levels of demand compared to 2018, which has meant compliance with the KPI measures has been missed. The activity and performance is shown in the charts below.

Recruitment		Vacancy Creation to Unconditional Offer					
Org	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
AB	71	102	102	94	86	87	
BCU	71	85	88	84	86	84	
CV	71	80	85	85	92	84	
CTM	71	97	99	116	111	102	
HD	71	59	76	79	82	67	
HEIW	71	48	80	61	52	71	
DHCW	71	53	57	84	58	66	
NWSSP	71	63	65	82	60	55	
PTHB	71	80	76	73	66	77	
PHW	71	60	68	65	56	60	
SBU	71	73	87	75	87	84	
VEL	71	74	87	114	97	73	
WAST	71	113	111	127	131	92	
All Wales	71	76	84	91	84	76	



Legal & Risk Services – Timeliness of advice response

22/23

KFA	KPIs	Target		May	June	July	August	Trend
				Legal & Risk				
Excellence	Timeliness of advice response within 3 days or agreed timescale	90%	Monthly	100%	95%	90%	85%	

The target of timeliness of advice response within 3 days has been missed in August achieving 85% against the target of 90%. Five of the 20 sampled queries missed the target due to being of a more complicated nature however, in all the cases the customers were kept informed and new timelines agreed.

Audit & Assurance – Report Turnaround (Management Response)

22/23

KFA	KPIs	Target		May	June	July	August	Trend
				Audit & Assurance				
Excellence	Report turnaround management response to draft report [15 days]	75%	Monthly	70%	Not Applicable	83%	71%	

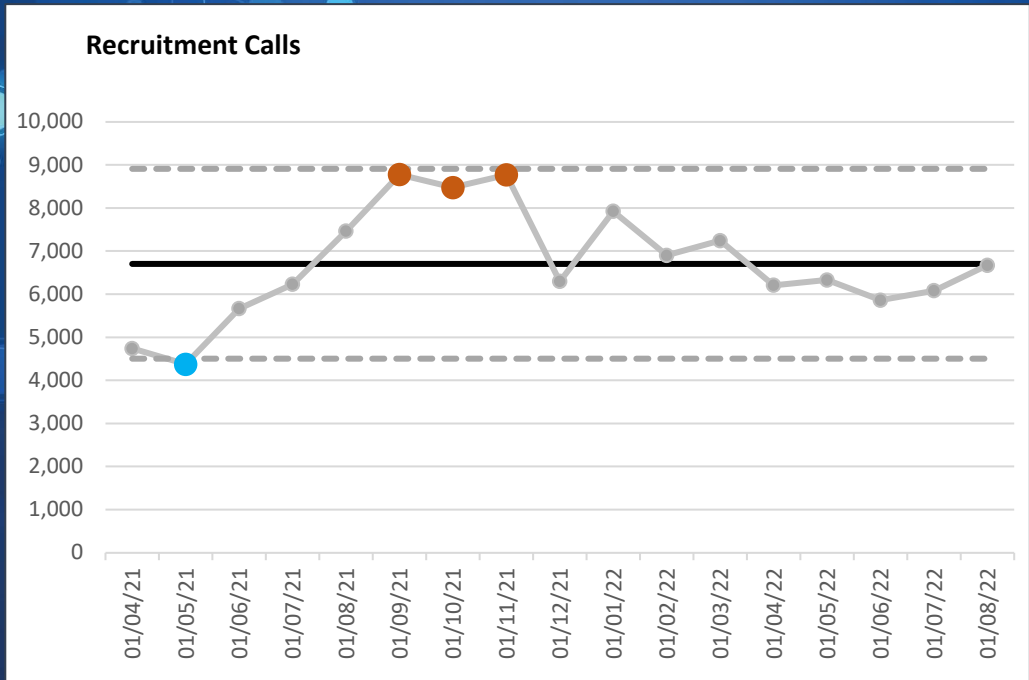
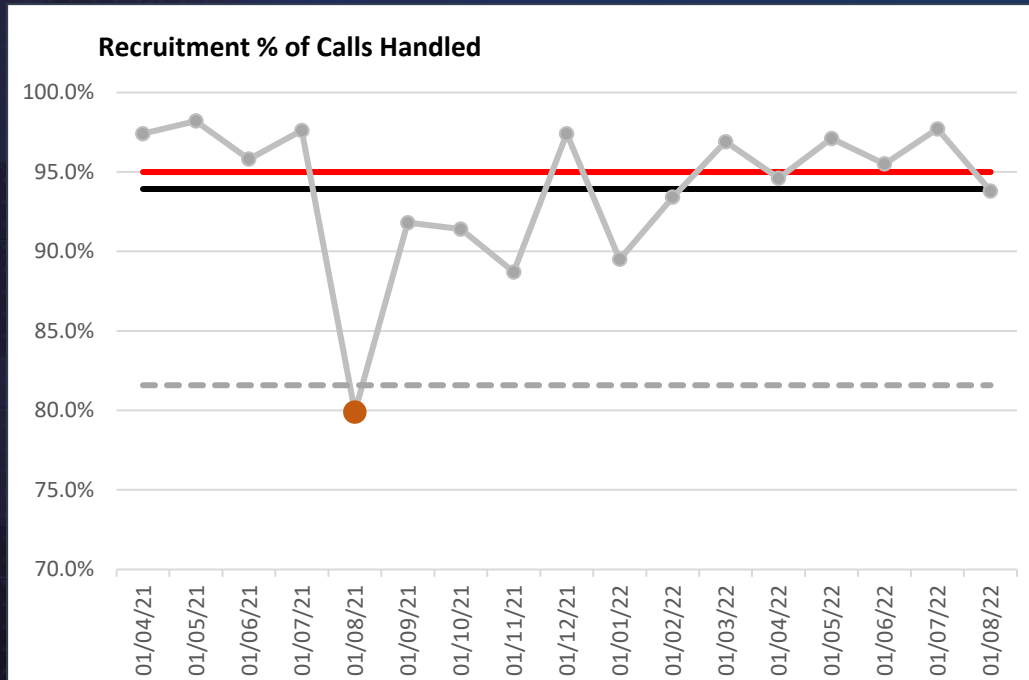
Report turnaround management response to draft report [15 days] which measures the performance of turnaround times within the health organisation. The target has been missed in August achieving 71% against the target of 75%. Heads of Audit continue to discuss these delays directly with Health Organisations.

Recruitment Services – % of calls Handled

For the month of August, 94% of calls were handled against a target of 95%.

Performance has deteriorated this month due to a slightly higher volume of calls and contributed to by annual leave within the team.

The charts below show performance and activity over the last 16 months.



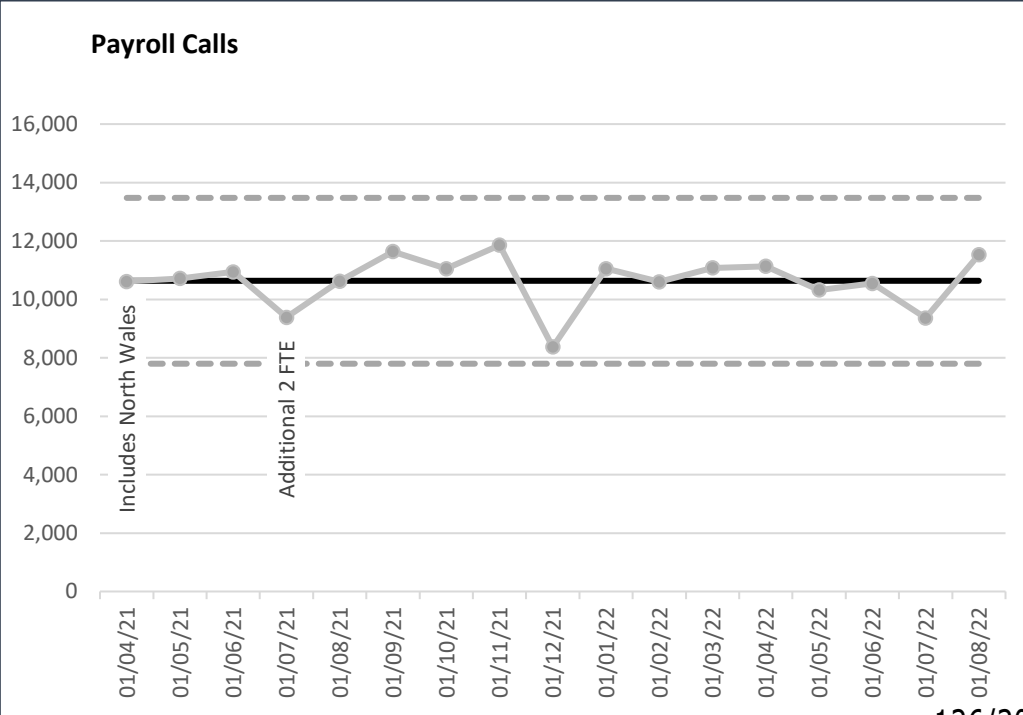
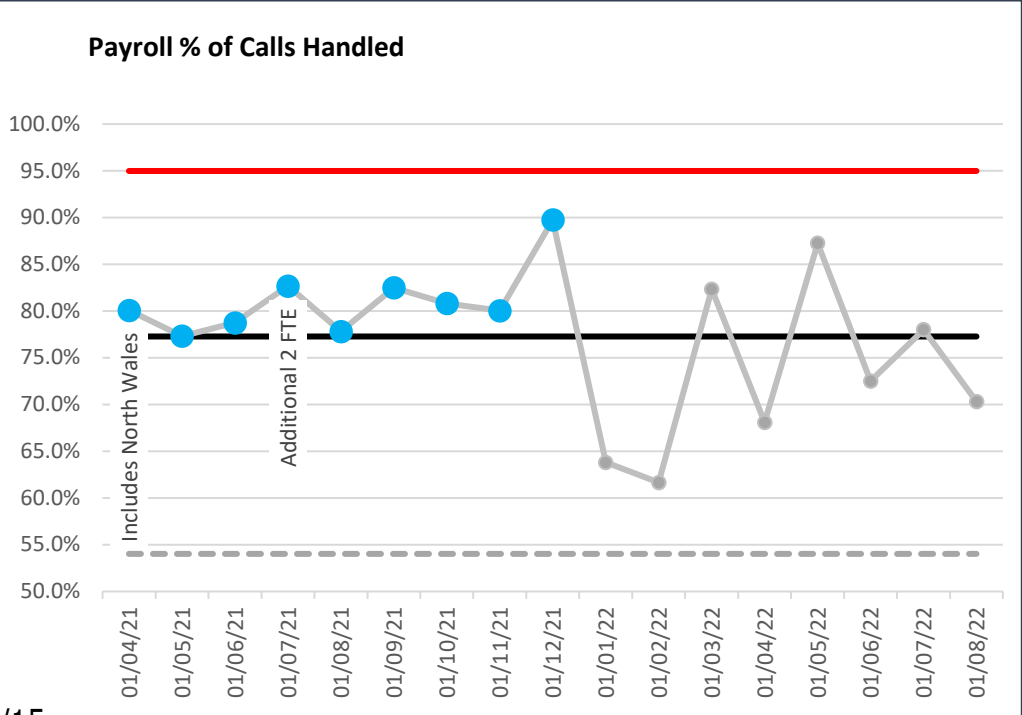
Employment Services – Payroll % Calls Handled

For the month of August, 70% of calls were handled against the target of 95%. The July performance was 78% and 73% in June.

Performance has deteriorated this month due to a higher volume of calls and calls being more complex from Rotational Doctors and the Doctors intake. In addition, there has been sickness within the team coupled with annual leave.

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 most of the unanswered calls can be attributed to.

The charts below show performance and activity over the last 16 months.

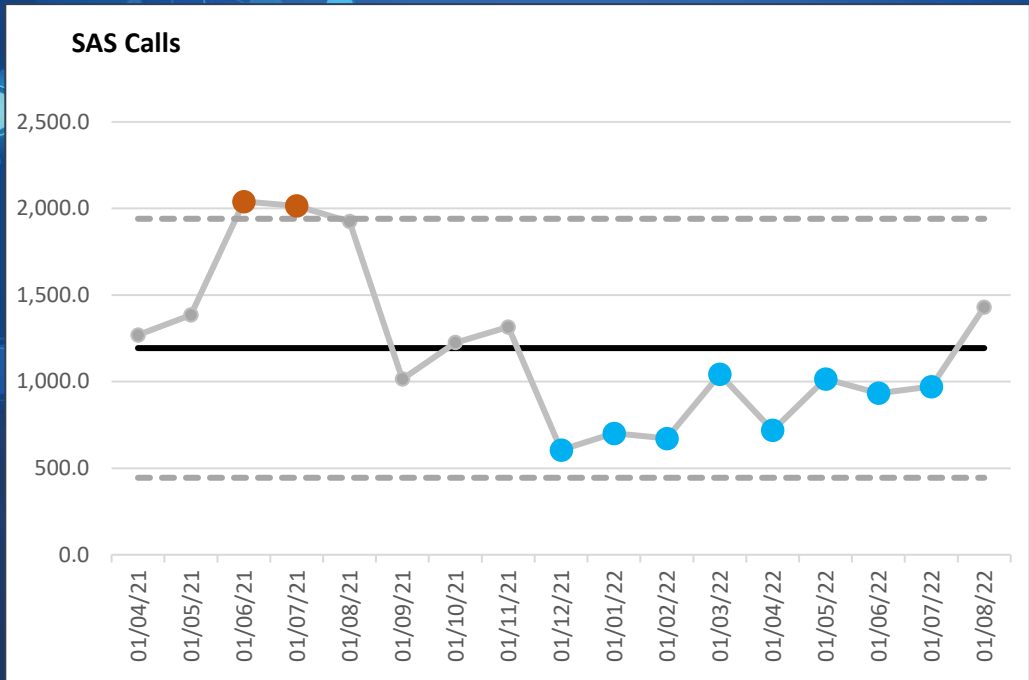
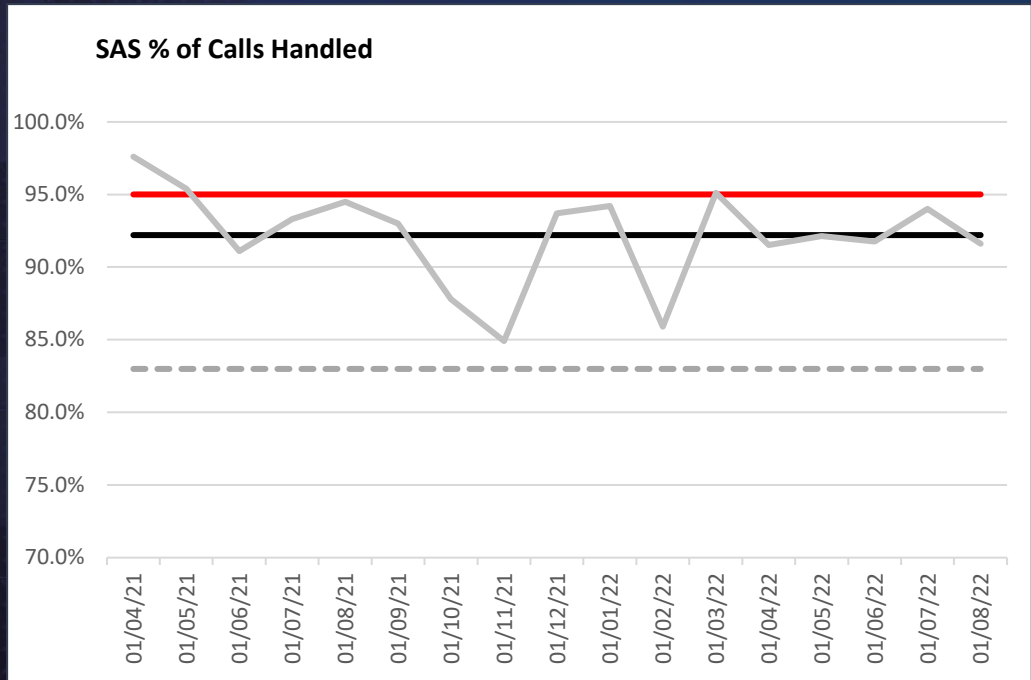


Student Awards Services – % of calls Handled

For the month of August, 92% of calls were handled against a target of 95%.

At this time of year the volume of calls is high and within a small team this has contributed to the under performance.

The charts below show performance and activity over the last 16 months.



Realigning how we measure our performance

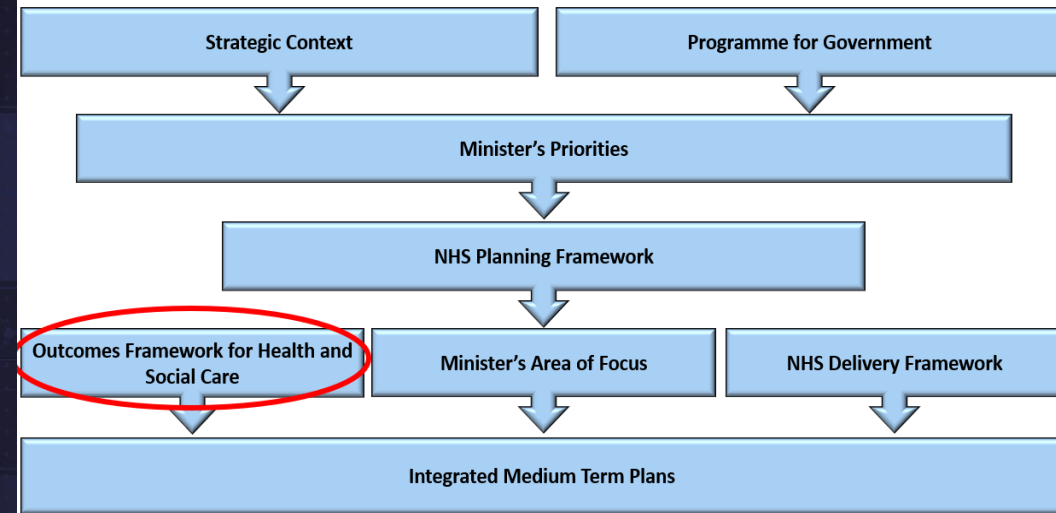
The NHS Wales Performance Framework for 2022-23 has been published.

This is an interim framework whilst further work is undertaken to identify outcome focused measures that deliver the priorities outlined in the NHS Planning Framework and the Health and Social Care Outcomes Framework (in development).

NWSSP is involved in developing these outcome measures with the Health organisations and sits on the national group.

We will also be involved in a sub group working with the 'non Health boards' including DHCW and HEIW to develop others more applicable to our services.

How will the Outcomes Framework Inform NHS Service Planning?

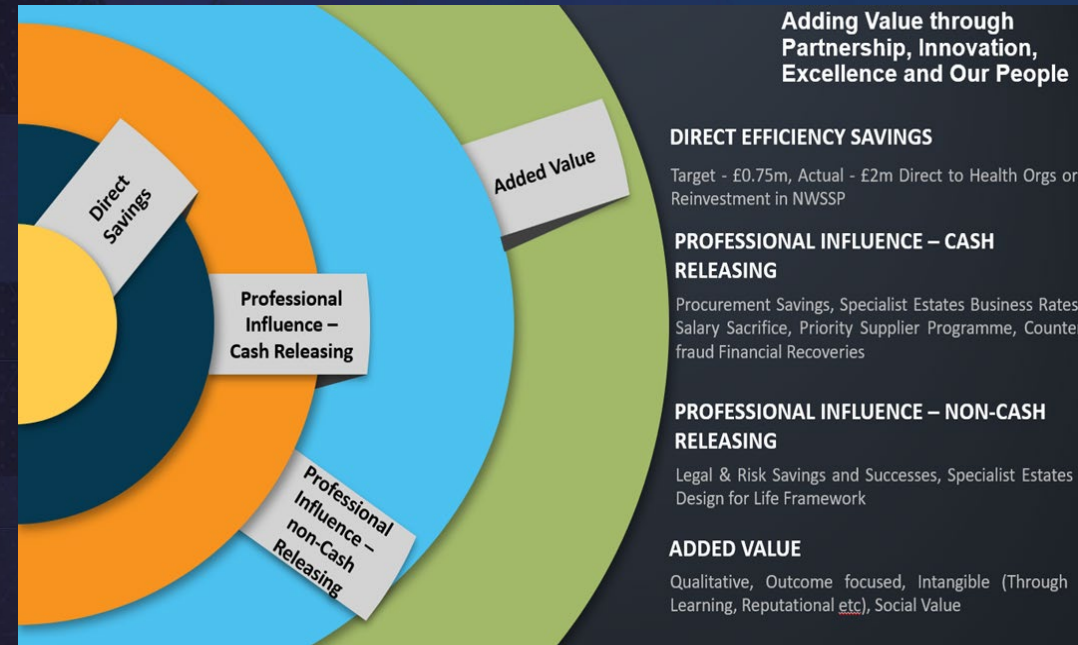


Realigning how we measure our performance

NWSSP is in the process of identifying our own outcome focused measures through the Adding Value work which will align with 'A Healthier Wales' quadruple aim and the Duty of Quality aims.

A snap shot of how this is evolving shown on the right.

This is something we would want to develop further with the members of the Partnership Committee during this year.



Summary

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

- The significant level of professional influence benefits generated by NWSSP to 31st August 2022.
- The performance against the high-level key performance indicators to 31st August 2022.
- The ongoing work to develop outcome measures during 2022-2023.



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Project Management Office Update Report

**ARWEINYDD:
LEAD:**

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

**AWDUR:
AUTHOR:**

**Ian Rose, Head of Project Management
Office & Service Improvement**

**SWYDDOG ADRODD:
REPORTING
OFFICER:**

**Ian Rose, Head of Project Management
Office & Service Improvement**

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

The purpose of this report is to provide the Shared Services Partnership Committee with an update on progress with key projects.

Llywodraethu/Governance

**Amcanion:
Objectives:**

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

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

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

**Tystiolaeth:
Supporting
evidence:**

NWSSP IMTP 2022-25 approved by SSPC in January 2022.

Ymgynghoriad/Consultation :

Senior Leadership Group

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
yfreithiol: Legal:	Compliance with procurement regulations where applicable
Iechyd Poblogaeth: Population Health:	No direct Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	Compliance with financial instructions and processes where applicable
Risg a Aswiriant: Risk and Assurance:	
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	Capacity constraints are highlighted against each project where applicable
Deddf Rhyddid Gwybodaeth/ FOIA	Open



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

GIG Cymru Partneriaeth
Cydwasaethau

NHS Wales Shared
Services Partnership

PMO Report

NWSSP PMO Monthly Update – July 22 - September 2022

Prepared by Ian Rose

Date of Updates provided: 12/9/2022

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Monthly Summary
<p>The Project Management Office (PMO) is currently supporting 21 live schemes of varying size, complexity and providing a range of support from different points within the project lifecycle.</p> <p>The schemes have different Senior Responsible Owners (SRO) or Project Executive Leads across several NWSSP directorates and Health Boards.</p> <p>The current breakdown of schemes is summarised below:</p> <ul style="list-style-type: none"> • 61% (13 Schemes) All Wales – Typically where the scheme covers multiple Health Boards, and the schemes seek to implement products utilised on a multi-Health Board or all Wales basis. • 10% (2 Schemes) Health Board – Typically supporting schemes for Health Boards but where NWSSP play a role in the service provision. • 32% (6 Schemes) NWSSP – Typically serving internal purpose for one or more NWSSP Divisions. <p>Several initiatives are in the pipeline for onboarding which will increase the number of ongoing supported activities.</p> <p>There are specific Programme Board or Steering Group arrangements in place for Laundry and TRAMs , that involve Project Managers (PMs) from the PMO but performance is reported separately.</p>
Committee Recommendation
<p>The committee is requested to:</p> <ul style="list-style-type: none"> • Note the update on progress with key projects.

Key Trend information and Initiative Overview

Number of Initiatives – 21

Displayed in date order

All Wales	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
Single Lead Employer Phase 3	Ruth Alcolado	Green	Medium	30/09/2022	30/09/2022	98% <div></div>	Project Management
Digital identity checking software	Darren Rees	Green	Medium	30/09/2022	31/03/2022	57% <div></div>	Project Management
Medical Examiner	Andrew Evans	Amber - Cost	Small	31/10/2022	31/03/2021	85% <div></div>	Programme Set up
TRAMS SE Wales Hub	Neil Frow	Amber - Cost	Large	31/10/2022	31/03/2022	40% <div></div>	Project Management
FPPS GP Payments	Neil Jenkins	Green	Large	31/10/2022	01/05/2020	76% <div></div>	Project Management
Decarbonisation Project Phase 2 Support	Neil Davies	Green	Medium	31/10/2022	31/08/2022	10% <div></div>	Project Consultancy
CVB	Hazel Robinson	Not PMO Measured	Medium	31/12/2022	31/08/2022	0% <div></div>	Programme Consultancy
Performers List	Neil Jenkins	Green	Large	31/03/2023	31/03/2022	37% <div></div>	Project Management
Student Awards System Existing Stablisation and New Sy	Darren Rees	Amber - Time	Large	31/03/2023	31/03/2021	20% <div></div>	Project Management
Occupational Health Checks	Rebecca Jarvis	Green	Large	31/03/2023	31/03/2022	61% <div></div>	Project Management
Demographic Transformation	Ceri Evans	Green	Large	31/07/2023	31/07/2022	62% <div></div>	Project Management
TRAMS Programme	Neil Frow	Amber - Cost	LargeXorg	31/12/2023	31/03/2022	15% <div></div>	Programme Management
GS1 Coding - Locations	Andy Smallwood	Green	Large	Awi Scoping	Awi Scoping	0% <div></div>	Project Management

Health Board	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
Cwm Taf Phase 2 Community Dressings	Emma Williams	Green	Medium	31/10/2022	31/10/2021	88% <div></div>	Project Management
Community Dressings Powys - Phase 1	Stephen Powell	Green	Medium	31/10/2022	31/03/2022	84% <div></div>	Project Management
Grand Total							

NWSSP	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
Cleric Procurement of New System / contract	Tony Chatfield	Blue	Small	30/06/2022	31/12/2020	100% <div></div>	Project Management
IMBL Scanner implementation	Andrew Evans	Green	Small	30/09/2022	31/08/2022	78% <div></div>	Project Management
CAF Remediation	Andy Butler	Green	Medium	31/10/2022	31/10/2022	25% <div></div>	Project Management
L&R Case Management System implementation phase	Mark Harris	Red - Cost	LargeXorg	28/02/2023	31/03/2022	59% <div></div>	Project Management
Patient Medical Records and Scanning Service Accommo	Scott Lavender	Green	Large	31/08/2023	31/03/2022	25% <div></div>	Project Management
Data Management	Andrew Evans	Green	Large	01/09/2024	01/09/2024	40% <div></div>	Project Management

Project Name	Project Manager	Project Exec/SRO
L&R Case Management System	Jenna Goldsworthy	Mark Harris
Monthly Update (key/issues (blockages)/risk assessments)		
Status – Red (Overall) Red (Time) Red (Cost) Red (Scope)		
<u>Recent Gateway Review? – No</u>		
<p><u>Objective</u></p> <p>The Legal & Risk Service (L&RS) current document storage solution (Virtual Cabinet) and the case management system are outdated and require upgrading. Business Case for a replacement system submitted to and approved by Digital Priorities Investment Fund (DPIF), Welsh Government on 24 March 2021 for financial year 21/22.</p> <p>Following a tender process, DXC were awarded a contract to design, create and implement a case management system, document storage and sharing solution using Microsoft Dynamics 365.</p> <p>The project has been set up to implement the new solution above.</p> <p><u>Progress Update</u></p> <p>L&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><u>Main Issues, Risks & Blockers</u></p> <p><u>Scope Issues</u></p> <p>There is currently significant disagreement between us and the provider about the scope of the contract.</p> <p><u>DXC Hours Overspend</u></p> <p>The DXC team have used an excessive number of hours above what was anticipated.</p> <p><u>DXC (Supplier Delay)</u></p> <p>While working with the DXC Management team to resolve the current open issues, it was agreed that all work from DXC's perspective will halt from 07 July 2022 until all issues have been resolved.</p> <p><u>Microsoft D365 Licenses</u></p> <p>L&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&R is currently looking at possible mitigations.</p>		

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
Medical Examiner	Bethan Rees	Andrew Evans (PCS)
Monthly Update (key/issues (blockages)/risks)		
Status – Amber (Overall) Green (Time) Red (Cost) Green (Quality) Recent Gateway Review? No		
Objective Project Management of the set up and go live of the Medical Examiner service		
Progress Update The bill is scheduled to pass through Parliament in the Autumn, which will enable the service to move onto the next implementation phase and increase scrutiny of cases to full capacity prior to legislation being in place. Project Executive has now requested Project Management to continue until full capacity is reached, with Project Closure proposed for October 2023 however resource use and if an actual PM is required as opposed to business administration needs to be discussed .		
Main Issues, Risks & Blockers The only risk that remains relates to the financial requirement and the required funding letter from Welsh Government, but funding is not deemed to be at risk in the absence of such letter and the Programme Director, Board and finance lead have accepted the risk on that basis however in the absence of funding service continuity will be threatened.		

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
Student Awards	Bethan Rees	Lisa Williams / Darren Rees
Monthly Update (key/issues (blockages)/risks)		
Status – Amber (Overall) Green (Time) Green (Cost) Green (Quality) Recent Gateway Review? No		
Objective To provide a replacement workflow management system for the student awards service which provides bursary payments to healthcare students in NHS Wales. This is due to the existing system reaching end of service life without the option to extend the support contract arrangements beyond March 2023.		
Progress Update <ul style="list-style-type: none"> The Student Award System (SAS) contract support agreement with Kainos is in place to end of Mar-23, and Swansea Bay Health Board (SBUHB) has agreed to support the legacy servers to this date. The Kainos option had been exhausted and further extensions would have contravened Procurement OJEU rules & regulations. 		

- Full Business Case for the replacement software has now been approved based on a firm tendered price. Funding has been awarded by Welsh Government, and contract award is in progress.
- The timeline to develop and deploy the solution by Apr-23 remains tight, which is why the project remains rated Amber overall. Failure to meet the Apr-23 deadline would potentially disrupt service continuity and could introduce potential delays to student bursary payments as part of the student awards service.

Main Issues, Risks & Blockers

- Vulnerability and end of support for legacy software and hardware remains a risk for the next 6 months until the new solution is deployed however business continuity plans exist to protect the service until project completion.
- GDPR risk from hosting end-of-life systems. Higher risk of a full records management breach, risks around the fragility of an unsupported system and the potential of data loss or corruption of thousands of student data records which could pose potential monetary penalties of several million pounds for a loss.

Project Name	Project Manager	Project Exec/SRO
Laundry Transition	Ian Rose	Neil Frow
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Amber (Overall) Amber (Time) Amber (Cost) Green (Scope) Recent Gateway Review? No, However the Laundry Transformation Parent Programme has		
<u>Objective</u> 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.		
<u>Progress Update</u> Three Laundries continue to operate on the agreed basis because of the transfer in Apr-21: <ul style="list-style-type: none"> • Glan Clwyd – Complete. • Llansamlet – Complete. • Aneurin Bevan / Greenvale – Aneurin Bevan University Health Board (ABUHB) Estates & Facilities team are still currently reviewing the Memorandum of Terms of Occupancy (MOTO) and a follow up discussion will need to be arranged between ABUHB and Laundry Assistant Director to discuss any final comments but is yet to take place and has been pursued on numerous occasions. 		

Main Issues, Risks & Blockers

There are no major issues observed on the basis MOTO agreement not being signed as it is not legally binding document and service will remain uninterrupted and continuation of linen production will continue.

Consideration should be given to accelerating the laundry IT service provision from ABUHB to DHCW to mitigate any potential IT service disruption which whilst being minimal and affecting a small number of users, it would not jeopardise linen production.

Programme Name	Programme Manager	Project Exec/SRO
TRAMs Programme	Peter Elliott	Andrew Evans (Welsh Gov) & Neil Frow
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Amber (Overall) Amber (Time) Amber (Cost) Green (Scope)		
<u>Recent Gateway Review?</u> – No Gateway Reviews have been commissioned by the SROs.		
<u>Objective</u> To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.		
<u>Progress Update</u> <ul style="list-style-type: none">• Discussions are ongoing with the owners of two potential sites in SE Wales. Informal discussions with Welsh Government during August 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 emergent piece of strategic context. There is a possible resulting impact on the Programme timeline, which is being assessed and will be reported to Programme Board.• Discussions, supported by NWSSP Specialist Estates Service (SES) are ongoing to determine the contractor fees required to complete the Southeast OBC. It has taken longer than expected to agree the fee proposal with the contractors. Scrutiny is being applied to the proposed justification for the fees.• Provisional locality selections for South West and North regions have been made by representative scoring panels, and will be circulated for endorsement in the form of Strategic Outline Cases, first to Programme Board, and then to Health Boards, Trusts, and Welsh Government.• Space has been secured for the Quality Control Lab in the vacant laboratory space in IP5. Opportunities for early benefit realisation from this capacity are being assessed.• The TRAMS Digital Project has started up and is engaging with DHCW to determine the capacity to support the required digital services for stock control and workflow management. The NWSSP Chief Digital Officer is sighted. A senior representative from DHCW has been invited to join the Project Board.• Organisational Change Project 1 (OCP1, for 8 senior posts) closed formal consultation on 08 July 2022. The implementation pack of Consultation Responses, final Job Descriptions, and Appointment Process has been agreed by Workforce and		

Staff Side stakeholders, and will be issued to staff by the end of September. It is planned to complete the appointments and begin the initial secondments (1 day per week) by the end of Quarter 3. The actual TUPE transfer will follow when they move to NWSSP full time. Planning of OCP2 (for around 230 staff) is ongoing.

- Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.
- The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and met for the first time in Aug-22 to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.
- Staff Engagement sessions were run with around 400 staff at 15 locations across Wales in the months of July and August. Feedback was overwhelmingly positive, with accessibility of the new sites to the existing workforce being the main staff concern expressed.
- Finance Subgroup of Health Board and Trust representatives to work on detailed identification of the revenue budgets that support the existing services has been convened and is expected to meet for the first time in late September 2022.
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing with a first call held with Northern Ireland, alongside existing engagement with England and Scotland.

Main Issues, Risks & Blockers

- Determining and then securing funding for fees to complete the SE Wales OBC.
- Confirming suitable sites that meet both the very demanding needs of the service, and the strategic context of the funding stakeholder.
- 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.
- Level of engagement received from Health Board Workforce stakeholders to conduct OCP1 for 8 posts has been mixed, resulting in delays to the formal consultation and risk to the smooth delivery of this change, risking delay to the Programme timeline, and unsettling the workforce. This needs to be remedied before the much larger and more complex OCP2 process begins, involving around 360 staff. A detailed Project Plan is being prepared for OCP2, including Team Plans for the actions needed by each Health Board and Trust partner. These actions will be monitored and escalated as required via TRAMS Programme Board and onward to WODs or SSPC as required. Chief Pharmacists are also expected to take a role in mobilising workforce resources and driving actions from within their own organisations.
- Based on current position, the programme remains **“Amber”**.

Project Name	Project Manager	Project Exec/SRO
Cyber Assessment Framework Remediations	Peter Elliott	Neil Jenkins
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
Recent Gateway Review? – No		
Objective To provide remediations to vulnerabilities identified by the organisational Cyber Assessment Framework (CAF), with a particular focus on those risks rated red in the report.		
Progress Update The Project Board has been established and a series of initial team meetings have been held. A series of actions have been planned including: <ul style="list-style-type: none"> • Creating NWSSP level workflows for Senior Leadership Group (SLG) and senior manager use during Incident Response and Disaster Recovery <ul style="list-style-type: none"> ◦ Provide training exercises and packages in support of the workflows • Updating the register of System Owners and ensuring that all system owners understand their role • Identifying a cost-effective solution managing the lifecycle of assets including: <ul style="list-style-type: none"> ◦ Physical assets such as laptops and network switches ◦ Non-windows assets including phones and photocopiers ◦ Software assets such as on-premise applications ◦ Third party managed service applications • Updating the NWSSP Portfolio Management Approach to include a Digital Foundation stage. This will help each time we replace applications ensuring the right approach is undertaken. • Providing input to the forthcoming NWSSP Digital Strategy • Implement a Network Monitoring System 		
Main Issues, Risks & Blockers <ul style="list-style-type: none"> • Risks of not mitigating our vulnerabilities are <ul style="list-style-type: none"> ◦ 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 the NWSSP IT Security Manager is a known constraint, as a single point of resilience. Protected work time has been agreed but it is a recognised issue that this resource is in high demand across all NWSSP services. Mitigation is to use alternative resources where appropriate and support the Security Manager with a Project Plan and direct support as appropriate. • 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 resources to manage this cycle effectively may not currently be in place: <ul style="list-style-type: none"> ◦ Technical Resources in NWSSP IM&T ◦ Resource from the NHS Wales 365 MSO Centre of Excellence 		

- Service Resources in the departments to participate in specification, testing, acceptance, and deployment.
- Specialist Procurement Resources
- The Chief Digital Officer remains in discussion with SLG colleagues about how to meet the resource requirements of the service with new posts being approved to support this requirement and the recruitment process has commenced with further consideration as that progresses

Project Name	Project Manager	Project Exec/SRO
Cleric	Peter Elliott	Tony Chatfield
Monthly Update (key/issues (blockages)/risk assessments)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u> Providing logistics software for Health Courier Service that is secure, and technically, commercially, and operationally sustainable.		
<u>Progress Update</u> Following a formal Service Review with the supplier, it has been agreed that implementation has been achieved. Accordingly the project has now closed.		
<u>Main Issues, Risks & Blockers</u> None		

Project Name	Project Manager	Project Exec/SRO
FPPS GP Payments – PCS	Gill Bailey	Ceri Evans
Monthly Update (key/issues (blockages)/risk assessments)		
<u>Status-</u> Green (Overall) Green (Time) Green (Cost) Amber (Quality)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u> 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. NHS England have developed a replacement system and consequently the GMS (GP) payment module of NHAIS will be de-commissioned.		
NWSSP Primary Care Services have entered into an agreement with Business Services Organisation (BSO), Northern Ireland to replicate their own system known as Family Practitioner Payments System (FPPS) for NHS Wales. The project aim is to implement FPPS for NHS Wales.		
<u>Progress Update</u> The core aim of the project has been successfully implemented with GP payments processed through FPPS and paid via Oracle in accordance with the payment schedule.		

Revised processes implemented to manage transfer of data and access to FPPS Wales more efficiently.

A solution has been identified to allow the payments team access to the data required for PPV which will be retrieved, reviewed, and saved locally. BSO are currently configuring the set-up.

Before the project can be formally closed and handed over to business as usual, there are a few feature enhancements that need to be completed and launched:

- Post Payment Verification (PPV) requirements have been developed and tested with workshops held to disseminate revised process to Practices. It is anticipated that this will be released to the live site on 26 September 2022.
- Development of Practice statements has been completed with User Acceptance Testing schedule over the next couple of weeks.
- Development of a download to integrate with another GP system completed with User Acceptance Testing to be scheduled over the next couple of weeks.

Main Issues, Risks and Blockers

None

Project Name	Project Manager	Project Exec/SRO
Demographics Transformation - PCS	Gill Bailey	Ceri Evans
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope) 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: <ul style="list-style-type: none"> • Use of Welsh Demographic Service provided by Digital Health & Care Wales (DHCW) – complete • Implement replacement NHAIS local hardware hosting (legacy infrastructure) to ensure continuity of service up to and during transition - complete • Implementation of alternative data extract provided by DHCW • Implementation of in-house application known as 'Notify' that monitors the movement of medical records • Implementation of Primary Care Registration Management System (PCRM) provided by NHS Digital • De-commission NHAIS local boxes 		
Progress update		

Data: Extensive data analysis being undertaken to identify and resolve any discrepancies between existing system and new data feed to be provided by DHCW. Scheduled to be completed by the end of Oct-22.

Notify: Data inaccuracies identified by PCS when testing the Notify data feed from Welsh Demographic Service (WDS). Following discussions with DHCW who manage WDS, a solution has been identified which will require testing prior to implementation.

Data retention: Following research to understand the requirements to retain data from the existing NHAIS system, the project team are recommending that the existing data is retained for seven years from now to comply with legislative requirements. Formal approval will be sought from PCS, SMT on 22 September 2022. Once approved, discussions will be initiated with DHCW to capture options for where and how the data can be stored and who will have access.

PCRM: Dependent upon NHS Digital to confirm transition date which is unlikely to take place this financial year.

Whilst the implementation of PCRM is yet to be confirmed, the team is keen to access the 'test' environment to identify any critical gaps in order that these can be added to NHS Digital backlog.

A selection of the PCS Registration team now have access to the integration site and user stories but this does not contain any data. Training scheduled to commence in Sept-22.

NHS Digital are also in the process of undertaking an impact assessment to understand the changes required in PCRM to comply with Welsh Health policy e.g., to ensure the provision of services to the 'resident' population of Wales as opposed to the 'registered' population adopted in England.

Main Issues, Risks and Blockers

The NHS Digital work package to provide NHAIS support and maintenance has been delayed as NHS Digital is still in the process of reviewing their costing model to include PCRM this will not impact users but could introduce cost implications should this materialise.

Notify: Following the resignation of the Lead Developer at the beginning of August, the development of Notify is currently on hold until a new Developer is in post. Whilst the development of the minimum viable product stands at around 90% complete, it is likely that the remaining 10% will be complex. Consequently, the completion of Notify is delayed with the impact manageable due to the delay of PCRM.

Programme Name	Project Manager	Project Exec/SRO
Citizen Voice Body, Wales	Gill Bailey	Chris Jones
Monthly Update (key/issues (blockages)/risk assessments)		
Status- (Overall) (Time) (Cost) (Scope) Not PMO measured		
Recent Gateway Review? – No		
<p><u>Objective</u></p> <p>Welsh Government sponsored programme to implement a new statutory body.</p> <p>Following programme gateway review, the role of the PMO is to provide support to two recommendations:</p> <ul style="list-style-type: none"> Set out risk management arrangements for workstreams and between the project and CVB, once it is established from 1 April 2022 and for later project phases completed Develop a detailed project delivery plan working back from 1 April 2023 <p><u>Progress Update</u></p> <p>Programme plan created and approved by Implementation Board. Document published to Welsh Government file management system with responsibility for maintaining and updating handed over to Chair/Leads of each workstream.</p> <p>Programme Plan instruction document devised and provided to Programme team for dissemination as appropriate.</p> <p>Ad hoc advice and support to weekly catch up sessions to continue.</p> <p><u>Main Blockers/Observations</u></p> <p>None</p>		

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

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

Progress Update

Prior Information Notice (PIN) has been issued to market.

Market Engagement has been carried out with 4 Suppliers responding. This resulted in indicative costings and feasibility proposals being received.

An Outline Business Case has been prepared based on these costings and this has been endorsed in principle by NWSSP SLG proceeding in-line with existing standing financial instructions.

Work is ongoing concurrently to complete the tender specification, and this is planned to be complete by the end of September

Main Issues, Risks and Blockers

- Work is ongoing with NWSSP finance to clarify the cost impacts within the OBC in terms of what is Revenue and what is Capital.
- Once this is clarified the OBC will be submitted to Welsh Government and the tender process initiated.

If funding is not approved this will not jeopardise the WNWRS element of the project as this is funded by Welsh Government however, it will put the performers list at risk. Contingency plans will be developed to mitigate this risk.

Project Name	Project Manager	Project Exec/SRO
Data Management – PCS	Alison Lewis	Neil Jenkins
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Amber (Time) Amber (Cost) Green (Scope)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u>		
To create solutions that enable data driven service development and performance management, and consistent views of Primary Care Services (PCS) data which is accessible through streamlined channels.		
<u>Progress Update</u>		
The data exploration contract was completed 08 July 2022 and a lessons learned review conducted with the contractor on 20 July 2022.		
Project Board has determined to take future maintenance of data sets in house, and the resources to do this are currently being established within the PCS team.		

Once this resource is in place, Project Board will determine the plan for further implementation, including preparation of Business Cases as required.

Main Issues, Risks and Blockers

- Time to establish internal service resource to exploit the full benefits of the analysis done to date, and to extend the scope to cover additional service areas.

No customer impact envisaged.

Project Name	Project Manager	Project Exec/SRO
Single Lead Employer – Phase 3	Jenna Goldsworthy	Ruth Alcolado
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope) <u>Recent Gateway Review? – No</u>		
<u>Objective</u> Establish NWSSP as the Single Lead Employer (SLE) for all trainees within NHS Wales by adopting a phased implementation approach. Establish arrangements to manage all trainee rotations whilst employed by NWSSP under the SLE model in partnership with HEIW and the Host Education and training providers (Health Boards).		
<u>Progress Update</u> On-boarding plan on target with project closure scheduled for the end of September.		
Ad Hoc Locum Payments -		
Health Board	Status	Comments
HDUHB	Completed	290 locum shifts paid via SLE in Jun-22
CTMUHB	Completed	203 shifts paid to 86 trainees in Jun-22
CVUHB	Completed	225 shifts paid to 102 trainees in Jun-22
ABUHB	Pilot extension	All specialities expected to come on board by Aug-22. Follow up progress meeting scheduled for Sep-22
Velindre	Pilot to begin	Meeting to be arranged in September to review process before transfer to business as usual.
<u>Main Issues, Risks & Blockers</u> Discussion ongoing on in relation to IT support and licencing arrangements for trainee Dentists as the management for this cohort varies from previous all trainees.		

Programme Name	Project Manager	Project Exec/SRO
Customer Contact Centre	Bethan Clift	Andrew Evans
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope) Recent Gateway Review? – No		
<u>Objective</u> Review and improve how our customers interact with NWSSP.		
<u>Progress update</u> <u>Supporting Infrastructure</u> Programme Board have agreed that NWSSP will explore the option of joining Digital Health & Care Wales (DHCW) contact centre and telephony programme, with the aim of adopting the same technical solutions. Although DHCW are expecting to award the contract by Mar-23. NWSSP are seeking the option to extend their current telephony contract to ensure contingency in the event of any delays.		
A technical proposal from Red Cortex, a 3 rd party provider able to provide Digital Transformation Services, has been submitted to DHCW for their consideration. To understand the proposal, discussions between NWSSP and the Centre of Excellence/ Red Cortex have taken place to better understand how TEAMS voice could be configured to meet the needs of NWSSP. Further discussions with DHCW and NWSSP will be required over the coming weeks.		
Current tasks in progress: <ul style="list-style-type: none"> NWSSP project team has undertaken a requirement capture, which has been submitted to contact centre leads for final comments; A draft version of requirements has been shared with DHCW; and Interactive Voice Response (IVR)/Auto attendant flows are being mapped and agreed with project leads. 		
<u>Improvement Model (NWSSP website)</u> Following approval from informal SLG, the new NWSSP landing page launched on 15 August 2022 for: <ul style="list-style-type: none"> Employing People (covering Payroll and Recruitment activities) Car Scheme (Lease Cars) Receiving NHS Funding for your Studies (Student Awards). 		
The work package for Information on Payment for Goods and Services Purchased by NHS Wales (Accounts Payable) is being translated.		
The following services are currently being worked through for inclusion on the page: Pensions, e-expenses, Digital Learning and ESR with a target completion date of end of October 2022.		
It is anticipated that customers will be able to seek the information they require from the updated pages on NWSSP website which should reduce the need for a follow up telephone call. IVR and MURA baseline data has been collected to assess if these improvements are being realised.		

Main Issues, Risks & Blockers

Supporting Infrastructure

The Mitel phone system is hosted on the Hyper V Dell server, at NWSSP data centre. If the Mitel contract can be extended there is also a requirement to extend the Dell warranty. Project team are in discussions with Maintel and Dell.

Consideration will need to be given to DHCW requirements, as there is a risk that DHCW requirements will not meet the needs of NWSSP. An impact assessment will need to be undertaken, if necessary, at the appropriate time.

Project Name	Project Manager	Project Exec/SRO
Community Dressings Phase 2 CTMUHB	Bethan Clift	Emma Williams
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
<u>Recent Gateway Review?</u> – No		
<u>Objective</u>		
To support Cwm Taf Morgannwg University Health Board (CTMUHB) with the implementation of a standardised approach to the supply and management of wound care products within the Community setting to release nursing time back to patient care.		
Phase 2: Implementation of a new end-to-end service to be provided by NWSSP Supply Chain, Logistics & Transport.		
<u>Progress Update</u>		
The new end-to-end service went live, as planned on the 05 September 2022.		
Actions completed since previous report:		
<ul style="list-style-type: none">• Recruitment process;• Staff inductions;• Sprinter vehicles delivered;• Standard Operating Procedure created, approved, and published;• Wound Care Formulary agreed;• Delivery Schedules revised and loaded;• Specialist/non-Formulary Approval Form distributed, with oracle training undertaken for CTMUHB approvers; and• Service level agreement has been created, awaiting approval.		
<u>Main Issues, Risks & Blockers</u>		
Several issues have arisen with product maximum stock levels and the barcode scanners. These issues have been explored with mitigating actions being put in place. No impact to CTMUHB stakeholders. Project team to meet weekly to ensure issues are resolved before project closure can be undertaken.		

Project Name	Project Manager	Project Exec/SRO
Community Dressings Phase 1 Powys	Bethan Clift	Stephen Powell
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
<u>Recent Gateway Review?</u> – No		
<p><u>Objective</u></p> <p>To support Powys Teaching Health Board (PTHB) with the implementation of a standardised approach to the supply and management of wound care products within the Community setting to release nursing time back to patient care.</p> <p>Phase 1: Facilitate development and approval of Business Case by Powys Teaching Health Board.</p> <p><u>Progress update</u></p> <p>Senior members of the project team met on the 11 August 2022 to review the summary paper that was submitted to Powys Teaching Health Board Senior Leadership team with the recommendation to progress with NWSSP.</p> <p>Some concerns were noted regarding the financial model and the ongoing impact to PTHB of the recurrent NWSSP investment costs required to provide the service. This is mainly due to the minimal financial benefits that is expected from the project. Project Manager also highlighted that the financial benefits may be subject to change when the All Wales Wound Management contract, that underpins the costs of the products, is reviewed at the end of Dec-22.</p> <p>Project Manager discussing with procurement colleagues when a decision from PTHB is required.</p> <p><u>Main Issues, Risks & Blockers</u></p> <p>PTHB have several new project team members, and this is causing some delays in ensuring all members are up to date with progress. While there are some financial benefits there is a resistance to change the way the service currently operates.</p>		

Project Name	Project Manager	Project Exec/SRO
Decarbonisation Action Plan	Bethan Clift	Neil Davies
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
<u>Recent Gateway Review?</u> – No		
<p><u>Objective</u></p> <p>The NHS Wales Decarbonisation Strategic Delivery Plan (SDP) was published in March 2021, with the strategy outlining plans to achieving a wide range of objectives by 2030. In line with these objectives all health organisations are directed to set out a Decarbonisation Action Plan (DAP) specific to each organisation by 31st March 2022.</p>		

NWSSP also has a national role to play in supporting the Health and Social Services Decarbonisation and Climate Change Programme Board. Recurrent funding has been secured from the Welsh Government to support our work in this area.

NWSSP had established a Steering Group to oversee the implementation of our local Decarbonisation Action Plan. The remit of this group will now be revisited and refreshed to reflect the dual role we have in supporting the implementation of other DAPs across NHS Wales and wider Welsh Government goals.

Progress Update

- Confirmation of funding has been received from Welsh Government, which is being used to secure the resource required to support the programme moving forwards.
- Environment & Facilities Management Advisor – Recruitment process complete;
- Decarbonisation and Climate Change Programme lead – Interim programme lead has been appointed;
- 2x Project Managers – 1x project manager was successfully appointed; however, the second project manager role was not filled. Follow-up process commenced with interviews scheduled to take place w/c 12 September;
- Decarbonisation newsletter has been issued to all NWSSP staff;
- Welsh Government have requested a Task & Finish group led by NWSSP, to take forward the full set of Transport related actions within the Strategic Plan (not including WAST specific responsibilities). Further clarification from Welsh Government on the proposal and requirements is being sought;
- SES team have completed their evaluation on proposals for Photovoltaics, solar panels, at IP5, Newport and Picketston, St Athan. The report has been summarised and presented to Procurement Services (who own/operate the relevant buildings) for their consideration. Conclusions are that (at the time of evaluation) the financial payback was unattractive as considerable work is required to the building structures before proceeding;
- Procurement Services have provided all necessary data to Health Boards to enable them to submit their 2021-22 returns (deadline is 09 September 2022). This exercise has resolved the anomaly from last year regarding the emergency covid spend being attributed to VUNHST; and
- NWSSP has completed its own submission also and this will be formally submitted by VUNHST on our behalf.

Main Blockers/Observations

None

Project Name	Project Manager	Project Exec/SRO
Agile Estates Strategy	Bethan Clift	Neil Davies
Monthly Update (key/issues (blockages)/risk assessments)		
<u>Status-</u> (Overall) (Time) (Cost) (Scope) Not PMO Measured		
<u>Recent Gateway Review?</u> – No		
<u>Objective</u>		
NWSSP has committed to adopting an agile approach to its workforce model building on the success of this flexibility during the pandemic. However, in parallel, a project has been		

initiated to consider the future accommodation and space utilisation needs for NWSSP to support agile working.

A steering group has been established with a supporting delivery team in place. We are working with ETL, an external company with specialist knowledge in space planning and utilisation.

Progress Update

At the July NWSSP SLG, it was agreed to pause this group.

Main Blockers/Observations

While waiting for SLG response, it is causing delays to the project schedule. There is also a risk that this delay may add additional costs to when the project is restarted.

Project Name	Project Manager	Project Exec/SRO
Pure Digital Solution – Payroll Modernisation (Previously known as Payroll e-Forms)	Rhiann Cooke	Stephen Withers
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Amber (Cost) Green (Scope)		
<u>Recent Gateway Review?</u> – No		
<u>Objective</u> Procure and implement a solution to replace current manual payroll processes dealing with new starters, staff movement and leavers as well as timesheets used to capture additional hours and shift work.		
<u>Progress Update</u> Employment Services are continuing to liaise with Centre of Excellence directly to provide a digital solution. A meeting scheduled for w/c 12 September 2022 will conclude discussions and determine the need for a commercial solution. Project Management support will resume, <u>if required</u> , following this discussion.		
<u>Main Issues, Risks & Blockers</u> If Centre of Excellence are unable to provide a solution, there will be increased costs and a further time delay due to the tender process.		

Project Name	Project Manager	Project Exec/SRO
Occupational Health Checks	Rhiann Cooke	Rebecca Jarvis
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
<u>Recent Gateway Review?</u> – No		
<u>Objective</u>		

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 tender exercise and subsequent evaluation concluded in July. A new supplier, Civica, was identified as the most economically advantageous tender based on the award criteria.

The current Occupational Health system provided by Cority Cohort is an on-premise solution which will need to be migrated to a cloud solution with Civica. The implementation plan from Civica, submitted as part of the tender process, details that all Health Boards will be live on the new cloud solution by Apr-23. This will necessitate a 6-month contract extension to the current arrangement with Cority Cohort to ensure business continuity during the transition phase.

There is no facility within the current contract for an extension so a Single Tender Action will be completed in line procurement guidance to maintain the service past the 01 December 2022 while migration and implementation is undertaken.

There is recognition within the wider project team that resource will need to be available to ensure that migration and implementation happens at pace and in line with Civica's implementation plan. Urgent discussions are required with Civica to review and evaluate the detail of the migration and implementation plan, to ensure organisation and supplier responsibilities are clearly understood and reflected in the contract. The output will determine where additional Health Board support may be required.

Following approval from Procurement, the award approval notification was sent to Welsh Government on 31 August 2022 and a response is expected by 14 September 2022. The next step is to have discussions with Cority Cohort prior to the standstill period to discuss options for migration. Discussions with Civica will follow to explore whether the implementation plan can be expedited.

Main Issues, Risks & Blockers

The main issue currently facing the project is uncertainty of the outcome of the discussion with Cority Cohort, to facilitate migration to the Civica system. The current contract expires in 2 months' time, making a positive outcome essential to maintain the current level of service.

Project Name	Project Manager	Project Exec/SRO
Digital Identity Checks	Rhiann Cooke	Darren Rees
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Amber (Time) Green (Cost) Green (Scope)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u>		

Due to increase in recruitment activity and new guidance issued by the Home Office, project aim is to implement bi-lingual software that will validate new employees' identity digitally. This will eliminate the need to undertake face-to-face pre-employment checks to enable resource to be re-directed to recovery and added value tasks.

Progress Update

The project team has worked closely with the preferred supplier, TrustID to finalise processes and provide bilingual content to deliver the system for the 'go live' date (for NWSSP only) of w/c 12 September 2022 with Health Boards and Trusts due to follow on w/c 19 September 2022.

There have been ongoing discussions with TrustID around the feasibility of the go live dates. On 12 September 2022 TrustID advised that there are still several amendments that need to be made to the system to conform to Welsh Language Standards before final sign off given be provided.

In addition, TRAC confirmed on 12 September, that the TrustID system will not satisfy their counter signatory requirements until new fields are added to TRAC on 29 September 2022 to enable full integration with TrustID.

Consequently, the go live date for all NHS Organisations has moved to 30 September.

TrustID received accreditation on the IDVT government framework for providing virtual ID checks in June and were recently awarded CE Plus accreditation.

The ratification paper for contract sign off has been agreed and is pending final approval from Procurement Services.

Communication with Health Boards and Trusts on the implementation of the new system is underway with a series of virtual engagement sessions.

Main Issues, Risks & Blockers

TrustID have been unable to meet planned deadlines in relation to the accreditation of CE Plus and the development of the system to ensure compliance with Welsh Language standards.

These delays have placed pressure on other areas of NWSSP to complete actions, unable to be completed in advance of accreditation/evidence of development being received. The delays have been frequently raised with the supplier and mitigating actions are being worked through to enable the system to go live ahead of the anticipated changes to measures for remote Right to Work checks from 01 October 2022.

Contingency plans have been agreed and will be put in place if required. These plans will aim to manage and mitigate any potential impact on NHS Wales job applicants as they will need to travel to face to face pre-employment check meetings.

Project Name	Project Manager	Project Exec/SRO
IBML Scanner Implementation	Rhiann Cooke	Ceri Evans
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		

Recent Gateway review? – Non applicable

Objective

Installation and upgrade of 3 scanner machines for Primary Care Services located in Mamhilad and Companies House offices.

Progress update

The project team has agreed to redefine how the scanners will be referenced going forward, highlighted in bold below:

Phase 1 (Mamhilad)- Scanner 3

The scanner has been operational since 01 August 2022 following a period of extended testing.

Phase 2 (Companies House 1) - Scanner 1

Installed on 02 August 2022 and went live on 15 August 2022. Scanning was briefly halted whilst issues with speed were resolved.

Phase 3 (Companies House 2)- Scanner 2:

Installed on 06 September and went live on 07 September 2022.

An updated 3-year maintenance contract was agreed by Primary Care Services Senior Management Team in May. The project team have worked closely with Kodak and Procurement to ensure that all associated costs have been included in an amendment to the Single Tender Action via a Change Control Notice. The costs for this have been raised and are currently in the final stages of approval.

Discussions are ongoing with Finance regarding options for the transfer of 3 upgrade discs purchased for the old machines, to the relevant Health Boards, alongside the scanners.

Main Issues, Risks & Blockers

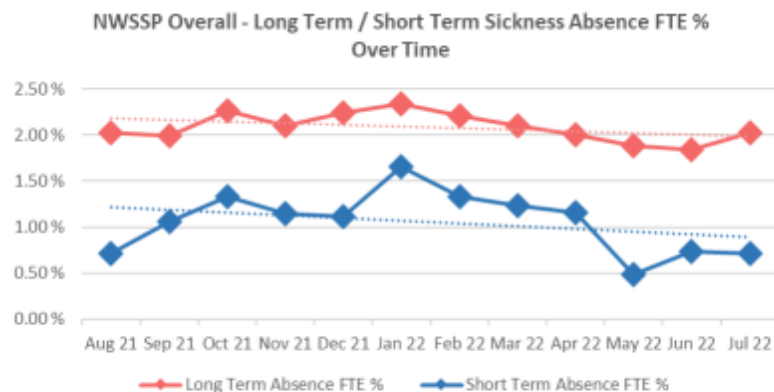
In the event that the upgrade discs for the old scanners cannot be transferred to the relevant Health Boards and the discs are unable to be utilised by NWSSP, this may result in a financial loss but needs to be determined.

Some equipment and performance issues with the new machines have occurred since installation. A meeting will be convened with Kodak w/c 26 September 2022 to discuss these issues.

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

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	13 th September 2022
REPORT AUTHOR	Sarah Evans, Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	
<p>The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31st July 2022. 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.</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 employee's 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>	

FURTHER DETAIL



Data Source: ESR

Long Term Vs Short Term Absence

Long Term Absence has seen an increase during the month of July at 2.02%.

Short Term Absence has decreased to 0.71% when compared to the month of June – 0.73%

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

Appraisal Compliance by Division

Division	Jun-22	Jul-22	Change
Accounts Payable Division	92.80%	88.52%	-4.28% ▼
Audit & Assurance Division	89.58%	91.49%	1.91% ▲
Corporate Division	87.88%	83.87%	-4.01% ▼
Counter Fraud Division	85.71%	100.00%	14.29% ▲
Digital Workforce Division	66.67%	77.78%	11.11% ▲
E-Business Central Team Division	80.00%	86.67%	6.67% ▲
Employment Division	76.49%	80.77%	4.28% ▲
Finance Division	89.47%	89.47%	0.00%
Hosted Services Division	68.75%	66.67%	-2.08% ▼
Laundry Division	68.22%	73.44%	5.22% ▲
Legal & Risk Division	91.72%	91.55%	-0.17% ▼
Medical Examiner Division	55.10%	54.00%	-1.10% ▼
People & OD Division	51.85%	53.45%	1.60% ▲
Planning, Performance and Informatics Division	89.66%	96.15%	6.50% ▲
Primary Care Division	93.33%	92.53%	-0.81% ▼
Procurement Division	87.50%	89.06%	1.56% ▲
Specialist Estates Division	89.13%	89.58%	0.45% ▲
Surgical Materials Testing (SMTL) Division	95.65%	95.65%	0.00%
Temporary Medicines Unit Division	33.33%	30.77%	-2.56% ▼
Welsh Employers Unit Division	0.00%	0.00%	0.00%
Grand Total	83.40%	84.67%	1.26% ▲

Source: ESR

An improvement has been made overall recording appraisal reviews which is up by 1.26% on the previous month and is at **84.67%**.

In Month Sickness Absence Percentage by Division

Division	Jun-22	Jul-22	Change
Accounts Payable Division	3.49%	2.42%	-1.07% ▼
Audit & Assurance Division	1.80%	0.52%	-1.28% ▼
Corporate Division	5.42%	1.11%	-4.31% ▼
Counter Fraud Division	0.00%	0.00%	0.00%
Digital Workforce Division	0.36%	0.00%	-0.36% ▼
E-Business Central Team Division	0.23%	0.67%	0.44% ▲
Employment Division	3.77%	4.66%	0.89% ▲
Finance Division	1.02%	0.16%	-0.86% ▼
Hosted Services Division	4.52%	0.63%	-3.90% ▼
Laundry Division	7.55%	6.76%	-0.79% ▼
Legal & Risk Division	1.11%	2.20%	1.09% ▲
Medical Examiner Division	2.15%	2.87%	0.72% ▲
People & OD Division	4.23%	2.69%	-1.53% ▼
Planning, Performance and Informatics Division	5.60%	2.31%	-3.29% ▼
Primary Care Division	4.36%	4.54%	0.18% ▲
Procurement Division	5.84%	7.11%	1.28% ▲
Single Lead Employer Division	1.33%	1.40%	0.06% ▲
Specialist Estates Division	0.63%	0.00%	-0.63% ▼
Surgical Materials Testing (SMTL) Division	7.33%	5.37%	-1.96% ▼
Temporary Medicines Unit Division	1.28%	0.00%	-1.28% ▼
Welsh Employers Unit Division	1.15%	1.12%	-0.04% ▼
Grand Total	2.57%	2.73%	0.16% ▲

Source: ESR

In month sickness has increased from the June position and is now 2.73%.

Employment Services has the highest in Month Sickness Percentage for July at 4.66%

Further detail can be found in the full Dashboard from the link on the first slide.

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

- Work continues to prepare a proposal to enable easier movement from bank to fixed-term contracts and fixed-term to permanent appointments.
- Currently supporting SES with a new talent pipeline strategy, looking at a Network 75/graduate style scheme to introduce development roles within the service. Still in the early stages, but progress has been made with a university to re-introduce a relevant course
- People & OD will shortly be engaging with services regarding the organisation-wide Employee Value Proposition project. A project plan will follow in Autumn 2022. As part of this plan we will identify a number of ‘quick wins’ including the promotion of benefits via our intranet and internet sites.
- The Apprenticeship Programme in Laundry is at pre-employment checks, with successful candidates identified in the 3 regions. On track for a start date to coincide with their college course.
- Quick Apply – we are currently working with Recruitment Business Partners to streamline and improve the ‘on boarding journey’ and have identified that one of the barriers to entry for external applicants is the long application form. We are reviewing the length of the form to discover if this impacts upon application numbers. We will be running a pilot for 3 months and then gathering feedback from our customers.
- Recruitment Training – we are currently developing training and support package to equip managers with the right skills to recruit effectively. This will incorporate:
 - Recruiting Managers Guide
 - Recruitment Training – 4 modules – Preparing to Recruit, Inclusive Recruitment, Selection and Interview, Welcome to NWSSP
 - Reviewing the vacancy control process (changes to establishment without recruitment)
 - Working with Recruitment to ensure information is consistent and compliments their resources
 - Working with Recruitment to set up Reducing Time to Hire Workshops (September – December)

EMPLOYEE VALUE PROPOSITION CONTINUED

General Bank – Monthly Use

- 185 staff actively engaged on the bank in July (39 removed from collab bank)
- 170 monthly / 15 weekly
- Total spend of £210,417 (once collab bank spend removed)
- Expenditure was down by £17k on the month

Bank Spend - Service	Sum of Cur Month Actual	Sum of WTE Actual
Accounts Payable & E-Enablement	13,101.29	6.03
Collaborative Bank	22,638.69	6.27
Corporate Services	3,436.18	1.55
Employment Services	33,952.72	13.02
Health Courier Services	38,229.73	13.58
Laundry Services	20,319.32	8.52
Legal & Risk Services	3,679.65	1.81
People & OD	8,004.38	4.28
Planning, Performance & Informatics	2,215.69	1.01
Primary Care Services	11,700.57	5.44
Procurement services	53,633.11	27.35
SMTL	6,424.56	0.68
Specialist Estates Services	0.00	0.00
TRAMS	0.00	0.00
Welsh Risk Pool	15,720.04	2.92
Grand Total	233,055.93	92.46

Bank Recruitment

- HGV drivers advert placed .6 applicant, 4 did not hold HGV licence however 2 HGV drivers successfully recruited and placed.
- Ongoing recruitment being done via DWP, Careers Wales and Communities for work.
- Latest TRAC adverts have not seen a great quality of candidates and so series of site visits planned across Aug – Oct, starting with Newport Jobs fayre a new event being attended 18th August
- North Wales virtual job fayre & interview being held as difficult recruitment area for us.

Agency Spend	JUNE	JUNE	JULY	JULY
Service	£	People Engaged	£	People Engaged
Audit	13,196	7	15,382	2
Corporate	20,250	2	24,776	2
HCS	6,786	1	-496	1
PS - Local Procurement	19,493	2	1,344	4
PS – Sourcing	-194	1		
PS - Supply Chain	6,361	1	-612	1
Laundry	38,270	29	35,092	23
CteS			1,514	1
	104,163	43	77,001	34

Agency Use

Month on month decrease of 9 agency working, seeing a saving of £27,162. A number of meetings have been held over the last month with the business partners and Heads of Services, as we look to review agency use and spend, identify the reason behind this and how we support reduction.

Audit

- Meeting set up with BP to review 7 staff on agency spend. 4 have now been permanently recruited to NWSSP, with discussions planned to review final 3 being engaged via agency. Recruitment is underway to fill gaps on permanent basis but this increase is the final large invoice payment for this agency use.

PS Local Procurement

- Decrease seen as following discussions, the service submitted/paid a quarterly invoice in June

Corporate

- Remains high with D900 Corporate finance and D921 Corporate IT using agency staff. Conversation held with IT but agency staff member cannot move over to Bank until after 12 week engagement. Ongoing engagement here in readiness.

Laundry

- DH01 have recruited 6 staff permanently hence the reduction in agency spend.
- DH05 + DH06 Laundry sites still see significant agency use however the Legal SLA has now been finalised and so discussions held in August with a view of moving agency staff to bank once SLA has been presented, agreed and signed.

EMPLOYEE EXPERIENCE

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.

Corporate Engagement

Agile

- Work continues on the compilation of a pulse survey for staff in relation to how they are feeling about the NWSSP approach to Agile Working. SLG will be asked for comment and approval on a separate Agile Working Paper that will include a proposed approach to supporting requests for overseas working.

Widening Access

- NWSSP's Kickstart programme is coming to a close. Trainees have taken part in career conversations and a celebration of success event took place on 8th September, led by Director of People, OD, and Employment Services, Gareth Hardacre.
- We will welcome a new cohort of Network 75 students in mid September. Five current students are entering their 5th & final year with NWSSP and People & OD will be working with services re: succession plans.

Health & Well-being

- A recent communication has been circulated to colleagues to ask them to save the date for the Health & Well-being Staff Conference which will take place on 12th October. Colleagues will shortly be invited to register via Eventbrite and the conference will take place via Zoom.
- A tendering process to secure a new contract for an Employee Assistance Programme has been paused and the existing contract renewed for another year. Work is ongoing to scope out requirements to ensure NWSSP will benefit from a suitable service moving forward, which is fit for purpose and provides accurate data on access of services.

Employee Engagement

- The Staff Awards date has been confirmed for 25th January. This will be a virtual event with in-person regional celebration events planned to follow.

Retention

- We have initiated a project, working alongside divisions, to look at our leaver and exit interview data. The aim is to understand why people leave our organisation and to work to improve retention.

Equality, Diversity and Inclusion

- People and OD have gathered information in preparation to participate in the Talent, Inclusion and Diversity Evaluation (TIDE) benchmarking exercise which is facilitated by the Employers Network for Inclusion and Diversity. The exercise will be undertaken in the coming weeks and will inform NWSSP's Diversity and Inclusion action plan.
- NWSSP was proud to participate in the Pride Cymru March in Cardiff during August alongside other NHS Wales colleagues.
- NWSSP have approved the use of personal pronouns on the NWSSP Microsoft Teams background for those who wish to share their gender identity in this way.

EMPLOYEE EXPERIENCE CONTINUED

Organisational Change (OCP)**Transforming Access to Medicines (TrAMs)**

- The NWSSP Project team is finalising the answers to the comments to publish in the form of an FAQ and are meeting with Workforce Leads in all Health Boards and Trusts to compile a final Equality Integrated Impact Assessment and recruitment principles for the new roles. Staff engagement sessions across Wales are continuing throughout August.

Surgical Materials Testing Laboratories (SMTL)

- The OCP recruitment activity has concluded. The Director was confirmed in post on 17th July 2022 and the Operations Manager, R&D Manager and the Physical Testing Manager have been recruited and are due to on 29th of August 2022.

Supply Chain, Logistics and Transport Modernisation Programme

- Focus groups for staff are likely to be delayed until October due to availability
- Lakeside OCP concluded on 15th of August 2022, all employees have been redeployed following consultation period.

Divisional Activity Update**Procurement**

- The OD Manager and Senior People and OD Business Partner are working closely with a number of Procurement Teams on team development plans, following the implementation of the National Operating Model (NOM).

Medical Examiners Service (MES)

- As the MES has been in situ for a couple of years and the team is not established, we are taking the opportunity to reflect and review what is working well and where there might be opportunities for improvements. In order to do this we are developing a staff pulse survey, the outputs of which will be developed into an action plan.

Temporary Medicine Unit (TMU):

- The recurrent funding for the IP5 medicines unit from 23/24 has been agreed by the Welsh Government. We will be working closely with the management team to support the move from fixed-term to permanent contracts.

Laundry Statutory and Mandatory Training Compliance

- We are working with the Laundry on innovative ways to introduce classroom training for statutory and mandatory modules, in order to improve the percentage and recognise the potential barriers enabling the laundry workforce in complying



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM: 6.5
22 September 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Update – September 2022

**ARWEINYDD:
LEAD:**

Peter Stephenson
Head of Finance & Business Development

**AWDUR:
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Peter Stephenson
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**Pwrpas yr Adroddiad:
Purpose of the Report:**

To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

Llywodraethu/Governance

**Amcanion:
Objectives:**

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

**Tystiolaeth:
Supporting
evidence:**

-

Ymgynghoriad/Consultation:

The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		The Committee is asked to NOTE the report.					

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

NWSSP CORPORATE RISK REGISTER UPDATE September 2022

1. INTRODUCTION

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

2. RISKS FOR ACTION

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

Current Risk Rating	September 2022
Red Risk	1
Amber Risk	10
Yellow Risk	1
Green Risk	1
Total	13

2.1 Red-rated Risks

There remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group, and an update on their role is the subject of the deep dive on the Committee's agenda.

2.2 New/Deleted Risks

There is one new risk that has been added to the Corporate Risk Register since the last meeting of the Committee. This relates to the threat of industrial action across NHS Wales and the resultant impact on NWSSP services. Until more detail is known on the nature of the industrial action, and when this is likely to take place, it is difficult to assess the potential impact and what contingencies can be put in to place.

3. RISKS FOR MONITORING

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

Current Risk Rating	September 2022
Red Risk	0
Amber Risk	0
Yellow Risk	2

Green Risk	6
Total	8

4. RECOMMENDATION

The Committee is asked to:

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

Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 (added April 2021)	4	4	16	IP5 Board Additional facilities secured at Picketston	2	4	8	PCS reviewing options for medical records storage - additional space is available from Johnseys on Mamhilad site. Business Case prepared and subject to consideration for approval at June SLG and July SSPC.	Business Case approved at June SLG and July SSPC. Currently with Welsh Government for final approval.	➡	30-Sep-22
	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	Develop work plan for dedicated LCFS resource (PS 31/10/2022)	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.	➡	31-Mar-23
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A3	Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters (added April 2021)	5	3	15	Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews Experian Bank Mandate Checker	1	3	3	Recent spate of attacks (Apr 22) reinforces need to maintain current controls. Review results of further Internal Audit (Sept 2022)	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.	➡	30-Sep-22
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A4	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 Band 6 IT Security Officer appointed Sept 21 BCP Action Cards (updated March 22) 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.	2	5	10	Initial phase of work to review and update the service catalogue and make assessment of risk on existing systems has commenced (w/c 20th June). IT security team attended BCP meeting on 16 June to explain the process and requirements of All Divisions. Given the heightened level of risk promotion of good practice to staff and phishing testing continues. Progress against the CAF will be reported to SLG on a quarterly basis. CRU held a workshop with SIRO and Director of Informatics on 29 June. Agreement for further resource achieved - recruitment underway.	Team was strengthened in Sept 21 with additional member of staff. Following war in Ukraine staff have been reminded of good housekeeping procedures and guidance reissued. All directorates have completed or updated their action cards relating to the potential loss of IT systems and networks. Focus on this topic at May SLG.	➡	30-Sep-22
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance & Informatics		
A5	The failure to engage with appropriate specialists (e.g. H&S/Fire Safety, Information Security/IG) sufficiently early enough when considering major developments may result in actions being taken that do not consider all relevant potential issues.	4	4	16	In-house H&S and Fire Safety Expertise Role of PMO Recent appointment of Programme Director Appointment of IP5 Facilities Manager (Jan 22)	1	4	4	PMO to ensure that Project Officers consult appropriately at outset of project. (IR-ongoing) Consider adequacy of resourcing within H&S. (AB/PS - complete)	All organisations contributing towards a Fire & Evacuation Strategy for IP5. Additional H&S staff member recruited (Jan 22)	➡	30-Sep-22
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
A6	The introduction of new technology and the promotion of the digitisation agenda may impact NWSSP staff in terms of their current roles and responsibilities. (added January 2022)	3	3	9	Learning and Development Programmes	3	3	9	There is a need to ensure that staff are provided with the learning and development opportunities to equip them with the required skills.		➡	31-Mar-23
	Strategic Objective - Staff									Risk Lead: Director of People and OD		

A7	The demand on services within Employment Services as a result of Health Boards taking on substantial numbers of staff to respond to and recover from the pandemic, is unsustainable, leading to poor levels of performance. (added November 2021)	4	4	16	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis.	3	4	12	Additional staff being recruited Use of students from Cardiff University Temporary support from other Directorates Modernisation Programme being implemented Accessing KickStart scheme	Focus on training staff on pinch points rather than whole process Backlog in applications in Student Awards reduced from 1800 to <800. Significant reduction in complaints as at March 2022 Deep Dive Presentation to SSPC March 2022	➔	30-Sep-22
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A8	Given the level of stock holding there may be items that reach their end of life (expiry date) before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP. (added January 2022)	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Donations to India and Namibia	2	5	10	SMTL working on behalf of DHCS on an Accelerated Aging Programme (SMTL 31/05/22) Produce briefing for Audit Committee (AB complete)	Wales On-Line FOI request robustly responded to on 31/1. SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment Schedules produced and discussed with senior finance officials in WG and Velindre. There is a need to write off significant values of PPE	➔	30/09/2022
										Risk Lead: Director of Finance & Corporate Services		
A9	The increase in energy prices, exacerbated by the war in Ukraine, is likely to lead to significant price increases across the whole range of goods and services resulting in severe cost pressures for NWSSP and NHS Wales budgets. (added March 2022)	5	5	25	Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	4	5	20	Review of energy costs to March SSPC (AB) Review of general price rises to May SSPC (JI)	Paper on energy costs to March SSPC, and update provided to August Informal SLG. Daily monitoring of prices and buying ahead at fixed price where possible. Presentation to September SSPC.	➔	30/09/2022
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A10	The threat of industrial action is likely to lead to staff shortages in both NWSSP and across NHS Wales impacting delivery of services.	4	4	16	Good working relationship with Trade Union colleagues - presence on and updates to SLG.	3	4	12		Difficult to assess impact and possible contingencies until details of industrial action known.	✳	31/12/2022
	Strategic Objective - Staff									Risk Lead: Director of People and OD		
A11	The Student Awards software is at end of life and needs replacement without which delays to student bursary payments could be significantly affected. (added May 2022)	5	5	25	Formal project management in place	3	4	12	Complete Outline Business Case Confirm whether selected route is via DHCW development or procurement from a third party supplier. Get funding approvals from Welsh Government.	SAS contract support agreement with Kainos in place to end of March 2023. This option has now been exhausted & further extensions would contravene Procurement OJEU rules & regulations. Update to be provided to September SSPC.	➔	31/10/2022
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A12	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	3	4	12	Provide options for financial systems (PB)	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.	➔	31/03/2023
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
A13	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships. (added April 2021)	4	4	16	All-Wales Programme Business Case Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites	3	3	9	Arrange internal audit review of Laundry service (AB/PS - complete) Prioritised report to be submitted to SLGs to monitor progress. (on-going)	Transfer has now taken place for all of the 5 laundries, although arrangements are different for Hywel Dda and Cwm Taf. Updates provided to SLG. IA review focused on Swansea Laundry provides reasonable assurance. Choice of new sites in North Wales and Swansea apparently well received.	➔	30-Sep-22
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		
Risks for Monitoring												
M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018)	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix. CTSA undertake annual reviews of high risk buildings e.g. IP5, Picketston	1	4	4	Review results from security checklists (PS - 31/07/22 - complete) Review any gaps in security arrangements and address where possible (PS 31/12/2022)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superseded.	➔	
	Strategic Objective - Staff									Risk Lead: Director Specialist Estates Services/Director of Finance and Corporate Services		
M2	There is an increased fire risk with a consequence for protection of buildings at Alder House, Brecon House and Matrix House due to a lack of compartmentation in the roof space. (added Feb 2020)	2	5	10	Fire Safety Officer Risk Assessment - assessed risk to life as low - Update Paper to Feb, May and November SMTs.	1	5	5	Discrete fire risk assessments to be undertaken for each site at the recommended intervals. Risk to remain on Corporate Risk Register to ensure sufficient monitoring. .	Landlords consider any work on compartmentation to be our responsibility. SES reported to Nov 2020 SLT where it was agreed that the risk to life is very low. Further discrete risk assessments to be undertaken and reported back to Feb 2021 SLT.	➔	
	Strategic Objective - Staff									Risk Lead: Director of People and OD		

M3	The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2021-22.	3	3	9	Financial modelling and forecasting is co-ordinated on a regular basis; Financial reporting to Welsh Government on local costs incurred as a result of Covid-19 to inform central and local scrutiny, feedback and decision-making; Oversight arrangements in place at SMT level, and through the command structure. Financial Governance Committee considers VFM in all expenditure	1	3	3	Ensure that the costs directly associated with COVID-19 are identified and accurately captured. Provide regular updates to Welsh Government.	WG issued letter on 24/3/21 setting out funding allocations for 2021/22. The sum of £170m is available but this is being distributed only to HBs in the first instance.	➔	
M4	NWSSP are unable to procure sufficient orders of PPE, medical consumables and equipment resulting in clinical staff being able to treat patients safely and effectively.	5	5	25	PPE Winter Plan Finance Governance Committee Streamlined arrangements for Trust Board and WG approvals Increased limits approved for Scheme of Delegation. Regular meetings with UK and Welsh Government. Active involvement in UK Mutual Aid Schemes. Deloitte undertook consultancy work on behalf of WG to assist in this area. Internal Audit Review (Sept 2020)	1	3	3	Audit Wales published their findings on 14 April 2021 and report largely positive but action plan developed to respond to their findings.	The PPE plan has been developed in consultation with key stakeholders. Some pressure from Chief Medical Officers that may lead to Type IIR masks being totally replaced by FFP3 masks. £5m COVID expenditure authorisation limit reinstated.	➔	
M5	By requiring our staff to continue working we expose them to a greater risk of being infected with COVID-19 which may cause them significant health problems.	5	5	25	Vaccination Programme All staff encouraged to work from home where possible. Risk Assessments undertaken for all staff. Social Distancing measures in place in each office. Any staff displaying any symptoms told not to come into office or go home immediately. Testing for front-line staff Weekly Site Leads' meetings to assess position in each office.	1	3	3	Following the updated guidance issued by Welsh Government on 22 Dec additional communications have been issued to all staff. This provide information regarding access to lateral flow tests as well as signposting to the requirements for self-isolation. SLG agreed to reinforce the key message to work from home unless there is a requirement to attend site.	Current measures seem to be effective, but need to be closely monitored in view of Omnicrom variant. Large numbers of staff are working from home and social distancing measures are in place for those staff who need to continue to come into work. Daily reporting of absences shows that the numbers of staff reporting COVID-19 like symptoms continues to be low, but are increasing.	➔	
M6	NWSSP are unable to continue to provide business-critical services due to having insufficient numbers of staff available and able to undertake the work.	5	5	25	Identification of all business-critical services Redeployment of staff to business-critical services Increased provision of laptops and VPN Roll-out of Office 365 Use of Bomgar service for PCS Daily monitoring and reporting of absence figures. IT Update also given to weekly COVID-19 Planning & Response Group.	1	3	3	Updated BCP document covering response to COVID and possible impact of future waves presented to August SMT, and September SSPC. Throughout Oct and Nov the BCP group has asked Divisions to review and refresh BCP arrangements. Consideration of an oncall rota is something that will be taken forward in the new calendar year. Oncall arrangements in place for HCS and Supply Chain teams essential to the BAU and Vaccine	Contact details on the SLG WhatsApp group have been refreshed and updated. The daily report on staff absence shows that absence rates remain low, but OMICRON may increase rates through community transmission so will be monitored closely. The investment in hardware and software has allowed large numbers of staff to work remotely with minimal problems thus far. There are good rates of uptake for the vaccination programme.	➔	
M7	Staff wellbeing is adversely affected through concerns arising from COVID-19 either directly in terms of their health and that of their families, or financially from loss of income of a family member. This includes the risk of "burn-out" for	5	5	25	Regular communications to all staff Reminders of how to access Employee Assistance schemes Mental Health First Aiders Formal Peer Group with phone surgery times	1	3	3	Implement action plan to respond to findings from staff surveys - monitored and managed through Adapt and Future Change Group.	As previously stated, absence rates are very low. Communications are regularly issued and all Directors and Managers are tasked with regularly checking the health and well-being of their staff.	➔	
M8	GP Trainees, who are employed by NWSSP, are exposed to a level of risk of risk of catching COVID-19 but are outside the direct control and influence of NWSSP.	5	5	25	Risk Assessments by Education Supervisor - leads to decision on what PPE is to be provided. Tripartite Agreement	1	3	3	Confirming vaccination rates with staff individually as Health Board reports to total numbers vaccinated suggest under-reporting.	The tripartite agreement was agreed by the Project Board on 7/9/2020 and sets out the general duties of the host organisation for all trainees employed by NWSSP including the general duty to provide a safe working environment. Vaccination of front-line staff further mitigates this risk.	➔	
											Risk Lead: Director of People and OD	

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	
AGENDA ITEM	
PRESENTED BY	Andy Butler, Director of Finance and Corporate Services, NWSSP
PREPARED BY	Linsay Payne - Deputy Director of Finance & Corporate Services
TITLE OF REPORT	Update on utilisation of surplus beds

PURPOSE

The purpose of this paper is to provide the Audit Committee with an update on the utilisation of surplus bed stock that resulted from the NHS Wales Covid response.

1. BACKGROUND

At the commencement of the NHS Wales response to the Covid pandemic in early March 2020, NWSSP Procurement Services were requested by Welsh Government to co-ordinate the central purchase of beds and mattresses for NHS Wales to equip the field hospitals being established.

NWSSP was provided with the quantities of beds/mattresses required by each UHB to meet their identified demand for additional bed capacity. At that point in time, demand for beds was high and NHS Wales was competing with other nations, both within the UK and internationally who were also equipping field hospitals and aiming to secure orders and timely deliveries. Where the models of beds currently in use and requested were not available, alternative models were sourced. It was identified that the products available were not of hospital grade, however, due to the field hospitals envisaged as being used as step-down facilities, the supply of community beds was not considered an issue, and at that point in time the ability to secure any bed was deemed preferable to not being able to fully equip the field hospitals to the forecast demand for beds required. In addition, at this point with the early peak of the pandemic across European states, and reports and footage of patients in Italy and France laying in hospital corridors and being turned away from healthcare facilities, prime importance was placed on securing sufficient volumes of beds to avoid a repeat of the European experience in Wales.

As the pandemic progressed and it became evident that the first wave in Wales was not going to realise the forecast demand for field hospital beds, NWSSP Procurement Services worked with suppliers of beds and mattresses to cancel a number of large orders for beds that had been placed and at that point had not yet been delivered. There were however a large number of beds that had been delivered to field hospitals

that were in the process of being dis-established and were subsequently placed in storage provided by Welsh Government.

At 31st March 2021, the bulk of the surplus stock of these beds remained despite numerous attempts for the items to be provided to UHBs as part of any bed replacement programme. UHBs deemed these beds as not being of hospital grade and therefore unsuitable for use within NHS Wales. Due to this, Audit Committee and Welsh Government approval was sought to write off the value of these beds in 2020/21 totalling £5.7million which was funded by Welsh Government.

2. UPDATE

At September 2022, 2,328 surplus beds remain in stock. Health Boards have further reviewed these and have again concluded that they do not meet the standards required for use in an NHS setting and options to put them into use outside of the NHS are being explored. There are a number of different types of bed and hence the use for them may be different for each.


There are 198 Critical Care beds which seem unlikely, given the type, to be used outside of a hospital environment. A number of clinical leads for the Health Boards have confirmed that they do not meet the standards and would not pass from a UK health and safety perspective. This is primarily due to the high/low specification of the beds - these would therefore appear to be more suitable for use in a healthcare setting outside of the UK.

Communication Workers Union (CWU) assisted Swansea Bay University Health Board with the distribution of their surplus beds and they repurposed them for use in a hospital in Moldova [Ukrainian Refugee Convoy Report | Communication Workers Union Humanitarian Aid \(cwuha.org\)](#). CWU have confirmed they would like to collect these 198 critical care beds and again these would be taken to a new hospital in Moldova supporting the Ukraine war response. The beds are scheduled to be collected w/c 12th September, there will be no cost to NWSSP as all transport costs will be covered by CWU. The beds are held at zero value in our balance sheet due to the write off that was actioned in 2020/21. The transfer documentation will detail that these are a donation and must not be sold on for financial gain.

Options for the remaining beds are still being explored with Welsh Government looking at plans such as the Ukraine response in Wales, Local Authority run Nursing Homes, Community use via Joint Equipment Stores but also Care and Repair Wales and Social Care Wales.

3. ACTION

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

 GIG Cymru NHS Wales		Partneriaeth Cydwasaethau Shared Services Partnership		AGENDA ITEM: SSPC 22 September 2022	
The report is not Exempt					
Teitl yr Adroddiad/Title of Report					
NWSSP Audit Committee Assurance Report – July 2022					
ARWEINYDD: LEAD:		Peter Stephenson Head of Finance & Business Development, NWSSP			
AWDUR: AUTHOR:		Carly Wilce Interim Corporate Services Manager, NWSSP			
SWYDDOG ADRODD: REPORTING OFFICER:		Andy Butler Director of Finance & Corporate Services, NWSSP			
MANYLION CYSWLLT: CONTACT DETAILS:		Andy Butler Director of Finance & Corporate Services, NWSSP 01443 848552 / Andy.Butler@wales.nhs.uk			
Pwrpas yr Adroddiad: Purpose of the Report:					
The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee, at its meeting on 13 July 2022.					
Llywodraethu/Governance					
Amcanion: Objectives:		Each of the five key Corporate Objectives			
Tystiolaeth: Supporting evidence:		Individual reports submitted to Audit Committee			
Ymgynghoriad/Consultation:					
Who has been consulted on the details of the report? <ul style="list-style-type: none"> NWSSP Audit Committee 					
Adduned y Pwyllgor/Committee Resolution (insert ✓):					
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS	NODI/ NOTE ✓
Argymhelliad/ Recommendation		Outline the recommendation of the report <ul style="list-style-type: none"> The Committee is asked to NOTE the report 			
Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:					
Cydraddoldeb ac amrywiaeth: Equality and diversity:		No direct impact			
Cyfreithiol: Legal:		No direct impact			
Iechyd Poblogaeth: Population Health:		No direct impact			
Ansawdd, Diogelwch a Profiad y Claf:		No direct impact			

Quality, Safety & Patient Experience:	
Ariannol: Financial:	No direct impact
Risg a Aswariant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://gov.wales/docs/dhss/publications/150402standardsen.pdf
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT

1. CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 13 July 2022, is outlined below:

ALERT	No matters to alert/escalate.
ADVISE	No matters to advise.
ASSURE	<p>NWSSP Update</p> <p>The Managing Director presented the committee with an extensive update as to key developments within NWSSP. Main highlights discussed were as follows-</p> <ul style="list-style-type: none"> NWSSP Senior Leadership Group (SLG) participated in a meeting with Welsh Government in early May to review the IMTP (Integrated Medium-Term Plan). The meeting was very positive and the IMTP had been well-received. The Outcome Letter was expected imminently. A Joint Executive Team meeting was scheduled for 14 July 2022; Energy prices remained a real concern, but the matter continues to be managed by the Energy Price Risk Management Group; The Medical Examiner Service was currently examining around 1000 deaths per month, and there were clear benefits from the service to NHS Wales, particularly in terms of lessons learned; Work has been undertaken with colleagues from Welsh Government and Public Health Wales regarding the future plans for the recently vacated Lighthouse Laboratory at the IP5 facility. Within IP5, the Surgical Materials Testing Laboratory had a new laboratory completed which enabled them to perform additional tests and to develop new testing regimes for medical devices, which they were unable to do at the existing Bridgend site; Progress continued to be made in regard to the overarching Transforming Access to Medicine Outline Business Case, with a number of workshops held to consider site selection. There was on-going discussion with workforce colleagues and Chief Pharmacists, regarding the Organisational Change Programme; and Progress continues to support the establishment of the Citizens Voice Body organisation, with Hazel Robinson appointed as the Programme Director and a number of further appointments to be made in the coming weeks.
ASSURE	<p>External Audit Position Statement</p> <p>Audit Wales provided a detailed update as to current and planned audit work. It was highlighted that all 2021-22 financial audit work and associated audit assurance arrangements were complete, and findings had been communicated to the various NHS external audit teams, in order for them to inform their 2021-22 Opinion work. All high-level findings concerning the work were also reported separately in the Management Letter.</p>
ASSURE	<p>Audit Wales Management Letter</p> <p>Audit Wales presented the Audit Wales Management Letter to the Committee. The Assurance Report was positive, with no significant issues identified. A small number of</p>

	recommendations to improve internal process were outlined in the report in regard to capitation and exemption reporting.
ASSURE	<p>Nationally Hosted NHS Systems Report</p> <p>The Nationally Hosted reported was presented to the Committee and members took assurance that the IT controls were working as intended and recommendations were summarised in the report. The report was positive and good progress continued to be made to implement the seven recommendations raised, of which a number were already complete. It was noted that the Oracle Disaster Recovery testing had been postponed on two occasions, due to issues outside of the control of NWSSP.</p>
ASSURE	<p>Internal Audit Position Statement</p> <p>The Committee were presented with the latest Internal Audit Position Statement together with an overview of other activity undertaken since the previous meeting. In respect of the Internal Audit 2021-22 Plan two audits have been finalised since the last meeting and only the Capital Governance Advisory Review required finalisation. The 2022-23 Internal Audit Plan was approved at the April meeting and was progressing well, five audits were in the planning stage and two had been started.</p>
ASSURE	<p>Internal Audit Reports</p> <p>The following reports were presented to the Committee for consideration:</p> <ul style="list-style-type: none"> • Medical Examiner – The purpose of this first review of the service was to assess the governance and management arrangements in place and create a baseline position. The review achieved reasonable assurance with three medium priority recommendations and one low priority recommendation for action, all of which have been successfully addressed and implemented. • Payroll Services – The Payroll Audit Report was consistent with previous years and improvements continued to be made. The review achieved reasonable assurance with one high priority recommendation relating to pension contributions and two medium priority recommendations, relating to overpayments and exception reporting.
ASSURE	<p>Internal Audit Head of Internal Audit Opinion and Annual Report 2021-22</p> <p>The Head of Internal Audit presented his 2021-22 Internal Audit Opinion and Annual Report to the Committee, achieving an overall rating of reasonable assurance. The report was very positive and demonstrated the significant amount of work performed throughout the year, with several additional advisory reviews being completed. Regular audit progress reports had been submitted to each NWSSP Audit Committee throughout the reporting period. The report summarised key findings and outcomes of systems that NWSSP provided to NHS Wales.</p>
ASSURE	<p>Quality Assurance and Improvement Programme 2022-23</p> <p>The Director of Audit and Assurance presented the Internal Audit Quality and Improvement Programme report to the Committee. The report is a requirement of the Public Sector Internal Audit Standards and covers all aspects of internal audit activity. The report was similar to previous years and summarised the following:</p> <ul style="list-style-type: none"> • No significant findings were identified. However, some improvements had been recommended; • An External Quality Assessment (EQA) is required every five years and the mandatory assessment would need to be undertaken again by March 2023; • The last external assessment in 2018 concluded that Audit & Assurance Services comply with all 64 fundamental principles; • During 2021-22, the Director of Audit & Assurance Services met with Board Secretaries and Audit Committee Chairs on a number of occasions, to discuss various areas of work.
ASSURE	Counter Fraud Position Statement

	<p>The Counter Fraud Position Statement was presented to the Committee, with an overview of other activity. Updates included that a new Counter Fraud Manager for Cardiff and Vale University Health Board (CAVUHB) commenced in post in April 2022 expanding the team to four investigators. Additionally in June 2022, NWSSP appointed its own Local Counter Fraud Investigator, via a secondment to NWSSP to provide a dedicated NWSSP Counter Fraud resource. The CAVUHB provision of 75 days will remain in place, to compliment the in-house provision. The report summarised the following activity in the Quarter:</p> <ul style="list-style-type: none"> • Three fraud alerts had been issued to staff; • Three awareness sessions were delivered to NWSSP staff; • One newsletter was developed; • One Fraud Prevention Notice was issued by the NHS Counter Fraud Authority; • One Intelligence Bulletin was issued; and • As at 1 April 2022, there were no reported cases open for NWSSP. <p>A new email mailbox and form had been developed and shared with all staff.</p> <p>There has been one opened and one closed case during the reporting period and one further case remains open.</p>
ASSURE	<p>Annual Counter Fraud Annual Report 2021-22</p> <p>The 2021-22 Annual Counter Fraud Annual Report was presented to the Committee, which highlighted activities undertaken by the Local Counter Fraud Team and demonstrated how measures had been delivered to counter fraud, bribery, and corruption during the period.</p> <p>Key points to note were, as at 31 March 2022, the agreed 75 days in the Counter Fraud Work Plan had been fully delivered. The Risk Assessment had been scored as amber, but this would improve during the forthcoming year, following the appointment of the NWSSP dedicated resource. The report contained a summary of costs and highlighted that no recoveries were received, nor sanctions imposed in the 2021/22 financial year.</p>
ASSURE	<p>Annual Counter Fraud Annual Plan 2022-23</p> <p>The Committee were presented with the 2022-23 Annual Counter Fraud Annual Plan. In January 2021, a new Functional Standard, 'Gov013: Counter Fraud NHS' was introduced. The Standard sets expectations for the management of fraud, bribery and corruption risk across government and the wider public sector services. The NHS Counter Fraud Authority remains responsible for leading and influencing improvement of Counter Fraud Standards across the NHS and ensuring the effective implementation of the NHS Counter Fraud requirements. The deadline to submit the Counter Fraud Functional Standard return for analysis is 31 May 2023, whereby a compliance grading would be given. It was confirmed that NWSSP's 2022-23 Counter Fraud Annual Plan aligns with the new Standard.</p> <p>A fraud survey would be issued to all staff in due course, to determine a baseline for the effectiveness of the fraud awareness training. This will be revisited in a year's time to assess progress. The intranet had been refreshed and updated and work continued to progress in developing an All-Wales e-learning package, with the intention of making the training mandatory for all staff.</p> <p>Arrangements outlined in the 2022-23 work plan would be reviewed throughout the year and the effectiveness of the plan would be reported in the end of year Annual Report to the Audit Committee.</p> <p>The current year resource provision of the team is:</p> <ul style="list-style-type: none"> • Counter Fraud Manager and Local Counter Fraud Services provision by CAVUHB - 75 days; • NWSSP Counter Fraud Manager (commenced post on 6 June 2022) – 167 days; • Total allocation of 242 days.

ASSURE	<p>Annual Governance Statement (AGS)</p> <p>The Final 2021-22 Annual Governance Statement was presented to the Committee, having been circulated to Committee members for comment several weeks earlier. The draft Statement was taken to the Shared Services Partnership Committee in May for endorsement and then approved at its July's meeting. A small number of minor amendments were made, and it was agreed the document would be updated prior to publishing.</p>
ASSURE	<p>Governance Matters</p> <p>The paper summarised the contracting activity for the last quarter, highlighting one departure from Standing Orders relating to an issue that came to light in regard to a Hywel Dda University Health Board Laundry Services contract. Laundry management had previously sub-contracted work to a private provider and once it was brought to the attention of NWSSP Senior Management, all trading with the provider was immediately ceased. 29 contracts had been let for NWSSP and 19 further contracts for NHS Wales. There have been three declarations made as to gifts, hospitality, or sponsorship since the last meeting. One internal audit review was given a rating of limited assurance and there have been no reviews with no assurance. Of 241 audit recommendations, 224 have been implemented, 14 are not yet due, two are not in the gift of NWSSP and one overdue, but good progress continues to be made.</p> <p>The Corporate Risk Register contains one red risk, relating to the inflationary impact on goods and services, particularly relating to energy. New risks have been added concerning the establishment of the Citizens Voice Body and the Student Awards Services' system which was reaching end of life.</p>
ASSURE	<p>Lateral Flow Test (LFT) Write-Off</p> <p>Welsh Government still require NWSSP to hold 16 weeks' worth of stock, and as demand for some items had reduced and stock is starting to exceed lifetime expectancy, a report was presented to seek the Audit Committee's agreement to formally request Welsh Government approval to write off losses of £600k due to the following -</p> <ul style="list-style-type: none"> • Rapid Test Kits were purchased by NHS Wales on 7 April 2020, at a cost of £5.24m for 16,000 packs of 25; • During 2020/21 2,225 packs were issued and at 31/3/21 13,787 packs remained in stores and were valued at £4.25m; • Post year end 51 packs were returned so the revised balance increased to 13,838; • In September 2021 WG requested that 12,000 packs be donated to Namibia with the balance held in case required in Wales; and • The remaining balance of 1,838 packs at a value of £0.6m were now out of date and cannot be used.
ASSURE	<p>Annual Report of Conflicts of Interest</p> <p>The Committee received the Annual Conflicts of Interest Report, which contained details of compliance with the annual exercise. Traditionally, all staff of Band 7 and above were required to complete an annual declaration. In April 2022, the NWSSP agreed to extend the requirement to all NWSSP staff. However, the requirement includes a "Lifetime Declaration" which only now needs to be revisited if circumstances change. Reminders will be sent to staff of this requirement in subsequent years, and it does not apply to members of the SLG and Independent Members, who are still required to complete an annual declaration. The report demonstrated good compliance in completing declarations amongst senior staff, but also highlighted that a significant number of staff generally were still needing to complete their declaration. Compliance would continue to be managed and monitored and it was agreed that an update would be brought back to the next Audit Committee in October.</p>
ASSURE	<p>Annual Review of Terms of Reference</p> <p>The Audit Committee received the Annual Terms of Reference report, highlighting that there were no changes made since it was last reviewed in April 2022 and the document remained fit for purpose.</p>

INFORM**Items for Information**

No matters were raised for the Committee's information.

2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- **NOTE** the Assurance Report

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 4 – JULY 2022

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for July 2022 and should be read in conjunction with the Monitoring Return tables submitted for Month 4.

Thank you for your letter of 19th July 2022 responding to the Month 3 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

Overview of Performance and Financial Position

NWSSP's financial position for Month 4 is reported at break-even. This is based on the continued assumption per the IMTP financial assumptions letter issued on 14th March 2022 and recent discussions with senior Welsh Government finance officials that we can anticipate income from Welsh Government for energy pressures and the National Insurance increase. The position assumes that costs related to Covid recovery will be funded internally within NWSSP for 2022/23 and a conversation is required regarding the recurrent funding position in the coming weeks.

1. Movement of Opening Financial Plan to Forecast Outturn (Table A)

Table A has been amended in month to revise the additional Welsh Government 'at risk' funding for the further increased energy pressures following receipt of the most recent energy forecast from British Gas received on 3rd August. £3.818m is now anticipated which is £1.818m above the £2.000m originally assumed in our IMTP.

The table has also been populated with the updated Covid expenditure forecast and equivalent funding anticipated. A reduction in the expenditure has been forecast this month primarily due to a continued lower value of PPE issues to Primary & Social Care again in July. The future months forecast has been based on the average of the year to date issues however this may fluctuate with any new Covid 'waves' and/or changing infection control guidance.

The mass vaccination forecast has increased in month following the likely additional costs that will be incurred in our Medicines Unit to support the programme, although some of this expenditure is dependent upon the booster vaccine delivery rollout plan that is adopted.

Year to date over-achievement of savings and income generation of £1.490m are included in Table A which are negated by forecast expenditure on NWSSP investments in areas to accelerate benefits, funding of pressures and/or distribution to NHS Wales. The over-achievement of savings and income generation is forecast to reach £1.806m by the end of the financial year after utilising £0.994m of these savings to fund the Covid recovery costs we are incurring.

The forecast position is based on the assumption of full funding for all the income anticipated in Table E1.

2. Overview of Key Risks & Opportunities (Table A2)

This table has been populated with the risks and opportunities per our IMTP which have been reviewed and updated further during July. The key changes from the Month 3 submission are:

- The risk regarding additional funding for energy cost pressures has increased from £3.519m to £3.818m following a review of the Quarter 1 actuals and updated forecast information.
- The risk of additional in year funding not being received for other Covid costs has been removed in month following the request from Welsh Government for NWSSP to fund these costs. This risk remains on a recurrent basis.

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 decreased from £613.049m as forecast in Month 3 to £608.458m in Month 4. This is primarily due to the reduction in the Covid income forecast for PPE issues to Primary & Social care. The forecast income excludes the impact of the pay award until the funding allocation is confirmed.
- The NHS income profile increased in Month 2 as the final cohort of trainees transferred to SLE in May. This is also evidenced in the phased increase of pay costs in Table B and the Medical/Dental pay costs in Table B2.

The total forecast annual SLE income is £213.483m and is detailed below. Additional pay costs are still anticipated in future months as the payment

of locum shifts to SLE trainees expands, with both Cardiff & Vale and Aneurin Bevan expanding the roll out in the coming months. Given the August rotation, the variability of this locum expenditure and potential further expansion, the forecast may require further revision during the financial year. This forecast currently excludes the impact of the pay award.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	15.978	16.607	16.662	16.699	17.051	17.051	17.051	17.051	17.051	17.051	17.051	17.051	202.356
NON PAY	0.711	0.957	0.962	1.068	0.929	0.929	0.929	0.929	0.929	0.929	0.929	0.929	11.127
TOTAL	16.689	17.564	17.624	17.766	17.980	17.980	17.980	17.980	17.980	17.980	17.980	17.980	213.483

- We are working with HEIW regarding the funding bid for further investment in the SLE Workforce team to enhance the service provided to medical, dental and pharmacy trainees.
- The Other income spikes in Months 6, 9 and 12 due to the timing of the quarterly pharmacy rebates which are received one quarter in arrears.
- The pharmacy rebate income for the drug Vertex is invoiced monthly to Vertex Pharmaceuticals (**Action Point 3.2**)
- Forecast non-cash charges of £5.880m have been included which are less than the non-cash submission forecast provided at the end of June. This is due to an amendment to the anticipated dates expenditure will be capitalised. The income over our £1.551m baseline funding has been anticipated in Table E1.
- £15.797m income and expenditure is included to Month 4 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) as included in our IMTP and is phased on a straight-line basis over remaining months. This continues to assume that the risk share agreement will be invoked for £25.345m.

The first 2022/23 WRP returns from Organisations were received in early August and are being analysed. An initial high level review indicates that the potential forecast range is £127m - £143m although there remain a number of assumptions and variables which will impact this forecast at this early stage of the financial year (**Action Point 3.1**)

- £3.818m funding is now anticipated at risk from Welsh Government for the exceptional energy costs following a review of actual invoices received for Quarter 1 and the revised forecast from British Gas.

The forecast percentage uplift from Month 3 is less than the All Wales forecast movement due to the receipt of quarter 1 invoices being less than the values we had estimated and accrued. We have rebased the forecast with the actual Quarter 1 values which has reduced the overall forecast percentage increase reported this month. The NWSSP forecast is based on actual quarter 1 charges with reference to the commodity/non-commodity charge split and the prices secured and forecast for the commodity costs by British Gas.

A number of our sites have energy provided and recharged by the Landlords. We are trying to work with them to understand any fixed rate charges and the period these are fixed for to assess the future impact on our energy charges. The IP5 energy recharges have reduced in Quarter 1 due to both LED light installation and the Lighthouse lab being decommissioned. The Landlord has advised that their current fixed rate tariff is ending in September and we have finance and procurement colleagues attending a meeting next week regarding discussions on which energy tariff will be entered into so we can assess the impact on our forecast expenditure.

The majority of our energy costs are incurred in the laundries that are currently included in the UHB energy forecasts, with the majority still charged to UHBs in the first instance. Where sole metering arrangements for the laundries exist we are in the process of transferring these over to NWSSP, although it is likely that with the majority on shared metering arrangements recharges will have to continue to be made from the UHBs. We are working with UHB colleagues to streamline the recharge process so that we obtain actual costs more quickly and recognising that to Month 4 some of our year to date costs are still estimated. In order for NWSSP to accurately reflect the cost of running the laundry service, we consider it appropriate that NWSSP record the full cost of the energy and therefore need to anticipate the exceptional energy funding as well. We will work with UHBs to ensure that there isn't any duplication of costs in the forecasts.

- £0.077m of agency expenditure was reported in Month 4 which is a reduction on the Month 3 usage. 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 £25.668m in Month 3 to £20.720m in Month 4. This is primarily due to a reduction in the actual and forecast expenditure on PPE issues to Primary and Social Care. The forecast has been updated and included at an average of the year to date costs, although this may fluctuate with any new Covid 'waves' and/or changing infection control guidance. We will continue to monitor this as the financial year progresses and adjust the forecast as required.

Covid recovery costs have been removed from Table B3 as requested in Month 4. The other covid expenditure table now only includes costs for NWSSP operational PPE support costs in addition to PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues (**Action Point 3.5**).

A summary of the year to date and forecast expenditure is detailed below:

Covid Costs	YTD	22/23 Forecast
	£m	£m
Operational Costs	1.378	4.476
Mass Vacc - PPE	-	1.050
Mass Vacc - Pay & Non Pay (non PPE)	0.418	1.897
Social Care/Primary Care PPE	4.434	13.298
TOTAL	6.230	20.720

The mass vaccination forecast has increased in month due to the inclusion of an estimated additional £0.205m of costs that we forecast may be incurred in our Medicines Unit as a result of their potential involvement in the proposed delivery method for the booster vaccine programme. When we have the full details of the programme we will also be able to assess the wider impact on our mass vaccination forecast as any changes to the requirements for the provision and delivery of mass vaccination packs and/or PPE will impact our current forecast.

It should be noted that the mass vaccination section of Table B3 does not reconcile to the supplementary mass vaccination table due to the inclusion of PPE in the supplementary table but the PPE costs being reported under other covid costs in Table B3.

At the end of 2021/22 we accrued a credit note to Welsh Government totalling £41.749m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We will continue to review this

monthly to identify if any further cash can be returned to Welsh Government, although this is dependent upon overall stock balances reducing. A review of the Quarter 1 position identified that we can reduce the credit note by the Quarter 1 issues value of £3.535m. An invoice and credit note will be raised in August to adjust for this.

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 £1.490m to Month 4 after internally funding the year to date Covid recovery costs. At this early stage in the financial year we are forecasting a potential £2.800m over achievement of savings and income generation based on performance to date, with £0.994m to be utilised to fund the full year forecast Covid recovery costs. We will continue to refine this as we progress throughout the financial year.

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 in future months.

Lines 2-22 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation.

The values for depreciation have been updated in July to reconcile to the adjusted depreciation forecast and requested change to only include the approved IFRS16 funding (**Action Point 3.6**)

The Covid and energy costs have been updated to reflect the most recent funding assumption as noted in the sections above.

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 opening CEL of £1.473m.

We are continuing to review our discretionary capital expenditure programme and will amend the forecast and profile as required during the financial year.

The Scan for Safety scheme has been reported with a Medium risk. This is due to the requirement forecast in our IMTP for an additional £0.130m funding for this scheme which has not yet been approved. We have recently received confirmation that we are able to recover the VAT we incurred on Scan for Safety in 2021/22. We are working through the return of these funds against our revised capital expenditure requirement and will update further in the Month 5 return.

We are in discussions with the WG Capital Team regarding funding for the Laundry and TRAMS schemes. To the end of July, expenditure totalling £0.137m has been incurred (£0.094m TRAMS, £0.043m Laundry) for which we await confirmation of capital funding. WG agreed an action to identify the status of approval of funding for these fees in our CRM in July. We also submitted the two Laundry OBCs and one BJC at the end of July which included the request for funding of these fees **(Action Point 2.3)**

10. Aged Debtors (Table M)

At 31st July 2022 the aged debt report identified that there were 55 NHS invoices outstanding over 11 weeks with no old year invoices outstanding for payment **(Action Point 3.4)**.

All the allocation of funds and outstanding payment issues reported in Month 3 have now been resolved with the new mass apply of funds function that Velindre deployed in July **(Action Points 3.3a, b & c)**.

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 4 Financial Monitoring Return along with the Month 5 return at the September meeting.

14. Authorisation of Return



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP

11th August 2022



.....
ANDREW BUTLER
DIRECTOR OF FINANCE &
CORPORATE SERVICES

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 5 – AUGUST 2022

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for August 2022 and should be read in conjunction with the Monitoring Return tables submitted for Month 5.

Thank you for your letter of 23rd August 2022 responding to the Month 4 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 5 is reported at break-even. This is based on the continued assumption per the IMTP financial assumptions letter issued on 14th March 2022 and recent discussions with senior Welsh Government finance officials that we can anticipate income from Welsh Government for energy pressures and the National Insurance increase. The position assumes that certain costs related to Covid recovery amounting to £1.033m will be non-recurrently funded internally within NWSSP for 2022/23 and a conversation is required regarding the recurrent funding position in the coming weeks.

1. Movement of Opening Financial Plan to Forecast Outturn (Table A)

Table A has been amended in month to revise the additional Welsh Government 'at risk' funding for the further increased energy pressures following receipt of the most recent energy forecast from British Gas received on 31st August. £4.520m is now anticipated which is £2.520m more than the £2.000m originally assumed in our IMTP in January 2022.

The table has also been populated with the updated Covid expenditure forecast and equivalent funding anticipated. Following a further detailed review of our forecasts, a reduction in the expenditure has been forecast this month due to a continued lower value of PPE issues to Primary & Social Care again in August and a reduction in the requirement to support the mass vaccination consumable and PPE pack creation and distribution due to the altered delivery model for the booster programme **(Action Point 4.1)**.

Year to date over-achievement of savings and income generation of £1.511m are included in Table A which are negated by forecast expenditure on NWSSP investments in areas to accelerate benefits, funding of pressures and/or

distribution to NHS Wales. The over-achievement of savings and income generation is forecast to reach £1.767m by the end of the financial year after utilising £1.033m of these savings to fund the Covid recovery costs we are incurring. This is a reduction from the forecast savings reported last month due to an increase in expenditure to support Covid recovery recruitment activity in August.

We are reviewing the level of our distribution to NHS Wales based on the continued assumption of full funding for all the income anticipated in Table E1.

2. Overview of Key Risks & Opportunities (Table A2)

This table has been populated with the risks and opportunities per our IMTP which have been reviewed and updated further during August. The key change from the Month 4 submission is:

- The risk regarding additional funding for energy cost pressures has increased from £3.818m to £4.520m following a review of the year to date actual costs and updated forecast information.

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 increased from £608.458m as forecast in Month 4 to £631.846m in Month 5. This is due to the net effect of an increase in the SLE August intake (£10.649m), a high level estimate of the pay award (£13.675m), energy funding increase (£0.702m) and a reduction in the Covid PPE and mass vaccination forecast (-£2.039m)
- 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 is forecast to spike 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 revised forecast annual SLE income following the August rotation and intake including pay award estimates is £233.995m and is detailed below. Additional pay costs are still anticipated in future months as the payment of locum shifts to SLE trainees expands.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	15.978	16.607	16.662	16.699	18.382	23.004	19.210	19.210	19.210	19.210	19.210	19.210	222.591
NON PAY	0.711	0.957	0.962	1.068	1.206	0.929	0.929	0.929	0.929	0.929	0.929	0.929	11.404
TOTAL	16.689	17.564	17.624	17.766	19.588	23.933	20.138	20.138	20.138	20.138	20.138	20.138	233.995

- We continue to work with HEIW regarding the recurring funding bid for further investment in the SLE Workforce team to enhance the service provided to medical, dental and pharmacy trainees.
- The Other income spikes in Months 6, 9 and 12 due to the timing of the quarterly pharmacy rebates which are received one quarter in arrears. Corresponding spikes in the non pay also occur in these months to match the income as the funds are repatriated to NHS Wales. Pharmacy rebate income increased in July which was the reason for the increase in the corresponding non pay expenditure. An element of the rebate income can be ad hoc in nature once the rebates are agreed with suppliers and often with backdated effect. We are not always able to forecast these with any more accuracy in our monthly returns **(Action Point 4.3)**
- Forecast non-cash charges of £5.835m are included and now exclude the new IFRS16 leases depreciation so that only the agreed transitioning leases impact of £1.213m is included **(Action Point 3.6)**. As noted in the Month 4 return, this forecast is less than the June non-cash submission. This is due to the Scan for Safety capital expenditure (2021/22 and 2022/23) now being brought into use in Quarter 2 rather than Quarter 1 as forecast in our June non-cash submission due to a delay in deploying the servers **(Action Point 4.4)**. The income over our £1.551m baseline funding has been anticipated in Table E1.
- £20.963 income and expenditure is included to Month 5 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 and is phased on a straight-line basis over remaining months. This is primarily why the Welsh Government income profile increases significantly from Month 6.

The WRP forecast position continues to assume that the risk share agreement will be invoked for £25.345m.

An updated review of the full year forecast, which includes a number of high level assumptions on case settlements, indicates that the potential forecast range is £127m - £142m. The range continues to be large due to the number of assumptions and variables which will impact this forecast at this early stage of the financial year

- £4.520m funding is now anticipated from Welsh Government for the exceptional energy costs following a review of actual invoices received to date and the revised forecast from British Gas.

A number of our sites have energy provided and recharged by the Landlords. We continue to work with them to understand any fixed rate charges and the period these are fixed for to assess the future impact on our energy charges. The Landlord of IP5 has advised that their current fixed rate tariff is ending in September and due to a number of suppliers pulling out of the large industrial and commercial markets they are struggling to find a replacement energy supplier. Both NWSSP finance and procurement colleagues are involved in discussions so we can assess the impact on our forecast expenditure from October.

- In Month 2 we reported our annual leave accrual had reduced from the £0.902m accrued at 31st March 2022 to £0.556m at the end of May following the payment of sell back claims to staff. There were a few delayed sell back payments which we have funded from the accrual in recent months and our accrual at the end of August totalled £0.535m. We calculated our accrual based on actual returns from staff to carry over and/or sell back annual leave. Leave was accrued for all staff regardless of which area they worked and whether any backfill for annual leave taken would be required. On this basis the accrual is likely to include an element for staff who would not be backfilled. We are intending to undertake an exercise in early October following the half way stage of the financial year, to assess how much leave staff have left to provide an early indication of any likely movement and potential release of the accrual by 31st March 2023 (**Action Point 4.2**)
- £0.086m of agency expenditure was reported in Month 5 which is a small increase on the Month 4 usage. 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 £20.720m in Month 4 to £18.681m in Month 5. This is due to both a reduction in the actual and forecast expenditure on PPE issues to Primary and Social Care in August and a reduction in the mass vaccination support requirements for the booster programme which were confirmed in August.

The forecast for the Primary & Social Care PPE has been updated and included at £1m per month going forward. This is based on a £1.062m monthly average year to date and an average of £0.875m over the last three months. Given the anticipation that a level of stock is currently being used up, the forecast has been included at £1m per month until we have a few more months of actual usage figures to amend the forecast further.

The mass vaccination forecast has been updated following confirmation of requirements for the autumn booster campaign. We have identified that no additional staff are required which were previously anticipated in our forecast. In addition, due to the use of the Pfizer bi-valent vaccine, which does not require the provision of PPE or consumable packs, we have been able to reduce our forecast in respect of these costs also. We do have a current stock of PPE and consumable packs and if the Moderna bi-valent vaccine is used in tandem with the Pfizer we have assumed we will be required to utilise our stock and potentially prepare and distribute more packs so costs in respect of this remain within the forecast. Mass vaccination costs spike in September and October due to the requirement for us to hire three additional vehicles for 6-8 weeks to meet the vaccine distribution demand with associated additional fuel costs. The mass vaccine forecast also includes costs for additional staff and packing costs in our Pharmacy Unit due to the requirement for us to repackage bulk deliveries of the vaccine, in addition to rental costs for a back up generator for all the fridges/freezers used for vaccine storage.

A summary of the year to date and forecast expenditure is detailed below:

Covid Costs	YTD	22/23 Forecast
	£m	£m
Operational Costs	1.785	4.495
Mass Vacc - PPE	-	0.263
Mass Vacc - Pay & Non Pay (non PPE)	0.542	1.613
Social Care/Primary Care PPE	5.310	12.310
TOTAL	7.636	18.681

It should be noted that the mass vaccination section of Table B3 does not reconcile to the supplementary mass vaccination table due to the inclusion of PPE in the supplementary table but the PPE costs being reported under other covid costs in Table B3.

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. £3.535m has now been returned to Welsh Government in respect of the Quarter 1 PPE costs for Primary

and Social Care so that the credit note accrual now totals £38.214m. We will continue to review this monthly to identify if any further cash can be returned to Welsh Government, although this is dependent upon overall stock balances reducing.

CREDIT NOTE BALANCE @ 31.03.2022	41.749
Quarter 1 PPE - Primary & Social Care	-3.535
CREDIT NOTE BALANCE @ 31.08.2022	38.214

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 £1.511m to Month 5 after internally funding the year to date Covid recovery costs. This is a reduction on the over-achievement savings run rate in previous months due to an issue with our new staff bank software reporting in Month 4 that was corrected and backdated in Month 5. At this early stage in the financial year we are continuing to forecast a potential £2.800m over achievement of savings and income generation based on performance to date, with £1.033m to be utilised to fund the full year forecast Covid recovery costs. We will continue to refine this as we progress throughout the financial year.

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 in future months.

Lines 2-22 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation.

The Covid and energy costs have been updated to reflect the most recent funding assumptions as noted in the sections above.

A high level estimate of the funding required for the pay award has been included in the Month 5 return in anticipation of it's payment with arrears in September. An estimate of the SLE pay award has also been made, which will be recharged to UHBs and Trusts, although is included under the 'Other' column at present until we have the actual values per organisation and can amend our forecast income streams for the remainder of the financial year. The additional SLE income due to increased costs from the larger August intake and rotation are also included under 'Other' whilst we assess the impact per 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 opening CEL of £1.947m which now includes the approved funding for the Student Awards Bursary system.

We are continuing to review our discretionary capital expenditure programme and will amend the forecast and profile as required during the financial year.

The Scan for Safety scheme has been reviewed and negative expenditure in Month 5 is reported due to the recognition of the VAT recovery credit in month following positive advice received from EY. We previously identified a funding shortfall for Scan for Safety in earlier months and in our IMTP. With the successful recovery of the VAT we are now able to deliver the scheme as planned within the £0.826m funding and the risk level has been reduced to 'Low' this month.

We are in discussions with the WG Capital Team regarding funding for the Laundry and TRAMS schemes. To the end of August, expenditure totalling £0.170m has been incurred (£0.116m TRAMS, £0.054m Laundry) for which we await confirmation of capital funding. We await the outcome from the scrutiny of

our two Laundry OBCs and one BJC in September and will resubmit a revised fees estimate for TRAMS in mid-September as discussed with WG capital colleagues.

10. Aged Debtors (Table M)

At 31st August 2022 we have two invoices outstanding over 17 weeks, one of which was paid in early September. Aneurin Bevan have advised that they have now raised a purchase order for the one remaining invoice with payment to be made imminently. At the end of August we had 42 invoices outstanding over 11 weeks for payment.

At the submission date 35 invoices with a combined value of £0.069m remain outstanding for payment. This is not as low as we would like but due to the summer holiday period there has been limited scope to follow up a number of these invoices for payment. We will prioritise collection of these invoices during September **(Action Point 4.5)**

We have been in contact with Richard Dudley during August to provide copies of the invoices and credit notes he requires to clear the outstanding invoice issues from last financial year **(Action Point 4.6)**

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 5 Financial Monitoring Return along with the Month 4 return at the September meeting.

14. Authorisation of Return



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP

13th September 2022



.....
ANDREW BUTLER
DIRECTOR OF FINANCE &
CORPORATE SERVICES

Welsh Risk Pool Services and Legal & Risk Services **Annual Review 2021-2022**



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Partneriaeth
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Shared Services
Partnership

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Foreword

Members of the public in Wales are proud of, and thankful for, the services provided by their NHS and this was clearly evidenced by the gratitude and appreciation shown to the service and its staff during the pandemic.

During my career in the NHS, I have constantly been impressed with the dedication and expertise of the staff who work tirelessly to provide care and treatment when it is required and support our communities to improve their health and wellbeing. When compared to the number of patient contacts undertaken by NHS Wales each year, the number of times when problems occur, or things go wrong, is very small.



Professor Tracy Myhill OBE,
Chair of NHS Wales Shared
Services Partnership

However, for every time something does go wrong and harm occurs, or systems fail, the NHS must have robust processes to learn lessons, improve processes and share best practice. The Welsh Risk Pool and Legal & Risk Services play a vital role in supporting health bodies to investigate what has happened, put preventative measures into place where possible and achieve a satisfactory resolution for any person affected.

It is widely recognised that all areas of the NHS across the UK are experiencing a high level of claims. This is seen in NHS Wales. Whilst it is pleasing to note that the number of claims is not increasing in NHS Wales we must recognise that the value of individual claims does increase year on year. Successful claims provide some recognition and recompense for patients and families, although unfortunately cannot change what has happened. On average, 45% of personal injury and clinical negligence claims are successfully defended.

Using an entirely in-house legal service to manage clinical negligence and personal injury claims in NHS Wales, our professional influence is also achieving considerable savings to the Welsh taxpayer. The wide experience of the in-house legal service, in all areas of law affecting modern health bodies, provides rapid and effective advice to leaders throughout the NHS.

The Safety & Learning programme operated by the Welsh Risk Pool involves investing some of the money which would otherwise be spent on claims to achieve reductions in incidents and thus lead to improved services with fewer claims. The programmes are well respected amongst clinical teams in Wales and are having a genuine impact.

The most frequently occurring specialty for claims is in maternity services and it is vital we support health bodies to learn and improve from what has gone wrong in these cases. We have introduced the PROMPT Wales and Community PROMPT Wales programme and this important initiative was recognised when its lead, Midwife Sarah Hookes, was awarded the Wales RCM Midwife of the Year accolade.

The introduction of the Putting Things Right regulations in Wales ten years ago has provided a system for the smooth and effective resolution of concerns raised by patients and their relatives whilst reducing the burden of legal costs on the NHS. With the responsibility for reimbursing expenditure for redress cases now placed with the Welsh Risk Pool, the team is able to provide a fuller picture of the causal factors and lessons learned which arise from redress cases as well as claims and continue to work with local clinical teams to identify areas for improvement.

The General Medical Practice Indemnity Scheme, operated by Legal & Risk Services, was introduced in 2019. This team works closely with primary care services to help with investigations and reduce the potential for litigation in this area. This scheme introduces national scrutiny of lessons learned within the primary care sector for the first time.

I am very proud of the work done by the Welsh Risk Pool and Legal & Risk Services working with colleagues across the NHS in Wales. The purpose of this report is to outline the current position and forecast for claims and redress cases and to outline the incredible work that the team does every day.

My senior team will be working with every Board in NHS Wales to maximise learning and to improve quality and safety, using the data related to each individual health body to the maximum possible.



About Tracy Myhill

Tracy was appointed Chair of NWSSP in 2021 having previously retired from the NHS following a career that spanned 37 years. Beginning her career as a receptionist in Cardiff's Dental Hospital, Tracy progressed into the human resources sector and held roles at local and national level. She has previously worked as Chief Executive of the Welsh Ambulance Service NHS Trust and of Swansea Bay University Health Board.



Our Services



The Welsh Risk Pool is a mutual body which supports all health organisations in NHS Wales by administering the risk pooling scheme, which provides the means by which all Health Boards, Trusts and Special Health Authorities in Wales are able to indemnify against risk.

The role of the Welsh Risk Pool is to have an integrated approach towards risk assessment, claims management, reimbursement and learning to improve. The team works with NHS colleagues across Wales to promote and facilitate opportunities to learn and support the development and implementation of improvements to enhance patient and staff safety and clinical outcomes.

Legal & Risk Services provide legal advice and representation for all health bodies in Wales. With specialist experience, knowledge and understanding of the legal, administrative and policy issues that affect the operation of the NHS in Wales, the Legal & Risk teams are able to support organisations in providing safe and efficient health and care services to the population of Wales.



Welsh Risk Pool



Reimbursement

We reimburse losses and special payments incurred by health bodies in accordance with the WRP Reimbursement Procedures.



Safety & Learning

We scrutinise the learning from events relating to claims and redress cases. We coordinate a national learning advisory panel to consider and share best practice and lessons learned from cases.



Consent

We coordinate the all-Wales approach to Consent to Examination & Treatment, provide a national training solution for clinicians involved in the consent process and procure a library of approved consent information leaflets to support clinicians in ensuring patients can give informed consent.



PROMPT Wales

We coordinate the all-Wales approach to PROMPT Wales and Community PROMPT Wales, which delivers obstetric emergency training to midwives, obstetric doctors and anaesthetists involved in maternity care.



Once for Wales Concerns Management System

We lead the design, implementation and use of the Once for Wales Concerns Management System, which provides consistency in the platform for capturing, investigating and reporting on all concerns in health bodies and primary care.



Specialist Investigation Support

Using the vast clinical experience across NHS Wales, we support health bodies with complex and organisational investigations where the independence of the WRP can add value.



Concerns Management Training

We provide training to claims managers, redress case managers and staff involved in coordinating inquest cases.



GIG
CYMRU
NHS
WALES



Legal & Risk Services



General Medical Practice Indemnity

A team of highly skilled solicitors with a particular focus and expertise in managing clinical negligence claims arising from primary care practice.



Commercial, Regulatory and Procurement

A team of highly specialised lawyers who support health bodies in managing these issues in a practical and timely manner.



Clinical Negligence

A department of in-house solicitors and legal support staff who manage the clinical negligence caseload across all health bodies. We aim to handle claims proactively, fairly and consistently.



Complex Patient (Court of Protection)

A team of very experienced healthcare lawyers who provide rapid advice to ensure NHS staff are able to comply with legal requirements and deal with complex legal issues regarding the provision of care and treatment.



Employment

A team of solicitors and legal executives advising on high level strategic policy matters, case management and tribunal hearings.



Personal Injury

This team have intimate knowledge of the NHS enabling swift and efficient advice on managing claims and providing expert advice on reduce risks in the workplace.



General Healthcare Advice

A wide spectrum of issues can be faced by health bodies and clients. This team draw from the diverse experience within Legal & Risk Services to provide timely advice.



Property acquisitions, disposals and leases

This highly specialised team work closely with Specialist Estates Services to support all health bodies on matters relating to the NHS Wales estate.



Inquests

Our inquests team offer full support to our clients, from initial investigations through inquest hearings and beyond.



Putting Things Right

We offer a flexible and hands-on approach to health bodies in dealing with matters under the PTR regulations.

Our People



Mark Harris

Mark Harris is the Director of Legal & Risk Services and the Welsh Risk Pool. Mark has an LLB law degree, an LLM Master's degree in Commercial Law/Marine Affairs and a Postgraduate Certificate in Health Service Management.

Having worked in Legal & Risk for over two decades, Mark has vast experience of working on clinical negligence and general advisory matters and was a Team Manager and the Deputy Director of the service prior to being appointed as the Director.

Mark's areas of special interest are clinical negligence claims, health funding disputes and governance. Mark has provided legal advice on a very wide range of one-off legal conundrums that face NHS bodies in their day-to-day business, having advised on a multiplicity of individual legal issues in the last decade. Mark led Legal and Risk Services' engagement with Welsh Government to implement the GP indemnity scheme which commenced in 2019.



Daniela Mahapatra

Daniela Mahapatra is the Deputy Director of Legal & Risk Services. Daniela qualified as a Solicitor in 2005. She obtained her LLB Law degree at the University of Wales, Swansea, before moving to Cardiff to undertake the Legal Practice Course. Practicing in employment law, Daniela advises all health bodies in Wales in complex employment cases.

Daniela is a member of the HPMa Wales Committee, arranging various training events for the NHS Wales HR workforce (Workforce & OD).

In May 2016, Daniela was elected as the Wales representative for the Employment Lawyers Association. As part of this role, Daniela assisted with the roll out of the Employment Tribunal Litigants in Person Support Scheme (ELIPS) in the Wales Employment Tribunal, which provides free assistance to unrepresented litigants (claimants and respondents) at the Employment Tribunal.

Daniela has taught the Employment Law module on the HRM course at the University of South Wales. Daniela is also a mentor as part of the Coleg Y Cymoedd mentoring scheme.



Sarah Watt

Sarah Watt is the Head of Healthcare Litigation, the strategic lead for clinical negligence claims, Putting Things Right and Public Inquiry work. Sarah has a LLB Law Degree, Law Society Finals Examination pass and Level 5 Qualification from the Institute of Leadership and Management.

Sarah joined Legal & Risk Services in 2003 after working for leading UK healthcare law firms. She became a Team Leader in 2005 and was appointed Head of Healthcare Litigation in 2021.

Sarah is particularly experienced in high profile investigations, very high value claims and is leading the work to support health bodies giving evidence to the coronavirus public inquiry.



Jonathan Webb

Jonathan Webb is the Head of Safety & Learning and is the operational lead for the Welsh Risk Pool. Jonathan is a Registered Paramedic, an experienced Clinical Mentor and has worked in the NHS since 1990. Having completed a degree in Education at Wolverhampton University and studied Management at University of Reading Henley Business School, Jonathan has completed a Master's degree in Occupational Health & Safety at Loughborough University.

Prior to joining Legal & Risk Services in 2016, Jonathan was Head of Risk Management in an English Acute Trust where he developed an investigation training programme for clinical leaders. He has previously held a similar role in the Channel Islands, where he was responsible for coordinating a States-Wide Risk Register & Assurance Programme. Jonathan's role focusses on scrutinising and sharing lessons learned from claims and redress cases, delivering bespoke programmes to address areas of litigation, leading the Once for Wales Concerns Management System and coordinating assessments of health bodies' systems for handling concerns.



Sue Saunders

Sue Saunders is the Head of Finance for Welsh Risk Pool. The financial functions of the Welsh Risk Pool and Legal & Risk Services are coordinated by the Corporate Finance Team within NHS Wales Shared Services Partnership. Sue is responsible for the Welsh Risk Pool and Legal & Risk accounts. Chairing the sub-Technical Accounting Group for Welsh Risk Pool matters, Sue ensures that the application of financial principles is consistent throughout NHS Wales.

A qualified accountant, Sue has many years of experience in NHS accounting and supports health bodies with their financial returns relating to the Welsh Risk Pool to Welsh Government.

Our people are our biggest asset in the Welsh Risk Pool and Legal & Risk Service.

With over 125 whole time equivalent solicitors, chartered legal executives, pre-qualified lawyers and support staff, the Legal & Risk service is able to support all health bodies in NHS Wales in all areas of law.

With twelve whole time equivalent established staff and a flexible workforce of bank and seconded colleagues, the Welsh Risk Pool is able to draw on clinical and operational experience from across NHS Wales to deliver its services.



Welsh Risk Pool Committee

Decisions in relation to the reimbursement procedures, workplans for reviews and the reimbursement of claims & redress cases are taken by a national committee drawn from executive and associate roles from Health Bodies and Welsh Government. Members represent their roles and peers across Wales rather than their individual organisation.

Acting as a sub-committee of the Shared Services Partnership Committee, the Welsh Risk Pool Committee ensures consistency in decisions and effective scrutiny of this complex sector.

Our Caseload



The majority of people who receive care from NHS Wales receive an excellent service that is provided by a dedicated and well-trained workforce. Whilst NHS Wales should be justifiably proud of its achievements, there is no room for complacency and occasionally mistakes happen or processes and systems fail, which can lead to claims being paid to patients or staff affected or expenditure on redress.

In addition to the harm experienced by those involved in events which lead to litigation, every penny spent on claims and redress cases cannot be spent on providing health and care in NHS Wales.

The Welsh Risk Pool and Legal & Risk Services will continue to work carefully with each party in every matter to achieve the right resolution in the case and a fair outcome for all parties.

Through the process of learning from events, causal factors that have led to a claim or redress case are identified and learning or improvements put into place to reduce the potential for repeat events.

Claims & Redress Case Profile

The profile of cases managed by the Welsh Risk Pool and Legal & Risk Services relate to clinical negligence, personal injury and redress matters.

The Welsh Risk Pool administers the risk pooling arrangement and meets the cost of financial losses for claims over £25,000 and all reimbursable expenditure on redress cases. The most significant element of expenditure relates to clinical negligence matters.

Clinical negligence and personal injury claims are managed using the legal processes outlined in the pre-action protocols and legal procedures issued by the courts of England & Wales. If a claim proceeds to court, the conduct of the claim is coordinated by a judge.

Redress cases are conducted using the requirements set out in the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, which are known as the Putting Things Right Regulations, and these have a published legal guidance which sets out the expectations of parties.



Clinical Negligence Matters

The number of substantive open clinical negligence cases at the end of each financial year provides a useful indicator of the current clinical negligence caseload pressure experienced by NHS Wales. This data for the last ten years is shown in Fig1. These figures do not include cases from the Scheme for General Medical Practice Indemnity, which are managed separately.

Some cases remain open for a considerable period of time, as matters are analysed and financial values determined. Some more complex cases can remain open for over ten years.

There was a spike in cases as we approached 2013 because of a rush by Claimant's solicitors to open new cases before conditional fee agreements were abolished by a change in the law.

We also changed our methodology for opening new cases from 2017/18 - only accepting those with a letter of claim or that fell into the criteria for our early reporting scheme, where we require health bodies to inform us of specific incidents as they occur. Prior to that we accepted matters even if there was not yet a letter of claim, such as pre-action disclosure requests. We have done our best to exclude these essentially non-substantive matters within the numbers shown in Fig1. However, the way the data is held presents some challenges to easy to identify these matters. Therefore, there is a chance that some remain included in the data prior to 2017/18.

Due to the duration of some cases remaining open, the spike in cases around 2013 and the change in methodology of accepting cases in 2017, it is not possible to identify an overall determinable trend in case numbers. There is, however, an increase in the complexity and value of cases, with a consequential financial impact to NHS Wales.

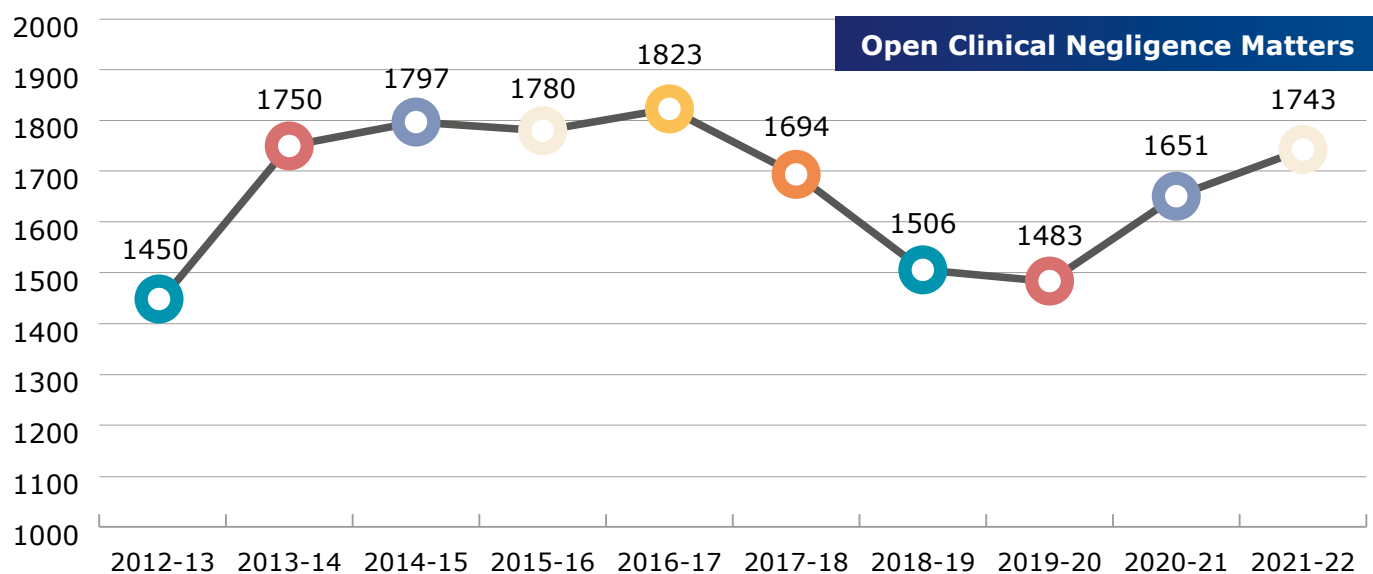


Fig1 Open Clinical Negligence Matters

On behalf of NHS Wales, Legal & Risk Services carefully investigates all matters brought against health bodies and is successful in defending cases where this is possible, which reduces avoidable costs for the Welsh taxpayer.

Fig 2 provides a summary of the number of cases closed without damages over the last three years. This shows that we are consistently defending approximately 45% of cases.

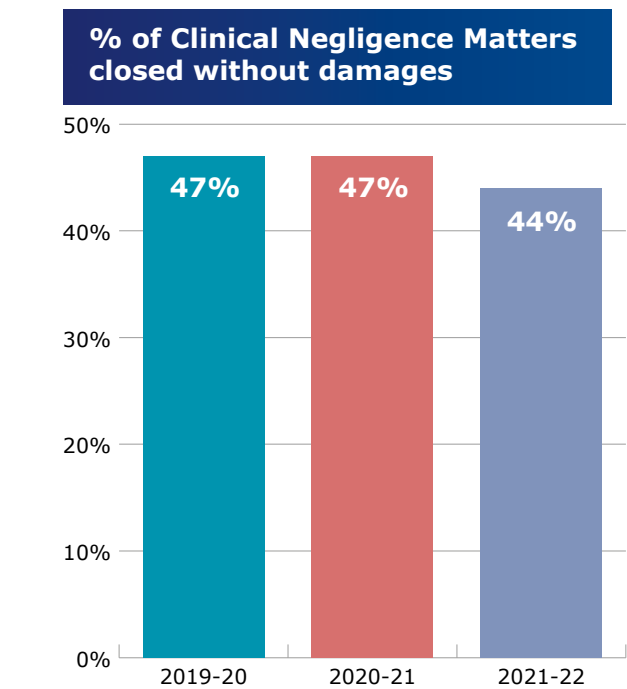


Fig2 Percentage of Clinical Negligence Matters closed without damages paid

NHS Wales undertakes a wide range of clinical procedures and provides care and treatment in a wide array of clinical settings. Claims may arise from any clinical contact and the Welsh Risk Pool monitors the distribution of the principal clinical specialties identified in a claim.

The most frequently occurring specialty relating to clinical negligence claims is maternity services, which includes obstetrics and midwifery-led services. These represent 17.73% of all clinical negligence cases being managed by Legal & Risk Services during 2021/22. The Welsh Risk Pool has invested significantly to work with clinical teams in maternity services across NHS Wales to address the causal factors for claims.

Matters relating to the assessment, treatment and surgery, in orthopaedic and trauma cases represent 13.51% of all clinical negligence cases being managed by Legal & Risk Services during 2021/22. These matters include the wide range of orthopaedic procedures which are conducted by NHS Wales.

Many patients present to emergency departments, specialist assessment units and minor injury services and claims related to these settings represent 11.60% of all clinical negligence matters being managed by Legal & Risk Services during 2021/22.

The list of specialties captured by the Welsh Risk Pool and Legal & Risk systems relate to a bespoke list that was first utilised in approximately 2000. With the introduction of a new electronic Case Management System over the next few years, it is anticipated that the speciality data will be published in future using the national NHS Wales list as far as possible and that this will help organisations to extrapolate and use data from a range of performance and quality management sources.

Fig3 outlines the distribution of the top ten clinical specialties in clinical negligence and Table1 provides a breakdown of all clinical specialities.

Principal Clinical Specialties in Clinical Negligence matters 21/22

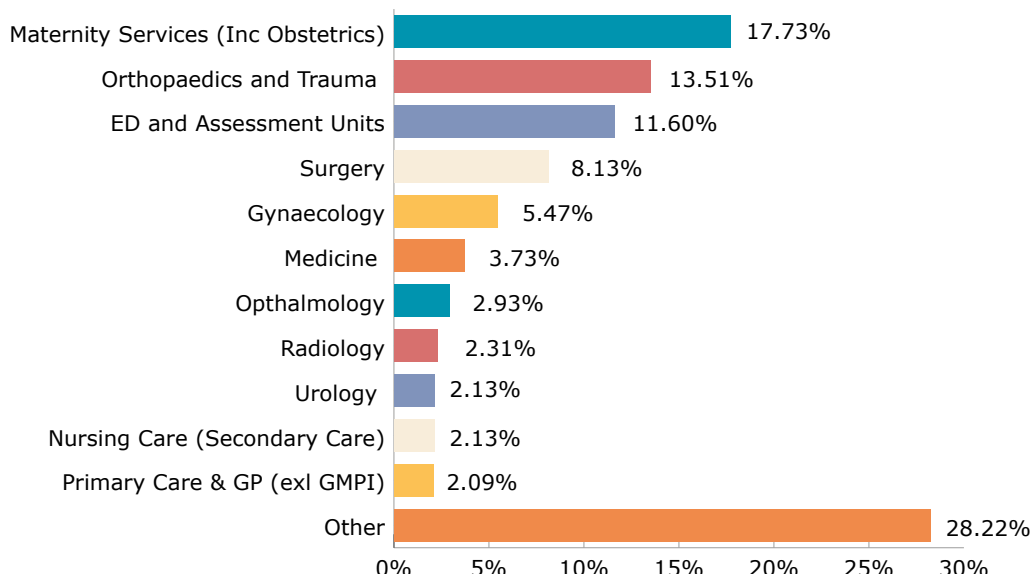


Fig3 Breakdown of Principal Clinical Specialties in Clinical Negligence matters

Principal Specialty in Clinical Negligence matters	%	Principal Specialty in Clinical Negligence matters	%
Admin, Estates & Business Services	0.13%	Mental Health & Psychology	2.31%
Ambulance / Paramedics	1.24%	Nephrology	0.49%
Anaesthetics	0.80%	Neurology	1.07%
Audiology	0.04%	Neurosurgery	1.11%
Cardiology	1.42%	Nursing Care (Secondary Care)	2.13%
Cardiothoracic Surgery	0.36%	Oncology	1.42%
Colorectal Surgery	0.76%	Ophthalmology	2.93%
Cytology	0.31%	Oral & Maxillofacial Surgery	0.44%
Dental	0.49%	Orthopaedics & Trauma	13.51%
Dermatology	0.53%	Paediatrics	2.84%
District Nursing & Health Visiting	0.36%	Pathology, Histology & Microbiology	0.40%
Ear Nose & Throat	1.51%	Physiotherapy	0.53%
Emergency Dept & Assessment Units	11.60%	Plastic Surgery	0.13%
Gastroenterology	1.16%	Podiatry	0.18%
Genetics	0.09%	Primary Care (excl GMPI)	2.09%
Genitourinary Medicine	0.13%	Radiology	2.31%
Geriatric Medicine	0.44%	Respiratory	0.36%
GP Out of Hours	0.36%	Rheumatology	0.27%
Gynaecology	5.47%	Speech Therapy	0.04%
Haematology	0.53%	Surgery	8.13%
Maternity Services	17.73%	Urology	2.13%
Maxillofacial	0.44%	OTHER / UNSPECIFIED	5.51%
Medicine	3.73%		

Table1 Summary of Principal Specialties in Clinical Negligence matters



Personal Injury Cases

In addition to claims for alleged clinical negligence, the Welsh Risk Pool and Legal & Risk Service also deal with matters of public liability, occupier's and employer's liability brought against NHS Wales health bodies. These can be complex matters involving the gathering of evidence relating to operational issues, health & safety compliance and risk assessments.

At the end of 2021/22 there were 470 open personal injury matters against NHS Wales and there is an upward trend in personal injury matters since 2005. There was a peak in new personal injury matters opening in early 2013 caused by the approach of fixed recoverable costs and a change to the law which limited the grounds on which personal injury claims could be brought.

Fig 4 shows the number of open personal injury matters since 2005. We are reliably able to report this far back because historically we have only opened personal injury claims on receipt of a letter of claim.

Open Personal Injury matters

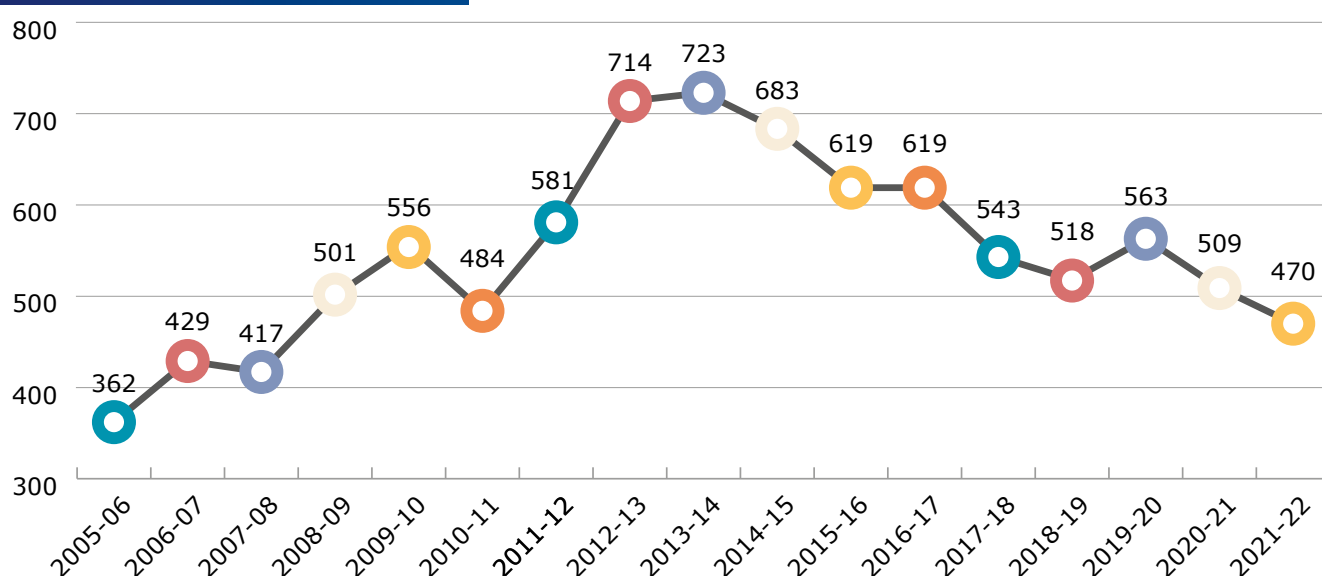



Fig4 Open Personal Injury matters

The Legal & Risk Services team work closely with managers within health bodies to defend cases where this is possible, reducing the burden of legal costs to organisations. NHS Wales has successfully defended over 45% of personal injury cases. Fig 5 shows the continuing positive trend in successfully defended personal injury claims.



EXAMPLE CASE – claim successfully defended at trial

A claim was brought by a former employee of an organisation which provides services to all health bodies in NHS Wales, stating that they had injured their knee due to poor parking and access arrangements at the hospital they were deployed to. The claim was strenuously defended and proceeded to trial in January 2022.

The Judge found that the employing organisation and the hospital had reasonable measures in place, the former employee had received sufficient training and there were suitable arrangements for escalating issues. The claim therefore failed, and no damages were awarded.

Fig 5 shows a gradual increase in successfully defended personal injury claims.

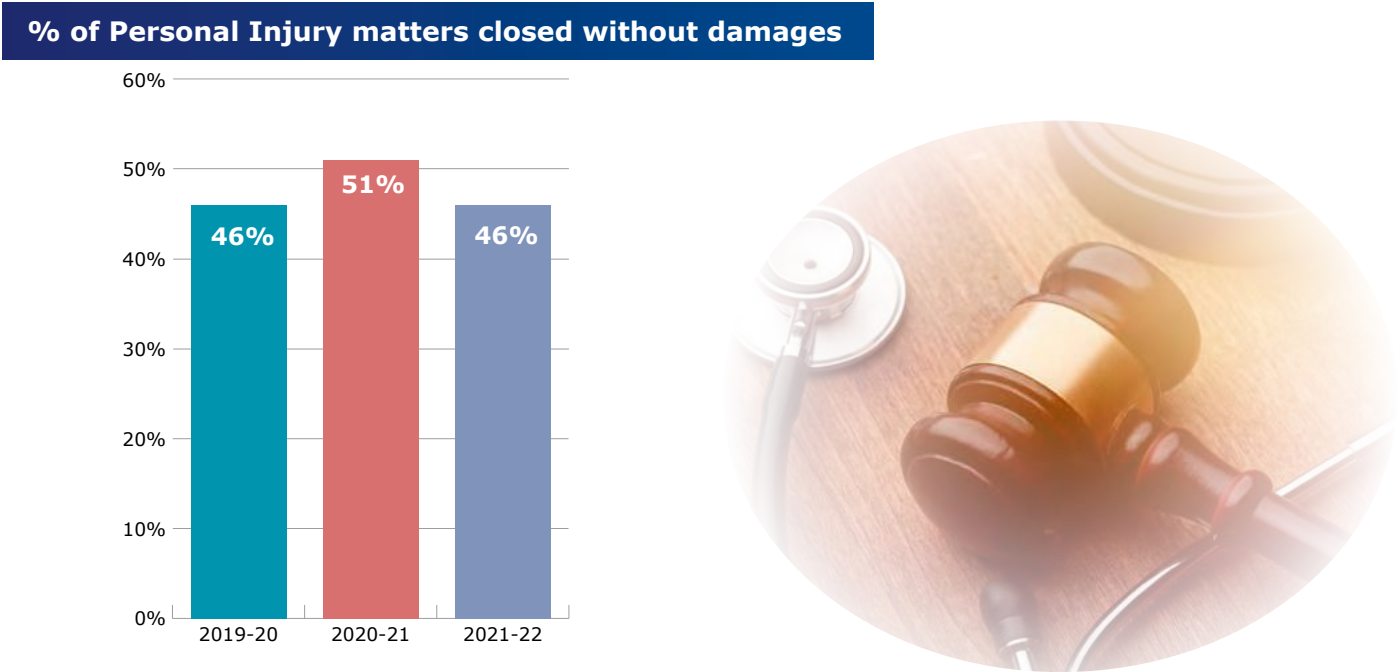


Fig5 Percentage of Personal Injury matters closed without damages



Redress Cases

The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 places duties on health bodies to consider payment of appropriate redress in matters where there is a qualifying liability. The Regulations require health bodies to consider redress in circumstances where harm is alleged and the likely value of any claim would not exceed £25,000 in damages. Dealing with these cases in this way has a significant impact in reducing the legal costs associated with claims brought in the traditional way and provides an effective resolution for those affected and achieves significant savings for the NHS.

Cases that may lead to consideration of redress include incidents reported by staff within organisations and complaints received from service users or their representatives. Health bodies are required to investigate matters and to determine whether there is a qualifying liability.

Since 2018, the Welsh Risk Pool has been allocated responsibility for the scrutiny of learning and reimbursement of expenditure incurred by health bodies in relation to redress cases.

Redress cases are managed locally by specialist teams within health bodies. The Legal & Risk Service has a specialist team which advises and supports organisations in relation to redress matters. Formal reviews by the Legal & Risk team are required in all cases where a proposed damages payment exceeds £25k, where payments to the UK Government Compensation Recovery Unit exceeds £3k and in all cases where qualifying liability is considered to have been met in a matter relating to the coronavirus pandemic.

From 2019, health bodies have been required to provide information on their current caseloads to assist with planning and budgeting. This provides an insight into the progress of matters across NHS Wales.

In 2021/22, a total of 924 redress cases were being managed by health bodies in NHS Wales. This represents a 6% reduction in the overall caseload and follows a small reduction in 2020/21.

The reduction that has been seen can be attributed to a reduction in incident and complaint investigations during the pandemic and it is expected that 2022/23 will see a sharp increase in the caseload.

Fig6 outlines the redress caseload over the last three years.

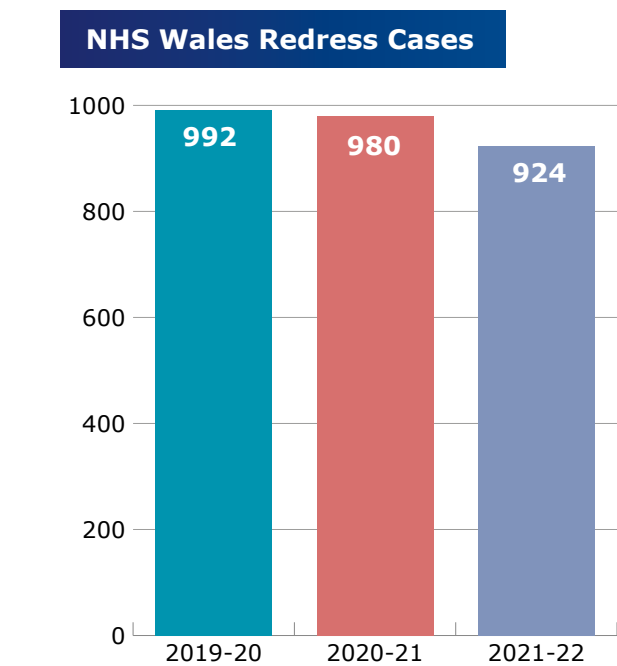


Fig6 Redress Cases for last 3 years

Considering the clinical speciality to which a redress case relates is a useful indicator of themes and trends.

Traditionally, each health body has considered redress cases in relation to its own list of specialties which do not align to provide a national picture. With all organisations now utilising the Once for Wales Concerns Management System to capture and manage redress cases, it is anticipated that a national picture will be available from 2022/23.

From case analysis, the most commonly occurring specialties within redress cases are Emergency Department, Orthopaedics, and General Surgery.



Periodical Payment Orders

In the vast majority of personal injury and clinical negligence matters, settlement as damages is made in the form of an immediate payment of a lump sum directly to the claimant.

In matters in which the court is making an award relating to future pecuniary loss, it may order that the damages take the form, whether wholly or partly, of periodical payments. The Damages Act 1996 empowers the court in personal injury & clinical negligence proceedings to make a periodical payments order, a lump sum award or a combination of the two.

Periodical Payment Orders are generally seen in cases where a payment is needed to provide care and support for a claimant over a sustained period of time.

The payments are index-linked, rising by an agreed inflation measure each year to ensure that the claimant receives an appropriate sum to meet their needs.

The Welsh Risk Pool administers all Periodical Payment Orders for NHS Wales health bodies. At the end of 2021/22, there were a total of 141 active Periodical Payment Orders (PPOs). Seven PPO arrangements have been agreed in cases which settled recently, but which the payment has not yet started. PPO payments made in 2021/22 totalled £16.644m.

With the growth in inflation and increasing numbers of active PPOs, the value of PPOs have increased by £5,775m in the last five years. This represents a 53% increase in payment costs with a 27% increase in active cases from 111 in 2017/18. This is outlined in Fig7.

Periodical Payments over last five years

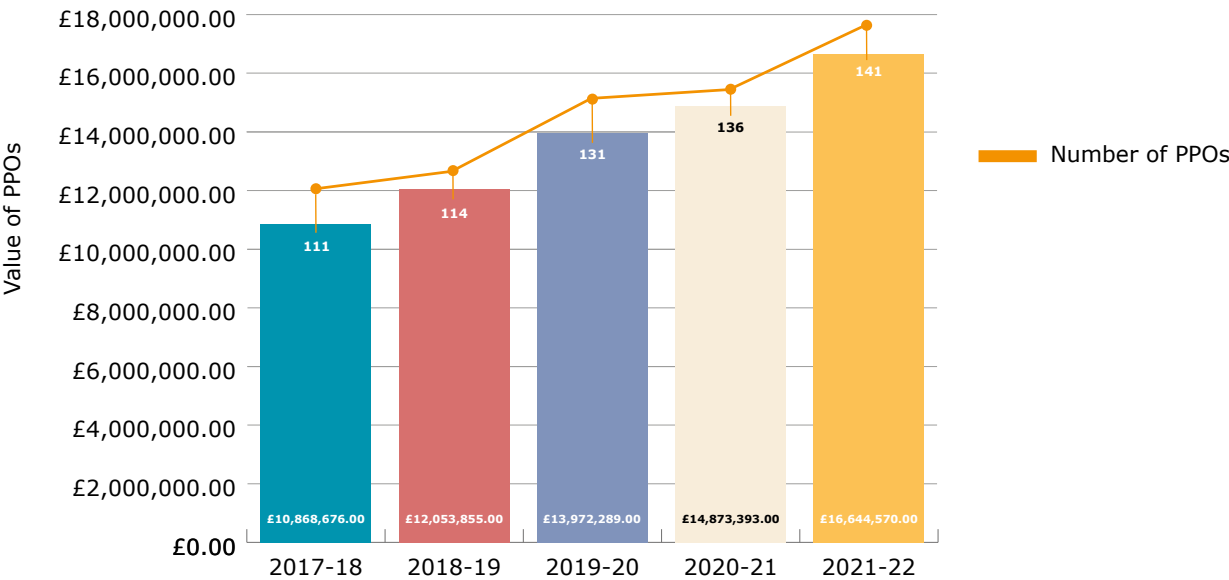


Fig7 Value & Number of PPOs over last five years

Legacy matters from Former Health Authorities

The Welsh Risk Pool manages claims brought against former Health Authorities in NHS Wales. These legacy organisations were replaced with a number of NHS Trusts across Wales between 1993 and 1996 and these new organisations did not inherit the liabilities of the predecessor organisations. Where a claim arises, these matters are managed by the Welsh Risk Pool and are conducted on behalf of Welsh Government, in the name of Powys Teaching Health Board through a Service Level Agreement.

As time progresses, the number of open matters continues to steadily decline. Whilst legal limitation may prevent a number of claims being brought successfully, some areas of claim cannot rely on limitation.

The most common claim now being brought against former Health Authorities relates to alleged exposure to asbestos between the 1960’s and 1980’s leading to a diagnosis of mesothelioma. These claims can be very challenging to investigate and personnel and potential evidence may simply not exist.

At the end of the 2021/22 period there were 25 open matters involving claims against former Health Authorities. Fig8 provides a breakdown of the number and types of these matters.

Former Health Authority Matters 2021/22

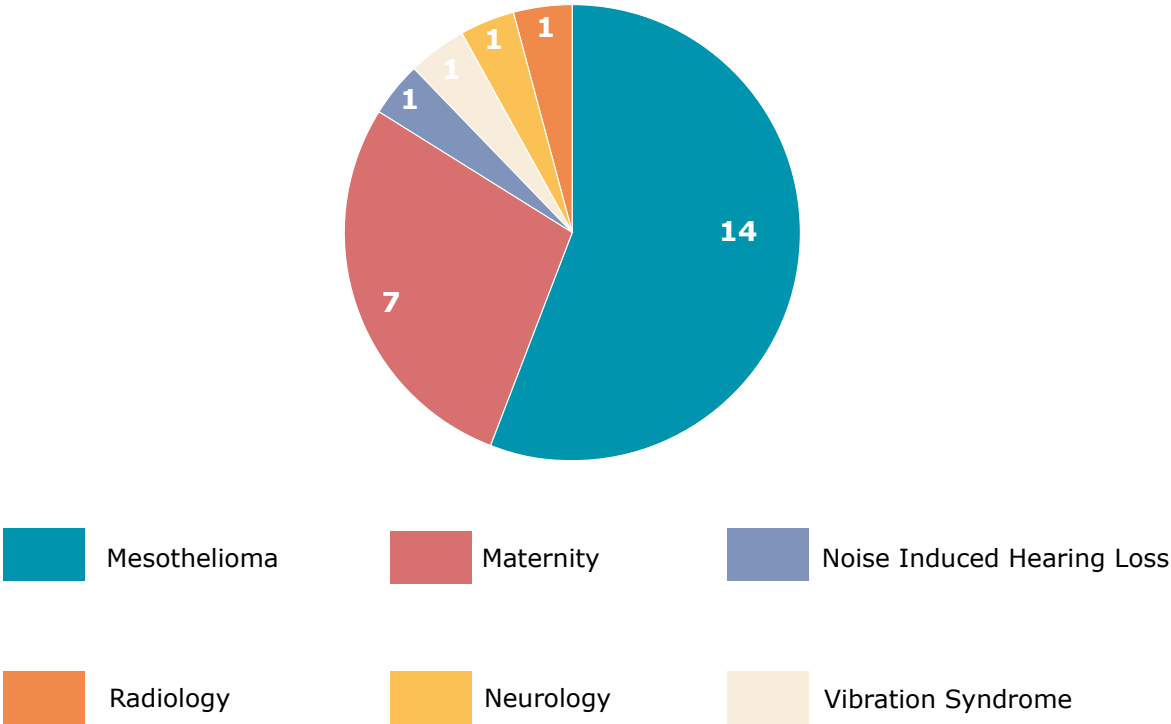


Fig8 Current Former Health Authority Matters 2021/22

Financial Planning & Performance



The Welsh Risk Pool receives two funding streams:

- ▶ Departmental Expenditure Limit (DEL) is used to meet the in-year costs associated with settled claims & redress cases. The DEL is funded by a core allocation provided by Welsh Government that is sourced from the annual healthcare budget. This is augmented with additional expenditure provided by Welsh Government and a risk sharing agreement that involves contributions from each health body using a formula depending on the size, claims experience and risk management standards of an organisation.
- ▶ Annually Managed Expenditure (AME) to meet the cost of accounting for the long term liabilities of claims.

The NHS Shared Services Partnership Corporate Finance Team, led by Director of Finance & Corporate Services Andy Butler, provides oversight and guidance on the management of the Welsh Risk Pool Budget.

Analysis of the current budget and use of financial forecasting tools enables the Welsh Risk Pool to confidently plan for settlement of case in-year and prepare for the likely financial requirements in the ensuing years.

2021/22 Budget Position

The Welsh Government core allocation for the year in 2021/22 was £107m for clinical negligence and personal injury claims and a £1.259m allocation for redress cases. Additional funding was provided by Welsh Government to support case progression. The funding is further supported by the risk sharing agreement which makes up the remainder.

The DEL funding for 2021/22 is outlined in Table2.

WRP DEL funding 2021/22	£m
Welsh Government Core	107.000
NHS Wales Risk Sharing Agreement	16.495
Welsh Government Additional Funding	4.861
Welsh Government Redress	1.259
Total Funding	129.615

Table2 WRP DEL funding 2021/22

The redress outturn for 2021/22 was £1.679 compared to the Welsh Government core allocation for this sector of £1.259m. Overspending on redress cases is recognised to have a beneficial effect on reducing the number of claims which are brought. The £420k overspend on redress was charged to the overall DEL expenditure and funded via the additional funding streams in-year.

The value of £16.495m risk sharing agreement contribution had been notified to health bodies during the budget planning phase and remained unchanged during funding reviews of the year. This enables health bodies to plan more confidently for their available expenditure.

Expenditure on DEL is a useful indicator to identify the current position and can be tracked to previous years. The expenditure within the DEL budget for 2021/22 compared with 2020/21 can be further analysed as shown in Table3.

WRP DEL Expenditure	2020/21 £m	2021/22 £m
Claims reimbursed & WRP Managed Expenditure	72.255	99.922
Redress Reimbursements	1.479	1.909
Periodical Payments	14.873	16.644
Safety & Learning Programmes	0.22	0.288
Clinical Negligence Team Funding	0.205	0.55
Movement on Claims Creditor	34.806	10.302
2021/22 expenditure	123.838	129.615

Table3 WRP DEL expenditure 2021/22

The creditor movement is an indicator that shows payments that have been made by health bodies which are not yet subject to reimbursement by the Welsh Risk Pool. The creditor movement has increased since the beginning of the financial year. This increase is partly related to the timing of settlements, a number of which were heavily profiled to the latter part of 2021/22.

Health bodies have therefore not had an opportunity to complete the learning review process and submit returns in order to receive reimbursements for these cases. Cases where approval of the learning plans have been deferred by the Welsh Risk Pool also account for an increase in the creditor movement.



Looking Forward – the Forecast

When considering the funds needed for future years, the Welsh Risk Pool and Legal & Risk Services categorise all claims and matters by allocating a rating depending on the likelihood of the case settling. The categories include, Remote, Possible, Probable and Certain and these are outlined in Table4.

Assessment of probability of settlement	
0% - 5%	Remote
6% - 49%	Possible
50% - 94%	Probable
95% - 100%	Certain

Table4 Breakdown of probably of settlement

For budget planning purposes, Probable and Certain cases are included in the forecast. The core DEL funding for the Welsh Risk Pool for 2022/23 is £109.435m which is a result of the pooling of the claims and redress allocations and an uplift of £1m for redress cases.

Planning and forecasting for the Welsh Risk Pool is included in the NHS Wales Shared Services Partnership Integrated Medium Term Plan (IMTP).

The current forecast for 2022/23 shows a resource requirement of £134.780m and the shortfall will be achieved through the application of the risk sharing agreement. Table5 provides a breakdown of the DEL forecast for the next three years.

	2022/23	2023/24	2024/25
3 Year Forecast	£134.780M	£136.138M	£137.505M
Core WG Allocation	£109.435M	£109.435M	£109.435M
Risk Sharing Agreement 2022/23 to 2024/25 (Core Claims Growth)	£25.345M	£26.703M	£28.070M
Total DEL Forecast	£134.780M	£136.138M	£137.505M

Table5 Breakdown of DEL forecast for next three years

In 2021/22, the provisions have risen to £1.429bn which is an increase of £296.254m when compared to 2020/21. The provisions in 2020/21 experience a small decrease of £960k when compared to 2019/20 and this can be attributed to the impact of the first phase of the coronavirus pandemic. A profile of the provisions over the last three years is shown in Fig9 and a breakdown of the provisions is shown at Table6.

It is important to note that the significant increase in provision values does not relate to increased case numbers. The increase is primarily caused by the application of financial adjustments for inflation and the discounting of liabilities to net present value.

Provisions for future claims over the last 3 years

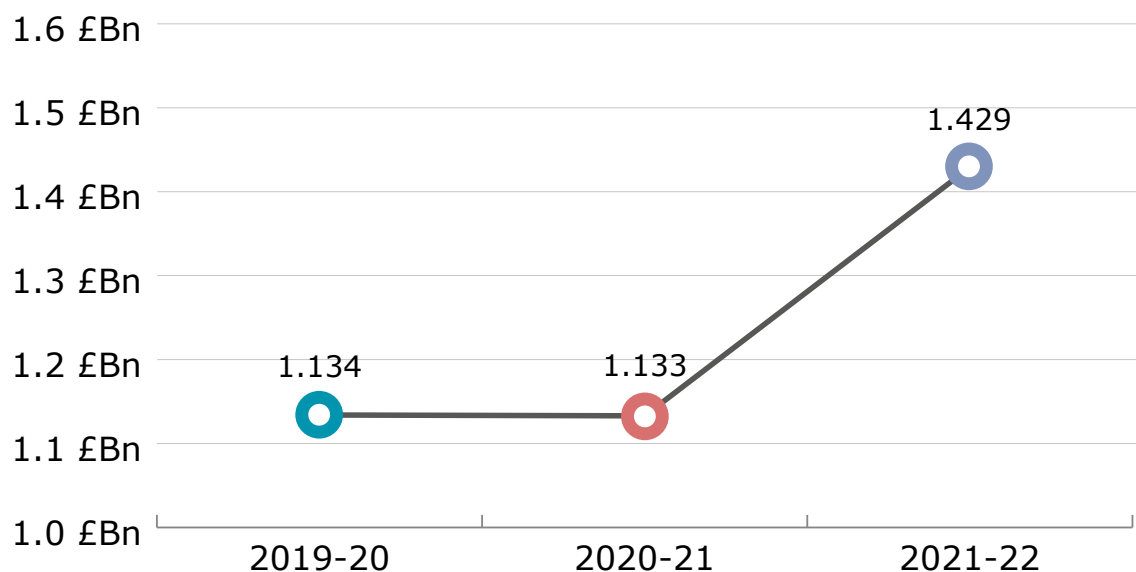


Fig9 WRP Provisions for last three years

Welsh Risk Pool Provisions	2019/20 £Bn	2020/21 £Bn	2021/22 £Bn
Probable & Certain Clinical Negligence Cases	0.676	0.646	0.781
Probable & Certain Personal Injury Cases	0.005	0.008	0.004
Probable & Certain Redress Cases	0.003	0.003	0.002
Defence Legal Fees and Others	0.009	0.009	0.009
Periodical Payment Orders	0.441	0.468	0.632
Total Provisions	1.134	1.133	1.429

Table6 Breakdown of WRP provisions

Risk Sharing Agreement

To support the in-year resource requirements, the Welsh Risk Pool requires contributions from its member health bodies to supplement the core allocation provided by Welsh Government.

The Risk Sharing Agreement provides a formulaic approach to calculating the required contributions and considers the size, claims experience and effectiveness of learning for each organisation.

Each of the five measures are outlined in Table7.

	Measure	Detail	Weighting
A	HSCS and Prescribing Allocation	Current measure	30%
B	Claims History	Last 3 years – rolling basis	20%
C	New Claims transferred from the Service to LARS: Number of New Cases < £25k	Last 12 months	10%
D	Claims potentially affecting next years' spend: 1. Cases with cash flows < 1 yr 2. PPO Allocation Utilisation	From CN database: 15% Actual Costs: 10%	25%
E	Management of Concerns and Learning from Events 1. Management of Concerns 2. Learning from Events	Annual WRP Inspections: 7.5% 7.5%	15%

Table7 Risk Sharing Agreement Measures

The first measure relates to the Health & Social Care Services Allocation (HSCS) and Prescribing Allocation allocated to an organisation by Welsh Government. This is major indicator of the size and complexity of an organisation.

The claims history considers the last three years and is calculated from the records of cases submitted for reimbursement and includes claims settled.

Measure C, cases under £25k, considers matters which could have been resolved through the redress case management system. The data for this is drawn from the Legal & Risk matter database.

The risk sharing calculation then considers claims that are likely to affect the next year's expenditure, considering each organisations profile of claims with cash flows, where payments are expected, within the next twelve months. This measure also considers the utilisation of PPOs which is taken from the forecast projections.

The final, and arguably most influential, measure is the Management of Concerns and Learning from Events. Each year the Welsh Risk Pool undertakes inspections of the processes and arrangements in each health body. The Welsh Risk Pool considers whether health bodies have complied with the WRP Reimbursement Procedures, the Once for Wales Concerns Management System and the guidance for the Putting Things Right legislation. The inspection programme was paused due to the pandemic and will recommence in the autumn of 2022/23.

Each organisation receives an individual contribution value which is a percentage of the total contributions required.

The Risk Sharing Agreement

- ▶ Weights the various measure in order to provide a balanced and equitable system
- ▶ Is transparent and auditable in its application
- ▶ Provides reward for organisations who are managing the Putting Things Right requirements effectively
- ▶ Is updated every year to reflect recent activity and progress
- ▶ Does not rely heavily on past events – providing emphasis on activity and behaviours of the last year.



General Medical Practice Indemnity



Scheme for GMPI

Legal & Risk Services are appointed by Welsh Government to operate the Scheme for General Medical Practice Indemnity ('GMPI'), launched on 1 April 2019.

GMPI provides clinical negligence indemnity for providers of GP services in Wales for compensation arising from the care, diagnosis and treatment of a patient following incidents which happen on or after 1 April 2019.

The GMPI team aim to resolve any claim for compensation brought by a patient in relation to their clinical care under the NHS as fairly and as quickly as possible. Equally, the team recognises the importance of robustly defending claims where appropriate and of protecting GPs, their staff and their reputations.

Full details of the Scheme and Guidance and FAQs can be found on [Legal & Risk's website](#).

The GMPI Team

Legal & Risk has a dedicated Primary Care Clinical Negligence Team (the GMPI Team) that operates the Scheme for GMPI. The lawyers specialise in managing clinical negligence claims against GPs and GP Practice staff across Wales and work closely with NWSSP's in-house GP advisors.

Since the GMPI team formed in April 2019, the team has been recognised for its work and has been shortlisted as finalists in 3 external legal awards:

- ▶ The Law Society Awards 2021, shortlisted in the 'In-House Team of the Year' category.
- ▶ South Wales Law Awards 2021, Finalist in the 'Personal Injury (clinical negligence)' category.
- ▶ Wales Legal Awards 2020, Finalist in the 'In-House Team of the Year' category.

Operation of GMPI

The GMPI team currently:

- ▶ operates an email and telephone helpline used by GP Practice staff and Health Boards across Wales seeking information about indemnity arrangements and support with clinical negligence complaints/claims. There were over 4000 communications between 1 April 2019 to 31 March 2022.
- ▶ helps GP Practices to respond to patients' clinical concerns by providing guidance and support. The team seeks input from NWSSP's in-house GP medical advisors and feeds back to GP Practices any suggested learning. The team assisted GP Practices with approx. 360 patient concerns in the first 3 years of the Scheme (1 April 2019 – 31 March 2022). The guidance given by the team reflects NHS Wales Putting Things Right (PTR) concerns procedure.
- ▶ provides All-Wales training and bespoke virtual training to Health Boards and GPs/Practices/Trainee GPs across Wales. including 19 workshops and information sessions on the new scheme which were provided face to face to Health Boards and GP Practices across Wales prior to the Covid-19 pandemic. Other training topics have included tips for GP referrals during COVID-19, effective handling of patient concerns, the clinical negligence Legal Test, Case Studies, Confidentiality and Learning from Events in General Medical Practice. Training is mostly delivered virtually now.
- ▶ contributes articles to the Legal & Risk Newsletter sent to Health Boards and GP Practices.
- ▶ meets regularly with other NWSSP divisions (including for example NWSSP Primary Care Services, NWSSP Employment Services and the Welsh Risk Pool) and is a member of NWSSP's Primary Care Steering Group which has been set up to support sustainable primary care and to contribute to the development and delivery of the primary care model in Wales.

Through the support highlighted above, early input by the GMPI Team with patient concerns assists practices with resolving complaints at an early stage and help avoid clinical negligence claims where possible. However, it is recognised that some claims will, inevitably, be pursued, where for example, a Practice has made concessions, or the claimant feels aggrieved and pursues the matter regardless of the merits of the case. At 31st March 2022, 3 years after the introduction of the scheme, there have been only 2 patient concern matters, with which the GMPI team had assisted, that have developed into formal clinical negligence claims.

The GMPI claims are increasing, and good results have been achieved to date with GP Practices reporting back that they were "Very Satisfied" with the overall management of the case and provision of advice.

In 2021-22, the GMPI Team led the successful defence of a claim at Trial.



GMPI claim successfully defended at trial

The claim was brought against a GP Practice by a Litigant in Person who served court proceedings without notice. The amount of damages sought by the claimant was low, but it was important to defend the claim, to support the GP Practice staff who firmly disputed liability and to discourage similar unmeritorious claims.

This was an example of the GP Practice, the Health Board and GMPI Team working together to manage a sensitive and difficult claim brought against a particular GP Practice.

Learning from Events

The GMPI Team has worked with Welsh Risk Pool and NWSSP's in-house GP advisors to develop and implement a tailored process for learning from events in primary care GP matters – including shared learning between primary and secondary care on an All-Wales basis. Part of the procedure requires GP practices to commit to undertake any improvements identified and the Health Boards to monitor and verify the identified improvements, which helps to promote closer links and collaboration between primary care and secondary care and helps to improve patient safety.

The GMPI Team co-ordinates the robust learning from events process in General Medical Practice. It is hoped that this additional support service around learning from events will help to reduce incidents and prevent claims arising against Practices and Health Boards.

Existing Liabilities Scheme

In addition, Legal & Risk Services has been appointed by Welsh Government to operate the Existing Liabilities Scheme ('ELS') for eligible clinical negligence claims made against GPs and others working in a general practice setting as a result of an act or omission occurring prior to 1 April 2019.

ELS is only available where the medical defence organisation (which previously would have provided the indemnity) has completed an agreement to transfer these liabilities into the Scheme. To date, only two defence organisations have completed such an agreement. All eligible claims held by these defence organisations have been transferred into the Scheme and are being handled within the dedicated GMPI team.

Supporting Safety, Learning & Improvement



Safety & Learning Networks

The Welsh Risk Pool supports health bodies across NHS Wales to learn together and share experience and good practice through the Safety & Learning networks. These provide a forum for practitioners in patient safety, concerns management and service user feedback to improve practice across NHS Wales.

Safety & Learning Networks provide a forum for discussion and to achieve consensus and consistency across NHS Wales. The work of the networks is commissioned by the Welsh Risk Pool Committee. The work of the networks also report to the Listening & Learning from Feedback Group which is an all-Wales group coordinated by Welsh Government.

The principal aim of the networks is to provide an opportunity for NHS Wales staff to meet, share & learn. A core objective of the networks includes achieving consistency across NHS Wales. This provides opportunity for other national groups to request that a network considers a particular topic or area of concern.

There are a number of Safety & Learning Networks:

- ▶ Claims Management
- ▶ Complaints Handling
- ▶ Inquest Case Management
- ▶ NHS Wales Ombudsman Liaison Officers
- ▶ Redress Case Management
- ▶ Service User Feedback

In addition to the Safety & Learning Networks, the Welsh Risk Pool also facilitates the Head of Patient Experience Network, which is a membership group for senior managers within the Putting Things Right sector to meet, share and learn.

Facilitated by senior members of the Welsh Risk Pool team, networks are chaired by practitioners within the sector, operating on the principle of 'for the service, by the service'.

The Networks follow some core principles:

- ▶ **Topic Focus** to ensure all topics are given space to be discussed.
- ▶ **Practitioner Focus** attended and chaired by practitioners within the topic area.
- ▶ **Outcome Focus** enable practitioners in the field to consider service design and improvement through practical discussions on concepts for change and reaching a consensus of direction.
- ▶ **Space for consensus development** providing an environment for considered and worthwhile discussion; there are also opportunities for partner organisations, regulatory bodies and other interested parties to be invited to meetings in order that options can be explored.

During the pandemic, meetings transitioned to a virtual platform and are now routinely held using Microsoft Teams. This maximises the attendance and participation of members. Occasional meetings will be held in-person when this is considered to be necessary and beneficial to the items being discussed, but the majority of network meetings will remain on a virtual platform.

Network meetings are popular with members and attendance levels are excellent. The Welsh Risk Pool leadership team regularly receive compliments and thanks for providing the network process.

“

The network has made a real difference in reaching a common way of working across NHS Wales. I have been able to shape our policy following discussion at the network.

**Redress Officer,
NHS Wales**

”

During 2021/22, a total of thirty network meetings were held. During 2022, a meeting of all of the Network Chairs was held, led by the Chair of the Listening & Learning from Feedback Group.

This reflected on how the networks have matured:

- ▶ People are clear on the objectives of the networks and have identified the benefits of attending meetings
- ▶ The allocation of a dedicated facilitator has been incredibly effective in strengthening the maturing network system and promoting cross-working.
- ▶ The use of Share Point for document and information distribution has been a success.
- ▶ Task & Finish groups for specific topics have been extremely successful, and the networks are at a level of maturity where this can continue to happen.
- ▶ Positive feedback has been received from NHS Wales colleagues who attend other networks.

“

During the pandemic, having the networks available via Teams was an essential way for me to keep in touch with colleagues who were experiencing the same challenges as I was identifying. The meetings are really valuable.

**Claims Manager,
NHS Wales**

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Learning from Events

The Welsh Risk Pool plays a key role in assuring learning action plans which are implemented from events arising from claims and redress cases. Additionally, sharing the learning across NHS Wales is a key aim of the Learning from Events programme.

A clinically led and multi-professional Learning and Advisory Panel (LAP) has been established as a recognised subcommittee of the Welsh Risk Pool. Chaired by established leaders from the Putting Things Right sector, the panel meets monthly to scrutinise the learning which has been implemented by organisations from cases where a decision to settle has been made. Each panel reviews around eighty cases.

The panel's recommendations are presented to the Welsh Risk Pool Committee. Where improvement in learning or action plans are needed, deferral of reimbursement of the costs of a claim is directed.

Where improvements in learning or action plans are not considered to be significant, decisions on recommending approval of learning and reimbursement of the costs in a case are delegated to a focussed panel – known as the amber review panel. This examines the feedback provided to a health body and confirms assurance that necessary steps have been taken.

For cases where the expenditure exceeds £1m, Medical Officers from Welsh Government attend the panel meetings and support the scrutiny of learning.

A quarterly newsletter, Doctrina, which targets themes, trends and identified cases of interest, is shared widely and well received by clinical leaders. The panel has identified that commonly occurring themes show that around a third of cases are in relation to missed or delayed diagnosis and this has been shared via the newsletter.

During 2021, the Welsh Risk Pool has worked closely with the NHS Wales Delivery Unit to migrate the Learning from Events for Nationally Reportable Incidents onto a single LFER form. This captures the essential information required by both organisations and ensures that local clinical teams have only one design and layout of the form to be familiar with.

During the 2021/22 period, the panel met monthly, with additional panels held if the caseload required it. A total of eighteen panels were held and over 1700 cases were scrutinised. The panel achieved effective multi-disciplinary attendance from various professions and specialities across NHS Wales.

“

The panel was a fascinating insight into the issues which led to claims. The meeting offered me an opportunity to review information from other organisations which I have been able to adopt in my own practice. I recommend that every junior doctor should attend a panel at least once during their training.

**Junior Doctor,
NHS Wales**

”

“

The panel is not just looking at paperwork, it carefully considers the circumstances which have led to a claim or redress case being brought against a health body and what actions have been taken to reduce the risk of a repeat incident. The input from clinical staff is vital to ensure that the panel is familiar with the operational context in which services are delivered.

Panel Chair

”

To enable organisations to focus on the response to the pandemic, the established deadlines for submission of Learning from Events Reports were relaxed in March 2020. Following careful analysis by the Welsh Risk Pool Committee, these have been reinstated. The deadline of 60 working days from a decision to settle a case to the submission of learning information is a key driver in ensuring prompt action is implemented to reduce the chances of a repeat event.





Clinical Reviews

The Welsh Risk Pool Committee commissions clinical reviews of topics or sectors when themes and trends are identified in cases. The reviews generally examine systems and processes which underpin the procedure or process being considered.

During 2021/22, the number of clinical reviews was reduced from the usual level due to the challenges arising from the pandemic. Three reviews were undertaken.

Venous Thromboembolism (VTE)

The review was commissioned in 2021, when the Learning Advisory Panel identified increased numbers of redress and clinical negligence cases relating to VTE.

Patients who are hospitalised and acutely unwell are widely recognised to be at a higher risk of developing a VTE than people in the general population. Given the increased numbers of hospital admissions of acutely unwell patients with Covid-19, there was concern that the number of cases presenting to the LAP would increase significantly. In the most recently available data, the Office of National Statistics shows that 369 people died in Wales, in 2020, from VTE related illness.

The review consisted of the analysis of patient records for patients admitted to hospital under medical specialty or selected surgical specialties. Criteria for the review were developed following discussion with members of the All-Wales Hospital Acquired Thrombosis (HAT) Committee. These were formulated to assess application of the current All-Wales Thromboprophylaxis Policy standards and to identify whether the patient had received a documented VTE risk assessment on admission, whether the VTE section of the Adult In-Patient Medication Administration Record had been correctly completed and whether thromboprophylaxis had been administered as prescribed.

The review found that compliance with correct completion of the Record for patients where thromboprophylaxis had been prescribed was excellent across all NHS Wales health bodies. However, in cases where thromboprophylaxis had not been prescribed, compliance with correct completion of the Record was poor.

Draft reports with recommendations and a proposed all-Wales WRP Standard for VTE have been circulated to health bodies. Development of a bespoke e-learning programme for VTE is almost complete and all health bodies have committed to implementing the all-Wales Thromboprophylaxis Policy. The Welsh Risk Pool Safety & Learning Team will actively support the HAT committee going forward.

The review will complete its work during 2022/23 and a re-inspection will be commissioned in the future by the Welsh Risk Pool Committee to assess progress.

Radiology (unexpected findings)

This review was a re-examination of the findings of a review we undertook in 2018. The review is triggered due to the sustained level of cases where a key finding is the failure of an organisation to act on findings of a radiological examination.

Analysis of the claims and redress cases related to this issue has identified that a radiologist or reporting radiographer may identify, and record, unexpected abnormal findings in their report but that the necessary clinical steps are not taken in response. This can lead to delays or missed opportunities for diagnosis and intervention and can result in significant harm for some patients. The review found this to occur more frequently in emergency department settings where staff who request radiological reports may not be on duty when the report is received, with the patient often already discharged.

Following the review in 2018, health bodies established working practices to address our findings and to try to reduce the potential for a case being missed.

Our analysis during 2021 identified that the issue continues to arise in claims and the established working practices in response to our recommendations are commonly manual tasks which are recognised to be at risk of error.

To help drive progress towards a digital solution, the NWSSP Medical Director has coordinated a task & finish group of radiology, emergency department and digital colleagues to explore opportunities within existing software that can be exploited to help reduce this risk.

Progress with this review will be reconsidered by the Welsh Risk Pool Committee in 2023/24.

Intrapartum Fetal Surveillance

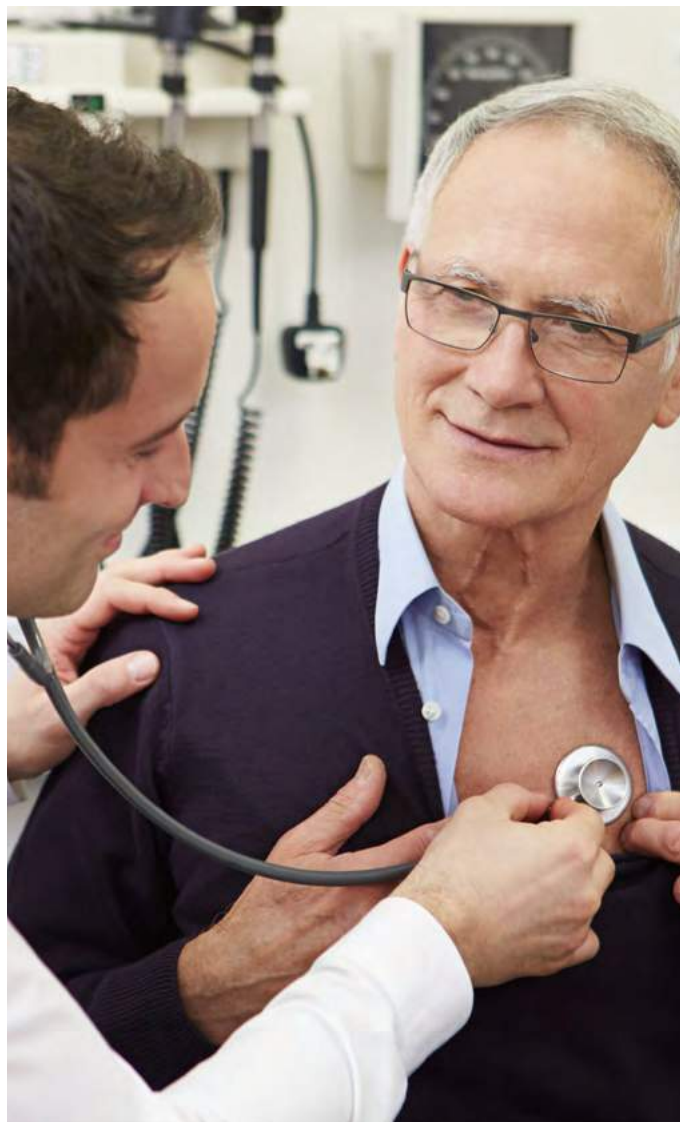
Claim information highlights that allegations associated with failures in intrapartum fetal surveillance continue to be at an unacceptable level. One third of the 131 maternity claims, which were settled in the five year period between 2016 and 2020, featured intrapartum fetal surveillance as a contributory factor. Poor documentation, failure to escalate concerns and delay in acting were the significant factors involved in these cases. This amounted to over £86m in clinical negligence reimbursement.

The WRP commissioned the Safety & Learning Team to undertake a review of the application of the Intrapartum Fetal Surveillance Standards (2018) across NHS Wales. A preliminary review was undertaken in 2019. A national collaboration meeting was held in early 2019. The completion of the full review, which involves fieldwork throughout NHS Wales, has been delayed by the impact of the pandemic. The full review has now been completed and the findings are presented in a national report.

The review included fieldwork reviewing clinical notes of births between defined dates. The review also involved a survey of clinicians throughout NHS Wales in relation to documentation related to intrapartum fetal monitoring.

The review has identified areas of good practice and a number of areas where improvement can be implemented to reduce the risk of harm for women and babies. The main finding for improvement is that the quality and consistency of documentation related to fetal surveillance is limited and the risk of litigation remains unacceptable - the need is identified for a standardised approach which captures the documentation requirements in the standards.

A total of nine recommendations were made for the maternity services sector to collaborate on improvement. These will form a work plan for the WRP Safety & Learning Team during 2022/23.



Consent to Examination & Treatment

Litigation associated with issues related to the consent process continue to represent a regular feature in claims experienced in NHS Wales. To support organisations in providing information to patients, the Welsh Risk Pool has funded the provision of consent information for over ten years.

An improvement programme has been established to coordinate work in this area. During 2021/22, the programme has undertaken a series of work streams.

Library of Consent Information Leaflets

In July 2020, an alert was issued to ensure a more consistent national approach to procedure-specific patient information leaflets. It requires organisations to ensure that either EIDO procedure-specific patient information leaflets, where available, or procedure-specific patient information leaflets produced by recognised professional bodies or other national bodies, are provided to patients.

The library of leaflets has progressed through an all-Wales competitive tender, which was awarded to EIDO Healthcare. Evaluation of the tender responses was supported by a small cohort of clinicians and leaders from health bodies.

The programme team have continued to work with EIDO Healthcare to promote the availability of the Download Library across all health bodies. The team have also coordinated the facility for NHS Wales clinicians to provide feedback on current leaflets or request the development of new leaflets that are not currently available. This has led to the development and publication of a range of new leaflets.

Provision of consent information through the medium of Welsh is an important aspect of the programme. A structured piece of work has been coordinated by the NWSSP Welsh Language Services team to ensure that the standard of Welsh translation for every EIDO leaflet is reviewed and adjustments made where necessary to ensure that the translation meets the highest possible standards. Leaflets are presented in a bilingual format with Welsh and English versions side by side. A quality assurance function has been established, led by the NWSSP Welsh Language Services team, to monitor the translation of updated and new leaflets.

There has also been focussed engagement with Public Health Wales and the Welsh Blood Service, who develop national procedure-specific leaflets, to ensure these are available as a central resource through links on the Download library.

A further development in the materials available include access to Easy Read leaflets, in a bilingual format. These are leaflets aimed at providing key consent information to service users who may have additional needs or a learning difficulty.

Learning & Development in Consent

The programme team coordinated a national Webinar for clinicians in conjunction with EIDO on the question of

"How Can Technology Support the Consent Process During the Covid-19 Pandemic?"

Over 80 attendees joined the webinar; it was also recorded and made available as a resource via the NWSSP YouTube channel for those unable to attend.

Following a competitive tender exercise, the development of a bespoke e-learning package for NHS Wales healthcare professionals involved in the consent process has been implemented. This has included on-line video segments of key NHS Wales and Welsh Government leaders.

The SoundDoctor™ package is available via ESR and Learning@Wales for all NHS Wales staff.

Resources & Information

Webpages have been developed on both the internet and NWSSP intranet to provide an information resource on Consent to Examination & Treatment for both NHS employees and the public. This information includes links to the All Wales Model Policy and consent forms, e-learning and other useful documents or guidance (including legal and ethical resources during the Covid-19 pandemic).

All Wales Consent Group

The improvement programme is underpinned by the All Wales Consent to Examination and Treatment Group, which has representation from all health bodies. This national group has been established to:

- ▶ Coordinate and gain consensus amongst clinicians / Health Boards / Trusts about the Consent to Examination, Treatment and Screening process in Wales.
- ▶ Act as an advisory Group to the WRP Committee.
- ▶ Assist Welsh Health Bodies to provide assurance to their Board's and the WRP that relevant law and national guidance concerning consent is applied correctly within their Health Board / Trust.





PROMPT Wales & Community PROMPT Wales

PROMPT (PRactical Obstetric Multi-Professional Training) is an evidence-based training programme for all healthcare professions involved in the delivery of maternity services. It incorporates emergency simulation sessions and human factors training.

PROMPT Wales is a maternity safety programme funded and coordinated by the Welsh Risk Pool. It adapts the principles and resources used in PROMPT to meet the needs of services in NHS Wales and has been running in NHS Wales since January 2019. Introduced to reduce variation and standardise the quality of multi-professional obstetric emergency training across Wales, the overarching aim of PROMPT Wales is to improve outcomes for mothers and babies and reduce litigation costs associated with avoidable harm. Attendance on PROMPT Wales training is mandated by Welsh Government for all midwives, obstetric doctors and obstetric anaesthetists and is recognised in 'Maternity Care in Wales - A Five Year Vision for the Future (2019-2024).'

Each maternity unit in Wales runs courses regularly throughout the year in order to achieve the 95% attendance compliance set out in specially established PROMPT Wales Standards.

Maternity Safety & Learning Programmes

Litigation associated with avoidable harm in maternity services continues to represent a significant proportion of claims expenditure across the NHS. Within Wales, approximately a third of Welsh Risk Pool expenditure is attributed to maternity services. It is clear that in addition to the significant litigation expenditure, the catastrophic harm caused to women and babies due to issues in care must be reduced.

The Welsh Risk Pool has established a Maternity Safety & Learning Board which drives improvement programmes aimed at reducing harm and litigation in maternity services.

The Welsh Risk Pool has established a multi-professional national team to lead the implementation and sustained delivery of the programme. The national team have developed strong, collaborative relationships with maternity services and provide ongoing support by attending local training and providing quality assurance to health board leadership teams.

PROMPT Wales was briefly paused at the beginning of the pandemic but has continued in a hybrid format, with some lectures temporarily presented on a virtual platform. The fundamental principles of PROMPT training requires staff to train together in the clinical environment and a recovery plan to return fully to a standard delivery format is established.

For successful delivery of PROMPT Wales training, there needs to be effective local faculty within each health board. The national team organise Faculty Development training courses to enable health boards to maintain an optimum number of local multi-professional faculty to sustain the delivery of effective courses.

Building on the success of the PROMPT Wales programme, the Welsh Risk Pool has identified a need for a package to support community maternity services. Community PROMPT Wales has been developed specifically in Wales to offer a bespoke training experience for midwife-led teams. Having been developed and peer-reviewed to reduce variation and standardise the delivery and quality of community based obstetric emergency training, the programme is now being adapted for use across the UK and internationally.

Community midwives make up a third of the midwifery workforce in Wales, and along with an expected increase in community births in line with Welsh Government strategy – 'Maternity Care in Wales - A Five Year Vision for the Future (2019-2024),' this programme supports the development of community teams who are skilled to recognise and manage emergency situations efficiently and effectively.

Following a successful pilot, Community PROMPT Wales is now embedded into maternity services and attendance is mandated for those staff who work in midwife-led settings.

The programme has proven very popular - 99% of the 115 staff who completed an online survey found the training beneficial to their practice. Evaluation of survey results identify a 56% increase in the confidence of community midwives in managing an emergency following training.



Supporting PROMPT Wales training in higher education

Bangor University, Cardiff University, Swansea University and the University of South Wales have incorporated the principles of PROMPT Wales into the undergraduate midwifery programme, with PROMPT Wales trained lecturers in each institution.

Student midwives are also encouraged to attend PROMPT Wales training in health boards during their placements. This helps students become more familiar with the clinical environment and dynamics of dealing with an emergency in the clinical setting.

With university representation on the Maternity Safety & Learning Board, the national team and HEIW are collaborating with the higher education sector to standardise access to and experience of PROMPT Wales for student midwives in Wales.



Improving Outcomes

Research has shown that the PROMPT programme was associated with improvements in staff attitudes and organisational culture when rolled out in Victoria, Australia. To measure whether this could be replicated in NHS Wales, a Safety Attitude Questionnaire was distributed pre and post implementation of PROMPT Wales. Nationally, the mean scores from the sample demonstrates improvement in all domains: Teamwork, Safety Climate, Perception of Management, Job Satisfaction, Working Conditions and Stress Recognition. This recognises the contribution that PROMPT Wales training makes to cultural change, in addition to clinical skill, which collectively have been shown to improve the management of obstetric emergencies and safer outcomes.

The national team are currently capturing and validating data streams to enable the analysis of the PROMPT Wales principles on clinical outcomes. Preliminary data indicates that there is improvement since the commencement of PROMPT Wales in 5 minute APGAR score <7 . The full suite of clinical outcome measures include:

- ▶ 5-minute APGAR <7 (Term births)
- ▶ 5-minute APGAR <7 (Preterm births)
- ▶ Hypoxic Ischaemic Encephalopathy Grade 2 + 3
- ▶ Shoulder dystocia (as a denominator for BPI)
- ▶ Brachial Plexus Injury at birth
- ▶ Brachial Plexus Injury at 12 months
- ▶ 1500ml PPH (Primary)
- ▶ 2500ml PPH (Primary)
- ▶ Maternity admissions to level 3 care

The successful implementation of PROMPT Wales is attributed to the collaborative approach between the Welsh Risk Pool, Wales Maternity & Neonatal Network, the PROMPT Maternity Foundation and all seven NHS Wales health boards.

The success of this national programme has been recognised by Professor Tim Draycott, Joint PROMPT Maternity Foundation Lead, Consultant Obstetrician at North Bristol Trust and Vice President of the Royal College of Obstetricians and Gynaecologists.



“

PROMPT Wales has provided a consistent approach to multi-professional training for all units and services across Wales with national leadership by the Welsh Risk Pool. Furthermore, the implementation of PROMPT Wales at unit level has been the most coherent and robust of any maternity training programme in the literature, even with the challenges of the geographically widespread sites and the rapid timescale. Finally, I consider that the success of the programme has largely been due to an ambitious and joined up approach that is a model for scaling future programmes internationally.

Prof Tim Draycott

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Intrapartum Fetal Surveillance

Documentation is a recurring theme in WRP claims related to issues with fetal monitoring. This includes issues relating to the standard of both cardiotocograph (CTG) and intermittent auscultation (IA) documentation, including decisions on when to clinically intervene.

Following the completion of the clinical review into Intrapartum Fetal Surveillance, it has been identified that there is divergence of practice in relation to the form and content of CTG and IA documentation. Training was also found to have considerable variation.

The team led an all-Wales survey, which was completed by 264 maternity staff to generate staff attitudes around the use of stickers which are used to categorise CTGs.

The team have developed an all-Wales virtual workshop training package on fetal monitoring during labour. This unique training focuses around a 'labour ward board,' whereby the multi-professional team will need to make collaborative decisions and prioritise care, whilst remaining situationally aware of the labour ward as a whole. Human factors are incorporated in response to national reports which demonstrate that a loss of situational awareness contributes to over 70% of avoidable neonatal brain injury or death.

Members of the national team are represented on the Wales Maternity & Neonatal Network Guideline group, reviewing the all-Wales Intrapartum fetal surveillance Standards. The group are working on the development of an all-Wales CTG documentation tool, and are also discussing the best approach to training on intrapartum fetal surveillance. As part of these discussions, the virtual workshop training package will be considered as one option.



Once for Wales Concerns Management System

The Once for Wales Concerns Management System Programme was developed from the recommendations made by Keith Evans in the report commissioned by Welsh Government – “The Gift of Complaints”. The programme aims at bringing consistency to the use of the electronic tools used by all NHS Wales health bodies when handling concerns to investigate and improve quality & safety.



The programme moves organisations away from using independently configured systems to a series of products with a common Once for Wales configuration and design. Following a successful procurement exercise, two products currently form the Once for Wales system – Datix Cymru and Civica Experience Wales. These are bespoke products, adapted to meet the needs of NHS Wales.

The functionality and configuration of the various modules within the software are designed by a series of workstreams which consist of subject matter experts from NHS Wales organisations. This enables the system to be designed by the service, for the service.

Datix Cymru

The Datix Cymru product is a cloud-based software tool with multiple modules that have been adapted, configured and implemented specifically for NHS Wales. Fig10 outlines the core functionality of the product.

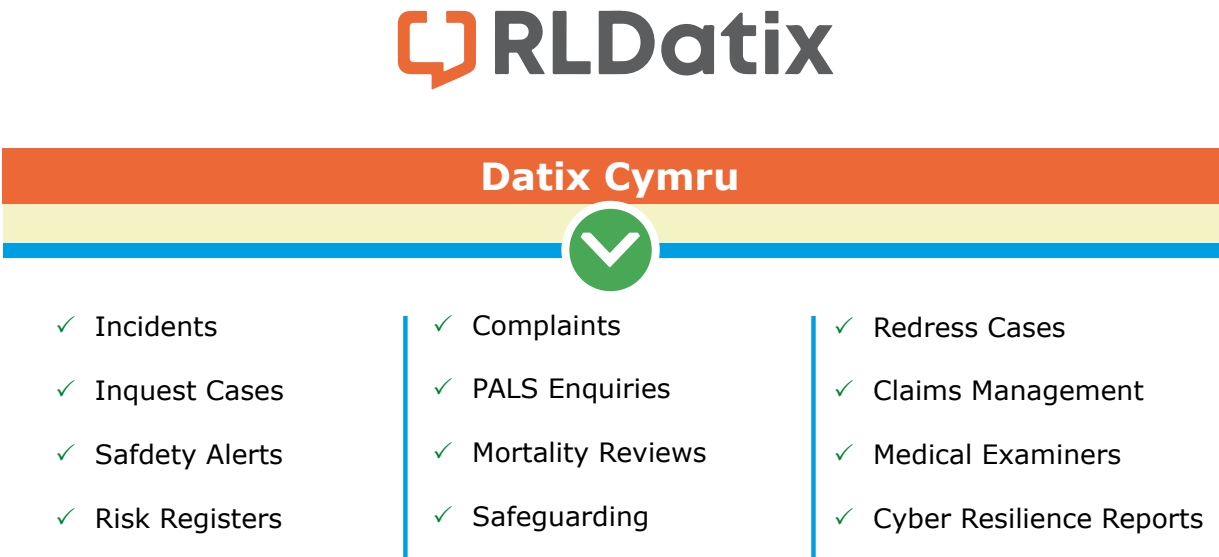


Fig10 Core Functionality of Datix Cymru

The Datix Cymru programme is divided into three phases of implementation. Phase 1 introduces the systems and coding processes on a Once for Wales basis and all health bodies are now using the platform. Phase 1 modules include Incidents, Complaints, Claims & Redress, PALS, Inquests, Mortality Reviews. Phase 2 during 2022/23 aims to implement the risk registers and safeguarding functionality.

The phase 1 implementation also included some specific functionality for specialist services in NHS Wales. The Wales Medical Examiner Service utilises a dedicated Datix Cymru module. The Cyber Resilience Unit, which oversees the Security of Networks and Information Systems Regulations, also uses a bespoke configuration of the Datix Cymru product to capture and analyse data in relation to cyber security matters.

Using a cloud-based platform, the Datix Cymru system enables primary care contractors and key stakeholders to use the system – facilitating an integrated approach.

With the decommissioning of the National Reporting & Learning Service, Welsh Government has requested that interim solutions are put into place to enable primary care contractors to report patient safety matters, and this has been particularly embraced by the pharmacy services in NHS Wales. This will be further expanded in 2022/23.

Capture, Categorisation & Coding of information is a vital element of the Datix Cymru system. By aligning all of the coding used across all organisations, NHS Wales has generated a dataset that enables structured analysis of the causal factors of things that have gone wrong and when things go well – sharing best practice throughout all health bodies.

The first national coding dataset was introduced in 2020 and this is regularly reviewed by a dedicated workstream of subject matter experts. All organisations are now utilising the national coding dataset for Incidents and these will be incorporated into the other modules during 2022/23.

The programme has established a dedicated workstream to consider Intelligent Monitoring, Dashboards and Data Analysis – identifying the most effective reporting tools that can provide strategic, organisational and operational information to drive safety and quality improvements. With all organisations utilising a bespoke NHS Wales coding dataset, this enables reports that have not been possible to produce before to be obtained from the system.

The power of the Datix Cymru system enables the creation and configuration of specific Investigation Tools, bringing consistency to the methodology used to investigate where things have gone wrong. This work has commenced with a specialist workstream introducing the Yorkshire Framework of causal factors. The development of specific investigations tools will be expanded in 2022/23.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduces a Duty of Candour within Wales. During 2021/22, the OfWCMS Central Team have worked with key stakeholders and Welsh Government to ensure that the Datix Cymru system is fully ready to support this important new duty. The workflows and design of the Duty of Candour reports have been developed with the support of a workstream of subject matter experts. The system enables primary care contractors and other providers to report cases where the duty of candour has been triggered to their commissioning health bodies.

During 2021/22, over 30,000 Incidents were reported using the Datix Cymru system as organisations migrated to the new platform. Approximately 20,000 Complaint and Early resolution Investigations were conducted using the system. Early results indicate that the all-Wales workflow and consistency coding provides higher quality data.

As the system becomes embedded further, it is estimated that over 180,000 incidents will be reported and managed through the system each year.



Service User Feedback

As the Keith Evans report reminds NHS Wales, obtaining feedback from users of our services is a vital element to be able to identify what is going well and where there are areas for improvement.

The Once for Wales Concerns Management System has established the Civica Experience system in each health body and some national groups. This common platform enables structured surveys to be designed and distributed to service users, gathering real-time valuable feedback for service leads and clinical leaders. Through integration with local ICT systems, survey information can be directed and focussed to the right recipients.

The Civica Experience Wales product has a wide range of features, based on a dedicated survey design & analysis tool. Multiple methods of communication with service users are available, including dedicated apps which are installed on portable devices, text messaging to service users’ known telephone numbers and interactive voice response messaging. The functionality of the multi-lingual product is outlined in Fig11.



Fig11 Available Functionality of Civica Experience Wales



Once for Wales Governance

The Welsh Risk Pool has worked with all health bodies and national groups to ensure that the information governance arrangements and cyber security requirements relating to the Datix Cymru and Civica Experience Wales are firmly in place. During 2021/22 national Data Protection Impact Assessments have been approved for all elements of the system and these remain under regular review.

Led by a Central Team of system experts which is hosted by the Welsh Risk Pool, each health body has trained Local System Leads to support organisations delivering training to staff, setting up the access to data for staff and helping to get the most from the system.

The Once for Wales Concerns Management System is an excellent example of NHS Wales organisations working collaboratively. The governance structure, established to maintain consistency in system setup and configuration, includes a Programme Board which is chaired by a Chief Executive of one of the health bodies, a Steering Group which formulates and guides the development and implementation plan and a Content & Governance Group, which provides oversight of the system developments requested by organisations.



Assurance – Putting Things Right



The reviews were not carried out during 2020 or 2021 to enable organisations to focus on the response to the pandemic. Now that the protective measures associated with the pandemic have been relaxed, it is possible to recommence the WRP Review process.

The Welsh Risk Pool conducts assurance reviews on behalf of Welsh Government in relation to the application by health bodies of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 – known as the Putting Things Right (PTR) Regulations.

These reviews are designed to help health bodies comply with the requirements set out in the PTR regulations, and to develop action plans to address any areas for development. The outcomes of the reviews are also included as an indicator that determines each health body's contribution to the risk sharing agreement.

Prior to the pandemic, the reviews were paused to enable a review of the methodology and scoring & rating process – to ensure it provides the most useful information to leadership teams as possible. Work has been undertaken with the Head of Patient Experience Network to identify the key areas of focus for the reviews.

The reviews involve careful analysis of complaint investigation records, policy and procedure documentation and data held in systems. Using a peer-review approach to share best practice across NHS Wales, staff from health bodies join specialist reviewers from the Welsh Risk Pool and Legal & Risk Services in conducting the assessment.

WRP Assessments 2022/23

It is intended to carry out a review with each health body in NHS Wales during 2022/23. To enable organisations to share and coordinate learning and improvement, the data selected as part of the review will relate to concerns handled during January to March 2022. It is intended that the reviews for 2022/23 will be carried out during Q3 or Q4 of the financial year.

The review will consider:

- ▶ The health body's policy & procedures for handling concerns.
- ▶ The timeliness of complaint investigations.
- ▶ The quality of complaint investigations and responses.
- ▶ Arrangements for handling concerns about primary care providers.
- ▶ The application of the all-Wales workflow within Datix Cymru for concerns.
- ▶ Appropriateness use of internal and external expert opinion.
- ▶ Suitability of decisions whether there is a qualifying liability in a matter.
- ▶ Compliance with the duty to be open, which will become the Duty of Candour in 2023.
- ▶ Arrangements for sharing lessons learned from a concern across the organisation.

Supporting the response and recovery from Coronavirus



The pandemic has placed unprecedented pressures onto health and care services in Wales and required organisations to work in new and innovative ways.

To facilitate alternative models of NHS operational delivery needed during the pandemic, the Welsh Risk Pool and Legal & Risk Services have been instrumental in supporting Welsh Government and health bodies by producing guidance and frameworks to support decisions on indemnity.

During the pandemic we established a hub of experienced lawyers to provide advice on legal issues arising from the Coronavirus pandemic. We ensured that claimants were not negatively impacted where possible by offering interim payments of damages and agreeing extensions of time.

This work continues with focus moving to analysis and communication across Wales of the impact of the context of the pandemic on the usual legal tests of negligence.

This is relevant to clinical negligence claims and all Putting Things Right investigations where qualifying liability is being investigated by NHS bodies in respect of events which occurred during the pandemic. It is essential that NHS treatment affected by pandemic is judged in the context in which it was provided and not against pre-pandemic standards. Specialist teams within Legal & Risk Services have been set up to lead on these complex legal issues. This is co-ordinated by Head of Healthcare Litigation Sarah Watt.

Legal & Risk Services is supporting health bodies in their investigations and decision making in respect of the hospital acquired Covid-19 infections which occurred across Wales. It actively supported the Delivery Unit in the establishment of the NHS Wales National Framework for the Management of Patient Safety Incidents following Nosocomial Transmission of Covid-19 and will continue to support all health bodies in these investigations.

Impact & Reach of our Professional Services



Our professional services are designed to actively support health bodies and other clients in providing modern, fit for purpose service.

Clinical Negligence Team

The team is made up of over 50 solicitors and legal executives with extensive experience in defending clinical negligence claims against the NHS in Wales. We are recognised for our excellence and in-depth knowledge of each NHS body we represent within Wales. Most of our lawyers have been with Legal & Risk Services for many years and are experts in the fields of multi-million pound claims, complex litigation and every area of litigation we deal with. We provide training to all clients on a range of topics.

The team supports many All-Wales initiatives and is actively involved in national groups. Client relationships are extremely strong, which is essential in order to defend clinical negligence claims to trial and also to obtain consensus in respect of those claims which should be settled.

The Team aims to settle indefensible cases fairly and quickly in order to minimise anxiety for both patients who have been injured by negligent treatment and NHS staff involved in the legal claims. The strategic focus is to increase the use of alternative dispute resolution procedures, and avoid legal proceedings, in order to save costs and time; review the management of our high value claims and identify any improvements to promote robust financial reserving and improve efficiency; to focus on our lowest value claims and prepare for the likely introduction of fixed recoverable costs in clinical negligence claims next year.

The team also supports all work done by health bodies in respect of the PTR regulations, running regular clinics, providing All-Wales and individual client training and advising on the most complex matters.

The introduction of the Head of Healthcare Litigation will strengthen the strategic focus and drive change to improve efficiencies across Wales in respect to the management of clinical negligence claims.



Commercial, Regulatory and Procurement Team

Our Commercial, Regulatory and Procurement Team have an exceptional number of years of experience in dealing with a vast array of legal disputes, overseeing the procurement process and advising on procedural fairness throughout NHS Wales.

The team advise health bodies throughout Wales on all manner of issues, both contentious and non-contentious, which includes Commercial (contractual arrangements) and public law matters (judicial reviews). We also help the NHS understand the complexities of the maze of regulation that exists.

Below is a non-exhaustive list of some of the topics that we are able to advise on:

- ▶ Commercial contracts
- ▶ Procurement law (Advice on regulations and procedure)
- ▶ Procurement documentation (Advice on drafting Invitations To Tender (ITT), Pre-Qualification Questionnaires (PQQ) and specification)
- ▶ Procurement challenges
- ▶ Outsourcing treatment and services
- ▶ Intellectual Property
- ▶ Regulatory law

- ▶ Public contract law (General Medical Services/General Dental Services Contracts)
- ▶ Public/Private partnership (National Cancer Service)
- ▶ Judicial Review of decisions
- ▶ Commercial Litigation
- ▶ Residency disputes
- ▶ Disputes between public authorities regarding funding
- ▶ Dispute resolution
- ▶ Policy drafting
- ▶ Construction
- ▶ Criminal
- ▶ Civil Fraud
- ▶ Injunctions
- ▶ Defamation
- ▶ Transfer of Undertakings & Protected Employees (TUPE)
- ▶ Information law (Data Protection and FOI issues).
- ▶ Debt collection
- ▶ International law (Memoranda Of Understanding & Service Level Agreements with foreign governments).



Personal Injury Team

The Personal Injury (PI) team is formed of specialist solicitors and chartered legal executives. It deals with personal injury claims across all health bodies. The claims dealt with can range from relatively low value slip and trip claims to more complex matters such as mesothelioma and incidents resulting in permanent injuries.

The team also provides advice to clients in the following fields:

- ▶ Employers and Public liability
- ▶ Work related stress
- ▶ Bullying and harassment
- ▶ Violence & Aggression
- ▶ Industrial disease, including
- ▶ Asbestos
- ▶ Hearing loss
- ▶ Object and person manual handling
- ▶ Repetitive strain injury
- ▶ Defective equipment
- ▶ Infection Control
- ▶ Slip and trip cases

The PI team work cohesively to deliver an excellent service to our clients, including a bi-annual education day which aims to enhance the experience and understanding of NHS leaders.

The team also provides valuable analysis of trends as well as focusing upon learning lessons and giving practical risk management advice in areas that have been identified as vulnerable. We firmly believe that prevention is better than cure.

The team has also become involved in a range of specialist projects; most recently being the NHS Anti-Violence Collaborative titled "Obligatory Responses to Violence in Healthcare". It is recognised that NHS staff (Hospital, Ambulance, Community and Primary Care) are among those most likely to face violence and abuse during the course of their employment and there is a strong public interest in prosecuting those who verbally and physically assault NHS staff deliberately.



Complex Patient (Court of Protection)

Our Complex Patient team is led by Gavin Knox; a specialist team which is comfortable dealing with highly complex and sensitive clinical situations where a patient's life or liberty might be at stake. Early intervention will often improve outcomes for patients. This may be by helping to ensure health board staff are acting in the best interests of the patient, or by resolving disputes that can in themselves cause distress to the individual.

- ▶ Mental Capacity Act and Best Interests for Children - there is a growing need for NHS staff to understand and implement the principles and provisions of the Mental Capacity Act. Our team offers a rapid and reasoned response to any capacity or best interests related query. By engaging early with clinicians, patients and families, we can usually assist in resolving disputes or ethical dilemmas and avoid the need for applications to be made to Court. The same applies to disputes about medical treatment or end of life decisions for children.

- ▶ Deprivation of Liberty - The full impact of the Supreme Court decision in Cheshire West, that redefined what amounted to a deprivation of liberty, is still being realised with enormous impact on NHS resources. We help health boards avoid unlawful deprivations and provide representation in the Court of Protection when a patient appeals against their detention.
- ▶ End of Life Decision Making (adults and children) - There are no more important decisions than those relating to the end of life. We are regularly instructed where disputes arise between clinicians and patients or their family about what treatment can lawfully be given.
- ▶ Mental Health - We help staff navigate the legislation and the difficult conflicts and interfaces with the Mental Capacity Act and Deprivation of Liberty.
- ▶ Court of Protection & High Court Applications - Not all issues can be resolved locally and ultimately some decisions need to be made by a Court. Often these can be highly contentious, complex, and emotive cases with the health, liberty or life of a vulnerable adult or child in the balance. We have extensive experience of making applications to both the Court of Protection and the High Court, each with their own particular rules and procedures. We offer a service that aims to resolve disputes quickly and sensitively to preserve therapeutic relationships with patients or families.

The Complex Patient team work on a real-time basis and are often involved in out of normal hours discussions, providing advice to clinicians dealing with these issues on a day to day basis.



Inquests Team

We have a dedicated team that is able to support health bodies when preparing for and participating in coronial inquiries and inquest hearings

We support the whole inquest process and focus our legal input on those that raise complex Human Rights issues such as suicides, deaths in prison or involving patients in mental health detention, potential gross negligence, or systemic organisational issues.

Our experienced lawyers support health bodies in triaging inquest matters to determine those which will benefit from formal legal input and representation.



Employment Team

Our Employment Team is led by Sioned Eurig. Since its inception in 2012, the team has acted for health boards and Trusts in a wide and diverse range of Employment Tribunal and County Court cases. The team has also had the privilege of advising on high level strategic policy issues.

The team can help with all types of claims in the Employment Tribunal including, but not limited to:

- ▶ Unfair dismissal (conduct and capability)
- ▶ Various types of discrimination (disability, sexual orientation, race, age, gender etc)
- ▶ Unlawful deduction of wages
- ▶ Holiday pay
- ▶ Whistleblowing
- ▶ Pension
- ▶ Agency worker rights
- ▶ Doctor disciplinary cases

The team can also help with the with wide range issues facing busy healthcare services:

- ▶ Interpretation of policies and procedures on an All-Wales level

- ▶ Issues arising out of the employment relationship (including advising on grievances and disciplinary hearings) including termination of employment
- ▶ Family friendly policies (i.e. Shared Parental Leave regime)
- ▶ Clinician banding appeals
- ▶ Severance packages and drafting settlement agreements
- ▶ The Transfer of Undertaking (Protection of Employment) Regulations 2006
- ▶ Voluntary Early Release Schemes and queries
- ▶ Doctor disciplinary issues
- ▶ All Wales matters in association with the Welsh Government
- ▶ Employment status
- ▶ Consultations and Redundancies
- ▶ Union Recognition
- ▶ Restructures

As well as helping clients to manage cases when things go wrong, the team also works with clients to train Workforce teams and line managers to reduce the risk of claims. Employment law is constantly evolving.

Our Employment team can offer a wide range of educational talks and seminars that can be delivered at our fully equipped premises. We are also able to tailor quarter, half or full day packages at a location to suit our client. Recent topics include:

- ▶ Training on the Upholding Professional Standards Policy
- ▶ Disciplinary investigations training
- ▶ Employment updates
- ▶ TUPE training
- ▶ Dignity at Work
- ▶ Whistleblowing



Property Acquisitions, Disposals and Leases Team

Our property team provides advice across the NHS Wales estate, delivering a quality service at competitive rates. The team has extensive knowledge and experience in commercial property and of the NHS Wales estate.

The team works closely with NWSSP Specialist Estates team and undertakes a range of work, which encompasses:

- ▶ Leasehold acquisition of offices on behalf of NHS Trusts and health boards;
- ▶ Lease re-gears, including varying principal lease terms and break dates, as well as general management work (licences to alter etc.) in support of tenant works;
- ▶ Freehold sales of surplus commercial and residential properties, including provisions to protect future development rights of adjacent land retained by NHS Wales;
- ▶ Freehold acquisitions in connection with large-scale developments by NHS Trusts and Health Boards; and
- ▶ General, one-off property queries on sundry matters, including in the primary care field.



Savings & Successes



We are justifiably proud of the services provided by all of the staff and teams with the Welsh Risk Pool and Legal & Risk Service.

We regularly monitor the savings that the professional influence of our teams brings to the NHS in Wales. This includes reducing legal costs in cases, successfully defending claims and other matters, influencing policy areas to reduce costs and delivering training to managers and staff throughout the NHS.

Professional Influence Savings

In 2021/22, our professional influence savings and success were:

£74,054,226.00



This is expenditure that would otherwise be incurred by NHS Wales and would not be able to be spent on the provision of care.



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Shared Services
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Gwasanaethau Cyfreithiol a Risg a Chronfa Risg Cymru

Adolygiad Blynyddol **2021-2022**



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Rhagair

Mae aelodau'r cyhoedd yng Nghymru yn falch ac yn ddiolchgar am y gwasanaethau a ddarperir gan eu GIG, ac roedd hyn yn amlwg yn y diolchgarwch a'r gwerthfawrogiad a ddangoswyd i'r gwasanaeth a'i staff yn ystod y pandemig.

Yn ystod fy ngyrfa yn y GIG, mae ymroddiad ac arbenigedd y staff sy'n gweithio'n ddiflino i ddarparu gofal a thriniaeth pan fo'i angen ac sy'n cefnogi ein cymunedau i wella eu hiechyd a'u lles wedi creu argraff fawr arnaf yn gyson. O'i gymharu â nifer y cysylltiadau â chleifion a wneir gan GIG Cymru bob blwyddyn, mae'r adegau pan fydd problemau'n codi, neu pan fydd pethau'n mynd o chwith, yn brin iawn.



Yr Athro Tracy Myhill OBE,
Cadeirydd Partneriaeth
Cydwasanaethau GIG Cymru

Fodd bynnag, ar gyfer bob tro y bydd rhywbeth yn mynd o'i le a niwed yn digwydd, neu systemau'n methu, mae'n rhaid i'r GIG fod â phrosesau cadarn ar gyfer dysgu gwersi, gwella prosesau a rhannu arfer gorau. Mae Cronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg yn chwarae rhan hanfodol o ran cefnogi cyrff iechyd i ymchwilio i'r hyn sydd wedi digwydd, rhoi mesurau ataliol ar waith lle bo'n bosibl a sicrhau datrysiad boddhaol ar gyfer unrhyw berson yr effeithir arno.

Cydnabyddir yn eang bod pob rhan o'r GIG ar draws y DU yn profi lefel uchel o hawliadau. Mae hyn i'w weld yn GIG Cymru. Er ei bod yn braf nodi nad yw nifer yr hawliadau'n cynyddu yn GIG Cymru mae'n rhaid i ni gydnabod bod gwerth hawliadau unigol yn cynyddu flwyddyn ar ôl blwyddyn. Mae hawliadau llwyddiannus yn rhoi rhywfaint o gydnabyddiaeth ac iawndal i gleifion ac i deuluoedd, er yn anffodus ni allant newid yr hyn sydd wedi digwydd. Ar gyfartaledd, mae 45% o hawliadau anafiadau personol ac esgeuluster clinigol yn cael eu hamddiffyn yn llwyddiannus.

Gan ddefnyddio gwasanaeth cyfreithiol cwbl fewnol i reoli hawliadau esgeuluster clinigol ac anafiadau personol yn GIG Cymru, mae ein dylanwad proffesiynol hefyd yn sicrhau arbedion sylweddol i drethdalwyr Cymru. Mae profiad eang y gwasanaeth cyfreithiol mewnol, ym mhob maes o'r gyfraith sy'n effeithio ar gyrff iechyd modern, yn rhoi cyngor cyflym ac effeithiol i arweinwyr ledled y GIG.

Mae'r rhaglen Diogelwch a Dysgu a weithredir gan Gronfa Risg Cymru yn cynnwys buddsoddi rhywfaint o'r arian a fyddai fel arall yn cael ei wario ar hawliadau er mwyn lleihau nifer y digwyddiadau a thrwy hynny arwain at well gwasanaethau gyda llai o hawliadau. Mae'r rhaglenni'n uchel eu parch ymhlith timau clinigol yng Nghymru ac yn cael effaith wirioneddol.

Yr arbenigedd sy'n codi amlaf ar gyfer hawliadau yw gwasanaethau mamolaeth ac mae'n hanfodol ein bod yn cefnogi cyrff iechyd i ddysgu a gwella o'r hyn sydd wedi mynd o'i le yn yr achosion hyn. Rydym wedi cyflwyno rhaglen PROMPT Cymru a PROMPT Cymuned Cymru a chafodd y fenter bwysig hon ei chydabod pan ddyfarnwyd gwobr Bydwraig y Flwyddyn RCM Cymru i'w harweinydd, y Fydwaig Sarah Hookes.

Mae cyflwyno'r rheoliadau Gweithio i Wella yng Nghymru ddeng mlynedd yn ôl wedi darparu system ar gyfer datrys pryderon a godir gan gleifion a'u perthnasau yn ddidrafferth ac effeithiol tra'n lleihau baich costau cyfreithiol ar y GIG. Gyda'r cyfrifoldeb am ad-dalu gwariant ar achosion iawn bellach wedi'i roi i Gronfa Risg Cymru, mae'r tîm yn gallu rhoi darlun llawnach o'r ffactorau achosol a'r gwersi a ddysgwyd sy'n deillio o achosion iawn yn ogystal â hawliadau a pharhau i weithio gyda thimau clinigol lleol i nodi meysydd i'w gwella.

Cyflwynwyd y Cynllun Indemniad Ymarfer Meddygol Cyffredinol, a weithredir gan y Gwasanaethau Cyfreithiol a Risg, yn 2019. Mae'r tîm hwn yn gweithio'n agos gyda gwasanaethau gofal sylfaenol i helpu gydag ymchwiliadau a lleihau'r potensial ar gyfer ymglyfreitha yn y maes hwn. Mae'r cynllun hwn yn cyflwyno craffu cenedlaethol ar wersi a ddysgwyd o fewn y sector gofal sylfaenol am y tro cyntaf.

Rwy'n falch iawn o'r gwaith a wneir gan Gronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg wrth weithio â chydweithwyr ar draws y GIG yng Nghymru. Pwrpas yr adroddiad hwn yw amlinellu'r sefyllfa bresennol a'r rhagolygon ar gyfer achosion hawliadau ac iawn ac amlinellu'r gwaith anhygoel y mae'r tîm yn ei wneud bob dydd.

Bydd fy uwch dîm yn gweithio gyda phob Bwrdd yn GIG Cymru i wneud y mwyaf o ddysgu ac i wella ansawdd a diogelwch, gan ddefnyddio'r data sy'n ymwneud â phob corff iechyd unigol i'r eithaf posibl.



Ynglŷn â Tracy Myhill

Penodwyd Tracy yn Gadeirydd Partneriaeth Cydwasanaethau GIG Cymru yn 2021 ar ôl iddi ymddeol o'r GIG wedi gyrfa o dros 37 mlynedd. Gan ddechrau ei gyrfa fel derbynnydd yn Ysbyty Deintyddol Caerdydd, symudodd Tracy ymlaen i'r sector adnoddau dynol gan ddal swyddi ar lefel leol a chenedlaethol. Mae hi wedi gweithio'n flaenorol fel Prif Weithredwr Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru a Bwrdd Iechyd Prifysgol Bae Abertawe.



Ein Gwasanaethau



Mae Cronfa Risg Cymru yn gorff cydfuddiannol sy'n cefnogi pob sefydliad iechyd o fewn GIG Cymru drwy weinyddu'r cynllun cronni risg, sy'n darparu'r modd y gall pob Bwrdd Iechyd, Ymddiriedolaeth ac Awdurdod Iechyd Arbennig yng Nghymru indemnio yn erbyn risg.

Rôl Cronfa Risg Cymru yw cael dull integredig o asesu risg, rheoli hawliadau, ad-dalu a dysgu sut i wella. Mae'r tîm yn gweithio gyda chydweithwyr yn y GIG ledled Cymru i hyrwyddo a hwyluso cyfleoedd i ddysgu a chefnogi'r modd o ddatblygu a gweithredu gwelliannau i wella diogelwch cleifion a staff a chanlyniadau clinigol.

Mae'r Gwasanaethau Cyfreithiol a Risg yn darparu cyngor cyfreithiol a chynrychiolaeth i bob corff iechyd yng Nghymru. Gyda phrofiad, gwybodaeth a dealltwriaeth arbenigol o'r materion cyfreithiol, gweinyddol a pholisi sy'n effeithio ar weithrediad y GIG yng Nghymru, mae'r timau Cyfreithiol a Risg yn gallu cefnogi sefydliadau i ddarparu gwasanaethau iechyd a gofal diogel ac effeithlon i boblogaeth Cymru.



Cronfa Risg Cymru



Ad-daliadau

Rydym yn ad-dalu colledion a thaliadau arbennig a brofir gan gyrff iechyd yn unol â Gweithdrefnau Ad-dalu Cronfa Risg Cymru.



Diogelwch a Dysgu

Rydym yn craffu ar yr hyn a ddysgwyd o ddigwyddiadau sy'n ymwneud ag achosion hawliadau ac iawn. Rydym yn cydlynu panel cyngori cenedlaethol ar ddysgu i ystyried a rhannu arfer gorau a gwersi a ddysgwyd o achosion.



Cydsyniad

Rydym yn cydlynu ymagwedd Cymru gyfan at Gydsyniad i Archwiliad a Thriniaeth, yn darparu datrysiaid hyfforddi cenedlaethol i glinigwyr sy'n ymwneud â'r broses gydsynio ac yn caffael llyfrgell o daflenni gwybodaeth cymeradwy am gydsynio i gefnogi clinigwyr gyda'r gwaith o sicrhau bod cleifion yn gallu rhoi caniatâd gwybodus.



PROMPT Cymru

Rydym yn cydlynu ymagwedd Cymru gyfan at PROMPT Cymru a PROMPT Cymuned Cymru, sy'n darparu hyfforddiant obstetrig brys i fydwragedd, meddygon obstetrig ac anesthetiddion sy'n ymwneud â gofal mamolaeth.



System Rheoli Pryderon Unwaith i Gymru

Rydym yn arwain y gwaith o ddylunio, gweithredu a defnyddio System Rheoli Pryderon Unwaith i Gymru, sy'n darparu cysondeb o ran y llwyfan ar gyfer casglu, ymchwilio i ac adrodd am bob pryder mewn cyrff iechyd a gofal sylfaenol.



Cefnogaeth i Ymchwiliadau Arbenigol

Gan ddefnyddio'r profiad clinigol helaeth ar draws GIG Cymru, rydym yn cefnogi cyrff iechyd gydag ymchwiliadau cymhleth a sefydliadol lle gallai annibyniaeth Cronfa Risg Cymru ychwanegu gwerth.



Hyfforddiant Rheoli Pryderon

Rydym yn darparu hyfforddiant i reolwyr hawliadau, rheolwyr achosion iawn a staff sy'n ymwneud â chydlynu achosion cwest.



Gwasanaethau Cyfreithiol a Risg



Indemniad Ymarfer Meddygol Cyffredinol

Tîm o gyfreithwyr medrus iawn sydd â ffocws penodol ac arbenigedd wrth reoli hawliadau esgeuluster clinigol sy'n deillio o ymarfer gofal sylfaenol.



Masnachol, Rheoleiddiol a Chaffael

Tîm o gyfreithwyr tra arbenigol sy'n cefnogi cyrff iechyd i reoli'r materion hyn mewn modd ymarferol ac amserol.



Esgeuluster Clinigol

Adran o gyfreithwyr mewnol a staff cymorth cyfreithiol sy'n rheoli'r llwyth achosion esgeuluster clinigol ar draws yr holl gyrff iechyd. Ein nod yw ymdrin â hawliadau yn rhagweithiol, yn deg ac yn gyson.



Cleifion Cymhleth (y Llys Gwarchod)

Tîm o gyfreithwyr gofal iechyd profiadol iawn sy'n darparu cyngor cyflym i sicrhau bod staff y GIG yn gallu cydymffurfio â gofynion cyfreithiol ac ymdrin â materion cyfreithiol cymhleth ynghylch darparu gofal a thriniaeth.



Cyflogaeth

Tîm o gyfreithwyr a swyddogion gweithredol cyfreithiol sy'n rhoi cyngor ar faterion polisi strategol ar lefel uchel, rheoli achosion a gwrandawiadau tribiwnlysoedd.



Anaf Personol

Mae gan y tîm hwn wybodaeth fanwl am y GIG sy'n eu galluogi i roi cyngor cyflym ac effeithlon ar reoli hawliadau a darparu cyngor arbenigol ar leihau risgiau yn y gweithle.



Cyngor Gofal Iechyd Cyffredinol

Gallai cyrff iechyd a chleientiaid wynebu sbectwm eang o faterion. Mae'r tîm hwn yn tynnu ar y profiad amrywiol o fewn y Gwasanaethau Cyfreithiol a Risg i ddarparu cyngor amserol.



Caffael a Gwaredu Eiddo a Phrydlesi

Mae'r tîm hynod arbenigol hwn yn gweithio'n agos gyda Gwasanaethau Ystadau Arbenigol i gefnogi pob corff iechyd ar faterion sy'n ymwneud ag ystâd GIG Cymru.



Cwestau

Mae ein tîm cwestau yn cynnig cefnogaeth lawn i'n cleientiaid, o ymchwiliadau cychwynnol i wrandawiadau cwest a thu hwnt.



Gweithio i Wella

Rydym yn cynnig ymagwedd hyblyg ac ymarferol i gyrff iechyd wrth ymdrin â materion o dan y rheoliadau Gweithio i Wella.

Ein Pobl



Mark Harris

Mark Harris yw Cyfarwyddwr y Gwasanaethau Cyfreithiol a Risg a Chronfa Risg Cymru. Mae gan Mark radd LLB yn y gyfraith, gradd Meistr LLM mewn Cyfraith Fasnachol/Materion Morol a Thystysgrif Ôl-raddedig mewn Rheolaeth y Gwasanaeth Iechyd.

Ar ôl gweithio yn y maes Cyfreithiol a Risg ers dros ugain mlynedd, mae gan Mark brofiad helaeth o weithio ar esgeuluster clinigol a materion cynghori cyffredinol a bu'n Rheolwr Tîm ac yn Ddirprwy Gyfarwyddwr y gwasanaeth cyn cael ei benodi'n Gyfarwyddwr.

Meysydd diddordeb arbennig Mark yw hawliadau esgeuluster clinigol, anghydfodau yn ymwneud ag ariannu iechyd a llywodraethu. Mae Mark wedi rhoi cyngor cyfreithiol ar ystod eang iawn o broblemau cyfreithiol untro sy'n wynebu cyrff y GIG yn eu busnes o ddydd i ddydd, ar ôl bod yn rhoi cyngor ar lu o faterion cyfreithiol unigol yn ystod y degawd diwethaf. Arweiniodd Mark ymgysylltiad y Gwasanaethau Cyfreithiol a Risg â Llywodraeth Cymru i weithredu'r cynllun indemniad Meddygon Teulu a ddechreuodd yn 2019.



Daniela Mahapatra

Daniela Mahapatra yw Dirprwy Gyfarwyddwr y Gwasanaethau Cyfreithiol a Risg. Cymhwysodd Daniela fel Cyfreithiwr yn 2005. Enillodd ei gradd LLB yn y Gyfraith ym Mhrifysgol Cymru, Abertawe, cyn symud i Gaerdydd i ddilyn y Cwrs Ymarfer Cyfreithiol. Gan ymarfer mewn cyfraith cyflogaeth, mae Daniela yn cynghori'r holl gyrff iechyd yng Nghymru mewn achosion cyflogaeth cymhleth.

Mae Daniela yn aelod o Bwyllgor HPMa Cymru, ac yn trefnu digwyddiadau hyfforddi amrywiol ar gyfer gweithlu AD GIG Cymru (Gweithlu a Datblygu Sefydliadol).

Ym mis Mai 2016, dewiswyd Daniela fel cynrychiolydd Cymru i Gymdeithas y Cyfreithwyr Cyflogaeth. Fel rhan o'r rôl hon, cynorthwyodd Daniela i gyflwyno Cynllun Cymorth i Ymglyfreithwyr heb Gynrychiolaeth yn y Tribiwnlys Cyflogaeth (ELIPS) yn Nhrifiwnlys Cyflogaeth Cymru, sy'n rhoi cymorth am ddim i ymglyfreithwyr heb gynrychiolaeth (hawlwr ac ymatebwyr) yn y Tribiwnlys Cyflogaeth.

Mae Daniela wedi addysgu modiwl Cyfraith Cyflogaeth ar y cwrs Rheoli Adnoddau Dynol ym Mhrifysgol De Cymru. Mae Daniela hefyd yn fentor fel rhan o gynllun mentora Coleg y Cymoedd.



Sarah Watt

Sarah Watt yw Pennaeth Ymglyfreitha Gofal Iechyd, yr arweinydd strategol ar gyfer hawliadau esgeuluster clinigol, Gweithio i Wella a gwaith Ymchwiliadau Cyhoeddus. Mae gan Sarah radd LLB yn y Gyfraith, mae hi wedi llwyddo yn Arholiad Terfynol Cymdeithas y Gyfraith ac mae ganddi Gymhwyster Lefel 5 gan y Sefydliad Arweinyddiaeth a Rheolaeth.

Ymunodd Sarah â'r Gwasanaethau Cyfreithiol a Risg yn 2003 ar ôl gweithio i gwmnïau cyfreithiol gofal iechyd blaenllaw yn y DU. Daeth yn Arweinydd Tîm yn 2005 a chafodd ei phenodi'n Bennaeth Ymglyfreitha Gofal Iechyd yn 2021.

Mae Sarah'n arbennig o brofiadol mewn ymchwiliadau proffil uchel a hawliadau gyda gwerth uchel iawn ac mae'n arwain y gwaith i gefnogi cyrff iechyd sy'n rhoi tystiolaeth i ymchwiliad cyhoeddus y coronafeirws.



Jonathan Webb

Jonathan Webb yw'r Pennaeth Diogelwch a Dysgu ac ef yw arweinydd gweithredol Cronfa Risg Cymru. Mae Jonathan yn Barafeddyg Cofrestredig, yn Fentor Clinigol profiadol ac wedi gweithio yn y GIG ers 1990. Ar ôl cwblhau gradd mewn Addysg ym Mhrifysgol Wolverhampton ac astudio Rheolaeth yn Ysgol Fusnes Henley, Prifysgol Reading, mae Jonathan wedi cwblhau gradd Meistr mewn Iechyd a Diogelwch Galwedigaethol ym Mhrifysgol Loughborough.

Cyn ymuno â'r Gwasanaethau Cyfreithiol a Risg yn 2016, roedd Jonathan yn Bennaeth Rheoli Risg mewn Ymddiriedolaeth Acíwt yn Lloegr lle datblygodd raglen hyfforddiant ar gyfer ymchwiliadau i arweinwyr clinigol. Mae wedi dal rôl debyg yn y gorffennol yn Ynysoedd y Sianel, lle bu'n gyfrifol am gydgyssylltu Cynllun Cofrestr Risg a Rhaglen Sicrwydd ledled y Taleithiau. Mae rôl Jonathan yn canolbwyntio ar graffu ar a rhannu gwersi a ddysgwyd o hawliadau ac achosion iawn, darparu rhaglenni pwrpasol i ymdrin â meysydd ymglyfreitha, arwain System Rheoli Pryderon Unwaith i Gymru a chydlynu asesiadau o systemau cyrff iechyd ar gyfer ymdrin â phryderon.



Sue Saunders

Sue Saunders yw Pennaeth Cyllid Cronfa Risg Cymru. Cydlynir swyddogaethau ariannol Cronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg gan y Tîm Cyllid Corfforaethol o fewn Partneriaeth Cydwasanaethau GIG Cymru. Mae Sue yn gyfrifol am gyfrifon Cronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg. Gan gadeirio'r Grŵp Cyfrifyddu is-Dechnegol ar gyfer materion Cronfa Risg Cymru, mae

Sue yn sicrhau bod egwyddorion ariannol yn cael eu cymhwyso yn gyson ledled GIG Cymru.

Yn gyfrifydd cymwysedig, mae gan Sue flynyddoedd lawer o brofiad ym maes cyfrifyddu'r GIG ac mae'n cefnogi cyrff iechyd gyda'u ffurflenni ariannol sy'n ymwneud â Chronfa Risg Cymru i Lywodraeth Cymru.

Ein pobl yw ein hased mwyaf yng Nghronfa Risg Cymru a'r Gwasanaeth Cyfreithiol a Risg.

Gyda dros 125 o gyfreithwyr cyfwerth ag amser llawn, gweithredwyr cyfreithiol siartredig, cyfreithwyr cyn iddynt gymhwyso a staff cymorth, mae'r gwasanaeth Cyfreithiol a Risg yn gallu cefnogi holl gyrff iechyd GIG Cymru ym mhob un o feysydd y gyfraith.

Gyda deuddeg aelod o staff sefydledig cyfwerth ag amser llawn a gweithlu hyblyg o gydweithwyr banc ac ar secondiad, mae Cronfa Risg Cymru yn gallu defnyddio profiad clinigol a gweithredol o bob rhan o GIG Cymru i ddarparu ei wasanaethau.



Pwyllgor Cronfa Risg Cymru

Gwneir penderfyniadau mewn perthynas â'r gweithdrefnau ad-dalu, cynlluniau gwaith ar gyfer adolygiadau ac ad-dalu hawliadau ac achosion iawn gan bwyllgor cenedlaethol sy'n cynnwys aelodau sydd mewn rolau gweithredol a chysylltiol yn y Cyrff Iechyd a Llywodraeth Cymru. Mae'r aelodau'n cynrychioli eu rolau a'u cymheiriaid ledled Cymru yn hytrach na'u sefydliadau unigol.

Gan weithredu fel is-bwyllgor y Pwyllgor Partneriaeth Cydwasanaethau, mae Pwyllgor Cronfa Risg Cymru'n sicrhau cysondeb o ran penderfyniadau a chraffu effeithiol ar y sector cymhleth hwn.

Ein Llwyth Gwaith



Mae mwyafrif y bobl sy'n derbyn gofal gan GIG Cymru yn cael gwasanaeth rhagorol sy'n cael ei ddarparu gan weithlu ymroddedig sydd wedi'i hyfforddi'n dda. Er y dylai GIG Cymru fod yn haeddiannol falch o'i gyflawniadau, nid oes lle i laesu dwylo ac weithiau bydd camgymeriadau'n digwydd neu mae prosesau a systemau'n methu, a allai arwain at dalu hawliadau i gleifion neu staff yr effeithir arnynt neu wario ar iawn.

Yn ogystal â'r niwed a brofir gan y rhai sy'n rhan o ddigwyddiadau sy'n arwain at ymglyfreitha, mae pob ceiniog sy'n cael ei gwario ar hawliadau ac achosion iawn yn arian na ellir ei wario ar ddarparu iechyd a gofal yn GIG Cymru.

Bydd Cronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg yn parhau i weithio'n ofalus gyda phob parti ym mhob mater i sicrhau'r datrysiad cywir ym mhob achos a chanlyniad teg i bob parti.

Trwy'r broses o ddysgu o ddigwyddiadau, mae ffactorau sydd wedi arwain at hawliad neu achos iawn yn cael eu nodi a gwersi neu welliannau yn cael eu rhoi ar waith i leihau'r posibilrwydd y bydd digwyddiadau yn cael eu hailadrodd.

Proffil Achos Hawliadau ac Iawn

Mae proffil yr achosion a reolir gan Gronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg yn ymwneud ag esgeuluster clinigol, anafiadau personol a materion iawn.

Cronfa Risg Cymru sy'n gweinyddu'r trefniant cronni risg ac yn talu cost colledion ariannol ar gyfer hawliadau dros £25,000 a'r holl variant ad-daladwy ar achosion iawn. Mae'r elfen fwyaf sylweddol o variant yn ymwneud â materion esgeuluster clinigol.

Rheolir hawliadau esgeuluster clinigol ac anafiadau personol gan ddefnyddio'r prosesau cyfreithiol a amlinellir yn y protocolaucyn-gweithredua'rgweithdrefnau cyfreithiol a gyhoeddir gan lysoedd Cymru a Lloegr. Os bydd hawliad yn mynd ymlaen i'r llys, mae'r modd y cynhelir yr hawliad yn cael ei gydgyssylltu gan farnwr.

Cynhelir achosion iawn gan ddefnyddio'r gofynion a nodir yn Rheoliadau'r Gwasanaeth Iechyd Gwladol (Trefniadau Pryderon, Cwynion ac Iawn) (Cymru) 2011, a elwir yn Rheoliadau Gweithio i Wella, ac mae gan y rhain ganllawiau cyfreithiol cyhoeddedig sy'n nodi disgwyliadau pob un o'r partion.



Materion Esgeuluster Clinigol

Mae nifer yr achosion o esgeuluster clinigol agored sylweddol ar ddiwedd pob blwyddyn ariannol yn ddangosydd defnyddiol o'r pwysau presennol o ran llwyth achosion esgeuluster clinigol a brofir gan GIG Cymru. Dangosir y data hwn ar gyfer y deng mlynedd diwethaf yn Ffig 1. Nid yw'r ffigurau hyn yn cynnwys achosion o'r Cynllun Indemniad Ymarfer Meddygol Cyffredinol, a reolir ar wahân.

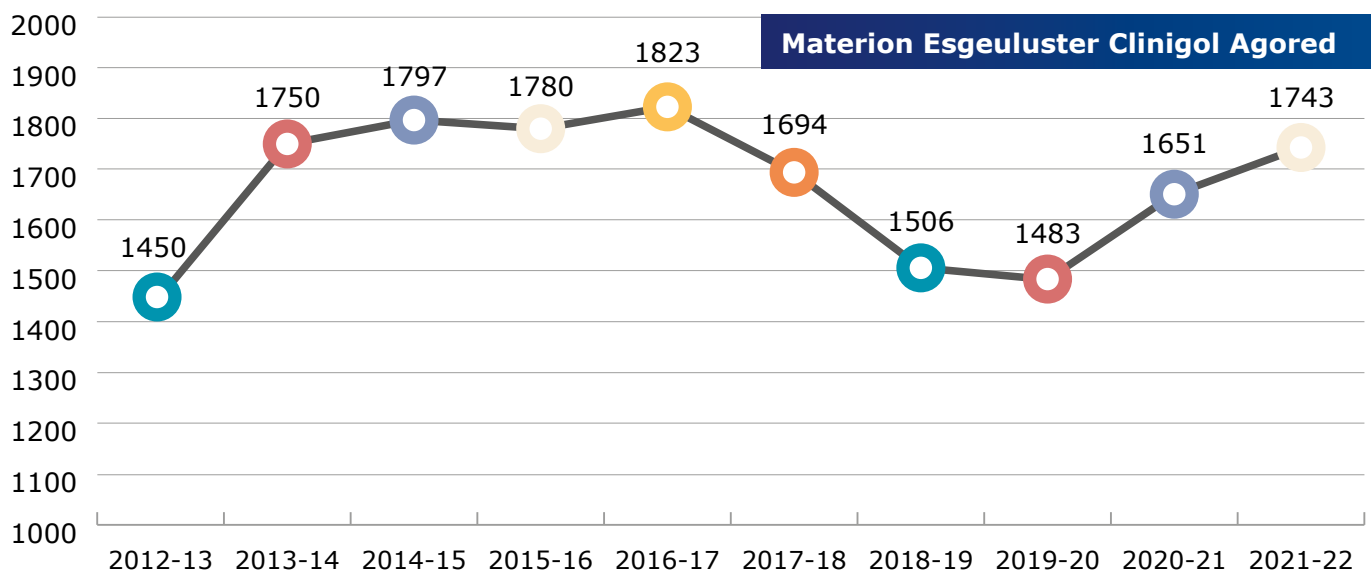
Mae rhai achosion yn parhau ar agor am gyfnod sylweddol, wrth i faterion gael eu dadansoddi ac wrth i werthoedd ariannol gael eu pennu. Gall rhai achosion mwy cymhleth aros ar agor am dros ddeng mlynedd.

Roedd cynnydd mawr mewn achosion wrth i ni nesáu at 2013 oherwydd rhuthr

gan gyfreithwyr Hawlwyr i agor achosion newydd cyn i gytundebau ffioedd amodol gael eu diddymu gan newid yn y gyfraith.

Fe wnaethom hefyd newid ein methodoleg ar gyfer agor achosion newydd o 2017/18 – gan dderbyn dim ond y rhai oedd â llythyr hawliad neu a oedd yn dod o fewn y meini prawf ar gyfer ein cynllun adrodd cynnar, lle rydym yn ei gwneud yn ofynnol i gyrff iechyd ein hysbysu am ddigwyddiadau penodol wrth iddynt ddigwydd. Cyn hynny roeddem yn derbyn materion hyd yn oed os nad oedd llythyr hawlio wedi ei anfon eto, megis ceisiadau datgelu cyn-gweithredu. Rydym wedi gwneud ein gorau i hepgor y materion ansylweddol hyn o'r niferoedd a ddangosir yn Ffig 1. Ond mae'r ffordd y cedwir y data yn golygu nad yw'n hawdd eu gweld bob amser. Felly, mae siawns bod rhai yn parhau i fod wedi eu cynnwys ar gyfer materion a agorwyd cyn 2017/18.

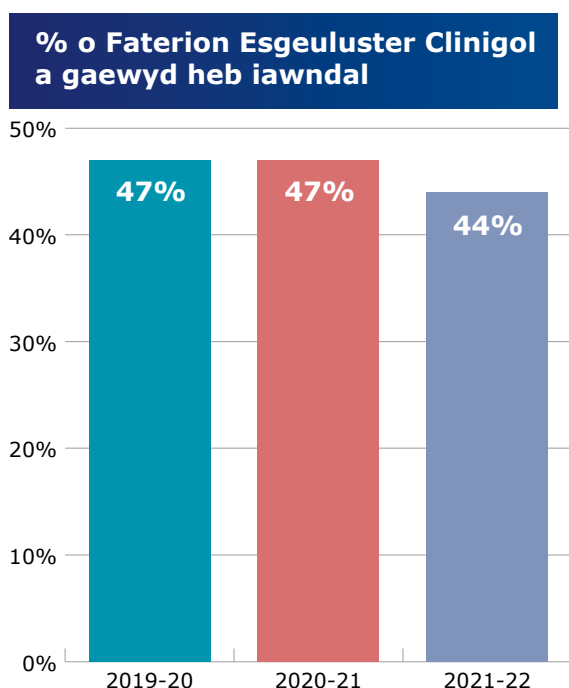
Oherwydd bod rhai achosion yn parhau ar agor, y cynnydd mawr mewn achosion o gwmpas 2013 a'r newid yn y fethodoleg o ran derbyn achosion yn 2017, nid yw'n bosibl nodi tuedd gyffredinol bendant yn nifer yr achosion. Ond y mae, serch hynny, gynnydd yng nghymhlethdod a gwerth achosion, ac mae hyn wedi cael effaith ariannol ar GIG Cymru.



Ffig. 1 Materion Esgeuluster Clinigol Agored

Ar ran GIG Cymru, mae'r Gwasanaethau Cyfreithiol a Risg yn ymchwilio'n ofalus i'r holl faterion a ddygir yn erbyn cyrff ieuchyd ac yn llwyddo i amddiffyn achosion lle bo hynny'n bosibl, sy'n lleihau costau y gellir eu hosgoi i drethdalwyr Cymru.

Mae Ffig. 2 yn rhoi crynodeb o nifer yr achosion a gaewyd heb iawndal dros y tair blynedd diwethaf. Mae hyn yn dangos ein bod yn amddiffyn tua 45% o achosion yn gyson.



Ffig. 2 Canran y Materion Esgeuluster Clinigol a gaewyd heb dalu iawndal

Mae GIG Cymru yn cynnal ystod eang o weithdrefnau clinigol ac yn darparu gofal a thriniaeth mewn amrywiaeth eang o leoliadau clinigol. Gall hawliadau godi o unrhyw gyswllt clinigol ac mae Cronfa Risg Cymru yn monitro dosbarthiad y prif arbenigeddau clinigol a nodir mewn hawliad.

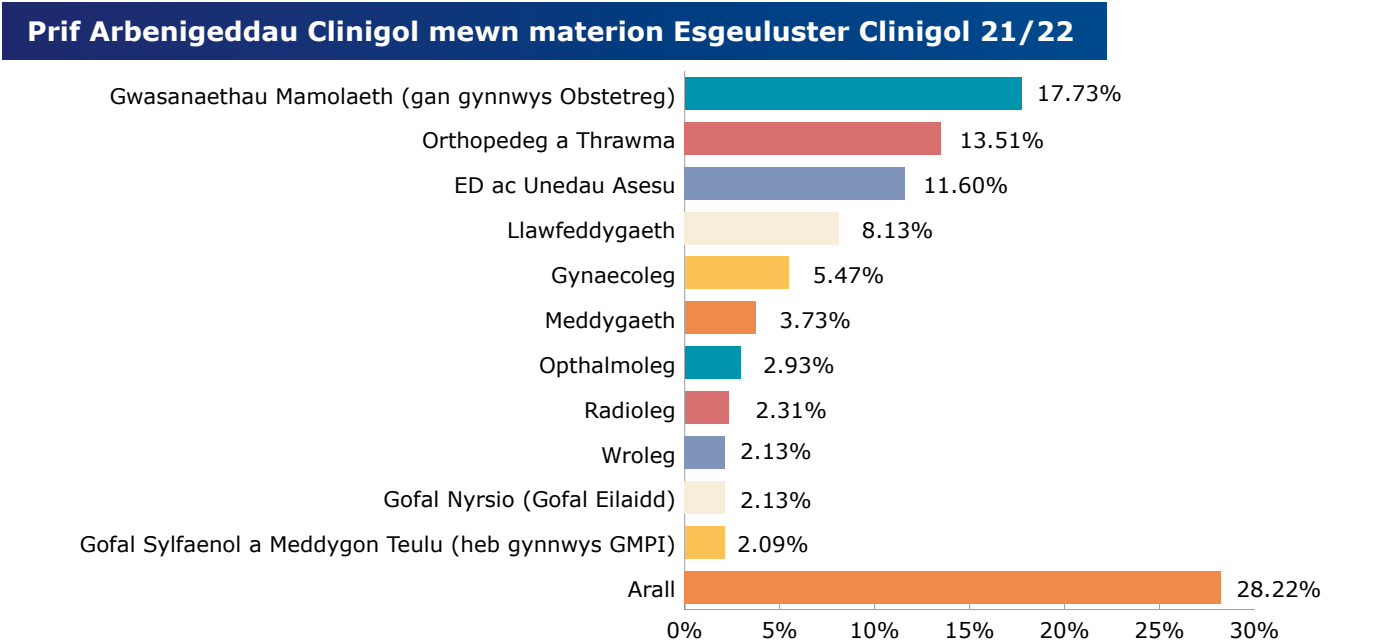
Yr arbenigedd sy'n ymddangos amlaf mewn perthynas â hawliadau esgeuluster clinigol yw gwasanaethau mamolaeth, sy'n cynnwys obstetreg a gwasanaethau a arweinir gan fydwragedd. Mae'r rhain yn cynrychioli 17.73% o'r holl achosion o esgeuluster clinigol sy'n cael eu rheoli gan y Gwasanaethau Cyfreithiol a Risg yn ystod 2021/22. Mae Cronfa Risg Cymru wedi buddsoddi'n sylweddol ar gyfer gweithio gyda thimau clinigol mewn gwasanaethau mamolaeth ar draws GIG Cymru i ymdrin â'r ffactorau sydd wedi arwain at hawliadau.

Mae materion sy'n ymwneud ag asesiad, triniaeth a llawdriniaeth, mewn achosion orthopedig a thrawma yn cynrychioli 13.51% o'r holl achosion o esgeuluster clinigol a reolir gan y Gwasanaethau Cyfreithiol a Risg yn ystod 2021/22. Mae'r materion hyn yn cynnwys yr ystod eang o weithdrefnau orthopedig a gyflawnir gan GIG Cymru.

Mae llawer o gleifion yn dod i adrannau achosion brys, unedau asesu arbenigol a gwasanaethau mân anafiadau ac mae hawliadau sy'n ymwneud â'r lleoliadau hyn yn cynrychioli 11.60% o'r holl faterion sy'n ymwneud ag esgeuluster clinigol sy'n cael eu rheoli gan y Gwasanaethau Cyfreithiol a Risg yn ystod 2021/22.

Mae'r rhestr o arbenigeddau a ddaliwyd gan systemau Cronfa Risg Cymru a Gwasanaethau Cyfreithiol a Risg yn gysylltiedig â rhestr bwrpasol a ddefnyddiwyd gyntaf tua 2000. Gyda chyflwyno System Rheoli Achosion electronig newydd dros yr ychydig flynyddoedd nesaf, rhagwelir y bydd y data arbenigedd yn cael ei gyhoeddi yn y dyfodol gan ddefnyddio rhestr genedlaethol GIG Cymru cyn belled ag y bo modd ac y bydd hyn yn helpu sefydliadau i allosod a defnyddio data o amrywiaeth o ffynonellau rheoli perfformiad ac ansawdd.

Mae Ffig. 3 yn amlinellu dosbarthiad y deg arbenigedd clinigol uchaf mewn esgeuluster clinigol ac mae Tabl 1 yn rhoi dadansoddiad o'r holl arbenigeddau clinigol.



Ffig. 3 Dadansoddiad o'r Prif Arbenigeddau Clinigol mewn materion Esgeuluster Clinigol

Prif Arbenigedd mewn materion Esgeuluster Clinigol		Prif Arbenigedd mewn materion Esgeuluster Clinigol	
	%		%
Adran Achosion Brys ac Unedau Asesu	11.60%	Llawfeddygaeth y Geg a'r Ên a'r Wyneb	0.44%
Ambiwlans / Parafeddygon	1.24%	Meddygaeth	3.73%
Anadlol	0.36%	Meddygaeth Genhedlol-wrinol	0.13%
Anaestheteg	0.80%	Meddygaeth yr Henoed	0.44%
Awdioleg	0.04%	Meddygon Teulu y Tu Allan i Oriau	0.36%
Cardioleg	1.42%	Neffroleg	0.49%
Cytoleg	0.31%	Niwrolawdriniaeth	1.11%
Deintyddol	0.49%	Niwroleg	1.07%
Dermatoleg	0.53%	Nyrsys Ardal ac Ymwelwyr Iechyd	0.36%
Ffisiotherapi	0.53%	Offthalmoleg	2.93%
Gastroenteroleg	1.16%	Oncoleg	1.42%
Geneteg	0.09%	Orthopedeg a Thrawma	13.51%
Gofal Nyrsio (Gofal Eilaidd)	2.13%	Patholeg, Histoleg a Microbioleg	0.40%
Gofal Sylfaenol (ac eithrio GMPI)	2.09%	Pediatreg	2.84%
Gwasanaethau Mamolaeth	17.73%	Podiatreg	0.18%
Gweinyddu, Ystadau a Gwasanaethau Busnes	0.13%	Radioleg	2.31%
Gynaecoleg	5.47%	Rheumatoleg	0.27%
Haematoleg	0.53%	Therapi Lleferydd	0.04%
Iechyd Meddwl a Seicoleg	2.31%	Wroleg	2.13%
Llawdriniaeth Gosmetig	0.13%	Yr Ên a'r Wyneb	0.44%
Llawfeddygaeth	8.13%	Y Glust, y Trwyn a'r Gwddf	1.51%
Llawfeddygaeth Cardiothorasig	0.36%	ARALL / AMHENODOL	5.51%
Llawfeddygaeth y Colon a'r Rhefr (Colorectol)	0.76%		

Tabl 1 Crynodeb o Brif Arbenigeddau mewn materion Esgeuluster Clinigol



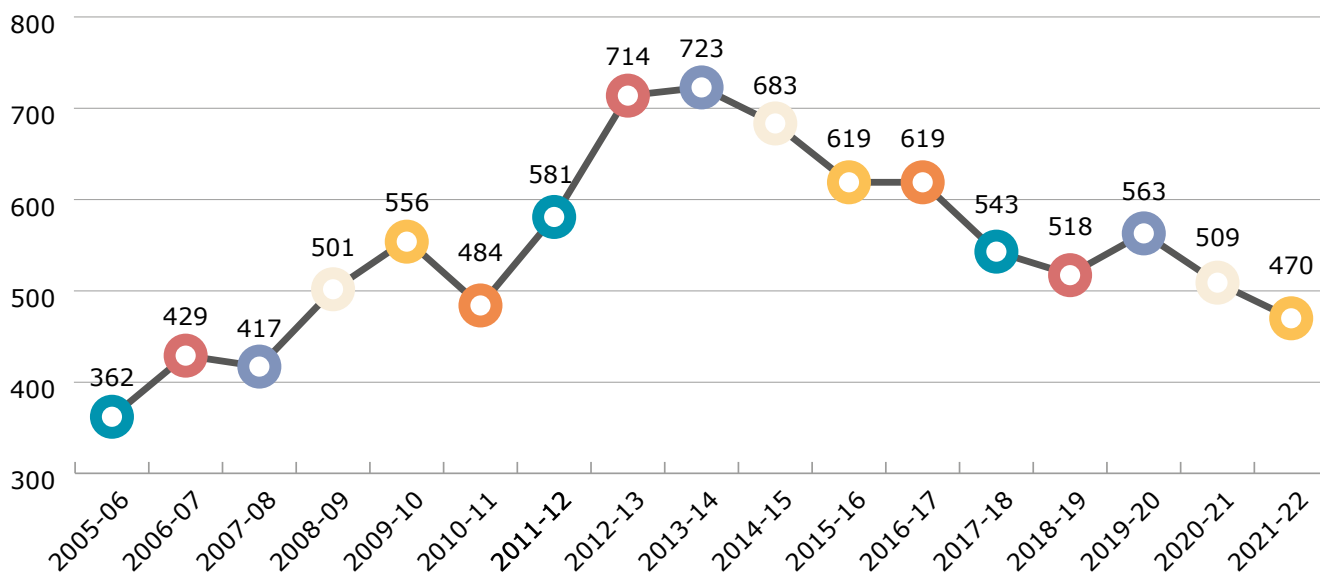
Achosion Anafiadau Personol

Yn ogystal â hawliadau am esgeuluster clinigol honedig, mae Cronfa Risg Cymru a'r Gwasanaeth Cyfreithiol a Risg hefyd yn ymdrin â materion atebolrwydd cyhoeddus, atebolrwydd deiliad a chyflogwr a ddygir yn erbyn cyrff iechyd GIG Cymru. Gall y rhain fod yn faterion cymhleth sy'n cynnwys casglu tystiolaeth yn ymwneud â materion gweithredol, cydymffurfedd ag iechyd a diogelwch ac asesiadau risg.

Ar ddiwedd 2021/22 roedd 470 o faterion anafiadau personol agored yn erbyn GIG Cymru ac mae cynnydd wedi bod mewn materion anafiadau personol ers 2005. Cafwyd brig yn nifer y materion anafiadau personol newydd a agorwyd yn gynnar yn 2013 a achoswyd gan y ffaith fod costau y gellid eu hadennill yn mynd i fod yn sefydlog a newid yn y gyfraith a oedd yn cyfyngu ar y rhesymau am allu gwneud hawliadau anafiadau personol.

Mae Ffig. 4 yn dangos nifer y materion anafiadau personol agored ers 2005. Rydym yn gallu adrodd mor bell yn ôl â hyn oherwydd yn hanesyddol dim ond ar ôl derbyn llythyr hawliad yr ydym wedi gallu agor hawliadau anafiadau personol.

Materion Anafiadau Personol Agored



Ffig. 4 Materion Anafiadau Personol Agored

Mae tîm y Gwasanaethau Cyfreithiol a Risg yn gweithio'n agos gyda rheolwyr o fewn cyrff iechyd i amddiffyn achosion lle bo hynny'n bosibl, gan leihau baich costau cyfreithiol i sefydliadau. Mae GIG Cymru wedi amddiffyn dros 45% o achosion anafiadau personol yn llwyddiannus. Mae Ffig. 5 yn dangos y duedd gadarnhaol sy'n parhau mewn hawliadau anafiadau personol a amddiffynnwyd yn llwyddiannus.



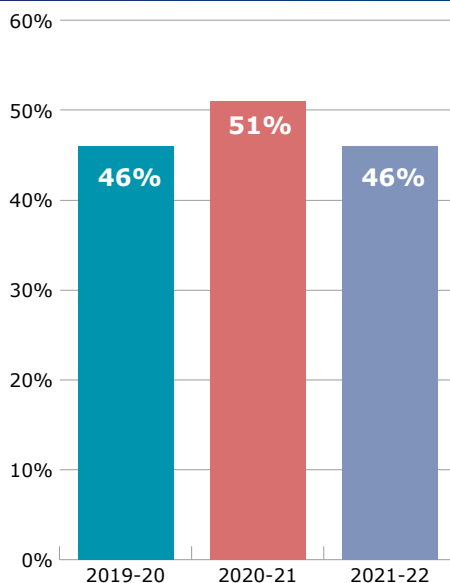
ACHOS ENGHREIFFTIOIOL – hawliad a gafodd ei amddiffyn yn llwyddiannus mewn achos llys

Cyflwynwyd honiad gan gyn-weithiwr i sefydliad sy'n darparu gwasanaethau i bob corff iechyd yn GIG Cymru, yn datgan ei fod wedi anafu ei ben-glin oherwydd trefniadau parcio a mynediad gwael yn yr ysbyty y cafodd ei anfon iddo. Amddiffynnwyd yr hawliad yn gryf ac aeth i dreial ym mis Ionawr 2022.

Canfu'r Barnwr fod gan y sefydliad cyflogi a'r ysbyty fesurau rhesymol ar waith, roedd y cyn weithiwr wedi derbyn hyfforddiant digonol a bod trefniadau addas ar gyfer uwchgyfeirio materion. Methodd yr hawliad felly, ac ni ddyfarnwyd unrhyw iawndal.

Mae Ffig. 5 yn dangos cynnydd graddol mewn hawliadau anafiadau personol a amddiffynnwyd yn llwyddiannus.

% o faterion Anafiadau Personol a gaewyd heb iawndal



Ffig. 5 Canran y materion Anafiadau Personol a gaewyd heb iawndal



Achosion Iawn

Mae Rheoliadau'r Gwasanaeth Iechyd Gwladol (Trefniadau Pryderon, Cwynion ac Iawn) (Cymru) 2011 yn gosod dyletswyddau ar gyrff iechyd i ystyried talu iawn priodol mewn materion lle mae atebolrwydd cymwys. Mae'r Rheoliadau yn ei gwneud yn ofynnol i gyrff iechyd ystyried iawn mewn amgylchiadau lle honnir niwed ac na fyddai gwerth tebygol unrhyw hawliad yn fwy na £25,000 mewn iawndal. Mae ymdrin â'r achosion hyn yn y modd hwn yn cael effaith sylweddol o ran lleihau'r costau cyfreithiol sy'n gysylltiedig â hawliadau a ddygir yn y ffordd draddodiadol ac mae'n darparu datrysiad effeithiol i'r rhai yr effeithir arnynt ac yn gwneud arbedion sylweddol i'r GIG.

Mae achosion a allai arwain at ystyried iawn yn cynnwys digwyddiadau a adroddwyd gan staff o fewn sefydliadau a chwynion a dderbyniwyd gan ddefnyddwyr gwasanaeth neu eu cynrychiolwyr. Mae'n ofynnol i gyrff iechyd ymchwilio i faterion a phenderfynu a oes atebolrwydd cymwys.

Ers 2018, dyrannwyd cyfrifoldeb i Gronfa Risg Cymru am graffu ar ddysgu ac adalu gwariant a ysgwyddir gan gyrff iechyd mewn perthynas ag achosion iawn.

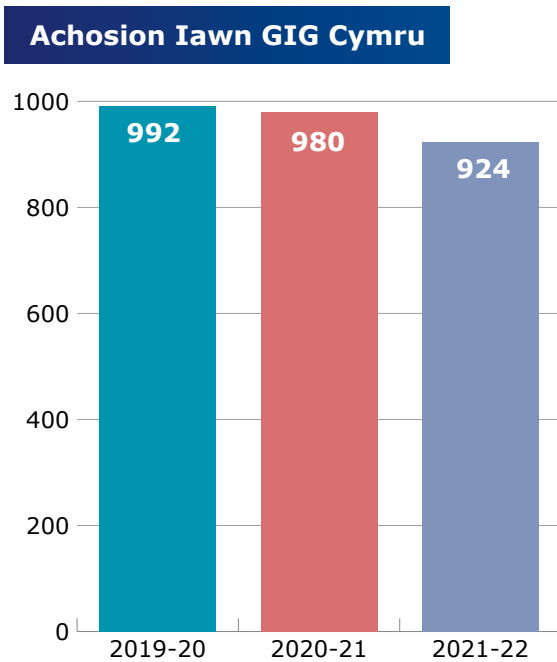
Rheolir achosion iawn yn lleol gan dimau arbenigol o fewn cyrff iechyd. Mae gan y Gwasanaeth Cyfreithiol a Risg dîm arbenigol sy'n cynghori ac yn cefnogi sefydliadau mewn perthynas â materion iawn. Mae angen adolygiadau ffurfiol gan y tîm Cyfreithiol a Risg ym mhob achos lle mae taliad iawndal arfaethedig yn fwy na £25k, lle mae taliadau i Uned Adennill Iawndal Llywodraeth y DU yn fwy na £3k ac ym mhob achos lle ystyrir bod atebolrwydd cymwys wedi'i fodloni mewn mater sy'n ymwneud â phandemig y coronafeirws.

O 2019, bu'n ofynnol i gyrff iechyd ddarparu gwybodaeth am eu llwythi achosion presennol i'w cynorthwyo gyda chynllunio a chyllidebu. Mae hyn yn rhoi cipolwg ar gynnydd materion ar draws GIG Cymru.

Yn 2021/22, roedd cyfanswm o 924 o achosion iawn yn cael eu rheoli gan gyrff iechyd yn GIG Cymru. Mae hyn yn cynrychioli gostyngiad o 6% yn y llwyth achosion cyffredinol ac yn dilyn gostyngiad bychan yn 2020/21.

Gellir priodoli'r gostyngiad a welwyd i ostyngiad mewn ymchwiliadau i ddigwyddiadau a chwynion yn ystod y pandemig a disgwylir y bydd cynnydd sydyn yn y llwyth achosion yn 2022/23.

Mae Ffig. 6 yn amlinellu'r llwyth achosion iawn dros y tair blynedd diwethaf.



Ffig. 6 Achosion Iawn am y 3 blynedd diwethaf

Mae ystyried yr arbenigedd clinigol y mae achos iawn yn ymwneud ag ef yn ddangosydd defnyddiol o themâu a thueddiadau.

Yn draddodiadol, mae pob corff iechyd wedi ystyried achosion iawn mewn perthynas â'i restr ei hun o arbenigeddau nad ydynt yn cydweddu i ddarparu darlun cenedlaethol. Gyda phob sefydliad bellach yn defnyddio System Rheoli Pryderon Unwaith i Gymru i gasglu a rheoli achosion iawn, rhagwelir y bydd darlun cenedlaethol ar gael o 2022/23.

O ddadansoddi achosion, yr arbenigeddau mwyaf cyffredin mewn achosion iawn yw'r Adran Achosion Brys, Orthopedeg, a Llawfeddygaeth Gyffredinol.



Gorchmynion Taliadau Cyfnodol

Yn y mwyafrif helaeth o faterion anafiadau personol ac esgeuluster clinigol, gwneir setliad fel iawndal ar ffurf cyfandaliad ar unwaith yn uniongyrchol i'r hawlydd.

Mewn materion lle mae'r llys yn gwneud dyfarniad sy'n ymwneud â cholled ariannol yn y dyfodol, gallai orchymyn bod yr iawndal ar ffurf taliadau cyfnodol, boed yn gyfan gwbl neu'n rhannol. Mae Deddf Iawndal 1996 yn rhoi'r grym i'r llys mewn achosion anaf personol ac esgeuluster clinigol wneud gorchmyn taliadau cyfnodol, dyfarniad cyfandaliad neu gyfuniad o'r ddau.

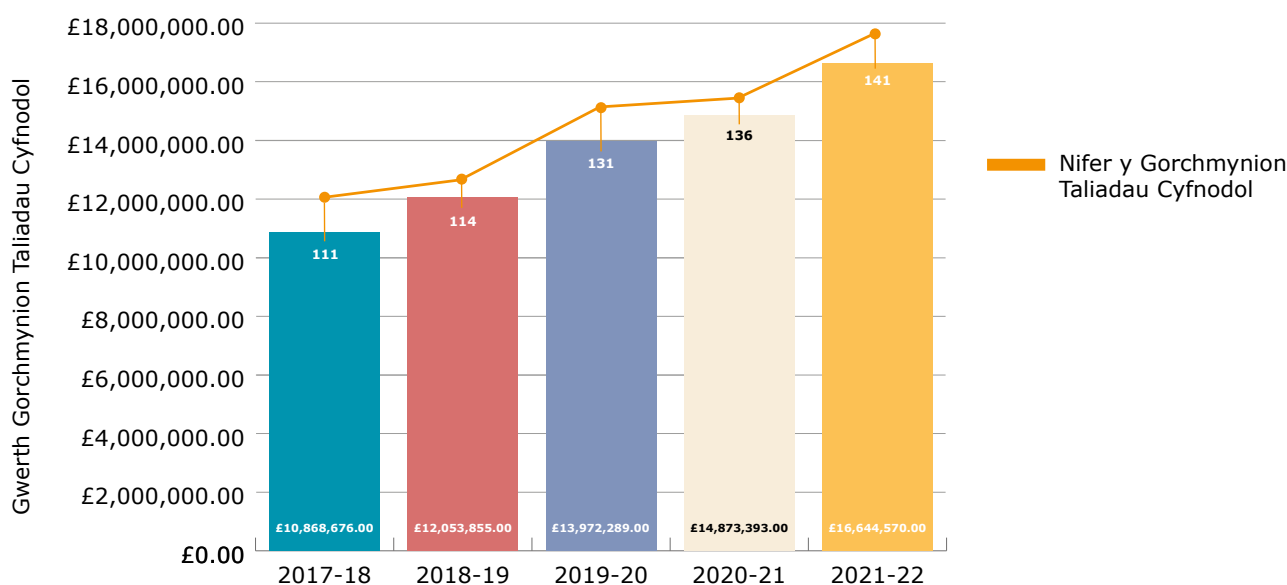
Gwelir Gorchmynion Taliadau Cyfnodol yn gyffredinol mewn achosion lle mae angen taliad i ddarparu gofal a chymorth i hawlydd dros gyfnod hir o amser.

Mae'r taliadau'n gysylltiedig â phrisiau, ac yn codi fesul mesur chwyddiant y cytunwyd arno bob blwyddyn er mwyn sicrhau bod yr hawlydd yn cael swm priodol i ddiwallu ei anghenion.

Mae Cronfa Risg Cymru yn gweinyddu pob Gorchmyn Taliadau Cyfnodol ar gyfer cyrff iechyd GIG Cymru. Ar ddiwedd 2021/22, roedd cyfanswm o 141 o Orchmynion Taliadau Cyfnodol (PPO) gweithredol. Mae saith o drefniadau Gorchmyn Taliadau Cyfnodol wedi'u cytuno mewn achosion a gafodd eu setlo'n ddiweddar, ond nad yw'r taliad wedi dechrau eto. Roedd cyfanswm taliadau'r Gorchmynion Taliadau Cyfnodol a wnaed yn 2021/22 yn £16.644m.

Gyda'r twf mewn chwyddiant a niferoedd cynyddol o Orchmynion Taliadau Cyfnodol gweithredol, mae gwerth Gorchmynion Taliadau Cyfnodol wedi cynyddu £5,775m yn y pum mlynedd diwethaf. Mae hyn yn cynrychioli cynnydd o 53% mewn costau taliadau gyda chynnydd o 27% mewn achosion gweithredol o 111 yn 2017/18. Amlinellir hyn yn Ffig 7.

Taliadau Cyfnodol dros y pum mlynedd diwethaf



Ffig. 7 Gwerth a Nifer y Gorchmynion Taliadau Cyfnodol dros y pum mlynedd diwethaf

Materion Etifeddol o Gyn Awdurdodau Iechyd

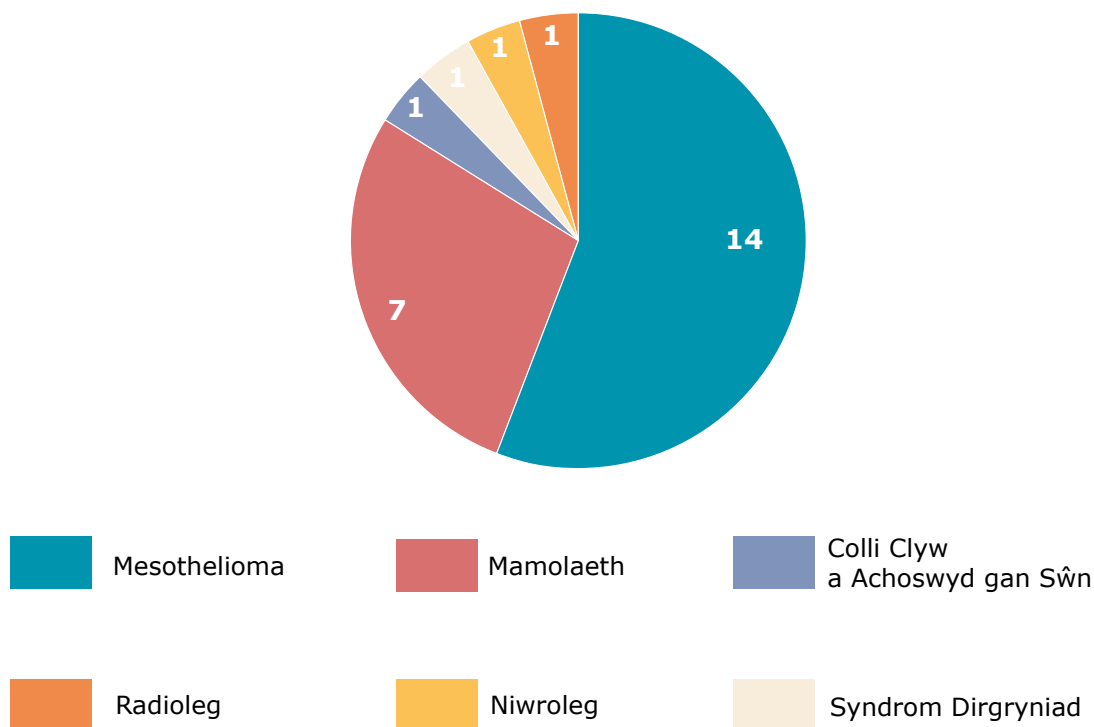
Mae Cronfa Risg Cymru yn rheoli hawliadau yn erbyn cyn Awdurdodau Iechyd yn GIG Cymru. Cymerwyd lle'r sefydliadau etifeddol hyn gan nifer o Ymddiriedolaethau GIG ledled Cymru rhwng 1993 a 1996 ac ni etifeddodd y sefydliadau newydd hyn rwymedigaethau'r sefydliadau a'u rhagflaenodd. Pan fydd hawliad yn codi, mae'r materion hyn yn cael eu rheoli gan Gronfa Risg Cymru ac yn cael eu cynnal ar ran Llywodraeth Cymru, yn enw Bwrdd Iechyd Addysgu Powys trwy Gytundeb Lefel Gwasanaeth.

Wrth i amser fynd rhagddo, mae nifer y materion agored yn parhau i ostwng. Er y gallai cyfyngiadau cyfreithiol atal nifer o hawliadau rhag cael eu dwyn yn llwyddiannus, ni all rhai meysydd hawlio ddibynnu ar gyfyngiadau.

Mae'r honiad mwyaf cyffredin sy'n cael ei ddwyn yn erbyn cyn Awdurdodau Iechyd yn awr yn ymwneud ag amlygiad honedig i asbestos rhwng yr 1960au a'r 1980au gan arwain at ddiagnosis o mesothelioma. Gallai'r hawliadau hyn fod yn heriol iawn i'w hymchwilio ac mae'n bosibl na fydd personél a thystiolaeth bosibl yn bodoli o gwbl.

Ar ddiwedd cyfnod 2021/22 roedd 25 o faterion agored yn ymwneud â hawliadau yn erbyn cyn Awdurdodau Iechyd. Mae Ffig. 8 yn rhoi dadansoddiad o nifer a mathau'r materion hyn.

Materion cyn Awdurdodau Iechyd 2021/22



Ffig. 8 Materion Cyfredol yn ymwneud â Chyn Awdurdodau Iechyd 2021/22

Cynllunio a Pherfformiad Ariannol



Mae Cronfa Risg Cymru yn derbyn dwy ffrwd ariannu:

- Defnyddir Terfyn Gwariant Adrannol (DEL) i gwrdd â'r costau yn ystod y flwyddynsy'ngysylltiedigâhawliadau wedi'u setlo ac achosion iawn. Ariennir y Terfyn Gwariant Adrannol gan ddyraniad craidd a ddarperir gan Lywodraeth Cymru a ddaw o'r gyllideb gofal iechyd flynyddol. Ategir hyn gan wariant ychwanegol a ddarperir gan Lywodraeth Cymru a chytundeb rhannu risg sy'n cynnwys cyfraniadau gan bob corff iechyd gan ddefnyddio fformiwla yn dibynnu ar faint, profiad hawliadau a safonau rheoli risg pob sefydliad.
- Gwariant a Reolir yn Flynyddol (AME) i gwrdd â'r gost o gyfrifyddu ar gyfer rhwymedigaethau hirdymor hawliadau.

Mae Tîm Cyllid Corfforaethol Partneriaeth Cydwasanaethau'r GIG, a arweinir gan y Cyfarwyddwr Cyllid a Gwasanaethau Corfforaethol Andy Butler, yn darparu trosolwg ac arweiniad ar reoli Cyllideb Cronfa Risg Cymru.

Mae dadansoddiad o'r gyllideb gyfredol a'r defnydd o offer creu rhagolygon ariannol yn galluogi Cronfa Risg Cymru i gynllunio'n hyderus ar gyfer setlo achos yn ystod y flwyddyn a pharatoi ar gyfer y gofynion ariannol tebygol yn y blynnyddoedd i ddod.

Sefyllfa Cyllideb 2021/22

Dyraniad craidd Llywodraeth Cymru ar gyfer y flwyddyn yn 2021/22 oedd £107m ar gyfer hawliadau esgeuluster clinigol ac anafiadau personol a dyraniad o £1.259m ar gyfer achosion iawn. Darparwyd cyllid ychwanegol gan Lywodraeth Cymru i gefnogi'r gwaith o ddatblygu achosion. Cefnogir y cyllid ymhellach gan y cytundeb rhannu risg sy'n ffurfio'r gweddill.

Amlinellir cyllid y Terfyn Gwariant Adrannol ar gyfer 2021/22 yn Nhabl 2.

Cyllid Terfyn Gwariant Adrannol Cronfa Risg Cymru 2021/22	£m
Craidd Llywodraeth Cymru	107.000
Cytundeb Rhannu Risg GIG Cymru	16.495
Cyllid Ychwanegol Llywodraeth Cymru	4.861
Iawn Llywodraeth Cymru	1.259
Cyfanswm y Cyllid	129.615

Tabl 2 Cyllid Terfyn Gwariant Adrannol Cronfa Risg Cymru 2021/22

Yr alldro ar gyfer iawn am 2021/22 oedd £1.679m o gymharu â dyraniad craidd Llywodraeth Cymru ar gyfer y sector hwn o £1.259m. Cydnabyddir bod gorwario ar achosion iawn yn cael effaith fuddiol ar leihau nifer yr hawliadau a gyflwynir. Codwyd y gorwariant o £420k ar iawn i wariant cyffredinol y Terfyn Gwariant Adrannol a chafodd ei ariannu drwy'r ffrydiau ariannu ychwanegol yn ystod y flwyddyn.

Roedd gwerth £16.495m o gyfraniad cytundeb rhannu risg wedi'i hysbysu i gyrff iechyd yn ystod cam cynllunio'r gyllideb ac nid oedd wedi newid yn ystod adolygiadau ariannu'r flwyddyn. Mae hyn yn galluogi gyrff iechyd i gynllunio'n fwy hyderus ar gyfer y gwariant sydd ar gael iddynt.

Mae gwariant ar Derfyn Gwariant Adrannol yn ddangosydd defnyddiol i nodi'r sefyllfa bresennol a gellir ei olrhain i flynyddoedd blaenorol. Gellir dadansoddi'r gwariant o fewn cyllideb y Terfyn Gwariant Adrannol ar gyfer 2021/22 o gymharu â 2020/21 ymhellach fel y dangosir yn Nhabl 3.

Gwariant Terfyn Gwariant Adrannol Cronfa Risg Cymru	2020/21 £m	2021/22 £m
Hawliadau wedi'u had-dalu a Gwariant a Reolwyd gan Gronfa Risg Cymru	72.255	99.922
Ad-daliadau Iawn	1.479	1.909
Taliadau Cyfnodol	14.873	16.644
Rhaglenni Diogelwch a Dysgu	0.22	0.288
Cyllid y Tîm Esgeuluster Clinigol	0.205	0.55
Symudiad ar Hawliadau Credydwy	34.806	10.302
Gwariant 2021/22	123.838	129.615

Tabl 3 Gwariant Terfyn Gwariant Adrannol Cronfa Risg Cymru 2021/22

Mae'r symudiad credydwy yn ddangosydd sy'n dangos taliadau a wnaed gan gyrff iechyd nad ydynt eto'n destun ad-daliad gan Gronfa Risg Cymru. Mae symudiad y credydwy wedi cynyddu ers dechrau'r flwyddyn ariannol. Mae'r cynnydd hwn yn ymwneud yn rhannol ag amseriad setliadau, yr oedd nifer ohonynt wedi'u proffilio'n drwm tuag at ddiwedd 2021/22.

Nid yw gyrff iechyd felly wedi cael cyfle i gwblhau'r broses adolygu dysgu a chyflwyno ffurflenni er mwyn derbyn ad-daliadau ar gyfer yr achosion hyn. Mae achosion lle mae'r broses o gymeradwyo'r cynlluniau dysgu wedi'i gohirio gan Gronfa Risg Cymru hefyd yn cyfrif am gynnydd yn symudiad y credydwy.



Edrych Ymlaen – y Rhagolygon

Wrth ystyried yr arian sydd ei angen ar gyfer y blynnyddoedd i ddod, mae Cronfa Risg Cymru a’r Gwasanaethau Cyfreithiol a Risg yn categoreiddio’r holl hawliadau a materion trwy ddyrannu sgôr yn dibynnu ar y tebygolrwydd y bydd yr achos yn cael ei setlo. Mae’r categorïau’n cynnwys Annhebygol, Posibl, Tebygol a Sicr ac amlinellir y rhain yn Nhabl 4.

Asesiad o debygolrwydd setliad	
0% - 5%	Annhebygol
6% - 49%	Posibl
50% - 94%	Tebygol
95% - 100%	Sicr

Tabl 4 Dadansoddiad o debygolrwydd y setliad

At ddibenion cynllunio’r gyllideb, mae achosion Tebygol a Sicr wedi’u cynnwys yn y rhagolwg. Cyllid y Terfyn Gwariant Adrannol craidd ar gyfer Cronfa Risg Cymru am 2022/23 yw £109.435m sy’n ganlyniad i gyfuno’r dyraniadau hawliadau ac iawn a chynnydd o £1m ar gyfer achosion iawn.

Mae cynllunio a rhagfynegi ar gyfer Cronfa Risg Cymru wedi’u cynnwys yng Nghynllun Tymor Canolig Integredig Partneriaeth Cydwasanaethau GIG Cymru.

Mae’r rhagolwg presennol ar gyfer 2022/23 yn dangos gofyniad o ran adnoddau o £134.780m a bydd y diffyg yn cael ei gyflawni trwy gymhwyso’r cytundeb rhannu risg. Mae Tabl 5 yn rhoi dadansoddiad o ragolwg y Terfyn Gwariant Adrannol ar gyfer y tair blynedd nesaf.

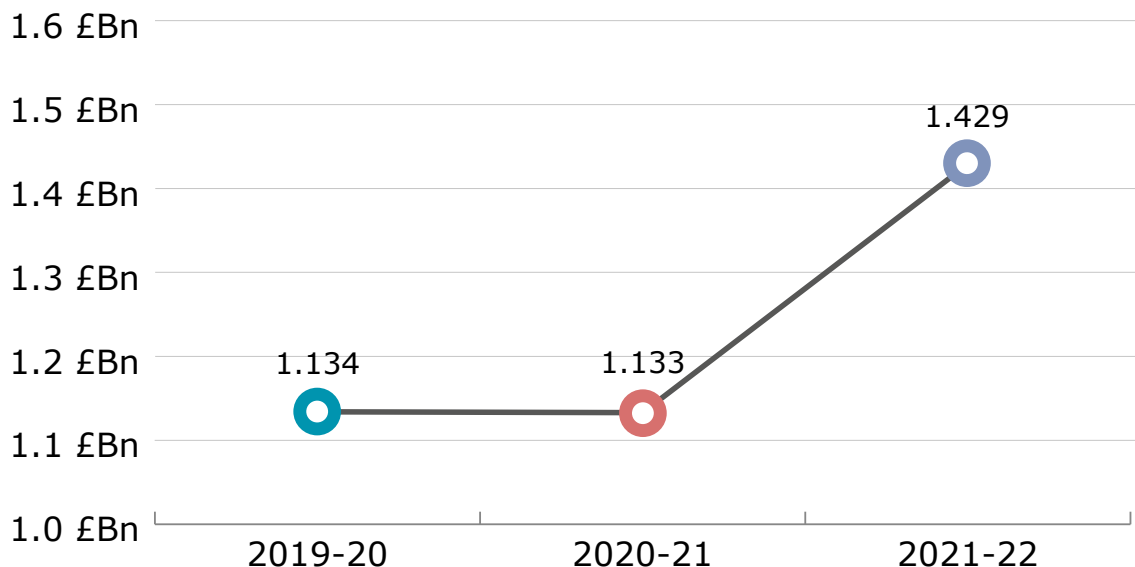
Rhagolwg 3 Blynedd	2022/23 £134.780M	2023/24 £136.138M	2024/25 £137.505M
Dyraniad Craidd LIC	£109.435M	£109.435M	£109.435M
Cytundeb Rhannu Risg 2022/23 i 2024/25 (Twf Hawliadau Craidd)	£25.345M	£26.703M	£28.070M
Cyfanswm Rhagolwg y Terfyn Gwariant Adrannol	£134.780M	£136.138M	£137.505M

Tabl 5 Dadansoddiad o ragolygon y Terfyn Gwariant Adrannol ar gyfer y tair blynedd nesaf

Yn 2021/22, mae’r darpariaethau wedi codi i £1.429bn sy’n gynnydd o £296.254m o gymharu â 2020/21. Mae’r darpariaethau yn 2020/21 yn profi gostyngiad bach o £960k o gymharu â 2019/20 a gellir priodoli hyn i effaith cam cyntaf pandemig y coronefirws. Dangosir proffil o’r darpariaethau dros y tair blynedd diwethaf yn Ffig. 9 a dangosir dadansoddiad o’r darpariaethau yn Nhabl 6.

Mae'n bwysig nodi nad yw'r cynnydd sylweddol mewn gwerthoedd darpariaeth yn ymwneud â chynnydd yn nifer yr achosion. Achosir y cynnydd yn bennaf gan gymhwyso addasiadau ariannol ar gyfer chwyddiant a disgowntio rhwymedigaethau i werth presennol net.

Darpariaethau ar gyfer hawliadau yn y dyfodol dros y 3 blynedd diwethaf



Ffig. 9 Darpariaethau Cronfa Risg Cymru ar gyfer y tair blynedd diwethaf

Darpariaethau Cronfa Risg Cymru	2019/20 £Bn	2020/21 £Bn	2021/22 £Bn
Tebygol a Sicr Achosion Esgeuluster Clinigol	0.676	0.646	0.781
Tebygol a Sicr Achosion Anafiadau Personol	0.005	0.008	0.004
Tebygol a Sicr Achosion Iawn	0.003	0.003	0.002
Ffioedd Cyfreithiol Amddiffyn ac Eraill	0.009	0.009	0.009
Gorchmynion Taliadau Cyfnodol	0.441	0.468	0.632
Cyfanswm y Darpariaethau	1.134	1.133	1.429

Tabl 6 Dadansoddiad o ddarpariaethau Cronfa Risg Cymru

Cytundeb Rhannu Risg

I gefnogi'r gofynion adnoddau yn ystod y flwyddyn, mae Cronfa Risg Cymru yn gofyn am gyfraniadau gan y cyrff iechyd sy'n aelodau ohoni fel ychwanegiad at y dyraniad craidd a ddarperir gan Lywodraeth Cymru.

Mae'r Cytundeb Rhannu Risg yn darparu dull fformiwläig o gyfrifo'r cyfraniadau gofynnol ac yn ystyried maint, profiad o ran hawliadau ac effeithiolrwydd y dysgu ar gyfer pob sefydliad.

Amlinellir pob un o'r pum mesur yn Nhabl 7.

Mesur		Manyllyn	Pwysiad
A	Dyraniad HSCS a Rhagnodi	Mesur cyfredol	30%
B	Hanes Hawliadau	Y 3 blynedd diwethaf – sail dreigl	20%
C	Hawliadau Newydd a drosglwyddwyd o'r Gwasanaeth i LARS: Nifer yr Achosion Newydd < £25k	Y 12 mis diwethaf	10%
D	Hawliadau a allai effeithio ar wariant y flwyddyn nesaf: 1. Achosion gyda llif arian < 1 bl 2. Defnyddio Dyraniad PPO	O gronfa ddata CN: 15% Costau Gwirioneddol: 10%	25%
E	Rheoli Pryderon a Dysgu o Ddigwyddiadau 1. Rheoli Pryderon 2. Dysgu o Ddigwyddiadau	Arolygiadau Blynnyddol Cronfa Risg Cymru: 7.5% 7.5%	15%

Tabl 7 Mesurau'r Cytundeb Rhannu Risg

Mae'r mesur cyntaf yn ymwneud â'r Dyraniad Gwasanaethau Iechyd a Gofal Cymdeithasol (HSCS) a'r Dyraniad Rhagnodi a ddyrannwyd i sefydliad gan Lywodraeth Cymru. Mae hwn yn ddangosydd mawr o faint a chymhlethdod sefydliad.

Mae hanes yr hawliadau yn ystyried y tair blynedd diwethaf ac yn cael ei gyfrifo o gofnodion achosion a gyflwynwyd i'w had-dalu ac mae'n cynnwys hawliadau a setlwyd.

Mae Mesur C, achosion o dan £25k, yn ystyried materion y gellid bod wedi eu datrys drwy'r system rheoli achosion iawn. Daw'r data ar gyfer hyn o gronfa ddata'r Materion Cyfreithiol a Risg.

Mae'r cyfrifiad rhannu risg wedyn yn ystyried hawliadau sy'n debygol o effeithio ar wariant y flwyddyn nesaf, gan ystyried proffil hawliadau pob sefydliad gyda llif arian, lle disgwylir taliadau, o fewn y deuddeg mis nesaf. Mae'r mesur hwn hefyd yn ystyried y defnydd o Orchmynion Taliadau Cyfnodol (PPOs) a gymerwyd o'r rhagamcanion.

Y mesur olaf, a'r mwyaf dylanwadol o bosibl, yw Rheoli Pryderon a Dysgu o Ddigwyddiadau. Bob blwyddyn mae Cronfa Risg Cymru yn cynnal arolygiadau o brosesau a threfniadau pob corff iechyd. Mae Cronfa Risg Cymru yn ystyried a yw cyrff iechyd wedi cydymffurfio â Gweithdrefnau Ad-dalu Cronfa Risg Cymru, System Rheoli Pryderon Unwaith i Gymru a'r canllawiau ar gyfer deddfwriaeth Gweithio i Wella. Gohiriwyd y rhaglen arolygu oherwydd y pandemig a bydd yn aildechrau yn hydref 2022/23.

Mae pob sefydliad yn derbyn gwerth cyfraniad unigol sy'n ganran o gyfanswm y cyfraniadau sydd eu hangen.

Mae'r Cytundeb Rhannu Risg yn

- ▶ Pwyso'r gwahanol fesurau er mwyn darparu system gytbwys a theg
- ▶ Dryloyw ac yn archwiliadwy wrth ei weithredu
- ▶ Gwobrwyo sefydliadau sy'n rheoli gofynion Gweithio i Wella yn effeithiol
- ▶ Cael ei ddiweddarau bob blwyddyn i adlewyrchu gweithgarwch a chynnydd diweddar
- ▶ Nid yw'n dibynnu'n drwm ar ddigwyddiadau'r gorffennol – gan roi pwyslais ar weithgarwch ac ymddygiad y flwyddyn ddiwethaf.



Indemniad Ymarfer Meddygol Cyffredinol



Y Cynllun ar gyfer GMPI

Penodir y Gwasanaethau Cyfreithiol a Risg gan Lywodraeth Cymru i weithredu'r Cynllun Indemniad Ymarfer Meddygol Cyffredinol ('GMPI'), a lansiwyd ar 1 Ebrill 2019.

Mae GMPI yn darparu indemniad esgeuluster clinigol i ddarparwyr gwasanaethau meddygon teulu yng Nghymru ar gyfer iawn sy'n deillio o ofal, diagnosis a thriniaeth claf yn dilyn digwyddiadau sy'n digwydd ar neu ar ôl 1 Ebrill 2019.

Nod y tîm GMPI yw datrys unrhyw hawliad am iawndal a gyflwynir gan glaf mewn perthynas â'i ofal clinigol o dan y GIG mor deg ac mor fuan â phosibl. Yn yr un modd, mae'r tîm yn cydnabod pwysigrwydd amddiffyn hawliadau'n gadarn lle bo'n briodol a diogelu meddygon teulu, eu staff a'u henw da.

Mae manylion llawn y Cynllun a Chanllawiau a Chwestiynau Cyffredin ar gael ar [wefan Cyfreithiol a Risg](#).

Y Tîm GMPI

Mae gan Gyfreithiol a Risg Dîm Esgeuluster Clinigol Gofal Sylfaenol penodedig (y Tîm GMPI) sy'n gweithredu'r Cynllun ar gyfer GMPI. Mae'r cyfreithwyr yn arbenigo mewn rheoli hawliadau esgeuluster clinigol yn erbyn meddygon teulu a staff practisau meddygon teulu ledled Cymru ac maent yn gweithio'n agos gyda chynghorwyr meddygon teulu mewnol PCGC.

Ers i'r tîm GMPI ffurfio ym mis Ebrill 2019, mae'r tîm wedi'i gydnabod am ei waith ac wedi cyrraedd y rhestr fer yn rownd derfynol 3 gwobr gyfreithiol allanol:

- ▶ Gwobrau Cymdeithas y Cyfreithwyr 2021, lle cyrhaeddodd restr fer categori 'Tîm Mewnol y Flwyddyn'.
- ▶ Gwobrau'r Gyfraith De Cymru 2021, lle cyrhaeddodd y Rownd Derfynol yn y categori 'Anafiadau Personol (esgeuluster clinigol)'.
- ▶ Gwobrau Cyfreithiol Cymru 2020, lle cyrhaeddodd y Rownd Derfynol yn y categori 'Tîm Mewnol y Flwyddyn'.

Gweithredu GMPI

Mae'r tîm GMPI ar hyn o bryd yn:

- ▶ gweithredu llinell gymorth e-bost a ffôn a ddefnyddir gan staff Practisau Meddygon Teulu a Byrddau Iechyd ledled Cymru i geisio gwybodaeth am drefniadau indemniad a chymorth gyda chwynion/hawliadau sy'n ymwneud ag esgeuluster clinigol. Derbyniwyd dros 4000 o gyfathrebiadau rhwng 1 Ebrill 2019 a 31 Mawrth 2022.
- ▶ helpu Practisau Meddygon Teulu i ymateb i bryderon clinigol cleifion drwy ddarparu arweiniad a chymorth. Mae'r tîm yn ceisio mewnbwn gan gynghorwyr meddygol meddygon teulu mewnol PCGC ac yn bwydo unrhyw ddysgu a awgrymir yn ôl i bractisau Meddygon Teulu. Bu'r tîm yn cynorthwyo Practisau Meddygon Teulu gyda thua 360 o bryderon gan gleifion yn ystod 3 blynedd gyntaf y Cynllun (1 Ebrill 2019 – 31 Mawrth 2022). Mae'r canllawiau a roddwyd gan y tîm yn adlewyrchu gweithdrefn bryderon Gweithio i Wella GIG Cymru.
- ▶ darparu hyfforddiant ar draws Cymru a hyfforddiant rhithwir pwrpasol i Fyrddau Iechyd a Meddygon Teulu/Practisau/Meddygon Teulu dan Hyfforddiant ledled Cymru, gan gynnwys 19 o weithdai a sesiynau gwybodaeth am y cynllun newydd a ddarparwyd wyneb yn wyneb i Fyrddau Iechyd a Phractisau Meddygon Teulu ledled Cymru cyn pandemig Covid-19. Mae pynciau hyfforddi eraill wedi cynnwys awgrymiadau ar gyfer atgyfeiriadau gan feddygon teulu yn ystod COVID-19, ymdrin yn effeithiol â phryderon cleifion, y Prawf Cyfreithiol ar gyfer esgeuluster clinigol, Astudiaethau Achos, Cyfrinachedd a Dysgu o Ddigwyddiadau mewn Practis Meddygol Cyffredinol. Mae

hyfforddiant yn cael ei ddarparu'n rhithwir yn bennaf erbyn hyn.

- ▶ cyfrannu erthyglau at y Cylchlythyr Cyfreithiol a Risg a anfonir at Fyrddau Iechyd a Phractisau Meddygon Teulu.
- ▶ cyfarfod yn rheolaidd ag isadrannau eraill PCGC (gan gynnwys er enghraifft Gwasanaethau Gofal Sylfaenol PCGC, Gwasanaethau Cyflogaeth PCGC a Chronfa Risg Cymru) ac mae'n aelod o Grŵp Llywio Gofal Sylfaenol Partneriaeth Cydwasanaethau GIG Cymru a sefydlwyd i gefnogi gofal sylfaenol cynaliadwy ac i gyfrannu at ddatblygu a darparu'r model gofal sylfaenol yng Nghymru.

Trwy'r gefnogaeth a amlygwyd uchod, mae mewnbwn cynnar gan y Tîm GMPI i ymdrin â phryderon cleifion yn cynorthwyo practisau i ddatrys cwynion yn gynnar ac yn helpu i osgoi hawliadau esgeuluster clinigol lle bo modd. Ond cydnabyddir y bydd rhai hawliadau, yn anochel, yn cael eu cyflwyno, er enghraifft, lle mae Practis wedi gwneud consesiynau, neu lle mae'r hawlydd yn teimlo'n ddig ac yn mynd ar drywydd y mater waeth beth fo rhinweddau'r achos. Ar 31 Mawrth 2022, 3 blynedd ar ôl cyflwyno'r cynllun, dim ond 2 fater oedd yn bryder gan gleifion, yr oedd y tîm GMPI wedi cynorthwyo i'w trafod, sydd wedi datblygu'n hawliadau esgeuluster clinigol ffurfiol.

Mae'r hawliadau GMPI yn cynyddu, a chafwyd canlyniadau da hyd yn hyn gyda Phractisau Meddygon Teulu yn adrodd yn ôl eu bod yn "Fodlon Iawn" gyda rheolaeth gyffredinol yr achos a'r modd y darparwyd cyngor.

Yn 2021-22, arweiniodd y Tîm GMPI amddiffyniad llwyddiannus o hawliad mewn Achos Lllys.



Hawliad GMPI a gafodd ei amddiffyn yn llwyddiannus mewn achos llys

Daethpwyd â'r hawliad yn erbyn Practis Meddygon Teulu gan Ymgyfreithiwr Drosto'i Hun a gyflwynodd achos llys heb rybudd. Roedd swm yr iawndal a geisiwyd gan yr hawlydd yn isel, ond roedd yn bwysig amddiffyn yr hawliad, i gefnogi staff y Practis Meddygon Teulu a oedd yn anghytuno'n bendant ag atebolrwydd ac i atal hawliadau annheilwng tebyg.

Roedd hyn yn enghraifft o'r Practis Meddygon Teulu, y Bwrdd Iechyd a'r Tîm GMPI yn gweithio gyda'i gilydd i reoli hawliad sensitif ac anodd a ddygwyd yn erbyn Practis Meddygon Teulu penodol.

Dysgu o Ddigwyddiadau

Mae'r Tîm GMPI wedi gweithio gyda Chronfa Risg Cymru a chynghorwyr meddygon teulu mewnol PCGC i ddatblygu a gweithredu proses wedi'i theilwra ar gyfer dysgu o ddigwyddiadau mewn materion Meddygon Teulu gofal sylfaenol – gan gynnwys dysgu a rennir rhwng gofal sylfaenol ac eilaidd ar sail Cymru gyfan. Mae rhan o'r weithdrefn yn ei gwneud yn ofynnol i bractisau meddygon teulu ymrwmo i wneud unrhyw welliannau a nodwyd a'r Byrddau Iechyd i fonitro a dilysu'r gwelliannau a nodwyd, sy'n helpu i hyrwyddo cysylltiadau a chydweithrediad agosach rhwng gofal sylfaenol a gofal eilaidd ac yn helpu i wella diogelwch cleifion.

Mae'r Tîm GMPI yn cydlynu'r broses gadarn o ddysgu o ddigwyddiadau mewn Practisau Meddygol Cyffredinol. Y gobaith yw y bydd y gwasanaeth cymorth ychwanegol hwn ynghylch dysgu o ddigwyddiadau yn helpu i leihau digwyddiadau ac atal hawliadau rhag codi yn erbyn Practisau a Byrddau Iechyd.

Cynllun Rhwymedigaethau Presennol

Yn ogystal, mae'r Gwasanaethau Cyfreithiol a Risg wedi'u penodi gan Lywodraeth Cymru i weithredu'r Cynllun Rhwymedigaethau Presennol ('ELS') ar gyfer hawliadau esgeuluster clinigol cymwys a wneir yn erbyn meddygon teulu ac eraill sy'n gweithio mewn lleoliad practis cyffredinol o ganlyniad i weithred neu anwaith a ddigwyddodd cyn 1 Ebrill 2019.

Mae ELS ar gael dim ond pan fo'r sefydliad amddiffyn meddygol (a fyddai wedi darparu'r indemniad yn flaenorol) wedi cwblhau cytundeb i drosglwyddo'r rhwymedigaethau hyn i'r Cynllun. Hyd yma, dim ond dau sefydliad amddiffyn sydd wedi cwblhau cytundeb o'r fath. Mae'r holl hawliadau cymwys a ddelir gan y sefydliadau amddiffyn hyn wedi'u trosglwyddo i'r Cynllun ac yn cael eu trin o fewn y tîm GMPI penodedig.

Cefnogi Diogelwch, Dysgu a Gwella



Rhwydweithiau Diogelwch a Dysgu

Mae Cronfa Risg Cymru yn cefnogi cyrff ieuchyd ar draws GIG Cymru i ddysgu gyda'i gilydd a rhannu profiad ac arfer da drwy'r rhwydweithiau Diogelwch a Dysgu. Mae'r rhain yn darparu fforwm ar gyfer ymarferwyr ym maes diogelwch cleifion, rheoli pryderon ac adborth defnyddwyr gwasanaeth i wella arfer ar draws GIG Cymru.

Mae Rhwydweithiau Diogelwch a Dysgu yn darparu fforwm ar gyfer trafodaeth ac i sicrhau consensws a chysondeb ar draws GIG Cymru. Comisiynir gwaith y rhwydweithiau gan Bwyllgor Cronfa Risg Cymru. Mae gwaith y rhwydweithiau hefyd yn adrodd i'r Grŵp Gwranddo a Dysgu o'r Grŵp Adborth sy'n grŵp Cymru gyfan a gydlynir gan Lywodraeth Cymru.

Prif nod y rhwydweithiau yw rhoi cyfle i staff GIG Cymru gyfarfod, rhannu a dysgu. Un o amcanion craidd y rhwydweithiau yw sicrhau cysondeb ar draws GIG Cymru. Mae hyn yn rhoi cyfle i grwpiau cenedlaethol eraill ofyn i rwydwaith arbennig ystyried pwnc neu faes pryder penodol.

Mae nifer o Rwydweithiau Diogelwch a Dysgu yn bodoli:

- ▶ Rheoli Hawliadau
- ▶ Trin Cwynion
- ▶ Rheoli Achosion Cwest
- ▶ Swyddogion Cyswllt Ombwdsmon GIG Cymru
- ▶ Rheoli Achosion Iawn
- ▶ Adborth Defnyddwyr Gwasanaeth

Yn ogystal â'r Rhwydweithiau Diogelwch a Dysgu, mae Cronfa Risg Cymru hefyd yn hwyluso Pennaeth Rhwydwaith Profiad y Claf, sy'n grŵp aelodaeth ar gyfer uwch reolwyr o fewn y sector Gweithio i Wella i gyfarfod, rhannu a dysgu.

Wedi'u hwyluso gan uwch aelodau o dîm Cronfa Risg Cymru, caiff y rhwydweithiau eu cadeirio gan ymarferwyr o fewn y sector, sy'n gweithredu ar yr egwyddor 'i'r gwasanaeth, gan y gwasanaeth'.

Mae'r Rhwydweithiau'n dilyn rhai egwyddorion craidd:

- **Canolbwyntio ar y Testun** i sicrhau bod pob pwn yn cael lle i gael ei drafod.
- **Canolbwyntio ar Ymarferwyr** a gaiff ei fynychu a'i gadeirio gan ymarferwyr o fewn y maes pwn.
- **Canolbwyntio ar Ganlyniadau** sy'n galluogi ymarferwyr yn y maes i ystyried dylunio a gwella gwasanaethau trwy drafodaethau ymarferol ar gysyniadau ar gyfer newid a dod i gonsensws o ran y cyfeiriad i'w ddilyn.
- **Lle i ddatblygu consensws** sy'n darparu amgylchedd ar gyfer trafodaeth ystyriol a gwerth chweil; mae cyfleoedd hefyd i sefydliadau partner, cyrff rheoleiddio a phartion eraill â diddordeb gael eu gwahodd i gyfarfodydd er mwyn gallu archwilio opsiynau.

Yn ystod y pandemig, trosglwyddwyd cyfarfodydd i blatfform rhithwir ac maent bellach yn cael eu cynnal gan ddefnyddio Microsoft Teams fel mater o drefn. Mae hyn yn cynyddu presenoldeb a chyfranogiad yr aelodau. Cynhelir cyfarfodydd achlysurol yn bersonol pan ystyrir bod hyn yn angenrheidiol ac yn fuddiol i'r eitemau a drafodir, ond bydd mwyafrif cyfarfodydd y rhwydweithiau yn aros ar blatfform rhithwir.

Mae cyfarfodydd y rhwydweithiau yn boblogaidd gydag aelodau ac mae lefelau presenoldeb yn rhagorol. Mae tîm arwain Cronfa Risg Cymru yn derbyn canmoliaeth a diolch yn rheolaidd am ddarparu proses y rhwydweithiau.

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Yn ystod y pandemig, roedd cael y rhwydweithiau ar gael trwy Teams yn ffordd hanfodol i mi gadw mewn cysylltiad â chydweithwyr a oedd yn wynebu'r un heriau ag roeddwn i yn eu gweld. Mae'r cyfarfodydd yn werthfawr iawn.

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**Rheolwr Hawliadau,
GIG Cymru**

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Mae'r rhwydwaith wedi gwneud gwahaniaeth gwirioneddol o ran dod o hyd i ffordd gyffredin o weithio ar draws GIG Cymru. Rwyf wedi gallu llunio ein polisi ar ôl cael trafodaeth yn y rhwydwaith.

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**Swyddog Iawn,
GIG Cymru**

Yn ystod 2021/22, cynhaliwyd cyfanswm o ddeg ar hugain o gyfarfodydd rhwydwaith. Yn ystod 2022, cynhaliwyd cyfarfod o holl Gadeiryddion y Rhwydweithiau, dan arweiniad Cadeirydd y Grŵp Gwranddo a Dysgu o'r Grŵp Adborth.

Roedd hyn yn adlewyrchu sut mae'r rhwydweithiau wedi aeddfedu:

- Mae pobl yn glir ynghylch amcanion y rhwydweithiau ac wedi nodi manteision mynychu cyfarfodydd.
- Mae dyrannu hwylusydd penodedig wedi bod yn hynod effeithiol o ran cryfhau system y rhwydweithiau sy'n aeddfedu a hyrwyddo trawsweithio.
- Mae'r defnydd o Share Point ar gyfer dosbarthu dogfennau a gwybodaeth wedi bod yn llwyddiant.
- Mae grwpiau Gorchwyl a Gorffen ar gyfer pynciau penodol wedi bod yn hynod lwyddiannus, ac mae'r rhwydweithiau ar lefel aeddfedrwydd lle gall hyn barhau i ddigwydd.
- Cafwyd adborth cadarnhaol gan gydweithwyr yn GIG Cymru sy'n mynychu rhwydweithiau eraill.

Dysgu o Ddigwyddiadau

Mae Cronfa Risg Cymru yn chwarae rhan allweddol wrth roi sicrwydd i gynlluniau gweithredu dysgu, sy'n cael eu rhoi ar waith o ddigwyddiadau sy'n deillio o hawliadau ac achosion iawn. Yn ogystal, mae rhannu'r hyn a ddysgwyd ar draws GIG Cymru yn un o nodau allweddol y rhaglen Dysgu o Ddigwyddiadau.

Cafodd Panel Dysgu a Chynghori (LAP) amlbroffesiynol dan arweiniad clinigol ei sefydlu fel is-bwyllgor cydnabyddedig o Gronfa Risg Cymru. Wedi'i gadeirio gan arweinwyr sefydledig o'r sector Gweithio i Wella mae'r panel yn cyfarfod yn fisol i graffu ar y dysgu sydd wedi'i roi ar waith gan sefydliadau o achosion lle mae penderfyniad i setlo wedi'i wneud. Mae pob panel yn adolygu tua wyth deg o achosion.

Cyflwynir argymhellion y panel i Bwyllgor Cronfa Risg Cymru. Lle mae angen gwella dysgu neu gynlluniau gweithredu, gorchmynnir gohirio ad-dalu costau hawliad.

Lle nad yw gwelliannau mewn dysgu neu gynlluniau gweithredu'n cael eu hystyried yn sylweddol, mae penderfyniadau ynghylch argymell cymeradwyo dysgu ac ad-dalu costau mewn achos yn cael eu dirprwyo i banel arbennig - a elwir yn banel adolygu ambr. Mae hwn yn archwilio'r adborth a ddarparwyd i gorff iechyd ac yn cadarnhau bod y camau angenrheidiol wedi'u cymryd.

Ar gyfer achosion lle mae'r gwariant yn fwy na £1m, mae Swyddogion Meddygol o Lywodraeth Cymru yn mynychu cyfarfodydd y panel ac yn cefnogi'r gwaith o graffu ar ddysgu.

Mae cylchlythyr chwarterol, Doctrina, sy'n targedu themâu, tueddiadau ac achosion o ddiddordeb sydd wedi'u nodi, yn cael ei rannu'n eang ac yn cael derbyniad da gan arweinwyr clinigol. Mae'r panel wedi nodi bod themâu cyffredin yn dangos bod tua thraean o'r achosion yn ymwneud â diagnosis a fethwyd neu a gafodd ei oedi, ac mae hyn wedi'i rannu drwy'r cylchlythyr.

Yn ystod 2021, mae Cronfa Risg Cymru wedi gweithio'n agos gydag Uned Gyflawni GIG Cymru i symud y Dysgu o Ddigwyddiadau ar gyfer Digwyddiadau Hysbysadwy Cenedlaethol i un ffurflen Adroddiad Dysgu o Ddigwyddiad (LFER). Mae hon yn casglu'r wybodaeth hanfodol sydd ei hangen ar y ddau sefydliad ac yn sicrhau mai dim ond un dyluniad a chynllun y ffurflen y mae angen i dimau clinigol lleol fod yn gyfarwydd â nhw.

Yn ystod y cyfnod 2021/22, cyfarfu'r panel bob mis, gyda phaneli ychwanegol yn cael eu cynnal pe bai'r llwyth achosion yn gofyn am hynny. Cynhaliwyd cyfanswm o ddeunaw o baneli a chraffwyd ar dros 1700 o achosion. Llwyddodd y panel i sicrhau presenoldeb amlddisgyblaethol effeithiol o wahanol broffesiynau ac arbenigeddau ar draws GIG Cymru.

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Roedd y panel yn rhoi golwg hynod ddiddorol ar y materion a arweiniodd at hawliadau. Rhoddodd y cyfarfod gyfle i mi adolygu gwybodaeth gan sefydliadau eraill yr wyf i wedi gallu ei fabwysiadu yn fy mhractis fy hun. Rwy'n argymhell y dylai pob meddyg iau fynychu panel o leiaf unwaith yn ystod ei hyfforddiant.

**Meddyg Iau,
GIG Cymru**

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Nid dim ond edrych ar waith papur mae'r panel, mae'n ystyried yn ofalus yr amgylchiadau sydd wedi arwain at ddwyn hawliad neu achosion iawn yn erbyn corff iechyd a pha gamau a gymerwyd i leihau'r risg y bydd hyn yn digwydd eto. Mae'r mewnbwn gan staff clinigol yn hanfodol i sicrhau bod y panel yn gyfarwydd â'r cyd-destun gweithredol y caiff gwasanaethau eu darparu ynddo.

Cadeirydd y Panel

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Er mwyn galluogi sefydliadau i ganolbwyntio ar yr ymateb i'r pandemig, cafodd y dyddiadau cau sefydledig ar gyfer cyflwyno Adroddiadau Dysgu o Ddigwyddiadau eu llacio ym Mawrth 2020. Yn dilyn dadansoddiad gofalus gan Bwyllgor Cronfa Risg Cymru, mae'r rhain wedi'u hailsefydlu. Mae'r terfyn amser o 60 diwrnod gwaith o'r penderfyniad i setlo achos i gyflwyno gwybodaeth am ddysgu yn sbardun allweddol o ran sicrhau bod camau prydlon yn cael eu rhoi ar waith i leihau'r siawns y bydd digwyddiad o'r fath yn digwydd eto.





Adolygiadau Clinigol

Mae Pwyllgor Cronfa Risg Cymru yn comisiynu adolygiadau clinigol o bynciau neu sectorau pan nodir themâu a thueddiadau mewn achosion. Yn gyffredinol, mae'r adolygiadau'n archwilio systemau a phrosesau sy'n sail i'r weithdrefn neu'r broses sy'n cael ei hystyried.

Yn ystod 2021/22, gostyngwyd nifer yr adolygiadau clinigol o'r lefel arferol oherwydd yr heriau oedd yn deillio o'r pandemig. Cynhaliwyd tri adolygiad.

Thrombo-emboldd gwythiennol (VTE)

Comisiynwyd yr adolygiad yn 2021, pan nododd y Panel Cyngori Dysgu niferoedd cynyddol o achosion iawn ac esgeuluster clinigol yn ymwneud â VTE.

Cydnabyddir yn eang bod cleifion sy'n mynd i'r ysbyty ac sy'n ddifrifol wael yn wynebu risg uwch o ddatblygu VTE na phobl yn y boblogaeth gyffredinol. O ystyried y niferoedd cynyddol o gleifion sâl aciwt gyda Covid-19 oedd yn cael eu derbyn i'r ysbyty, roedd pryder y byddai nifer yr achosion yn ymddangos i'r Panel Cyngori Dysgu yn cynyddu'n sylweddol. Yn y data diweddaraf sydd ar gael, mae'r Swyddfa Ystadegau Gwladol yn dangos bod 369 o bobl wedi marw yng Nghymru, yn 2020, o salwch yn ymwneud â VTE.

Roedd yr adolygiad yn cynnwys dadansoddi cofnodion cleifion a dderbyniwyd i'r ysbyty o dan arbenigedd meddygol neu arbenigeddau llawfeddygol dethol. Datblygwyd meini prawf ar gyfer yr adolygiad yn dilyn trafodaeth ag aelodau Pwyllgor Thrombosis a Gafwyd mewn Ysbytai Cymru Gyfan. Lluniwyd y rhain i asesu sut y cymhwyswyd safonau cyfredol Polisi Thromboproffylaxis Cymru Gyfan ac i nodi a oedd y claf wedi cael asesiad risg VTE wedi'i ddogfennu wrth iddo gael ei dderbyn, a oedd adran VTE y Cofnod Rhoi Meddyginiaeth i Gleifion Mewnol o Oedolion wedi'i chwblhau'n gywir ac a oedd thromboproffylaxis wedi'i roi fel y rhagnodwyd.

Canfu'r adolygiad fod cydymffurfedd â chwblhau'r Cofnod yn gywir ar gyfer cleifion lle'r oedd thromboproffylaxis wedi'i ragnodi yn rhagorol ar draws holl gyrff iechyd GIG Cymru. Ond mewn achosion lle nad oedd thromboproffylaxis wedi'i ragnodi, roedd cydymffurfedd â chwblhau'r Cofnod yn gywir yn wael.

Mae adroddiadau drafft gydag argymhellion a Safon arfaethedig Cronfa Risg Cymru i Gymru ar gyfer VTE wedi'u dosbarthu i gyrff iechyd. Mae'r gwaith o ddatblygu rhaglen e-ddysgu bwrpasol ar gyfer VTE bron wedi'i gwblhau ac mae pob corff iechyd wedi ymrwymo i weithredu Polisi Thromboproffylaxis Cymru gyfan. Bydd Tîm Diogelwch a Dysgu Cronfa Risg Cymru yn cefnogi'r pwyllgor Thrombosis a Gafwyd mewn Ysbytai yn y dyfodol.

Bydd yr adolygiad yn cael ei gwblhau yn ystod 2022/23 a bydd ail-arolygiad yn cael ei gomisiynu yn y dyfodol gan Bwyllgor Cronfa Risg Cymru i asesu cynnydd.

Radioleg (canfyddiadau annisgwyl)

Roedd yr adolygiad hwn yn ail archwiliad o ganfyddiadau adolygiad a gynhaliwyd gennym yn 2018. Mae'r adolygiad yn cael ei sbarduno oherwydd lefel barhaus yr achosion lle mae methiant sefydliad i weithredu ar ganfyddiadau archwiliad radiolegol yn un o'r canfyddiadau allweddol.

Mae dadansoddiad o'r hawliadau a'r achosion iawn sy'n ymwneud â'r mater hwn wedi nodi y gallai radiolegydd neu radiograffydd sy'n adrodd nodi, a chofnodi, canfyddiadau annormal annisgwyl yn eu hadroddiad ond na chymerir y camau clinigol angenrheidiol mewn ymateb. Gallai hyn arwain at oedi neu golli cyfleoedd ar gyfer diagnosis ac ymyrraeth a gallai arwain at niwed sylweddol i rai cleifion. Canfu'r adolygiad fod hyn yn digwydd yn amlach mewn adrannau achosion brys lle mae'n bosibl na fydd staff sy'n gofyn am adroddiadau radiolegol ar ddyletswydd pan dderbynnir yr adroddiad, gyda'r claf yn aml wedi'i ryddhau'n barod.

Yn dilyn yr adolygiad yn 2018, sefydlodd cyrff ieuchyd arferion gwaith i ymdrin â'n canfyddiadau ac i geisio lleihau'r posibilrwydd o achos yn cael ei fethu.

Nododd ein dadansoddiad yn ystod 2021 fod y mater yn parhau i godi mewn hawliadau ac mae'r arferion gwaith sefydledig mewn ymateb i'n hargymhellion yn aml yn dasgau a wneir â llaw y cydnabyddir eu bod mewn perygl o gynnwys camgymeriadau.

Er mwyn helpu i sbarduno cynnydd tuag at ateb digidol, mae Cyfarwyddwr Meddygol PCGC wedi cydlynu grŵp gorchwyl a gorffen o gydweithwyr o'r adran radioleg, adrannau achosion brys a digidol i archwilio cyfleoedd o fewn meddalwedd presennol y gallir eu defnyddio i helpu i leihau'r risg hwn.

Bydd cynnydd gyda'r adolygiad hwn yn cael ei ailystyried gan Bwyllgor Cronfa Risg Cymru yn 2023/24.

Cadw Golwg ar y Ffetws yn ystod Genedigaeth

Mae gwybodaeth am hawliadau yn amlygu bod honiadau sy'n gysylltiedig â methiannau mewn cadw golwg ar y ffetws yn ystod genedigaeth yn parhau i fod ar lefel annerbyniol. Roedd traean o'r 131 o hawliadau mamolaeth, a gafodd eu setlo yn y cyfnod o bum mlynedd rhwng 2016 a 2020, yn cynnwys cadw golwg ar y ffetws yn ystod genedigaeth fel ffactor cyfrannol. Dogfennaeth wael, methiant i uwchgyfeirio pryderon ac oedi wrth weithredu oedd y ffactorau arwyddocaol yn yr achosion hyn. Roedd hyn yn gwneud cyfanswm o £86m mewn ad-daliad am esgeuluster clinigol.

Comisiynodd Cronfa Risg Cymru'r Tîm Diogelwch a Dysgu i gynnal adolygiad o gymhwyso Safonau Cadw Golwg ar y Ffetws yn ystod Genedigaeth (2018) ar draws GIG Cymru. Cynhaliwyd adolygiad rhagarweiniol yn 2019. Cynhaliwyd cyfarfod cydweithio cenedlaethol yn gynnar yn 2019. Mae cwblhau'r adolygiad llawn, sy'n cynnwys gwaith maes ledled GIG Cymru, wedi'i ohirio oherwydd effaith y pandemig. Mae'r adolygiad llawn bellach wedi'i gwblhau a chyflwynir y canfyddiadau mewn adroddiad cenedlaethol.

Roedd yr adolygiad yn cynnwys gwaith maes yn adolygu nodiadau clinigol genedigaethau rhwng dyddiadau wedi'u diffinio. Roedd yr adolygiad hefyd yn cynnwys arolwg o glinigwyr ledled GIG Cymru mewn perthynas â dogfennaeth yn ymwneud â monitro'r ffetws yn ystod y geni.

Mae'r adolygiad wedi nodi meysydd o arfer da a nifer o feysydd lle gellir gwneud gwelliannau er mwyn lleihau'r risg o niwed i fenywod a babanod. Y prif ganfyddiad ar gyfer gwelliant yw bod ansawdd a chysondeb dogfennaeth sy'n ymwneud â chadw golwg ar y ffetws yn gyfyngedig ac mae'r risg o ymglyfreitha yn parhau i fod yn annerbyniol - nodir yr angen am ddull safonol sy'n cynnwys y gofynion dogfennu yn y safonau.

Gwnaed cyfanswm o naw argymhelliad i'r sector gwasanaethau mamolaeth gydweithio arnynt i sicrhau gwelliant. Bydd y rhain yn ffurfio cynllun gwaith ar gyfer Tîm Diogelwch a Dysgu Cronfa Risg Cymru yn ystod 2022/23.



Cydsynio i Archwiliad a Thriniaeth

Mae ymglyfreitha sy'n gysylltiedig â materion sy'n ymwneud â'r broses gydsynio yn parhau i fod yn nodwedd reolaidd mewn hawliadau a brofir o fewn GIG Cymru. Er mwyn cefnogi sefydliadau i ddarparu gwybodaeth i gleifion, mae Cronfa Risg Cymru wedi ariannu'r gwaith o ddarparu gwybodaeth am gydsynio ers dros ddeng mlynedd.

Mae rhaglen wella wedi ei sefydlu i gydlynu gwaith yn y maes hwn. Yn ystod 2021/22, mae'r rhaglen wedi cynnal cyfres o ffrydiau gwaith.

Llyfrgell o Daflenni Gwybodaeth am Gydsynio

Ym mis Gorffennaf 2020, cyhoeddwyd rhybudd i sicrhau dull cenedlaethol mwy cyson o ymdrin â thaflenni gwybodaeth i gleifion sy'n ymwneud â gweithdrefnau penodol. Mae'n ei gwneud yn ofynnol i sefydliadau sicrhau bod naill ai taflenni gwybodaeth i gleifion sy'n ymwneud yn benodol â'r weithdrefn EIDO, pan fyddant ar gael, neu daflenni gwybodaeth i gleifion ar gyfer gweithdrefnau penodol a gynhyrchir gan gyrff proffesiynol cydnabyddedig neu gyrff cenedlaethol eraill, yn cael eu darparu i gleifion.

Mae'r llyfrgell o daflenni wedi symud ymlaen drwy dendr cystadleuol Cymru gyfan, a ddyfarnwyd i EIDO Healthcare. Cefnogwyd y gwerthusiad o'r ymatebion tendro gan garfan fechan o glinigwyr ac arweinwyr o gyrff iechyd.

Mae tîm y rhaglen wedi parhau i weithio gydag EIDO Healthcare i sicrhau bod y Llyfrgell Lawrlwytho ar gael ar draws yr holl gyrff iechyd. Mae'r tîm hefyd wedi cydlynu'r cyfleuster i glinigwyr GIG Cymru roi adborth ar daflenni cyfredol neu ofyn am ddatblygu taflenni newydd nad ydynt ar gael ar hyn o bryd. Mae hyn wedi arwain at ddatblygu a chyhoeddi ystod o daflenni newydd.

Mae darparu gwybodaeth am gydsynio drwy gyfrwng y Gymraeg yn agwedd bwysig ar y rhaglen. Cafodd darn o waith wedi'i strwythuro ei gydlynu gan dîm Gwasanaethau Cymraeg PCGC i sicrhau bod safon cyfieithu pob taflen EIDO i'r Gymraeg yn cael ei adolygu a bod addasiadau'n cael eu gwneud lle bo angen i sicrhau bod y cyfieithiad yn cyrraedd y safonau uchaf posibl. Cyflwynir taflenni mewn fformat dwyieithog gyda fersiynau Cymraeg a Saesneg ochr yn ochr. Mae swyddogaeth sicrhau ansawdd wedi'i sefydlu, dan arweiniad tîm Gwasanaethau

Cymraeg PCGC, i fonitro'r gwaith o gyfieithu taflenni wedi'u diweddarau a thaflenni newydd.

Ymgysylltwyd yn arbennig hefyd ag Iechyd Cyhoeddus Cymru a Gwasanaeth Gwaed Cymru, sy'n datblygu taflenni cenedlaethol ar gyfer gweithdrefnau penodol, i sicrhau bod y rhain ar gael fel adnodd canolog trwy ddolenni ar y Llyfrgell Lawrlwytho.

Mae datblygiad pellach yn y deunyddiau sydd ar gael yn cynnwys mynediad i daflenni Hawdd eu Darllen, mewn fformat dwyieithog. Taflenni yw'r rhain sydd wedi'u hanelu at ddarparu gwybodaeth allweddol am gydsynio i ddefnyddwyr gwasanaeth a allai fod ag anghenion ychwanegol neu anhawster dysgu.

Dysgu a Datblygu ym maes Cydsynio

Cydlunodd tîm y rhaglen Weminar genedlaethol ar gyfer clinigwyr ar y cyd ag EIDO i ystyried y cwestiwn

"Sut Gall Technoleg Gefnogi'r Broses Gydsynio yn ystod Pandemig Covid-19?"

Ymunodd dros 80 o fynychwyr â'r weminar; fe'i recordiwyd hefyd ac roedd ar gael fel adnodd trwy sianel YouTube PCGC i'r rhai nad oedd yn gallu bod yn bresennol.

Yn dilyn ymarfer tendro cystadleuol, mae'r gwaith o ddatblygu pecyn e-ddysgu pwrpasol ar gyfer gweithwyr gofal iechyd proffesiynol GIG Cymru sy'n ymwneud â'r broses gydsynio wedi'i roi ar waith. Mae hyn wedi cynnwys segmentau fideo ar-lein o arweinydd allweddol GIG Cymru a Llywodraeth Cymru.

Bydd pecyn SoundDoctor™ ar gael drwy'r Cofnod Staff Electronig (ESR) a Learning@ Wales ar gyfer holl staff GIG Cymru.

Adnoddau a Gwybodaeth

Mae tudalennau gwe wedi'u datblygu ar y rhyngwrd a mewnrwyd PCGC i ddarparu adnodd gwybodaeth am Gydsynio i Archwiliad a Thriniaeth ar gyfer gweithwyr y GIG a'r cyhoedd. Mae'r wybodaeth hon yn cynnwys dolenni i Bolisi Model Cymru Gyfan a ffurflenni cydsynio, e-ddysgu a dogfennau neu ganllawiau defnyddiol eraill (gan gynnwys adnoddau cyfreithiol a moesegol yn ystod pandemig Covid-19).

Grŵp Cydsynio Cymru Gyfan

Ategir y rhaglen wella gan Grŵp Cydsynio i Archwiliad a Thriniaeth Cymru Gyfan, sydd â chynrychiolaeth o bob corff iechyd. Mae'r grŵp cenedlaethol hwn wedi'i sefydlu i:

- ▶ Gydlynw a chreu consensws ymhlith clinigwyr / Byrddau Iechyd / Ymddiriedolaethau am y broses Cydsynio i Archwilio, Triniaeth a Sgrinio yng Nghymru.
- ▶ Gweithredu fel Grŵp cynghori i Bwyllgor Cronfa Risg Cymru.
- ▶ Cynorthwyo Cyrff Iechyd Cymru i roi sicrwydd i'w Byrddau ac i Gronfa Risg Cymru bod y gyfraith berthnasol a chanllawiau cenedlaethol ynghylch cydsynio yn cael eu gweithredu'n gywir o fewn eu Bwrdd Iechyd / Ymddiriedolaeth.





PROMPT Cymru a PROMPT Cymuned Cymru

Mae PROMPT (Hyfforddiant Amlbroffesiynol Obstetrig Ymarferol) yn rhaglen hyfforddi sy'n seiliedig ar dystiolaeth ar gyfer pob proffesiwn gofal iechyd sy'n ymwneud â darparu gwasanaethau mamolaeth. Mae'n ymgorffori sesiynau efelychu achosion brys a hyfforddiant yn ymwneud â ffactorau dynol.

Mae PROMPT Cymru yn rhaglen diogelwch mamolaeth a ariennir ac a gydlynir gan Gronfa Risg Cymru. Mae'n addasu'r egwyddorion a'r adnoddau a ddefnyddir yn PROMPT i ddiwallu anghenion gwasanaethau yn GIG Cymru ac mae wedi bod yn gweithredu yn GIG Cymru ers mis Ionawr 2019. Cyflwynwyd PROMPT Cymru i leihau amrywiadau a safoni ansawdd hyfforddiant amlbroffesiynol ar gyfer achosion brys obstetrig ledled Cymru, a'i nod cyffredinol yw gwella canlyniadau i famau a babanod a lleihau costau ymglyfreitha sy'n gysylltiedig â niwed y gallir ei osgoi. Mae Llywodraeth Cymru yn mynnu bod presenoldeb ar hyfforddiant PROMPT Cymru yn orfodol i bob bydwraig, meddyg obstetrig ac anesthetidd obstetrig ac fe'i cydnabyddir yn 'Gofal Mamolaeth yng Nghymru - Gweledigaeth Bum Mlynedd ar gyfer y Dyfodol (2019-2024).'

Mae pob uned famolaeth yng Nghymru yn cynnal cyrsiau'n rheolaidd drwy gydol y flwyddyn er mwyn cyflawni'r 95% o

Rhaglenni Diogelwch a Dysgu yn ymwneud â Mamolaeth

Mae ymglyfreitha sy'n gysylltiedig â niwed y gallir ei osgoi mewn gwasanaethau mamolaeth yn parhau i fod yn gyfran sylweddol o'r gwariant ar hawliadau ar draws y GIG. Yng Nghymru, mae tua thraean o wariant Cronfa Risg Cymru yn cael ei briodoli i wasanaethau mamolaeth. Mae'n amlwg, yn ogystal â'r gwariant sylweddol ar ymglyfreitha, fod yn rhaid lleihau'r niwed trychinebus a achosir i fenywod a babanod oherwydd problemau mewn gofal.

Mae Cronfa Risg Cymru wedi sefydlu Bwrdd Diogelwch a Dysgu yn ymwneud â Mamolaeth sy'n llywio rhaglenni gwella sy'n anelu at leihau niwed ac ymglyfreitha mewn gwasanaethau mamolaeth.

gydymffurfedd o ran presenoldeb a nodir mewn Safonau PROMPT Cymru a sefydlwyd yn arbennig.

Mae Cronfa Risg Cymru wedi sefydlu tîm cenedlaethol amlbroffesiynol i arwain y gwaith o weithredu'r rhaglen a'i chyflwyno'n barhaus. Mae'r tîm cenedlaethol wedi datblygu perthnasoedd cryf, cydweithredol â gwasanaethau mamolaeth ac yn darparu cymorth parhaus drwy fynychu hyfforddiant lleol a darparu sicrwydd ansawdd i dimau arwain byrddau iechyd.

Cafodd gwaith PROMPT Cymru ei atal am gyfnod byr ar ddechrau'r pandemig ond mae wedi parhau mewn fformat hybrid, gyda rhai darlithoedd yn cael eu cyflwyno am gyfnod ar blatfform rhithwir. Mae egwyddorion sylfaenol hyfforddiant PROMPT yn ei gwneud yn ofynnol i staff hyfforddi gyda'i gilydd yn yr amgylchedd clinigol a bydd cynllun adfer i ddychwelyd yn llawn i fformat cyflwyno safonol yn cael ei sefydlu.

Er mwyn darparu hyfforddiant PROMPT Cymru yn llwyddiannus, mae angen cael cyfadrannau lleol effeithiol ym mhob bwrdd iechyd. Mae'r tîm cenedlaethol yn trefnu cyrsiau hyfforddi Datblygu Cyfadrannau i alluogi byrddau iechyd i gynnal y nifer gorau posibl o gyfadrannau amlbroffesiynol lleol i gynnal y gwaith o ddarparu cyrsiau effeithiol.

Gan ddatblygu ar lwyddiant rhaglen PROMPT Cymru, mae Cronfa Risg Cymru wedi nodi bod angen pecyn i gefnogi gwasanaethau mamolaeth cymunedol. Mae PROMPT Cymuned Cymru wedi'i ddatblygu'n benodol yng Nghymru i gynnig profiad hyfforddi pwrpasol ar gyfer timau dan arweiniad bydwagedd. Mae'r rhaglen a gafodd ei datblygu a'i hadolygu gan gymheiriaid i leihau amrywiadau a safoni darpariaeth ac ansawdd hyfforddiant yn ymwneud ag achosion brys obstetrig yn y gymuned, ac mae'r rhaglen bellach yn cael ei haddasu i'w defnyddio ledled y DU ac yn rhyngwladol.

Mae bydwagedd cymunedol yn cynrychioli traean o'r gweithlu bydwreigiaeth yng Nghymru, ac ynghyd â chynnydd disgwylidiedig mewn genedigaethau cymunedol yn unol â strategaeth Llywodraeth Cymru - 'Gofal Mamolaeth yng Nghymru - Gweledigaeth Bum Mlynedd ar gyfer y Dyfodol (2019-2024),' mae'r rhaglen hon yn cefnogi datblygiad timau cymunedol sy'n fedrus i adnabod a rheoli sefyllfaoedd brys yn effeithlon ac yn effeithiol.

Yn dilyn cynllun peilot llwyddiannus, mae PROMPT Cymuned Cymru bellach wedi'i wreiddio mewn gwasanaethau mamolaeth ac mae presenoldeb yn orfodol i'r staff hynny sy'n gweithio mewn lleoliadau dan arweiniad bydwagedd.

Mae'r rhaglen wedi bod yn boblogaidd iawn - roedd 99% o'r 115 aelod staff a gwblhaodd arolwg ar-lein o'r farn bod yr hyfforddiant o fudd i'w hymarfer. Mae gwerthusiad o ganlyniadau arolwg yn nodi cynnydd o 56% yn hyder bydwagedd cymunedol i reoli argyfwng ar ôl yr hyfforddiant.



Cefnogi hyfforddiant PROMPT Cymru mewn addysg uwch

Mae Prifysgol Bangor, Prifysgol Caerdydd, Prifysgol Abertawe a Phrifysgol De Cymru wedi ymgorffori egwyddorion PROMPT Cymru yn y rhaglen bydwreigiaeth israddedig, ac mae darlithwyr sydd wedi'u hyfforddi gan PROMPT Cymru ym mhob sefydliad.

Mae myfyrwyr bydwreigiaeth hefyd yn cael eu hannog i fynychu hyfforddiant PROMPT Cymru mewn byrddau iechyd yn ystod eu lleoliadau. Mae hyn yn helpu myfyrwyr i ddod yn fwy cyfarwydd â'r amgylchedd clinigol ac â deinameg delio ag argyfwng yn y lleoliad clinigol.

Gyda chynrychiolaeth o brifysgolion ar y Bwrdd Diogelwch Mamolaeth a Dysgu, mae'r tîm cenedlaethol ac Addysg a Gwella Iechyd Cymru yn cydweithio â'r sector addysg uwch i safoni mynediad i PROMPT Cymru a'r profiad ohono ar gyfer bydwagedd dan hyfforddiant yng Nghymru.



Gwella Canlyniadau

Mae ymchwil wedi dangos bod y rhaglen PROMPT wedi arwain at welliannau yn agweddau staff a'r diwylliant sefydliadol pan gafodd ei chyflwyno yn Victoria, Awstralia. Er mwyn mesur a ellid ailadrodd hyn yn GIG Cymru, dosbarthwyd Holiadur Agweddau at Ddiogelwch cyn ac ar ôl gweithredu PROMPT Cymru. Yn genedlaethol, mae'r sgorau cymedrig o'r sampl yn dangos gwelliant ym mhob maes: Gwaith tîm, Hinsawdd Diogelwch, Canfyddiad o Reolaeth, Boddhad Swydd, Amodau Gwaith a Chydnabod Straen. Mae hyn yn cydnabod y cyfraniad y mae hyfforddiant PROMPT Cymru yn ei wneud i newid diwylliannol, yn ogystal â sgiliau clinigol, y dangoswyd eu bod gyda'i gilydd yn gwella'r gwaith o reoli argyfyngau obstetrig ac yn arwain at ganlyniadau mwy diogel.

Mae'r tîm cenedlaethol ar hyn o bryd yn casglu ac yn dilysu ffrydiau data i allu dadansoddi egwyddorion PROMPT Cymru ar ganlyniadau clinigol. Mae data rhagarweiniol yn dangos bod gwelliant wedi bod ers cychwyn PROMPT Cymru mewn sgôr APGAR 5 munud <7. Mae'r gyfres lawn o fesurau canlyniadau clinigol yn cynnwys:

- ▶ APGAR 5 munud <7 (genedigaethau hyd arferol)
- ▶ APGAR 5 munud <7 (genedigaethau cyn amser)
- ▶ Enseffalopathi Isgemia Hypocsig Gradd 2 + 3
- ▶ Dystocia ysgwydd (fel enwadur ar gyfer BPI)
- ▶ Anaf Plecsws Breichiol adeg y geni
- ▶ Anaf Plecsws Breichiol yn 12 mis
- ▶ 1500ml PPH (Sylfaenol)
- ▶ 2500ml PPH (Sylfaenol)
- ▶ Derbyniadau mamolaeth i ofal lefel 3

Priodolir gweithredu PROMPT Cymru yn llwyddiannus i'r dull cydweithredol rhwng Cronfa Risg Cymru, Rhwydwaith Mamolaeth a Newyddenedigol Cymru, Sefydliad Mamolaeth PROMPT a phob un o saith bwrdd iechyd GIG Cymru.

Mae llwyddiant y rhaglen genedlaethol hon wedi'i gydnabod gan yr Athro Tim Draycott, Cyd-arweinydd Sefydliad Mamolaeth PROMPT, Obstetrydd Ymgynghorol yn Ymddiriedolaeth Gogledd Bryste ac Is-lywydd Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr.



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Mae PROMPT Cymru wedi darparu dull cyson o ddarparu hyfforddiant ambroffesiynol ar gyfer pob uned a gwasanaeth ledled Cymru gydag arweiniad cenedlaethol gan Gronfa Risg Cymru. Ymhellach, mae gweithredu PROMPT Cymru ar lefel unedau wedi bod y mwyaf cydlynol a chadarn o unrhyw raglen hyfforddiant mamolaeth yn y llenyddiaeth, hyd yn oed gyda'r heriau o fod â safleoedd sydd wedi'u gwasgaru'n eang yn ddaeryddol a'r amserlen gyflym. Yn olaf, rwyf o'r farn bod llwyddiant y rhaglen i raddau helaeth i'w briodoli i ddull uchelgeisiol a chydgyssylltiedig sy'n fodel ar gyfer datblygu rhaglenni yn rhyngwladol yn y dyfodol.

**Yr Athro
Tim Draycott**

”



Cadw Golwg ar y Ffetws yn ystod Genedigaeth

Mae dogfennaeth yn thema sy'n codi dro ar ôl tro yn hawliadau Cronfa Risg Cymru sy'n ymwneud â phroblemau monitro'r ffetws. Mae hyn yn cynnwys problemau yn ymwneud â safon dogfennaeth cardiotocograffau (CTG) a chlustfeiniad (auscultation) ysbeidiol (IA), gan gynnwys penderfyniadau ynghylch pryd i ymyrryd yn glinigol.

Yn dilyn cwblhau'r adolygiad clinigol i Gadw Golwg ar y Ffetws yn ystod Genedigaeth, canfuwyd bod amrywiaeth o arferion mewn perthynas â ffurf a chynnwys dogfennaeth CTG ac IA. Canfuwyd hefyd bod amrywiaeth sylweddol o ran hyfforddiant.

Arweiniodd y tîm arolwg Cymru gyfan, a gwblhawyd gan 264 o staff mamolaeth i greu agweddau staff ynghylch y defnydd o sticeri a ddefnyddir i gategoreiddio CTGs.

Mae'r tîm wedi datblygu pecyn hyfforddi i Gymru ar ffurf gweithdy rhithwir ynghylch monitro'r ffetws yn ystod y cyfnod esgor. Mae'r hyfforddiant unigryw hwn yn canolbwyntio ar 'fwrdd ward esgor', lle bydd angen i'r tîm ambroffesiynol wneud penderfyniadau cydweithredol a blaenoriaethu gofal, gan barhau i fod yn ymwybodol yn sefyllfaol o'r hyn sy'n digwydd ar y ward esgor yn ei chyfanrwydd. Mae ffactorau dynol yn cael eu hymgorffori mewn ymateb i adroddiadau cenedlaethol sy'n dangos bod colli ymwybyddiaeth sefyllfaol yn cyfrannu at dros 70% o anafiadau i'r ymennydd neu farwolaethau newyddenedigol y gellir eu hosgoi.

Cynrychiolir aelodau'r tîm cenedlaethol ar grŵp Canllawiau Rhwydwaith Mamolaeth a Newyddenedigol Cymru, sy'n adolygu Safonau Cadw Golwg ar y Ffetws yn ystod Genedigaeth Cymru Gyfan. Mae'r grŵp yn gweithio ar ddatblygu offeryn dogfennu cardiotocograffau (CTG) Cymru gyfan, ac mae hefyd yn trafod y dull gorau o roi hyfforddiant am gadw golwg ar y ffetws yn ystod genedigaeth. Fel rhan o'r trafodaethau hyn, bydd pecyn hyfforddi'r gweithdy rhithwir yn cael ei ystyried fel un opsiwn.



System Rheoli Pryderon Unwaith i Gymru

Datblygwyd Rhaglen System Rheoli Pryderon Unwaith i Gymru o'r argymhellion a wnaed gan Keith Evans yn yr adroddiad a gomisiynwyd gan Lywodraeth Cymru – "Defnyddio Cwynion yn Rhodd". Nod y rhaglen yw dod â chysondeb i'r defnydd o'r offer electronig a ddefnyddir gan holl gyrrff iechyd GIG Cymru wrth ymdrin â phryderon i ymchwilio i ansawdd a diogelwch a'u gwella.

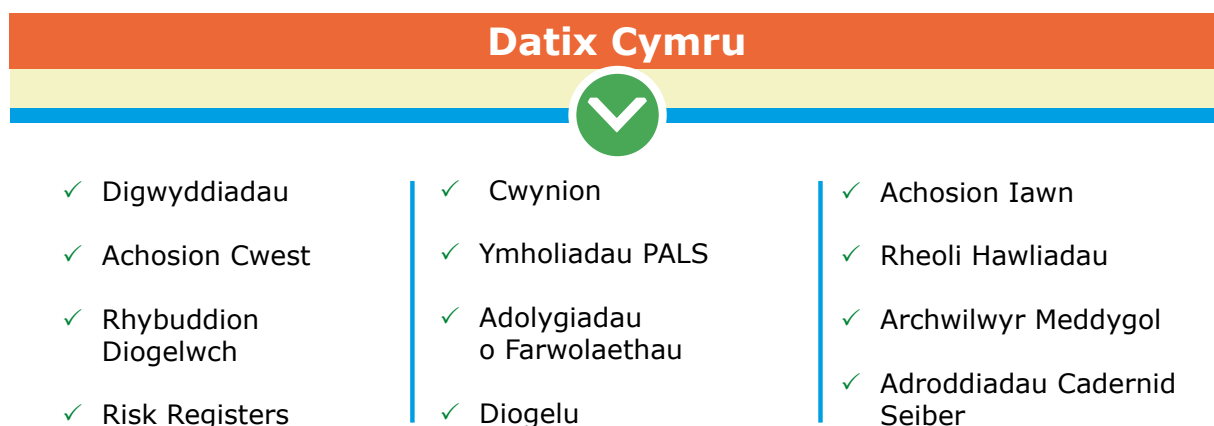


Mae'r rhaglen yn symud sefydliadau oddi wrth ddefnyddio systemau sydd wedi'u ffurfweddu'n annibynnol i gyfres o gynhyrchion sy'n defnyddio cyfluniad a dyluniad cyffredin Unwaith i Gymru. Yn dilyn ymarfer caffael llwyddiannus, mae dau gynnyrch ar hyn o bryd yn ffurfio system Unwaith i Gymru – Datix Cymru a Civica Experience Wales. Mae'r rhain yn gynhyrchion pwrpasol, wedi'u haddasu i ddiwallu anghenion GIG Cymru.

Mae ymarferoldeb a chyfluniad y modiwlau amrywiol yn y feddalwedd wedi'u dylunio gan gyfres o ffrydiau gwaith sy'n cynnwys arbenigwyr pwnc o sefydliadau GIG Cymru. Mae hyn yn galluogi'r system i gael ei dylunio gan y gwasanaeth, ar gyfer y gwasanaeth.

Datix Cymru

Mae cynnyrch Datix Cymru yn offeryn meddalwedd sy'n seiliedig ar y cwmwl gyda modiwlau lluosog sydd wedi'u haddasu, eu cyflunio a'u gweithredu'n benodol ar gyfer GIG Cymru. Mae Ffig. 10 yn amlinellu ymarferoldeb craidd y cynnyrch.



Ffig. 10 Ymarferoldeb Craidd Datix Cymru

Rhennir rhaglen Datix Cymru yn dri cham gweithredu. Mae Cam 1 yn cyflwyno'r systemau a'r prosesau codio ar sail Unwaith i Gymru ac mae pob corff iechyd bellach yn defnyddio'r platfform. Mae modiwlau Cam 1 yn cynnwys Digwyddiadau, Cwynion, Hawliadau ac Iawn, PALS, Cwestau, Adolygiadau o Farwolaethau. Nod Cam 2 yn ystod 2022/23 yw rhoi'r cofrestrau risg a'r swyddogaethau diogelu ar waith.

Roedd gweithredu cam 1 hefyd yn cynnwys rhai swyddogaethau penodol ar gyfer gwasanaethau arbenigol yn GIG Cymru. Mae Gwasanaeth Archwilwyr Meddygol Cymru yn defnyddio modiwl Datix Cymru penodol. Mae'r Uned Cadernid Seiber, sy'n goruchwyllo'r Rheoliadau Diogelwch Rhwydweithiau a Systemau Gwybodaeth, hefyd yn defnyddio ffurfweddiad pwrpasol cynnyrch Datix Cymru i gasglu a dadansoddi data mewn perthynas â materion seiberddiogelwch.

Gan ddefnyddio llwyfan yn seiliedig ar y cwmwl, mae system Datix Cymru yn galluogi contractwyr gofal sylfaenol a rhanddeiliaid allweddol i ddefnyddio'r system – gan hwyluso dull integredig.

Gyda datgomisiynu'r Gwasanaeth Adrodd a Dysgu Cenedlaethol, mae Llywodraeth Cymru wedi gofyn am roi atebion interim ar waith i alluogi contractwyr gofal sylfaenol i adrodd ar faterion diogelwch cleifion, ac mae gwasanaethau fferyllol GIG Cymru wedi rhoi croeso arbennig i hyn. Bydd hyn yn cael ei ehangu ymhellach yn 2022/23.

Mae Cipio, Categoriaddio a Chodio gwybodaeth yn elfen hanfodol o system Datix Cymru. Drwy gysoni'r holl godio a ddefnyddir ar draws pob sefydliad, mae GIG Cymru wedi cynhyrchu set ddata sy'n ei gwneud yn bosibl i wneud dadansoddiad strwythuredig o ffactorau achosol pethau sydd wedi mynd o'i le a phan fydd pethau'n mynd yn dda – rhannu arfer gorau ar draws yr holl gyrff iechyd.

Cyflwynwyd y set ddata codio genedlaethol gyntaf yn 2020 a chaiff hon ei hadolygu'n rheolaidd gan ffrwd waith benodedig o arbenigwyr pwnc. Mae pob sefydliad bellach yn defnyddio'r set ddata codio genedlaethol ar gyfer Digwyddiadau a bydd y rhain yn cael eu hymgorffori yn y modiwlau eraill yn ystod 2022/23.

Mae'r rhaglen wedi sefydlu ffrwd waith benodol i ystyried Monitro Deallus, Dangosfyrddau a Dadansoddi Data – gan nodi'r offer adrodd mwyaf effeithiol sy'n gallu darparu gwybodaeth strategol, sefydliadol a gweithredol i ysgogi gwelliannau o ran diogelwch ac ansawdd. Gyda phob sefydliad yn defnyddio set ddata codio bwrpasol GIG Cymru, mae hyn yn ei gwneud yn bosibl i adroddiadau na fu'n bosibl eu cynhyrchu o'r blaen gael eu cynhyrchu o'r system.

Mae pŵer system Datix Cymru yn galluogi creu a chyflunio Offer Ymchwilio penodol, gan ddod â chysondeb i'r fethodoleg a ddefnyddir i ymchwilio lle mae pethau wedi mynd o chwith. Mae'r gwaith hwn wedi dechrau gyda ffrwd waith arbenigol sy'n cyflwyno Fframwaith Swydd Efrog o ffactorau achosol. Bydd y gwaith o ddatblygu offer ymchwilio penodol yn cael ei ehangu yn 2022/23.

Mae Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 yn cyflwyno Dyletswydd Gonestrwydd yng Nghymru. Yn ystod 2021/22, mae Tîm Canolog System Rheoli Pryderon Unwaith i Gymru (OfWCMS) wedi gweithio gyda rhanddeiliaid allweddol a Llywodraeth Cymru i sicrhau bod system Datix Cymru yn gwbl barod i gefnogi'r ddyletswydd newydd bwysig hon. Mae llofoedd gwaith a chynllun yr adroddiadau Dyletswydd Gonestrwydd wedi'u datblygu gyda chymorth ffrwd waith o arbenigwyr pwnc. Mae'r system yn galluogi contractwyr gofal sylfaenol a darparwyr eraill i adrodd am achosion lle mae'r ddyletswydd gonestrwydd wedi'i hysgogi i'w cyrff iechyd comisiynu.

Yn ystod 2021/22, adroddwyd dros 30,000 o Ddigwyddiadau gan ddefnyddio system Datix Cymru wrth i sefydliadau fudo i'r platfform newydd. Cynhaliwyd tua 20,000 o Ymchwiliadau Cwynion a Datrysiaid Cynnar gan ddefnyddio'r system. Mae canlyniadau cynnar yn dangos bod llif gwaith Cymru gyfan a chodio cysondeb yn darparu data o ansawdd uwch.

Wrth i'r system gael ei gwreiddio ymhellach, amcangyfrifir y bydd dros 180,000 o ddigwyddiadau yn cael eu hadrodd a'u rheoli drwy'r system bob blwyddyn.



Adborth Defnyddwyr y Gwasanaeth

Fel y mae adroddiad Keith Evans yn atgoffa GIG Cymru, mae cael adborth gan ddefnyddwyr ein gwasanaethau yn elfen hanfodol er mwyn gallu nodi beth sy'n mynd yn dda ac ymhle mae meysydd i'w gwella.

Mae System Rheoli Pryderon Unwaith i Gymru wedi sefydlu system Civica Experience ym mhob corff iechyd a rhai grwpiau cenedlaethol. Mae'r platfform cyffredin hwn yn ei gwneud yn bosibl i arolygon strwythuredig gael eu dylunio a'u dosbarthu i ddefnyddwyr gwasanaeth, gan gasglu adborth gwerthfawr mewn amser real ar gyfer arweinwyr gwasanaeth ac arweinwyr clinigol. Trwy integreiddio â systemau TGCh lleol, gellir cyfeirio gwybodaeth arolygon at y derbynwyr cywir.

Mae gan gynnyrch Civica Experience Cymru ystod eang o nodweddion, yn seiliedig ar offeryn dylunio a dadansoddi arolygon pwrpasol. Mae dulliau lluosog o gyfathrebu â defnyddwyr gwasanaeth ar gael, gan gynnwys apiau pwrpasol sy'n cael eu gosod ar ddyfeisiau cludadwy, negeseuon testun i rifau ffôn hysbys defnyddwyr gwasanaeth a negeseuon ymateb llais rhyngweithiol. Amlinellir ymarferoldeb y cynnyrch amlieithog yn Ffig. 11.

CIVICA

CIVICA Experience Wales



- | | |
|--------------------------|--------------------------------|
| ✓ Dylunio Arolwg | ✓ Ap Arolygon |
| ✓ Dadansoddi Canlyniadau | ✓ Cipio Adborth Lleol |
| ✓ Anfon negeseuon SMS | ✓ Arolygon Plant a Phobl Ifanc |
| ✓ Anfon negeseuon IVR | ✓ Storiâu Cleifion |

Ffig. 11 Swyddogaethau sydd ar gael gan Civica Experience Wales



Llywodraethiant Unwaith i Gymru

Mae Cronfa Risg Cymru wedi gweithio gyda'r holl gyrff iechyd a grwpiau cenedlaethol i sicrhau bod y trefniadau llywodraethu gwybodaeth a'r gofynion seiberddiogelwch sy'n ymwneud â Datix Cymru a Civica Experience Wales yn gadarn yn eu lle. Yn ystod 2021/22 cafodd Asesiadau Effaith Diogelu Data cenedlaethol eu cymeradwyo ar gyfer pob elfen o'r system ac mae'r rhain yn parhau i gael eu hadolygu'n rheolaidd.

Dan arweiniad Tîm Canolog o arbenigwyr systemau a gynhelir gan Gronfa Risg Cymru, mae pob corff iechyd wedi hyfforddi Arweinwyr Systemau Lleol i gefnogi sefydliadau sy'n darparu hyfforddiant i staff, yn sefydlu mynediad at ddata ar gyfer staff ac i helpu i gael y gorau o'r system.

Mae System Rheoli Pryderon Unwaith i Gymru yn enghraifft wych o sefydliadau GIG Cymru yn cydweithio. Mae'r strwythur llywodraethu, a sefydlwyd i gynnal cysondeb o ran gosod a chyflunio systemau, yn cynnwys Bwrdd Rhaglen sy'n cael ei gadeirio gan Brif Weithredwr un o'r gyrff iechyd, Grŵp Llywio sy'n llunio ac yn arwain y cynllun datblygu a gweithredu a Grŵp Cynnwys a Llywodraethu, sy'n darparu trosolwg o'r datblygiadau system y mae sefydliadau yn gofyn amdanynt.



Sicrwydd – Gweithio i Wella



Ni chynhaliwyd yr adolygiadau yn ystod 2020 na 2021 i alluogi sefydliadau i ganolbwyntio ar yr ymateb i'r pandemig. Nawr bod y mesurau amddiffynnol oedd yn gysylltiedig â'r pandemig wedi'u llacio, mae'n bosibl ailddechrau proses Adolygu Cronfa Risg Cymru.

Mae Cronfa Risg Cymru yn cynnal adolygiadau sicrwydd ar ran Llywodraeth Cymru mewn perthynas â chymhwyso Rheoliadau'r Gwasanaeth Iechyd Gwladol (Trefniadau Pryderon, Cwynion ac Iawn) (Cymru) 2011 – a elwir yn Rheoliadau Gweithio i Wella (PTR), gan gyrff iechyd.

Mae'r adolygiadau hyn wedi'u cynllunio i helpu cyrff iechyd i gydymffurfio â'r gofynion a nodir yn y rheoliadau PTR, ac i ddatblygu cynlluniau gweithredu i ymdrin ag unrhyw feysydd i'w datblygu. Mae canlyniadau'r adolygiadau hefyd wedi'u cynnwys fel dangosydd sy'n pennu cyfraniad pob corff iechyd i'r cytundeb rhannu risg.

Cyn y pandemig, cafodd yr adolygiadau eu hatal dros dro er mwyn gallu adolygu'r fethodoleg a'r broses sgorio a graddio – i sicrhau ei bod yn darparu'r wybodaeth fwyaf defnyddiol â phosibl i dimau arwain. Mae gwaith wedi'i wneud gyda Phennaeth Rhwydwaith Profiad y Claf i nodi'r meysydd allweddol i ganolbwyntio arnynt ar gyfer yr adolygiadau.

Mae'r adolygiadau'n cynnwys dadansoddiad gofalus o gofnodion ymchwilio i gwynion, dogfennaeth polisi a gweithdrefn a data a gedwir mewn systemau. Gan ddefnyddio dull adolygu gan gymheiriaid i rannu arfer gorau ar draws GIG Cymru, mae staff o gyrff iechyd yn ymuno ag adolygwyr arbenigol o Gronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg i gynnal yr asesiad.

Asesiadau Cronfa Risg Cymru 2022/23

Bwriedir cynnal adolygiad gyda phob corff iechyd yn GIG Cymru yn ystod 2022/23. Er mwyn galluogi sefydliadau i rannu a chydlynu dysgu a gwelliant, bydd y data a ddewisir fel rhan o'r adolygiad yn ymwneud â phryderon yr ymdriniwyd â hwy rhwng Ionawr a Mawrth 2022. Y bwriad yw y bydd yr adolygiadau ar gyfer 2022/23 yn cael eu cynnal yn ystod Ch3 neu Ch4 y flwyddyn ariannol.

Bydd yr adolygiad yn ystyried:

- ▶ Polisi a gweithdrefnau'r corff iechyd ar gyfer ymdrin â phryderon.
- ▶ Amseroldeb ymchwiliadau i gwynion.
- ▶ Ansawdd ymchwiliadau ac ymatebion i gwynion.
- ▶ Trefniadau ar gyfer ymdrin â phryderon am ddarparwyr gofal sylfaenol.
- ▶ Cymhwyso llif gwaith Cymru gyfan o fewn Datix Cymru ar gyfer pryderon.
- ▶ Defnydd priodol o farn arbenigol fewnol ac allanol.
- ▶ Addasrwydd penderfyniadau ynghylch a oes atebolrwydd cymwys mewn mater.
- ▶ Cydymffurfio â'r ddyletswydd i fod yn agored, a ddaw yn Ddyletswydd Gonestrwydd yn 2023.
- ▶ Trefniadau ar gyfer rhannu gwersi a ddysgwyd o bryder ar draws y sefydliad.

Cefnogi'r Ymateb a'r Adferiad o'r Coronafeirws



Mae'r pandemig wedi rhoi pwysau digynsail ar wasanaethau iechyd a gofal yng Nghymru ac wedi ei gwneud yn ofynnol i sefydliadau weithio mewn ffyrdd newydd ac arloesol.

Er mwyn hwyluso modelau amgen o gyflenwi gweithredol y GIG oedd eu hangen yn ystod y pandemig, mae Cronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg wedi bod yn allweddol wrth gefnogi Llywodraeth Cymru a chyrrff iechyd drwy gynhyrchu canllawiau a fframweithiau i gefnogi penderfyniadau ar indemniad.

Yn ystod y pandemig fe wnaethom sefydlu canolfan o gyfreithwyr profiadol i roi cyngor ar faterion cyfreithiol yn deillio o bandemig y Coronafeirws. Sicrhawyd nad oedd hawlwr yn cael eu heffeithio'n negyddol lle bo'n bosibl trwy gynnig taliadau iawndal interim a chytuno ar estyniadau amser.

Mae'r gwaith hwn yn parhau gyda'r ffocws yn symud i ddadansoddi a chyfathrebu effaith cyd-destun y pandemig ar y profion cyfreithiol arferol o esgeuluster ledled Cymru.

Mae hyn yn berthnasol i hawliadau esgeuluster clinigol a holl ymchwiliadau Gweithio i Wella lle mae cyrrff y GIG yn ymchwilio i atebolrwydd cymwys mewn perthynas â digwyddiadau a ddigwyddodd yn ystod y pandemig. Mae'n hanfodol fod triniaeth y GIG yr effeithiwyd arno gan y pandemig yn cael ei farnu yn y cyd-destun y cafodd ei ddarparu ynddo ac nid yn erbyn safonau cyn y pandemig. Mae timau arbenigol o fewn y Gwasanaethau Cyfreithiol a Risg wedi'u sefydlu i arwain ar y materion cyfreithiol cymhleth hyn. Cydlynir hyn gan y Pennaeth Ymglyfreitha Gofal Iechyd, Sarah Watt.

Mae'r Gwasanaethau Cyfreithiol a Risg yn cefnogi cyrrff iechyd yn eu hymchwiliadau a'u penderfyniadau mewn perthynas â'r heintiau Covid-19 a gafwyd yn yr ysbyty a ddigwyddodd ledled Cymru. Bu'n cefnogi'r Uned Gyflenwi yn frwd i sefydlu Fframwaith Cenedlaethol GIG Cymru ar gyfer Rheoli Digwyddiadau Diogelwch Cleifion yn dilyn Trosglwyddiad Nosocomiaidd Covid-19 a bydd yn parhau i gefnogi pob corff iechyd yn yr ymchwiliadau hyn.

Effaith a Chyrhaeddiad ein Gwasanaethau Proffesiynol



Mae ein gwasanaethau proffesiynol wedi'u cynllunio i gefnogi cyrff iechyd a chleientiaid eraill i ddarparu gwasanaeth modern, addas i'r diben.

Y Tîm Esgeuluster Clinigol

Mae'r tîm yn cynnwys dros 50 o gyfreithwyr a swyddogion gweithredol cyfreithiol sydd â phrofiad helaeth o amddiffyn hawliadau esgeuluster clinigol yn erbyn y GIG yng Nghymru. Cawn ein cydnabod am ein rhagoriaeth a'n gwybodaeth fanwl am bob corff GIG yr ydym yn ei gynrychioli yng Nghymru. Mae'r rhan fwyaf o'n gyfreithwyr wedi bod gyda'r Gwasanaethau Cyfreithiol a Risg ers blynnyddoedd lawer ac maent yn arbenigwyr ym meysydd hawliadau gwerth miliynau o bunnoedd, ymglyfreitha cymhleth a phob maes ymglyfreitha yr ydym yn ymdrin ag ef. Rydym yn darparu hyfforddiant i bob cleient ar ystod o bynciau.

Mae'r tîm yn cefnogi llawer o fentrau Cymru Gyfan ac yn cymryd rhan weithredol mewn grwpiau cenedlaethol. Mae perthnasoedd cleientiaid yn hynod o gryf, sy'n hanfodol er mwyn amddiffyn hawliadau esgeuluster clinigol i achos llys a hefyd i gael consensws mewn perthynas â'r hawliadau hynny y dylid eu setlo.

Nod y Tîm yw setlo achosion anamddiffynadwy yn deg ac yn gyflym er mwyn lleihau pryder i gleifion sydd wedi cael eu hanafu gan driniaeth esgeulus a staff y GIG sy'n ymwneud â'r hawliadau cyfreithiol. Y ffocws strategol yw cynyddu'r defnydd o weithdrefnau datrys anghydfod amgen, ac osgoi achosion cyfreithiol, er mwyn arbed costau ac amser; adolygu'r ffordd y caiff ein hawliadau gwerth uchel eu rheoli a nodi unrhyw welliannau i hyrwyddo creu cronfeydd wrth gefn cadarn a gwella effeithlonrwydd; canolbwyntio ar ein hawliadau gwerth isaf a pharatoi ar gyfer y tebygolrwydd y bydd cyflwyno costau sefydlog y gellir eu hadennill mewn hawliadau esgeuluster clinigol yn cael eu cyflwyno'r flwyddyn nesaf.

Mae'r tîm hefyd yn cefnogi'r holl waith a wneir gan gyrff iechyd mewn perthynas â'r rheoliadau PTR, cynnal clinigau rheolaidd, darparu hyfforddiant Cymru gyfan ac i gleientiaid unigol a chynghori ar y materion mwyaf cymhleth.

Bydd cyflwyno'r Pennaeth Ymglyfreitha Gofal Iechyd yn cryfhau'r ffocws strategol ac yn ysgogi newid i wella effeithlonrwydd ledled Cymru o ran rheoli hawliadau esgeuluster clinigol.



Y Tîm Masnachol, Rheoleiddiol a Chaffael

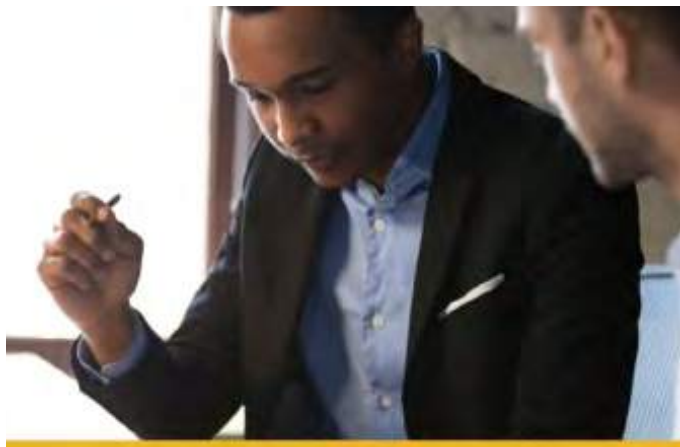
Mae gan ein Tîm Masnachol, Rheoleiddiol a Chaffael nifer eithriadol o flynyddoedd o brofiad o ymdrin ag amrywiaeth eang o anghydfodau cyfreithiol, goruchwyllo'r broses gaffael a chynghori ar degwch gweithdrefnol ledled GIG Cymru.

Mae'r tîm yn cynghori cyrff iechyd ledled Cymru ar bob math o faterion, cynhennus ac annadleuol, sy'n cynnwys materion Masnachol (trefniadau cytundebol) a chyfraith gyhoeddus (adolygiadau barnwrol). Rydym hefyd yn helpu'r GIG i ddeall cymhlethdodau'r ddrysfa reoleiddio sy'n bodoli.

Isod mae rhestr nad yw'n holl gynhwysfawr o rai o'r pynciau y gallwn roi cyngor arnynt:

- ▶ Contractau masnachol
- ▶ Cyfraith caffael (Cyngor ar reoliadau a gweithdrefnau)
- ▶ Dogfennau caffael (Cyngor ar ddrafftio Gwahoddiadau i Dendro (ITT), Holiaduron Cyn-cymhwyso (PQQ) a manyleb)
- ▶ Heriau caffael
- ▶ Rhoi triniaeth a gwasanaethau ar gontract allanol
- ▶ Eiddo deallusol
- ▶ Cyfraith reoleiddiol
- ▶ Cyfraith contractau cyhoeddus (Gwasanaethau Meddygol Cyffredinol/ Contractau Gwasanaethau Deintyddol Cyffredinol)

- ▶ Partneriaeth Gyhoeddus/Breifaf (Gwasanaeth Canser Cenedlaethol)
- ▶ Adolygiad Barnwrol o benderfyniadau
- ▶ Ymglyfreitha Masnachol
- ▶ Anghydfodau ynghylch cyfnodau hyfforddi (*residency*)
- ▶ Anghydfodau rhwng awdurdodau cyhoeddus ynghylch cyllid
- ▶ Datrys anghydfod
- ▶ Drafftio polisi
- ▶ Adeiladu
- ▶ Troseddol
- ▶ Twyll Sifil
- ▶ Gwaharddebau
- ▶ Difenwi
- ▶ Trosglwyddo Ymgymeriadau a Gweithwyr Gwarchodedig (TUPE)
- ▶ Cyfraith gwybodaeth (materion Diogelu Data a Rhyddid Gwybodaeth)
- ▶ Casglu dyled
- ▶ Cyfraith ryngwladol (Memoranda Cyd-ddealltwriaeth a Chytundebau Lefel Gwasanaeth gyda llywodraethau tramor).



Tîm Anafiadau Personol

Mae'r tîm Anafiadau Personol (PI) yn cynnwys cyfreithwyr arbenigol a gweithredwyr cyfreithiol siartredig. Mae'n delio â hawliadau anafiadau personol ar draws pob corff iechyd. Gallai'r hawliadau yr ymdrinnir â nhw amrywio o hawliadau llithro a baglu gyda gwerth cymharol isel i faterion mwy cymhleth fel mesothelioma a digwyddiadau sy'n arwain at anafiadau parhaol.

Mae'r tîm hefyd yn rhoi cyngor i gleientiaid yn y meysydd canlynol:

- ▶ Atebolrwydd Cyflogwyr a Chyhoeddus
- ▶ Straen sy'n gysylltiedig â gwaith
- ▶ Bwlio ac aflonyddu
- ▶ Trais ac Ymosodedd, including
- ▶ Clefydau diwydiannol, gan gynnwys Asbestos
- ▶ Colli clyw
- ▶ Trin gwrthrychau a phobl â llaw
- ▶ Anaf straen ailadroddus
- ▶ Offer diffygiol
- ▶ Rheoli Haint
- ▶ Achosion o lithro a baglu

Mae'r tîm Anafiadau Personol yn gweithio'n gydlynol i ddarparu gwasanaeth rhagorol i'n cleientiaid, gan gynnwys diwrnod addysg bob chwe mis sydd â'r nod o wella profiad a dealltwriaeth arweinwyr y GIG.

Mae'r tîm hefyd yn darparu dadansoddiad gwerthfawr o dueddiadau yn ogystal â chanolbwyntio ar ddysgu gwersi a rhoi cyngor ymarferol ar reoli risg mewn meysydd sydd wedi'u nodi fel rhai lle gallai problemau ddigwydd. Credwn yn gryf fod atal yn well na gwella.

Mae'r tîm hefyd wedi cymryd rhan mewn amrywiaeth o brosiectau arbenigol; yn fwyaf diweddar gyda Rhaglen Gydweithredol Gwrth-drais y GIG o'r enw "Ymatebion Gorfodol i Drais mewn Gofal Iechyd". Cydnabyddir bod staff y GIG (Ysbytai, Ambiwlans, Gofal Cymunedol a Gofal Sylfaenol) ymhlith y rhai sydd fwyaf tebygol o wynebu trais a chamdriniaeth yn ystod eu cyflogaeth ac mae buddiant cyhoeddus cryf mewn erlyn y rhai sy'n ymosod ar lafar ac yn gorfforol ar staff y GIG yn fwriadol.



Cleifion Cymhleth (Y Llys Gwarchod)

Mae ein tîm Cleifion Cymhleth yn cael ei arwain gan Gavin Knox; tîm arbenigol sy'n gyfforddus yn delio â sefyllfaoedd clinigol hynod gymhleth a sensitif lle gallai bywyd neu ryddid claf fod yn y fantol. Bydd ymyrraeth gynnar yn aml yn gwella canlyniadau i gleifion. Gallai hyn fod drwy helpu i sicrhau bod staff y bwrdd iechyd yn gweithredu er lles gorau'r claf, neu drwy ddatrys anghydfodau a allai ynddynt eu hunain achosi trallod i'r unigolyn.

- ▶ Deddf Galluedd Meddyliol a Lles Pennaf Plant – mae angen cynyddol i staff y GIG ddeall a gweithredu egwyddorion a darpariaethau'r Ddeddf Galluedd Meddyliol. Mae ein tîm yn cynnig ymateb cyflym a rhesymegol i unrhyw ymholiad yn ymwneud â galluedd neu benderfyniadau er lles pennaf plant. Drwy ymgysylltu'n gynnar â chlinigwyr, cleifion a theuluoedd, gallwn fel arfer gynorthwyo i ddatrys anghydfodau neu gyfyng-gyngor moesegol ac osgoi'r angen i wneud ceisiadau i'r Llys. Mae'r un peth yn wir am anghydfodau ynghylch triniaeth feddygol neu benderfyniadau diwedd oes i blant.

- ▶ Amddifadu o Ryddid - Mae effaith lawn penderfyniad y Goruchaf Lys yng Ngorllewin Swydd Gaer, a ailddiffiniodd yr hyn a oedd yn gyfystyr â cholli rhyddid, yn dal i gael ei sylweddoli gydag effaith enfawr ar adnoddau'r GIG. Rydym yn helpu byrddau iechyd i osgoi amddifadedd anghyfreithlon ac yn darparu cynrychiolaeth yn y Llys Gwarchod pan fydd claf yn apelio yn erbyn cael ei gadw.
- ▶ Gwneud Penderfyniadau Diwedd Oes (oedolion a phlant) - Nid oes unrhyw benderfyniadau pwysicach na'r rhai sy'n ymwneud â diwedd oes. Cawn ein cyfarwyddo'n rheolaidd pan fo anghydfodau'n codi rhwng clinigwyr a chleifion neu eu teulu ynghylch pa driniaeth y gellir ei rhoi'n gyfreithlon.
- ▶ Iechyd Meddwl - Rydym yn helpu staff i lywio'r ddeddfwriaeth a'r gwrthdaro a'r rhyngwynebau anodd gyda'r Ddeddf Galluedd Meddyliol ac Amddifadu o Ryddid.
- ▶ Ceisiadau'r Llys Gwarchod a'r Uchel Lys - Ni ellir datrys pob mater yn lleol ac yn y pen draw mae angen i rai penderfyniadau gael eu gwneud gan Lys. Yn aml, gall y rhain fod yn achosion hynod ddadleuol, cymhleth, ac emosiynol gydag iechyd, rhyddid neu fywyd oedolyn neu blentyn agored i niwed yn y fantol. Mae gennym brofiad helaeth o wneud ceisiadau i'r Llys Gwarchod a'r Uchel Lys, pob un â'i reolau a'i weithdrefnau penodol ei hun. Rydym yn cynnig gwasanaeth sy'n ceisio datrys anghydfodau yn gyflym ac yn sensitif er mwyn cynnal perthnasoedd therapiwtig gyda chleifion neu deuluoedd.

Mae'r tîm Cleifion Cymhleth yn gweithio ar sail amser real ac yn aml yn cymryd rhan mewn trafodaethau y tu allan i oriau arferol, gan roi cyngor i glinigwyr sy'n delio â'r materion hyn o ddydd i ddydd.



Tîm Cwestau

Mae gennym dîm penodol sy'n gallu cefnogi cyrff iechyd wrth baratoi ar gyfer a chymryd rhan mewn ymchwiliadau crwner a gwrandawiadau cwest

Rydym yn cefnogi proses gyfan y cwest ac yn canolbwyntio ein mewnbwn cyfreithiol ar y rhai sy'n codi materion Hawliau Dynol cymhleth megis hunanladdiadau, marwolaethau yn y carchar neu rai sy'n ymwneud â chleifion sy'n cael eu cadw mewn sefydliadau iechyd meddwl, esgeuluster difrifol posibl, neu faterion trefniadol systemig.

Mae ein cyfreithwyr profiadol yn cefnogi cyrff iechyd wrth frysennu materion cwest i benderfynu ar y rhai a fydd yn elwa o fewnbwn a chynrychiolaeth gyfreithiol ffurfiol.



Y Tîm Cyflogaeth

Mae ein Tîm Cyflogaeth yn cael ei arwain gan Sioned Eurig. Ers ei sefydlu yn 2012, mae'r tîm wedi gweithredu ar ran byrddau ac Ymddiriedolaethau iechyd mewn ystod eang ac amrywiol o achosion Tribiwnlysoedd Cyflogaeth a Llysoedd Sirol. Mae'r tîm hefyd wedi cael y fraint o roi cyngor ar faterion polisi strategol ar lefel uchel.

Gall y tîm helpu gyda phob math o hawliadau yn y Tribiwnlys Cyflogaeth gan gynnwys, ond heb fod yn gyfyngedig i:

- ▶ Diswyddo annheg (ymddygiad a gallu)
- ▶ Gwahanol fathau o wahaniaethu (anabledd, cyfeiriadedd rhywiol, hil, oedran, rhyw ac ati)
- ▶ Didynnu cyflog yn anghyfreithlon
- ▶ Tâl gwyliau
- ▶ Chwythu'r chwiban
- ▶ Pensiwn
- ▶ Hawliau gweithwyr asiantaeth
- ▶ Achosion disgyblu meddygon

Gallai'r tîm hefyd helpu gydag ystod eang o faterion sy'n wynebu gwasanaethau gofal iechyd prysur:

- ▶ Dehongli polisïau a gweithdrefnau ar lefel Cymru gyfan

- ▶ Materion sy'n codi o'r berthynas gyflogaeth (gan gynnwys rhoi cyngor am gwynion a gwrandawiadau disgyblu) gan gynnwys terfynu cyflogaeth
- ▶ Polisïau sy'n ystyriol o deuluoedd (hy trefn Absenoldeb Rhiant a Rennir)
- ▶ Apeliadau bandio clinigwyr
- ▶ Pecynnau diswyddo a drafftio cytundebau setlo
- ▶ Rheoliadau Trosglwyddo Ymgymeriad (Diogelu Cyflogaeth) 2006
- ▶ Cynlluniau ac ymholiadau ynghylch Rhyddhad Cynnar Gwirfoddol
- ▶ Materion disgyblu meddygon
- ▶ Materion Cymru gyfan mewn cydweithrediad â Llywodraeth Cymru
- ▶ Statws cyflogaeth
- ▶ Ymgynghoriadau a Diswyddiadau
- ▶ Cydnabod Undebau
- ▶ Ailstrwythuro

Yn ogystal â helpu cleientiaid i reoli achosion pan aiff pethau o chwith, mae'r tîm hefyd yn gweithio gyda chleientiaid i hyfforddi timau Gweithlu a rheolwyr llinell i leihau'r risg o hawliadau. Mae cyfraith cyflogaeth yn datblygu'n gyson.

Gall ein tîm Cyflogaeth gynnig ystod eang o sgysiau addysgol a seminarau y gellir eu cyflwyno yn ein hadeiladau llawn offer. Rydym hefyd yn gallu teilwra pecynnau chwarter neu hanner diwrnod neu ddiwrnod llawn mewn lleoliad i weddu i'n cleient. Mae pynciau diweddar yn cynnwys:

- ▶ Hyfforddiant ar y Polisi Cynnal Safonau Proffesiynol
- ▶ Hyfforddiant am ymchwiliadau disgyblu
- ▶ Diweddariadau cyflogaeth
- ▶ Hyfforddiant TUPE
- ▶ Urddas yn y Gwaith
- ▶ Chwythu'r chwiban



Tîm Caffael, Gwaredu a Phrydlesi Eiddo

Mae ein tîm eiddo yn darparu cyngor ar draws ystad GIG Cymru, gan ddarparu gwasanaeth o safon am gyfraddau cystadleuol. Mae gan y tîm wybodaeth a phrofiad helaeth ym maes eiddo masnachol ac ystad GIG Cymru.

Mae'r tîm yn gweithio'n agos gyda thîm Ystadau Arbenigol PCGC ac yn gwneud amrywiaeth o waith, sy'n cynnwys:

- ▶ Caffael swyddfeydd ar lesddaliad ar ran Ymddiriedolaethau'r GIG a byrddau iechyd;
- ▶ Ail-gerio prydlesi, gan gynnwys amrywio prif delerau prydles a dyddiadau torri, yn ogystal â gwaith rheoli cyffredinol (trwyddedau i addasu ac ati) i gefnogi gwaith i denantiaid;
- ▶ Gwerthiannau rhydd-ddaliadol o eiddo masnachol a phreswyl dros ben, gan gynnwys darpariaethau i ddiogelu hawliau datblygu tir cyfagos yn y dyfodol a gedwir gan GIG Cymru;
- ▶ Caffaeliadau rhydd-ddaliadol mewn cysylltiad â datblygiadau ar raddfa fawr gan Ymddiriedolaethau'r GIG a Byrddau Iechyd; a
- ▶ Ymholiadau eiddo untro, cyffredinol am faterion amrywiol, gan gynnwys ym maes gofal sylfaenol.



Arbedion a Llwyddiannau



Rydym yn haeddiannol falch o'r gwasanaethau a ddarperir gan holl staff a thimau Cronfa Risg Cymru a'r Gwasanaethau Cyfreithiol a Risg.

Rydym yn monitro'r arbedion a ddaw yn sgil dylanwad proffesiynol ein timau i'r GIG yng Nghymru yn rheolaidd. Mae hyn yn cynnwys lleihau costau cyfreithiol mewn achosion, amddiffyn hawliadau a materion eraill yn llwyddiannus, dylanwadu ar feysydd polisi i leihau costau a darparu hyfforddiant i reolwyr a staff ledled y GIG.

Arbedion Dylanwad Proffesiynol

Yn 2021/22, ein harbedion dylanwad proffesiynol a'n llwyddiant oedd:

£74,054,226.00



Mae hwn yn wariant a fyddai fel arall yn cael ei ysgwyddo gan GIG Cymru ac na fyddai'n gallu cael ei wario ar ddarparu gofal.



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Cyhoeddwyd gan Gronfa Risg Cymru Awst 2022

Os oes gennych ymholiadau cysylltwch â:

Tîm Gweithrediaudau
Cronfa Risg Cymru
Tŷ Alder
Cwrt Alder
Parc Busnes Llanelwy
Sir Ddinbych
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