

# Shared Services Partnership Committee

Thu 18 November 2021, 10:00 - 12:00

TEAMS



## Agenda

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10:00 - 10:05  
5 min

### 1. Agenda

#### 1.1. Welcome and Introductions

*Margaret Foster*

#### 1.2. Apologies for absence


*Margaret Foster*

#### 1.3. Declarations of Interest

*Margaret Foster*

#### 1.4. Draft minutes of meeting held on 23 September 2021

*Margaret Foster*

 1.4 SSPC Minutes - 2021. 09 - Part A - Approved.pdf (8 pages)

#### 1.5. Action Log

*Margaret Foster*

 1.5 Action Log November 2021.pdf (1 pages)

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10:05 - 10:30  
25 min

### 2. Deep Dive - Decarbonisation

*Presentation*

*Chris Lewis*

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10:30 - 11:10  
40 min

### 3. Items for Approval/Endorsement

#### 3.1. COVID-19 Public Inquiry Planning Update

*Andrew Butler*

 3.1 SSPC COVID Inquiry Planning Update.pdf (4 pages)

 3.1 Planning Inquiry TOR.pdf (5 pages)

#### 3.2. Matrix House Business Case

*Andrew Butler*

 3.2 PROPOSED PURCHASE OF MATRIX HOUSE.pdf (6 pages)


#### 3.3. SMTL - Options for Expansion

*Andrew Butler*

 3.3 SSPC SMTL Options.pdf (5 pages)

### 3.4. Standing Order Revisions

*Peter Stephenson*

 3.4 SSPC Review of Standing Orders 20211118.pdf (4 pages)

### 3.5. IMTP - Emerging Themes

*Presentation*

*Alison Ramsey*

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11:10 - 11:20  
10 min

## 4. Chair/Managing Director's Report

### 4.1. Chair's Report

*Verbal*

### 4.2. Managing Director's Update

*Neil Frow*

 4.2 SSPC MD Update Nov 21.pdf (9 pages)

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11:20 - 11:25  
5 min

## 5. Project Updates

### 5.1. PMO Highlight Report

*Alison Ramsey*

 5.1 PMO Monthly Update October.pdf (15 pages)

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11:25 - 11:50  
25 min

## 6. Governance, Performance & Assurance

### 6.1. Finance & Performance Report


*Andrew Butler*

 6.1 SSPC Finance and Corporate Services October 21.pdf (14 pages)

#### 6.1.1. Audit Wales Management Letters

*Andrew Butler*

 6.1 NWSSP\_Management\_Letter\_2020-21 - final.pdf (10 pages)

 6.1 2021-22\_nationally\_hosted\_nhs\_it\_systems\_nwssp\_report\_final.pdf (24 pages)

### 6.2. People & OD Report


*Gareth Hardacre*

 6.2 SSPC People & OD Report - Q2.pdf (18 pages)

### 6.3. Corporate Risk Register

*Peter Stephenson*

 6.3 SSPC Corporate Risk Register November 2021.pdf (4 pages)

 6.3 Corporate Risk Register 20211101.pdf (4 pages)

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11:50 - 11:55  
5 min

## 7. Items for Information


### 7.1. WIBSS Annual Report

*Alison Ramsey*

 7.1 WIBSS ANNUAL REPORT 20202021.pdf (26 pages)

### 7.2. Quality and Safety Assurance Report

*Peter Stephenson*

 7.2 NWSSP Q&S Assurance Report.pdf (2 pages)


### 7.3. Audit Committee Highlight Report

*Peter Stephenson*

 7.3 NWSSP Audit Committee Assurance Report.pdf (4 pages)

### 7.4. Audit Committee Annual Report

*Peter Stephenson*

 7.4 Audit Committee Annual Report.pdf (12 pages)













### 7.5. Counter Fraud Annual Report

*Andrew Butler*

 7.5 Counter Fraud Annual Report 2020-21.pdf (15 pages)

### 7.6. Finance Monitoring Returns

*Andrew Butler*

-  7.6 NWSSP MMR M6 Narrative.pdf (9 pages)
-  7.6 NWSSP MMR M6 Table A Movement.pdf (1 pages)
-  7.6 NWSSP MMR M6 Table A2 Risks.pdf (1 pages)
-  7.6 NWSSP MMR M6 Table B Monthly Positions.pdf (2 pages)
-  7.6 NWSSP MMR M6 Table C Savings.pdf (2 pages)
-  7.6 NWSSP MMR M6 Table C3 Savings Tracker.pdf (1 pages)
-  7.6 NWSSP MMR M7 Narrative.pdf (8 pages)
-  7.6 NWSSP MMR M7 Table A Movement.pdf (1 pages)
-  7.6 NWSSP MMR M7 Table A2 Risks.pdf (1 pages)
-  7.6 NWSSP MMR M7 Table B Monthly Positions.pdf (2 pages)
-  7.6 NWSSP MMR M7 Table C Savings.pdf (2 pages)
-  7.6 NWSSP MMR M7 Table C3 Savings Tracker.pdf (1 pages)

11:55 - 12:00  
5 min

## 8. Any Other Business

## NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

### MINUTES OF MEETING HELD THURSDAY 23<sup>rd</sup> September 2021 10:00 – 12:00 Meeting held on TEAMS Part A - Public

ATTENDANCE	DESIGNATION	ORGANISATION
<b>MEMBERS:</b>		
Margaret Foster (MF)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Steve Ham (SH)	Chief Executive	Velindre University NHS Trust
Sarah Simmonds (SS)	Director of Workforce & OD	Aneurin Bevan UHB
Claire Osmundsen-Little (COL)	Executive Finance Director	DHCW
Hywel Daniel (HD)	Executive Director for People & OD	CTM UHB
Eifion Williams (EW)	Director of Finance & Corporate	HEIW
<b>OTHER ATTENDEES:</b>		
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People & OD	NWSSP
Alison Ramsey (AR)	Director of Planning, Performance, and Informatics	NWSSP
Steve Elliot (SE)	Interim Director of Finance	Welsh Government
Joe Donnelly (JD)	Union Representative	UNISON
Tim Woodhead (TW)	Finance Director	BCUHB UHB
Christopher Lewis (CL)	Deputy Director of Finance	Cardiff & Vale UHB
Rhian Davies (RD)	Assistant Director of Finance	Hywel Dda UHB
Helen Bushell (HB)	Board Secretary	Public Health Wales NHS Trust
Julian Rhys Quirk (JRQ)	Assistant Director of Workforce	Swansea Bay UHB
Peter Stephenson (PS)	Head of Finance & Business Development	NWSSP
Linsay Payne (LP)	Interim Deputy Director of Finance	NWSSP
Helen Wilkinson (HW)	Planning Manager	NWSSP
<b>PRESENTERS:</b>		
Andrew Evans (AE)	Director of Primary Care Services	NWSSP
<b>SECRETARIAT:</b>		
Gareth Price (GP)	Personal Assistant	NWSSP



Item		Action
<b>1. STANDARD BUSINESS</b>		
<b>1.1</b>	<b>Welcome and Opening Remarks</b> The Chair welcomed Committee members to the September 2021 Shared Services Partnership Committee meeting.	
<b>1.2</b>	<b>Apologies</b> Apologies were received from:  Huw Thomas, Director of Finance – Hywel Dda UHB Pete Hopgood, Director of Finance – Powys tHB Chris Turley, Director of Finance – Welsh Ambulance Service Jo Whitehead, Chief Executive – BCUHB UHB Catherine Phillips, Director of Finance – Cardiff & Vale UHB	
<b>1.3</b>	<b>Declarations of Interest</b> No declarations of interest were disclosed.	
<b>1.4</b>	<b>Minutes of Previous Meeting</b> Draft Minutes of meeting held on 22 <sup>nd</sup> July 2021 were reviewed and accepted with no issues raised.	
<b>1.5</b>	<b>Action Log</b>  Foundational Economy - Briefing document to be produced on the achievements to date and the aspirations for the future - <b>Complete</b>  <u><b>Action</b></u> PS to draft letter for the Chair to send to Darren Du Pre thanking him on behalf of the Committee for his service and support.	<b>PS</b>
<b>2. Deep Dive</b>		
<b>2.1</b>	<b>Supporting Primary Care</b>  Andrew Evans, Director of Primary Care Services, presented a deep dive on the development of the NWSSP response to the National Primary Care Programme. In particular he explained how NWSSP holds a substantial amount of data drawn from the large range of products and services that NWSSP deliver to the Primary Care Sector. These services vary between transactional (e.g. GP Payments), professional (e.g. Legal advice), and technical strategic (e.g. Estates Strategy advice). He explained that the team were currently working with Health Boards and DHCW to ensure that the team could move from data warehousing to data management helping to provide better links between data and	

Item		Action
	outcomes. To take this agenda forward, and to better co-ordinate the services provided, NWSSP would look to establish a Steering Group.	
<b>3. Chair/Managing Director's Report</b>		
<b>3.1</b>	<p><b>Chair's Report</b></p> <p>MF stated that she has been participating in the selection process for her successor through a stakeholder panel. An announcement on the successful candidate will be made in early October following completion of the interview process.</p>	
<b>3.2</b>	<p><b><u>Managing Director Update</u></b></p> <p>NF presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> <li>Members of the NWSSP SLG met with Welsh Government at the end of July as part of the formal JET process. In particular NWSSP were able to highlight the influence and contribution they have had on <i>A Healthier Wales</i> and how NWSSP will play their part in supporting Health Boards and Trusts as they plan to recover and continue to respond to the pandemic. The Welsh Government team reflected on NWSSP performance during the last 12 months and were pleased that NWSSP was able to reach beyond traditional boundaries in a supportive manner with a clear focus on problem solving. In particular they highlighted not only 'what' had been achieved but the consistent 'can do' attitude, positive behaviours, and high levels of competency of NWSSP staff across a wide range of services.</li> <li>The Committee noted that NWSSP recently reached the milestone of issuing 1bn items of PPE supplied to NHS Wales, and the Social Care and wider Primary Care sectors. A revised PPE strategy has been developed with a requirement to reduce stockholdings of the main items of PPE to a minimum of 16 weeks as requested by Welsh Government. Further work is being undertaken on storage requirement options over the next few months.</li> <li>The Temporary Medicines Unit was recently subject to a MHRA inspection which resulted in a very positive outcome with only minor issues identified. A further inspection will be undertaken towards the end of the year to support the granting of a Special Licence. The team continue to work on the development of alternative products which should</li> </ul>	

Item		Action
	improve quality, produce time savings within Health Boards, with increased value-for-money. However, for the time being, the priority and key focus remains on supporting the Vaccination Programme.	
<b>4. Items for Approval/Endorsement</b>		
<b>4.1</b>	<p><b>IMTP</b></p> <p>AR updated the Committee on the development of the IMTP for 2022-2025. In particular the following cross-cutting themes have been identified to underpin the delivery of the Ministerial Priorities, but also the wider Programme for Government</p> <ol style="list-style-type: none"> <li>1. Customer focus and end user experience;</li> <li>2. Primary care delivery and advisory role;</li> <li>3. Progress towards WBFG Act five ways of working;</li> <li>4. Improve NWSSP engagement with and contribution to the Foundational economy in Wales;</li> <li>5. Patient journey – promoting the impact of what NWSSP does;</li> <li>6. Make maximum progress towards decarbonisation and addressing the climate emergency; and</li> <li>7. A motivated and sustainable workforce; supporting their wellbeing.</li> </ol> <p>The overarching NWSSP Strategy Map has also been updated to:</p> <ul style="list-style-type: none"> <li>• Highlight the foundational economy and decarbonisation more clearly across the objectives and overarching goals;</li> <li>• Reflect the equality and inclusion within the underpinning text of NWSSP values;</li> <li>• Include reference to wider social value within the VFM objective; and</li> <li>• Demonstrate our commitment to Welsh Language more visibly.</li> </ul> <p>The Committee Members noted the further opportunity to develop the Strategy Map during 2022 once the new SSPC Chair is in post and in readiness for the 2023-2026 IMTP process. This would also allow more time for greater clarity on recovery plans and consideration of the content of the IMTPs of our customers and wider partners to emerge.</p> <p>AR agreed to arrange 1:1 discussion with all SSPC Committee Members during October and November as part of the IMTP</p>	<b>AR</b>

Item		Action
	<p>development process, this worked well during last year. The Committee agreed to receive an indicative IMTP presentation with key messages at the November SSPC meeting.</p> <p>The Committee <b>APPROVED</b> the planned approach.</p>	<b>PS</b>
<b>4.2</b>	<p><b>Laundry - SBAR</b></p> <p>The Committee received a paper from AB outlining the guiding principles and critical success factors against which the agreed transfer of the Glangwili Laundry will be completed. It is proposed that all applicable assets and liabilities will transfer from Hywel Dda to NWSSP with effect from October 1, 2021. It is not envisaged that land and buildings will transfer.</p> <p>The Committee <b>ENDORSED</b> the transfer which will also be considered at the September Hywel Dda Board meeting.</p> <p><b>Action</b> GH to arrange a meeting with JD to bring him up to date with the Laundry programme.</p>	<b>GH</b>
<b>4.3</b>	<p><b>PPE Strategic Plan</b></p> <p>The Committee reviewed the long-term plan for the procurement and supply of PPE. Until the end of June 2021, NWSSP were holding 24 weeks' stock of PPE but this has since been reduced to a minimum of 16 weeks at the request of Welsh Government. Members noted that Welsh Government have requested NWSSP to continue to supply PPE to both Health and Social Care staff until the pandemic is deemed to be over. It was noted that the plan requires significant expenditure to be incurred on PPE over the next three years. The forecast expenditure is based on a number of assumptions that will need to be kept under review. An overarching Procurement Framework contract has now been deployed that seeks to substantially increase local purchasing, sustainability and reduce the reliance on international suppliers.</p> <p>The Committee <b>ENDORSED</b> the submission of the Plan to the Health &amp; Social Care PPE Procurement and Supply Group (comprising representatives from Welsh Government, Social Services and NWSSP) for approval.</p>	
<b>5. Project Updates</b>		

Item		Action
<b>5.1</b>	<p><b>PMO Highlight Report</b></p> <p>The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed.</p>	
<b>6. Governance, Performance &amp; Assurance</b>		
<b>6.1</b>	<p><b>Finance &amp; Workforce Report</b></p> <p>AB introduced the finance report and highlighted that there was a year-to-date underspend of £2.235m. The underspend was attributable to delays in appointing to vacancies as well as a non-recurring increase in Legal &amp; Risk Services income. NWSSP senior leadership team have agreed £1.7m of non-recurrent re-investments within the divisions to accelerate the delivery of benefits and efficiencies. NWSSP are proposing to declare an additional £1.25m distribution to NHS Wales and Welsh Government in 2021/22. The forecast outturn remains at break even and NWSSP is on track to meet all other financial targets.</p> <p>In terms of the Welsh Risk Pool, the DEL expenditure is forecast to be in line with budget and the costs to be funded under the Risk Share Agreement remain at £16.5m.</p>	
<b>6.2</b>	<p><b>Oracle Upgrade</b></p> <p>Committee members were provided with an update on the Oracle Upgrade project following the Strategy and Development Board (STRAD) meeting on the 10<sup>th</sup> September 2021. It was highlighted that the NWSSP Central Team would continue to plan on the basis of undertaking the upgrade on 19<sup>th</sup> October 2021. The revised agreed downtime window is 4.30pm 14<sup>th</sup> October - 7am 19<sup>th</sup> October with a number of checkpoint updates planned over the weekend where the STRAD Board will be updated on progress via the MS Team channel.</p> <p>SH questioned what contingency plans were in place if the system did not go live as planned. AB assured the Committee that appropriate contingency measures were in place to avoid any on-going disruption to services.</p> <p>The Committee <b>NOTED</b> the update and the good progress being made in respect of the major upgrade to the Oracle Finance, Procurement &amp; Supply Chain System scheduled for go-live on 19<sup>th</sup> October 21.</p>	

Item		Action
<b>6.3</b>	<p><b>People &amp; OD Report</b></p> <p>GH reported that in-month sickness levels remain very low at just over 2% compared to a target of 3.3% with the cumulative figure just below target at 2.94%. As at the end of August, headcount was 4299, which is a 5% increase on the figure for July. The change is primarily driven by the addition of new services, particularly the Single Lead Employer, but also in the Medical Examiner Service. A continued focus is needed to improve the levels of PADR compliance which has fallen slightly.</p>	
<b>6.4</b>	<p><b>Corporate Risk Register</b></p> <p>PS reported that there remains one red risk on the register, relating to the replacement of the NHAIS system. A new risk has been added relating to the need to upgrade the CLERIC system which is used by HCS to schedule and plan all deliveries.</p>	
<b>7. Items for Information</b>		
<b>7.1</b>	<p>The following items were provided for information only:</p> <ul style="list-style-type: none"> <li>- Welsh Language Annual Report</li> <li>- Finance Monitoring Reports (Months 4 &amp; 5)</li> </ul>	
<b>8. ANY OTHER BUSINESS</b>		
<b>8.1</b>	<p><b>Timing of Future Meetings</b></p> <p>PS raised the issue of whether Thursday mornings were the best time to hold the SSPC as it could occasionally clash with Board and Executive Team meetings in NHS organisations and always clashed with the Executive Board meeting for BCUHB which meant that they were unable to be represented at an Executive Director level. It was agreed that it would be sensible to discuss the timing of future meetings with the new Chair, when appointed.</p> <p><b>Electric Vehicles</b></p> <p>NF raised awareness of the challenge to power electric HGVs. Shared Services have managed to obtain some vehicles, but the battery life is not ideal, particularly for rural routes. NF stated that if funding to support infrastructure can be obtained, he will be asking for a discussion on electric charge points being put on Health Board sites which NWSSP drivers could access.</p>	

Item		Action
	<p><b>National Fraud Initiative</b></p> <p>AB asked for the Committee's support in getting access to the information in the Cabinet Office NFI database. NWSSP would like to review this information, on behalf of NHS Wales, in order to identify potential fraud trends and system weaknesses. While NWSSP have access to the database, they are currently unable to see the specific procurement, accounts payable and payroll data for each Health Board, Trust or Special Health Authority. Access to this information needs to be given by the respective Local Counter Fraud Specialist, and despite Directors of Finance supporting this initiative, some LCFS's are still reluctant to do this quoting Information Governance concerns. NWSSP believe that access to the information in the context of helping to improve systems against the risk of fraud constitutes an appropriate reason for accessing this information and the Committee were happy to support NWSSP in their efforts to access this information.</p>	
<p align="center"><b>DATE OF NEXT MEETING:</b>  <b>Thursday, 18th November from 10:00-13:00</b>  <b>Via Teams</b></p>		

Item 1.5


**ACTION LOG**

**SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)**

**UPDATE FOR 18 NOVEMBER 2021 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS NOVEMBER 2021
1.	2021/09/1.5	September 2021	<b>Action Log</b> PS to draft letter for the Chair to send to Darren Du Pre thanking him on behalf of the Committee for his service and support.	PS	November 2021	<b>Complete</b>
2.	2021/09/4.1	September 2021	<b>IMTP</b> AR agreed to arrange 1:1 discussion with all SSPC Committee Members during October and November as part of the IMTP development process.	AR	November 2021	<b>On-going</b> Meetings have either been scheduled or will be shortly.
3.	2021/09/4.1	September 2021	<b>IMTP</b> The Committee agreed to receive an indicative IMTP presentation with key messages at the November SSPC meeting.	PS	November 2021	<b>On Agenda</b>
4.	2021/09/4.2	September 2021	<b>Laundry Services</b> GH to arrange a meeting with JD to bring him up to date with the Laundry programme.	GH	November 2021	<b>Complete</b> Meeting held on 14 October.



 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:xx</b> <b>18 November 2021</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**COVID-19 INQUIRY READINESS GOVERNANCE GROUP**

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

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

To update the Committee on progress in preparing for the Public Inquiry and for the Committee to endorse the approach.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

NWSSP Senior Leadership Group

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>	✓	<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
<b>Argymhelliad/</b>		The Committee is asked to <b>ENDORSE</b> the approach.					

<b>Recommendation</b>	
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	No direct impact.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Answydd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	There will be significant financial cost (both direct and indirect) in preparing for the Inquiry(s).
<b>Risg a Aswiriant: Risk and Assurance:</b>	Inadequate preparation for the Inquiry would present a significant reputational risk to NWSSP.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

## 1. BACKGROUND

The Prime Minister, Boris Johnson, announced an independent public inquiry into the UK Government's handling of the COVID-19 pandemic will take place in Spring 2022. More information on its aims and remit will be known closer to that date, with the delay being attributed to not wanting to put pressure on the NHS or the UK and devolved Governments ahead of a potential winter surge. The Welsh Government remains in favour of a UK-wide inquiry and has rejected calls from opposition parties for a Welsh-specific inquiry.

NWSSP has played, and continues to play, a key role in supporting NHS Wales, Primary Care and Social Care in responding to the pandemic and therefore is extremely likely to be asked to give evidence to the UK Inquiry (and certainly a Wales Inquiry if the current position was to change). In particular, the procurement and supply of PPE and the support provided to the Field Hospitals are likely to be key areas of interest.

It is vital therefore that preparation for the Inquiry(s) commences as soon as possible to ensure that NWSSP is suitably placed to respond to the potential demands of the Inquiry once the terms of reference for it are published. To date, the following actions have been taken:

- Following several presentations and detailed discussions at the NWSSP Leadership Group, a separate sub-group has been established to oversee the actions required. The COVID-19 Inquiry Readiness Governance Group comprises the following members:
  - Andy Butler, Director of Finance & Corporate Services (Chair);
  - Alison Ramsey, Director of Planning, Performance, and Informatics (Vice-Chair);
  - Jonathan Irvine, Director of Procurement Services;
  - Mark Harris, Director of Legal & Risk Services;
  - Simon Cookson, Director of Audit & Assurance Services;
  - Neil Davies, Director of Specialist Estates Services;
  - Peter Stephenson, Head of Finance & Business Development;
  - Ian Rose, Head of Programme Management Office support; and
  - Leanne Wright, Administration Support.
- The Group has met on two occasions and the Terms of Reference, provided for information at Appendix A, have been signed off by the Senior Leadership Group.
- Members of the Group, and their Senior Leadership Teams, have already documented their reflections on responding to the pandemic to date, and these will be shortly completed by the rest of the NWSSP Senior Leadership Group and senior staff as appropriate.
- The Group has recognised the volume of work that will likely be needed to respond to the demands of the Inquiry(s) and are currently in the process of recruiting additional resource to assist with this task.
- Updates on progress are provided to each formal Senior Leadership Group meeting and regular updates will now also be provided to the Partnership Committee.

## **2. ARGYMHELLIAD/RECOMMENDATION**

The Committee is asked to **NOTE** the actions taken to date and to **ENDORSE** the approach being undertaken by NWSSP.

# **COVID-19 Pandemic: Inquiry Readiness Governance Group Terms of Reference V1 Draft**

September 2021:

Reviewed at Senior  
Leadership Group

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## 1 Introduction

The purpose of the COVID-19 Pandemic Inquiry Readiness Governance Group, (C-19PIRGG) is to operate at a strategic level, setting direction, co-ordinating and prioritising resources with integrity, leadership, and transparency, supporting NWSSP senior management in the collation and management of evidence and information for future Public Inquiries.

## 2 Objectives

- To forward plan for future inquiries in respect of the COVID-19 pandemic.
- To ensure a strategic oversight of the archiving, cataloguing and records management process across NWSSP in order to:
  - Prepare the necessary evidence in a timely manner for future public inquiries/Audits/Legal Claims in relation to the COVID-19 pandemic;
  - Provide a response and recovery timeline;
  - Preserve relevant information;
  - Provide a systematic audit trail of the pandemic response and recovery;
  - Archive documents, evidence, complaints, decisions, and testimonies in an orderly format that is easy to search, locate and export, including recordings, digital and paper evidence;
  - Ensure there is a robust, secure document management system with adequate storage; and
  - Provide a COVID-19 assurance map.
- To prepare organograms of organisational changes, 'family trees' of organisational groups interacting with third party groups and organisations and Policies in place at the time;
- To agree the legal process for all pandemic documentation;
- To identify key departed staff regarding potential inquiry requirements This will include, securing contact details and ensure their respective documents are captured and that their successors take responsibility for the pandemic response;
- To identify partner bodies and organisations which impacted on NWSSP's pandemic response. Liaise with these to ensure joint documents are archived and catalogued;
- To review and agree appropriate retention periods for documents in line with NWSSP Policy;
- To co-ordinate decision making and effective use of resources in terms of public inquiry readiness;
- To identify the potential terms of reference of an inquiry relevant to NWSSP and prioritise preparations in order of those of highest risk to NWSSP in terms of relevance and reputation;
- To consider and recommend the necessary archiving during the recovery phase of the pandemic; immediate, medium and long term recovery;
- To ensure a continued evaluation of the process;
- To establish a lessons identified log and assign action plans to implement lessons learned as part of the inquiry readiness process;
- To identify an Inquiry response team for NWSSP;

- To identify senior members that can sign off decisions should there be any gaps identified in documentary evidence;
- To provide guidance to staff on the ongoing process for managing information in relation to the pandemic;
- To seek legal and other independent guidance in the preparedness stage;
- To regularly consider expenditure requirements;
- To engage with other NHS bodies on an All-Wales basis to share practices and learning;
- Additional support to be identified as required, and arranged, for staff members who are possibly going to be asked to provide witness evidence.

### 3 Scope

In Scope:

As noted in the objectives.

The COVID Pandemic Inquiry Readiness Governance Group, (C-19PIRGG) will have responsibility (decision making authority) and oversight of:

- All aspects of the document management process for a public inquiry; and
- Linking in with other aspects of NWSSP business with the material impact on the provision of documentation and evidence related to the pandemic.

Out of Scope:

- General NWSSP issues not related to COVID-19

### 4 Membership/Nominated representatives

Director of Finance & Corporate Services (Chair)  
 Director of Planning, Performance, and Informatics (Vice-Chair)  
 Director of Procurement Services  
 Director of Legal & Risk Services  
 Director of Audit & Assurance Services  
 Director of Specialist Estates Services  
 Head of Finance & Business Development  
 Programme Management Office support  
 Administration support

Or a senior deputy of the above.

**In Attendance:**

Other members of the wider NWSSP management team may be present as required.



## 5 Meetings

### 5.1 Quorum

The meeting will be quorate providing the Chair or Deputy is present plus a minimum of three Directors or Deputies

### 5.2 Chair

The meeting will be chaired by the Director of Finance & Corporate Services. If the Director of is unavailable it will be chaired by the Director of Planning, Performance, and Informatics.

### 5.3 Secretariat

### 5.4 Frequency of Meetings

At least monthly, but frequency may be revisited as programme develops.

### 5.5 Meetings

Meetings will take place via Microsoft Teams.

### 5.6 Project tools

A Preparedness Programme is in place and a rolling action log will be maintained.

### 5.7 Reporting


CPIRGG will report directly to the Senior Leadership Group via a report following each meeting of the Group.

### 5.8 Delegated Authority

CPIRGG will have delegated authority to make decisions that are required providing that they are undertaken in accordance with the strategic aims of the Group as set out in these terms of reference. Financial delegations will be within the scheme of delegation and any revised governance arrangements approved by the Velindre University NHS Trust Board and advised by Welsh Government.

## 6 Review

These TOR will be reviewed on a quarterly basis

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:xx</b>  18 November 2021
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Proposed Purchase of Matrix House**

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

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

To obtain approval from the SSPC for a request for funding to be submitted to Welsh Government for the purchase of Matrix House.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

SSPC

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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<b>Argymhelliad/ Recommendation</b>	The Committee is asked, subject to the valuation and survey results, to <b>APPROVE</b> submission of a request for capital to Welsh Government.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Will be considered as part of the formal business case.
<b>Cyfreithiol: Legal:</b>	Will be considered as part of the formal business case.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	Potential savings included in paper.
<b>Risg a Aswiriant: Risk and Assurance:</b>	Risks to be fully evaluated as part of Business Case.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	Provides greater flexibility in working options.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

## 1. Background and Introduction

An opportunity exists to purchase the freehold of the multi-let, fully occupied Matrix House, which NWSSP has occupied in part since 2017. The building is particularly used by the following directorates:

- Audit & Assurance;
- Employment Services; and
- Primary Care Services.

Two further wings are occupied by Public Health Wales and one by the Welsh Ambulance Service, so currently 75% of the building is used by NHS Wales staff.

Matrix House is a modern 4-storey office block of concrete and steel construction, which does not contain any asbestos. Much of the existing accommodation has LED lighting throughout the office areas, helping to reduce the carbon footprint and support our ISO 14001 credentials. Lighting in most areas is controlled by sensors. Matrix House is powered throughout by electricity with no mains gas supply.

## Property

Matrix House is a high quality, modern business park office building comprising 42,308 sq ft (3,931 sq m) constructed in 2004. It offers open plan, flexible floor plates over ground and three upper floors. The majority of the building (excluding the Toast Mail Order Limited space) has benefitted from significant recent refurbishment (in excess of £2m since September 2017), including replacement of condensing units, carpets, ceiling grid/tiles, decoration, and LED lighting on three floors. There are 281 car parking spaces, 2 electric vehicle charging points and undercover bike shed available.

## Location

The property is located in Swansea Enterprise park, SA6 8RE, 1.5 miles from junctions 44 and 45 of the M4 motorway and less than 4 miles from Swansea city centre.

## Current Tenants

The building is fully let as per the table below.

Table 1 – Matrix House Tenant and Rent profile

Matrix House	Tenant	sq feet	Marketing rent exc VAT	Rent psf	Lease start	Lease end	Break
Part Ground	Sterling (EMEA) Limited	3,933	£43,263	£11.00	25-Aug-21	25-Aug-26	25-Aug-24
Part Ground	WAST	6,383	£70,213	£11.00	01-Apr-21	31-Mar-31	01-Apr-27
1st Floor	Public Health Wales	10,664	£101,308	£9.50	01-Jun-17	31-May-29	
2nd Floor	NWSSP	10,664	£101,308	£9.50	01-Jun-17	31-May-29	
Part 3rd Floor	NWSSP	4,819	£45,781	£9.50	01-Jun-17	31-May-29	
Part 3rd Floor	Toast (Mail Order Limited)	5,845	£63,301	£10.83	24-Sep-18	23-Sep-23	
	<b>Total</b>	42,308	£425,174	£10.05			

Source: Marketing literature Appendix 1

- Public Health Wales and NWSSP pay half rent up to 31 May 2022 when a rent review will take place
- Sterling EMEA Limited first 9 months' rent free and will receive 2 additional months' rent free if lease term completed
- Toast Mail Order Limited pay a reduced rent of £55,597 to 2023

## Condition

An independent valuation and mechanical and electrical surveys will be prepared prior to a formal recommendation to purchase.

## Financial Benefits

The proposed purchase price is £5.11m plus VAT subject to valuation, survey, and negotiation. The proposed VAT treatment is to be confirmed following discussion with Ernst Young. The purchase of Matrix House would provide annual rent savings for the NHS tenants.

It is assumed that if the Freehold was purchased rent would no longer be payable by the NHS tenants which would save potential NHS rental costs of approximately £382k pa (inc. VAT and before rent review) assuming transfer from April 2022 and based on the marketing literature provided.

Freehold ownership of the property would provide the following financial benefits:

- Receipt of rent of £43,263pa Sterling (EMEA) Limited commencing 25<sup>th</sup> May 2022 after a nine-month rent free period until Aug 2026 subject to break clause conditions
- WAST rent saving of £70,213pa (£84,256 gross) until March 2031.
- Public Health Wales rent saving of £101,308 pa (£121,570 gross) from June 2022 until May 2029. Note rent review is due in May 2022 and may result in rent increase.
- NWSSP rent saving of £147,089 pa (£176,507 gross) from June 2022 until May 2029. Note rent review is due in May 2022 and may result in rent increase.
- Receipt of rent from Toast Mail Order Limited of £56,957pa rising to £63,301pa from September 2023 if lease extended
- NHS would avoid payment of significant dilapidation costs at the end of their respective leases
- NWSSP as landlord would receive a payment for dilapidations by Sterling (EMEA) Limited and Toast (Mail Order Limited) at the end of their respective leases.

Based on a completion of purchase by **31 March 2022** the projected savings made by the NHS are estimated as follows:

Item	Income/Savings pa	Savings total for lease term
Rent received from Sterling EMEA limited	£43,263 per annum from May 2022 to Aug 2026	£132,634
Rent saving for WAST	£84,256 (inc. VAT) per annum to March 2031	£758,300
Rent saving for PHW	£176,507 (inc. VAT) per annum to May 2029	£854,899
Rent saving for NWSSP	£147,089 (inc. VAT) per annum to May 2029	£1,252,708
Rent received from Toast mail order Limited	£55,957 pa to August 2023	£82,798
<b>Total rent received/rent saving for committed lease term</b>		<b>£3,081,340</b>
Additional rent saving if rent review results in PHW increase to £11psf and coterminous with WAST	£19,195 pa (inc. VAT) to March 2031	£398,654

Additional rent saving if rent review results in NWSSP increase to £11psf and coterminous with WAST	£27,869 pa (inc. VAT) to March 2031	£569,770
Potential rent from renewals of rental agreements from private sector tenants to March 2031 assuming no rent increase from existing rent		£662,366
Dilapidation saving for NHS at end of lease (total floor area 32,530 sq ft)	Assume £15/sq ft	£487,950
Dilapidations from Sterling and Toast on termination of their leases (total floor area 9,778 sq ft)	Assume £10/sq ft	£97,778
<b>Total potential savings to March 2031</b>		<b>£5,297,860</b>

### **Notes to savings**

Given WAST and Sterling EMEA Limited have signed leases in 2021 at a rate of £11 per square foot it is reasonable to assume that NWSSP and PHW will see an increase when the rent review takes place in May 2022. Future rent reviews are likely, typically every 5 years but any further changes to the rent are not included in the savings or payback period calculation.

Dilapidation cost savings should be made at the end of the lease term, but it should be noted that some investment will be required in the building over and above the maintenance costs included in the service costs.

### **Capital cost and Payback period**

The proposed purchase cost is £5.11m net, £6.132m inc. VAT prior to valuation, survey, and negotiation.

The annual rent saving/received is c £482k based on existing private sector rents not increasing but allowing for an increase to £11 per square foot for NWSSP and PHW following the rent review.

Payback period is estimated at 12.7 years using the annual rent saving and excluding dilapidation savings.

### **Service cost**

The annual running costs of the building are shared amongst the tenants according to their respective floor space. Building rates are invoiced directly to the tenants.

If the Freehold is purchased, then service costs will continue to be shared with existing tenants on the same basis.

The budgeted service costs per the marketing literature are £2.84 per square foot or £120k for the building.

The 2021/22 building rateable value for **floor 2** is £112k with a multiplier of 0.535 resulting in an annual charge of £59,920.

### **Risks**

Initial discussions indicate that the NHS tenants are committed to the building for the duration of their tenancies and have no plans to vacate.

Sterling EMEA Limited have recently signed their lease and are committed to 2026 with a break clause option in 2024. Toast is committed to 2023. No discussions have taken place with the private sector regarding their future plans.

If the private sector tenants did not wish to remain and new tenants were not found, then the service costs for the remaining NHS tenants would increase.

Per Swansea Council web site building rates would not be payable for the first 3 months that a non-industrial property was empty.

### **Opportunities**

If the private sector tenants do not renew their leases, then the space would become available for alternative use.

Following a review of the use of the existing floor space and considering agile working there are opportunities for NWSSP to utilise the additional space. Furthermore, there may be opportunities to use parts of the building as a hub for the NHS and wider public sector.

The Freehold comes with an overflow car park adjacent to the property and subject to planning there may be the potential to develop this land for alternative use.

Welsh Government have been advised of the potential opportunity to purchase this building.

### **Next steps**

A formal valuation of the building will cost circa £2-3k and mechanical and electrical surveys will cost a further £6-10k. Discussion is required with Ernst Young re the VAT treatment of an investment property.

## **2. RECOMMENDATION**

The Committee is asked, subject to the valuation and survey results, to **APPROVE** submission of a request for capital to Welsh Government.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:xx</b> <b>18 November 2021</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**SMTL – Options for Expansion**

<b>ARWEINYDD: LEAD:</b>	Pete Phillips, Director, SMTL
<b>AWDUR: AUTHOR:</b>	Dr. Gavin Hughes, Deputy Director, SMTL
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:Gavin.Hughes@wales.nhs.uk">Gavin.Hughes@wales.nhs.uk</a>

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

For the Committee to note the contents & review all available options within the briefing paper to provide support and guidance.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

Welsh Government

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>	The Committee is asked to <b>APPROVE</b> the expansion of the SMTL service (Option 1).						



<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact at this stage.
<b>Cyfreithiol: Legal:</b>	No direct impact at this stage.
<b>Iechyd Poblogaeth: Population Health:</b>	Further expansion of the SMTL service will help to support improvements in the health of the population in Wales.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Further expansion of the SMTL service will help to support improvements in quality and safety within NHS Wales.
<b>Ariannol: Financial:</b>	Summary financial costs included in paper.
<b>Risg a Aswiriant: Risk and Assurance:</b>	Summary of main risks included in paper.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	Expansion of service will benefit both SMTL staff directly, and also indirectly frontline staff across NHS Wales.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

## 1. BACKGROUND

SMTL are part of NHS Wales Shared Services Partnership and have been based at the Princess of Wales Hospital (POWH) site at Bridgend for 22 years. The current facility has served SMTL well for many years, however due to unprecedented demand during the pandemic, the facility has experienced limited capacity and testing capability. The forecast demand for the service post-pandemic is set to continue at the current level, therefore additional capacity will be required to manage the extra work, whilst maintaining a high standard of service.

## **SERVICE BACKGROUND**

SMTL have tested medical devices and personal protective equipment (PPE) products for many decades for NHS Wales and commercially for the medical device industry. The laboratory is UKAS accredited to ISO 17025 the international standard for testing laboratories, and SMTL are recognised as leading UK experts in testing and technical assurance for medical devices.

During the pandemic, SMTL tested medical devices & PPE products at an unprecedented level and continue to support the Medicines and Healthcare Regulatory Authority (MHRA) and Department of Health and Social Care (DHSC) to enable release of products from Daventry. Consequently, this has resulted in a lack of testing capability and capacity for the medical devices such as surgical gowns, medical masks and respirators at the SMTL facility in POWH. In order to continue with technical assurance checks of COVID-19 related medical devices and PPE products, SMTL have been subcontracting testing to various laboratories in Europe and the US, however lead times for testing are long and costs continue to rise.

To reduce the reliance on subcontracting, NWSPS has supported SMTL to purchase equipment to enable in-house testing. However it has been recognised that the facility requires expansion to house equipment to meet the increase in demand.

Several options to expand the facilities on the POWH site have been explored in a preliminary high-level feasibility study performed by EPT Partnership Chartered Architects in conjunction with Lee Wakeman's Management. These included:

1. Extending the current building;
2. Developing a derelict site on the POWH site;
3. Move office functions into NWSSP Procurement Stores and repurpose the current offices into laboratories.

Unfortunately these options were not available to progress due to potential build cost (option 1, estimated £1.3m for build), Cwm Taf future redevelopment plans for the derelict site (option 2) and unavailability of floor space at the present time to accommodate SMTL office functions (option 3).

Recently SMTL became aware of available white space in IP-5. Discussions were held between NWSSP and SMTL into the feasibility of SMTL utilising

a section of the white space on the mezzanine of IP-5 to develop the COVID-19 related medical device and PPE testing. Mark Roscrow has liaised with John Day (Cooke and Arkwright) to scope two options for SMTL:

## **1. IP-5 OPTIONS**

### **Option 1 – Smaller Area**

Option one is to construct new laboratories within a footprint of 325m<sup>2</sup> in the smaller of the 3 white spaces available on the mezzanine level of IP-5. This will enable SMTL to set up 3 testing laboratories and associated rooms to accommodate medical mask (EN 14683 breathability, splash resistance, bioburden testing), protective clothing (EN 13795 wet bacterial penetration and ISO 16604 and ASTM F1671 viral penetration) and respirator fit-testing (BS ISO 16975-3).

*Estimated Build and Equipment Cost = **£572,600** inc VAT*

### **Option 2 – Larger Area**

Option two is to incorporate option 1 and expand further into a second partitioned white space (750m<sup>2</sup>) on the IP-5 mezzanine, resulting in an overall footprint of 1075m<sup>2</sup>. This option provides the extra laboratories and rooms of option 1 with additional areas for accelerated ageing and real-time ageing studies and replicating the current SMTL functionality at the POWH site.

*Estimated Build and Equipment Cost = **£1,514,400** inc VAT*

## **2. SUMMARY**

Option 1 would enable SMTL to set up equipment and perform validations of equipment already purchased to facilitate medical device and PPE testing for NWSSP and the wider Welsh NHS. Conversations with John Day have indicated that Option 1 is achievable within the 2021/22 finance year as long as funding is available and procurement exercises are started in Nov/Dec 2021.

Option 2 would provide SMTL with resilience for current services and provide scope to expand services further in the future. However, due to the construction required it is highly unlikely that this could be achieved within the current timescales.

### **Option 1 Benefits**

The planned expansion into a satellite laboratory at an NWSSP location at IP5 will:

1. ensure that there is sufficient capacity to develop testing of COVID-19 related medical device and PPE products, which will enhance the reputation & reliability of SMTL.
2. reduce the reliance of sub-contracting testing to any third-party providers, and provide more control of the service.
3. enable SMTL to assess NWSSP-PS COVID-19 purchased product to confirm conformity with relative standards.
4. ensure that SMTL testing capability remain state of the art and are fit for the future.
5. reduce the reliance on Cwm Taf Estates and EBME departments.


### **Option 1 Risks**

1. The options outlined in the paper are all dependent on the support and approval from NWSSP for the expansion plans of the SMTL facility at IP-5.
2. There is a risk that adequate funding will not be fully available for the project, therefore delaying the project until alternative sources of funding are sought.
3. There is a potential risk of increased costs for each option when the requirements are confirmed, and the relevant reports & surveys are undertaken.
4. It is envisioned that initially, flexible staffing will enable the laboratory to be operational, but extra staffing may be required to fulfil its potential.

## **2. ARGYMHELLIAD/RECOMMENDATION**

The Committee is asked to **NOTE** the contents and **APPROVE** proceeding with the project.

The preferred option is to proceed with Option 1 and develop the satellite laboratory in the smaller size area on the mezzanine of IP-5 which will enable SMTL to develop test methods to assess conformity of medical masks, protective clothing and respirators.

 <b>GIG Cymru NHS WALES</b>		Partneriaeth Cydwasaethau Shared Services Partnership		<b>AGENDA ITEM:</b>  <b>18 November 2021</b>			
<b>The report is not Exempt</b>							
<b>Teitl yr Adroddiad / Title of Report:</b>							
<b>Review of NHS Wales Shared Services Partnership Committee Standing Orders (SSPC SOs)</b>							
<b>ARWEINYDD:</b> <b>LEAD:</b>		Andy Butler Director of Finance & Corporate Services					
<b>AWDUR:</b> <b>AUTHOR:</b>		Peter Stephenson Head of Finance & Business Development					
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>		Peter Stephenson Head of Finance & Business Development					
<b>MANYLION CYSWLLT:</b> <b>CONTACT DETAILS:</b>		Andy Butler Director of Finance & Corporate Services 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>					
<b>Pwrpas yr Adroddiad / Purpose of the Report:</b>							
To provide the Committee with proposed amended version of the SSPC Standing Orders, following amendments to ensure they remain relevant and fit for purpose following recent developments, which are summarised in the body of this report.							
<b>Llywodraethu / Governance:</b>							
<b>Amcanion / Objectives:</b>		Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.					
<b>Tystiolaet / Supporting evidence:</b>		<a href="#">NHS Governance e-Manual</a> ; NHS Trust Model Standing Orders Reservation & Delegation of Powers (March 2014); NHS Trust Model Standing Orders, Reservation & Delegation of Powers, Glossary of Terms; Schedule 5.1 LHB Local Partnership Forum Advisory Group – Terms of Reference and Operating Arrangements; Velindre University NHS Trust Standing Financial Instructions (SFIs) and Standards of Behaviour Framework.					
<b>Ymgynghoriad / Consultation:</b>							
Engagement with Welsh Government. The update will also be taken to Velindre Trust Board.							
<b>Adduned y Pwyllgor / Committee Resolution (insert ✓):</b>							
<b>DERBYN / APPROVE</b>		<b>ARNODI / ENDORSE</b>		<input checked="" type="checkbox"/>	<b>TRAFOD / DISCUSS</b>		<input type="checkbox"/>
<b>Argymhelliad / Recommendation:</b>		The Committee is asked to <b>ENDORSE</b> the amendments to the Standing Orders set out in Appendix 1.					
<b>Crynodeb Dadansoddiad Effaith / Summary Impact Analysis:</b>							

<b>Cydraddoldeb ac amrywiaeth / Equality and diversity:</b>	No adverse impacts or implications identified.
<b>Cyfreithiol / Legal:</b>	SSPC SOs are based on the Model Standing Orders issued by Welsh Government to NHS Trusts using powers of direction as provided in Section 19 (1) of the National Health Service (Wales) Act 2006, which states that NHS Trusts in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business.
<b>Iechyd Poblogaeth / Population Health:</b>	No adverse impacts or implications identified.
<b>Ansawdd, Diogelwch a Profiad y Claf / Quality, Safety &amp; Patient Experience:</b>	Ensuring the SSPC and its Sub-Committee(s) are empowered to make informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
<b>Ariannol / Financial:</b>	No adverse impacts or implications identified.
<b>Risg a Aswiriant / Risk and Assurance:</b>	The adoption of SOs and SFIs is a key element of the corporate governance arrangements of the SSPC. The adoption of the model in place ensures compliance with Welsh Government directives and guidance and ensures consistency across NHS Wales.
<b>Safonau Iechyd a Gofal / Health and Care Standards:</b>	The SOs ensure effective procedures are in place and demonstrate compliance with the overarching principles of governance, leadership and accountability of the quality themes outlined in the <a href="#">Health and Care Standards</a> .
<b>Gweithlu / Workforce:</b>	No adverse impacts or implications identified.
<b>Deddf Rhyddid Gwybodaeth / Freedom of Information:</b>	Open - the information is disclosable under the Freedom of Information Act 2000.

## REVIEW OF SSPC STANDING ORDERS

### 1. INTRODUCTION

To ensure effective, robust and up to date governance arrangements are in place for the SSPC, the SOs are reviewed on at least an annual basis and were last updated in May 2021, being endorsed by the SSPC and approved at Velindre University NHS Trust Board. Amendments have been made to

the document since its last publication date and a summary of the amendments proposed are set out at **Appendix 1**. The fully updated document has been circulated separately as **Appendix 2**, for **NOTING** and **ENDORSEMENT**, prior to re-submission to the Velindre University NHS Trust Board.

## **2. GOVERNANCE AND ASSURANCE**

Revision of the document to ensure its relevance is a key element of the corporate governance arrangements of the SSPC and provides assurance that the SOs are compliant with Welsh Government directives and Model Standing Orders, up to date with emerging legislation and regulatory guidance and ensures consistency in managing the business of Committee. The updated SOs will be presented to the Velindre University NHS Trust Board, once noted and endorsed by the SSPC.

Section 10.0.1 of the SSPC SOs state:

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

Section 9.0.3 of Welsh Government's Model Standing Orders for NHS bodies states:

*"Assurances in respect of the Shared Services shall primarily be achieved by the reports of the Managing Director of Shared Services to the Shared Services Partnership Committee and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Managing Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the HB."*

## **3. RECOMMENDATION**

The Committee is asked to **ENDORSE** the amendments set out in Appendix 1.

## Appendix 1 – Summary of Amendments to SSPC SOs (November 2021)

Page(s)	Amendment
72	The removal of the increased temporary financial limits for COVID-19 expenditure with effect from 30 September 2021.
14, 70,	Change in job title for the previous Deputy Director of Finance to the Director of Planning, Performance, and Informatics.
69	Additional authority for the Director of Planning, Performance, and Informatics for general expenditure.
3, 7, 14,	The recognition of Digital Health & Care Wales as the twelfth NHS organisation in Wales.
Various	The change in title of the Senior Leadership Team to the Senior Leadership Group.
16, 100, 101,	The removal of the temporary wording of the tenure of the Chair which had previously been amended to include the provisions of Regulation 3 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020.
14, 25, 29, 64, 65, 69,	The change in job title of the Director of Workforce and Organisational Development to the Director of People and Organisational Development.
30	The inclusion of reference to the Welsh Language Standards.
69	The deletion of reference to Charitable Funds in the Scheme of Delegation as this is not applicable to NWSSP.
Various	Correction of some minor grammatical errors.





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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:3.2**

**18 November 2021**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Managing Director's Report**

**ARWEINYDD:  
LEAD:**

**Neil Frow – Managing Director**

**AWDUR:  
AUTHOR:**

**Peter Stephenson, Head of Finance &  
Business Development**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

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

To provide the Committee with an update on NWSSP activities and issues since the last meeting in September.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

To ensure that NWSSP openly and transparently reports all issues and risks to the Committee.

**Tystiolaeth:  
Supporting  
evidence:**

N/a

**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.

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

## Introduction

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

## Financial Position

A review of service forecast outturn positions has been undertaken and this has shown that delays to appointing to vacancies as well as an increase in income within Legal & Risk Services has increased the underlying underspend. We have agreed £2m of non-recurrent re-investments within NWSSP to accelerate benefits and efficiencies and we have confirmed an additional £1.25m distribution to NHS Wales and Welsh Government in 2021/22 as approved at the last SSPC. We will continue to review the financial position over the coming months to inform any further funding and/or distributions to NHS Wales/Welsh Government.

We have confirmation of £4.5m of capital funding in our CEL at the end of October against the £10.5m we included in our IMTP. £1.02m has been spent to the end of October with plans in place to fully utilise the funding within the financial year. We await the outcome of the additional capital funding request of £11.5m we submitted to Welsh Government.

In terms of the Welsh Risk Pool, the DEL expenditure to M7 is £32.7m, compared to £56m at this point last year. The M7 DEL forecast is £125m compared to the IMTP forecast of £123.5m. Welsh Government have locked the £16.5m risk share in September with UHBs/Trusts so any movement from forecast will be managed with WG. The forecast remains within a range which can be managed to meet the total Welsh Government resource available by the end of the year and we continue to review cases to identify if we can incur additional expenditure in 21/22 to ease the pressure of the risk share agreement in future years if required.

## Operational Performance

The tables and graphs shown below demonstrate how volumes of transactions have increased in recent years for our Accounts Payable, Recruitment and Payroll functions:

*Table 1: Overall increase in Accounts Payable and Employment Services activity 2012/13 – 2021/22.*

Function	Activity	2012/13 Baseline	2021/22 Forecast	% Increase
Accounts Payable	Invoices Processed	1,368,590	2,024,935	48%

Recruitment	FTE's Advertised	7,720	39,462	411%
Payroll	Payslips Processed	1,311,130	1,670,006	27%

Table 2: Accounts Payable Total Invoices Processed Annually 2012/13 – 2021/22

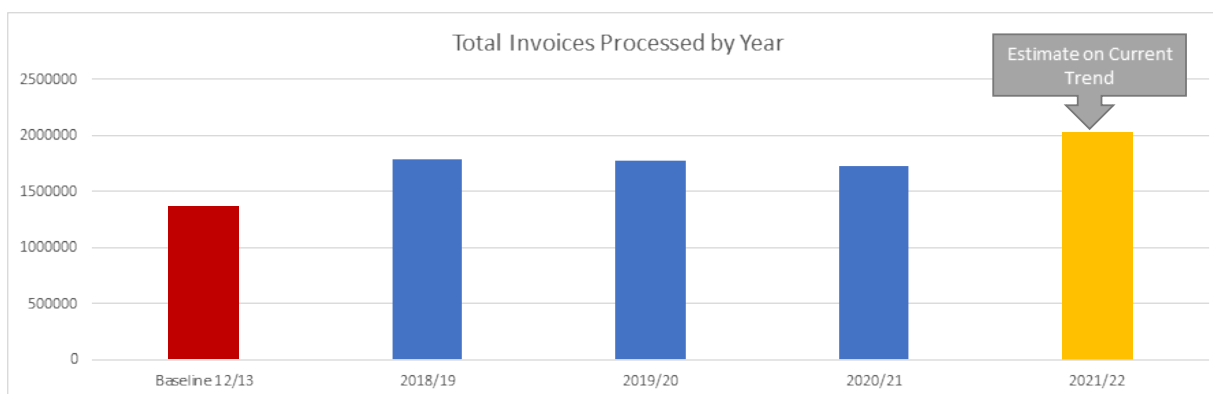


Table 3: Employment Services Recruitment Activity and Time to Hire 2012/13 – 2021/22

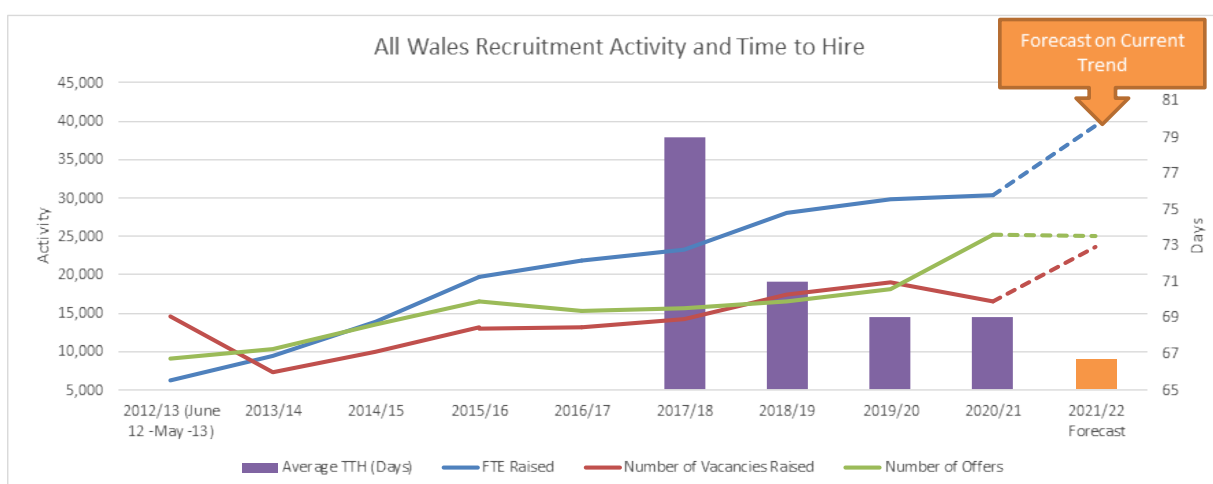
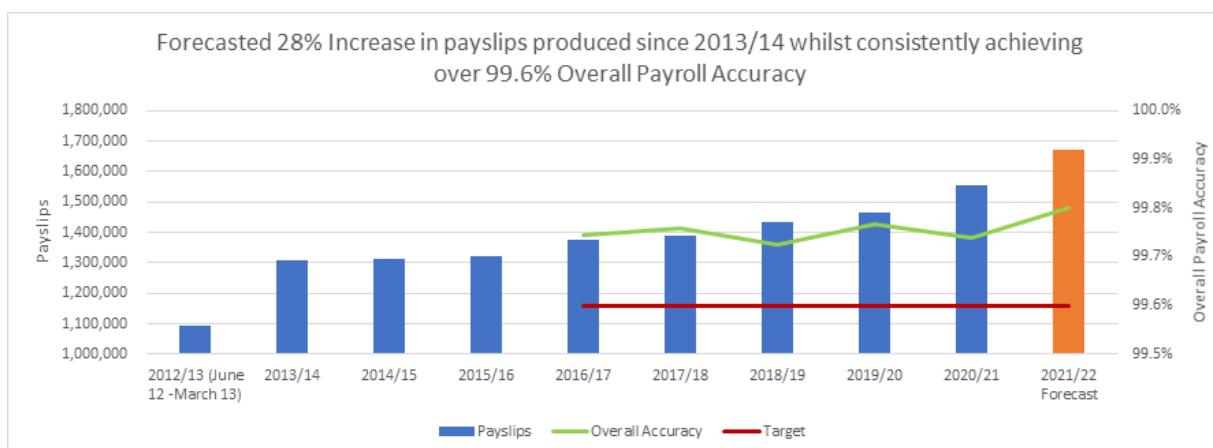


Table 4: Employment Services Payroll Activity 2012/13 – 2021/22



In recent months, the need for Health Boards and Trusts to increase expenditure and recruit significant additional members of staff to respond to and recover from the pandemic is undoubtedly placing great strain on our Recruitment and Payroll teams in particular. The impact on these services and the staff working within them has been recognised by the Senior Leadership Group and the issues arising from this level of unprecedented and unplanned demand have been added as a risk on the Corporate Risk Register. Pressures have been compounded through the need to further respond to one-off issues such as payment of the COVID bonus, the payment of overtime arrears for annual leave, and implementing the pay award. Employment Services staff have responded admirably to these challenges through working additional hours, but the level of current demand is difficult to sustain within existing resource and systems. The following measures have therefore been taken, or are being taken, to address the issue:

- Additional resource has and is being obtained through the use of bank staff; temporary redeployment of staff from other directorates within NWSSP; arrangements with Cardiff University for student support; and bids for KickStart apprentices;
- To make induction easier and quicker, new recruits are not being taught to undertake a whole process, but instead to focus on the “pinch points” that are currently leading to delays;
- Changes are being made to the TRAC system to help streamline recruitment procedures; and
- Work is being undertaken to streamline, prioritise, innovate, and improve the “customer experience” when contacting any of the NWSSP Help Desks.

This situation is being closely monitored by the NWSSP Senior Leadership Group and progress with the above measures, and any other required initiatives, will be reported back to the SSPC whilst we deal with these unprecedented and unplanned levels of demand on our services.

## **Health and Well-Being Conference**

In October NWSSP held its first virtual Health and Well-being Conference. The day was hosted by Andy Butler, Chair of NWSSP’s Health and Well-being Partnership Group, and consisted of a series of workshops on the theme of taking care of our own well-being. Employees were able to log on for the whole event from 9.30-3pm or to drop-in to sessions which they felt they would benefit from. Topics covered by the workshops included “Mindfulness Taster session”, “Healthy Nutrition”, “Beating the Winter Blues” and “Bakers Dozen-Resilience”. Just over 170 NWSSP employees attended all or part of the day, which ran smoothly on Zoom without any technical hitches.

An evaluation was sent out afterwards with the vast majority of attendees rating it very highly, with an average score of 4.7 out of 5. Comments included: “Brilliant first conference! I really enjoyed the time I attended, it

was useful in many different ways". "Great event that has given me bits and pieces to take away and think about. Looking forward to the next one". "I would love for this to be a recurring event as I thoroughly enjoyed it and learnt a lot". The Conference is now planned to be an annual event.

## **Green Agenda**

We continue to play our part in taking forward the green agenda with a number of specific initiatives to support decarbonisation and combat climate change. We are installing solar panels and LED lighting across a number of our buildings. The Salary Sacrifice Scheme has provided 1600 electric vehicles to date with a further 470 on order.

In Health Courier Services, a number of this year's fleet due for planned replacement will be replaced with Electric Vans with a range of over 200 miles. Separately, we are undertaking a pilot to test the UK feasibility of introduction of E-HGV. Ten 18 tonne Electric HGV's will be used to test feasibility on pre-scheduled routes as part of a UK feasibility study. As part of our fleet replacement planning, the lease arrangements on HGV's forthcoming replacements will have their timescales shortened, to allow us to replace fleet in a timelier manner and access lower carbon emitting fleet as the technology develops.

## **IMTP**

There is a separate item on the agenda to highlight the emerging themes from the IMTP process thus far. A number of workshops were held in recent weeks to discuss the issues, such as the decarbonisation agenda and the foundational economy, which underpin the IMTP. The workshops were well attended and were seen positively in helping to break down any perceived barriers to achieving a coordinated and cohesive IMTP.

## **PPE**

The PPE Strategic Plan was approved by the Committee at its September meeting and work is on-going to reduce stock levels from 24 to 16 weeks. The work undertaken by NWSSP to ensure the supply of PPE to NHS Wales, Primary Care and Social Care during the pandemic has been recognised at a number of awards ceremonies. The Financial Governance Group established early in the pandemic to provide a real time and rigorous approvals process for PPE orders was awarded the COVID Hero/Heroes' category in a ceremony hosted by Finance Awards Wales. The Group comprised a range of senior staff from across NWSSP and also both the Velindre Vice-Chair and Director of Finance. The Group were also nominated as part of the Public Finance Awards for 2021 and were highly commended in the good governance, risk management or prevention category following an awards ceremony held in London.

## Laundry Services

The two remaining laundries (in Cwm Taf and Hywel Dda) have now transferred to NWSSP commissioning responsibility from the start of October. Good progress continues to be made with addressing the issues that have been raised following health and safety audits and this is regularly reported to the NWSSP Senior Leadership Group. Significant effort has been invested in engaging with the workforce in all five laundries and I have been very encouraged with the positive response and support that we have received from staff thus far. It was pleasing to be able to celebrate with laundry staff 30 years of continuous service at the Green Vale site.

Although not secured yet, and subject to planning and changes outside of our control, I can announce that along with Green Vale, the following sites are now the All-Wales Laundry “preferred sites” that will be subject to scrutiny and business case approval:

- **South West Region:** Millstream Way – land at Millstream Way, Swansea Vale, Swansea; and
- **North Wales:** Tir Llwyd Employment Parc - land at Tir Llwyd Employment Parc, Kinmel Bay, Rhyl

Both sites are new builds and they do not have any constraints in regards of existing buildings or facilities already constructed on them.

## Missing Payslips

A personal data breach involving some Swansea Bay University Health Board staff has been reported to the Information Commissioner’s Office, after confirmation that paper copies of payslips for September had been misplaced by IBM’s courier services, prior to their arrival at NWSSP. A small number of paper P45s were also misplaced. While some personal information is included in the payslips, they do not include bank account details.

Letters have been sent to affected staff to explain the situation and to provide appropriate advice, though we are not aware of any specific risk at this time as a result of the data breach. We have also sincerely apologised to them for the error and are investigating what went wrong with IBM and the ESR team in the Business Services Authority and considering what actions can be taken to help avoid a breach of this nature in future. Thankfully, whilst this is outside our control, these breaches are few and far between across NHS England and Wales, and the missing items are normally accounted for at a later date.

## **Accounts Payable**

Our Accounts Payables function is currently undergoing a review by the NHS Benchmarking Network. This provides a real opportunity to compare the provision and cost of our services against similar organisations across the UK. NHS Wales staff outside of NWSSP will also have the opportunity to contribute to the exercise through key stakeholder workshops. A draft report is expected by the end of the calendar year and will be shared with the Committee when finalised.

In addition the NWSSP Accounts Payable Team under the leadership of Russell Ward, has recently achieved the Accounts Payable Association's Quality Certification. In achieving the certification, the Team has become part of the only second UK organisation to achieve this award - a major achievement. The Team also scored highly at the recent Accounts Payable Association Awards with Russell Ward Runner Up in the Leadership category. The certification and award are testament to the work of the AP function across Wales and highlights the innovative approach undertaken by all parties.

## **Oracle Upgrade**

The Oracle upgrade was carried out as planned and the system went live on 19 October, with all milestones achieved, although some slippage to planned start times noted. There have been some issues with system stability and performance causing disruption since go-live which is to be initially expected for major upgrades. These now have largely been addressed and the system is operating at pre-upgrade levels. Currently, there are no business-critical issues outstanding that could impact patient care or NWSSP's or health organisations' ability to support front line services. Remaining issues are in hand and resolution times progressing as expected.

NWSSP staff have worked round the clock with Version 1 (our strategic partner) and Health Organisation colleagues when needed. Version 1, have responded positively to the pressures to resolve post go-live issues, making additional resource available. Post go-live activities are now starting with Lessons Learnt reports, and in-depth analysis on root causes. The successful implementation reflects the significant planning and rigorous testing that was undertaken throughout 2021 by the NWSSP Central Team.

## **Senior Appointments**

This meeting is the last that will be chaired by Margaret Foster, who retires as the NWSSP Chair at the end of the month. Margaret has held the post for nine years and has overseen a substantial growth in the size, range, and complexity of the services provided by NWSSP. I would like to take this opportunity to place on record my thanks to Margaret for her support, guidance, and leadership in helping to make NWSSP the organisation that it



is today, and I am sure that the Committee will join me in wishing Margaret every happiness in her life beyond NWSSP.

I equally look forward to working with Professor Tracy Myhill, who commences as the new NWSSP Chair with effect from 1 December. Tracy was appointed following a very robust recruitment process that attracted some excellent candidates. Many of you will know Tracy who is an accomplished senior leader with over 35 years of experience across the public sector and not-for-profit settings and has significant experience in Chair, Non-Executive Director, National HR Director, Chief Executive and Executive Director roles.

**Neil Frow,  
Managing Director, NWSSP,  
November 2021**



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# GIG Cymru Partneriaeth Cydwasaethau

NHS Wales Shared  
Services Partnership  
PMO Report Oct 21

## **NWSSP PMO Monthly Update – October 2021**

**Prepared by Ian Rose**

**Date: 22/10/2021**

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### Monthly Summary

The PMO is currently supporting **26** different schemes up one on last month, of varying size, complexity and providing a range of support from different points within the project lifecycle.

Within the PMO, we have 4 Project Managers and 2 PPM Business Partners supporting schemes all of which are at different points within the project or programme lifecycle.

The **26** schemes have **9** different SRO/Project Executive Leads across 8 different NWSSP directorates.

Also, within the **26** schemes the breakdown of scheme size and coverage ranges from:

- **39% All Wales** – Typically where the scheme covers multiple Healthboards, and the schemes seek to implement products utilised on a multi healthboard or all wales basis.
- **11% Healthboard** – Typically supporting schemes for Healthboards but where NWSSP play a role in the service provision
- **50% NWSSP** – Typically serving internal purpose for one or more NWSSP directorates




The high-level update displays the current status of the schemes where PMO are engaged at any level and attached in Appendix A is the current graphical performance and data set.

### SLT Recommendation

SLT are asked to:

- Note the update on progress with key projects
- Consider the consequences and agree the current assessment of risk



NWSSP Planning, Performance & Informatics PMO				
Reporting Period	Sept - Oct 21-22		Date Completed	22/10/2021
Summary	The purpose of this report is to provide a progress update.		Completed By	Ian Rose
Previous Status	Current Status	Trend Status	Summary Update :	
			26 projects in progress.	
<p>Green : Project on track -Time, Cost, Scope Blue : Closed/ Delivered or Closed/Withdrawn/Ceased Amber : At risk of failing - Time, Cost or Scope Red : Failed Time, Cost or Scope - urgent attention req'd *Agreed between Proj Man and Proj Exec/Lead/Proj Dir/SRO</p> <p>Original Completion based on Scoping discussion / Revised Completion based on any exception plans or agreed date variations by appropriate board, where they are the same this would indicate an exception date has notas yet been agreed. % Completion based on overall task completion vs overall planned tasks</p>				

Scheme Scale	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
<b>All Wales</b>							
Demographic Transformation	Ceri Evans	Green	Large	31/12/2022	31/07/2022	33%	Project Management
GMPI - existing liabilities scheme	Mark Harris	Paused	Large	31/03/2022	31/03/2021	84%	Project Management
Medical Examiner	Andrew Evans	Amber - Cost	Large	31/12/2021	31/03/2021	72%	Project Management
NHS Wales Staff Benefit Portal	Alison Ramsey	Paused	Medium	01/12/2021	31/12/2020	20%	Project Management
Performers List	Neil Jenkins	Green	Medium	31/03/2023	31/03/2022	36%	Project Management
PPE Winter plan 2021/22	Andy Butler	Green	Medium	31/03/2022	31/03/2022	100%	Project Management
Primary Care NHAIS GP Payments (MVP)	Neil Jenkins	Green	Large	31/03/2022	01/05/2020	79%	Project Management
Single Lead Employer Phase 2 (Psychiatry/GP/Paediatrics & Higher Surgery)	Malcolm Lewis	Green	LargeXorg	30/09/2021	30/09/2021	99%	Project Management
Single Lead Employer Phase 3	Malcolm Lewis	Green	Medium	30/09/2022	30/09/2022	14%	Project Management
Student Awards System Existing Stabilisation and New System Spec	Darren Rees	Amber - Cost	Medium	31/03/2022	31/03/2021	20%	Project Management
TRAMS Phase 2 OBC Developments	Neil Frow	Green	LargeXorg	31/12/2023	31/03/2022	15%	Project Management
TRAMS SE Wales Hub	Neil Frow	Green	Large	31/03/2022	31/03/2022	35%	Project Management
<b>Healthboard</b>							
Cwm Taf Phase 2 Community Dressings	Suzanne Scott-Thomas	Green	Medium	31/03/2022	31/10/2021	59%	Project Management
Ward Stock Storage Assessment	Greg Dix	Green	Small	31/03/2022	01/03/2021	29%	Project Management
<b>NWSSP</b>							
Automatic Data Capture [ADC] devices	Graham Davies	Not Started	Medium	Not PMO Measured	Not PMO Measured	0%	Project Management
Cleric Procurement of New System / contract	Tony Chatfield	Amber - Time	Small	31/01/2022	31/12/2020	50%	Project Management
Corporate Health Standards	Gareth Hardacre	Green	Medium	31/10/2021	31/10/2021	71%	Project Management
Data Management	Andrew Evans	Green	Large	01/09/2024	01/09/2024	39%	Project Management
NAF Form support for PIN	Gareth Hardacre	Green	Large	31/03/2022	31/03/2022	0%	Project Assurance
New PMO software Requirements - Identifying a system (BC Development)	Alison Ramsey	Green	Medium	30/11/2021	31/05/2020	100%	Project Management
NSV Codes/Review	Tony Chatfield	Not Started	Small	Paused	Paused	0%	Project Management
Patient Medical Records and Scanning Service Accommodation Review	Scott Lavender	Green	Large	31/08/2024	31/03/2022	10%	Project Management
SMTL POW Building Expansion - Feasibility Study	Pete Phillips	Green	Small	31/03/2022	01/04/2021	90%	Project Management
Contact Centre (Scoping & Requirements)	Simon Cookson	Green	Medium	31/03/2022	31/03/2022	25%	Project Management
SMTL - LIMS (Scoping & Requirements)	Pete Phillips	Green	Medium	31/03/2023	31/03/2022	10%	Project Management
L&R Case Management System implementation phase	Mark Harris	Amber - Time	Large	31/08/2023	31/03/2022	10%	Project Management

## Key Individual Project/Programme Updates

Project Name	Project Manager	Project Exec/SRO
<b>Student Awards</b>	Bethan Rees	Lisa Williams / Darren Rees

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

### **Status – Time (Amber) Cost (Amber) Quality (Amber)**

#### **Update**

It has been agreed to continue with the BOSS software for the remainder of this year up to March 2022.

Parts of the existing system have now been migrated to new hosting to mitigate risks.

SBUHB remain the hosts of the main servers.

A tender process has been run for a replacement software contract:

- Unfortunately, we received only one bid, from the incumbent supplier, and which was not compliant. Feedback has been sought from other suppliers who did not bid, which was due to resource constraints over the July/Aug holiday period.
- It is now being explored to extend the current supplier for a further year, while the tender process is re-run, to secure a compliant long-term solution
- Capital provisionally allocated in the current year will therefore have to be handed back. Linsay Payne is aware

The resources required for IT Security work to mitigate the vulnerabilities within the existing system remain in focus.

Project remains RAG rated as **Amber**.

### **Main Blockers/Observations**

- Lack of compliant bids for the new system
- Vulnerability and end of support for legacy software and hardware
- 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. Potential monetary penalties of several million pounds for a loss.

### **Consequences**

Risk of total system failure if new system cannot be procured

Project Name	Project Manager	Project Exec/SRO
<b>L&amp;R Case Management System</b>	Jenna Goldsworthy	Mark Harris
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p>The Legal &amp; Risk team are working on the implementation of a new case management system using Microsoft Dynamics 365.</p> <p>The contract with the supplier was signed in September 2021 and the implementation phase began on 1<sup>st</sup> October 2021.</p> <p>The Project Manager for the project has been changed from Peter Elliott to Jenna Goldsworthy from 22nd September 2021. The Project Board and Project Team has now been established with appropriate representation from NWSSP and the supplier. Governance arrangements are in place to support the delivery of the solution.</p> <p>As the solution is being funded by Welsh Government, Q2 report provided to Digital Priority Investment Fund (DPIF) included progress to date and the financial issue highlighted below.</p> <p>A refresh of initial project documentation will be completed over the coming month.</p> <p><b><u>Observations</u></b></p> <p>Due to the time taken to resolve the commercial issue, the risk to the timeline of completing all work by the end of March 2022 has now escalated to become an issue.</p> <p>Remedial actions to rebaseline the timeline are currently being considered, however the current financial milestone payment forecast identifies that up to £119k will slip into 2022/23. NWSSP Finance is working on re-profiling the financial milestones. Consequently, the expected Go-Live date is currently Aug-22, however the project plan is being rebaselined to confirm this date.</p> <p>This is the <b>first Dynamics 365</b> implementation project undertaken by NWSSP.</p> <p>As one of the two current systems, virtual cabinet, is not due to be renewed after Mar-22 there is a requirement for an alternative solution to be available from this date. Workshops are due to take place to confirm the requirement and to determine if the Mar-22 deadline for this element is achievable.</p> <p>There will be sensitive data within the document and database solution that is provided, therefore NHS Information Governance requirements must be met throughout the course of the project.</p> <p>The time required to achieve IT Security Approval from WAIG is uncertain, but work is underway to define the process and timeframes.</p> <p><b><u>Consequences</u></b></p> <p>Delays to implementation within current timeframe.</p>		

Project Name	Project Manager	Project Exec/SRO
Medical Examiner	Bethan Rees	Andrew Evans (PCS)
<b>Monthly Update (key/issues (blockages)/risks)</b>		
<b>Status</b> – <b>Amber</b> (Overall) <b>Green</b> (Time) <b>Red</b> (Cost) <b>Green</b> (Quality) <b>Update</b> <p>The full management structure is in place and has taken responsibility for the service. The question of the future funding assurance letter remains unresolved, and recruitment actions are ongoing to complete the staffing establishment.</p> <p>Whilst it has been proposed to close Project Management support for this service the SRO has requested that PM support to the Service Management Board continues until the end of Q3 2021, to support resolution of the remaining elements of the scope.</p> <p><b>Main Blockers/Observations</b></p> <p>One risk currently exists over the 15 threshold which are <b>RED</b></p> <ul style="list-style-type: none"> <li>a. A lack of confirmation confirming full funding of Welsh model could mean insufficient fund to cover costs – at present the Letter of Assurance has not been received.</li> </ul> <p><b>Consequences</b></p> <p>The funding letter is ultimately needed to comply with governance and assurance requirements for the service. Currently funding continues to be supplied, without the documentation in place.</p>		



Programme Name	Programme Manager	Project Exec/SRO
<b>TRAMs Programme</b>	Peter Elliott	Andrew Evans (Welsh Gov) & Neil Frow
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status- Green</b> <b>Update</b></p> <p>Design work for the SE Wales Hub is ongoing. The contractors are on course to deliver the Estates Annexe for the Preferred Option and the Do Maximum Option by 4 Nov. Peter Elliott and Paul Beckett will then write the OBC Document and prepare the financials for the Business As Usual Option during November and early December. It is planned to present the OBC to Programme Board on 20 December, prior to submission to Welsh Government for scrutiny. Current issues are:</p> <ul style="list-style-type: none"> <li>The cost is predicted to exceed the amount forecast in the PBC. Indications from Welsh Government are that this is not a problem provided:             <ul style="list-style-type: none"> <li>The cost is justified by Service Benefits – Project Team are preparing supporting papers to demonstrate this, which will be incorporated in the OBC</li> <li>The overall programme is demonstrated to remain affordable – Project Team will update the PBC Financials to incorporate the new information, giving a revised overall estimate of Programme Cost</li> </ul> </li> <li>Requirements for electricity supply will exceed current substation capacity             <ul style="list-style-type: none"> <li>Stuart Douglas is preparing a letter on behalf of NWSSP to Western Power, to establish the cost for substation reinforcement. This issue will need to be resolved <u>before</u> Welsh Government approves the start of the FBC work</li> </ul> </li> <li>The project remains within the approved fee envelope for OBC, although the contingency element of the envelope is close to being fully committed.</li> </ul> <p>There is an opportunity to maintain progress by commissioning some preparatory work on updating URS documents during January 2022, concurrent with the Welsh Government scrutiny of the OBC. This would need to be commissioned at risk by NWSSP using slippage capital, as Government will not release the FBC fees until the OBC has passed scrutiny [and in particular until the power issue is resolved]. A firm proposal will be taken to Programme Board in December.</p> <p>Colin Powell is now leading the Workforce and Stakeholder engagement aspects of the Programme:</p> <ul style="list-style-type: none"> <li>The 2019 resource mapping is being repeated in Nov 2021 to update the detailed workforce information prior to OCP and TUPE</li> <li>Steps are underway to designate and transfer members of the service senior management in a structured way</li> <li>Colin is also preparing separate proposals to stabilize the wider workforce in advance of transfer</li> <li>Engagement with the Chief Pharmacist Group about the Service Model and other matters are ongoing month by month</li> </ul> <p>Other actions being prioritised by the Programme Manager for the remainder of the year include:</p> <ul style="list-style-type: none"> <li>Recruitment of Project Managers             <ul style="list-style-type: none"> <li>One manager appointed with a start date of 15 Nov</li> <li>Interviewed 4 candidates for second post in October without appointing</li> </ul> </li> </ul>		

- Post is being re-advertised
- Workshops with clinical colleagues for the Process and Digital scope, for which a contract was awarded on 1 October. These will run every fortnight from 29 Oct.
- Progressing site search for the SW and North Hubs, leading to designation of “Preferred localities” by the end of the year, which can be used as the basis for staff consultation.

### **Main Blockers/Observations**

- Resolution of the electrical supply issue for IP5 by end of Jan 2022 at the latest
- Appointment of Two Project Managers will need to be completed by the End of Jan 21 to avoid resource implications in the OBC development stages.

### **Consequences**

- Until the power supply issue for the SE Hub is resolved, the FBC fees will not be released by government, and the Programme Timeline will begin to slip from end Jan onwards.

Project Name	Project Manager	Project Exec/SRO
<b>Laundry Transition</b>	Ian Rose	Neil Frow
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<b><u>Update</u></b>		
Three Laundries continue to operate on the agreed basis as a result of the transfer in April.		
<ul style="list-style-type: none"> <li>• <b>Glan Clwyd</b> - Moto is being developed between SES and BCU Estates. S1 S2 process complete.</li> <li>• <b>Llansamlet</b> - Asset transfer – Legal &amp; Risk managing transfer with two solicitors acting on behalf of NWSSP and SBUHB with searches estimated to complete in October. S1 S2 process complete.</li> <li>• <b>Aneurin Bevan / Greenvale</b> – Moto continues to be developed with site meeting on 3<sup>rd</sup> Nov to determine “redline” boundaries. S1 S2 process nearing completion.</li> <li>• <b>Church Village</b> – The service production transfer to NWSSP on Oct 1<sup>st</sup> as planned.</li> <li>• <b>Glan Gwilli</b> - The service production transfer to NWSSP on Oct 1<sup>st</sup> as planned.</li> </ul>		
IT position statement drafted for circulation to the existing IT support resources, with the desired way forward being no changes are proposed until the commissioning of the new facilities.		
<b><u>Main Blockers/Observations</u></b>		

None.

### Consequences

None.

Project Name	Project Manager	Project Exec/SRO
<b>NHAIS GP Payments - PCS</b>	Gill Bailey	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p>On-boarding plan finalised with progress on track at 43% complete prior to trial payment runs. It is anticipated that a number of key tasks will be completed by the end of the week, allowing the product to be promoted to the pre-prod environment thus enabling pilot practices access to the new system.</p> <p>A workshop with Health Board leads took place on 18<sup>th</sup> October to outline the approach to providing internal quality assurance as well as providing the Practices with the opportunity to familiarise themselves with the new system - this was well received. Subsequently, invites have been sent out to pilot practices to join a workshop next Wednesday, 27<sup>th</sup> October.</p> <p><b>Positive feedback</b> has been received from BCUHB <b>thanking</b> PCS for giving due consideration to their concerns and the subsequent revised timescales.</p>		
<b><u>Observations</u></b>		
<b><u>Consequences</u></b>		

Project Name	Project Manager	Project Exec/SRO
<b>Demographics Transformation - PCS</b>	Gill Bailey	Ceri Evans
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p>Project Initiation stage completed with <b>Risks &amp; Issues log finalised</b> along with project plan.</p> <p>Progress continues within each workstream with the following key points to note:</p> <ul style="list-style-type: none"> <li>• Capitation specification requirements submitted to DHCW with an initial sample having a positive output</li> <li>• Work is continuing on developing other data requirements from WDS</li> <li>• Funding agreed for purchase of hardware components to secure legacy infrastructure</li> </ul> <p>The issue log has been reviewed with planned activity to identify resolutions where appropriate.</p>		
<b><u>Observations</u></b>		
<p>For the PCRM workstream, access to JIRA that will allow PCS staff access to user stories to enable the identification of gaps is still outstanding. There are a number of</p>		

dependencies running across the workstreams that this is impacting. Currently the impact is manageable as the implementation of PCRM will be delayed. Position escalated to Demographics De-commissioning Programme Lead.

Discussions ongoing at a Senior level regarding the dependency of an alternative Breast Screening system to be provided by PHW.

### **Consequences**

Unable to identify gaps.

Significant unplanned costs.

Project Name	Project Manager	Project Exec/SRO
<b>Performers List – PCS</b>	Alison Lewis	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<p>Project is in initiation stage, currently running to schedule. Key achievements completed:</p> <ul style="list-style-type: none"> <li>Confirmed National data standards – review of existing data set</li> <li>Data cleansing strategy agreed</li> <li>Information Security requirements documented</li> <li>WNWRS system demonstration by Employment Services</li> </ul> <p>Work is continuing to develop specification for Performers List and Welsh Language requirements and reviewing legislation/regulation requirements. The team have commenced documenting BAU processes, interface mapping and data flows/landscape.</p> <p><b><u>Main Blockers/Observations</u></b></p> <p>As part of the business case development, the Welsh National Workforce Reporting System (WNWRS) is being considered as an option, but further work is required to determine if the current contract can be changed.</p> <p>Resource issue identified to complete up and coming tasks planned for current stage.</p> <p><b><u>Consequences</u></b></p> <p>Any extension to a contract must be in line with procurement legislation and therefore engagement with Legal &amp; Risk is required to determine if development of WNWRS is a viable option.</p> <p>If the resource issue cannot be resolved, the current stage delivery will be delayed.</p>		

Project Name	Project Manager	Project Exec/SRO
<b>Data Management – PCS</b>	Alison Lewis	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<p>Project plan has been updated to capture key tasks that need be completed as part of the cataloguing phase. Some activities and milestone dates have been amended to the end of the discovery phase as previously captured to be delivered within the current stage.</p>		

Development of Statement of Work (SOW) is continuing with the support from Project Manager to secure additional resource.

### **Main Blockers/Observations**

Some slippage progressing the Procurement Statement of Works (SOW) contract due to capacity constraints within Procurement which will have an impact on the potential start date of contract award to procure additional resource for the cataloguing phase of the project. Project Executive has agreed to accept the delay.

### **Consequences**

Not able to achieve completion of key activities within the proposed target dates, resulting in slippage in the outputs of the discovery phase being delivered later than originally planned.

Project Name	Project Manager	Project Exec/SRO
<b>Medical Records and Digital Scanning Service Accommodation - PCS</b>	Jenna Goldsworthy	Scott Lavender
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Immediate need to address capacity issue</b></p> <p>The project team have enlisted the support of SES to review the availability of short-term lease options although warehouse space is currently at a premium. In addition, an application for capital funding to support the installation of roller racking on the first floor of Brecon House has been submitted with a response awaited.</p> <p><b>Lease expiry</b></p> <p>Work is continuing to develop a business case to provide suitable accommodation for Medical Records and Digital Scanning teams (DST). This has been driven by current building leases expiring in 2023/2024 and health and safety concerns. The team is in the process of analysing the options that have been identified.</p> <p>An update from the storage facility review is currently being sought following initial discussions with the team.</p> <p><b>Observations</b></p> <p>Feedback from the Agile accommodation review has highlighted that the assessment will only include those staff that can work in an agile environment therefore Brecon Stores and the Digital Scanning teams are deemed to be out of scope as the service provided requires on-site working.</p> <p><b>Consequences</b></p> <p><b>Immediate:</b> Should the medical records team reach capacity before additional storage is allocated; the team will be unable to perform the service it provides to all Health Boards across NHS Wales.</p> <p><b>Lease expiry:</b> There is a dependency with staff included within the scope of the Agile accommodation review (eg Health Courier Services).</p>		

Project Name	Project Manager	Project Exec/SRO
<b>Single Lead Employer– Phase 3</b>	Jenna Goldsworthy	New SRO being sought following Malcolm Lewis' retirement
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p>Tasks have commenced to on-board the above cohorts and are currently running to schedule.</p> <p>An action plan was agreed in the October 21 Programme Board with the actions to be implemented by the SLE operational team. The actions raised are to resolve the recommendations from the Final Report for advisory review led by Audit and Assurance in June.</p> <p>In addition to the ongoing Hywel Dda pilot, discussions with CTMuHB for an ad hoc locum pilot are progressing with a follow up meeting scheduled for Nov-21.</p> <p><b><u>Main Blockers/Observations</u></b></p> <p>To address the communication issues previously reported, a plan to liaise with trainees and provide easily accessible information is currently being defined.</p> <p>Another 4 cohorts within this phase are yet to start due to issues with the baseline data.</p> <p><b><u>Consequences</u></b></p> <p>Although the start has been delayed for the 4 additional cohorts, project team is confident that implementation can be delivered within the current timeframe.</p>		

Project Name	Project Manager	Project Exec/SRO
<b>CTM Ward Storage</b>	Bethan Clift	Greg Dix, CTMuHB
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p>The project team have now completed the roll out of modular cabinets across the agreed wards in POW.</p> <p>Whilst POW has been completed, the decision was made by NWSSP Supply Chain to postpone the roll out of modular cabinets in PCH until w/c 25th October. Due to the nature of the project and with the C19 modelling predicting an increase in hospital admissions, it was deemed inappropriate to have NWSSP staff working/interrupting stock where there will be an impact on clinical time trying to access the storerooms. The project team met on the 19th October to review the current position and approval has now been received from PCH to proceed.</p> <p>Current progress;</p> <ul style="list-style-type: none"> <li>Phase 1 commenced 01/07/2021             <ul style="list-style-type: none"> <li>POW – <b>100% Complete</b></li> <li>PCH – W/C 25<sup>th</sup> October</li> </ul> </li> </ul>		

○ RGH - TBC

**Main Blockers/Observations**

As several wards have refused cabinets, discussions are in place with the ILG leads to discuss how the cabinets can be utilised across wards that were not originally in scope for this project. The surplus cabinets have been returned to IP5.

SCL&T available resource continues to have an impact on the timeframe for completion of the roll-out. Lessons learnt from the implementation of POW will be applied to in part address this issue.

Movement of Wards during Covid-19 has impacted implementation: surplus cabinets, different product usage levels and financial information.

**Consequences**

Overall delay to the project.

Benefits not fully realised.

Project Name	Project Manager	Project Exec/SRO
<b>Customer Contact Centre scoping</b>	Bethan Clift	Simon Cookson
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p>A briefing paper was shared with the partnership committee towards the end of September with the group supportive of the direction of travel. The project team have continued to progress the user research questions with the Digital Public Wales; however, the project team have received some suggestions for changes. Once the amendments have been made the survey will be issued to our customers via Directorates.</p> <p>Ongoing discussions are in place with the telephony project who in September advised that the Maintel contract that is due for renewal in March22 will not only affect standard users but also the contact centre agents. An options paper is being shared with the telephony project board to identify an appropriate way forward.</p> <p><b><u>Main Blockers/Observations</u></b></p> <p>The telephony project needs to implement a telephony solution by March22 noting that the current Maintel contact also underpins the software in NWSSPs contact centres.</p> <p>The service improvement resource made available to this project have been withdrawn to work on other competing priorities.</p> <p>Due to the emerging issues, the projects prioritise have shifted to assess the risks of the new telephony contract.</p> <p><b><u>Consequences</u></b></p> <p>If the telephony contact is not aligned to the contact centre work, there is a risk that the solution may not be compatible. Additionally, it is likely there will be some disruption to NWSSPs contact centres.</p> <p>Due to limited resource, the project needs to seek support from the technical lead supporting the telephony project to ensure both projects are aligned.</p>		



If we do not continue the user research, there is a risk NWSSP won't have a clear understanding of what our customers/users require.

Delay to the overall delivery of the project.

Project Name	Project Manager	Project Exec/SRO
<b>Community Dressings Phase 2 CTMuHB</b>	Bethan Clift	Suzanne Scott-Thomas
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b><u>Phase 2 - Implementation</u></b> Following a review of the initial business case, the Project Board have approved the updated business case which encompasses the procurement of additional modular cabinets. Subsequently a go live date of the first week of January 2022 has been agreed.  All tasks in preparation for go live are on track: <ul style="list-style-type: none"> <li>• Establishing min/max product levels;</li> <li>• Cabinet requirement finalised;</li> <li>• Standard Operating Procedure being develop;</li> <li>• Delivery schedule drawn up.</li> </ul>		
<b><u>Main Blockers/Observations</u></b> Supply Chain have identified potential resource issues as they are still supporting the Pandemic response and their senior staff are working on delivering a range of projects at the same time.		
<b><u>Consequences</u></b> Delay to the overall delivery of the project.		

## Appendix A

Performance and Information	 Sept%20Graphs.pdf
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Finance and Performance 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 and performance matters within NWSSP as at 31<sup>st</sup> October 2021 and 30<sup>th</sup> September 2021 respectively.

**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 :**

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the financial position to 31<sup>st</sup> October 2021.</li> <li>2. Note the significant level of professional influence benefits generated by NWSSP to 30<sup>th</sup> September 2021.</li> <li>3. Note the performance against the high-level key performance indicators to 30<sup>th</sup> September 2021.</li> <li>4. Note the content of this update and seek further information if required.</li> </ol>					

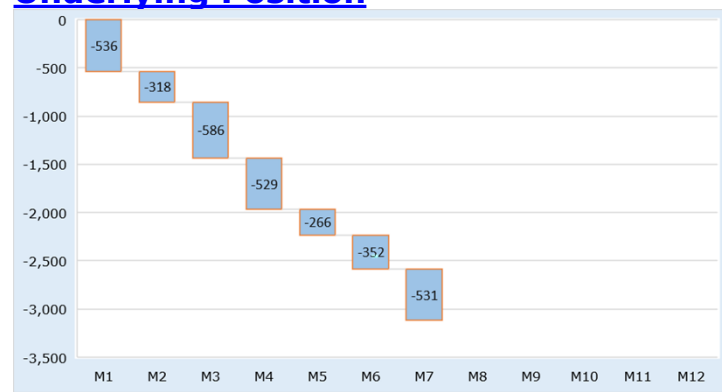
<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct Impact
<b>Cyfreithiol: Legal:</b>	No direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	No direct Impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety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

## Dashboard Summary: Period 1<sup>st</sup> April 2021 to 31<sup>st</sup> October 2021

### Summary Position

	Annual Budget £'000	YTD Budget £'000	YTD Expend £'000	YTD under/ overspend £'000
Income	-537,551	-261,984	-262,855	-871
Pay	218,009	114,330	112,045	-2,286
Non Pay	194,038	123,354	123,393	39
WRP - DEL	124,754	24,300	24,300	0
Distribution	750	0	0	0
Underlying Underspend	0	0	3,118	3,118
	0	0	0	0

### Underlying Position



### Covid Expenditure

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	2.694	5.031
Mass Vacc - PPE	2.118	3.867
Mass Vacc - non PPE non pay	0.329	0.623
Mass Vacc - pay	0.454	0.872
Social Care/Primary Care PPE	14.981	25.981
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
<b>TOTAL</b>	<b>31.604</b>	<b>47.402</b>

### Planned Distribution

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

### Detailed Position

Service	Annual Budget				Budget to Date	Spend to Date	Variance	Forecast
	Income £000's	Pay £000's	Non Pay £000's	Net £000's	Net £000's	Net £000's	Net £000's	£000's
Audit & Assurance Services	-494	3,213	72	2,791	1,933	1,771	-162	-158
Corporate Services including AP	-95,771	10,842	21,003	-63,926	-38,149	-35,411	-380	-769
Collaborative Bank	-408	408	0	0	0	0	0	0
Counter Fraud Services	0	406	61	467	271	245	-26	-47
CTES	-2,220	725	1,906	411	-140	-140	0	-343
Employment Services	-3,082	11,169	3,257	11,344	6,530	6,292	-238	-164
Health Courier Services	-6,302	5,815	4,992	4,506	4,156	3,920	-237	-325
Laundry Services	-9,308	4,515	5,159	366	-208	-386	-178	-32
Legal & Risk Services	-134,969	7,238	131,646	3,916	2,058	1,319	-738	-1,049
Medical Examiner Service	-1,667	1,555	149	36	21	21	0	0
Planning, Performance & Informatics	-148	1,674	1,492	3,017	1,722	1,548	-174	0
Primary Care Services	-852	9,576	3,127	11,850	6,843	6,617	-226	-256
Procurement Services	-64,119	15,421	66,654	17,956	10,979	10,529	-450	-691
Stores	-62,927	0	62,927	0	287	287	0	0
Single Lead Employer	-145,983	138,469	7,514	0	0	0	0	0
SMTL	-484	976	249	741	424	288	-136	0
Specialist Estates Services	-97	2,937	311	3,151	1,799	1,782	-17	-10
WIBSS	-6,317	255	6,062	0	0	0	0	0
People & OD	-2,403	2,816	2,211	2,624	1,473	1,317	-156	-156
Underlying Underspend	0	0	0	0	0	0	3,118	0
Distribution	0	0	750	750	0	0	0	1,250
Brokerage	0	0	0	0	0	0	0	750
Corporate Reserves / Provisions	0	0	0	0	0	0	0	2,000
	<b>-537,551</b>	<b>218,009</b>	<b>319,542</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Forecast Position

A review of service forecast outturn positions has been undertaken and this has shown that delays to appointing to vacancies as well as an increase in income within Legal & Risk Services has increased the underlying underspend.

We have agreed **£2.000m** of non-recurrent re-investments within NWSSP to accelerate benefits and efficiencies and we have confirmed an additional **£1.250m** distribution to NHS Wales and Welsh Government in 2021/22 as approved at the last SSPC.

We will continue to review the financial position over the coming months to inform any further funding and/or distributions to NHS Wales/Welsh Government.

## Welsh Risk Pool and Capital Summary: Period 1<sup>st</sup> April 2021 to 31<sup>st</sup> October 2021

### Welsh Risk Pool Position

Expenditure type	Position as at M7 2020/21 £m	Position as at M7 2021/22 £m
Claims reimbursed & WRP Managed Expenditure	31.355	69.250
Periodical Payments made to date	1.169	0.752
Redress Reimbursements	1.082	1.237
EIDO – Patient consent	0.062	0.062
Clinical Negligence Salary Subsidy	0.000	0.322
WRP Transfers, Consent, Prompt, CTG	0.006	0.102
Movement on Claims Creditor	23.250	-39.064
<b>Year to date expenditure</b>	<b>56.924</b>	<b>32.660</b>

### DEL Forecast Position

Month 7 2021/22	£000s
<b>Actual spend to October 2021 excluding Redress</b>	<b>31,792</b>
Settled cases – awaiting payment	9,320
JSM/RTM/Offer	32,174
PPO's to March 2022	15,342
<b>Sub Total</b>	<b>88,628</b>
Future Estimated Costs	36,211
<b>Mth 7 21/22 DEL forecast</b>	<b>124,839</b>

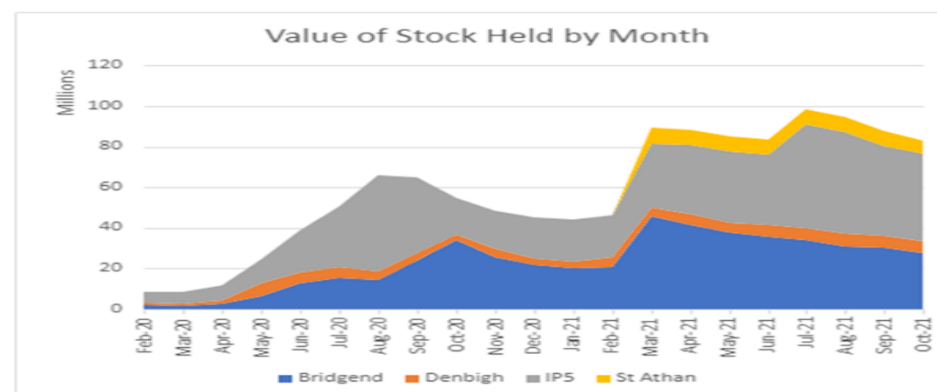
The DEL expenditure to M7 is £32.7m, compared to £56m at this point last year. The M7 DEL forecast is £125m compared to the IMTP forecast of £123.5m. Welsh Government have locked the £16.5m risk share in September with UHBs/Trusts so any movement from forecast will be managed with WG. The forecast remains within a range which can be managed to meet the total Welsh Government resource available by the end of the year and we continue to review cases to identify if we can incur additional expenditure in 21/22 to ease the pressure of the risk share agreement in future years if required.

### Capital Allocation

Scheme	Allocation £000	YTD Spend £000	Balance Outstanding £000
Hardware/Software	208	6	-202
Premises/Accommodation	53	13	-40
SMTL	15	5	-10
Laundry Service	35	0	-35
Undistributed Discretionary Capital	289	0	-289
<b>Discretionary Capital Total</b>	<b>600</b>	<b>24</b>	<b>-576</b>
LARS Case Management System	348	0	-348
Laundry Services	550	97	-453
Transforming Access to Medicines	318	307	-11
IP5	633	22	-611
HQ LED	42	27	-15
Scan for Safety	1,331	163	-1,168
Pharmacy Refrigerators and Access Port	26	25	-1
Transforming Access to Medicines (OBC Fees Fund)	614	354	-260
Storage & Aseptic Medicines Production Services	25	0	-25
<b>Additional Capital Total</b>	<b>3,887</b>	<b>996</b>	<b>-2,891</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>4,487</b>	<b>1,020</b>	<b>-3,467</b>

### Capital

We have confirmation of £4.487m of capital funding in our CEL at the end of October against the £10.449m we included in our IMTP. £1.020m has been spent to the end of October with plans in place to fully utilise the funding within the financial year. We await the outcome of the additional capital funding request of £11.4647m we submitted to Welsh Government.

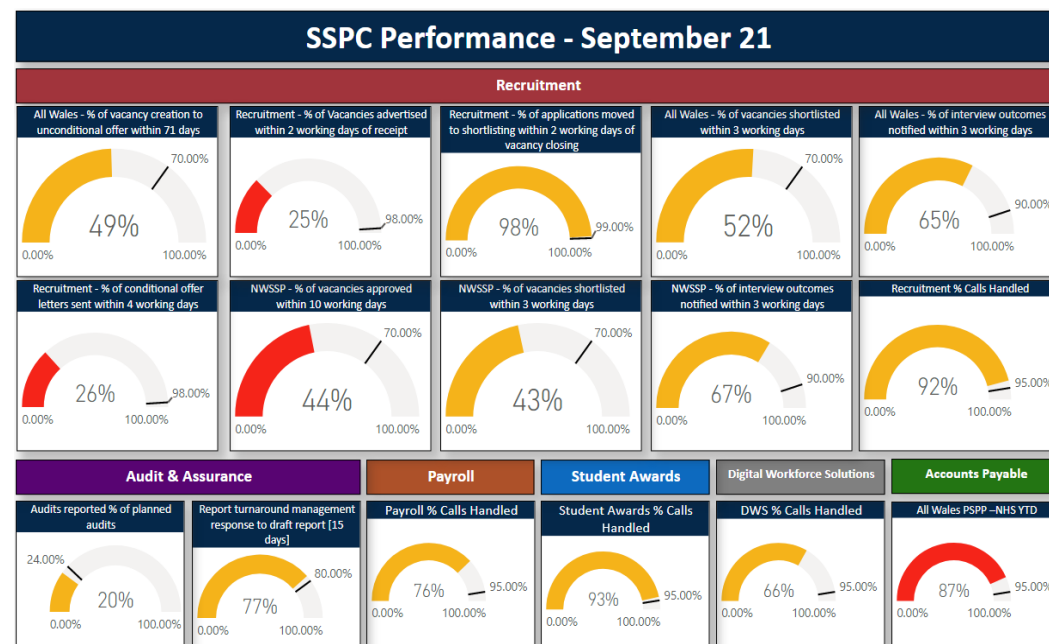


## Performance Summary

### Key Financial Targets

Financial Position and Key Targets	Target		Position at 31-Jul	Position at 31-Aug	Position at 30-Sep	Position at 31-Oct
Financial Position – Forecast Outturn	Break even	Monthly	Breakeven	Breakeven	Breakeven	Breakeven
Capital financial position	Within CEL	Monthly	On Target	On Target	On Target	On Target
Planned Distribution	£0.75m	Annual	£0.75m	£2.00m	£2.00m	£2.00m
NWSSP PSPP NON-NHS % (In Month)	95%	Monthly	97.30%	95.75%	94.92%	96.36%
NWSSP PSPP NON-NHS % (Cumulative)	95%	Monthly	96.75%	96.53%	96.24%	96.26%
NWSSP PSPP NHS % (In Month)	95%	Monthly	96.81%	91.57%	90.00%	96.39%
NHS Debts in excess of 17 weeks – Value	£0	Monthly	£0k	£12k	£32k	145k
Variable Pay – Overtime	<£43k	Monthly	£57k	£354k	£82k	£71k
Agency % to date	<0.8%	Cumulative	0.50%	0.49%	0.48%	0.48%

### Key Performance Measures



### Professional Influence Benefits April to September 2021

Service	YTD Benefit £m
Specialist Estates Services	16.4
Procurement Services	21.6
Legal & Risk Services	35.8
<b>Total</b>	<b>73.8</b>

# Finance and Performance Update Report

## INTRODUCTION

This report provides an update on the following to 31<sup>st</sup> October 2021:

- Cumulative Financial Position
- High Level Performance indicators

## NWSSP Financial position

NWSSP had an underlying underspend position as at the 31<sup>st</sup> October 2021 of £3.118m compared to £1.523m in October 2020.

Service	Annual Budget				Budget to Date	Spend to Date	Variance	Forecast
	Income £000's	Pay £000's	Non Pay £000's	Net £000's	Net £000's	Net £000's	Net £000's	£000's
Audit & Assurance Services	-494	3,213	72	2,791	1,933	1,771	-162	-158
Corporate Services including AP	-95,771	10,842	21,003	-63,926	-38,149	-35,411	-380	-769
Collaborative Bank	-408	408	0	0	0	0	0	0
Counter Fraud Services	0	406	61	467	271	245	-26	-47
CTES	-2,220	725	1,906	411	-140	-140	0	-343
Employment Services	-3,082	11,169	3,257	11,344	6,530	6,292	-238	-164
Health Courier Services	-6,302	5,815	4,992	4,506	4,156	3,920	-237	-325
Laundry Services	-9,308	4,515	5,159	366	-208	-386	-178	-32
Legal & Risk Services	-134,969	7,238	131,646	3,916	2,058	1,319	-738	-1,049
Medical Examiner Service	-1,667	1,555	149	36	21	21	0	0
Planning, Performance & Informatics	-148	1,674	1,492	3,017	1,722	1,548	-174	0
Primary Care Services	-852	9,576	3,127	11,850	6,843	6,617	-226	-256
Procurement Services	-64,119	15,421	66,654	17,956	10,979	10,529	-450	-691
Stores	-62,927	0	62,927	0	287	287	0	0
Single Lead Employer	-145,983	138,469	7,514	0	0	0	0	0
SMTL	-484	976	249	741	424	288	-136	0
Specialist Estates Services	-97	2,937	311	3,151	1,799	1,782	-17	-10
WIBSS	-6,317	255	6,062	0	0	0	0	0
People & OD	-2,403	2,816	2,211	2,624	1,473	1,317	-156	-156
Underlying Underspend	0	0	0	0	0	0	3,118	0
Distribution	0	0	750	750	0	0	0	1,250
Brokerage	0	0	0	0	0	0	0	750
Corporate Reserves / Provisions	0	0	0	0	0	0	0	2,000
	-537,551	218,009	319,542	0	0	0	0	0

Following a review of the financial position and the forecast to year end, we have agreed £2.000m of non-recurrent reinvestments within NWSSP to accelerate benefits and efficiencies. We have also confirmed the increase in the 2021/22 distribution by £1.250m which was approved at the September Committee meeting. This increases the total 2021/22 NWSSP distribution to £2.000m.

## NWSSP Professional Influence benefits

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

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

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

Service	YTD Benefit £m
Specialist Estates Services	16.4
Procurement Services	21.6
Legal & Risk Services	35.8
<b>Total</b>	<b>73.8</b>

## PERFORMANCE

### Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 2 reports were issued to the health organisations at the end of October. These reports reflect the ongoing developments in NWSSP performance reporting and incorporate feedback received to date.

Additionally, high level KPI data relating to the performance of each service for all Wales is detailed in the table below. This provides data for September 2021 (unless otherwise stated) along with comparison to the previous three periods.

## KEY FINANCIAL TARGETS

The table below provides a summary of key financial indicators for consideration.

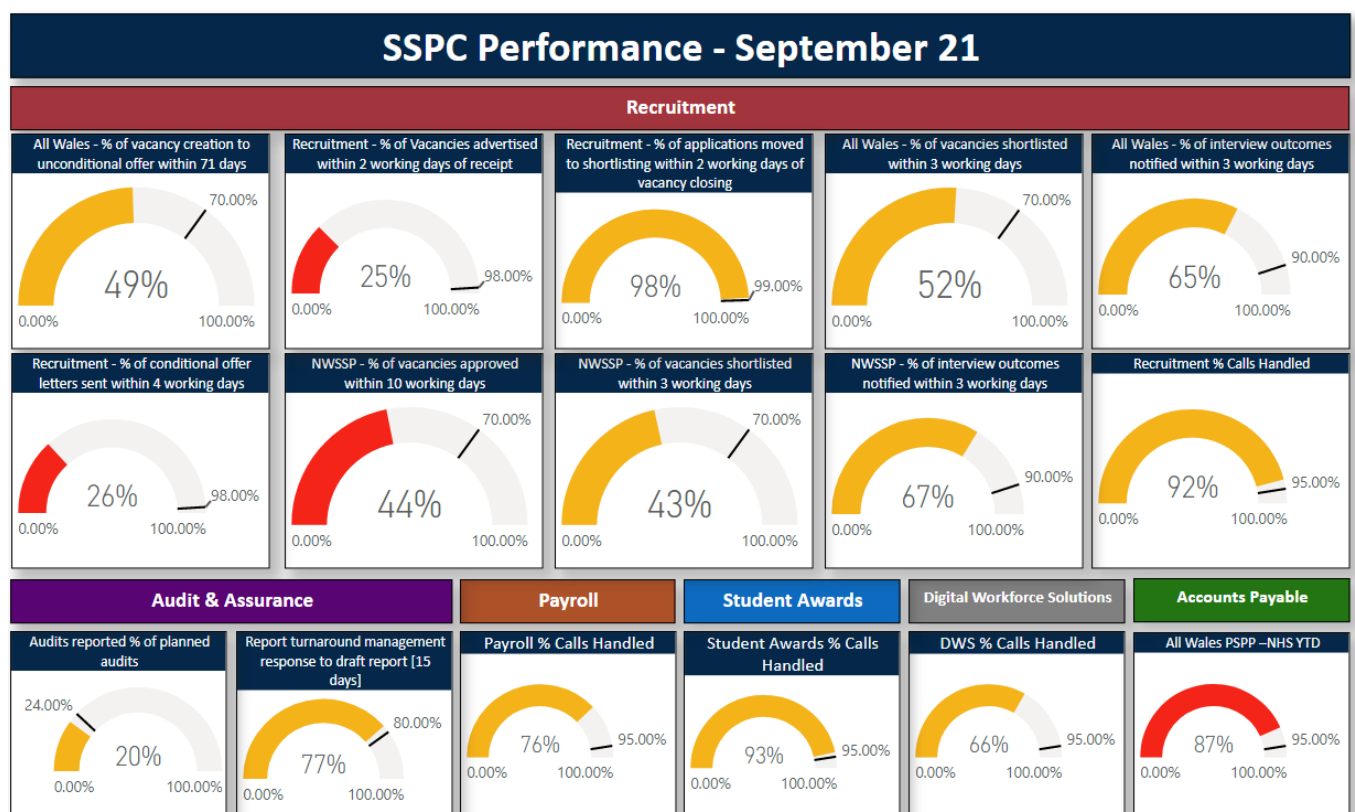
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## KEY PERFORMANCE MEASURES

The dashboard below highlights the red/amber performance indicators for September 2021 and a brief explanation to the reason the target has been missed.



**All Wales NHS PSPP** – This KPI is reported directly from Welsh Government using the organisations MMR and is for information.

**Audit KPIs** - Performance of Audits reported as % of planned audits was slightly behind target delivery but a further 22% of audits are work in progress. These need to be brought through to Draft/Final Report stage and due to be reported in October 2021.



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

**Payroll % Calls Handled** - Performance has improved this month even with the higher volume of calls received in September compared to August. The high volume of calls over the last several months relate to queries around the Covid Bonus Payments, EAT Payments, Junior Doctors rotation and questions surrounding the Pay Award and arrears.

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

**Recruitment KPIs** - The recruitment teams are currently experiencing unprecedented levels of demand, which has meant in some instances compliance with the KPI measures has been missed.

The division is communicating on a regular basis with organisations to agree priorities and discuss pressures. Health orgs are not in a position to share plans for recruitment for the whole organisation which impacts on the ability for the service to plan in advance.

Temporary additional resource is currently being trained and further resource is being recruited to, overtime and bank hours are being worked by the team and some organisations are supporting NWSSP whilst a more medium-term resource level is identified and recruited.

WOD responsiveness workshops have been held with all organisations which were completed on the 20th October and an action plan is under development to discuss and agree changes with organisations. An internal process review is underway to identify opportunities to remove waste and re-work how we do things. Increased use of automation using robotics, has been expedited starting with issuing Contracts and Personal Files, which will be made live during Quarter 3.

**Student Awards % Calls Handled** - Performance has remained largely constant this month following the additional resource brought into the team.

**DWS % Calls Handled** – Performance has deteriorated in this area due to a continuation of resourcing issues within the team. Additional staffing resource have been appointed following the planned review and started at the beginning of August, additionally we are reviewing the systems and processes with recommendations due to be made in December.

The table below provides a summary of key performance indicators for September 2021 which have been reviewed for 21-22.

21/22								
KFA	KPIs	Target		June	July	August	September	Trend
<b>Audit &amp; Assurance</b>								
Excellence	Audits reported % of planned audits	24%	Cumulative	1%	7%	13%	20%	
Excellence	% of audit outputs in progress		Cumulative	19%	21%	19%	22%	
Excellence	Report turnaround management response to draft report [15 days]	80%	Cumulative	100%	100%	78%	77%	
Excellence	Report turnaround draft response to final reporting [10 days]	80%	Cumulative	100%	100%	100%	98%	
<b>Procurement Services</b>								
Value for Money	Procurement savings *Current Year	£21.61m	Cumulative	£10,949,238	£19,827,387	£20,224,878	£21,623,261	
<b>Accounts Payable</b>								
Excellence	All Wales PSPP - Non-NHS YTD	95%	Quarterly	95.40%	Reported Quarterly	Reported Quarterly	95.30%	
Excellence	All Wales PSPP -NHS YTD	95%	Quarterly	88.30%	Reported Quarterly	Reported Quarterly	86.50%	
Customers	Accounts Payable % Calls Handled (South)	95%	Monthly	99.50%	99.10%	99.10%	99.30%	
<b>Employment Services</b>								
<b>Payroll</b>								
Excellence	Overall Payroll Accuracy	99.60%	Monthly	99.75%	99.74%	99.82%	99.74%	
Customers	Payroll % Calls Handled	95%	Monthly	71.80%	75.60%	69.25%	75.83%	
<b>Recruitment</b>								
<b>All Wales</b>								
Excellence	All Wales - % of vacancy creation to unconditional offer within 71 days	70.00%	Monthly	66.50%	68.30%	61.30%	49.00%	
Excellence	All Wales - % of vacancies approved within 10 working days	70.00%	Monthly	74.70%	76.80%	77.70%	73.80%	
Excellence	All Wales - % of vacancies shortlisted within 3 working days	70.00%	Monthly	53.20%	56.40%	55.50%	51.80%	
Excellence	All Wales - % of interview outcomes notified within 3 working days	90.00%	Monthly	76.20%	76.10%	64.20%	64.80%	
<b>Recruitment Responsibility</b>								
Excellence	Recruitment - % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	100.00%	99.40%	95.60%	25.00%	
Excellence	Recruitment - % of applications moved to shortlisting within 2 working days of vacancy closing	99.00%	Monthly	99.90%	99.70%	98.10%	98.20%	
Excellence	Recruitment - % of conditional offer letters sent within 4 working days	98.00%	Monthly	99.80%	99.40%	91.20%	26.20%	
Customers	Recruitment % Calls Handled	95%	Monthly	95.80%	97.60%	79.90%	91.80%	
<b>NWSSP as an Org</b>								
Excellence	NWSSP - % of vacancies approved within 10 working days	70.00%	Monthly	79.70%	68.90%	37.80%	43.70%	
Excellence	NWSSP - % of vacancies shortlisted within 3 working days	70.00%	Monthly	30.60%	63.60%	51.90%	43.10%	
Excellence	NWSSP - % of interview outcomes notified within 3 working days	90.00%	Monthly	80.00%	86.00%	81.40%	67.30%	
<b>Student Awards</b>								
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	91.10%	93.30%	94.49%	93.00%	
<b>Primary Care</b>								
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%	99.69%	99.59%	99.64%	
Excellence	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
<b>Legal &amp; Risk</b>								
Value for Money	Savings and Successes	£65m annual target	Monthly	£897,843	£6,011,219	£11,560,220	£1,790,765	
Excellence	Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	95%	98%	100%	98%	
Excellence	Timeliness of advice response - within 3 days or agreed timescale	90%	Monthly	95%	100%	100%	100%	
<b>Welsh Risk Pool</b>								
Excellence	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
Excellence	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	Not Available until after WRPC	Not Available until after WRPC	
Excellence	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
<b>Specialist Estates Services</b>								
Value for Money	Professional Influence	£16m annual	Monthly	£14,239,326	£431,280	£129,452	£1,160,331	
<b>CTES</b>								
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%	
<b>Digital Workforce</b>								
Customers	DWS % Calls Handled	95%	Monthly	67.30%	87.20%	76.00%	66.40%	
<b>SMTL</b>								
Excellence	% of incident reports sent to manufacturer within 50 days of	Under Review	Monthly	100%	100%	75%	100%	
Excellence	% delivery of audited reports on time (Commercial)	87%	Monthly	99%	100%	98%	98%	
Excellence	% delivery of audited reports on time (NHS)	87%	Monthly	Not Applicable	100%	Not Applicable	Not Applicable	

## COVID-19

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The table below details the Covid expenditure incurred during April -October 2021 together with a full year forecast of our funding requirements from WG:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	2.694	5.031
Mass Vacc - PPE	2.118	3.867
Mass Vacc - non PPE non pay	0.329	0.623
Mass Vacc - pay	0.454	0.872
Social Care/Primary Care PPE	14.981	25.981
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
<b>TOTAL</b>	<b>31.604</b>	<b>47.402</b>

We have anticipated income from Welsh Government for all this expenditure, with £31.571m invoiced to the end of October. It is only the mass vaccination and Social/ Primary Care PPE costs that remain outstanding which are invoiced based on actual costs incurred.

## Capital

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The table below identifies the £4.487m capital funding we have been allocated in our Capital Expenditure Limit at 31st October 2021 with an analysis of the spend to date against each of these schemes.

Each scheme is being monitored to ensure that the funding can be fully utilised within 2021/22. We continue to hold a contingency within our discretionary capital allocation pending the outcome of tenders which may require additional capital funding during the financial year. We are also awaiting the outcome of our recent additional capital funding request to Welsh Government before we confirm the final allocation of our discretionary funding.

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Hardware/Software	208	6	-202
Premises/Accommodation	53	13	-40
SMTL	15	5	-10
Laundry Service	35	0	-35
Undistributed Discretionary Capital	289	0	-289
<b>Discretionary Capital Total</b>	<b>600</b>	<b>24</b>	<b>-576</b>
LARS Case Management System	348	0	-348
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<b>TOTAL CAPITAL ALLOCATION</b>	<b>4,487</b>	<b>1,020</b>	<b>-3,467</b>

## Welsh Risk Pool – October 2021

### Resource 2021/22

#### Resource Utilised as at Month 7

The Welsh Government (WG) allocation for the year is £107m for clinical negligence and personal injury claims and £1.259m for Redress claims.

From 2021/22, excess expenditure over the Redress allocation will be met from the DEL budget and via the Risk Sharing Agreement where expenditure exceeds the DEL budget.

As at the end of Month 7 a total of £32.7m has been utilised by the WRP and a detailed breakdown is provided below with the 2020/21 comparator.

Expenditure type	Position as at M7 2020/21 £m	Position as at M7 2021/22 £m
Claims reimbursed & WRP Managed Expenditure	31.355	69.250
Periodical Payments made to date	1.169	0.752
Redress Reimbursements	1.082	1.237
EIDO – Patient consent	0.062	0.062
Clinical Negligence Salary Subsidy	0.000	0.322
WRP Transfers, Consent, Prompt, CTG	0.006	0.102
Movement on Claims Creditor	23.250	-39.064
<b>Year to date expenditure</b>	<b>56.924</b>	<b>32.660</b>

Expenditure is still significantly lower than at this point last year and is partially due to the cohort of claims settled in April and accrued into the 2020/21 position.

A proportion of these have since been reimbursed and this is reflected in the creditor movement which has reduced from £138m at the beginning of the financial year to £99m at M7.

The lower expenditure level to M7 mostly relates to the forecast profile for case settlements this year. More cases are profiled to settle later in the year than last year. This is explained in further detail in the DEL forecast section below.

PPO expenditure is lower than at this point last year due to claimant death refunds of approximately £400k received since the beginning of the financial year.

### **DEL Forecast Expenditure 2021/22**

The DEL forecast is set out in the table below following receipt of the Month 7 Health Board and Trust returns and following a detailed review of high value cases expected to settle this year by L&Rs solicitors.

<b>Month 7 2021/22</b>	<b>£000s</b>
<b>Actual spend to October 2021 excluding Redress</b>	<b>31,792</b>
Settled cases – awaiting payment	9,320
JSM/RTM/Offer	32,174
PPO's to March 2022	15,342
<b>Sub Total</b>	<b>88,628</b>
PI – estimate to March 2022	1,458
Highly likely – RTM planned	19,664
Possible settlements before 31/03/2022	3,362
Estimate - 40% of Probable Claims <£200K	1,668
Estimate – 40% of Certain Claims <£200K	6,730
Estimate – Managed Claims	1,250
Legal & Risk – Clinical Negligence Salary costs (WG agreement)	378
Nosocomial Claims estimate	417
Estimate for Redress overspend 2021/22	1,284
Month 7 2021/22 DEL forecast	124,839
<b>IMTP DEL Forecast 2021/22</b>	<b>123,495</b>

Despite the lower expenditure to Month 7 compared to this point in 2020/21, the profile of high value case to settle this year remains broadly in line with the reported IMTP £123.5m for 2021/22.

A comparison to the forecast profile to M7 of 2020/21 shows there are both more settled cases awaiting payment and RTMs booked than at this point last year – a total of £23m at M7 in 2020/21 compared to £42m at M7 in 2021/22. Also, the value of the cohort of claims highly likely to settle this year but with no RTM

booked to date is £19m compared to £10m at this point last year plus there is an additional £2m to be paid for PPOs compared to last year.

The above provides assurance that at this point in the year, case settlement profiles still indicate a resource requirement close to the £123.5m IMTP value for 2021/22.

As previously identified the forecast £123.5m outturn requires £16.5m to be funded under the Risk Share Agreement. Welsh Government actioned an allocation adjustment in September 2021 to remove this funding from organisations to fix their position in respect of the WRP so that any variance from the forecast will be managed between NWSSP and Welsh Government.

High value cases continue to be monitored individually with frequent discussions with case solicitors to identify any potential impact on the year end outturn. We are reviewing high value cases currently forecast to settle in Q1 2022/23 to identify if these are likely to settle early or incur interim payments in 2021/22. This exercise is being undertaken in discussion with Welsh Government as this would increase the DEL funding requirement in 2021/22 but would reduce the funding required under the Risk Share Agreement in 2022/23.

## **SUMMARY**

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The Partnership Committee are requested to **NOTE**:

1. The NWSSP forecast outturn position for 2021/22 remains at break-even
2. NWSSP are forecasting to achieve the 2021/22 Capital Expenditure Limit
3. NWSSP are forecasting to achieve the WRP forecast outturn of £123.5m. Welsh Government have actioned an allocation adjustment for the £16.5m Risk Share Agreement funding. We are reviewing opportunities to potentially increase the DEL expenditure in 2021/22 to reduce the burden of the forecast increased risk share requirement in future years.

## Management Letter - NHS Wales Shared Services Partnership

Audit year: 2020-21

Date issued: September 2021

Document reference: 2600A2021-22

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

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

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

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



# Contents

Our work did not identify any significant issues that prevented NHS auditors relying on the services provided by NHS Wales Shared Services Partnership (NWSSP) although improvements could be made in some areas.

**Summary report**

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# Summary report

## Introduction

- 1 The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2021.
- 2 The audit teams of each individual health body, are responsible for undertaking audit work to enable the Audit General to provide his opinion and in doing so they determine the audit and assurance work required on the services provided by the NHS Wales Shared Services Partnership (NWSSP).
- 3 In January 2021, we presented a paper to the NWSSP Audit Committee - 2021 Audit Assurance Arrangements – setting out the external audit assurance work to be undertaken on those services provided by the NWSSP to the various NHS bodies across Wales.
- 4 In this report we outline the findings identified from this work in respect of:
  - Audit and Assurance Services (NWSSP – AAS);
  - Primary Care Services (NWSSP – PCS);
  - Employment Services (NWSSP – ES);
  - Procurement Services (NWSSP – PS); and
  - Legal and Risk Services (NWSSP – LARS) which includes Welsh Risk Pool Services (WRPS).
- 5 We will issue a separate report detailing the findings from our review of the nationally hosted NHS IT Systems.

## Issues arising from the audit

- 6 Our work did not identify any significant issues that prevented auditors relying on services provided by NHS Wales Shared Services Partnership (NWSSP) although we have identified that improvements could be made in some areas.
- 7 Our high-level findings in respect of each of the services subject to our review are outlined below.

### Audit and Assurance Services (AAS)

- 8 Local health body audit teams need to consider ISA 610 – Using the work of internal auditors – to assess the adequacy of Internal Audit work for the purposes of the audit. To inform this evaluation, we considered the arrangements in place against the requirements of the Public Sector Internal Audit Standards (PSIAS).
- 9 We did not identify any issues regarding NWSSP – AAS's compliance with the PSIAS standards that would prevent us taking assurance from their work.

## Primary Care Services (PCS)

- 10 Local Health Board audit teams planned to place reliance on specific key controls within the general medical services (GMS), general pharmaceutical services (GPS) and community pharmacy prescription services (CPPS) systems. We therefore documented, evaluated and tested controls in respect of:
- global sum payments to general medical practitioners (capitation lists and patient rates); and
  - payments to pharmacists (checks undertaken by the Professional Services Team and drug tariff rates).
- 11 Our testing covered the primary care teams in Swansea and Marnhull and the CPPS team in Companies House and we found that the controls tested were operating effectively overall and could therefore be relied upon, although some issues were identified regarding the GPS and CPPS functions which are set out below.

## General Pharmaceutical Services

- An SLA covering the years 2014-17 between the LHBs and PCS states that approximately 1% of prescriptions will be tested by the Professional Services Team (PST). It was however identified that in 2021-22, PST only checked 1% of scripts in one of the first nine months and that the monthly average was only 0.64%. The reason provided for this was the lack of resources and staff working remotely during the pandemic.
- It was also noted that the SLA is out of date as it expired in 2017.
- We identified that for some monthly payments checked by the PST team, corrections were not made to the payments for the errors identified. Whilst recognising this as an internal control failure the amounts concerned were of a low value – the gross value of the uncorrected underpayments arising was £53.43 and overpayments were £31.87 resulting in a net underpayment of £21.56. This is a net underpayment of less than 0.01% of the population tested.

## Community Pharmacy Prescription Services

- Whilst we found that that PCS were reviewing capitation reports for significant variances, for three of the samples selected, GP practices had not submitted the selected month's capitation reports to the Primary Care team for verification.
- 12 Recommendations for improvement have been made which are documented in **Appendix 1**.

## Employment Services

- 13 Local health body audit teams planned to place reliance on the key controls in respect of exception reporting within the payroll system. We therefore documented, evaluated, and tested these controls regarding the payroll services operating at Companies House, covering both payroll teams.
- 14 All-Wales exception reporting parameters were agreed and implemented in July 2018 and our testing found that exception reports were produced and there was generally evidence of an investigation of the variances and the action taken to amend where necessary. However, internal control procedures in respect of the review of exception reports were not being applied in all cases for either of the payroll teams, as set out below:

### Cardiff and Vale payroll team

- Testing of monthly exception reports found that for some reports there was no evidence that they had been reviewed, either by the payroll officer or a senior officer;
- Conversely, we found in some cases examples where the initial check of the reports and their review were undertaken by the same officer, meaning that the segregation of duties internal control was not applied; and
- Some items in the payroll exception reports had outstanding queries meaning that insufficient information existed to record the fact that these variances had been appropriately explored and explained.

### Aneurin Bevan payroll team

- Some items in the payroll exception reports had outstanding queries meaning that insufficient information existed to record the fact that these variances had been appropriately explored and explained; and
  - In some cases there was no evidence that the exception reports had been reviewed by a senior officer.
- 15 It is recognised that Covid-19 restrictions and in particular the adoption of remote working has posed additional complications for the period subject to our review, however similar recommendations were also made in 2019 and 2020 but the agreed actions have not yet resulted in full compliance. A recommendation for improvement has been made which is documented in **Appendix 1**.

## Procurement and Accounts Payable Services

- 16 Our assurance work focussed on the approval arrangements in respect of contracts exceeding £1 million, awarded by the Procurement Unit in NWSSP.
- 17 The period subject to our review, April 2020 to March 2021, coincided with the period when the impact of the Covid-19 pandemic was its height, during which the

NWSSP Procurement Unit were at the forefront in dealing with the national response to this internal emergency. Therefore some examples were identified where expediency of supply was a critical factor meaning that some contracts were awarded by NWSSP prior to obtaining WG approval. These related mainly to Covid-19 testing contracts procured on behalf of PHW.

## Legal and Risk Services (LARS)

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

## Recommendations

- 19 The recommendations arising from our 2020-21 work are set out in **Appendix 1**. Management has responded to them and we will follow up progress on them during next year’s audit.
- 20 The recommendations raised following our 2019-20 audit work have been satisfactorily addressed with the exception of the issue concerning the control weaknesses on payroll exception reports, which has been repeated again this year.

# Appendix 1

## Action plan

### Exhibit 1: recommendations

We set out all the recommendations arising from our audit with management's response to them.

Para	Issue	Recommendation	Priority	NWSSP responsibility and action	Completion date
12	<b>NWSSP – Primary Care Services</b> The SLA between NWSSP and the LHBs concerning the testing of prescription payments is not being adhered to and is out of date.	R1 NWSSP – PCS should review the SLA and ensure that its requirements are adhered to.	Medium	<p>Schedule E of the overarching NWSSP SLA is refreshed on an annual basis ensuring compliance with corporate arrangements. PCS will complete a review of reference documentation being held within the PST and request all old versions are deleted. The importance of ensuring the master version is always referenced will be reiterated. The master version is held within Sharepoint and the team will be reminded of this link and electronic pathway.</p> <p>The 1% testing of prescriptions is defined within internal SOP and not a requirement under the SLA. PST roles have recently been redefined</p>	<p>October 2021</p> <p>March 2022</p>

Para	Issue	Recommendation	Priority	NWSSP responsibility and action	Completion date
				and PCS will undertake a complete review of supporting SOP's to ensure we continue to add value.	
12	<b>NWSSP – Primary Care Services</b> Capitation reports were not always obtained from GP practices.	R2 NWSSP – PCS should ensure that capitation reports are obtained from GP practices.	Low	This is currently being progressed in partnership with DHCW colleagues. We are seeking to eliminate the need to receive paper certificates from practices and have the required data provided directly to us via the Primary Care portal arrangements. This solution will be tested against the Oct 21 quarterly process and following successful testing will be implemented with immediate effect	Dec 21
15	<b>NWSSP – Employment Services</b> Internal control procedures for the review of exception reports are not being complied with.	R3 NWSSP – ES should ensure that internal control procedures for reviewing exception reports are complied with.	Medium	We are reviewing the exception reporting process to investigate how it can be improved. This will be completed in early 2022, and for the time being the current manual method of checking will continue to ensure probity.	March 2022



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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



# Nationally Hosted NHS IT Systems – NHS Wales Shared Services Partnership

Audit year: 2020-21

Date issued: October 2021

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The IT controls we examined assured us that financial values produced by the systems for 2020-21 were likely to be free from material misstatement, although some controls could be strengthened.

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# Summary report

## Summary

- 1 NHS bodies in Wales are responsible for preparing financial statements that give a true and fair view of the state of their financial affairs as at 31 March 2021. They must ensure that they are properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers. NHS bodies are also responsible for preparing Annual Governance Statements in accordance with guidance issued by HM Treasury and the Welsh Government.
- 2 The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2021.
- 3 NHS Wales has a variety of arrangements in place to provide and support IT systems used for financial reporting purposes. Since June 2012, Velindre University NHS Trust (the Trust) has hosted the NHS Wales Shared Services Partnership (NWSSP) and is responsible for its governance and accountability.
- 4 This report covers the national NHS IT applications and infrastructure which NWSSP manages for use by other NHS organisations in Wales. These systems include the:
  - Prescription Pricing System (formerly known as the Community Pharmacy System) which is used to process prescriptions and calculate reimbursement for pharmacy contractor payments. This system is used by the Prescription Services Team of Primary Care Services (PCS).
  - National Health Application and Infrastructure Services (NHAIS) or Exeter, used for NHS demographics and calculating primary care General Medical Services (GMS) contractor payments. NHS Digital in NHS England manages and supports the NHAIS system software for use in NHS Wales. Digital Health and Care Wales (DHCW) manage and support the NHAIS IT infrastructure used in NHS Wales.
  - Oracle Financial Management System (FMS) is supplied by a third party called Version One and managed for NHS Wales by the Central Team e-Business Services (CTeS) within the NWSSP. The Oracle FMS is used by NHS Wales as the main accounting system for managing and producing the NHS accounts.
  - Electronic Staff Record (ESR) systems administration is the responsibility of each individual Local Health Board and Trust through delegated responsibility passed to NWSSP via a Service Level Agreement (SLA). Payroll access by NWSSP Employment Services to process the payroll in Wales is managed in accordance with the Trust's ESR system access process. The ESR Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract.

- 5 International Auditing Standard (ISA) 315 requires us to obtain an understanding of the general IT and application controls of the financial systems used by NHS Wales. As part of the National Hosted NHS IT Systems audit plan, Audit Wales reviewed the above-mentioned systems during 2020-21 and followed up our prior audit recommendations in these areas. This work reviews the ICT environment and application controls that are applied to the National Hosted NHS IT Systems solely for the purposes of providing assurance for NHS audit opinions. We have taken the opportunity to identify actions that, in our view, would help NHS Wales improve its governance and use of these systems.
- 6 This work is undertaken to identify potential risks which may include:
- out-of-date and unsupported infrastructure;
  - access security arrangements that leave the system vulnerable to unauthorised access and attack;
  - loss or unauthorised access of data; and
  - change control procedures which are inadequate meaning that the system could be compromised or unavailable following the application of a new patch, upgrade or release of the database or the application software or infrastructure change.
- 7 We have therefore undertaken a review that sought to answer the question: **‘Can auditors be assured that the IT system controls are such that financial values are likely to be free from material misstatement?’**
- 8 **We concluded that the IT controls applied to the Prescription Pricing, National Health Application Infrastructure, Oracle Financials systems and ESR Payroll systems administration managed by NHS Wales Shared Services, were sufficiently effective to allow financial auditors to take assurance that financial values produced by the systems for 2020-21 were likely to be free from material misstatement. However, NWSSP could strengthen some controls.**
- 9 In summary, the reasons for this conclusion are set out below:
- the Prescription Pricing System’s controls support the production of information that is free from material misstatement;
  - the National Health Application and Infrastructure Service system’s controls support the production of information that is free from material misstatement, however, system replacement plans are underway;
  - the Oracle FMS’s IT controls support the production of information that is free from material misstatement, although information security controls are currently being reviewed; and
  - the ESR Payroll’s Shared Services system administration controls support the production of information that is free from material misstatement.
- 10 This report summarises the more detailed matters arising from our audit, our recommendations made from this year’s audit and our follow-up of last year’s recommendations.

# Detailed report

## The Prescription Pricing System's controls support the production of information that is free from material misstatement

- 11 We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Prescription Pricing System. However, we identified some issues that should be addressed by Primary Care Services in order to minimise the potential for future application and infrastructure system risks. From our IT work in 2020-21, we have identified one recommendation to NWSSP for improvement. This is outlined below:
  - test the Prescription Pricing systems IT Disaster Recovery (DR) plans at least annually. The last DR system test was in March 2020 and the IT DR plan dated March 2021 requires a testing schedule every two years. It is good practice to test the recovery of IT systems at least annually. The DR plan should be amended to document and require an annual testing requirement.
- 12 NWSSP have addressed all prior year IT recommendations made for improvement and none remain in progress.
- 13 Further details of our findings and progress against actions for the Prescription Pricing System agreed with Primary Care Services officers can be found in **Appendix 1**.

## The National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, however, system replacement plans are underway

- 14 We have identified no significant issues within the NHAIS system likely to result in a material misstatement. However, we have identified some issues that should be addressed by NWSSP in order to minimise the potential for future application and infrastructure system risks. From our work in 2020-21 we have identified three improvement areas for NWSSP. These are outlined below:
- review the number of NHAIS system administration accounts, we identified during our fieldwork that a system administrator who has left NWSSP has not had their user account deleted. Remove the system administration access account for the NHAIS systems administrator who has left NWSSP;
  - update the NHAIS user access log that records NHAIS user access and used to review user access to job functions. This control has not been completed by the NHAIS systems administrator in 2020-21 and during our fieldwork the access log could not be located; and
  - DHCW send a user access activity report to NWSSP NHAIS systems administrators to monitor access, during our fieldwork the access report could not be located and the control has not been undertaken in 2020-21.
- 15 Plans to replace the NHAIS functionality in Wales for GMS processing for the 'global sum' or 'per capitation' payments are underway. NWSSP has delayed the planned implementation in late 2020-21 to later in 2021-22 due to a number of issues identified in system testing. NWSSP plans to implement the Family Payment Practitioner System (FPPS) after a period of parallel system running later in 2021-22. Plans to decommission the NHAIS system and ensure continuity of continuing NHAIS services required are ongoing and should be agreed with both NWIS and NHS Digital.
- 16 NHS England and NHS Digital are still deciding on NHAIS decommissioning arrangements. NWSSP will be required, in 2021-22 to work jointly with DHCW to support preparations, where necessary, on the system replacement options and Welsh requirements. NHS Digital plans to decommission the NHAIS in England as early as during 2021 or 2022. NHAIS will be replaced by a number of other systems and the Capita system will be the payments engine in NHS England for calculating general medical services payments. NHS Digital have developed the demographic registration and reporting systems required to replace NHAIS demographics functionality for NHS England.

- 17 NWSSP have addressed all prior year IT recommendations made for improvement and none remain in progress.
- 18 Further details of our findings and progress against actions for the NHAIS system agreed with Primary Care Services officers can be found in **Appendix 1**.

## The Oracle FMS's IT controls support the production of information that is free from material misstatement, although information security controls are currently being reviewed

- 19 We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Oracle FMS. However, we identified some issues that should be addressed by Shared Services in order to minimise the potential for future application and infrastructure system risks. The planned July 2021 Oracle system upgrade to version 12.2.9 has been delayed to October 2021 due to a number of issues identified in user system testing. From our work in 2020-21, we have identified three recommendations to NWSSP for improvement. These are outlined below:
- complete the Oracle FMS IT Disaster Recovery (DR) test in 2021-22 as soon as is practically possible ensuring all NHS organisations attend the next scheduled test. The last IT DR test was completed in November 2019 and the scheduled test in November 2020 was deferred due to disruptions caused the pandemic. We were informed during our fieldwork that the next scheduled IT DR test would not be until after both the Oracle version upgrade to 12.2.9 has been completed in October 2021 and the February 2022 Oracle patch release.
  - complete the planned accreditation to the Information Security Management Standard (ISO 27001) to identify potential improvement areas. CTES are currently documenting an action plan for implementation in 2022; and
  - complete the planned accreditation to the Information Technology Service Management (ISO 20000) standard for service management. CTES aims to complete accreditation in 2022.
- 20 NWSSP have addressed all prior year IT recommendations made for improvement and none remain in progress.
- 21 Further details of our findings and progress against actions for the Oracle FMS agreed with Shared Services can be found in **Appendix 1**.



## The ESR Payroll's Shared Services system administration controls support the production of information that is free from material misstatement

- 22 The Electronic Staff Record (ESR) Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract. We have reviewed the ESR Payroll systems administration controls (payroll elements only) managed by NWSSP. This responsibility includes managing user access to the payroll system in Wales by the NWSSP Employment Services staff who process the Welsh NHS organisations' payrolls. In addition to seeking to place reliance on the International Standard on Assurance Engagements (ISAE) 3000 report of the IBM Service Auditor noted below, Audit Wales IM&T auditors have reviewed the controls in place over the ESR Payroll systems administration managed under a delegated authority by NWSSP, Employment Services.
- 23 We have not identified any significant IT issues likely to result in a material misstatement within these ESR Payroll systems' administration controls. From our work in 2020-21, we have identified one recommendation to NWSSP for improvement. This is outlined below:
- the six monthly control review of all payroll access to ESR User Resource Profiles (URPs) was not completed in Q1 2021 as planned due to COVID disruptions. During our fieldwork in April 2021 it was identified that the last review was in October 2020 and the next review was being planned for later in 2021. We were also made aware during our audit that Employment Services were considering strengthening this control to quarterly reviews thereafter.
- 24 In 2019-20, we identified one recommendation for improvement for the ESR Payroll systems access controls. The NWSSP has made progress to address these actions by:
- adding the check to the six monthly payroll access reviews to ensure HR administration activity at a local NHS organisation level to allocate ESR payroll user access profiles are identified and monitored on a regular basis. The next review is planned after our April 2021 fieldwork for later in 2021.
- 25 We sought to place reliance on the ISAE 3000 report of the IBM Service Auditor, PwC, on the general IT controls applied at IBM. PwC conducted the review in accordance with the ISAE 3000 'Assurance Engagements Other Than Audits or Reviews of Historical Financial Information'. For the period 1 April 2020 to 31 March 2021, PwC concluded that the ESR payroll general IT controls and

environment were suitably designed and operated effectively with the exception of the two areas noted below. PwC qualified their opinion on two controls objectives covering the ESR system change management and access security.

Recommendations have been made for the NHS ESR Central Team and IBM to strengthen the IT controls around change management and access security between the development and live payroll application environments. PwC has not identified any other areas in their 2020-21 work for improvement or recommendations to the IT controls used by the NHS ESR Central Team and IBM.

- 26 Further details of our findings and progress against actions for the ESR Payroll systems administration control agreed with Shared Services can be found in **Appendix 1**.

# Recommendations

27     **Exhibit 1** sets out the recommendations that we have identified in 2020-21. NWSSP should take action to address these recommendations. The appendix to this report sets out progress made against all the previously reported recommendations that remain in progress and ones that have been completed in 2020-21.

**Exhibit 1: 2020-21 recommendations**

Recommendations
<div><div>Prescription Pricing System</div><div>R 2020-21.01</div><div>Test the Prescription Pricing systems IT Disaster Recovery (DR) plans at least annually. The DR plan should be amended to document and require an annual testing requirement.</div></div>
<div><div>NHAIS</div><div>R 2020-21.02</div><div>Strengthen the NHAIS system administration access and review of user access and activity by:<ul style="list-style-type: none"><li>removing the system administration access account for the NHAIS systems administrator who has left NWSSP;</li><li>updating the NHAIS user access log that records NHAIS user access and used to review user access to job functions; and</li><li>reviewing the NHAIS user access activity report sent to NWSSP NHAIS systems administrators by DHCW to monitor user access.</li></ul></div></div>
<div><div>Oracle FMS</div><div>R 2020-21.03</div></div>

## Recommendations

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Complete the accreditation to the Information Security Management Standard (ISO 27001) to identify potential improvement areas.

R 2020-21.04

Complete CTES accreditation to the Information Technology Service Management (ISO 20000) standard for service management.

2020-21.05

Complete the Oracle FMS IT Disaster Recovery (DR) test in 2021-22 as soon as is practically possible ensuring all NHS organisations attend the next scheduled test.

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## ESR Payroll system IT controls

R 2020-21.06

Complete the six monthly control review of all payroll access to ESR User Resource Profiles (URPs). This was not completed in early 2021 as planned due to COVID disruptions and was last completed in October 2020.

# Appendix 1

## Issues and recommendations arising from the review of National Hosted NHS IT Systems in prior audit years and in 2020-21 – NHS Wales Shared Services Partnership

### Exhibit 2: issues and recommendations

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2021
Prescription Pricing System – IT controls work						
2020-21.01	The last IT Disaster Recovery (DR) system test was in March 2020 and the IT DR plan dated March 2021 requires a testing schedule every two years. It is good practice to test the recovery of IT systems at least annually. The DR	Test the Prescription Pricing systems IT Disaster Recovery (DR) plans at least annually. The DR plan should be amended to document and require an annual testing requirement.	Medium	Yes	Neil Jenkins – Head of Modernisation & Technical Services	<b>Management Comment</b>  DR test planned for March 2022.  DR plan document update now completed.

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2021
	plan should be amended to document and require an annual testing requirement.					
National Health Application and Infrastructure Services – IT controls work						

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2021
2020-21.02	<p>We identified during our fieldwork in April 2021 a number of issues with the NHAIS system administration access and review of user access activity:</p> <ul style="list-style-type: none"> <li>a) a system administrator who has left NWSSP has not had their user account deleted.</li> <li>b) the NHAIS user access log that records NHAIS user access and used to review user access to job functions has not been updated. This</li> </ul>	<p>Strengthen the NHAIS system administration access and review of user access and activity by:</p> <ul style="list-style-type: none"> <li>a) removing the system administration access account for the NHAIS systems administrator who has left NWSSP;</li> <li>b) updating the NHAIS user access log that records NHAIS user access and used to review user</li> </ul>	High	Yes	Neil Jenkins - Head of Modernisation & Technical Services	<p><b>Management Comment</b></p> <p>Administrator access account has been removed.</p> <p>Actions b) and c) planned to be completed by December 2021.</p>

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2021
	<p>control has not been completed by the NHAIS systems administrator in 2020-21 and the access log could not be located.</p> <p>c) DHCW send a user access activity report to NWSSP NHAIS systems administrators to monitor access, the access report could not be located and the control has not been undertaken in 2020-21.</p>	<p>access to job functions; and</p> <p>c) reviewing the NHAIS user access activity report sent to NWSSP NHAIS systems administrators by DHCW to monitor user access.</p>				



Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2021
Oracle Financial Management System – IT controls work						
2020-21.03	<p>CTES has completed and a gap analysis assessment of the Oracle FMS to the Information Security Management Standard (ISO 27001) to identify potential improvement areas.</p> <p>The outcome will be a set of recommendations for implementation during 2021-22.</p> <p>It is good security management practice to assess and baseline a</p>	Complete the accreditation to the Information Security Management Standard (ISO 27001) to identify potential improvement areas.	Medium	Yes	Stuart Fraser – Acting Head, CTeS	<p><b>Work in progress</b></p> <p>It was agreed by the All Wales Oracle (STRAD) Board that this would be deferred due to high priority projects and in particular the requirement to complete the major Oracle system upgrade in October 2021. It has been agreed by STRAD that we will seek to obtain accreditation by 31 December 2022 and approval has been obtained to appoint a</p>

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2021
	comparison to the ISO 27001 standard.					dedicated project manager.
2020-21.04	<p>CTES provides FMS services to the consortium of Welsh NHS organisations. It is good practice IT service management to conform or be accredited to the Information Technology Service Management (ISO 20000) standard.</p> <p>CTES have completed the gap analysis and we were informed during our fieldwork that they aim to</p>	Complete CTES accreditation to the Information Technology Service Management (ISO 20000) standard for service management.	Medium	Yes	Stuart Fraser – Acting Head, CTeS	<p><b>Work in progress</b></p> <p>It was agreed by the All Wales Oracle (STRAD) Board that this would be deferred due to high priority projects and in particular the requirement to complete the major Oracle system upgrade in October 2021. It has been agreed by STRAD that we will seek to obtain accreditation by 31</p>

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2021
	<p>complete accreditation during 2021-22 cycle.</p> <p>CTES consider there are benefits to complete accreditation to the Information Technology Service Management (ISO 20000) standard for service management.</p>					December 2022 and approval has been obtained to appoint a dedicated project manager.
2020-21.05	The last IT DR test was completed in November 2019 and the scheduled test in November 2020 was deferred due to disruptions caused the pandemic. We were informed during our fieldwork that the next scheduled IT DR test would not be until after	Complete the Oracle FMS IT Disaster Recovery (DR) test in 2021-22 as soon as is practically possible ensuring all NHS organisations attend the next scheduled test.	High	Yes	Stuart Fraser – Acting Head, CTeS	<p><b>Work in progress</b></p> <p>CTeS are on track to implement the Oracle upgrade in October 2021 and complete a full Business Continuity (BC) &amp; DR test in February 2022 across all FMS</p>

#### Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2021
	both the Oracle version upgrade to 12.2.9 has been completed in October 2021 and the February 2022 Oracle patch release.					Services. A change release including latest patch sets planned for January 2022 implementation.

#### ESR Payroll systems administration – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status –
2019-20.01	Local HR staff manage access to the local HR side of the ESR payroll and those with HR administrator access for	Establish a monitoring report of local HR administration staff that have allocated ESR users	Medium	Yes	Angela Jones - Assistant ESR Programme Director, Workforce & OD	<b>Work in progress</b>  URP reports will be run from ESR and shared

## ESR Payroll systems administration – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status –
	<p>recruitment and applications can allocate payroll related User Resource Profiles (URP's). However, they are not permitted to use these roles and this access is restricted to approximately 2-3 staff per NHS organisation.</p> <p>It was identified during the audit fieldwork that there is no scheduled reporting or monitoring of this potential HR administration user activity.</p>	<p>to payroll URP's when they are not permitted to. Monitor the report produced on a quarterly basis.</p>				<p>with the Head of Payroll and Payroll Managers on a quarterly basis for validation/amendments as appropriate. On completion, the URP access in ESR will be updated.</p> <p>This will be incorporated into the Workforce Information Manager's business as usual work programme for continuity.</p>

## ESR Payroll systems administration – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status –
2020-21.06	The six monthly control review of all payroll access to ESR User Resource Profiles (URPs) was not completed in early 2021 as planned due to COVID disruptions. During our fieldwork in April 2021 it was identified that the last review was in October 2020 and the next review was being planned for later in 2021. We were also made aware during our audit that Employment Services were considering strengthening this	Complete the six monthly control review of all payroll access to ESR User Resource Profiles (URPs). This was not completed in early 2021 as planned due to COVID disruptions and was last completed in October 2020.	Medium	Yes	Stephen Withers – Head of Payroll	<p><b>Management Comment</b></p> <p>The six-monthly URP review was due to take place around May-June 2021, but it was postponed due to the Mass Organisational Change Process (MOCP) from payrolls 120 to 043. During the MOCP project we checked for any anomalies with access when re-allocating URP access as part of the move, especially with Payroll staff given the key worker access to ensure business continuity.</p>

## ESR Payroll systems administration – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status –
	control to quarterly reviews thereafter.					It is our intention to pick up a full audit of URP access before the end of 2021, and to discuss how this will be incorporated into Payroll as a quarterly review going forward.



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

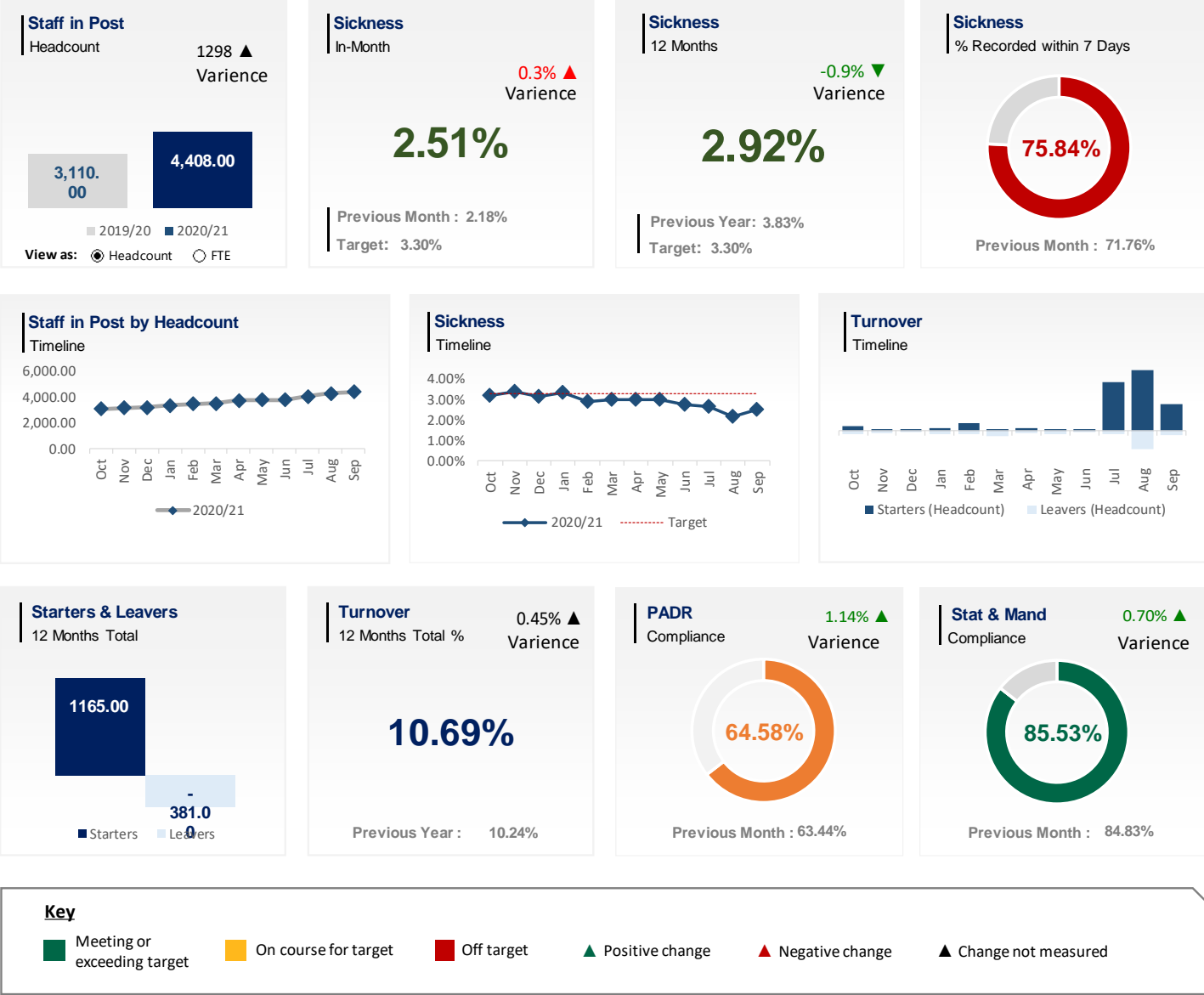


**NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE  
PEOPLE AND ORGANISATIONAL DEVELOPMENT REPORT**

**Introduction / Summary**

<b>MEETING</b>	Shared Services Partnership Committee
<b>DATE</b>	November 2021
<b>REPORT AUTHOR</b>	Sarah Evans, Deputy Director of People & OD
<b>RESPONSIBLE HEAD OF SERVICE</b>	Gareth Hardacre, Director of People, OD & Employment Services
<b>TITLE OF REPORT</b> Report of the Director of People, OD & Employment Services	
<p><b>PURPOSE OF REPORT</b></p> <p>The purpose of this report is to provide Shared Services Partnership Committee with a comprehensive update of current workforce performance across the organisation through a range of key workforce information metrics.</p> <p>The report also provides an update on current work programmes being undertaken by the People &amp; OD Function as well as formal employee relations activity and organisational change.</p>	

Workforce Summary



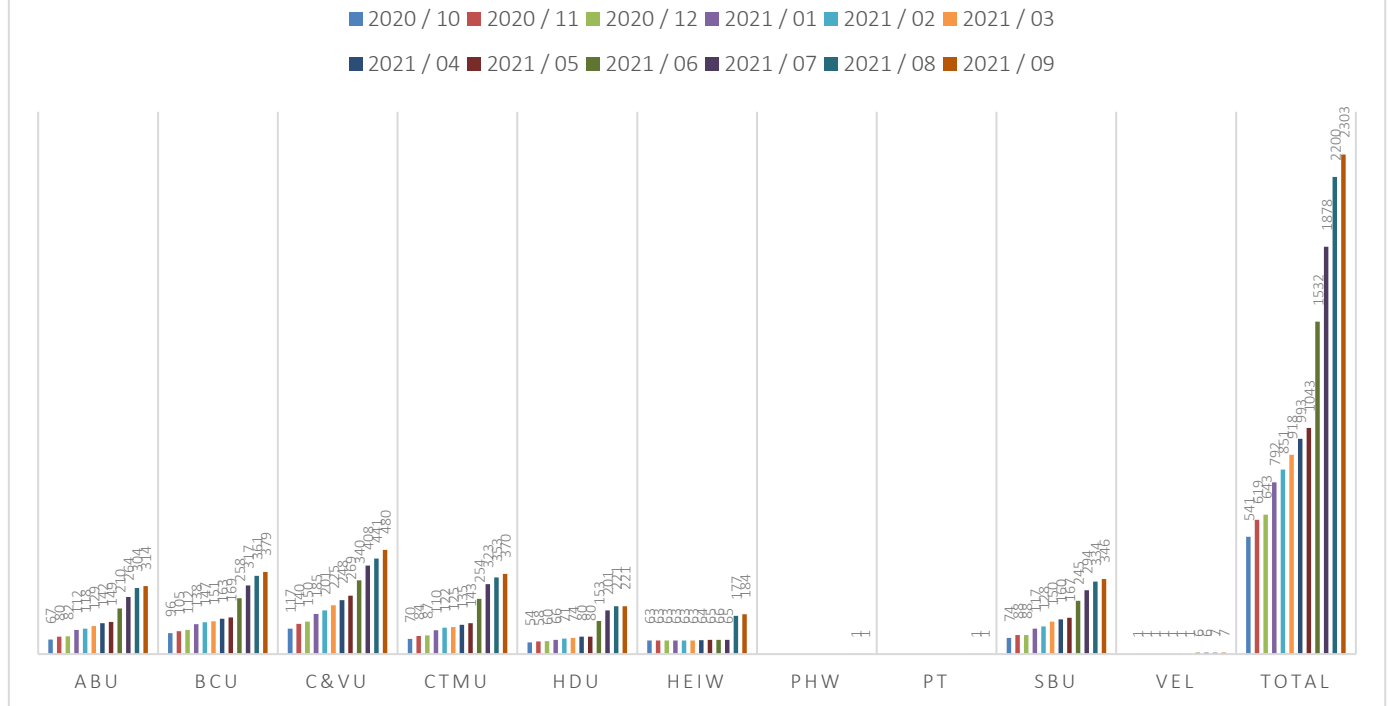
## NWSSP STAFF IN POST

The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP inclusive of Single Lead Employer (SLE) as of 30<sup>th</sup> September 2021:

Section	Headcount		FTE		Headcount Change	
	Aug 21	Sep 21	Aug 21	Sep 21	Headcount Change +/-	Headcount Change +/- %
Accounts Payable Division	133	129	127.75	124.44	-4.00 ▼	-3.10%
Audit & Assurance Division	50	50	47.96	47.96	0.00	0.00%
Corporate Division	34	34	30.24	30.24	0.00	0.00%
Counter Fraud Division	7	7	7.00	7	0.00	0.00%
Digital Workforce Division	23	22	21.60	20.86667	-1.00 ▼	-4.55%
E-Business Central Team Division	13	14	12.33	13.33	1.00 ▲	7.14%
Employment Division	353	356	319.88	323.46	3.00 ▲	0.84%
Finance Division	18	16	17.49	15.56667	-2.00 ▼	-12.50%
Hosted Services Division	8	15	7.05	14.04533	7.00 ▲	46.67%
Laundry Division	140	139	127.40	126.40	-1.00 ▼	-0.72%
Legal & Risk Division	135	133	125.23	122.63333	2.00 ▲	1.50%
Medical Examiner Division	35	42	13.40	22.00	7.00 ▲	16.67%
People & OD Division	44	45	41.77	42.77	1.00 ▲	2.22%
Planning, Performance and Informatics Division	26	28	25.27	27.27	2.00 ▲	7.14%
Primary Care Division	301	301	278.41	278.81028	0.00	0.00%
Procurement Division	638	635	601.04	598.59334	-3.00 ▼	-0.47%
Single Lead Employer Division	2259	2355	2167.90	2260.89	96.00 ▲	4.08%
Specialist Estates Division	48	49	47.31	48.31	1.00 ▲	2.04%
Surgical Materials Testing (SMTL) Division	21	23	18.92	20.92	2.00 ▲	8.70%
Temporary Medicines Unit Division	8	10	8.00	10.00	2.00 ▲	20.00%
Welsh Employers Unit Division	5	5	4.80	4.80	0.00	0.00%
<b>NWSSP Overall</b>	<b>4299</b>	<b>4408</b>	<b>4050.75</b>	<b>4160.30</b>	<b>109.00 ▲</b>	<b>2.47%</b>

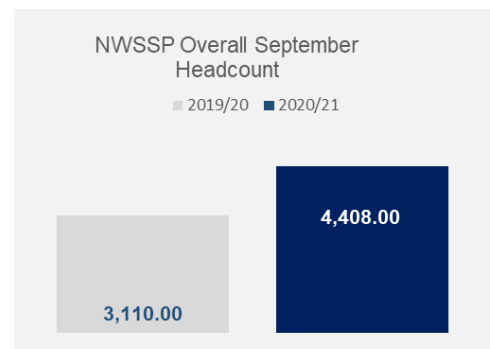
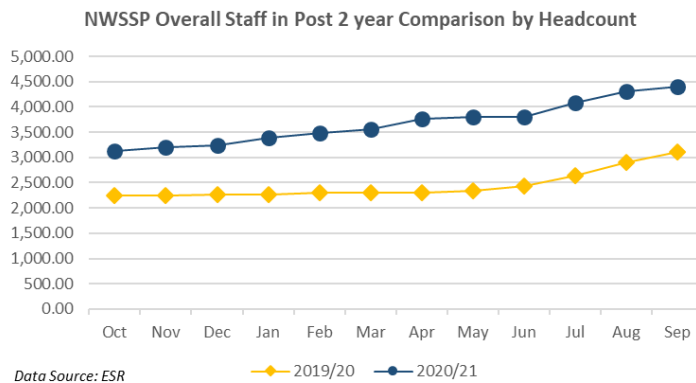
The graph below shows the distribution of the SLE headcount by Health Board area for the period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021:

## SINGLE LEAD EMPLOYER HEADCOUNT DISTRIBUTION

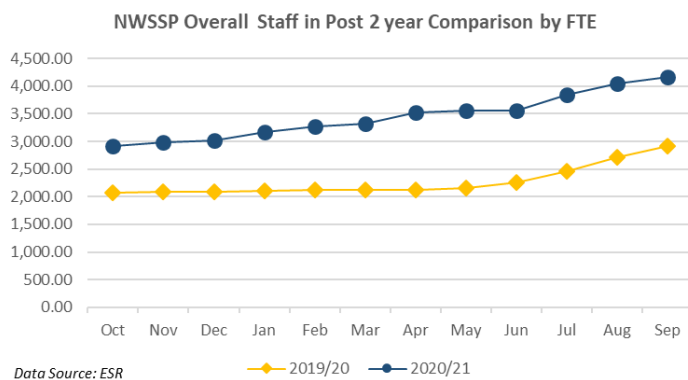


### Nwssp Overall Headcount Trajectory

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



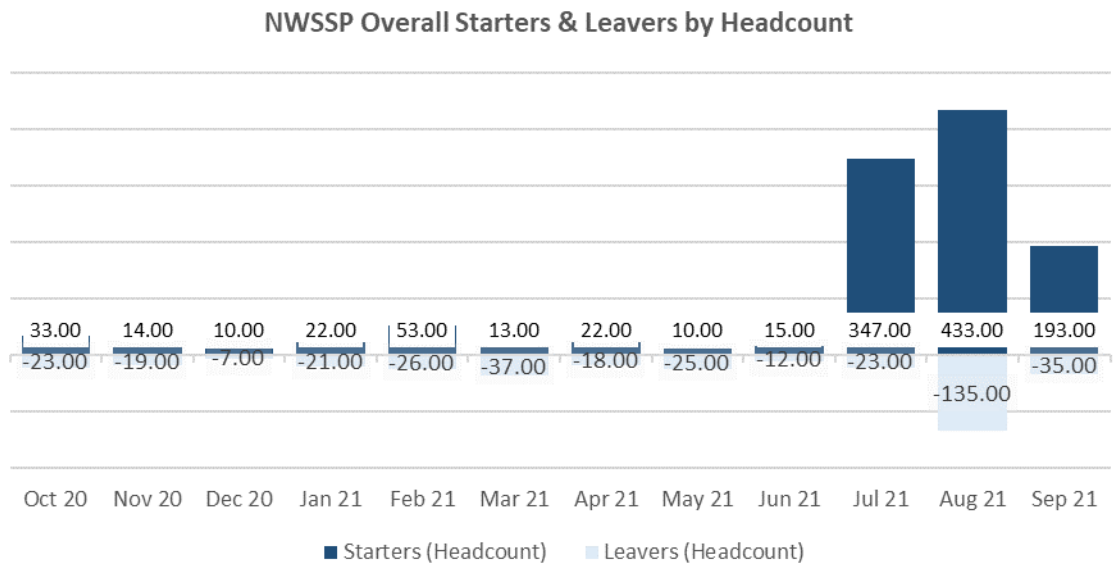
And the rolling 12-month FTE trajectory:



Staff Turnover

The turnover rate for NWSSP inclusive of SLE and GP Trainees for the period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021 is **10.69%** compared to **10.24%** (again inclusive of SLE and GP Trainees) for the same period last year. Turnover exclusive of SLE sits at **9.37%** and increase on the previous month which sat at **8.52%**.

It should be noted that due to the change of VPD, a manual intervention has had to be made in drawing together the turnover figures. When comparing this to the formula used by ESR, a 0.1% difference in the figures is likely.



Reasons for Leaving

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

Top 3 Leaving Reasons		
Rank	Reason	Headcount
1	End of Fixed Term Contract - Completion of Training Scheme	171
2	Voluntary Resignation - Other/Not Known	65
3	Voluntary Resignation - Promotion	38

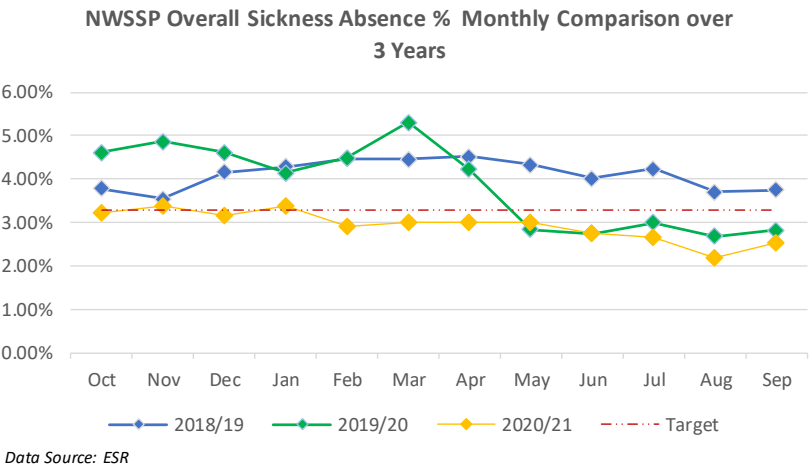
Other reasons for absence during this period include retirement (21); relocation (19); and end of fixed term contract (11)

Of the **381** staff that left the organisation between October 2020 and September 2021, **141** staff left through voluntary resignation (including early retirement), equivalent to **36.75%** of all terminations. **0** dismissals occurred in September 2021.

SICKNESS ABSENCE

The chart below shows the average sickness absence rate for NWSSP for the three years, 2018/19, 2019/20, and 2020/21:

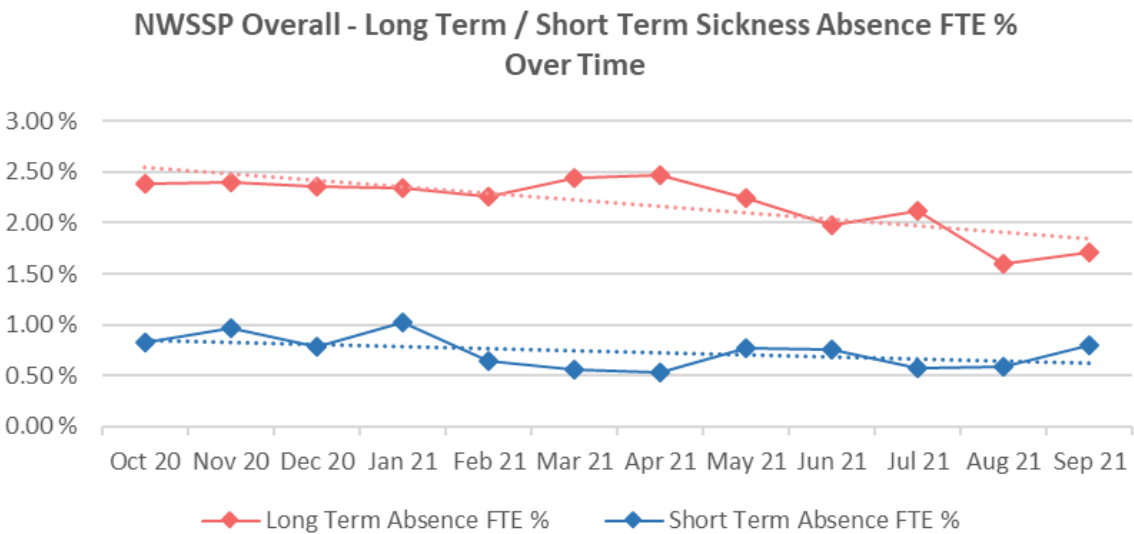
Month	Absence % (FTE)	Abs (FTE)	Avail (FTE)
Oct 20	3.21%	2,387.43	74,295.68
Nov 20	3.38%	2,418.39	71,624.88
Dec 20	3.16%	2,337.80	74,093.67
Jan 21	3.36%	2,504.52	74,450.05
Feb 21	2.91%	1,980.59	68,123.07
Mar 21	3.00%	2,270.95	75,587.05
Apr 21	2.99%	2,177.37	72,730.96
May 21	3.01%	2,258.55	75,019.68
Jun 21	2.71%	2,710.21	100,103.74
Jul 21	2.66%	2,801.88	105,195.55
Aug 21	2.18%	2,691.55	123,419.93
Sep 21	2.51%	3,111.99	123,757.17



As expected with this time of year, we are starting to see a minor upward trend in sickness absence with figures increasing from 2.18% in August 2021 to **2.51%** in September 2021. This still represents a **fall of 0.9%** on the previous year with the figure then sitting at 3.83%

NWSSP’s target is 3.30% in line with the Welsh Government target of reducing sickness absence by 1%.

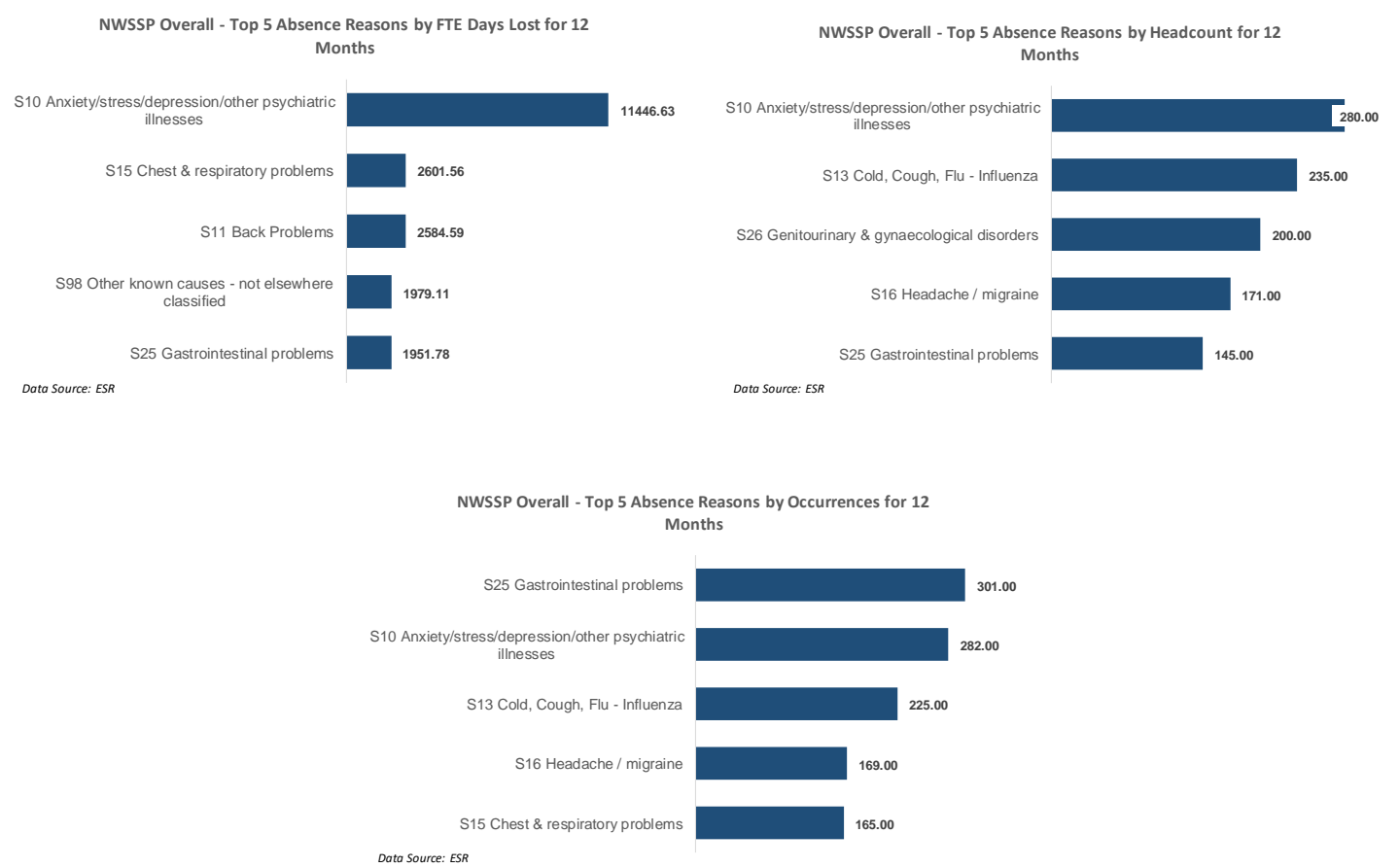
The 12-month trend in Long Term versus Short Term Sickness absence for the period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021:



Data Source: ESR

Reasons for Sickness Absence

The charts below show the top five reasons for sickness absence (by headcount and FTE respectively) within NWSSP for the period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021:

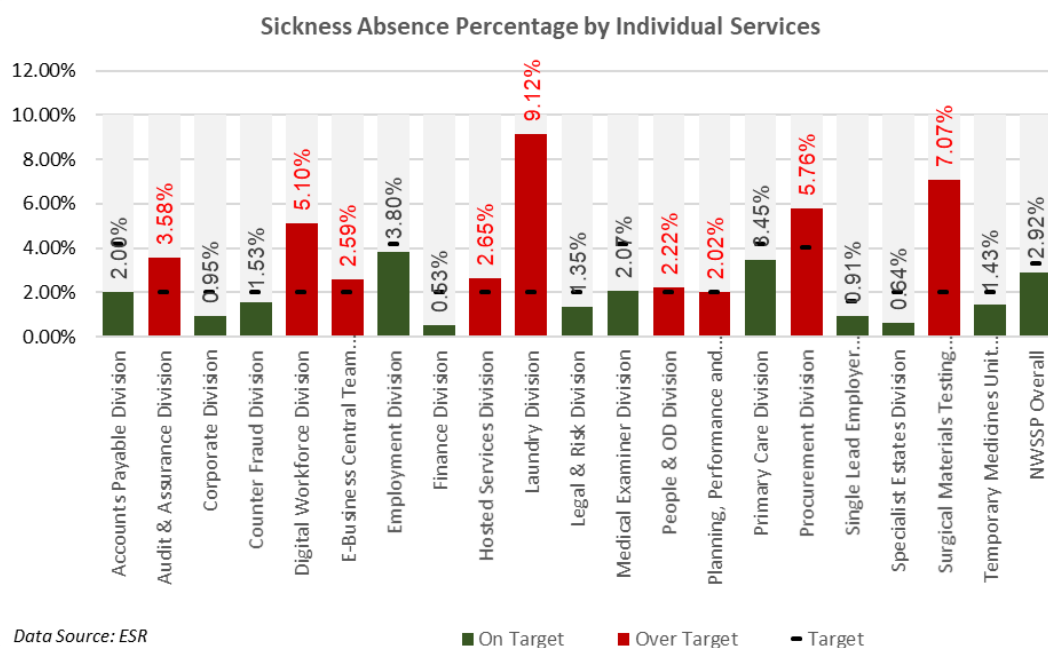


Anxiety, stress and depression continue to account for the greatest number of days lost due for sickness absence within NWSSP with just over **11,447 hours lost per annum**, this accounts for a **4.16% increase** on the previous 12-month figure of 10,989 hours. These hours lost could be reflective of the long-term nature of such absences.

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

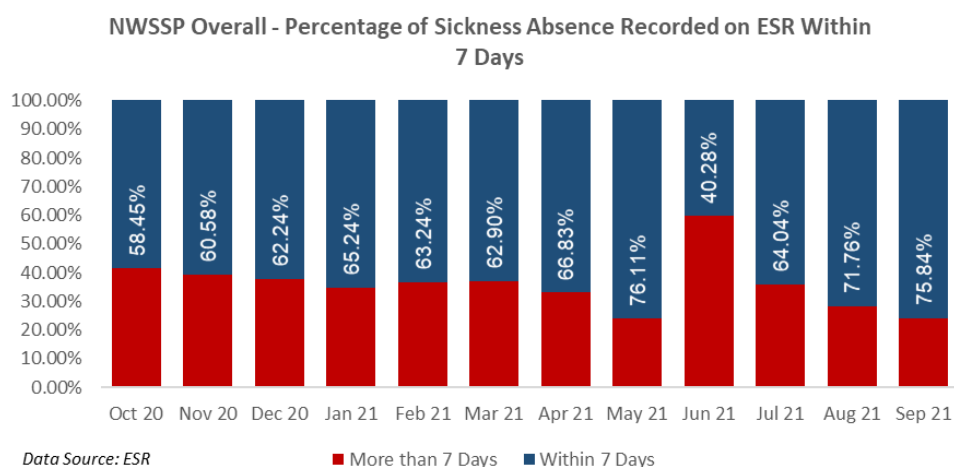
Sickness Absence by Service

The chart below shows the average sickness absence rate for each service from 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021:



### Percentage of Absence Entered Within 7 days

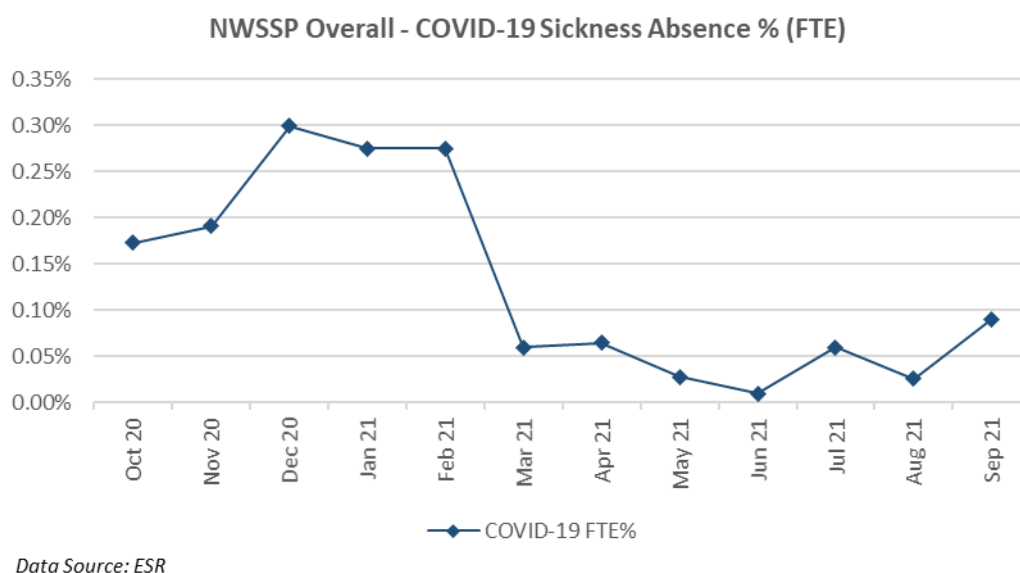
The graph below shows the percentage of absences entered ESR within 7 days of the first day of absence, in the period 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021. At **78.84%** completion within 7 days, we are starting to see improvements in the speed at recording absence since the VPD transfer.



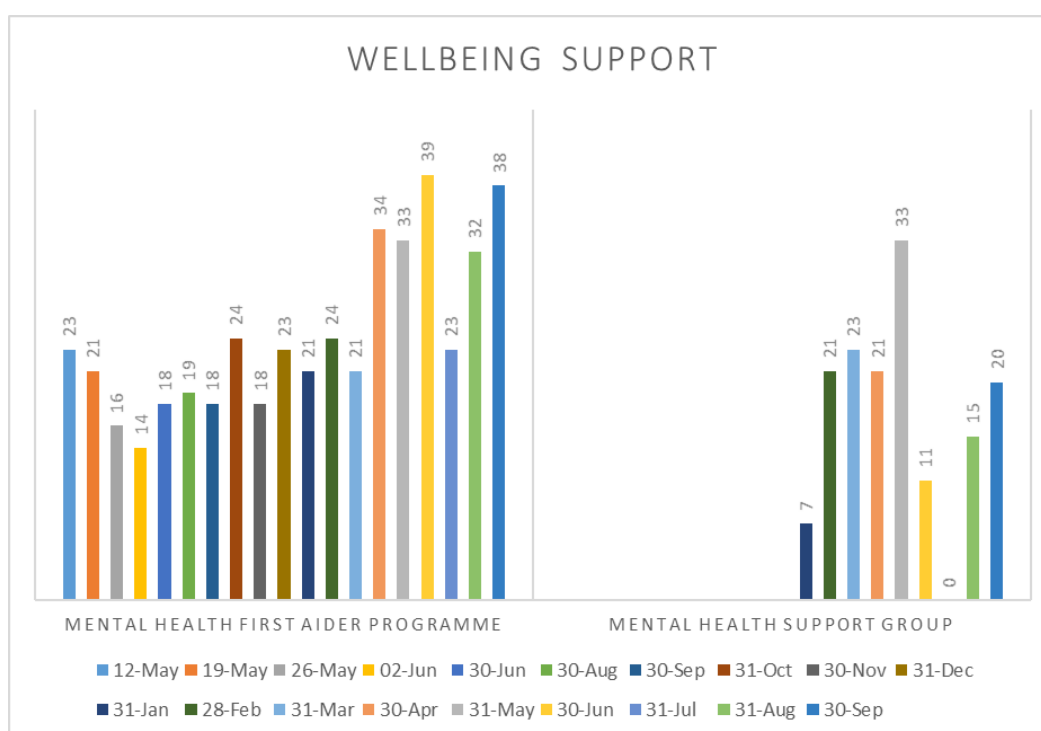
### Covid-19 Absence

Between August and September 2021 COVID-19 related absences have slowly increased from 2 in August 2021 to **4 in September** (This information was correct at the time of writing). There are currently no staff under medical suspension, however 3 staff members are currently off under Infection Precaution.





## Wellbeing Support



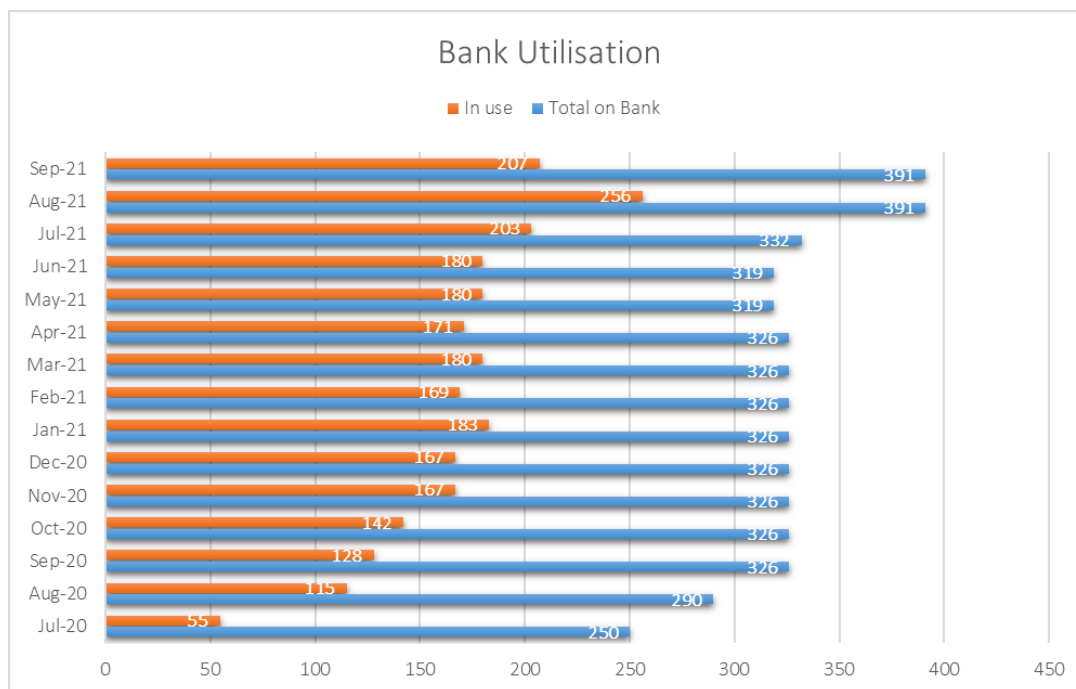
Fantastic progress continues to be made on the development of our Health & Wellbeing programmes within NWSSP. In September 2021 75.2% of our wellbeing support to date has been provided by the Mental Health First Aiders (MHFA). The Mental Health Support Group is also evolving with 20 people engaging with the group in September.

We also have a growing network of Health and Well-being Champions based in departments across NWSSP (up to 36 at last count). These are a first point of call for Health and Well-being queries, with their role being the provision of initial support, signposting/referring on to MHFA.

## BANK AND AGENCY

### Bank Usage

September 2021 has seen a fall in the numbers of bank workers engaged from 256 to 207.



During this period, **net spend on bank has been £322,769** (a £34,313 increase on August 2021) with £203,355 contributed by HCS/Procurement (a £22,765 fall on the previous month), who are currently utilising 110 of the 207 bank staff.

Service	Aug-21			Sep-21		
	£	WTE	# of People	£	WTE	# of People
Accounts Payable	1,958.16	1	1	1,384.46	0.69	1
Audit & Assurance	-1,882.86	-0.31	0	197.73	0	0
Collaborative Bank	14,790.31	4.3	28	22,454.82	4.04	32
Corporate Services	9,866.59	2.44	44	12,067.34	10.94	23
E-Enablement	640.29	0.4	1	773.02	0.41	1
Employment	20,082.74	8.94	13	19,857.48	9.34	17
Health Courier Services	158,470.31	77.46	94	116,542.37	51.78	53
Laundry Services	1,059.66	0.32	1	12,904.20	4.86	3
Legal & Risk/WRP	4,222.71	3.54	19	36,853.35	8.41	13
Primary Care	8,027.42	4.23	5	12,516.57	6.44	7
Procurement	67,649.29	29.92	49	86,812.52	39.42	57
SMTL Surgical Materials Testing Lab	3,571.44	1.91	1	405.24	0	0
Specialist Estates	0.00	-0.61	0	0.00	0	0
<b>Total</b>	<b>288,456.06</b>	<b>133.54</b>	<b>256</b>	<b>322,769.10</b>	<b>136.33</b>	<b>207</b>

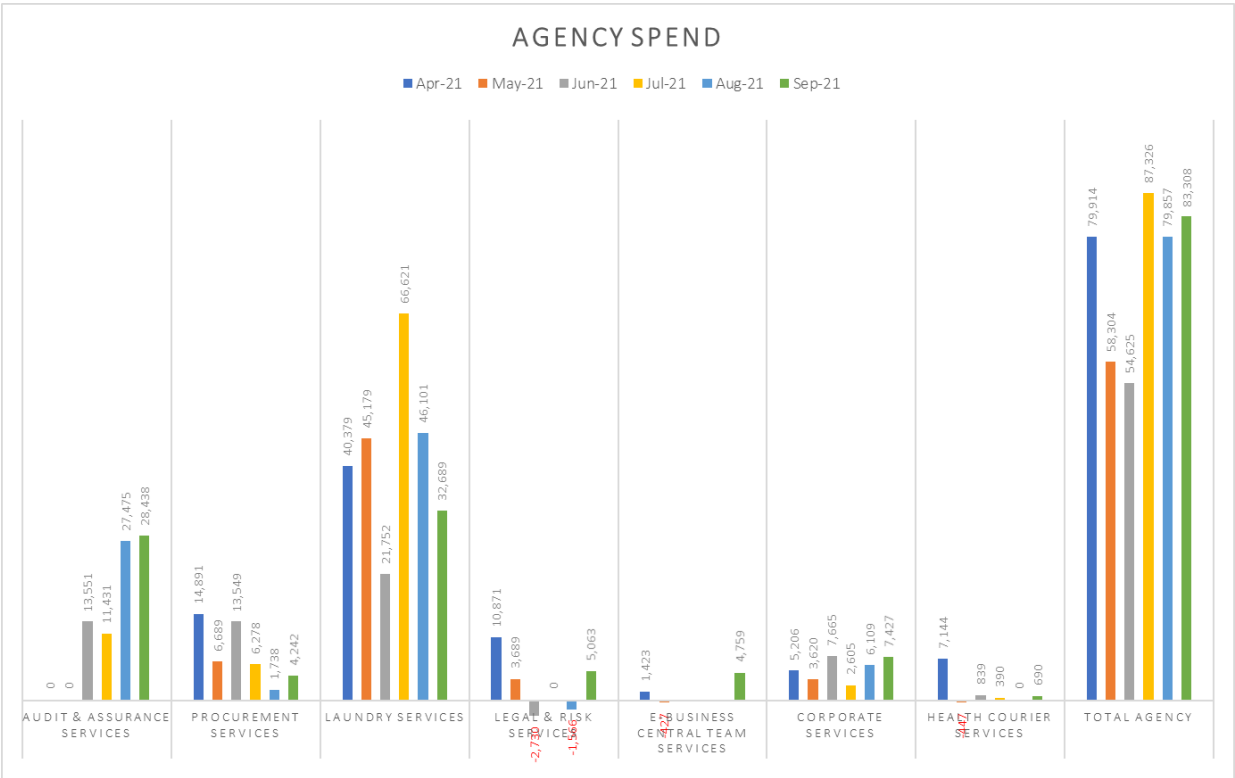
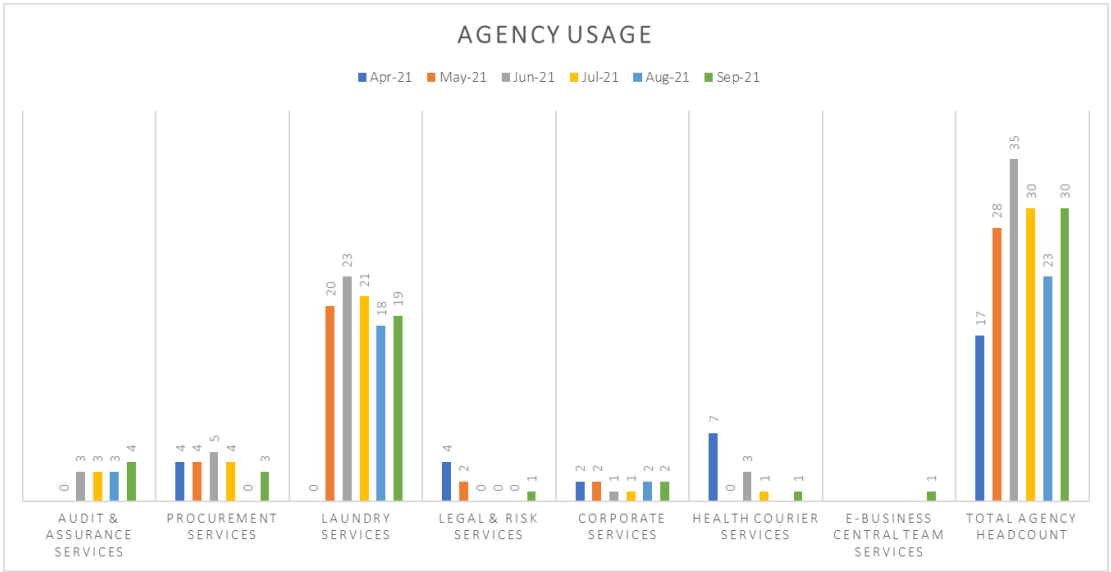
Extensive work is being undertaken to improve the service offered in relation to Bank & Agency and to make this more responsive and customer focused. Our aim is to deliver a service where supply is based on immediate need, to fulfil short-term gaps in resource rather than covering long term vacancies where more effective resourcing solutions can be found. A communication has been released confirming that the use of bank workers ***in a single engagement*** is for a maximum period of 3 months, and should longer-term solutions be required, engagement with the Divisional Business Partnering teams is required to discuss alternative resourcing and contractual options.

Agency Usage

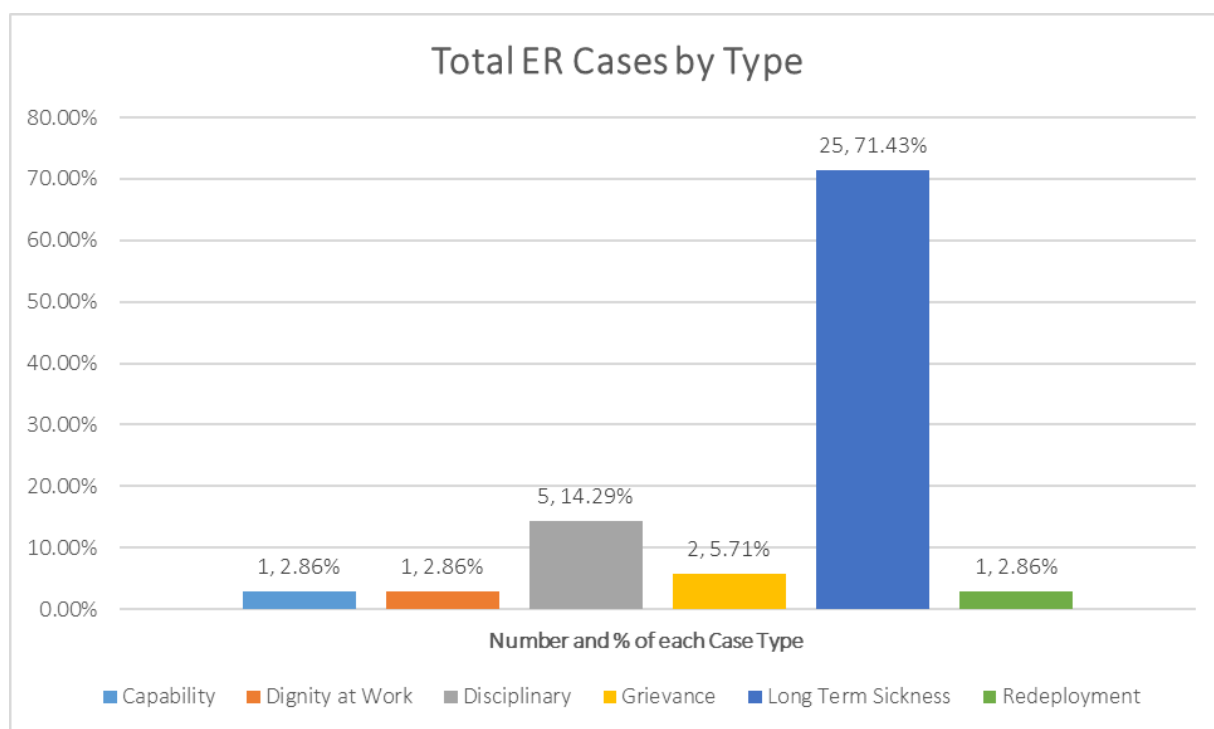
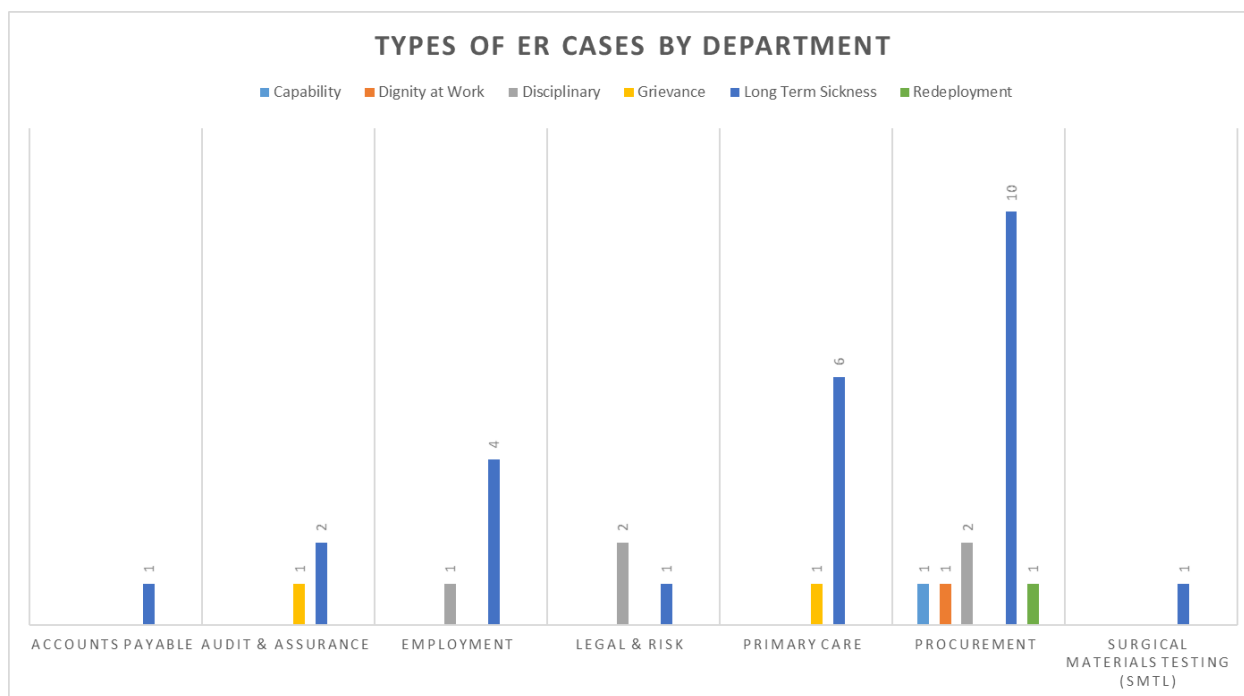
Data provided by Finance suggests that in September 2021 **we engaged a total of 31 workers from Agencies** (up from 23 the previous month), of those 19 (18 previously) were within Laundry accounting for 61% of the total placements; 4 were in Audit & Assurance (increase by 1) (13%), and 2 within Corporate Services (6.5%). All agency use has now been removed from HCS and Procurement services.

Total agencies spend for the month came in at **£83,308**. This represents an **increase in spend of £3,451** from August 2021.

Work continues moving those on agency contracts to our Bank service and, for example with Laundry, to establish how we can fill the vacancies the that these roles are essentially covering. **Since July 2021, Laundry has reduced its agency spend by some £33,932 from £66,621 to £32,689.**



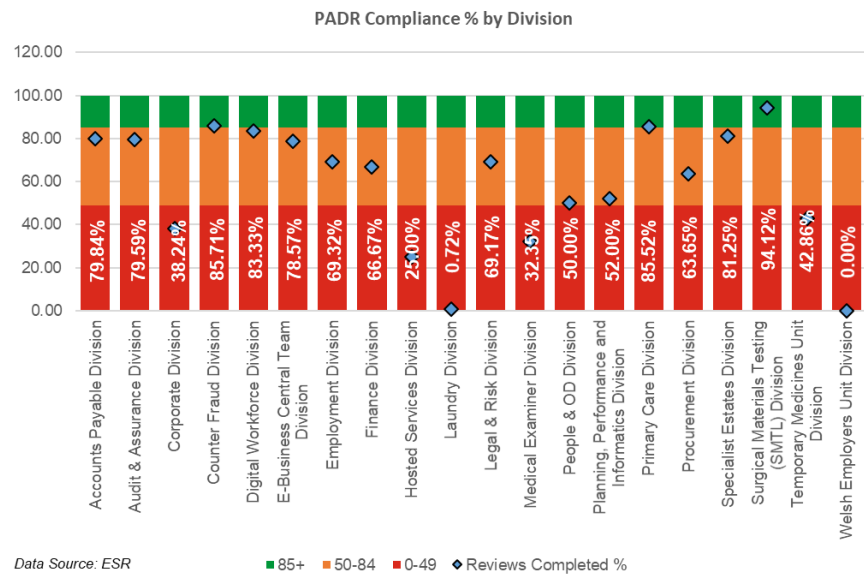
## EMPLOYEE RELATIONS ACTIVITY



## PADR

NWSSP completed **64.58%** of Appraisal Reviews as of 30<sup>th</sup> September 2021, excluding new starters for 3 months, bank workers, GP trainees and those staff who are on career break, maternity & adoption, external secondment or suspension. This represents **1.14% point increase** on the data recorded for 31<sup>st</sup> August 2021 where the figure sat at 63.44%. This decline is likely due to the move from VPD 120 to VPD 043 and the inability to access the system during this time.

Managers have been asked to update their compliance in relation to PADR. A deadline for this was given as 31<sup>st</sup> August 2021, however due to continued system issues there have been difficulties in getting the data rectified.

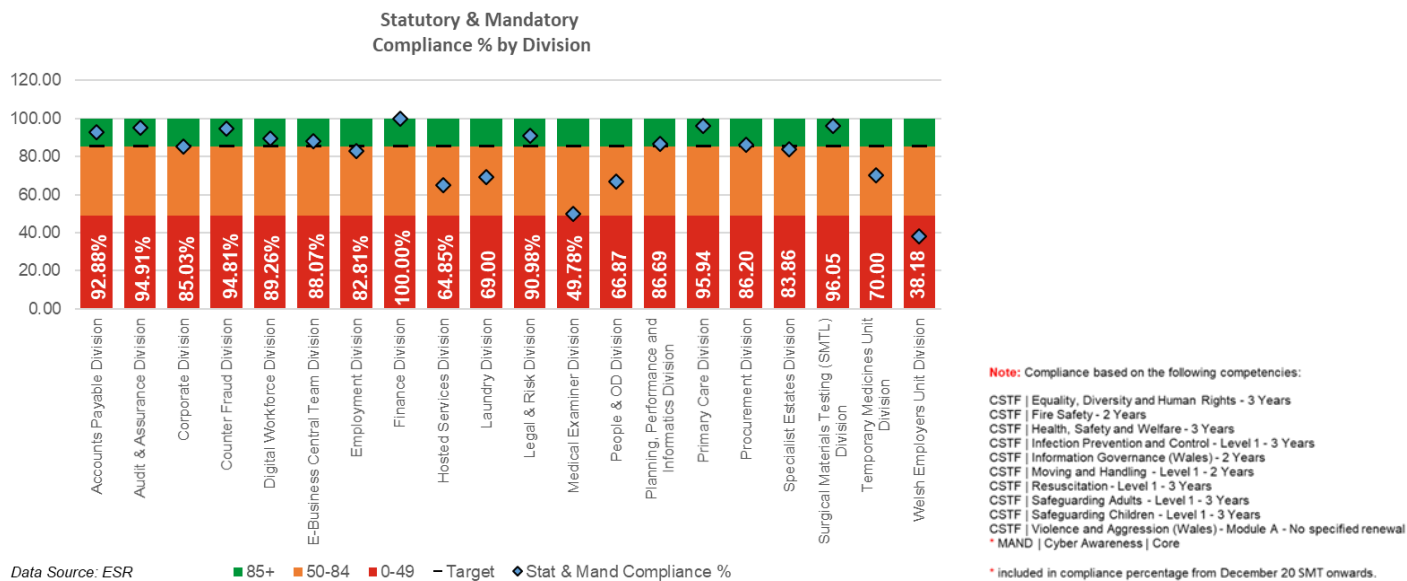


LEARNING COMPLIANCE

Statutory and Mandatory Training

NWSSP is currently **85.53%** compliant with the Core Skills Training Framework, which is above the recognised minimum standard for statutory and mandatory training. This figure continues to improve.

Please note this excludes GP trainees and bank workers.



## PEOPLE AND OD DEVELOPMENTS

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### ► AGILE WORKING

The Agile Toolkit has been approved by SLG and LPF. The toolkit has been translated into Welsh and subject to the approval of the Equality Integrated Impact Assessment, we will launch the toolkit officially soon. Work is ongoing in relation to the internal People and OD activity required to support the toolkit, this includes, monthly drop in sessions, continuing coffee mornings and weaving agile working through our current training provisions. We are hoping to finalise the benefits realisation data and agree reporting periods by November and will also be working in partnership with our colleagues in legal and risk to ensure our local processes are legally compliant. The second workstream regarding our estates utilisation has also commenced and we are expecting tender submissions to support us with this piece of work to be submitted and reviewed in early November.

### ► DIVERSITY AND INCLUSION

No further updates this month

### ► HEALTH & WELL-BEING

The NWSSP Health & Well-being Staff Conference which focuses on Self Care was held on 13<sup>th</sup> October where staff joined the virtual event throughout the day to hear from speakers re: physical and mental health and get involved in health and well-being activities. Staff at all levels and from all service areas are encouraged to join. Attendance ranged from 77 to 120 attendees throughout the day and a more detailed list along with evaluation reports will be available for next month's meeting.

Further Stress Awareness sessions have been scheduled for November, January and March following excellent feedback from recent sessions.

### ► LAUNDRY TRANSFORMATION

No further updates this month

### ► LEARNING & DEVELOPMENT

A number of services are yet to submit their training plans and have been contacted with a deadline extension. Data received will be shared with SLG in November.

NWSSP's leadership and management programme, Leading for Excellence and Innovation, is undergoing some changes. The programme will be reduced from 7 to 5 modules as follows:

1. Managers as Leaders
2. Healthy Working Relationships (formerly 2 modules, Developing Healthy relationships at Work and Restoring Healthy Relationships at Work)
3. Workforce Policies in Practice
4. Developing an Effective Team
5. Service Improvement & Change

Due to its popularity and excellent feedback the Health and Well-being module which formerly formed part of this programme is now being scheduled on a more regular basis and will sit outside the LEI programme as a stand alone module for all staff.

During September internal classes were populated as follows:

Service Area	Completed
<b>043 Accounts Payable Service</b>	<b>2</b>
043 NWSSP Performance Appraisal virtual class via Zoom, 15/09/2021	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 21/09/2021	1
<b>043 Audit &amp; Assurance Service</b>	<b>3</b>
043 NWSSP Developing Healthy Relationships at Work - Class via Teams, 01/09/2021	1
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	2
<b>043 Corporate Service</b>	<b>1</b>
043 NWSSP Developing Healthy Relationships at Work - Class via Teams, 01/09/2021	1
<b>043 E-Enablement Service</b>	<b>3</b>
043 NWSSP Developing Healthy Relationships at Work - Class via Teams, 01/09/2021	1
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	2
<b>043 Health Courier Service</b>	<b>1</b>
043 NWSSP Performance Appraisal virtual class via Zoom, 15/09/2021	1
<b>043 Hosted Services Service</b>	<b>1</b>
043 NWSSP Performance Appraisal virtual class via Zoom, 15/09/2021	1
<b>043 Legal &amp; Risk Service</b>	<b>7</b>
043 NWSSP Developing Healthy Relationships at Work - Class via Teams, 01/09/2021	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 21/09/2021	6
<b>043 Local Procurement Service</b>	<b>2</b>
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 21/09/2021	1
<b>043 Medical Examiner Service</b>	<b>1</b>
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	1
<b>043 Payroll Service</b>	<b>1</b>
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 21/09/2021	1
<b>043 PCS Management Service</b>	<b>1</b>
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 21/09/2021	1
<b>043 Planning, Performance and Informatics Service</b>	<b>2</b>
043 NWSSP Developing Healthy Relationships at Work - Class via Teams, 01/09/2021	1
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	1
<b>043 Recruitment Service</b>	<b>1</b>
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	1
<b>043 Specialist Estates Service</b>	<b>4</b>
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 21/09/2021	3

<b>043 Supply Chain Service</b>	<b>2</b>
043 NWSSP Developing Healthy Relationships at Work - Class via Teams, 01/09/2021	1
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	1
<b>043 Surgical Materials Testing (SMTL) Service</b>	<b>2</b>
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	2
<b>043 Transaction Service</b>	<b>6</b>
043 NWSSP Developing Healthy Relationships at Work - Class via Teams, 01/09/2021	1
043 NWSSP Managers as Leaders - Virtual class via Gwella (HEIW), 09/09/2021	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 21/09/2021	4
<b>Grand Total</b>	<b>40</b>

## ► THIS IS OUR NWSSP (CULTURE PROGRAMME)

Taking the feedback from LPF, SLG and our coffee morning, we have a workshop with our Change Champions in October to build upon and develop more detailed plans on our priorities from the Discovery Phase. We have also taken the decision to recruit more Change Champions to help support this work given that some of those recruited at the start of the programme have had to step down. We ask that SLG colleagues continue to support colleagues from within the directorates and release those who express an interest and are successful in joining us on this work.

## ► TRANSFORMING ACCESS TO MEDICINES (TRAMS)

The Workforce Principles have now been approved on an All Wales basis and will be shared with the Programme Board and Workforce Directors Peer Group. The Service Director is working on a structure for the senior tier of the service and will be shared with the Workforce Subgroup for comment in November. The Chief Pharmacists have commissioned Catherine Talbot (C&V) to undertake a second resource mapping exercise to ensure any workforce planning accurately reflects the current position within the Health Boards and Trusts.

## ► WELSH LANGUAGE

### Staffing at the Welsh Language Unit

During this quarter there have been some changes to the staffing at the Welsh Language Unit.

Thomas Samuel, who worked with us as a full-time permanent translator, has left to become a Welsh Language Tutor for Learn Welsh. He hopes to re-join us on a bank contract in October. We wish Thomas all the best in his new career and look forward to continuing to work with him through a bank contract.

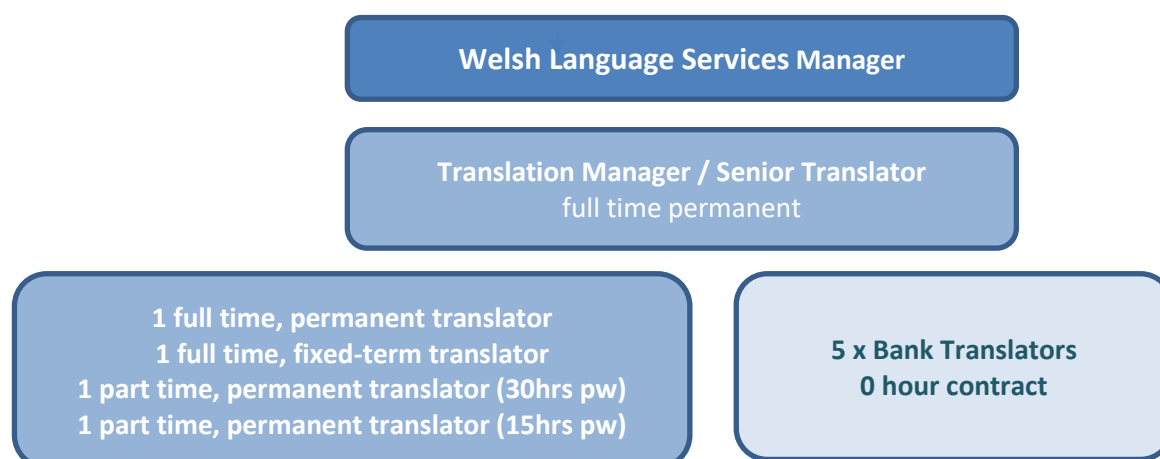
Mared Roberts has reduced her working hours so that she can study a Masters Degree in Creative Writing. Mared works on Thursdays and Fridays.

Barry Rees, joined the Welsh Language Unit in July as a full-time translator on a fixed-term contract of 2 years initially.

Siwan Sloman has joined the Welsh Language Unit in August as a part-time translator on a permanent contract.

The current staffing structure at the Welsh language unit is as follows:





We also have a contract in place with an external translation company, in order to support us with our translation work so that we can respond to timescales in a timely manner, without causing undue delay.

### Translation, Proof-reading and Quality Assurance:

The second quarter has remained busy for the Welsh language unit, as demand for translation is consistent throughout the organisation as well as for our external customers.

Total words translated by the translation team during the second quarter:

We have translated the portlets for ESR by working with the ESR team locally, NHS BSA and IBM.

A user test date is scheduled for 15<sup>th</sup> of October, with a view to launch the majority of portlets on ESR in Welsh towards the end of December 2021.

We continue to quality assure the patient information leaflets that are produced on behalf of Welsh Risk Pool, which takes a significant amount of time to ensure that the information contained within these leaflets are of the quality we expect them to be, but also that the information is clear to the patient and is correct.

We continue to support the Service Improvement Team in on the quality assuring of the WRWNS project, to ensure that the interfaces correlate.

### Total of words translated and proof-read in Quarter 2:

Organisation	Total number of words translated and proof-read in Quarter 2:
NWSSP	207,900
VUNHST	11,245
PHW	125,500
DHCW	81,377
Value in Healthcare (All Wales programme hosted by ABUHB soon to transfer to CTMUHB).	17,019
<b>Total</b>	<b>443,041</b>

## Welsh Language Skills, Training and Learning:

Directors, Deputy-Directors, Heads of Service and Managers are encouraged to ensure that all staff are recording their Welsh language skills on ESR. Communication has been sent out in the People and OD newsletter in order to encourage staff to update their skills on ESR.

Welsh Language Awareness has been given to all Payroll and Pensions Staff following a breach of the Standards earlier in the year.

A new online all Wales, Welsh Language Awareness Module is due to be launched before Christmas that will replace the face to face training that the Welsh Language Services Manager has been giving, this will be an all Wales NHS Wales course, hosted on ESR. More details to follow later in the Autumn.

The interest in learning Welsh by staff has been positive this year.

The following classes are running at NWSSP at present, with a view to host more taster sessions via the TEAMS platform, with the following number of staff on each one:

Course level:	Number of staff attending:
Entry Level 1 x 2 courses (2 hours a week)	35
Entry Level 2 x 1 course (2 hours a week)	8
Foundation Level 2 x 1 Course a week (2 hours a week)	6
Advanced Level 1 x 1 Course a week (2 hours a week)	8
Learning on Community Courses/Evening Courses (various levels)	4
<b>Total number of staff attending</b>	<b>61</b>

A further Entry Level 1 course is being organised to start for January 2022, due to demand and 1.5hour taster sessions are also being organised for staff who are unable to commit to a 2 hour course running for 30 weeks.

## NWSSP Cross-organisational projects:

- Advising on the new SAS/Student Streamlining system.
- Advising on the new Performers List Solution Refresh Project
- Advising on the Contact Centre audit work
- Procurement advice on clinical system being procured between CVUHB, SBUHB and HDdUHB
- Chairing meetings between EIDO Healthcare and Cymen Translation company to ensure that all leaflets are being quality assured and meet our required standards on behalf of WRP.



***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Update – November 2021**

**ARWEINYDD:  
LEAD:**

Peter Stephenson  
Head of Finance & Business Development

**AWDUR:  
AUTHOR:**

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

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

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Tystiolaeth:  
Supporting  
evidence:**

-

**Ymgynghoriad/Consultation:**

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

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

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

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

## **NWSSP CORPORATE RISK REGISTER UPDATE November 2021**

### **1. INTRODUCTION**

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

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

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

<b>Current Risk Rating</b>	<b>November 2021</b>
Red Risk	0
Amber Risk	9
Yellow Risk	1
Green Risk	0
<b>Total</b>	<b>10</b>

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

There are currently no red-rated risks.

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

One new risk has been added since the last Committee relating to the current pressures on the recruitment and payroll functions in particular, due to the unprecedented increased in demand for their services across NHS Wales. This matter has been discussed as part of the Managing Director's update earlier on the agenda.

A number of COVID-related risks have been downgraded and consequently moved into the risks for monitoring section of the report.

### **3. RISKS FOR MONITORING**

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






<b>Current Risk Rating</b>	<b>November 2021</b>
Red Risk	0
Amber Risk	0
Yellow Risk	2
Green Risk	6
<b>Total</b>	<b>8</b>

#### **4. RECOMMENDATION**

The Committee is asked to:

- **NOTE** to the Corporate Risk Register as at November 2021.

## Corporate Risk Register





Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
Risks for Action												
A1	The Northern Ireland model procured to replace the NHAIS system fails to deliver the anticipated benefits within required timescales impacting the ability to pay GPs (Original risk added April 2017)	4	5	20	Legal Counsel advice received. PMO Support Project and Programme Boards in place Heads of Agreement signed	2	5	10	Programme and Project Boards to review progress in lead-up to go-live date for GP payments. Consider options for extension of Local Hosting Arrangements until mid-2022 for PCRM.	Although the system is in a 'technical' live position, following a review of the level of quality assurance needed and practice engagement, all Health Boards will now be on-boarded to the live system by the end of March 2022. Whilst there is a small risk associated with this plan as no further contingency is available from NHS Digital, the project board agreed that there is greater risk associated with pushing for a January go live.		31-Mar-22
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Issues with the current version of CLERIC are causing connectivity issues leading to service issues for HCS drivers (added Sept 2021). There is a concern over lack of technical support to oversee the migration to a CLOUD-based service.	5	4	20	Business Continuity Plans implemented - can revert to paper if necessary but very inefficient.	3	4	12	Need confirmation from CLERIC of prices for new service (TC) Speak with DHCW re available support to cover expected absence of NL (MH) Speak with Neil Jenkins to see if there is any available capacity within PCS to support project (MH) Investigate whether WAST could provide any support (TC)	Transfer to fully managed service with CLERIC will solve problem but there are risks associated with the upgrade, not least a lack of technical support within NWSSP as NL may not be available. Price for new service from CLERIC due 8/9. Although could revert to paper if system unavailable this is highly inefficient and threatens the viability of the Vaccination Programme.		30-Nov-21
	Strategic Objective - Customers									Risk Lead: Director of Procurement Services		
A3	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 (added April 2021)	4	4	16	IP5 Board Additional facilities secured at Picketston	2	4	8	PCS reviewing options for medical records storage.	Discussions are on-going with Welsh Government with regards to the Strategic Outline Case for IP5. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT contingency arrangements. We are awaiting news on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements.		31-Dec-21
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		
A4	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019)	5	3	15	Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	4	3	12	1. Make better use of NFI (PS 31/12/21) 2. Produce Action Plan from Audit Wales "Raising ourGame" report (PS Complete) 3. Undertake IA review of enhanced controls to prevent bank mandate fraud (AB/PS 31/12/21)	Risk increased due to COVID-19 and significant increase in expenditure. Further Audit Wales report demonstrates that NHS Wales is in a good place for fraud prevention and detection compared to Central and Local Government but there are still further actions to be undertaken. Starting to get access to NFI. March 21 saw a number of actual and potential frauds around bank mandates. See separate risk below.		31-Dec-21
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A5	Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters (added April 2021)	5	3	15	Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews Experian Bank Mandate Checker	2	3	6	Undertake IA review of effectiveness of enhanced controls (AB/PS 31/12/21).	There have been a spate of fraudulent bank mandate amendments during March/April 2021 - some of which were successful. Procedures have been reviewed and enhanced. Experian software procured but coverage not as good as anticipated. Use of post to send out forms seems to have prevented opportunity for fraud.		31-Dec-21
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		

A6	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019)	5	5	25	Cyber Security Action Plan Stratia Consulting Review IGSG Information Governance training Mandatory cyber security e-learn introduced Dec 19 Internal Audit review - Reasonable Assurance (April 2020) Recent investment in training packages (March 2021) Additional appointment to team (July 21)	2	5	10	Follow up progress with Cyber Security Plan (PS On-going) NL to further update the SLT in the light of the recent Audit Wales report (NL Complete) Update information on systems as part of NIS compliance (NL 31/08/21) Undertake phishing training exercises with NWSSP staff (NL 31/07/21)	Nick Lewis presented update to April 2021 Audit Committee and October 2021 SLG. E-learn introduced during 2020. Windows 10 migration delayed by COVID but now complete Phishing exercise being undertaken - July 2021 New team member commenced 1/9/2021 NL now on extended sick leave.	➔	31-Dec-21
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance & Informatics		
A7	The failure to engage with appropriate specialists (e.g. H&S/Fire Safety, Information Security/IG) sufficiently early enough when considering major developments may result in actions being taken that do not consider all relevant potential issues.	4	4	16	In-house H&S and Fire Safety Expertise Role of PMO Recent appointment of Programme Director	3	4	12	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 currently being recruited (Sept 21)	➔	31-Dec-21
	Strategic Objective - Service Development									Risk Lead: Director of Workforce and OD		
A8	Performance issues resulting from the recent upgrade of ORACLE.	4	4	16	Project Risk Register	3	4	12	Actions documented in Project Risk Register	The upgrade was completed on 19 October. There have been some issues with stability and performance but nothing that impacts patient or business-critical systems.	➔	31-Dec-21
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
A9	The demand on services within Employment Services as a result of Health Boards taking on substantial numbers of staff to respond to and recover from the pandemic, is unsustainable, leading to poor levels of performance.	4	4	16	Established working practices governed by Service Levee 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 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.	✱	31-Dec-21
	Strategic Objective - Customers									Risk Lead: Director of Workforce and OD		
A10	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	All-Wales Programme Business Case Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites	3	4	12	Arrange internal audit review of Laundry service (AB/PS - complete) Prioritised report to be submitted to SLGs to monitor progress. (on-going)	Transfer has now taken place for all of the 5 laundries, although arrangements are different for Hywel Dda and Cwm Taf. Updates provided to SLG. IA review focused on Swansea Laundry provides reasonable assurance. Choice of new sites in North Wales and Swansea apparently well received.	➔	31-Dec-21
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		
Risks for Monitoring												
M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018)	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix. CTSA undertake annual reviews of high risk buildings e.g. IP5, Picketston	1	4	4	Continue to monitor, and reissue comms to all staff to remind them of need to keep buildings and information secure. (PS 31/08/2020 - complete) Consider whether further review of Site Security is required (PS 31/12/2021)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded.	➔	
	Strategic Objective - Staff									Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services		



Key to Impact and Likelihood Scores						
		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Likelihood						
5	Almost Certain	5	10	15	20	25
4	Likely	4	8	12	16	20
3	Possible	3	6	9	12	15
2	Unlikely	2	4	6	8	10
1	Rare	1	2	3	4	5
	Critical	Urgent action by senior management to reduce risk				
	Significant	Management action within 6 months				
	Moderate	Monitoring of risks with reduction within 12 months				
	Low	No action required.				

Consequence					
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Yellow 5	Amber 10	Red 15	Red 20	Red 25
Likely	Yellow 4	Amber 8	Amber 12	Red 16	Red 20
Possible	Green 3	Yellow 6	Amber 9	Amber 12	Red 15
Unlikely	Green 2	Yellow 4	Yellow 6	Amber 8	Amber 10
Rare	Green 1	Green 2	Green 3	Yellow 4	Yellow 5
Red: Critical - Urgent action and attention by senior management to reduce risk					
Amber: Significant - Management consideration of risks and reduction within 6 months					
Yellow: Moderate - Monitoring of risks with a view to being reduced within 12 months					
Green: Low - These risks are considered acceptable					

	New Risk
	Escalated Risk
	Downgraded Risk
	No Trend Change

The background of the cover is a map of Wales, where the landmass is composed of a dense grid of small, three-dimensional cubes. Most cubes are white, but some are colored red or green. A fountain pen with a gold-colored nib is shown writing the word "Report" in a large, black, cursive script across the middle of the map. In the top right corner, there are three overlapping orange circles. In the bottom left corner, there are three overlapping red circles.

# Report

WALES INFECTED  
BLOOD SUPPORT  
SCHEME (WIBSS)

ANNUAL REPORT  
2020/2021

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# WALES INFECTED BLOOD SUPPORT SCHEME (WIBSS)

VELINDRE UNIVERSITY NHS TRUST

THROUGH

NHS WALES SHARED SERVICE PARTNERSHIP  
AND  
VELINDRE CANCER CENTRE

ANNUAL REPORT 2020/2021

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# Introduction

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Established in October 2017, the Wales Infected Blood Support Scheme (WIBSS) aims to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue.

Taking over from the existing UK schemes (Eileen Trust, Macfarlane Trust, MFET Ltd, Skipton Fund and Caxton Foundation), now referred to as the Alliance House Organisations (AHOs), WIBSS aims to provide both a streamlined financial payment service and personalised support for Welsh beneficiaries. WIBSS also offers a dedicated Welfare Rights Service and a Psychology and Well-being Service.

WIBSS currently supports 213 beneficiaries, including bereaved spouses and partners. However, the welfare and psychological support is also provided to wider family members of our beneficiaries.





# Purpose of Report

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The purpose of this report is:

- **to provide an update on the finance and support services during 2020-21 as part of the Wales Infected Blood Support Scheme;**
  - **to detail the work carried out by WIBSS during 2020-21;**
- and**
- **to look ahead to WIBSS priorities relating to 2021-22.**

# Key issues arising during 2020-21

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## COVID-19 – The Pandemic

In March 2020 the UK entered its first lockdown, as a result of the global COVID-19 pandemic. Everybody who could work at home, was told to work at home, this included the staff at WIBSS. We successfully made this transition and operated on a “business as usual” basis.

We continued to make regular payments and to offer help and support to all our beneficiaries, many of whom were shielding as a result of their condition. We provided updates and advice on the website and were available throughout to help with any queries, provide benefit checks etc. Whilst we did need to stop home visits, we adapted to offer the well-being and counselling services, albeit remotely, over the telephone, on teams or skype calls.

## Public Inquiry – The Infected Blood Inquiry

This is an independent public statutory inquiry established to examine the circumstances in which men, women and children treated by the National Health Service in the United Kingdom were given infected blood and infected blood products, in particular since 1970.

In 2020/2021 we responded to a further three Rule 9 requests from the Infected Blood Inquiry. The third request received in September 2020 was the most detailed request and was for a witness statement from Alison Ramsey, Director of Planning, Performance and Informatics at NWSSP, prior to her appearance before the inquiry in May 2021.

<https://www.infectedbloodinquiry.org.uk/evidence/transcript-london-thursday-20-may-2021-vaughan-gething-and-alison-ramsey>

Researching the information for inclusion in the witness statement, provided WIBSS with the opportunity to take stock, to review all our procedures, documentation, communication channels etc. This review identified a few areas where we needed to update our advice and guidance to better reflect the service and some ways we could improve the service we provide.

These included ensuring all documentation was consistent and, all new procedures were incorporated into the staff guidance. We have drawn up a list of items we will address and are currently work through it to revise and edit all documentation.



# Key issues arising during 2020-21

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## Parity across the four UK nations

When the four devolved infected blood schemes were established in 2017, three of the four operated largely to similar terms and payment rates. Scotland adopted a slightly different model. WIBSS introduced a welfare rights service, which the other schemes did not have, but the payment rates were similar to those in England and Northern Ireland.

However, on 1 April 2019, the UK Government announced additional funding for the English scheme, which allowed them to significantly increase the payments rates for their beneficiaries'. As the Welsh Government did not receive any additional funding, they were not able to increase the payments rates for WIBSS.

In July 2020 we were asked by Welsh Government to provide detailed costings of what parity would cost. We provided costings for a range of scenarios.

In March 2021 Welsh Government asked us to provide updated figures urgently. We also attended a number of meetings with officials from the four nations and from the other UK schemes in which the potential detail of a parity agreement was discussed. On 25th March 2021 Vaughan Gething announced agreement on parity had been reached and payments would be made by the end of the calendar year (December 2021).

<https://gov.wales/written-statement-infected-blood-update-financial-parity>

It stated, UK Treasury has announced that they will fund a number of changes to the 4 UK schemes to work towards parity. This funding will be backdated to April 2019.

# beneficiaries

For our beneficiaries who currently receive ex-gratia payments delivered through our partners at the Welsh Infected Blood Support Scheme (WIBSS) the scheme will be amended as follows:

- Our regular annual ex-gratia payments will be increased to the rates currently paid in England/Scotland;
- Payments for bereaved partners will be increased to 100% of the beneficiaries payment in year 1, and 75% in year 2 and subsequent years in line with the position in Scotland;
- All the above payments are to be back dated to April 2019
- Lump sum payment to a Hepatitis C Stage1 beneficiary will increase from £20,000 to £50,000, with the additional £20,000 payable if a stage 1 beneficiary moves to stage 2. The total lump sum payable for Hepatitis C beneficiaries remains at £70,000. This is in line with Scotland and will be backdated to April 2017
- Lump sum payments for HIV (£80.5K), will change in line with England and be backdated to April 2017
- Winter fuel payments are to be paid in addition from April 2021

The other UK schemes will now follow our lead by paying the £10,000 death benefit on the death of a beneficiary.

WIBSS are currently waiting for revised Directions from Welsh Government to allow us to pay the revised rates and to introduce on-going payment for our bereaved spouses/partners.



# Governance Group

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The Governance Group monitors the operational management of WIBSS and provides governance, leadership and accountability for the scheme, on behalf of Welsh Government (WG) through Velindre NHS Trust.

## **The WIBSS Governance Group (VCC and NWSSP) is authorised to:**

- Investigate or have investigated any activity within its Terms of Reference, and in performing these duties, shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust, relevant to the Governance Teams remit, subject to any restrictions imposed by General Data Protection Regulations (GDPR). It can seek any relevant information it requires from any employee, and all employees are directed to co-operate with any reasonable request made by the Board.

It is empowered with the responsibility for:

- Reviewing and advising on the management of the WIBSS budgets, including running costs, the annual beneficiaries budgets and provisions
- Advising Welsh Government on rate changes and the potential financial and service implications of policy changes, both within Wales and other areas within the UK
- Implementation of Welsh Government policy
- Ongoing negotiation and partnership with Welsh Government to ensure the smooth running of the service.

# Governance Group

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The membership of the WIBSS Governance Group is as follows:-

- Director of Corporate Governance,  
Velindre NHS Trust (Chair)
- Head of Operational Service & Delivery,  
VCC
- Director of Planning, Performance and  
Informatics
  - WIBSS Service Manager
  - Welsh Government Finance  
Representative
- Welsh Government Policy Representative
  - Senior Welfare Rights Manager
  - Consultant Psychologist
  - Service User



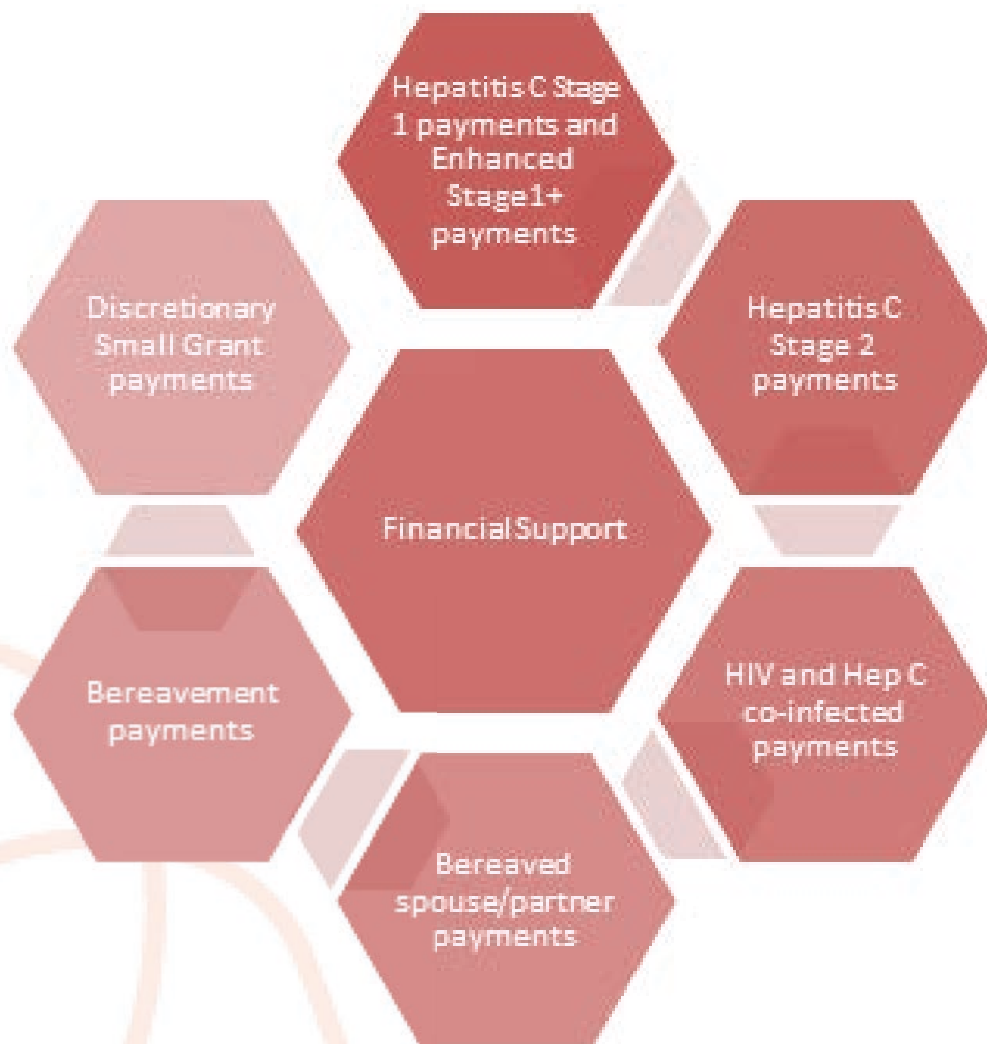
# Financial Support

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The scheme recognises that individuals living with hepatitis C and/or HIV face extra costs for things like insurance, travel insurance, care costs and travel costs to attend hospital appointments etc. Financial support is available for:

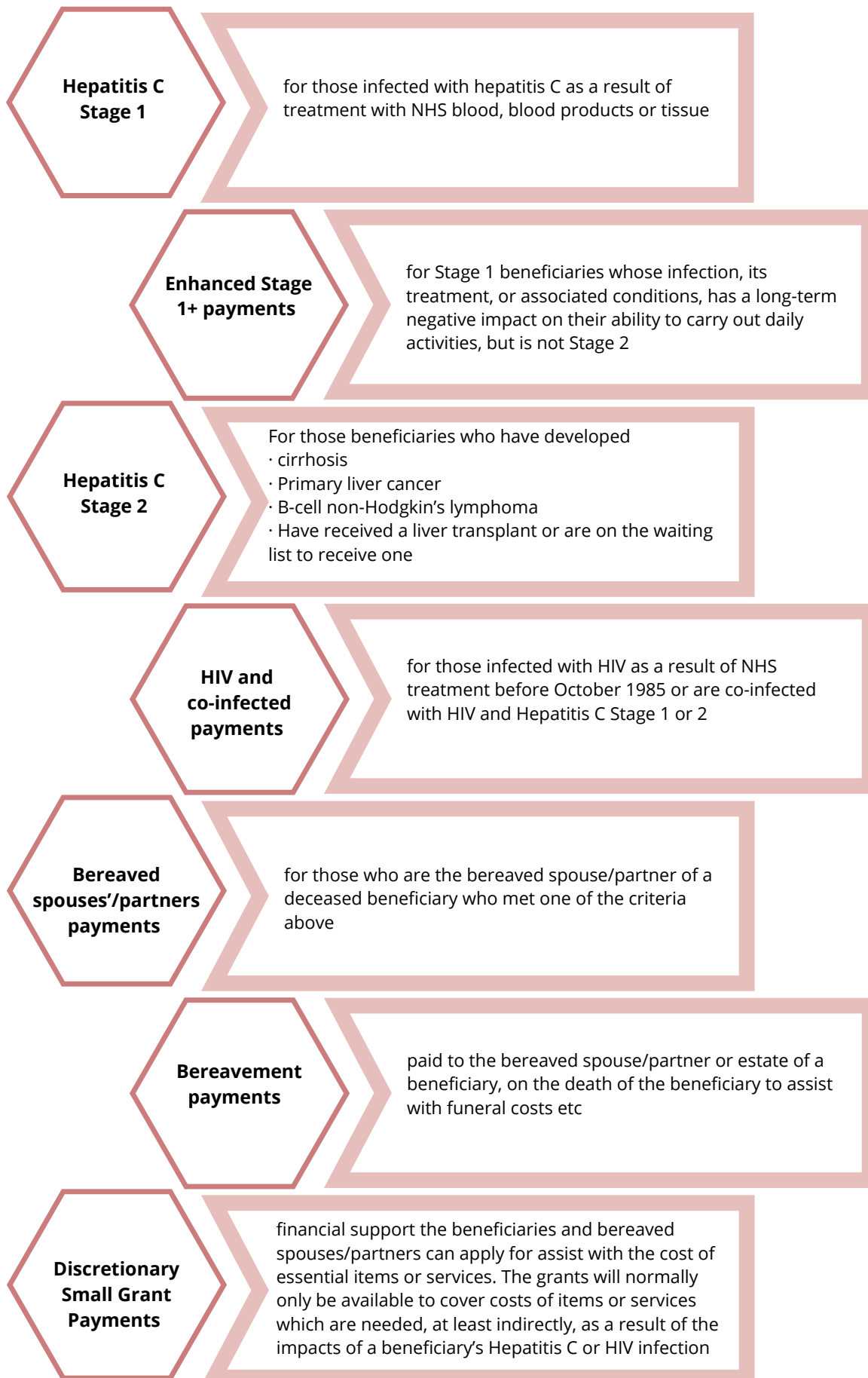
- New Applicants to the scheme
- Members of previous legacy schemes

There are varying levels of financial support available to beneficiaries of the scheme:



# Financial Support

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# Financial Support

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## Application Process

Applications for each of the financial support elements can be made by downloading the appropriate application form at [Home - WIBSS \(wales.nhs.uk\)](https://www.wales.nhs.uk) or by contacting WIBSS support team, who will send an application form if preferred.

On receipt of an application it is recorded in our register of application, it will be checked to ensure that all required sections are completed by the relevant person. We also check whether the required evidence of treatment with blood products has been provided. Where it has not, the welfare team would contact the applicant and seek permission to undertake a search of clinical coding, to see if that can provide the necessary evidence.

The welfare support team will also offer help and guidance on completing the forms if this is required.

Once the completed application is submitted, the WIBSS Manager will consider the application, based on criteria set out in staff guidance and provide a recommendation to the Director of Planning, Performance and Informatics in NWSSP on whether the application should be approved. In certain circumstances, the WIBSS Manager may seek a clarity on the medical opinion contained in the application form.

If the application is successful, the WIBSS Manager will write to the applicant informing them of the outcome and welcoming them to WIBSS.

## Appeals Process

If an application to join the scheme is unsuccessful, an applicant can appeal if they disagree with the outcome of their application. Appeals are heard by a panel of independent medical experts with relevant clinical or similar experience in the field.

During the course of 2020-21, no appeals were submitted and therefore the appeals panel was not convened.

An appeal will not be considered in cases where it is acknowledged that the applicant is not eligible under the current eligibility criteria, but the applicant disagrees with those criteria (in such cases, the application could only be reconsidered if the Welsh Government agreed to amend the eligibility criteria).

The appeals panel process does not cover appeals regarding the Discretionary Small Grants process. To date we have not declined any small grant applications. At the inception of WIBSS we did not think a formal appeals process was proportionate given the value of these grants. This was queried during the Infected Blood Inquiry and we therefore intend to introduce a less formal system of reconsideration of declined applications for small grants.

The proposed approach would allow an applicant unhappy with the outcome of their grant application, to resubmit it to WIBSS for reconsideration. The WIBSS Manager would arrange for the decision to be considered by somebody independent of the original decision-making process. As part of our overall review of our documentation and guidance, we will amend the small grants section to reflect these changes.





# Welfare Rights Service

## Application Process

We recognise that beneficiary needs may extend further than just financial assistance and therefore offer a specialist welfare rights service. This has evolved into 2 distinct areas, key worker support and the welfare rights role.

### Key worker support includes:

- liaising with beneficiaries and wider family members to establish a trusting relationship and provide emotional support, outside of formal psychology and well-being referrals
- regular outbound check-ins with beneficiaries considered as vulnerable
- completion of paperwork and help to sort affairs for those unable to do so themselves.

The welfare rights service we offer is bespoke to the individual and their family. Although not exhaustive, below is a list of services we may be able to assist with:

- liaising with social workers to ensure complex beneficiary needs are met
- signposting free NHS dental care and prescription services for those eligible due to the new benefit entitlement
- chasing medical professionals seeking evidence to support applications to join WIBSS
- complete benefit and welfare checks, debt signposting, budgeting advice, navigating financial products etc.
- applying for a parking badge (Blue Badge), free bus travel and concessions.
- accessing health services, such as additional care requirements and health care transportation.

We also recognise a beneficiary's health not only impacts them, but it can also have a significant impact on those caring for them. Our welfare rights advisors can also consider the circumstances of immediate family and carers to check their entitlement to benefits which may help to improve overall financial circumstances and access to additional support requirements. The team have accreditation under Advice Quality Standards (AQS), and individually all advisors undertake continuing professional education with specialist welfare training providers.

In August 2020, the welfare rights team established a key contact within the Department of Work and Pension (DWP) policy team who has agreed to oversee DWP cases which are impacted by WIBSS funds.

The welfare rights team have intervened on behalf of several beneficiaries who had been interviewed under caution by the DWP Fraud Team. These beneficiaries had correctly, not declared their payments received from approved legacy infected blood schemes prior to WIBSS. The team has also intervened where new applications for benefits, such as pension credit and Universal Credit had been declined due to monies held from WIBSS and legacy schemes. All issues were resolved following intervention by the welfare rights advisors.



# Welfare Rights Service

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## Case Study

### Beneficiary C1

C1's late husband was a WIBSS beneficiary who sadly passed away. As a result, C1 was left managing the household finances for the first time and was struggling. She contacted the welfare rights team when she was told she could not claim Pension Credit, despite having an underlying entitlement, which had been revoked due to funds she received from WIBSS. The Welfare Rights Advisor escalated the matter to the Department of Works & Pensions (DWP) Policy Making team, detailing the legislation that allowed for WIBSS funds to be disregarded when calculating C1's entitlement.

As a result of this intervention, C1 was awarded her Pension Credit and it backdated to the date of her original claim. The Welfare Rights Advisor also identified that C1 was now also eligible for reduced council tax, free eye tests, dental care and travel concessions. C1 stated the welfare rights service had relieved some of her stress during her period of grief and was very thankful for the support.

This issue, and similar previous issues, led to the establishment of the key contact in DWP referenced above.

# Psychology and Emotional Well-being Service

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During 2019-20, a psychological and emotional wellbeing service specifically for WIBSS was established. From January 2020, individuals registered with WIBSS, their family members and bereaved family members have been able to access psychological assessment and treatment concerning the emotional difficulties of being given and living with a diagnosis of Hepatitis C and/or HIV.



The team are aware of the historical context and have experience of working with the emotional difficulties that have occurred as a result. This specialist psychology service, acknowledges and recognises the physical and psychological complexity and the impact on quality of life and relationships.

Introduction of the psychology and emotional well-being team has allowed WIBSS to offer an additional level of support to beneficiaries.

There are approximately 60 clients currently accessing psychological intervention from WIBSS. To date we have been able to offer an assessment and intervention to all beneficiaries and family members who have self-referred or been referred to the service. There is currently no set number of sessions offered. We operate a flexible service which reflects the need to the specific client.

The feedback we have received about the service has been overwhelmingly positive. People have been impressed with the flexibility of the service and have found talking to a therapist who is aware of the specialist context and specific issues they face is helpful and containing.

During the pandemic, the team have continued to offer the service via telephone/ video calls or face to face as preferred. The team highlighted that the theme of lack of parity was common in their clinical work and not only due to the difference in financial payments across the schemes.

# Psychology and Emotional Well-being Service

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There was growing awareness that the lack of parity was provoking and reinforcing feelings of anger and mistrust of the government and NHS and doubts about how the Infected Blood cases/inquiry were being managed. The psychology and emotional well-being team were noticing that such issues were causing some people secondary and continued psychological injury, and there was some evidence that some were being held within a trauma response and unable to engage in meaningful therapy relating to their infected blood experience while the issue of parity remained unresolved.

Clinical Psychologist, Caroline Coffey wrote to Welsh Government highlighting the degree of stress the issue of parity was causing beneficiaries, highlighting that the stress caused by this issue was preventing people from being able to deal effectively with other related issues they were facing. This letter was also read out during the Infected Blood Inquiry and proved to be a very powerful piece of evidence demonstrating the impact on beneficiaries.

The psychology and emotional well-being team plan to host an online event for all beneficiaries and family members to openly discuss the desire to offer a community/group level support/intervention if required, but the team would like direct input from service users on what would be appropriate and helpful. Themes of isolation, separation and difference from others often are discussed in the clinical work which supports the idea for group/community involvement but how to offer this approach is complex and needs thought and planning.

The psychology and emotional well-being team discussed the possibility of beneficiaries/clients writing testimonials about their experience of engaging in the specialist service and the impact of the therapeutic work. Several clients were keen to write and found the process of expressing their experience also therapeutic.

# Beneficiaries activity

## 2020-21

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There are 213 beneficiaries & bereaved partners registered for support through the scheme. This is broken down into the following groups. (Valid as at 31 March 2021).

Beneficiary Group	Number of registered Beneficiaries
Hepatitis C Stage 1	36
Hepatitis C Enhanced Stage 1+	79
Hepatitis C Stage 2	41
Hepatitis C Stage 2 Widow	2*
HIV	2
HIV & Hep C Stage 1 (Co-infected)	3
HIV & Enhanced Stage 1+ (Co-infected)	11
HIV & Hep C Stage 2	2
Bereaved spouse/partner	37

2\* bereaved partners are classified under both our existing scheme of beneficiaries receiving ongoing widow's payments and under the bereaved total.

beneficiaries

# Payments Rates 2020-21

The levels of payments available to beneficiaries in 2020/21 are set out in the table below.

Beneficiary Group	Annual Payments
Hepatitis C Stage 1	£4,790
Hepatitis C Enhanced Stage 1+	£19,172
Hepatitis C Stage 2	£19,172
HIV	£19,172
HIV & Hep C Stage 1 (Co-infected)	£23,317
HIV & Enhanced Stage 1+ (Co-infected)	£37,826
HIV & Hep C Stage 2 (Co-infected)	£37,826

WIBSS pay annual payments on a monthly or quarterly basis, depending on beneficiary preference. Payments are made on the 20th of the month. Where the 20th falls on a bank holiday or weekend, payment will be the nearest working day prior to the 20th.

One-off non-discretionary lump sum payments are also paid to successful new applicants to the scheme. A new applicant who is Hep C Stage 1 or HIV would be entitled to a £20,000 lump sum payment. A beneficiary who moves from Hep C Stage 1 to Hep C Stage 2 would receive an additional £50,000 lump sum payment. A new applicant who has already developed to Hepatitis C Stage 2 would receive a £70,000.

A one-off non-discretionary lump sum payment of £10,000 is also paid to the bereaved spouse/partner/dependant relative or estate of a deceased beneficiary to assist with funeral costs.

WIBSS also make regular non-discretionary payments to bereaved spouses/partners/dependant relatives, equal to 75% of the rate the deceased beneficiary was on at time of death. These payments are paid for 3 years from date of death.

# WIBSS Structure

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The main WIBSS team consists of eight members of staff, led by the WIBSS Manager.

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

**Lisa Miller**  
Head of Operational Service and  
Delivery  
Velindre Cancer Centre

**Mary Swiffen-Walker**  
WIBSS Manager

## *Psychology and Well-being*

**Caroline Coffey**  
Clinical Psychologist

**Julie Armytage**  
Counsellor

## *Finance*

**Stefan Dakovic**  
Finance Officer

## *Welfare*

**Hayley Price**  
Welfare Rights Manager,  
Deputy WIBSS Manager

**Rebecca O'Callaghan**  
Welfare Rights Advisor

**Sarah Ferrier**  
Welfare Rights Advisor

## *Admin Support*

**Ryan Clappe**  
Support Officer

# Finance Report

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The table below summarises the claims expenditure for 2020-21 with the 2019-20 comparatives. These costs include ad-hoc, widows and small grants payments.

WIBSS Claims Expenditure	2020/21	2019-20 Comparative
No. of Beneficiaries	176	175
Total Payments to Beneficiaries	£3,382,927	£2,919,251

Please note the figures above have been subject to in year movements i.e. new applications, deaths in year, moves from one stage to another, ad hoc requests etc.

NWSSP provide the NHS Wales Finance Team within Welsh Government with regular updates on forecasts throughout the year. The administration of the scheme is cost neutral to both NWSSP and Velindre Cancer Centre, with Welsh Government funding the scheme in full.



# Finance Report

A summary of the running costs for 2020-21 is set out below with a 2019-20 comparative:

WIBSS Running Costs	2020/21	2019-20 Comparative
Pay	£218,749	£194,152*
Expenditure	£10,372	£6,270
<b>Total</b>	<b>£229,121</b>	<b>£200,422</b>

\*Note the 2019-20 running cost spend is not a full comparative to 2020-21 due to the introduction of the Well-being Psychology team towards the end of 2019. 4 months of pay costs are included within the 2019/20 compared to a full year spend in 2020/21.

## New Applications for Financial Support

WIBSS received 4 applications in 2020/21.

Application Type	Applications received	Outcome
Hepatitis C Stage 1	1	Accepted
Enhanced Stage 1+	1	Accepted
Hepatitis C Stage 2	1	Accepted
HIV payments	0	N/A
Move from Stage 1 to Stage 2	0	N/A
Widows application	1	Declined but accepted on receipt of additional information
<b>Total</b>	<b>4</b>	<b>4 Accepted</b>



# Performance Report

WIBSS performance against Key Performance Indicators is set out below.

Description of key performance indicator	20/21 Target	Status
Responding to correspondence within set time limits	Within 4 working days	100%
Responding to Freedom of Information requests within required deadlines	In line with Trust policy	100%
Dealing with applications within required timescales	Within 28 days from receipt of complete information	100%
Dealing with appeals within set time limits timely basis	Once all information received, provided is 10 working days before the next Appeals Panel, 100% to be submitted to the next panel	No appeals
Payments made on a timely basis	100% of payments to be made 0-2 days before the due date	100%
Advising WG on CPIH Uplifts and the cost implications for the next financial year	In February each year	100%

# Performance Report

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Description of key welfare rights indicator (no formal KPI set)	Status
Total Welfare Rights cases opened in previous 12 months	62
No of Key Worker Advice Only	34
No of welfare rights casework	28
Income Generated (Nov 17 – July 2021)	£357,091.92
Outstanding outcomes July 2021	<ul style="list-style-type: none"><li>·1 PIP renewal</li><li>·1 PIP mandatory reconsideration</li><li>·1 ESA claim</li><li>·1 Housing Benefit Claim</li><li>·1 Council Tax Reduction claim</li></ul>

performance

# Support and Assistance Grants Scheme

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In 2020-21 we received 6 applications for a support and assistance grant. This is lower than in previous years. From speaking to beneficiaries, it seems that beneficiaries had more pressing worries and concerns regarding their health and wellbeing related to the pandemic. Also in practical terms many were shielding or isolating and may well have not wanted trades people into their homes.

The next Newsletter will contain details of the support and assistance grants that are available to beneficiaries.



# Forward Look

## 2021 -2022

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The main priority for WIBSS in 2021-2022 will be to implement the changes announced in the parity agreement made on 25th March 2021.

In addition to this, the workplan will also include the following –

- Agree a Memorandum of Understanding between Welsh Government and Velindre University NHS Trust which sets out the aims and objectives of the WIBSS service and encompasses the current working practices in WIBSS.
- Review all WIBSS documentation and guidance to ensure consistency and accuracy and to ensure it reflects all the changes introduced as a result of the parity agreement.
- To review and update the WIBSS website to reflect the parity changes and to make it more user friendly.
- Issue a Customer Satisfaction Survey to all beneficiaries, including the bereaved spouses/partners, and act on the results.
- Work with our Psychology and Emotional Wellbeing team to identify additional opportunities to support WIBSS beneficiaries e.g., through support groups.



<b>MEETING</b>	NWSSP Committee
<b>DATE</b>	18 November 2021
<b>PREPARED BY</b>	Peter Stephenson, Head of Finance and Business Development
<b>PRESENTED BY</b>	Peter Stephenson, Head of Finance and Business Development
<b>RESPONSIBLE HEAD OF SERVICE</b>	Colin Powell, Service Director, TRAMS

#### **TITLE OF REPORT**

NWSSP Quality and Safety Assurance Report

#### **PURPOSE OF REPORT**

The purpose of this paper is to provide the SSPC with assurance over the key issues for NWSSP considered by the Velindre University NHS Trust Quality, Safety and Performance Committee at its meeting on 16 September 2021.

### **QUALITY AND SAFETY ASSURANCE REPORT**

#### **1. CEFNDIR/BACKGROUND**

The Velindre University NHS Trust Quality, Safety and Performance Committee receives the NWSSP Quality and Safety Governance Report. The report provides an overview of operational and quality performance (based on regulatory responsibilities to the Medicines and Healthcare products Regulatory Agency [MHRA]), including:

- Reporting of errors.
- Rejected products due to quality issues.
- Environmental deviations.
- Internal audit completion.
- Ensuring documentation is kept up to date.

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	No matters to advise.
<b>ASSURE</b>	<p><b>Governance Report</b></p> <p>The Committee was advised that compliance across the areas highlighted above had been achieved for the past six months. The Committee also noted the following key achievements:</p> <ul style="list-style-type: none"> <li>Continued manufacture and supply of over 1,200 special medicines per month to mainly critical units within Wales, in support of increased demands resulting from the pandemic.</li> <li>Recently assuming responsibility for the packing and distribution of COVID-19 booster vaccines.</li> <li>No performance issues noted following an audit undertaken by the MHRA.</li> </ul>
<b>ASSURE</b>	<p><b>Service Development Summary</b></p> <p>The Committee were advised of the following developments:</p> <ul style="list-style-type: none"> <li>Potassium Chloride 1mmol in 1mL – this came on-line in October and utilises a currently validated method of manufacture and is in partnership with CVUHB who have developed the bulk starting ingredient. The benefits of this are that it brings outsourced syringes back into Wales, enables standardised preparation across UHBs, and is approximately £1.50/syringe cheaper than commercial suppliers.</li> <li>Calcium Folate 350mg in 250mL Glucose 5% - the method of preparation is currently being validated and awaiting agreement delivery and will result in savings in nursing time.</li> <li>Rituximab 600mg/700mg/800mg/1000mg Infusion – this also came on-line in October and has identified significant opportunities for savings through a change in contracting arrangements.</li> <li>Vaccine Pack down and Distribution – the service has been inspected and approved by the MHRA, with minor “other findings” all actioned and completed.</li> <li>Wholesale Dealer Service - Pack-down and distribution of (potentially) Pfizer vaccine for booster program currently undergoing scoping for required fridge storage infrastructure.</li> <li>Medical Gas Testing - Introduction into the CIVAS@IP5 portfolio to provide contracted medical gas services to Powys. This Technical Agreement will serve to act as a template framework for service delivery of Medical Gas Quality Control which can be carried forward into TrAMS.</li> </ul>
<b>ASSURE</b>	The Committee were assured that there were no operational or quality issues of significance highlighted.

## 2. ARGYMHELLIAD/RECOMMENDATION

The SSPC are asked to:

- NOTE** the Assurance Report

<b>MEETING</b>	NWSSP Senior Leadership Group
<b>DATE</b>	28 October 2021
<b>PREPARED BY</b>	Carly Wilce, Corporate Services Manager
<b>PRESENTED BY</b>	Peter Stephenson, Head of Finance and Business Development
<b>RESPONSIBLE HEAD OF SERVICE</b>	Andy Butler, Director of Finance and Corporate Services

#### **TITLE OF REPORT**

NWSSP Audit Committee Assurance Report – 12 October 2021

#### **PURPOSE OF REPORT**

The purpose of this paper is to provide the NWSSP SLG with assurance over the key issues considered by the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership, at its meeting on 12 October 2021.

### **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 SLG 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 12 October 2021, is outlined below:

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	No matters to advise.

Senior Leadership Group  
28 October 2021

<b>ASSURE</b>	<b>External Audit</b>
<b>ASSURE</b>	<p><b>NWSSP Update</b></p> <p>The Managing Director presented the committee with an extensive update as to key developments within NWSSP. Members of the SLG recently attended a meeting with the Joint Executive Team (JET) at Welsh Government, where NWSSP was recognised for its influence and contribution to <i>A Healthier Wales</i> and continued support to Health Boards and Trusts. 1bn items of PPE have now been supplied to NHS Wales and the Social Care and wider Primary Care Sectors.</p> <p>The Temporary Medicines Unit was recently subject to a MHRA inspection which was very positive with only some minor issues identified.</p> <p>Audit Committee members were advised that the meeting would be Margaret Foster's last as Chair for NWSSP and Professor Tracy Myhill MBE will commence in post in December.</p>
<b>ASSURE</b>	<p><b>Audit Wales Update</b></p> <p>Audit Wales provided a detailed update on current and planned audit work, and it was confirmed that all 2021 work is complete. The 2022 work programme would commence shortly, and discussions are taking place with management regarding the review of stock-taking arrangements which led to some issues in the prior year audit.</p>
<b>ASSURE</b>	<p><b>Audit Wales Management Letter</b></p> <p>Audit Wales presented the Management Letter, which was very positive, with no significant issues raised. A small number of recommendations to improve internal process were outlined in the report.</p>
<b>ASSURE</b>	<p><b>Review of Nationally Hosted Systems</b></p> <p>Audit Wales presented the Nationally Hosted NHS IT Systems follow up report, covering NHAIS, Oracle and ESR. The report was positive, but it was identified areas where some existing controls could be further strengthened.</p> <p>Members were advised of the planned Oracle update which is due to take place 18 October 2021.</p>
<b>ASSURE</b>	<p><b>Internal Audit Position Statement</b></p> <p>The latest Internal Audit Position Statement highlighted the progress made against the 2021/22 workplan. No issues were reported, and all work should be complete by the end of the financial year.</p>
<b>ASSURE</b>	<p><b>Internal Audit Reports</b></p> <p>The following reports were presented to the Committee for consideration:</p> <ul style="list-style-type: none"> <li>• <b><u>Employment Services</u></b> Achieved reasonable assurance, with one high and one medium priority recommendation for action.</li> <li>• <b><u>Laundry Service Review</u></b> This review determined a baseline position for the new Laundry Services hosted by NWSSP. The Audit achieved reasonable assurance with six medium priority and three low risk recommendations for implementation.</li> <li>• <b><u>Student Award Services Follow Up Review</u></b> The review confirmed that three of the recommendation previously raised were fully addressed, however two high priority were partially implemented and one new recommendation being raised.</li> </ul>



<b>ASSURE</b>	<p><b>Quality Assurance and Improvement Programme 2020-21</b></p> <p>The Quality Assurance and Improvement Programme 2020-21 is a requirement of the Public Sector Internal Audit Standards and includes the results of a sample of approximately 10% of audit files, covering all NHS Wales clients. The findings of the review were very positive with only a small number of points noted. Performance measured by achievement of KPIs, and feedback obtained from Client Satisfaction Surveys was also largely positive. Regular meetings with Board Secretaries and Audit Committee Chairs take place to ensure that any areas for improvement are identified and addressed. The recent Audit Wales report confirmed that all work performed by Internal Audit can be relied upon.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Position Statement</b></p> <p>The Committee received an update as to progress made against the Work Plan highlighting that a total of 29 days had been undertaken against the 2021/22 workplan and there were no ongoing investigations to report on. The Counter Fraud Service has been impacted this year due to long term sickness. Fraud awareness presentations continue to be delivered remotely via Teams in light of the pandemic, with a total 14 sessions being delivered to 200 delegates.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Annual Report 2020-21</b></p> <p>The 2020-21 Counter Fraud Annual Report detailed activity over the period, and highlighted the challenges experienced due to Covid-19 and staffing issues.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Annual Workplan 2021/22</b></p> <p>The 2021/22 Counter Fraud Annual Workplan confirmed the total number of days designated to NWSSP would be 75 due to resourcing issues. It was recognised that due to the size and growth of NWSSP the level of days is insufficient, so until additional staff can be recruited, the LCFS will focus on proactive work and any investigations will be undertaken by Counter Fraud Services Wales, with the support of Internal Audit if applicable.</p>
<b>ASSURE</b>	<p><b>Raising the Game Action Plan</b></p> <p>The Raising the Game Action Plan, produced in response to the Audit Wales review of Counter Fraud Services across Wales, is presented to the Committee every six months. The action plan is reviewed by the Counter Fraud Steering group on a quarterly basis and the key areas of focus are LCFS resource, training, and data analytics.</p>
<b>ASSURE</b>	<p><b>NWSSP Audit Committee Annual Report 2020/21</b></p> <p>The 2020-21 NWSSP Audit Committee Annual Report reflects a positive but challenging year. The Audit Committee continued to hold meetings virtually via Teams and no meetings were cancelled.</p>
<b>ASSURE</b>	<p><b>Audit Committee Effectiveness Survey</b></p> <p>The Audit Committee Effectiveness Survey is undertaken annually and the results from the latest survey were very positive with no significant issues of concern raised.</p>
<b>ASSURE</b>	<p><b>Covid-19 Expenditure report</b></p> <p>The latest Covid-19 expenditure report noted that with effect from 1 October 2021, the increased delegation limits introduced for Covid-19 expenditure have now reverted back to their pre-Covid position. PPE expenditure as of August totalled £13.171m with a full year forecast spend of £32.024m.</p>

	<p>A large number of PPE items have been donated to India and Namibia to help support those countries response to the virus, with the donations fully funded by Welsh Government.</p> <p>A PPE Framework contract has recently been let, and it increases the potential for Welsh suppliers to be involved, thereby helping to support the foundational economy.</p> <p>The efforts of NWSSP/ WG and Velindre in supporting the COVID pandemic response had been recognised in 2 award ceremonies</p> <ul style="list-style-type: none"> <li>• Finance Awards Wales – Covid Heroes category Winner</li> <li>• Public Finance Awards – Good Governance, Risk Management or Prevention – Highly Commended</li> </ul>
<b>ASSURE</b>	<p><b>Stock Report</b></p> <p>A report was received by the Committee setting out the current arrangements for the storage of PPE, and the specific stock-checking procedures undertaken at each site.</p>
<b>ASSURE</b>	<p><b>Governance, Risk and Assurance</b></p> <p>The <b>Governance Matters</b> paper detailed the contracting activity for the last quarter, highlighting no departures from Standing Orders. 18 contracts had been let for NWSSP and 64 further contracts for NHS Wales. No declarations were made as to gifts, hospitality or sponsorship since the last meeting and there had been no limited or no assurance audit reports.</p> <p>Updated <b>Assurance Maps</b> for each Directorate and NWSSP main teams were presented to the committee. A map has recently been developed for Laundry Services and plans are in place to complete the exercise for other new services, such as the Single Lead Employer and Medical Examiner Service.</p> <p>Of 239 <b>audit recommendations</b>, 230 have been implemented, three are not yet due, one is outside of NWSSP control and five are outstanding, but with good progress made.</p> <p>The <b>Corporate Risk Register</b> includes one red risk relating to the upgrade of the NHAIS system, where the go-live date is now due to take place on 1 April 2022.</p>
<b>INFORM</b>	<p>The following items were received for information:</p> <ul style="list-style-type: none"> <li>• Audit Committee Forward Plan;</li> <li>• PPE Winter Plan;</li> <li>• NAO Best Practice Climate Change; and</li> <li>• Freedom of Information Annual Report 2020/21.</li> </ul>

## 2. ARGYMHELLIAD/RECOMMENDATION

The SLG are asked to:

- **NOTE** the Assurance Report



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

# **Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership**

## **Annual Report 2020-2021**

## 1. FOREWORD

I am pleased to present the Annual Report of the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. It outlines the coverage and results of the Committee's work for the year ending 31 March 2021.

During the year, I was supported by Independent Members, Mr Gareth Jones, and Mrs Jan Pickles, who offered considerable knowledge and wide-ranging experience to the Committee. I would like to take this opportunity to put on record my sincere thanks for the significant contribution made by both during the year.

I would like to express my thanks to all the Officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by Internal Audit at NWSSP, Local Counter Fraud Services and by Audit Wales.

Despite a very challenging year due to the pandemic, meetings have been well attended, and there was constructive dialogue and challenge throughout. All meetings have been held virtually and have generally worked well. A characteristic of the Committee's work and its related meetings has been the willingness of all parties to raise issues, acknowledge shortcomings and put forward positive suggestions to help bring about meaningful improvements to services, systems, and day-to-day working practices. This approach is to be welcomed and is very much appreciated by the Committee.

I am keen to foster and promote a culture of continual improvement and, as a Committee, we continued to conduct a brief effectiveness review session at the end of each meeting and introduced topical service presentations to the agenda in order to strengthen and engage in a meaningful way with this process. The issuing of electronic Committee papers has contributed to effective sustainable development and has helped to reduce our environmental impact.



Going forward, the Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long-term aim to help further strengthen the governance arrangements of NWSSP, in order to achieve better value for money and high quality, sustainable outcomes for NHS Wales.

**Mr Martin Veale JP**  
**Chair of the Velindre University NHS Trust**  
**Audit Committee for NWSSP**

## **2. INTRODUCTION**

The Committee's business cycle runs from the closure of the Annual Accounts in one financial year to the next. This reflects its key role in the development and monitoring of the Governance and Assurance framework for NWSSP, which culminates in the production of the Annual Governance Statement.

This report sets out the role and functions of the Audit Committee and summarises the key areas of business undertaken during the year. In addition, the report sets out some of the key issues, which the Committee will be focussing on over the next few years.

## **3. ROLE, MEMBERSHIP, ATTENDEES AND COMMITTEE ATTENDANCES**

### **3.1 Role**

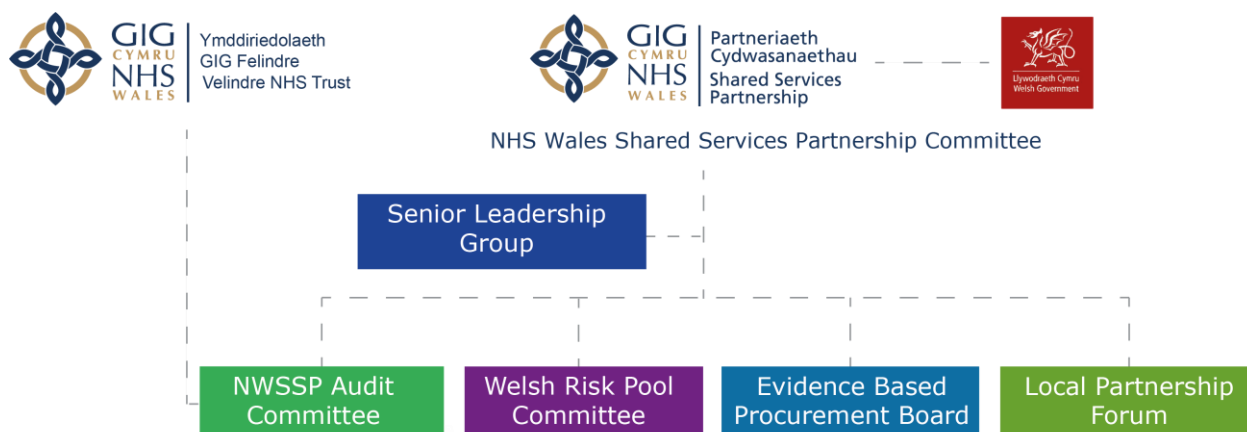
The Audit Committee advises and assures the Shared Services Partnership Committee (SSPC) on whether effective governance arrangements are in place through the design and operation of the SSPC Assurance Framework. This framework supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

The organisation's system of internal control has been designed to identify the potential risks that could prevent NWSSP achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur and seeks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the SSPC (and Velindre University NHS Trust, where appropriate) and the Accountable Officer(s) on where and how the Assurance Framework may be strengthened and developed further.

The Committee's Terms of Reference are reviewed annually and are included within the Standing Orders for the SSPC and Velindre University NHS Trust.

Detail of the overall Assurance Framework is set out in **Figure 1** overleaf:

**Figure 1: Overall Assurance Framework**



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

The above framework is to be strengthened in 2021/22 with the addition of a Quality & Safety Committee.

### 3.2 Membership

Given the hosting and specific governance responsibilities of Velindre in relation to NWSSP, Velindre University NHS Trust's Audit Committee also acts as the Audit Committee for NWSSP. As such, the same three Independent Members sit on both Audit Committees.

### 3.3 Attendees

The Committee's work is informed by reports provided by Audit Wales, Internal Audit, Local Counter Fraud Services and NWSSP personnel. Although they are not members of the Committee, auditors, and other key personnel from both Velindre University NHS Trust and NWSSP are invited to attend each meeting of the Audit Committee. Invitations to attend the Committee meeting are also extended where appropriate to staff where reports relating to their specific area of responsibility are discussed.

### 3.4 Attendance at Audit Committee 2020-21

During the year, the Committee met on four occasions. All meetings were quorate and were well attended as shown in **Figure 2** overleaf:

**Figure 2: Meetings and Member Attendance 2020-21**

In Attendance	April 2020	June 2020	Oct 2020	Jan 2021	Total
<b>Committee Members</b>					
Martin Veale, Chair & Independent Member	✓	✓	✓	✓	<b>4/4</b>
Gareth Jones, Independent Member	✓	✓	✓	✓	<b>4/4</b>
Janet Pickles, Independent Member	✓	✓	✓	x	<b>3/4</b>
<b>Audit Wales</b>					
Audit Team Representative	✓	✓	✓	✓	<b>4/4</b>
<b>NWSSP Audit Service</b>					
Director of Audit & Assurance	✓	✓	✓	✓	<b>4/4</b>
Head of Internal Audit	✓	✓	✓	✓	<b>4/4</b>
<b>Counter Fraud Services</b>					
Local Counter Fraud Specialist	x	✓	✓	✓	<b>3/4</b>
<b>NWSSP</b>					
Margaret Foster, Chair NWSSP	✓	✓	✓	✓	<b>4/4</b>
Neil Frow, Managing Director	✓	✓	✓	✓	<b>4/4</b>
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	<b>4/4</b>
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	<b>4/4</b>
Roxann Davies/Carly Wilce Corporate Services Manager	✓	✓	✓	✓	<b>4/4</b>
NWSSP Secretariat	✓	✓	✓	✓	<b>4/4</b>
<b>Velindre University NHS Trust</b>					
Mark Osland, Director of Finance	✓	✓	✓	✓	<b>4/4</b>
Lauren Fear, Director of Corporate Governance	✓	✓	✓	✓	<b>4/4</b>

#### **4. AUDIT COMMITTEE BUSINESS**

The Audit Committee provides an essential element of the organisation's overall assurance framework. It has operated within its Terms of Reference in accordance with the guidance contained within the NHS Wales Audit Committee Handbook.

The Audit Committee agenda broadly follows a standard format, comprising four key sections; External Audit, Internal Audit, Counter Fraud Services and 'Internal Control and Risk Management'. These are discussed further below.

## 4.1 External Audit (Audit Wales)

Audit Wales provides an Audit Position Statement at each meeting, summarising progress against its planned audit work. The following additional reports were presented during the year:

- Management Letter 2019/20
- Audit Wales Nationally Hosted NHS IT Systems Assurance Report
- Audit Wales "Raising our Game" on tackling fraud in Wales
- Audit Wales Audit Assurance Arrangements 2021
- Audit Wales Procuring and supplying of PPE during Covid-19
- Audit Wales Data Analytics
- Audit Wales Maintaining Good Governance in the NHS during the Covid-19 crisis

Audit Wales have stated that the findings of their work enable them to place reliance on the services provided by NWSSP.

Unfortunately, the Committee was not provided with any notice of the decision made by Audit Wales not to undertake on-site stocktakes due to the Covid pandemic, and so did not have the opportunity to discuss the consequences of this upon the accounts of Velindre University NHS Trust for year ended 2020/21.

## 4.2 Internal Audit

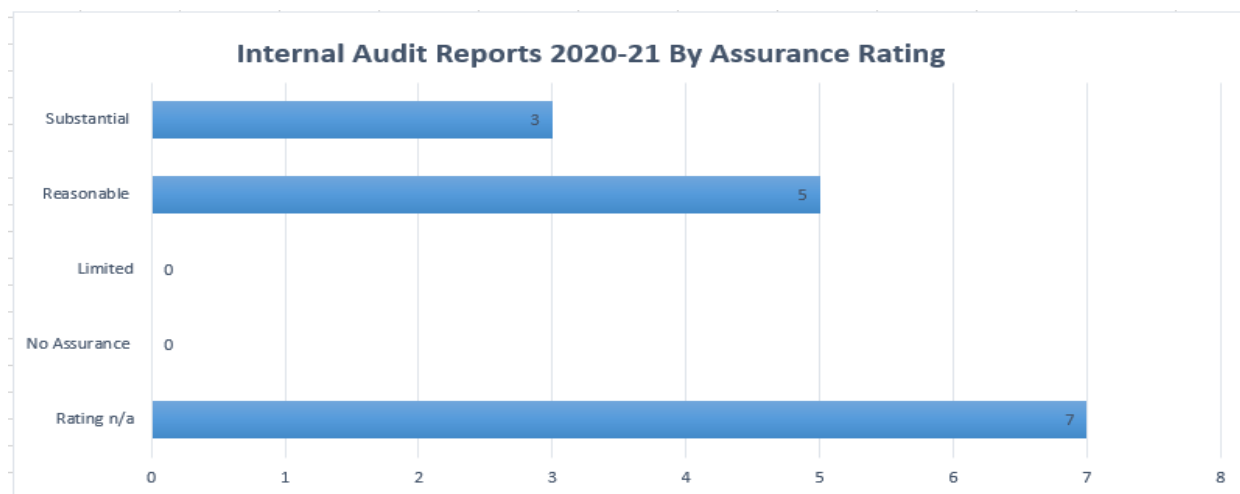
Internal Audit have continued to support the organisation in the development and improvement of its governance framework by providing proactive advice and support on new developments and ensuring that the existing systems and processes of control are reviewed, weaknesses identified, and suggestions for improvement made.

15 Internal Audit reports were generated during 2020-21 and they achieved assurances as follows:

- 3 reports achieved Substantial assurance
- 5 reports achieved a Reasonable assurance
- 7 Advisory reports were generated (where assurance is not applicable)

### **Figure 3: Internal Audit Reports 2020-21 by Assurance Rating**



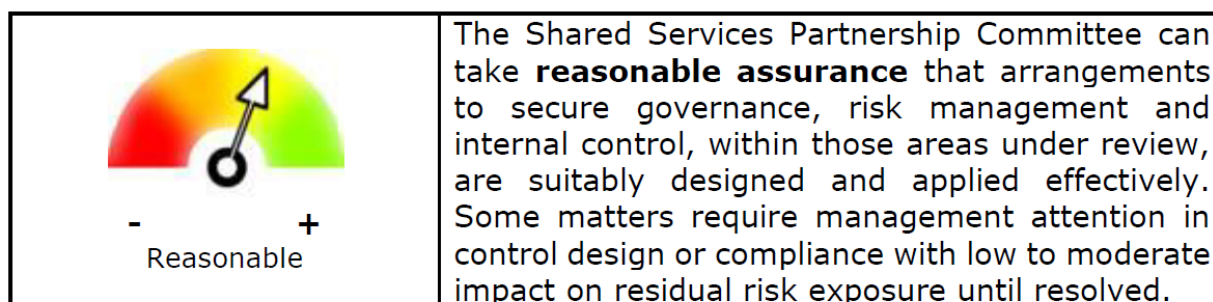


During 2020-21, the reports to Committee on Internal Audit's programme of work included:

- Internal Audit Position Statement at each meeting;
- Head of Internal Audit Opinion and Annual Report;
- Quality Assurance and Improvement Programme Report;
- Internal Audit Operational Plan; and
- 15 Internal Audit Reports, as detailed in Appendix A.

#### Head of Internal Audit Opinion and Annual Report

#### **Figure 4: Head of Internal Audit Opinion: Reasonable Assurance**



### **4.3 Local Counter Fraud Services**

The work of the Local Counter Fraud Services is undertaken to help reduce and maintain the incidence of fraud (and/or corruption) within NWSSP to an absolute minimum. Regular reports were received by the Committee to monitor progress against the agreed Counter Fraud Plan, including the following:

- Counter Fraud Progress Update at each meeting;
- Counter Fraud Annual Report 2019/20;
- Counter Fraud Work Plan 2020/21; and
- Counter Fraud Newsletter.

As part of its work, there is a regular annual programme of raising fraud awareness, for which a number of days are allocated and included as part of a Counter Fraud Work Plan which is approved annually by the Audit Committee. In addition to this a quarterly newsletter is produced which is available to all staff on NWSSP's intranet; all successful prosecution cases are publicised to obtain the maximum deterrent effect.

The pandemic did significantly affect the provision of the Counter Fraud service during 2020-21. In the early months of the pandemic, staff from the Cardiff & Vale UHB team, who supply services to NWSSP, were re-deployed onto front-line duties. In recent months, the designated Local Counter Fraud Specialist (LCFS) has been on long-term sickness absence due to a very serious COVID illness. At the same time, the fraud risk profile for NWSSP has increased, not least due to the substantial sums of money passing through the organisation to procure and store Personal Protective Equipment (PPE) and other medical consumables and equipment. I am aware that meetings have been held between the Finance Directors of NWSSP and Cardiff & Vale UHB, and that NWSSP are looking to invest to increase resource in this area, and I am therefore hopeful that there will be a resolution to this issue shortly.

#### **4.4 Internal Control and Risk Management**

In addition to the audit reports dealt with by the Committee during the reporting period, a wide range of internally generated governance reports/papers were produced for consideration by the Audit Committee including:

**Annual Governance Statement:** During 2020-21, the NWSSP produced its Annual Governance Statement which explains the processes and procedures in place to enable NWSSP to carry out its functions effectively. The Statement was produced following a review of NWSSP's governance arrangements undertaken by the NWSSP Senior Management Team and the Head of Finance and Business Development. The Statement brings together all disclosures relating to governance, risk, and control for the organisation.

**Tracking of Audit Recommendations:** The Committee has continued focus on the timely implementation of audit recommendations. The overall position with this is very positive but occasionally requests are made to extend the date of an agreed action due to a change in circumstance. All such requests have to be approved by the Committee and an action can only be extended once.

**Audit Committee Effectiveness Survey:** An anonymised Committee Effectiveness Survey was undertaken to obtain feedback from Committee members on performance and potential areas for development. The statements used in the survey were devised in accordance with the guidance outlined within the NHS Audit Committee Handbook and aligned with the statements used by Velindre University NHS Trust for its Effectiveness Survey.

The results of the survey were very positive and highlighted that 80% of respondents agree that their experience of remote meetings have been effective and that 100% agree that the content of the organisations system of assurance are robust. Operating an e-board software system has allowed us to significantly reduce our paper/printing usage reducing our carbon footprint and impact on the Environment, supporting our commitments to ISO 14001 certification and Wellbeing of Future Generations goals.

A full list of the internal reports/papers considered by the Audit Committee in 2020-21 is attached at **Appendix B** for information.

#### **4.5 Private Meeting with Auditors**

In line with recognised good practice, a private meeting was held in January 2021 between Audit Committee members, Internal Audit, External Audit, and the Local Counter Fraud Specialist. This provided an opportunity for any matters of concern to be raised without the involvement of Executives. No issues of concern arose from the meeting. All auditors are also aware that they can directly approach the Chair at any time with any matters that concerns them.

### **5. REPORTING AND COMMUNICATION OF THE COMMITTEE'S WORK**

The Committee reports a summary of the key issues discussed at each of its meetings to the SLG, SSPC and to Velindre University NHS Trust Board by way of an Assurance Report. In addition, this Annual Report seeks to bring together details of the work carried out during the reporting period, to review and test NWSSP's Governance and Assurance Framework. The outcome of this work has helped to demonstrate the effectiveness of NWSSP's governance arrangements and underpins the assurance the Committee was able to provide to both the SLG, SSPC and Velindre University NHS Trust.

### **6. CONCLUSION AND FORWARD LOOK**

The work of the Audit Committee in 2020-21 has been varied and wide-ranging. The Committee has sought to play its part in helping to develop and maintain a more effective assurance framework and improvements have been evidenced by the findings of internal and external audit.

The COVID-19 pandemic had a significant impact on NWSSP throughout the year and initially rapid changes to systems and processes were required to respond to the pandemic and to continue to deliver existing services. The establishment of the Finance Governance Group helped to maintain control over very large financial commitments on PPE and other medical equipment, whilst giving Procurement colleagues the agility to respond quickly in a very competitive and challenging marketplace. Reports have been provided to each Committee on NWSSP's response to COVID and these include not only detail on the financial commitments, but also assurance over the measures put into place to both protect the health and well-being of NWSSP staff, whilst

continuing to maintain services to its existing (and new) customer base. The Audit Committee will continue to review the increased challenges facing NWSSP in response to the pandemic.

In addition, the Audit Committee will continue to adopt the following priorities for 2021-22:

- A higher standard of assurance, through strengthening existing governance processes, particularly in relation to corporate risk management and assurance mapping;
- A continued focus on the timely implementation of audit recommendations; and
- Capturing lessons learned and reviewing how we develop as a Committee, considering better value for money and service improvement. Whilst we all hope that some normality may return as we emerge from the pandemic, we also do not want to lose the benefits that have accrued over the last year. Virtual meetings are likely to remain in some form as they offer opportunity to reduce travelling time and costs, and generally make the meetings more accessible to all.

## APPENDIX A

### List of Internal Audits Undertaken and Assurance Ratings

Internal Audit Assignment	Assurance Rating 2020-21	Date Presented To Audit Committee
Credit Card Expenditure	Substantial	October 2020
Primary Care Contractor Payments (All Wales)	Substantial	June 2021
Welsh Risk Pool Services	Substantial	June 2021
Covid-19 Premises Safety	Reasonable	April 2021
Student Awards Services	Reasonable	April 2021
Payroll Services	Reasonable	April 2021
Procure to Pay (P2P)	Reasonable	June 2021
Head of Internal Audit Opinion & Annual Report	Reasonable	June 2021
Financial Governance Arrangements During Covid-19 Pandemic	Advisory Report	October 2020
Declarations of Interest	Advisory Report	January 2021
Covid-19 Divisional Preparedness and Resilience review	Advisory Report	January 2021
PCS Payment System Data Migration	Advisory Report	April 2021
PCS Payment System Project Management	Advisory Report	April 2021
Brexit Preparations	Advisory Report	June 2021
Single Lead Employer (SLE)	Advisory Report	June 2021
<i>Substantial Assurance Rating</i>	3	
<i>Reasonable Assurance Rating</i>	5	
<i>Limited Assurance Rating</i>	0	
<i>No Assurance Rating</i>	0	
<i>Assurance Not Applicable</i>	7	
<b>Total</b>	<b>15</b>	

## APPENDIX B

### Internally Generated Assurance Reports/Papers

Report/Paper	Every Meeting	Annually	As Appropriate
Tracking of Audit Recommendations	✓		
Governance Matters	✓		
Corporate Risk Register	✓		
Audit Committee Forward Plan	✓		
Annual Governance Statement		✓	
Audit Committee Effectiveness Review and Results		✓	
Audit Committee Annual Report		✓	
Audit Committee Terms of Reference		✓	
Assurance Mapping		✓	
Freedom of Information (FOI) Annual Report		✓	
NWSSP Integrated Medium Term Plan (IMTP)		✓	
NWSSP Annual Review		✓	
Welsh Language Annual Report		✓	
Review of Stores Write-Offs		✓	
Review of the Shared Services Partnership Committee's Standing Orders (SSPC SOs)			✓



## **COUNTER FRAUD & CORRUPTION**

### **ANNUAL REPORT 2020/21**

**Nigel Price**  
**Temporary Counter Fraud Manager**  
**Cardiff and Vale University Health Board**

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## 1. Management Summary

- 1.1 This Annual Report has been written in accordance with the provisions of the Welsh Assembly Government Directions on Fraud and Corruption, which requires Local Counter Fraud Specialists (LCFS) to provide a written report, at least annually, to the Health Body on any Counter Fraud work undertaken. The report content and style comply with the model prescribed by NHS Counter Fraud Authority and is in the same format as those that have been previously submitted.
- 1.2 The NHS Wales Shared Services Partnership (NWSSP) and the Velindre University NHS Trust appointed Craig Greenstock, the Counter Fraud Manager at Cardiff & Vale UHB, as their nominated Lead LCFS. Unfortunately, he has been on sick leave since December 2020 and will not be returning to work. Until a replacement is appointed his role is being covered by Nigel Price, an accredited LCFS in Cardiff & Vale UHB.
- 1.3 During 2020/21, five investigations into suspected fraudulent or corrupt activity were started and two cases were brought forward from 2019/20. Three of those investigations were closed and four are still open.
- 1.4 Civil recovery would also be sought for any NHS money which was identified as being obtained by fraud. Included, as part of the civil recovery' would be claims, by the Velindre University NHS Trust, for all costs incurred as a result of not only the fraud proven to have been committed, but also the LCFS costs (e.g. court attendance, salary, travel expenses) in carrying out the individual criminal investigations.
- 1.5 If required, advice is sought from NHS Counter Fraud Service (Wales) and when an investigation has ended, legal opinion would be taken from the Specialist Fraud Division - Crown Prosecution Service if there was sufficient evidence to warrant a criminal prosecution.
- 1.6 Regular progress reports are made to NWSSP and the Trust's Audit Committees and where system weaknesses have been identified recommendations made, these have been sent to the relevant Division, Service Group and/or Directorate Managers.
- 1.7 The mix of cases investigated to date are summarised in **Appendix 2** and a full index of the cases reported/referred to the LCFS are listed in **Appendix 3**.
- 1.8 The NWSSP and Velindre University NHS Trust's policies and procedures (e.g. Human Resources, Finance etc) have been reviewed and commented upon in relation to the Counter Fraud Policy.
- 1.9 Close liaison and a good working relationship were established with the NHS Counter Fraud Service (Wales) following its establishment by Welsh Government and it becoming operational in October 2001, and this relationship continues to develop and strengthen.

## 2. Inform and Involve (Developing an Anti Fraud Culture)

- 2.1 The Local Counter Fraud Service has an on-going work programme with the NHS Counter Fraud Service (Wales) to develop a strong anti-fraud culture in the NHS.

Examples of work carried out to develop an Anti Fraud Culture include:

- Distribution of relevant Counter Fraud reports to NWSSP's Senior Managers
- Submission of comments on draft Trust policies as appropriate relating to any Counter Fraud issues

- During 2020/21 14 counter fraud awareness sessions were given to over 200 NWSSP, staff and other presentations are in the process of being arranged for 2021/22.
- Analysis of staff feedback questionnaires is carried out following the fraud awareness sessions in order to gauge how much knowledge the attendees had of the counter fraud work that is being undertaken and also to assist in forming the content of future sessions.

Examples of work currently planned/being considered in developing an Anti-Fraud Culture:

- Additional fraud awareness presentations to other various staff groups as outlined in the NWSSP Counter Fraud Work-Plan for 2021/22.
- Developing the quarterly Counter Fraud Newsletter to ensure that it provides NWSSP staff with real examples of fraud and the successful outcomes from such investigations and any lessons learnt from the investigations.

2.2 In accordance with the Secretary of State Directions, as in **Appendix 1**, the LCFS will:

- Proactively seek and report to NHS Counter Fraud Authority any opportunities where details of Counter Fraud work (involving action on prevention, detection, investigation, sanction or redress) can be used within presentations or publicity in order to deter Fraud and Corruption in the NHS.
- Report all allegations of fraud to NHS Counter Fraud Authority and develop a good working relationship to ensure that all information is available for presentations and publicity.
- Share information with other LCFSs throughout Wales in order to build on good practice and identify areas where fraud may be prevented.

### 3. Prevent Fraud

3.1 The LCFS will assist by providing information to and liaising with both NWSSP and the Velindre University NHS Trust Communication and Corporate Departments, if required, when reporting prosecution cases that may attract media attention to ensure that a consistent approach is taken and the message is sent out that fraud will not be tolerated within the NWSSP and Velindre University NHS Trust.

The LCFS will regularly liaise with Velindre University NHS Trust and NWSSP Senior Managers and other staff on all allegations of fraud received and it has been identified that this work by the LCFS continues to have a positive impact in identifying and reporting any fraudulent activity.

The deterrence effect is difficult to measure but referrals were regularly made during 2020/21, the majority of which were from the NHS Student Awards Service. It is hoped that from the awareness sessions more NWSSP staff will be aware of the potential areas for fraud and, as a result of advice and further guidance from the nominated LCFS, will be prepared to discuss any concerns they may have.

3.2 To be effective, publicity needs to have local relevance and it is important for the LCFS to communicate local successes, especially any sanctions and redress. It is important that outline details of all successful prosecutions continue to appear in Velindre University NHS Trust and NWSSP staff related publications.

- 3.3 The LCFS will, in conjunction with NHS Counter Fraud Authority, NHS CFS (Wales) and NWSSP Corporate Department, consider publicity in any case of fraud in which a successful outcome is achieved. This reinforces the message about action being taken to reduce fraud and will be carried out through the appropriate channels.

#### **4. Deter Fraud**

- 4.1 LCFS will provide reports on system weaknesses in each case where fraud is established, to:

- NHS Counter Fraud Authority
- NWSSP Internal Audit
- Wales Audit Office (External Audit)

Examples where this has occurred are:

- Submission of new case notifications and intelligence information via NHS Counter Fraud Authority FIRST Case Management System.
  - Providing regular reports and presentations to Velindre University NHS Trust, NWSSP Audit Committee and Senior Managers.
  - Regular liaising with Internal and External Auditors with reference to investigations for assistance and previous reports held by them.
  - Where, as a result of Counter Fraud work, any system weaknesses have been identified then the LCFS have provided potential solutions and recommendations as part of closure reports to the relevant managers.
- 4.2 The LCFS provide reports on policy weaknesses in each case where fraud is established to NHS Counter Fraud Authority, Velindre University NHS Trust and NWSSP's Finance Director.
- 4.3 Where policy or system weaknesses are identified, the LCFS will notify the appropriate staff such as NWSSP and Velindre University NHS Trust's Finance Directors, Director of Workforce, Senior Managers, Internal and External Audit and/or NHS Counter Fraud Authority.

#### **5. Hold to Account (Detection)**

- 5.1 The LCFS will take account of:

- Information from the Internal and External Audit functions regarding system weaknesses.
- NHS Counter Fraud Authority Risk Management exercises in order to prioritise other areas of detection work.
- The LCFS's own inquiries and analysis of data, reports (including Whistle Blowing) and trends (e.g. sickness absence).
- National Fraud Initiative 2021/22 Data Matching Exercise

#### **6. Hold to Account (Investigating Fraud)**

- 6.1 The LCFS will investigate cases in accordance with the Secretary of State's Directions. All investigations have, therefore, been carried out in accordance with the directives outlined in **Appendix 1**.

The LCFS will refer cases to NHS CFS (Wales) in accordance with the Welsh Assembly Government Directions and all cases have been reported using the NHS Counter Fraud Authority FIRST Case Management System. From January 2010, all NHS LCFS have been required to electronically record all information regarding their investigations onto the NHS Counter Fraud Authority FIRST Case Management System, which is held within a restricted area within the NHS Counter Fraud Authority internet webpage.

- 6.2 **Five cases** were formally referred to NHS CFS (Wales) in 2020/21 via the FIRST Case Management System and there were also **four ongoing** cases brought forward from 2019/20. Most referrals received are not necessarily or automatically reported on the NHS Counter Fraud Authority FIRST Case Management System, due to the fact that many are isolated instances and very low in terms of monetary value.

Each case is assessed before starting an investigation. In some cases it has been agreed that the individual(s) are dealt with under the NWSSP/Velindre University NHS Trust Disciplinary Policy rather than a full-scale criminal investigation.

- 6.3 The LCFS will provide NHS Counter Fraud Authority, Internal Audit and External Audit, NWSSP's Finance Director and Audit Committee, with regular update reports on significant movements with particular cases.

## **7. Hold to Account (Applying Sanctions and Seeking Redress)**

- 7.1 The LCFS will consider the different sanctions available and will consider the "Triple Track" approach to investigations, i.e. Criminal, Civil and Disciplinary action. To ensure that correct, prompt action is taken in each case, a close working relationship has been developed with NWSSP's Workforce and Human Resource Managers.

- 7.2 The LCFS will supply NWSSP Accounts Receivable Department with information where fraud is established in order to enable them to recover the lost resources. A full file is maintained on each of the investigations carried out to provide information that will assist in the recovery of funds.

## **8. Annual Assessment Declaration**

- 8.1 Since 2013/14 and following a review of the practice by which NHS Counter Fraud Authority would determine how effective a Health Body's Counter Fraud arrangements were when compared to other NHS Bodies, a significant change was introduced into the way in which Health Bodies were to report and be assessed.

- 8.2 This new process, based on a risk-based approach, now requires each Health Body to undertake its own Self Risk Tool (**Appendix 4**) based on a set of criteria and standards.

- 8.3 This SRT is then compared against the individual standards as part of a three-year rolling programme. Guidance for the completion of the Self Risk Tool and the individual standards which have to be met, are issued annually to all NHS bodies. From the 1<sup>st</sup> April 2021 that system is to be replaced by the Government Functional Standard GovS:013 Counter Fraud ([GovS:013](#))

## **Appendix 1**

### **WELSH ASSEMBLY GOVERNMENT DIRECTIONS**

The following grid identifies the key requirements under Welsh Assembly Government Directions and outlines current activity within each section.

Paragraph	Instruction	Action by Health Board
2 (1)	<p>Chief Executive and Director of Finance to Monitor and ensure compliance with these Directions and any other instructions on countering fraud and corruption against the NHS</p> <p>Action to be taken in accordance with the NHS Counter Fraud and Corruption Manual and in accordance with the Table annexed to the Directions</p>	<p>Regular meetings are held between the NWSSP Finance Director and the Nominated Lead LCFS.</p> <p>Where possible the Manual has been referred to for guidance and appropriate action taken. An updated Manual has previously been issued following a revision, by Welsh Government, after considering changes in legislation within the NHS in England.</p>
2 (2)	Each health body shall facilitate, and co-operate with NHS Counter Fraud Authority's Quality Inspection work giving prompt access to staff, workplaces and relevant documentation	<p>Good close working relationship has been established with NHS CFS (Wales). To date there has never been an issue over access to staff or workplaces.</p> <p>NHS Counter Fraud Authority Quality &amp; Assurance Unit carried out a Focused Assessment in October 2016, with full co-operation, and their report was received and then accepted by NWSSP Hosted Body (i.e. Velindre University NHS Trust).</p>
2 (3)	Endeavour to agree an SLA with NHS Counter Fraud Service (Wales).	The current SLA was signed in March 2010, but will be reviewed to incorporate any changes which may take place within the NHS in Wales.
3 (1)	<p>Nomination of a suitable officer to act as LCFS.</p> <p>Notify NHS Counter Fraud Authority of replacement LCFS within three months of the need becoming apparent</p>	The NWSSP Nominated Lead LCFS is Nigel Price.
3 (2)	A trained and accredited LCFS in post by 1 February 2002	The NWSSP's Nominated Lead LCFS was accredited in 2001 and is employed at another NHS Body, but undertakes the counter fraud work as part of a separate contracted-out service.
4 (a)	LCFS reports to Director of Finance	The Nominated Lead LCFS reports directly to the Finance Director, informs him of all cases as they are received and keeps him updated on any progress/closure.
4 (b)	LCFS provision of written report at	The 2020/21 NWSSP CF Annual

	least annually	Report has specifically been produced following the previous request of the NWSSP General Manager and Finance Director. The information contained in the Annual Report has also been incorporated into the CF Annual Report that is produced separately for the Hosted Body (i.e. Velindre University NHS Trust).
4 ©	<p>Attendance at Audit Committee meetings</p> <p>Right of access to all Audit Committee members.</p> <p>Right of access to Chairman and Chief Executive</p>	<p>The NWSSP Nominated Lead LCFS or at least one of the Health Body's other LCFS has attended Audit Committee meetings that have taken place up to and including April 2021.</p> <p>The LCFS have access to all Audit Committee members.</p> <p>The LCFS have not required access during the year but are confident that, if required, right of access is available (as detailed in the health body's Counter Fraud Policy)</p>
4 (d)	Undertake Pro-Active work to detect cases of Fraud and/or Corruption as specified by Chief Executive and Director of Finance, particularly where systems weaknesses have been identified	<p>The LCFS have made eleven <b>Fraud Awareness Presentations</b> to 148 NWSSP, Velindre University NHS Trust and Hosted Body staff in a variety of staff groups.</p> <p>The LCFS also undertake Pro-Active Exercises and follow up all incidents of a potential fraudulent nature received via the NHS Counter Fraud Reporting Line, Velindre University NHS Trust's Whistle Blowing facilities and/or any Internal or External Audit reports.</p>
4 (e)	Proactively seek and report opportunities for publicity to NHS Counter Fraud Authority (includes instances for inclusion in presentations) involving action to prevent, detect, investigate, impose sanctions and seek redress	One particular successful fraud related case appeared in National media and also in a number of National and Local newspapers and has also been widely publicised across Velindre University NHS Trust, Hosted Bodies and NWSSP via the quarterly CF newsletter.
4 (f)	<p>Investigate cases of suspected fraud in accordance with division of work outlined, the LCFS will not investigate (unless there is prior agreement)</p> <p>LCFS will investigate where it is</p>	<p>All cases investigated to date have followed the guidelines.</p> <p>Only cases less than £15,000 are</p>

	<p>clear that they will be under £15k. Cases where it is clear they will be over £15,000 in value will be referred to NHS CFS (Wales).</p> <p>There is evidence that fraud extends beyond the Health Body.</p> <p>GDS and/or prescription fraud are involved</p> <p>There is evidence of corruption involving a public official</p> <p>The LCFS will assist if required in the investigation of cases involving their Health Body where the investigation falls within the remit of NHS Counter Fraud Authority.</p>	<p>investigated solely by the LCFS, and above £15,000 the cases are referred to, and investigated by/in liaison with, NHS CFS (Wales).</p> <p>There have no related cases identified during the year which extended outside of the Health Body.</p> <p>There have been no alleged frauds reported that involved any altered documentation for prescribed drugs.</p> <p>There have been no cases of alleged corruption reported during 2020/21.</p> <p>There have been no matters reported that would have fallen within the remit of NHS Counter Fraud Authority.</p>
4 (g)	Refer cases to NHS Counter Fraud Authority teams as appropriate	All cases appropriate to NHS CFS (Wales) have been referred.
4 (h)	Inform the appropriate NHS Counter Fraud Authority team of all cases of suspected fraud investigated by the Health Body.	Entries on the FIRST and CLUE Case Management Systems, for intelligence purposes, have been completed for all cases of suspected fraud investigated during the year.
5	<p>Co-operate with investigative work:</p> <p>Chief Executive and Director of Finance to ensure access is given as soon as possible and not later than 7 days from the request to the LCFS or NHS Counter Fraud Authority Operational Service staff to:</p> <p>Premises, records and data owned or controlled by the health body relevant to detection/investigation of fraud and corruption All staff who may have relevant information.</p>	<p>The LCFS and NHS Counter Fraud Authority rights and responsibilities, as set out in the SLA, SFIs and the Counter Fraud Policy, have been fully complied with and both have received co-operation from all levels throughout the Health Body.</p> <p>As above</p>
6 (1)	LCFS to complete relevant forms when Director of Finance believes fraud or corruption to be present, so that NHS Counter Fraud Authority may supply advice on appropriate sanctions.	Investigations have complied with NHS Fraud & Corruption Manual and completed forms as appropriate.

	LCFS and Director of Finance to consider further action in accordance with the NHS Fraud & Corruption Manual.	
6 (2)	Director of Finance to liaise with NHS CFS (Wales) concerning prosecutions prior to taking such action.	Investigations have complied with the NHS Fraud & Corruption Manual
6 (3)	Director of Finance to liaise with NHS CFS (Wales) prior to reaching a decision to refer cases to the police or other body for investigative action, if required.	Appropriate liaison took place in any cases to date where investigations have required referral to police or any other third party organisations (e.g. UK Borders Agency).
6 (4)	Non-disclosure of information, except for purposes of investigation or subsequent proceedings; no disclosure to anyone who may be implicated	There has been no disclosure of information to anyone who may be implicated in any of the investigations unless required under Police & Criminal Evidence Act.
6 (5)	LCFS to report details of any identified system weakness which would allow fraud or corruption to occur, to the internal auditors	The LCFS liaise with Internal & External Auditors and provide information regarding system weaknesses. Managers are also informed of system weaknesses and advised accordingly.
6 (6)	LCFS to ensure investigations focus on obtaining information to ensure recovery of funds can take place.  Director of Finance responsible for ensuring financial redress is sought where losses identified	A full file is maintained on each of the investigation carried out to provide information to assist the recovery of funds.  Recovery of losses is considered in all cases and would be sought where appropriate.



## Further Information

## 1. Reporting lines

<b>Trust Chief Executive (Velindre University NHS Trust)</b>	Steve Ham Chief Executive's Office Corporate Headquarters Unit 2, Charnwood Court Parc Nantgarw, Nantgarw Nr.Cardiff. CF15 7QZ Email: <a href="mailto:steve.ham2@wales.nhs.uk">steve.ham2@wales.nhs.uk</a>
<b>NWSSP Managing Director</b>	Neil Frow NHS Wales Shared Services Partnership (NWSSP) 4-5 Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ Email: <a href="mailto:Neil.Frow@wales.nhs.uk">Neil.Frow@wales.nhs.uk</a>
<b>Executive Director of Finance (Velindre University NHS Trust)</b>	Mark Osland Finance Director's Office Corporate Headquarters Unit 2, Charnwood Court Parc Nantgarw, Nantgarw Nr.Cardiff. CF15 7QZ Email: <a href="mailto:Mark.Osland@wales.nhs.uk">Mark.Osland@wales.nhs.uk</a>
<b>Director of Finance (NWSSP)</b>	Andy Butler NHS Wales Shared Services Partnership (NWSSP) 4-5 Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ Email: <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>
<b>Nominated Lead Local Counter Fraud Specialist</b>	Nigel Price Counter Fraud Department Cardiff and Vale UHB Headquarters 1 <sup>st</sup> Floor, Woodland House Maes-y-Coed Road Cardiff CF14 4TT Email: <a href="mailto:nigel.price@wales.nhs.uk">nigel.price@wales.nhs.uk</a>

## 2. Mix of cases

Number of cases in 2020/21 including those brought forward from previous years:

Area (based on initial reported category)	Number of cases	Closed	Ongoing
Reimbursement of Costs (Student Awards)	4	3	1
Miscellaneous (Use/Theft of NHS Property)	3		3
<b>Total</b>	<b>7</b>	<b>3</b>	<b>4</b>

## 3. NHS Counter Fraud Authority Website

Information about NHS Counter Fraud Authority and the NHS Counter Fraud Strategy can be found at [www.cfa.nhs.uk](http://www.cfa.nhs.uk)

## INDEX OF LCFS INVESTIGATIONS 2020/21

Ref. No	Subject	Status	Open/Closed
SSP14.05	Unauthorised Sale of NHS Property	Crown Court Hearing (Suspended Sentence)	Open - Civil Recovery (5k) still being made at £50 per month
SSP20.02	False Claim for Costs	Initial enquiries made which identified that the claim had actually been made as a single person with no dependent children and not as a married person with dependent children as was the allegation received.	Closed - no fraud identified.
SSP20.03	False Claim for Costs	Alleged that both subjects had applied for bursaries/grants by giving false/misleading information as to their actual personal income.	Closed - no record of either individual having worked and/or submitted claims to the NHS.
SSP20.04	False Claim for Costs	Alleged that subject lives with partner and has failed to declare her actual personal income.	Closed - insufficient evidence to support allegation.
SSP20.05	False Claim for Costs	Alleged that the subject has claimed for grant/bursary, but is also working for the NHS on an agency basis which subject has failed to declare.	Open - Ongoing enquiries and subject also suspended, until December 2019, for academic reasons.
SSP20.06	False Work History and Sickness Absence	Subject applied for and was then appointed to Band 5 post within NWSSP Procurement during same period whilst still claiming to be on sickness absence from previous Band 5 post with NHS England.	Open - Subject resigned before NWSSP disciplinary hearing into separate and similar allegations. Relevant details then forwarded to NHS England for them to investigate the alleged fraudulent activity.
SSP20.07	Falsely retained Childcare Costs	The allegation is that the student has received her childcare payments, but has not then passed those payments onto her childcare provider.	Open - Ongoing enquiries with the childcare provider and the University.

## Appendix 4

### Summary of Risk against the Standards of NHS Bodies (Fraud, Corruption and Bribery) as at 31<sup>st</sup> March 2020

Area of Activity	Red/ Amber/Green level
Strategic Governance	Green
Inform and Involve	Green
Prevent and Deter	Green
Hold to Account	Green
<b>Overall Level</b>	<b>Green</b>

AREA OF ACTIVITY	DAYS USED
STRATEGIC GOVERNANCE	11
INFORM AND INVOLVE	9
PREVENT AND DETER	0
HOLD TO ACCOUNT	38
TOTAL DAYS USED	58

COST OF ANTI-FRAUD, BRIBERY AND CORRUPTION WORK	
PROACTIVE COSTS	£ 12
REACTIVE COSTS	£9,576.00
TOTAL COSTS	£14,638.00

**Organisation Name**

NHS Wales Shared Services Partnership (NWSSP)

**Director of Finance**

Andrew Butler

**Date**

## NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 6 – SEPTEMBER 2021

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for September 2021 and should be read in conjunction with the Monitoring Return tables submitted for Month 6.

Thank you for your email of 22<sup>nd</sup> September 2021 responding to the Month 5 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### Overview of Performance and Financial Position

NWSSP's financial position for Month 6 is reported at break-even. This is based on the assumption that all additional Covid 19 funding and other identified funding anticipated will be received from Welsh Government.

In September the Shared Services Partnership Committee approved an increase to the NWSSP 2021/22 distribution of £1.250m, increasing the total distribution to £2.000m as detailed in the table below:

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

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

Table A has been updated in Month 6 to reflect the in month and forecast non-recurring savings, with the current forecast savings, income generation overachievements and accountancy gains for 2021/22 totalling £4.000m. We are forecasting to reinvest £2.000m internally within NWSSP to accelerate benefits and improvements within our services, £1.250m approved increased distribution to NHS Wales and Welsh Government and £0.750m agreed Welsh Government brokerage. With the inclusion of these items both the in year and recurrent plans remain at break-even.

The increase in the Covid Expenditure and funding in Month 6 is due to a further donation of Covid test kits to Namibia with a value of £3.941m that were issued through our warehouse system in September.

The assumption of full funding for the Covid expenditure and other anticipated income enables us to continue to report a break-even forecast outturn.

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

This table has been updated in Month 5 in respect of the following:

- Covid-19 funding not received from Welsh Government – this risk has been amended to £30.021m in M6 to reflect the updated covid funding forecast requirement net of income invoiced to date and reconciles to the income anticipated in Table E1. This balance of funding remains a risk as at the end of September we had only invoiced for Q1 Mass vaccination costs, Q1 & 2 operational covid costs, Q1 PPE Costs for Primary & Social Care and the Namibia PPE Donation. We will raise further invoices in October for Q2 Primary/Social Care PPE, the second Namibia donation and Q2 Mass vaccination costs.
- Medical Examiner Funding not confirmed – this risk has been reduced to £1.667m in Month 6 in line with the revised year end forecast funding requirement. This is a reduction from previous months due to slippage in appointing to the full establishment that the service requires. This funding remains a risk as we have yet to receive a letter of assurance to confirm funding for this service. We discussed this in our last meeting with Andrea Hughes and await receipt of this confirmation letter.

## 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 has reduced from £535.110m in Month 5 to £528.445m in Month 6. This is primarily due to the net effect of the reduction in income due to delaying the Core Anaesthetic, Core Medicine and Higher Emergency Medicine intake to the SLE from December 2021 until March 2022 (£8.392m) and the increase due to the Nambia test kit donation (£3.941m). There have also been adjustments to forecast income for GMPI, Medical Examiner, Covid expenditure following a mid year review that have contributed to the overall reduction in forecast income.
- The profile of the in month SLE income & expenditure forecast is detailed below. This has changed from previous months due to the delay in the Core Anaesthetic, Core Medicine and Higher Emergency Medicine intakes (circa 450 trainees) being delayed from December 2021 until March 2022. Both the income and pay forecasts have been reduced to reflect this delay:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
SLE INCOME/ EXPENDITURE	8.938	9.424	9.161	9.179	11.573	13.880	13.205	13.994	13.994	13.994	13.994	17.780	149.116

The forecast continues to be based on a number of assumptions regarding the new intakes in respect of intake numbers, pay points and bandings on which trainees will transfer into the SLE. Due to the volume of trainees, any variations to these can materially impact the forecast as well as any changes to the planned phased intake timelines.

- In March 2021, the NWSSP (non SLE) bonus accrual totalled £1.928m. Bonus payments totalling £1.782m were paid in May and further small numbers of bonus payment were made in June, July & September. The balance of the accrual at 30<sup>th</sup> September 2021 is £0.143m. We have undertaken a look up of our accrual for bank employees against bonus payments made to staff across NHS Wales and have identified duplications of £0.120m where our bank staff were paid their bonus by another organisation. We are therefore able to release £0.120m back to Welsh Government and believe we need to retain the balance of £0.023m for potential additional claims that we may receive. We will raise a credit note for the £0.120m in October (**Action Point 5.1**)
- There were no further bonus payments made to SLE staff in September and upon request from the UHBs we have continued to re-accrue the outstanding balance of the bonus accrual. We will issue credit notes to UHBs in respect of this in October so that they are able to return the funds to Welsh Government.



- The holiday pay arrears from 1<sup>st</sup> October 2018 to 31<sup>st</sup> March 2021 were paid in August, no further payments were made in September. These totalled £0.290m against the accrual of £0.151m agreed on an All Wales basis at 31<sup>st</sup> March 2021. The additional income of £0.139m has been anticipated from Welsh Government and we await confirmation to invoice for this. Arrears payments have only been made to staff in post or who left after 1<sup>st</sup> April 2020. There are therefore likely to be further arrears payments made in future months when staff who have left apply for their arrears to be paid. Further funding will be required to cover these costs.
- Further holiday pay arrears payments will be made for April – September 21 in November 21 and October 21 – March 22 arrears will be paid in May 22. At present neither the costs or WG income relating to 2021/22 holiday pay payments have been included within the forecast.
- Forecast DEL depreciation charges of £3.208m have been included which is a reduction from previous months. This is due to:
  - The India donation of equipment now being reflected as an AME impairment (£0.522m), previously £0.228m had been included as a DEL impairment
  - £0.044m previously included as accelerated depreciation no longer being included in 2021/22 due to the planned extension of the current student bursary system rather than a replacement this financial year.

It should be noted that the depreciation figures currently only include depreciation costs for the laundry asset transfer from BCU. We have received the Swansea Bay S1 information to update our November non-cash submission and await final information from Aneurin Bevan which we will also include if we receive this before the end of October. We will also await S1 information from both Hywel Dda and Cwm Taf Morgannwg UHBs regarding the laundry assets to transfer, although this is unlikely to be until December.

- £24.300m income and expenditure is included to Month 6 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. A high level review of cases has been undertaken with regards to updating the year end forecast of cases that will be charged against the DEL in 2021/22. This has indicated that the initial annual plan forecast of £124.754m (£123.495m WRP DEL and £1.259m Redress) remains an accurate projection at this point in time and includes the excess redress costs above budget and a high level forecast of the nosocomial claims that will settle in 2021/22. The profile of

the balance of the income and expenditure is phased on a straight-line basis over remaining months.

Expenditure to the end of September 2021 is lower than it was to September 2020, however a detailed review of the commitments against the DEL have provided further confidence that the full year forecast will be achieved.

Given the forecast remains at £123.495m for DEL, the element to be funded under the risk share agreement also remains at £16.495m. We welcomed Welsh Government confirmation that an allocation adjustment will be actioned with UHBs shortly and any future movement on the DEL position will be managed directly between us and Welsh Government. The final share of the RSA by organisation is detailed below:

	<b>RSA 2021/22</b>	<b>2021/22</b>
<b>ANEURIN BEVAN</b>	16.25%	2,680,121
<b>SWANSEA BAY</b>	16.05%	2,646,987
<b>BETSI CADWALADR</b>	19.02%	3,139,429
<b>CARDIFF &amp; VALE</b>	16.07%	2,649,989
<b>CTM</b>	12.49%	2,059,857
<b>HYWEL DDA</b>	10.61%	1,749,439
<b>POWYS</b>	4.74%	781,717
<b>PHW</b>	1.39%	229,682
<b>VELINDRE</b>	1.11%	183,221
<b>WAST</b>	2.27%	374,558
<b>TOTAL</b>	<b>100.00%</b>	<b>16,495,000</b>

We are continuing to review in detail the cases that are due to settle in Q1 2022/23 to identify any potential where they could settle earlier than planned which would increase the DEL forecast for 2021/22. We will keep Welsh Government colleagues updated in respect of this.

- The second donation to Namibia, this time for test kits, was issued from our stores in September with a value of £3.941m. This has been separately reported as exceptional costs in Table B and has been included in Section A7 of Table B3 with the equivalent WG income to offset these costs. This is in line with the value approved by the Velindre University NHS Trust Board and Welsh Government. An invoice has been raised to Welsh Government in early October together with a corresponding credit note to effect the return of cash to Welsh Government from the year end adjustment of additional cash support provided due to the increased stockholding.
- Table B3 details the year to date 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. A

variance of £3.612m is reported in Month 6 primarily due to the Namibia test kit donation that has been included this month combined with a reduction in the PPE usage within the vaccination programme during September.

The mass vaccination and other covid expenditure sections of Table B3 have been populated. Other covid expenditure relates to the NWSSP operational support costs and PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues.

A summary of the expenditure is detailed below:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	2.370	5.031
NWSSP PPE	0.004	0.012
Mass Vacc - PPE	1.748	3.847
Mass Vacc - non PPE non pay	0.286	0.637
Mass Vacc - pay	0.393	0.894
Social Care/Primary Care PPE	13.085	26.285
Namibia PPE	11.148	11.148
<b>TOTAL</b>	<b>29.034</b>	<b>47.854</b>

The NWSSP operational costs are summarised below:

	YTD	Full Year Forecast
Pay	1.087	2.307
Estates / Security	0.391	0.799
Insurance	0.033	0.067
Transport	0.761	1.679
Other	0.096	0.179
<b>TOTAL</b>	<b>2.370</b>	<b>5.031</b>

To the end of September we have invoiced for Q1 mass vaccination costs, Q1 & 2 operational covid costs, Q1 Primary/Social Care PPE and the Namibia PPE donation. In early October we have/will invoice for Q2 Primary/Social Care PPE, the Namibia test kits donation and the Q2 mass vaccination costs. Where we have invoiced Welsh Government for PPE stock that we had cash coverage for at 31<sup>st</sup> March, we have been raising

invoices in 2021/22 for resource and raising corresponding credit notes to reduce the year end credit note accrual of £113m. The summary below shows the reduction in the credit note and we will continue to monitor the stock cash position in readiness for our next meeting with Welsh Government in November to look to return further cash to reduce this credit note further:

	£M
CREDIT NOTE @ 31.03.2021	113.196
Q1 PRIMARY/SOCIAL CARE PPE	-6.683
NAMIBIA PPE	-7.207
<b>B/L @ CLOSE M6</b>	<b>99.306</b>
Q2 PRIMARY/SOCIAL CARE PPE	-6.402
NAMIBIA TEST KITS	-3.941
<b>FORECAST @ CLOSE M7</b>	<b>88.963</b>

#### 4. Savings (Tables C & C3)

The tables have been updated with the actual savings achievement to Month 6 and a revised profile of future savings so that the over achievement of savings, income generation and accountancy gains total £4.000m.

An accountancy gain of £0.350m has been included this month. This is in respect of the assumption of the release of 50% of the Covid annual leave accrual that was made in 2020/21. This is a high level estimate and we will undertake further work in Q3 to understand the likely levels of annual leave that will need to be carried over to 2022/23.

The non pay control scheme has been reviewed and revised in Month 6 to reflect the year to date achievement (**Action Point 5.2**)

#### 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 actual in month recharges and agreed SLA values for future months. As these costs are recharged based on actual expenditure incurred, these may be subject to change in future months.

Lines 2-12 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation.

The values for depreciation reconcile to Table B and will be reviewed in detail prior to the November non-cash submission.

Other items have been amended in line with updated income forecasts.

## **7. Cash Flow (Table G)**

Not required for completion.

## **8. PSPP (Table H)**

This table is not required for NWSSP.

## **9. Capital Expenditure Limit Management and Disposals (Tables I, & K)**

Tables I and J have been populated and reconcile to our Capital Expenditure Limit of £4.487m issued on 15<sup>th</sup> September 2021. For the larger schemes an indicative expenditure profile has been included and this will be refined as soon as milestone payments are confirmed and/or further information is received. At present there are no significant issues foreseen in incurring this capital expenditure.

The risk on the Legal & Risk Case Management systems has been amended to 'Medium' in September due to receipt of the milestone payments from the supplier. At present, the timeline indicates that potentially up to £0.119m of expenditure could slip into 2022/23. We have raised this as an issue on the DPIF Q2 return with a response requested regarding any potential for funding to be reprovided next financial year. It should be noted that a two month delay has been factored into the project plan for WAIG approval, however if this is obtained earlier than anticipated, additional expenditure can be incurred in 2021/22.

The risk on the PBC laundry service fees scheme remains at 'Medium' this month. This is due to current indications that additional funding will be required in order to complete the required piece of work. This was discussed with Ian Gunney at our Capital Review meeting on 14<sup>th</sup> September 2021 and we will

include the shortfall of funding for this scheme as part of our prioritised capital bid submission at the end of October.

There are no disposals to report in Table K in Month 6.

**10. Aged Debtors (Table M)**

At 30<sup>th</sup> September 2021 there were four NHS invoices outstanding over 17 weeks which were all paid in early October. We are actively pursuing the other outstanding invoices for payment.

**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 Team reports.

The Shared Services Partnership Committee will receive the Month 6 Financial Monitoring Return at the November meeting.

**14. Authorisation of Return**



.....  
**ANDREW BUTLER**  
**DIRECTOR OF FINANCE AND**  
**CORPORATE SERVICES**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**13<sup>th</sup> October 2021**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
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	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1														
2														
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This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
<b>Opportunities to achieve IMTP/AOP (positive values)</b>			
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	<b>Total Opportunities to achieve IMTP/AOP</b>	0	
<b>Risks (negative values)</b>			
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Turnover factor is less than budgeted	0	Low
13	Non achievement of income targets	0	Low
14	Covid 19 funding not received from Welsh Government	(30,021)	Low
15	Medical Examiner funding not confirmed	(1,667)	Low
16	Additional WRP Covid claims - included in DEL forecast	0	High
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	<b>Total Risks</b>	<b>(31,688)</b>	
<b>Further Opportunities (positive values)</b>			
27	Further over achievement of savings	500	Medium
28			
29			
30			
31			
32			
33			
34	<b>Total Further Opportunities</b>	<b>500</b>	
35	<b>Current Reported Forecast Outturn</b>	<b>(0)</b>	
36	<b>IMTP / AOP Outturn Scenario</b>	<b>(0)</b>	
37	<b>Worst Case Outturn Scenario</b>	<b>(31,188)</b>	
38	<b>Best Case Outturn Scenario</b>	<b>500</b>	



NHS Wales Shared Services Partnership

Table B - Monthly Positions

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Period : Sep 21

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/F'cast												0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast												0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	15,487	16,237	17,289	17,041	19,170	21,834	20,694	21,236	21,236	21,246	21,493	107,058	238,127
4	WHSSC Income	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast	10,517	12,204	14,362	19,494	21,310	18,425	26,988	26,974	26,978	27,002	27,005	96,312	258,323
6	Other Income	Actual/F'cast	2,350	2,428	1,907	2,315	847	4,981	2,000	2,000	4,994	2,000	2,000	14,828	31,995
7	Income Total		28,354	30,869	33,558	38,850	41,327	45,240	49,682	50,210	53,208	50,248	50,498	218,198	528,445
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast												0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast												0	0
10	Provided Services - Pay	Actual/F'cast	14,054	14,687	14,353	14,293	16,872	20,087	18,684	19,477	19,477	19,498	19,504	94,346	214,230
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	13,379	13,038	14,684	14,144	13,902	17,154	13,989	13,724	16,722	13,733	13,977	86,300	174,584
12	Secondary Care - Drugs	Actual/F'cast												0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast												0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast												0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast												0	0
16	Other Private & Voluntary Sector	Actual/F'cast												0	0
17	Joint Financing and Other	Actual/F'cast												0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	665	2,367	4,534	10,150	3,083	3,501	16,742	16,742	16,742	16,742	16,742	24,300	124,754
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast		521	(521)		7,207	3,941						11,148	11,148
20	Total Interest Receivable - (Trust Only)	Actual/F'cast												0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast												0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	256	256	508	263	263	35	267	267	267	275	275	1,582	3,208
23	AME Donated Depreciation/Impairments	Actual/F'cast						522						522	522
24	Uncommitted Reserves & Contingencies	Actual/F'cast												0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast												0	0
26	Cost - Total	Actual/F'cast	28,354	30,869	33,558	38,850	41,327	45,240	49,682	50,210	53,208	50,248	50,498	218,198	528,445
27	Net surplus/ (deficit)	Actual/F'cast	0	0	0	0	0	0	(0)	(0)	(0)	0	0	0	(0)

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28 . Actual YTD surplus/ (deficit)		0
29. Actual YTD surplus/ (deficit) last month		0
30. Current month actual surplus/ (deficit)		0
	Trend	
31. Average monthly surplus/ (deficit) YTD		0 ▼
32. YTD /remaining months		0

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		0
34. Year to Date Trend Scenario		0

C. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL															
35	Baseline Provider Depreciation	Actual/F'cast	98	98	98	233	131	131	130	130	130	129	129	129	789	1,565
36	Strategic Depreciation	Actual/F'cast	158	158	182	30	132	132	137	137	137	146	146	147	792	1,643
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast			228			(228)							0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		256	256	508	263	263	35	267	267	267	275	275	275	1,581	3,208
41	AME															
41	Donated Asset Depreciation	Actual/F'cast													0	0
42	Impairments	Actual/F'cast						522							522	522
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	0	0	522	0	0	0	0	0	0	522	522

D. Accountancy Gains

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	350	0	350

E. Committed Reserves & Contingencies

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
46	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
46		Forecast Only													0	0
47		Forecast Only													0	0
48		Forecast Only													0	0
49		Forecast Only													0	0
50		Forecast Only													0	0
51		Forecast Only													0	0
52		Forecast Only													0	0
53		Forecast Only													0	0
54		Forecast Only													0	0
55		Forecast Only													0	0
56		Forecast Only													0	0
57		Forecast Only													0	0
58		Forecast Only													0	0
59		Forecast Only													0	0
60		Forecast Only													0	0
61		Forecast Only													0	0
62		Forecast Only													0	0
63		Forecast Only													0	0
64		Forecast Only													0	0
65		Forecast Only													0	0
66		Forecast Only													0	0
67		Forecast Only													0	0
68		Forecast Only													0	0
69		Forecast Only													0	0
70		Forecast Only													0	0
71		Forecast Only													0	0
72		Forecast Only													0	0
73		Forecast Only													0	0
74	Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Phasing		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	26	26	26	26	27	27	28	28	28	29	29	27	158	327		327	0			
11		Actual/F'cast	93	(56)	47	26	(42)	131	28	28	28	29	29	27	199	368	54.08%	368		0	41	327
12		Variance	67	(82)	21	0	(69)	104	0	0	0	0	0	0	41	41	25.95%	41	0			
13	Pay	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	736	1,484		1,484	0			
14		Actual/F'cast	461	399	460	500	433	352	324	325	326	323	224	226	2,605	4,353	59.84%	4,353	0	2,869	1,484	1,484
15		Variance	339	277	338	378	309	228	200	200	200	200	100	100	1,869	2,869	253.94%	2,869		0		
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	148	148	148	148	151	151	152	153	154	152	153	153	894	1,811		1,811				
20		Actual/F'cast	554	343	507	526	391	483	352	353	354	352	253	253	2,804	4,721	59.39%	4,721	0	2,910	1,811	1,811
21		Variance	406	195	359	378	240	332	200	200	200	200	100	100	1,910	2,910	213.65%	2,910	0			
22	Variance in month		274.32%	131.76%	242.57%	255.41%	158.94%	219.87%	131.58%	130.72%	129.87%	131.58%	65.36%	65.36%	213.65%							
23	In month achievement against																					
23	FY forecast		11.73%	7.27%	10.74%	11.14%	8.28%	10.23%	7.46%	7.48%	7.50%	7.46%	5.36%	5.36%								

Table C1- Savings Schemes Pay Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000	
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								
1	Changes in Staffing Establishment	Budget/Plan	114	114	114	114	116	116	116	117	117	114	115	117	688	1,384		1,384	0				
2		Actual/F'cast	453	391	452	492	425	344	316	317	317	314	215	217	2,557	4,253	60.12%	4,253	0	2,869	1,384	1,384	
3		Variance	339	277	338	378	309	228	200	200	200	200	100	100	1,869	2,869	271.66%	2,869	0				
4	Variable Pay	Budget/Plan	8	8	8	8	8	8	8	8	9	9	9	9	9	48	100		100	0			
5		Actual/F'cast	8	8	8	8	8	8	8	8	9	9	9	9	9	48	100	48.00%	100	0	0	100	100
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	736	1,484		1,484	0				
20		Actual/F'cast	461	399	460	500	433	352	324	325	326	323	224	226	2,605	4,353	59.84%	4,353	0	2,869	1,484	1,484	
21		Variance	339	277	338	378	309	228	200	200	200	200	100	100	1,869	2,869	253.94%	2,869	0				

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

			Month												Total YTD	Full-year forecast	YTD as %age of FY  YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			1	2	3	4	5	6	7	8	9	10	11	12				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar								
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								
1	Reduced usage of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2	Agency/Locums paid at a premium	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7	Medical - Impact of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Agency pay rate caps	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11	Other (Please Specify)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14	Total	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

Table C3 - Tracker  
This Table is currently showing 0 errors

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	148		148	148	151	151	152	153	154	152	153	153	894	1,811	0	1,811	0	1,811
	Month 1 - Actual/Forecast	148		148	148	151	151	152	153	154	152	153	153	894	1,811	0	1,811	0	1,811
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	406	0	0	0	0	0	0	0	0	0	0	0	406	406	406	406	0	0
	In Year - Actual/Forecast	406	195	359	378	240	332	200	200	200	200	100	100	1,910	2,910	2,910	0	0	0
	Variance	0	195	359	378	240	332	200	200	200	200	100	100	1,504	2,504	2,504	0	0	0
	Total Plan	554	148	148	148	151	151	152	153	154	152	153	153	1,300	2,217	406	1,811	0	1,811
	Total Actual/Forecast	554	343	507	526	391	483	352	353	354	352	253	253	2,804	4,721	2,910	1,811	0	1,811
	Total Variance	0	195	359	378	240	332	200	200	200	200	100	100	1,504	2,504	2,504	0	0	0
Net Income Generation	Month 1 - Plan	78		78	79	79	79	79	79	80	83	84	84	472	961	0	961	0	961
	Month 1 - Actual/Forecast	78		78	79	79	79	79	79	80	83	84	84	472	961	0	961	0	961
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	129	0	0	0	0	0	0	0	0	0	0	0	129	129	129	0	0	0
	In Year - Actual/Forecast	129	123	228	149	28	20	20	20	0	0	12	12	677	740	740	0	0	0
	Variance	0	123	228	149	28	20	20	20	0	0	12	12	548	611	611	0	0	0
	Total Plan	207	78	79	79	79	79	79	79	80	83	84	84	601	1,090	129	961	0	961
	Total Actual/Forecast	207	201	307	228	107	99	99	99	80	83	96	96	1,149	1,701	740	961	0	961
	Total Variance	0	123	228	149	28	20	20	20	0	0	12	12	548	611	611	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	350	0	350	350	0	0	0
	Variance	(0)	0	0	0	0	0	0	0	0	0	0	350	(0)	350	350	0	0	0
Total	Month 1 - Plan	226		226	227	230	230	231	232	234	235	237	237	1,366	2,772	0	2,772	0	2,772
	Month 1 - Actual/Forecast	226		226	227	230	230	231	232	234	235	237	237	1,366	2,772	0	2,772	0	2,772
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	535	0	0	0	0	0	0	0	0	0	0	0	535	535	535	0	0	0
	In Year - Actual/Forecast	535	318	587	527	268	352	220	220	200	200	112	462	2,587	4,000	4,000	0	0	0
	Variance	(0)	318	587	527	268	352	220	220	200	200	112	462	2,052	3,465	3,465	0	0	0
	Total Plan	761	226	227	227	230	230	231	232	234	235	237	237	1,901	3,307	535	2,772	0	2,772
	Total Actual/Forecast	761	544	814	754	498	582	451	452	434	435	349	699	3,953	6,772	4,000	2,772	0	2,772
	Total Variance	(0)	318	587	527	268	352	220	220	200	200	112	462	2,052	3,465	3,465	0	0	0

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 7 – OCTOBER 2021**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for October 2021 and should be read in conjunction with the Monitoring Return tables submitted for Month 7.

Thank you for your email of 20<sup>th</sup> October 2021 responding to the Month 6 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

NWSSP's financial position for Month 7 is reported at break-even. This is based on the assumption that all additional Covid 19 funding and other identified funding anticipated will be received from Welsh Government.

The forecast outturn remains at break-even after increasing the NWSSP 2021/22 distribution by £1.250m to total £2.000m as approved by the Shared Services Partnership Committee in September as detailed in the Month 6 return.

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

Table A has been updated in Month 7 to reflect the in month and forecast non-recurring savings, with the current forecast savings and income generation overachievements for 2021/22 totalling £4.000m. We have committed to reinvest £2.000m internally within NWSSP to accelerate benefits and improvements within our services, £1.250m approved increased distribution to NHS Wales and Welsh Government and £0.750m agreed Welsh Government brokerage. With the inclusion of these items, and the assumption of full funding for Covid expenditure and other anticipated income, both the in year and recurrent plans remain at break-even.

The forecast release of 50% of the annual leave provision, included as an accountancy gain in Month 6, has been removed this month following discussions with Welsh Government and FDU colleagues (**Action Point 6.2**).

During quarter 3 we are liaising with workforce and service colleagues to try to quantify the likely balance of annual leave that will be outstanding at 31<sup>st</sup> March 2022. Due to additional savings achievement in month, the overall forecast savings and income generation overachievement remains at £4.000m after the removal of the accountancy gain.

The confirmed brokerage of £0.750m is assumed to be actioned via a reduction in funding invoiced to Welsh Government in 2021/22 and for this and an additional £0.250m to be reprovided in 2022/23 as agreed as part of the Oracle Service Improvement two year brokerage agreement in 2020/21. A review of the Oracle expenditure profile indicates that we are unlikely to require the return of the full £1.000m in 2022/23 and we would welcome the opportunity to further discuss delaying the return of some of these funds until later financial years over the remainder of the Oracle contract (**Action Point 6.1**). We are also reviewing the potential utilisation of an element of these funds for the All Wales digital strategy.

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

This table has been updated in Month 6 in respect of the following:

- Covid-19 funding not received from Welsh Government – this risk has been amended to £15.831m in M7 to reflect the updated covid funding forecast requirement net of income invoiced to date and reconciles to the income anticipated in Table E1. The outstanding income relates to Q3 and 4 mass vaccination and PPE costs only – all other income has been invoiced.

## **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 has increased from £528.445m in Month 6 to £537.551m in Month 7. This is due to the net impact of additional forecast and backdated pharmacy rebates totalling £13m, forecast reduced SLE recharges to UHBs of £3m following a detailed review after the August & September intakes/rotations and a reduction of £0.750m in respect of the agreed brokerage.
- The revised profile of the in month SLE income & expenditure forecast is detailed below. This has changed following a review of the actual intake numbers to SLE during August & September, in addition to a review of the

assumptions incorporated into our forecast regarding salary point of scale and banding supplements. This reconciles to the revised SLA schedule that we have shared with UHB colleagues:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
SLE INCOME/ EXPENDITURE £m	8.938	9.424	9.161	9.179	11.573	13.880	12.553	13.498	13.498	13.498	13.498	17.282	145.982

- As requested a credit note for £0.120m was raised to return funding for the unused bonus accrual to Welsh Government in October. This has been recorded in both Table B3 and Table E1 as requested.
- Details of the credit notes raised to UHBs/Trusts for the unused SLE bonus payments are detailed below (**Action Point 6.5**):

	Credit note
AB	5,769.37
SBU	20,973.95
BCU	53,549.33
C&V	67,375.69
CTM	9,943.38
HD	7,091.57
VEL	836.00
HEIW	110,705.72
<b>TOTAL</b>	<b>276,245.01</b>

- The balance of the holiday pay arrears were invoiced by Velindre in October and this item has been removed from Table E1. Further holiday pay arrears payments will be made for April – September 21 in November 21 and October 21 – March 22 arrears will be paid in May 22. At present neither the costs or WG income relating to 2021/22 holiday pay payments have been included within the forecast.
- Forecast DEL depreciation charges of £3.510m have been included which reconciles to the November non-cash submission. This now includes depreciation for assets that transferred with the BCU, SBU and Aneurin Bevan laundries on 1<sup>st</sup> April 2021, but excludes depreciation for assets transferring from the Hywel Dda and Cwm Taf Morgannwg laundries from 1<sup>st</sup> October 2021 as the asset transfers are still being finalised. The in month depreciation charge includes the year to date impact of the laundries and the indexation adjustment.
- Forecast AME impairments of £0.843m have been included which reconciles to the November non-cash submission. This is in respect of the



donation of assets to India (£0.522m) and the impairment of ventilators donated by DHSC in 2020/21 to current market value (£0.321m).

- No further donations have been made in Month 7, with the £11.148m of donations to date being reported as exceptional costs in Table B.
- £32.659m income and expenditure is included to Month 7 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. A detailed review of cases has been undertaken with regards to updating the year end forecast of cases that will be charged against the DEL in 2021/22. This has indicated that the initial annual plan forecast of £124.754m (£123.495m WRP DEL and £1.259m Redress) remains an accurate projection at this point in time and includes the excess redress costs above budget and a high level forecast of the nosocomial claims that will settle in 2021/22. The profile of the balance of the income and expenditure is phased on a straight-line basis over remaining months.

The expenditure of £32.659m to the end of October 2021 is lower than the £55.842m incurred to October 2020, however a detailed review of the commitments against the DEL have provided further confidence that the full year forecast will be achieved, with an estimated £51m of claims/payments due to be made in November & December.

We are continuing to review in detail the cases that are due to settle in Q1 2022/23 to identify any potential where they could settle earlier than planned or interim payments can be made which would increase the DEL expenditure in 2021/22. We will keep Welsh Government colleagues updated in respect of this, although we are unlikely to have any significant update prior to January and note that a lot of the settlement timeline is outside of NWSSP control.

We will issue planning assumptions for the WRP risk share costs for 2022/23 onwards to UHB/Trusts on the premise that no additional cases are brought forward to settle in 2021/22 to ensure the full potential pressure is included in UHB/Trust plans.

- Agency expenditure of £0.911m is forecast in Table B2. The forecast increased in Month 6 due to a review of requirements and primarily due to the engagement of a number of auditors via an agency to support the large number of vacancies within the service and ensure the achievement of audit plans. The use of estates & ancillary agency staff is forecast to reduce in future months as efforts continue to convert agency expenditure to bank across the laundries (**Action Point 6.3**).

- Table B3 details the year to date 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 of Table B3 have been populated. Other covid expenditure relates to the NWSSP operational support costs and PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues.

A summary of the expenditure is detailed below:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	2.694	5.031
Mass Vacc - PPE	2.118	3.867
Mass Vacc - non PPE non pay	0.329	0.623
Mass Vacc - pay	0.454	0.872
Social Care/Primary Care PPE	14.981	25.981
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
<b>TOTAL</b>	<b>31.604</b>	<b>47.402</b>

The NWSSP operational costs are summarised below:

	YTD	Full Year Forecast
Pay	1.263	2.390
Estates / Security	0.432	0.772
Insurance	0.039	0.067
Transport	0.854	1.619
Other	0.105	0.182
<b>TOTAL</b>	<b>2.694</b>	<b>5.031</b>

The pay costs charged to Covid and included in Table B3 include the 3% pay award. The arrears for the Month 1-6 pay costs were included in Table B3 in Month 6, with the future pay cost forecast including the 3% uplift. There is no additional funding anticipated in respect of Covid other than those identified in Table B3 (**Action Point 6.4**)

To the end of October we have invoiced for all Q1 & Q2 costs in addition to Q3 & 4 forecast operational costs. There is only mass vaccination and

PPE costs to invoice for Q3 & 4 which are actioned based on actuals in arrears.

Where we have invoiced Welsh Government for PPE stock that we had cash coverage for at 31<sup>st</sup> March, we have been raising invoices in 2021/22 for resource and raising corresponding credit notes to reduce the year end credit note accrual of £113m. The summary below shows the reduction in the credit note and we will continue to monitor the stock cash position in readiness for our next meeting with Welsh Government later in November to look to return further cash to reduce this credit note further:

	£M
CREDIT NOTE @ 31.03.2021	113.196
Q1 PRIMARY/SOCIAL CARE PPE	-6.683
NAMIBIA PPE	-7.207
Q2 PRIMARY/SOCIAL CARE PPE	-6.402
NAMIBIA TEST KITS	-3.941
<b>B/L @ CLOSE M7</b>	<b>88.963</b>

#### 4. Savings (Tables C & C3)

The tables have been updated with the actual savings achievement to Month 7 and a revised profile of future savings so that the over achievement of savings and income generation total £4.000m.

The accountancy gain included in Month 6 has been removed this month as noted in the narrative for Table A.

#### 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 actual in month recharges

and agreed SLA values for future months. As these costs are recharged based on actual expenditure incurred, these may be subject to change in future months.

Lines 2-12 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation.

The values for depreciation reconcile to Table B and the November non-cash submission.

Other items have been amended in line with updated income forecasts and/or removed when items have been invoiced.

**7. Cash Flow (Table G)**

Not required for completion.

**8. PSPP (Table H)**

This table is not required for NWSSP.

**9. Capital Expenditure Limit Management and Disposals (Tables I, & K)**

Tables I and J have been populated and reconcile to our Capital Expenditure Limit of £4.487m issued on 15<sup>th</sup> September 2021. We do not foresee any issues to incur this capital expenditure in full.

The risk on the Legal & Risk Case Management systems has been amended to 'Low' in October. Following confirmation from DPIF colleagues that funds can not be returned and reprovided in 2022/23, we are working closely with the supplier to review the payment milestones and ensure the funding can be spent in full in 2021/22.

The risk on the PBC laundry service fees scheme has been reduced to 'Low' this month following the issue of the additional capital funding for this scheme.

As requested, a prioritised list of additional capital expenditure that could be incurred before the end of 2021/22 was submitted to Welsh Government on 1<sup>st</sup> November and we await the outcome of any funding decision.

There are no disposals to report in Table K in Month 7.

**10. Aged Debtors (Table M)**

At 31<sup>st</sup> October 2021 there were fifteen NHS invoices outstanding over 17 weeks. At the submission date five remain outstanding for payment which are all due from Cwm Taf Morgannwg. We have met with CTM colleagues and continue to urgently pursue and escalate payment of these overdue invoices.

**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 Team reports.

The Shared Services Partnership Committee will receive both the Month 6 and Month 7 Financial Monitoring Returns at the November meeting.

**14. Authorisation of Return**



.....  
**ANDREW BUTLER**  
**DIRECTOR OF FINANCE AND**  
**CORPORATE SERVICES**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**11<sup>th</sup> November 2021**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-5,416	-15	-5,401	-5,401
3 Planned Expenditure For Covid-19 (Negative Value)	-37,074	-37,074		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	2,644	15	2,629	2,629
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	37,074	37,074		
6 Planned Provider Income (Positive Value)	0	0		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	1,811	0	1,811	1,811
9 Planned (Finalised) Net Income Generation	961	0	961	961
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 Opening IMTP / Annual Operating Plan	0	0	0	0
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	914	914	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	3,086	3,086	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	10,328	10,328		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-10,328	-10,328		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31 Committed reinvestment within NWSSP	-2,000	-2,000		
32 Reserve for redistribution	-1,250	-1,250		
33 WG Brokerage	-750	-750		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-475	-478	-482	-74	-390	-486	-493	-498	-502	-510	-513	-515	-2,878	-5,416
3	-3,026	-3,060	-3,098	-3,093	-3,086	-3,090	-3,096	-3,095	-3,100	-3,098	-3,104	-3,129	-21,548	-37,074
4	249	252	255	-153	160	256	262	266	268	275	276	278	1,281	2,644
5	3,026	3,060	3,098	3,093	3,086	3,090	3,096	3,095	3,100	3,098	3,104	3,129	21,548	37,074
6													0	0
7												0	0	0
8	148	148	148	148	151	151	152	153	154	152	153	153	1,046	1,811
9	78	78	79	79	79	79	79	79	80	83	84	84	551	961
10													0	0
11													0	0
12													0	0
13													0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	129	123	228	149	28	20	194	20	0	0	12	11	871	914
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	406	195	359	378	240	332	337	210	210	210	109	100	2,247	3,086
23													0	0
24	0	0	-10	-136	7,115	3,612	-523	37	54	63	60	55	10,058	10,328
25													0	0
26	0	0	10	136	-7,115	-3,612	523	-37	-54	-63	-60	-55	-10,058	-10,328
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30													0	0
31	-535	-318	-587	-260			-300						-2,000	-2,000
32				-267	-268	-352	-231	-132					-1,118	-1,250
33								-98	-210	-210	-121	-111	0	-750
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	0	0	0	0	0	0	0	0	0	0	0	0	0	0

# NHS Wales Shared Services Partnership

Period : Oct 21

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
<b>Opportunities to achieve IMTP/AOP (positive values)</b>			
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	<b>Total Opportunities to achieve IMTP/AOP</b>	0	
<b>Risks (negative values)</b>			
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Turnover factor is less than budgeted	0	Low
13	Non achievement of income targets	0	Low
14	Covid 19 funding not received from Welsh Government	(15,831)	Low
15	Medical Examiner funding not confirmed	(1,667)	Low
16	Additional WRP Covid claims - included in DEL forecast	0	High
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	<b>Total Risks</b>	<b>(17,498)</b>	
<b>Further Opportunities (positive values)</b>			
27	Further over achievement of savings	500	Medium
28			
29			
30			
31			
32			
33			
34	<b>Total Further Opportunities</b>	<b>500</b>	
35	<b>Current Reported Forecast Outturn</b>	<b>(0)</b>	
36	<b>IMTP / AOP Outturn Scenario</b>	<b>(0)</b>	
37	<b>Worst Case Outturn Scenario</b>	<b>(16,998)</b>	
38	<b>Best Case Outturn Scenario</b>	<b>500</b>	

NHS Wales Shared Services Partnership

Table B - Monthly Positions

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Period : Oct 21

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	15,487	16,237	17,289	17,041	19,170	21,834	20,765	21,764	21,517	21,527	21,774	25,443	127,823	239,849
4	WHSSC Income	Actual/F'cast	0	0	0	0	0	0	0						0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast	10,517	12,204	14,362	19,494	21,310	18,425	18,489	28,677	28,698	28,726	28,728	28,037	114,801	257,668
6	Other Income	Actual/F'cast	2,350	2,428	1,907	2,315	847	4,981	5,402	2,431	6,007	2,431	2,432	6,502	20,230	40,034
7	Income Total		28,354	30,869	33,558	38,850	41,327	45,240	44,656	52,873	56,222	52,685	52,935	59,982	262,854	537,551
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	14,054	14,687	14,353	14,293	16,872	20,087	17,698	18,870	18,872	18,910	18,916	22,592	112,044	210,204
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	13,379	13,038	14,684	14,144	13,902	17,154	17,823	15,292	18,640	15,059	15,303	18,674	104,123	187,092
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast													0	0
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	665	2,367	4,534	10,150	3,083	3,501	8,359	18,419	18,419	18,419	18,419	18,419	32,659	124,754
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast		521	(521)		7,207	3,941							11,148	11,148
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	256	256	508	263	263	35	455	291	291	297	297	297	2,037	3,510
23	AME Donated Depreciation/Impairments	Actual/F'cast						522	321						843	843
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	28,354	30,869	33,558	38,850	41,327	45,240	44,656	52,872	56,222	52,685	52,935	59,982	262,854	537,551
27	Net surplus/ (deficit)	Actual/F'cast	0	0	0	0	0	0	0	0	(0)	(0)	(0)	0	0	(0)

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28. Actual YTD surplus/ (deficit)		0
29. Actual YTD surplus/ (deficit) last month		0
30. Current month actual surplus/ (deficit)		(0)
	Trend	
31. Average monthly surplus/ (deficit) YTD		0 ▼
32. YTD /remaining months		0

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		0
34. Year to Date Trend Scenario		0



C. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL															
35	Baseline Provider Depreciation	Actual/F'cast	98	98	98	233	131	131	131	131	131	133	133	133	920	1,581
36	Strategic Depreciation	Actual/F'cast	158	158	182	30	132	132	324	160	160	164	164	164	1,116	1,929
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast			228			(228)							0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		256	256	508	263	263	35	455	291	291	297	297	297	2,036	3,510
41	AME															
41	Donated Asset Depreciation	Actual/F'cast													0	0
42	Impairments	Actual/F'cast						522	321						843	843
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	0	0	522	321	0	0	0	0	0	843	843

D. Accountancy Gains

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
46	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
46		Forecast Only													0	0
47		Forecast Only													0	0
48		Forecast Only													0	0
49		Forecast Only													0	0
50		Forecast Only													0	0
51		Forecast Only													0	0
52		Forecast Only													0	0
53		Forecast Only													0	0
54		Forecast Only													0	0
55		Forecast Only													0	0
56		Forecast Only													0	0
57		Forecast Only													0	0
58		Forecast Only													0	0
59		Forecast Only													0	0
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61		Forecast Only													0	0
62		Forecast Only													0	0
63		Forecast Only													0	0
64		Forecast Only													0	0
65		Forecast Only													0	0
66		Forecast Only													0	0
67		Forecast Only													0	0
68		Forecast Only													0	0
69		Forecast Only													0	0
70		Forecast Only													0	0
71		Forecast Only													0	0
72		Forecast Only													0	0
73		Forecast Only													0	0
74	Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Phasing		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	26	26	26	26	27	27	28	28	28	29	29	27	186	327		327	0			
11		Actual/F'cast	93	(56)	47	26	(42)	131	(52)	38	38	39	38	27	147	327	44.95%	327	0	0	0	327
12		Variance	67	(82)	21	0	(69)	104	(80)	10	10	10	9	0	(39)	0	(20.97%)	0	0			
13	Pay	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	860	1,484		1,484	0			
14		Actual/F'cast	461	399	460	500	433	352	541	325	326	323	224	226	3,146	4,570	68.84%	4,570	0	3,086	1,484	1,484
15		Variance	339	277	338	378	309	228	417	200	200	200	100	100	2,286	3,086	265.81%	3,086	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,046	1,811		1,811	0			
20		Actual/F'cast	554	343	507	526	391	483	489	363	364	362	262	253	3,293	4,897	67.25%	4,897	0	3,086	1,811	1,811
21		Variance	406	195	359	378	240	332	337	210	210	210	109	100	2,247	3,086	214.82%	3,086	0			
22	Variance in month		274.32%	131.76%	242.57%	255.41%	158.94%	219.87%	221.71%	137.25%	136.36%	138.16%	71.24%	65.36%	214.82%							
23	In month achievement against																					
23	FY forecast		11.31%	7.00%	10.35%	10.74%	7.98%	9.86%	9.99%	7.41%	7.43%	7.39%	5.35%	5.17%								

Table C1- Savings Schemes Pay Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000	
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								
1	Changes in Staffing Establishment	Budget/Plan	114	114	114	114	116	116	116	117	117	114	115	117	804	1,384		1,384	0				
2		Actual/F'cast	453	391	452	492	425	344	533	317	317	314	215	217	3,090	4,470	69.13%	4,470	0	3,086	1,384	1,384	
3		Variance	339	277	338	378	309	228	417	200	200	200	100	100	2,286	3,086	284.33%	3,086	0				
4	Variable Pay	Budget/Plan	8	8	8	8	8	8	8	8	9	9	9	9	56	100		100	0				
5		Actual/F'cast	8	8	8	8	8	8	8	8	9	9	9	9	56	100	56.00%	100	0	0	100	100	
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
19	Total	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	860	1,484		1,484	0				
20		Actual/F'cast	461	399	460	500	433	352	541	325	326	323	224	226	3,146	4,570	68.84%	4,570	0	3,086	1,484	1,484	
21		Variance	339	277	338	378	309	228	417	200	200	200	100	100	2,286	3,086	265.81%	3,086	0				

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

			Month												Total YTD	Full-year forecast	YTD as %age of FY  YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			1	2	3	4	5	6	7	8	9	10	11	12				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar								
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								
1	Reduced usage of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2	Agency/Locums paid at	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3	a premium	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5	Non Medical 'off	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6	contract' to 'on contract'	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Medical - Impact of	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9	Agency pay rate caps	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11	Other (Please Specify)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14	Total	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

Table C3 - Tracker

This Table is currently showing 0 errors

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,046	1,811	0	1,811	0	1,811
	Month 1 - Actual/Forecast	148	148	148	148	151	151	152	153	154	152	153	153	1,046	1,811	0	1,811	0	1,811
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	406	0	0	0	0	0	0	0	0	0	0	0	406	406	406	0	0	0
	In Year - Actual/Forecast	406	195	359	378	240	332	337	210	210	210	109	100	2,247	3,086	3,086	0	0	0
	Variance	0	195	359	378	240	332	337	210	210	210	109	100	1,841	2,680	2,680	0	0	0
	Total Plan	554	148	148	148	151	151	152	153	154	152	153	153	1,452	2,217	406	1,811	0	1,811
	Total Actual/Forecast	554	343	507	526	391	483	489	363	364	362	262	253	3,293	4,897	3,086	1,811	0	1,811
	Total Variance	0	195	359	378	240	332	337	210	210	210	109	100	1,841	2,680	2,680	0	0	0
Net Income Generation	Month 1 - Plan	78	78	79	79	79	79	79	79	80	83	84	84	551	961	0	961	0	961
	Month 1 - Actual/Forecast	78	78	79	79	79	79	79	79	80	83	84	84	551	961	0	961	0	961
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	129	0	0	0	0	0	0	0	0	0	0	0	129	129	129	0	0	0
	In Year - Actual/Forecast	129	123	228	149	28	20	194	20	0	0	12	11	871	914	914	0	0	0
	Variance	0	123	228	149	28	20	194	20	0	0	12	11	742	785	785	0	0	0
	Total Plan	207	78	79	79	79	79	79	79	80	83	84	84	680	1,090	129	961	0	961
	Total Actual/Forecast	207	201	307	228	107	99	273	99	80	83	96	95	1,422	1,875	914	961	0	961
	Total Variance	0	123	228	149	28	20	194	20	0	0	12	11	742	785	785	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	226	226	227	227	230	230	231	232	234	235	237	237	1,597	2,772	0	2,772	0	2,772
	Month 1 - Actual/Forecast	226	226	227	227	230	230	231	232	234	235	237	237	1,597	2,772	0	2,772	0	2,772
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	535	0	0	0	0	0	0	0	0	0	0	0	535	535	535	0	0	0
	In Year - Actual/Forecast	535	318	587	527	268	352	531	230	210	210	121	111	3,118	4,000	4,000	0	0	0
	Variance	0	318	587	527	268	352	531	230	210	210	121	111	2,583	3,465	3,465	0	0	0
	Total Plan	761	226	227	227	230	230	231	232	234	235	237	237	2,132	3,307	535	2,772	0	2,772
	Total Actual/Forecast	761	544	814	754	498	582	762	462	444	445	358	348	4,715	6,772	4,000	2,772	0	2,772
	Total Variance	0	318	587	527	268	352	531	230	210	210	121	111	2,583	3,465	3,465	0	0	0