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- 1.3 Declarations of Interest (Verbal) - Chair
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 - 1.4 - SSPC Draft Minutes Part 1 - 21.06.18.pdf
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- 3 CHAIR AND MANAGING DIRECTOR'S REPORTS
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- 4 ITEMS FOR APPROVAL / ENDORSEMENT
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 - 4.1B - SSPC WEDS Legacy Cover Paper.pdf
 - 4.1A - NWSSP.WEDS.legacy.docv4.pdf
- 4.2 Welsh Risk Pool - Risk Sharing Agreement (Paper) - Andy Butler (Papers to Follow)
- 4.3 Risk Appetite Statement - Peter Stephenson
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- 5 PROJECT UPDATES
- 5.1 Project Management Office (PMO) Highlight Report - Andy Butler
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- 6 GOVERNANCE, PERFORMANCE AND ASSURANCE
- 6.1 Finance and Performance Report - Andy Butler
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- 6.2 Welsh Risk Pool Financial Position - Andy Butler
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- 6.3 Corporate Risk Register - Peter Stephenson
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- 6.4 Robotics Process Automation (RPA) Report - Andy Butler
 - 6.4 - SSPC RPA sep 18.docx
 - 6.4 - NWSSP_RPA_Highlight_Report 140818 v1.1.pdf
- 6.5 Health and Care Standards Self-Assessment 2018 Action Plan - Peter Stephenson
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- 6.6 Audit Committee Annual Report 2017-18 and Terms of Reference - Peter Stephenson
 - 6.6 - SSPC Audit Committee Annual Report 2017-18.docx
 - 6.6 - SSPC Appendix 1 Audit Committee Annual Report 2017-18.pdf
 - 6.6 - SSPC Audit Committee Terms of Reference July 2018.docx
 - 6.6 - SSPC Appendix 1 Audit Committee Terms of Reference July 2018.pdf

- 6.7 Wales Audit Office (WAO) Management Letter 2017-18 - Andy Butler
 - 6.7 - SSPC WAO sep 18.docx
 - 6.7 - NWSSP_Management_Letter_2017_18 Final.pdf
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- 8.1 Any Other Urgent Business (Verbal) - Chair
- 8.2 Date of Next Meeting: Thursday 15 November 2018 - Boardroom NWSSP HQ, Nantgarw



MINUTES OF THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)- PART 1

THURSDAY 21st JUNE 2018

10:00 – 13:00

NWSSP HQ, BOARDROOM

Present:

Attendance	Designation	Health Board / Trust
Margaret Foster (MF)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Jo Davies (JD)	Director of Workforce and Organisational Development (DWOD)	Cwm Taf UHB
Steve Elliott (SE)	Director of Finance (DOF)	Welsh Government
Geraint Evans (GE)	Director of Workforce and Organisational Development (DWOD)	Aneurin Bevan UHB
Steve Ham (SH)	Chief Executive Officer (CEO)	Velindre NHS Trust
Pete Hopgood (PH)	Deputy Director of Finance	Powys THB
Chris Lewis (CL)	Deputy Director of Finance	Cardiff & Vale UHB
Denise Roberts (DR) (VC)	Financial Accountant: Tax And Capital	Betsi Cadwaladr UHB
Huw Thomas	Deputy Director of Finance (DOF)	Hywel Dda UHB
Chris Turley (CT)	Dep Director of Finance	WAST
Melanie Westlake (MW)	Board Secretary and Head of Corporate Governance	Public Health Wales
Robert Williams (RW)	Director of Corporate Services & Governance / Board Secretary	Cwm Taf UHB

Julian Quirk(JQ)	Head of Workforce Localities and Systems	ABMU
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of Workforce and Organisational Development (DWOD)	NWSSP
Peter Stephenson (PS)	Head of Finance and Business Development	NWSSP
Helen Thomas (HT) Item 2.1	Deputy Director Workforce Solutions	NWSSP
Simon Cookson (SC) Item 3.3	Director of Audit & Assurance	NWSSP
Maria Newbold (MN)	Secretariat	NWSSP

*** VC – denotes attendance via video conference**

1. PRELIMINARY MATTERS												
WELCOME AND INTRODUCTIONS												
No.	Minute	Action										
1.1	<p>The Chair welcomed everyone to the June 2018 Shared Services Partnership Committee (SSPC) meeting.</p> <p>The Chair welcomed Gareth Hardacre the newly appointed Director of Workforce and Organisational Development for NWSSP to his first Committee meeting.</p>											
APOLOGIES FOR ABSENCE												
1.2	<p>Apologies of absence were received from the following:</p> <table><tr><td>Peter Lewis</td><td>BCU</td></tr><tr><td>Hazel Robinson</td><td>ABMU</td></tr><tr><td>Eifion Williams</td><td>Powys THB</td></tr><tr><td>Darron Dupre</td><td>Staff side</td></tr><tr><td>Jacqui Maunder</td><td>NWSSP</td></tr></table>	Peter Lewis	BCU	Hazel Robinson	ABMU	Eifion Williams	Powys THB	Darron Dupre	Staff side	Jacqui Maunder	NWSSP	
Peter Lewis	BCU											
Hazel Robinson	ABMU											
Eifion Williams	Powys THB											
Darron Dupre	Staff side											
Jacqui Maunder	NWSSP											
DECLARATIONS OF INTEREST												
1.3	No declarations were received.											
UNCONFIRMED MINUTES OF THE MEETING HELD ON 27 th MARCH 2018												
1.4	The unconfirmed minutes of the meeting held on 27 th March 2018 were agreed as a true and accurate record of the meeting.											

	No discrepancies were raised.	
ACTION LOG		
1.5	Members NOTED the updates provided and ENDORSED the Action Log.	
MATTERS ARISING		
1.6	No further matters were raised	
2	DEEP DIVE	
HIRE to RETIRE		
2.1	<p>Members received an informative presentation on NWSSP's Hire to Retire project from Helen Thomas, Deputy Director of Workforce Solutions.</p> <p>Members NOTED that some organisations were not using the Electronic Staff Record (ESR) portal to its full capacity. The ESR Team were supporting organisations to load the required e-learning modules from the core skills training framework on to ESR to enable managers to generate reports to monitor compliance levels across different areas.</p> <p>The Chair suggested that DWODs should consider introducing a forum to review business intelligence from the ESR system to support determining what training was required at a local level.</p> <p>Members NOTED that a new hub would soon be launched to support resolving queries received from Health Boards/Trusts and should any issues arise concerning the hub they should be addressed to Helen Thomas in the first instance to escalate them with IBM.</p> <p>The Chair advised that that the work of the team should not be under-estimated, given the impressiveness of the system.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update 	
3. CHAIR AND MANAGING DIRECTOR'S REPORT		
CHAIR'S REPORT		
3.1	<p>A verbal update from the Chair was received.</p> <ul style="list-style-type: none"> • Visits to Health Board's/Trusts - the Chair advised that she had recently undertaken visits to Public Health Wales (PHW) and Powys Teaching Health Board (PTHB). Feedback received from the visits had been positive, however there was increasing anxiety concerning building safety compliance for NHS sites following the Grenfell Tower Fire in West London in 2017. The Chair advised that NWSSP had responded to the Welsh 	

	<p>Government's independent review concerning building regulations and fire safety compliance across the NHS Wales estate following the Grenfell fire inquiry; and that the Specialist Estates Services (SES) team had provided an assurance that no building meeting the priority criteria had been found to have Aluminum Composite Material (ACM) cladding.</p> <ul style="list-style-type: none"> • Parliamentary Review of Health and Social Care in Wales - The Chair advised that she had attended several events focussed on the Welsh Government's response to the "Parliamentary Review of Health and Social Care in Wales" report and noted that the Welsh Government's formal response to the Review of Health and Social Care in Wales was published in June 2018 and made reference to the need to review the governance arrangements for hosted bodies in NHS Wales. • Bridgend Transfer - The Chair advised that the Welsh Government had recently announced that following the consultation on proposals to transfer healthcare services for people in the Bridgend Council area to Cwm Taf University Health Board (CTUHB) from Abertawe Bro Morgannwg University Health Board (ABMU) that it has been agreed that Bridgend should transfer to CTUHB. NWSSP will assist the Transition Programme Board to progress in completing the transfer by April 2019. • Standing Orders Voting on Funding – The Chair advised that that she had received a letter from Welsh Government outlining that they were considering amending the standing orders for the Welsh Health Specialised Services Committee (WHSCC), the Emergency Ambulance Services Committee (EASC) and NWSSP in relation to the voting arrangements for funding contributions. The issue had originally arisen from WHSCC and EASC and was not currently an issue for NWSSP. For completeness, the Cabinet Secretary for Health & Social Services had included NWSSP in the consultation given its hosted body status. It was agreed that the Chair would issue a response on behalf of the SSPC and a copy would be circulated to all members. <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update 	MF
MANAGING DIRECTOR'S REPORT		
3.2	<p>The verbal report from the Managing Director, NWSSP was received.</p> <p>The update included:</p>	

- **Health Education and Improvement Wales (HEIW) Update** - Members **noted** that the HEIW Board had appointed to several senior roles and that:
 - Stephen Griffiths, Director of Workforce Education and Development Services (WEDS), NWSSP had been appointed as the Director of Nursing.
 - Professor Pushpinder Mangat, Deputy Medical Director, ABMU had been appointed as the Medical Director
 - Danielle Neale, Finance Director Avon and Somerset Probation had been appointed as the Director of Finance & Corporate Services
 - Dafydd Bebb, Solicitor, NWSSP had been appointed as the Board Secretary

Staff currently employed in the WEDS department, NWSSP, the Wales Deanery and Welsh Centre for Postgraduate Pharmacy Education (WCPPE) will transfer across to HEIW under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) process and formal letters had been issued to all staff concerned. A recruitment exercise to appoint a substantive Chair for HEIW was due to commence. The main HEIW building located at Ty Dysgu, Nantgarw was on track to be operational by the end of September 2018.

- **National Improvement Programme (NIP) update** – the ongoing work of the NHS Wales Chief Executives National Improvement Programme (NIP) was progressing and had received much interest from the National Assembly for Wales' Public Accounts Committee (PAC), and a review has led to a consensus around the Valley Wales Development, and support has been received from Ministers for training and the development of talent pipelines.
- **Prudent Procurement** - The Prudent Procurement Programme is continuing, and identified that additional resource is required to support the Surgical Materials Testing Laboratory (SMTL). The project management arrangements have been amended to support this requirement.
- **National Procurement Service (NPS) update** - Reviews were still being gathered and consensus had not yet been achieved. The aim had been to ascertain an idea of a national approach around the system, however it has been identified that there was a more pressing need for local support to be put in place for some elements.

	<ul style="list-style-type: none"> • Matrix House, Swansea update – In April 2018 a group of travellers set up an unauthorised encampment in the car park at NWSSP's Matrix House site in LLansamlet, Swansea. Whilst on site extensive damage was caused to the building, vehicles, CCTV system and ground floor windows, which cost the public purse a considerable amount. The travellers did not gain access to the second or third floors that NWSSP occupy. They attempted to extort money from the landlord to leave the site and the police and fire service were called out on numerous occasion to address anti-social behaviour including fires being started in the car park. One arrest was made and a court order was obtained to remove them from the site. The incident demonstrated that there were effective business continuity plans in place to deal with emergency situations. A thank you was extended to ABMU who were proactive in supporting NWSSP's ability to conduct business as usual. • Life Sciences Hub, Cardiff – an invitation had been received to attend an event to launch the new focus of The Life Sciences Hub in Cardiff Bay which had recently revised its remit to cover health technology in Wales. <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update 	
INTERNAL AUDIT STRATEGY		
3.3	<p>The report providing an update on the Internal Audit Strategy was received.</p> <p>SC provided an update on progress in finalising the Internal Audit Strategy. The strategy is focussed on the 4 key areas of: people, coverage, technology and quality. Members noted that the risk profile across different NHS bodies had changed and that it was important to focus on high-risk areas and balance resources appropriately. The final strategy document was to be presented to the next Committee meeting for formal approval.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update 	SC
4. ITEMS FOR APPROVAL/ENDORSEMENT		

ANNUAL REVIEW 2017-2018		
4.1	<p>The Annual Review 2017-2018 report was received.</p> <p>AB presented the draft Annual Review 2017-2018 document and advised that it provided a summary of NWSSP's performance against its Integrated Medium Term Plan (IMTP) and outlined key achievements over the last year.</p> <p>The draft document was being reviewed by the Senior Management Team (SMT) and would be finalised by the end of June 2018. The Committee were requested to send any comments or feedback on the draft document to him directly by the 29th June 2018.</p> <p>MF highlighted the "Overarching Goals" section on page 9, and stated that it was important that there was strong focus on NWSSP's aim to make efficiency savings so that money could be reinvested and returned to the NHS in Wales.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
HEALTH & CARE STANDARDS SELF-ASSESSMENT 2018		
4.2	<p>The report providing an update on the annual self-assessment against the Health and Care standards framework was received.</p> <p>AB presented the report and the completed self-assessment schedules against the individual standards. Members noted that the SMT had been consulted and had contributed to the completion of the information to ensure that it fully reflected the diverse work of the NWSSP.</p> <p>Members NOTED that the overall self-assessment rating had been assessed as an overall rating as a 4, but could also possibly be a 5.</p> <p>AB asked the Committee regarding the terms of the amount of documents that have been submitted if they would approve the self-assessments.</p> <p>A question was asked as to what are the big things that NWSSP has learnt by doing the self-assessments and what is being done about it. It was noted that a lot of good is being done at present and NWSSP will make sure that others get the full benefit of what we are doing. The focus is about how we interface with health boards and trusts.</p>	

	<p>It was noted that even though the documents had a lot of information there was no actual action plan or work plan to work towards. It was agreed that this would be presented at the next meeting.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
5. PROJECT UPDATES		
UPDATE ON LAUNDRY REVIEW		
5.1	<p>The report on progress in obtaining support for the Laundry Services Review to progress to a full business case was received.</p> <p>NF presented the report and advised that a letter had been issued to the Chief Executive Officers across the Health Boards (HB's) and Trusts in Wales, informing them on progress with the direction of the project and associated work areas that were also being explored.</p> <p>Members NOTED that the Financial elements of the project were being resolved and that the financial figures were being analysed to identify how to fund the financial gap.</p> <p>Members NOTED that to date, no adverse responses had been received from HB's/Trusts concerning the project and that a further update would be provided at the Committee meeting in September.</p> <p>A query was raised in relation to the remit of the Committee overseeing the project, and members noted that it had been agreed at a previous Partnership Committee meeting that the Committee would be given regular updates on progress with the project and the opportunity to discuss any issues concerning standards and management arrangements as the project progressed.</p> <p>NF advised that project was included within the NIP work programme which had been endorsed by the Welsh NHS Confederation and that it had been agreed that before the final decisions were made all HB's would be asked to agree to NWSSP taking the laundry process forward on their behalf. The final business cases were in the process of being agreed and the Cabinet Secretary for Health and Social Services was supportive of the project.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	NF

CATERING REVIEW		
5.2	<p>The report providing an update on the Catering review project was received.</p> <p>NF presented the report and advised that positive progress had been made and numerous discussions had been held on the future of catering services, including dialogue with the National Assembly for Wales' Public Accounts Committee (PAC).</p> <p>A Project Manager was in place to manage the project lifecycle. To date two workshops have been held to discuss catering requirements, both of which were well attended. It was hoped that a trial of one product would be run in Cardiff & Vale UHB.</p> <p>Members NOTED that NHS Scotland had run a similar programme and it was hoped that NHS Wales could utilise the same framework that they have implemented.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
PHARMACY SERVICE SUPPLY CHAIN UPDATE		
5.3	<p>The report providing an update on the Pharmacy Service Supply Chain Review was received.</p> <p>NF presented the report and advised that the NHS Wales Efficiency and Healthcare Value Group had recommended that work be undertaken to explore the potential gains that could be achieved from reconfiguration of the pharmacy supply chain in line with the principle recommendations in Lord Carter's report on "Operational Productivity and Performance in NHS England". Following the recommendation, the Director General of Health and Social Services/Chief Executive, NHS Wales, wrote to NWSSP requesting that they manage the Pharmacy Service Supply Chain Review project and work with other NHS partners to identify resource to undertake the scoping work and to make recommendations to the NHS Efficiency and Healthcare Value Group.</p> <p>Members NOTED that NWSSP had held discussions with the Heads of Pharmacy across NHS Wales, and it had been agreed that efficiency savings made in year will be utilised to fund the project. It is estimated that the costs could be</p>	

	<p>in the region of £200k, which includes staff who are required to assist for at least one day a week.</p> <p>Members NOTED that it was agreed that when the process was up and running an application for "Spend and Save" would be submitted. It was noted that there were no anticipated projected savings to be made on the project, however NHS England had saved money by undertaking the same process, therefore any savings identified would be applied.</p> <p>A query concerning the outsourcing of dispensing services was raised and NF advised that it was a possible option to eradicate any possibility of duplication of work.</p> <p>The Chief Pharmacists group had nominated Andrew Evans as the Senior Responsible Officer (SRO) for the project and will look at the biggest opportunities, and ensure that appropriate staff are involved.</p> <p>SH stated it was not clear if dispensing services was included in the scope of the project from the documentation provided and that clarification was required on the timeline. NF advised that there was a need for more clarity and that he would seek clarification in relation to the two points raised.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • ENDORSE the project initiation phase which will include appointment of a Project Executive and a Project Board and completion of baseline analysis; • DISCUSS additional nominations to the Project Board in addition to those already proposed in this report; • DISCUSS and identify resources to support the commencement of a qualitative baseline analysis exercise. 	NF
PROJECT MANAGEMENT OFFICE (PMO) SUMMARY		
5.4	<p>The report providing an update on the work of the PMO was received.</p> <p>Members NOTED that there were 21 on-going projects and that the PMO Team was fully established and comprised of five enthusiastic team members.</p> <p>Members queried if the PMO resource was solely for NWSSP and whether there was scope to extend the support to Health Boards (HB's) and Trusts. NF advised that the skill base of the team could be developed enabling them to be able to provide support to HB's/Trusts, however the</p>	

	<p>arrangement would require a commitment from the HB's, to support financing the team.</p> <p>A further update on the progress made by the PMO team would be presented at the next meeting.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update report 	AB
6. GOVERNANCE, PERFORMANCE AND ASSURANCE		
INTEGRATED MEDIUM TERM PLAN (IMTP)		
6.1	<p>The report providing an update on progress with the Integrated Medium Term Plan (IMTP) and a summary of the lessons captured to inform planning processes within NWSSP was received.</p> <p>AB advised that as part of the annual planning cycle NWSSP undertakes a lessons learnt review each year to ensure that planning processes were continuously being developed. For the 2018 review, a questionnaire was issued to each planning lead within each division and the feedback was considered by the SMT at an IMTP workshop to horizon scan for future opportunities and challenges over the next 3 years.</p> <p>AB advised that developing the IMTP was a continuous process and that the plan was updated continuously.</p> <p>Members NOTED that the IMTP had been approved by the Senior Management Team (SMT), the Audit Committee and Welsh Government.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the review process for the Integrated Medium Term Plan (IMTP) 2018-2021 and the lessons learned for the 2019-2022 planning process 	
CORPORATE RISK REGISTER		
6.2	<p>The report providing an update on the Corporate Risk Register was received.</p> <p>PS presented the corporate risk register and advised that the register had been split into two sections, to outline risks for action to be taken; and risks that were being monitored.</p> <p>Members NOTED that there were currently 13 risks for action, one of which was assessed as a "red" risk. Five new risks had been added to the register.</p>	

	<p>Members NOTED that there were four risks for monitoring, and that all risks were discussed at the Audit Committee and were reviewed monthly by the SMT.</p> <p>Members NOTED that one of the risks highlighted concerns relating to payroll and pay awards, and AB advised that the issue would affect the staff involved in the transfer of healthcare services in the Bridgend Council area to Cwm Taf University Health Board (UHB) from Abertawe Bro Morgannwg University Health Board (ABMU). NWSSP had received a number of calls from staff enquiring when they would be affected and a communication had been issued to staff advising them to contact their staff side representatives for further information.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
WELSH RISK POOL FINANCIAL POSITION		
6.3	<p>The report providing an update on the Welsh Risk Pool (WRP) Financial Position was received.</p> <p>AB presented the report and advised that the forecast outturn position was £105m. However, Welsh Government (WG) had requested that the annual spend was in the region of £106m to £106.7m. An assurance had been received from WG that it would underwrite this position and that the risk sharing agreement would not be invoked. As at the end of the financial year, the final position was £106.5m This was slightly higher than anticipated, however there was an opportunity to settle additional claims before the end of the financial year, which impacted on the actual figure.</p> <p>Members NOTED that the volume of Annually Managed Expenditure (AME) claims had increased in year amounting to £1B. The volume of claims had dropped due to a number of cases being reclassified. Cases which involved extra documentation being requested and not received were not included in the figures.</p> <p>MF expressed concern that the data was not accurate and advised that the information should still be recorded for reporting purposes.</p> <p>The projected out turn for this year has not been confirmed as yet.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	

ANNUAL GOVERNANCE STATEMENT 2017 – 2018		
6.4	<p>The Annual Governance statement for 2017-2018 was received.</p> <p>PS presented the report and advised that a draft document had been presented to the last Committee meeting and that the SMT and Audit Committee had also received the report.</p> <p>Members NOTED that feedback received had been positive and no limited assurance ratings had been given during the reporting period. Members NOTED that excellent results had been achieved from the Environmental Impact Assessment (EIA) audit and output figures for carbon footprint had decreased.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
FINANCE & PERFORMANCE REPORT		
6.5	<p>The report from the Director of Finance & Corporate Services summarising the latest financial position and key performance indicators (KPIs) was received.</p> <p>NWSSP reported a £28k surplus at the close of Month 12 after taking into account a cash distribution of £2m (750k budget) and brokerage of £1m. This was in line with the target set in association with our host. This equated to 0.01% of the annual allocation.</p> <p>Committee members reviewed and discussed performance as part of the scrutiny process.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
RESULTS OF THE COMMITTEE EFFECTIVENESS SURVEY 2018		
6.6	<p>The report providing an update on the results of the Committee-Self assessment survey was received.</p> <p>AB reported that 9 respondents had completed the survey and that overall the feedback was positive.</p> <p>Members NOTED some minor areas whereby consideration could be given to reviewing existing practice and actions would be taken to address these.</p> <p>At the end of the document, specific comments were raised such as the number of papers that are included within meetings such as SSPC.</p>	

	<p>It was suggested that the Committee report cover sheet was effective, however it could be modified to include the approval route to demonstrate effective governance. An action plan to address the areas identified for development will be presented to a future meeting.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	PS
7. ITEMS FOR INFORMATION/DISCUSSION		
RISK PROTOCOL		
7.1	<p>The report providing an update on the Risk Protocol was received.</p> <p>PS presented the report and advised that the Risk Management Protocol had recently been updated to align to the Velindre NHS Trust policy.</p> <p>It was highlighted that the cover report stated that the protocol would be reviewed at quarterly SSPC meetings, and the reference should be changed to reflect that SSPC meeting were held more frequently.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
ANNUAL REPORT ON COMPLAINTS 2017-2018		
7.2	<p>The Annual Report on Complaints received in 2017-2018 was received.</p> <p>PS presented the report and advised that 14 complaints were received in 2017-2018, which was an increase from the 7 received in 2016-2017.</p> <p>Members NOTED that the majority of the complaints related to matters concerning Employment Services and pay & conditions.</p> <p>Members NOTED that 10 of the 14 complaints received were responded to within the 30-day target response rate.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
ANNUAL REPORT GIFTS AND HOSPITALITY		
7.3	<p>The report providing an update on declarations of Gifts and Hospitality during 2017-2018 was received.</p>	

	The Committee RESOLVED to:	
	<ul style="list-style-type: none"> • NOTE the report 	
PHARMACY REBATE SCHEME		
7.4	<p>The report providing an update on the Pharmacy Rebate Scheme was received.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
COUNTER FRAUD OPERATIONAL PLAN 2018-2019		
7.5	<p>The report providing an update on the Counter Fraud Operational Plan for 2018-2019 was received.</p> <p>AB presented the report and advised that the Counter Fraud Operational Plan for 2018-2019 had been presented to the NHS Wales Counter Fraud Steering Group and had been agreed by the Audit Committee.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	
AUDIT COMMITTEE HIGHLIGHT REPORT		
7.6	<p>The Audit Committee Highlight Reports were received.</p> <p>AB presented two separate Audit Committee highlight reports as two meetings had been held since the last SSPC meeting.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the reports 	
8. OTHER MATTERS		
Any Other Urgent Business		
8.1	No other business was discussed	
Date of next meeting		
8.2	<p>Date of Future Meetings:</p> <p>20th September 2018, Boardroom, NWSSP HQ, Nantgarw</p> <p>15th November 2018, Boardroom, NWSSP HQ, Nantgarw</p>	

Item 1.5

ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

UPDATE FOR 20th SEPTEMBER 2018 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPT 2018
1.	SSPC/3/18	27 March 2018	Welsh Language Standards [No7.] Regulations 2018 NWSSP to work with NHS Welsh Language Officer's group over the next 6 months to assess what support they may require in future; and that an update report be brought back to the Committee in 6 months' time outlining a way forward to reduce duplication of costs with a view to delivering a "Once for Wales" approach to bilingual services	NF/JM	September 2018	On-going Draft business case produced. Additional translator resource recruited and initial discussion with one NHS body to discuss provision of translation services.
2.	SSPC/3/18	27 March 2018	National Health Applications and Infrastructure Services (NHAIS) – replacement Business Case on the options for replacing the NHAIS system to be considered by Committee.	NF/DH	September 2018	On-going Draft business case produced – final figures awaited from Northern Ireland.
3	SSPC/6/18	21 June 2018	Standing Orders Voting on Funding It was agreed that the Chair would issue a response on behalf of the SSPC and a copy would be circulated to all members.	MF	September 2018	Completed

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPT 2018
4	SSPC/6/18	21 June 2018	Internal Audit Strategy The final strategy document was to be presented to the next Committee meeting for formal approval.	SC	September 2018	On-going Will be on agenda for November meeting.
5	SSPC/6/18	21 June 2018	Healthcare Standards An action plan would be presented at the September meeting.	PS	September 2018	On agenda
6	SSPC/6/18	21 June 2018	Laundry Review Update Further update to be provided to the Committee at its September meeting.	NF	September 2018	On agenda Update to be provided as part of MD's briefing.
7	SSPC/6/18	21 June 2018	Pharmacy Service Supply Chain Update Clarification required on whether dispensing services are included in the specification and on timeline for completion.	NF	September 2018	Completed Scope includes dispensing of medicines for outpatients and high cost medicines for the Homecare Service and Community Pharmacy. The timeline for option selection is March 2019 but the final end date will depend on the option selected.
8	SSPC/6/18	21 June 2018	PMO Summary Further update to be provided to the September meeting.	AB	September 2018	On agenda

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPT 2018
9	SSPC/6/18	21 June 2018	Committee Effectiveness Survey An action plan to address the issues identified in the survey will be brought back to a future meeting.	PS	November 2018	On-going but not yet due.
10	SSPC/6/18	21 June 2018	Risk Management Protocol The document needs updating to show the meetings of the SSPC as bi-monthly rather than quarterly.	PS	September 2018	Complete

NWSSP

GP Specialty Registrar Trainees – Progress Update Report

Summary

This report provides an update on the progress made with the employment and training arrangements of the GP Registrar trainees. It also outlines some further opportunities to continue the development of the service, and is intended to inform a basis for further development of the service.

Background

Historically, the employment arrangements for GP Registrars in Wales were fragmented between the 7 Health Boards and 154 GP Practices resulting in a lack of consistency and continuity. Recruitment and retention of medical staff (and particularly GP's) remains a key priority for NHS Wales. It is recognised that many factors influence a GP trainee's choice of Deanery; one key area is the ability to have a consistent, single employer through training. Recent years has seen a 12% reduction in the volume of applications for GP training schemes in Wales. GP Trainees have complained of fragmented employment arrangements, whereby they would be enrolled and have their contract ended on multiple occasions. This impacted on their ability to obtain mortgages and hamper their eligibility for benefits such as childcare vouchers.

A single lead employer arrangement was introduced to support the All Wales Primary Care agenda with the ultimate aim of improving the ongoing future recruitment and retention of GP's within NHS Wales. The NHS Wales Shared Services Partnership (NWSSP) obtained approval in April 2014 from the Welsh Government to introduce a pilot as the single lead employer which was to be implemented by February 2015. The new employment arrangement was introduced over a staggered period during 2015. Phase 1 took place on 4th February 2015 whereby 111 GP trainees who commenced their GP training in August 2014 were employed by NHS Wales Shared Services Partnership. Phase 2 took place on 5th August 2015, whereby 108 Year 1 GP trainees were employed.

Due to the success of the pilot, Welsh Government provided approval in July 2015 to transfer the remaining trainees employed under the old arrangements to the Single Lead Employer. Therefore an additional 198 trainees were employed from 5th August 2015.

Collaboration with the Deanery has been critical in ensuring that NWSSP provide a professional workforce service to GP trainees and host organisations. A fundamental source of support for NWSSP has been the BMA and GPC Wales who were fully engaged throughout the implementation phase and beyond. Welsh Government were also fully involved and supportive of the initiative.

NWSSP¹ officially employ all GP Trainee Registrars in Wales on a central employment contract and manage the rotations between Health Boards/Trust and GP Practices for the duration of the training programme.

¹ On behalf of Velindre NHS Trust – the employing organisation

NWSSP provides Employment Services (Recruitment and Payroll Services) to all Health Boards and Trusts in NHS Wales. As such the GPSTR Medical Workforce Team do not have to co-ordinate with external agencies in the recruitment and administration of payroll as the Single Lead Employer as these services are 'in-house'.

Current Service

The GPSTR Medical Workforce Team currently manage the employment of approximately 420 GPST Registrars providing a comprehensive workforce service across Wales. 65 GP Trainees are due to qualify in July/August and leave the training programme, with a further 110 planned to join the scheme. It is therefore anticipated that circa 470 GP Trainees will be managed by NWSSP on behalf of the Health Boards and GP practices.

The employment relationship is underpinned by:

- Contractual arrangements and terms and conditions are in place which to govern the new employment relationship between Lead Employer, Host organisations (Health Boards, Trusts, GP Training Practices) and GP Trainees.
- Dedicated, expert legal advice is provided in house by employment lawyers from NWSSP Legal & Risk services
- Service Level Agreements have been created (NWSSP/Deanery/Health Boards and Trusts and GP Training Practices) to provide clarity on roles / responsibilities. This has also provided the basis for sound governance arrangements between the stakeholders.
- Operational staff management and work flow arrangements between NWSSP and all Host organisations are in place, and working well.
- Financial flow arrangements have been agreed, to include costs associated with trainee salaries and other employment costs, e.g. travel expenses and relocation costs. This has removed duplication and streamlined the processes
- As a result of the GP trainees being NHS employees they have the benefit of indemnity cover from the Welsh Risk Pool. Arrangements have been established to provide indemnity cover at an appropriate level for GP trainees when working in GP practices, therefore limiting the liability to actions or omissions of the trainee.
- NWSSP deal with the financial arrangements for all GP practices in Wales. The Medical Performers List (MPL) is also hosted by NWSSP. Having NWSSP as the single lead employer enables considerable knowledge and experience of the organisation to continue to be utilised in administering the complexities of the MPL and all training payments and grants are dealt with within one organisation.

Achievements & Efficiencies

The following is a list of efficiencies/achievements of the Single Lead Employer arrangements at NWSSP:

- Reduced duplication and variation through one set of pre-employment and occupational health checks, and contracts of employment developed in partnership with the BMA releasing efficiencies within host organisations. These checks are now undertaken by the Employment Services Team in NWSSP, utilising their economy of scale and best practice. This also eradicates the need to redo the checks when moving between Health Boards / GP practices. This ensures safe recruitment processes are undertaken and duplication of employment

checks is eradicated. This benefits GP trainees (one single exercise), and Health Boards (they no longer have to undertake this).

- Improved data quality between the Deanery Intrepid system and ESR, ensuring the movement of trainees through rotations is streamlined.
- One Medical Workforce and Payroll function within NWSSP has unlocked capacity amongst various host departments, ensuring trainees; BMA and practice managers have consistent expert advice.
- Changes with indemnity cover have resulted in savings of £350k.
- Robust employment information shared with the Deanery ensures trainees undertake the appropriate amount of training within RCGP guidelines.
- The utilisation of the interface between ESR and Intrepid has been integral in streamlining the enrolment and continuous employment processes.
- Close partnership working has been developed between NWSSP and the Deanery. This has allowed the Deanery to focus on the regulatory and training & education issues, whilst NWSSP have been able to provide a “one stop shop” approach in managing the employment relationship of the GP Trainees.
- The single employer avoids the Deanery having to interface with multiple employers across Wales ensuring the Deanery’s time and effort is focussed on the Trainees and their development, rather than being engaged in administrative and employment concerns.
- Qualified GP’s who are returning to practice are engaged by NWSSP under a Contract for Service in accordance with the GP Returner Scheme. The Scheme offers a supervised general practice of up to 6 months whole time equivalent within one of the GP Further Training Practices.
- A localised Occupational Health service is available, whereby trainees can access the service whilst in both Health Board and GP practice.
- The provision of a professional, high quality HR service is provided throughout the entirety of the trainees’ employment. The current transactional work is successful because those managing the pay and expenses are supported by an experienced workforce team. Complex cases require expert advice to be managed effectively. In addition there is a consistent approach to such areas as sickness, maternity and any employee relations issues. This advice can also be accessed via an email advisory service - HR Contact Point. This also removes any barriers to wider benefits for GP Trainees e.g. salary sacrifice benefits, and access to NWSSP Employee Assistance Programme.
- Has protected the Independent Deanery role in hearing reviews or appeals lodged by a GP trainee against an adverse ARCP outcome, by separating this from the employment function undertaken by NWSSP. Where issues do arise, there is one source of employment advice, providing consistency of approach.
- Allows NWSSP to manage all employment issues consistently, with direct access to Legal & Risk advice and support – protecting against future employment claims
- Access to on line pay slips via the Electronic Staff Record for all GP trainees, with access available on their mobile devices via the ESR app.
- NWSSP also administer the contractual arrangements and payments for the universal and targeted incentive schemes. Individuals who start their first post of their GP training programme in the 2017 and 2018 calendar years, and those who start in February 2019, in one of the targeted areas in Wales will be eligible for both the targeted and universal

incentives. GP trainees who start their first post of their GP training programme in the 2017 and 2018 calendar years and those who start in February 2019 in Wales, but outside one of the targeted areas, will only be eligible for the universal incentive.

- Implementation of the 4 year programme for Global Health Trainees (an additional recruitment attraction for some candidates) – one trainee is currently on a placement and 3 are due to go on placement to South Africa in August 2019.
- Through a combination of the HR resources in the Workforce team and from Employment Services team who manage the Single Point of Contact for the WG campaign; Welsh interests will be represented at Royal College of GP's annual conference in Glasgow by NWSSP staff, who will manage the WG Recruitment stand.

Quotes from stakeholders and service users:

'The new arrangements has allowed us to concentrate on our own area of expertise i.e. the management of medical education and training, safe in the knowledge that the GP trainees and members of the wider GP training community have easily accessible, robust HR support'.

Mary Beech, Organisational Lead, Wales Deanery.

"Practices report that they have had excellent (workforce) advice on issues, many of which are sensitive in nature and not frequently experienced in practices, hence access to expert advice and guidance is valued" **Charlotte Jones, Head of GPC Wales.**

"The lead employer is far easier than I expected it to be. Despite being implemented at short notice, relevant information reached us in good time and continues to do so. Queries have been responded to quickly" **Timothy Conway, Practice Manager**

"The customer services of the NWSSP remains unrivalled in my 6 postgraduate years. I'm continually surprised at the speed at which you guys reply to correspondence and usually resolve issues or get the ball rolling" **GP Trainee**

To further enhance the attractiveness of the employment offer to all Medical and Dental Trainees NWSSP successfully applied to the Home Office in 2016 to become the lead sponsor for Tier 2 Certificates of Sponsorship. This has facilitated portability of Sponsorships saving the Health Boards and Trusts as well as the Trainees significant costs and has enabled Trainees to make decisions based on training needs rather than on costs of new Visa applications.

"The centralisation of Certificate of Sponsorships within NWSSP has been of significant value for Health Boards both in terms of removing duplication of administrative tasks and also providing a more attractive employment offer to international Medical Trainees. The project has made our lives easier and NWSSP are now a source of expertise for us to draw on." - **Liz Taylor, Medical Workforce Manager, Aneurin Bevan University Health Board**

The success of this project as well as the Lead Employer status for GP Trainees has demonstrated the ability of NWSSP to add significant value by streamlining transactional processes and provides a positive platform to undertake a centralised approach for the Recruitment On boarding and right to work checks for all Medical and Dental Trainees.

Further opportunities

Further utilisation of the functionalities of ESR for both Employee and Manager Self Service, will help the GP Trainees and Practice Managers to access digital solutions that are already being used in the wider workforce. This would include the streamlining of Core Statutory and Mandatory training requirements, to ensure that the GP Trainees competencies are captured throughout their programme and held electronically in ESR.

Further support/training will be provided to Health Board and GP Practice Managers in managing sickness absence at informal stages of the policy. This will allow for a consistent management process of individuals as the employment history is retained within NWSSP, protecting HB's and NWSSP whilst also supporting the GP Trainees.

Following requests from GP Practices enquiring how NWSSP can help with sponsoring/employing a doctor after their training has completed the NWSSP Employment Services team is currently in discussion with the Home Office to extend the Lead Sponsor arrangements to Primary Care.

The standardisation of Payroll process for all Medical and Dental Trainees in the same way as undertaken for GP Trainees would also lead to reduced administrative activity and a streamlined transition across Health Board and Trusts boundaries during the training programme.

Given the linkages to the Train Work Live campaign, a further planned development is to grow the facility to signpost GP Trainees to available vacancies as their training contract is nearing completion. This would allow us to seamlessly "jobmatch" the qualifying GP's to the vacancies that are available (which could extend to replacing locum positions), hence making the process more streamlined and less stressful for the GP's and Practices.



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Workforce Education & Development Services – Legacy Report

ARWEINYDD: LEAD:	Jayne Dando Head of Workforce Strategy & Planning
AWDUR: AUTHOR:	Jayne Dando Head of Workforce Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Jayne Dando Head of Workforce Strategy & Planning

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

To request approval for the legacy statement in preparation of the transfer of responsibilities to HEIW wef 1 October 2018.

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:

Responsibilities for Workforce Education and Development will transfer from NWSSP to Health Education and Improvement Wales (HEIW).

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
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Argymhelliad/ Recommendation	The Committee is asked to APPROVE the statement.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	The approach to WEDS ensures that equality and diversity considerations underpin its delivery.
Cyfreithiol: Legal:	Legal considerations have been taken into account where applicable.
Iechyd Poblogaeth: Population Health:	The delivery of WEDS is designed to benefit the population of Wales through a better resourced and skilled workforce.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The promotion of higher quality, improved safety and a better patient experience underpins the delivery of WEDS. .
Ariannol: Financial:	Financial considerations have been taken into account where applicable.
Risg a Aswiriant: Risk and Assurance:	This statement helps to manage the risks of transferring the service from NWSSP to HEIW.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Standard 1.1 Health Promotion, Protection and Improvement
Gweithlu: Workforce:	The delivery of WEDS is designed to deliver a better resourced and skilled workforce.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.



Workforce Education & Development Services

NHS Wales Shared Services partnership

Legacy Report

1. Purpose

The purpose of this report is to provide a legacy statement for the transfer of NHS Wales Shared Services Partnership, Workforce Education & Development Services, (NWSSP, WEDS) to Health Education and Improvement Wales (HEIW).

The report covers the key elements of WEDS functions including education commissioning and contracting, the delivery of the NWSSP, WEDS Work Programme for 2018/19 and staff issues. The report highlights key work delivered in the first part of the year and highlights any potential risks for HEIW.

2. Introduction

Workforce, Education and Development Service is one of a wide range of functions currently delivered by the NHS Wales Shared Services Partnership. WEDS will transfer to Health Education and Improvement Wales on 1st October 2018.

NWSSP, WEDS manages the Health Professional Education and Training budget of £107m (2018/19) on behalf of the Welsh Government which demonstrates the significant investment the Welsh Government makes in the current and future workforce.

The core functions delivered by WEDS are:

- Workforce Planning (including horizon scanning)
- Workforce Intelligence/informatics (including pay modelling)
- Workforce transformation and redesign
- Education development, commissioning and contracting
- Careers service

WEDS delivers an annual Work Programme agreed by stakeholders (overseen by the WEDS Advisory Group) with a programme budget of £370,604.

3. Overall Financial Position

The financial position for the transfer including, the education commissioning budget, staff budget and work programme budget is detailed in a separate report. The financial position for this budget within NWSSP, up until the end of September 2018 will be balanced. A revised year-end forecast is currently being updated and this will reflect a year-end underspend

position. The budget was effectively set in July 2017 when NWSSP presented a range of fully costed commissioning options to the Strategic Education and Development Group (SEDG) chaired by the Welsh Government. The student commissions contained within those options are commencing education during September 2018.

As the new students are starting this month more student information is becoming available. However students have until the end of November to decide whether they are opting for a funded place (and thus the two year tie-in to work in Wales on graduation within the profession they trained) or whether to self-finance their study (via the traditional HEI funding route (student loans etc.).

An updated forecast is being compiled, but at this stage an underspend against the £106.9m budget of approximately £400k-£500k is expected. This is approximately 0.4% of the total budget and has occurred due to a number of factors including,

- A marginal rise in student attrition leading to fewer students in the system than budgeted
- A change in the HEI student funding model as a result of the implementation of recommendations following the Diamond Review has meant more students than initially anticipated have opted to self-fund
- On a few courses Universities are struggling to meet their commissioning targets for September 2018
- One or two new initiatives will be starting later than initially planned (for example the North Wales Masters in physiotherapy will start in January 2019 not September 2018)

An underspend is expected and planned for at this time of year each year and this provides HEIW the opportunity to address Service needs and priorities in its first six months. Any agreements surrounding the use of underspends has been traditionally agreed with the Welsh Government.

On the transfer of this Service from NLIAH (hosted by ABMU) to NWSSP (hosted by Velindre) a document was produced outlining the processes and procedures in place to provide assurances to the Velindre Board. This document will be made available to the HEIW finance staff and a decision can be made within HEIW whether there's value in updating this or whether the SFIs cover all aspects of the work.

In 2018 the financial management and contracting arrangements surrounding this area have been subject to an internal audit. This was deliberately built into the audit work plan as an extra piece of assurance on transfer to HEIW.

The report received substantial assurance, which is the highest rating. The definition is below.

“Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.”

4. Education Commissioning & Contracting

4.1 Planning & Commissioning Cycle

NWSSP, WEDS has in place an established annual cycle for education commissioning which is outlined in the following table.

Table 1: WEDS Annual Commissioning Cycle (summary)

Action	Timeline
Review of IMTPs and collate education commissioning numbers	January - March
Agree medical specialties for review with ASMWG	November
Undertake internal modelling, sense checking, intelligence gathering to inform plan	March - June
Sign off medical workforce recommendations at ASMWG	May
Engagement with key stakeholders including peer groups and trade unions.	June
Submission to Chief Executive Peer Group	July
Submission to National Executive Board	July
Submission to Strategic Education & Development Group	July
Inform HEIs required student training numbers for following year agreed by the Cabinet Secretary	Dec/January
Contract meetings with HEI providers to ensure delivery	Ongoing throughout year

At the time of transfer, NWSSP, WEDS has undertaken all relevant activities up to and including the development of the NHS Wales Education Commissioning and Training Plan for 2019/20 which has been submitted to Chief Executives Peer Group, National Executive Board, and the Strategic Education & Development Group. At the request of Welsh Government, for the first time, the plan combined the medical and non-medical education commissioning recommendations.

Additional narrative has subsequently been provided to CEOs as requested at their meeting and noted by the National Executive Board.

There will be significant challenges in relation to maximising efficiencies in terms of the education budget as the increase in student numbers in 2015/16, 2016/17 and 2017/18 will be fully realised in the budget requirements for 2018/19 and this will require scrutiny and careful management.

4.2 Education Contracts

Contracts are in place with the following universities:

- Bangor University
- Cardiff Metropolitan University
- Cardiff University
- Glyndwr University
- Swansea University

- University of South Wales

Contracts were in place from August 2013 until July 2018. A Voluntary Ex Ante Transparency Notice (VEAT) was placed and the contracts have been extended up to July 2021. A detailed advice note was produced by WEDS to support this action and legal advice was provided by the NWSSP Legal Services team.

The confirmation of this action was formally signed off via the relevant governance processes within both NWSSP and Velindre NHS Trust. Formal extension of contract letters have been issued to the provider universities to confirm this action. A risk of challenge to this action was flagged as part of the provision of advice but this has not materialised (a ten day window of opportunity for challenge was given).

Whilst the education commissioning contracts have been extended as outlined above, the risk is that for work to be undertaken to secure the ongoing provision of education, work must commence within the next 6-9 months.

4.3 Education Commissioning Key Performance Indicators

The table below highlights Welsh performance when compared to England. Based on the numbers in the system in Wales and the Welsh attrition rates it is possible to determine the likely number of graduates from the Welsh system. For example, based on the 2017/18 academic year figures, the expected graduates in Wales are:

Table 2: Expected Wales Graduates

Welsh Performance	Numbers in Contracts	Average Attrition	Expected Graduates
Nursing	3,993	10.5%	3,573
Midwifery	307	7.8%	283
AHP's	1,377	8.8%	1,255

The Welsh and English systems have historically been different, in the way Universities were paid etc. although there has always been some commonality surrounding the bursary scheme. The systems have diversified further following England's decision to abolish the bursary scheme from September 2017. This has made it difficult to benchmark effectively. A model has been devised to address this.

The fundamental principle is to review the output (graduates) that Wales derives from its system and by looking at the input (commissions) and undertaking a full economic costing exercise the total cost of producing the number of graduates can be derived.

This is evaluated against England by ascertaining, based on their published attrition rates, the number of commissions they would need in order to produce the same number of graduates as Wales. By then applying the English benchmark prices for contracts, the payment mechanism that drives this and the associated student costs a full cost can be determined for England.¹

¹ The comparison is based on the English 2016/17 benchmark contract prices uplifted for inflation (2%) as this was the final year of the bursary scheme in England in terms of commissioning. A new model will need to be developed in future to compare the two countries.

Table 3:**COMPARING OUTPUTS AND ASSOCIATED COSTS IN WALES AND ENGLAND***Based on 2017/18 academic year figures.*

	Welsh Training Numbers 2017/18 Academic Year		Average Attrition Rates		Commissions required in England to produce same output as Wales			Cost savings comparing Wales to England to achieve Welsh outputs (£'000)		
	Total in Training	Expected Output	Wales	Eng.	Number of Comms.	more / (less)	% more / (less)	Contract £'000	Bursary & other allowances £'000	Total savings per annum £'000
Nursing	3,993	3,573	10.5%	20.0%	4,468	475	11.9%	(6,511)	(2,138)	(8,648)
Midwifery	307	283	7.8%	21%	359	52	16.9%	(945)	(237)	(1,182)
AHP's:										
Physiotherapy	374	354			407					
OT	299	279			321					
Radiography	327	283			326					
ODP	111	97			112					
S<	102	87			100					
HN	111	105			121					
Podiatry	53	50			58					
	1,377	1,255	8.8%	13.0%	1,445	68	4.9%	(1,928)	(174)	(2,102)
SAVINGS PER ANNUM IN WALES								(9,384)	(2,548)	(11,932)
Add tariff (England only)								(20,312)		(20,312)
less f4p only paid in Wales								2,791		2,791
SAVINGS INCL. TARIFF / F4P	5,677	5,111	10.0%	17.6%	6,272	595	10.5%	(26,904)	(2,548)	(29,453)

notes:

1. AHP's taken as a group as England issues an attrition rate covering all AHPs and it's not analysed by profession
2. No figures available for other WEDS commissioning groups so these have been excluded from this exercise
These include: Clinical Scientists, Paramedics, Psychologists, Community Nurses, Pharmacists, Dental Therapists
3. Assumes attrition occurs evenly throughout the year
4. Assumes average bursary cost is the same in Wales and England

The table below summarises this for the 2017/18 academic year. In summary the table shows England would need to commission 595 more students than Wales equating to 10.5% more. In terms of contract fees England would pay £9.4m more than Wales and an additional £2.5m in student support costs. This is an annual additional cost of **£11.9m**.

If the English placement tariff and the Welsh fitness for practice funding elements are included in the model then the additional cost England would need to pay to generate the same outputs as Wales is **£29.4m** per annum.

This represents excellent value for money generated from the Welsh system.

A full Performance Annual Review relating to the 2017/18 academic year is currently being produced. This will be finalised by the end of September 2018. However, extracts of the report are attached at **Appendix 1**.

The extracts include detail surrounding the application rates and attrition rates, both benchmarked against England.

A number of key performance indicators have been developed which have been monitored quarterly by NWSSP in performance meetings between NWSSP Executive Team and senior officers of WEDS. The key performance indicators for education commissioning are shown in Table 2 below.

Table 4: WEDS Key Performance Indicators Education Commissioning

KPI	Description	Target	August 2018
1.	For the Education and Training plan (HPEAT) to change by less than 5% (financial value and/or overall number of students) following consideration by SEDG and Welsh Government	Less than 5% change	0%
2.	HPEAT to be delivered within budget	100%	100%
3.	For VFM to be demonstrated for key cost areas within the Wales HPEAT commissioned staff groups when benchmarked to comparators across the UK	5% difference	5% difference
4.	Through active promotion increase nursing return to practice numbers by 15% on 2014/15	15%	
5.	For minimum 90% uptake on community nursing modules	90%	86.4%
6.	For 95% of all undergraduate commissioned places to be taken up	95%	95.6%
7.	HCSW budget – 100% Receipt of delivery and implementation plans	100%	100%
8.	Student attrition targets are achieved i. Nursing ii. All others	<12% <10%	10.5% 8.5%
9.	Student finance assessments completed, 6 weeks from commencement of programme (NWSSP measure)	100%	99.9%

5. Work Programme 2018/19

5.1 WEDS Advisory Group

To ensure effective collaborative working arrangements NWSSP established the multi-stakeholder WEDS Advisory Group which has membership from NHS organisations, Welsh Governments and NWSSP. The annual WEDS Work Programme is overseen by the Advisory Group and covers the key functions of WEDS of Workforce Planning, Education, Workforce Transformation, Workforce Analytics, Careers and Communication. The aim of WEDS has been to provide a high quality service to stakeholders delivered through an agreed work programme which is developed with input from NHS Wales Executive Peer Groups including WODDs, Nurse Directors and Directors of Therapies and Health Science. The Work Programme is supported by a programme budget of £307,604 which has been reviewed and is on track.

The group is due to meet on 18th September and will be asked to formally sign off the WEDS Work Programme progress report which is attached as Appendix 2.

5.2 Work Programme Delivery

A review of key areas of Welsh Government policy and priorities for NHS Wales's organisations undertaken by WEDS identified the following:

- The development of **population based workforce planning** which will complement and fit within the IMTP process and inform the development of the 10-year workforce plan for NHS Wales.
- **Develop and commission education** at all levels, (support worker, undergraduate and post graduate/CPD) which reflect the future needs of the health sector in Wales. This will include ensuring value for money and the development of new approaches to education provision in response to service needs, resources and changing education structures in Wales.
- Facilitate **workforce transformation** and redesign to support the delivery of a prudent workforce.
- **Development of workforce analytics and modelling** capacity for NHS Wales which supports strategic development of the workforce and in particular the 10 Year Workforce Strategy and Primary Care workforce plan
- Support the **efficient and effective use of resources**, this includes managing the WEDS budget for 2018/19; modelling pay strategies and supporting work to maximise efficiency
- Support the **Integration of health and social care workforce** through the development of joint planning, joint education and joint roles.
- Provide a range of resources and support to Health Boards and Welsh Government to develop the **primary care workforce**
- Manage **national careers strategies** to ensure careers in Wales are considered a positive first choice for the healthcare workforce

There were a number of significant opportunities and challenges facing NWSSP (WEDS) in 2018/19, these included:

- Establishment of Health Education and Improvement Wales (HEIW)
- Parliamentary Review of health and development of the 10 year workforce plan for Wales and its implementation
- Announcement to be made by Welsh Government on future funding of health professional education.

It was recognised that the establishment of HEIW half way through the financial year was likely to have a significant impact on the WEDS work programme in 2018/19. It was therefore considered to be important to recognise that the work programme would need to be reviewed regularly during the year with key stakeholders and amendments made to reflect the demands on time given to the HEIW programme. WEDS has quarterly reviews with the NWSSP Executive team to monitor performance including delivery of the Work Programme.

The Work Programme is divided into 7 broad objectives and examples of key deliverables to date this year are:

- A compendium of new models and roles for primary care
<http://www.nwssp.wales.nhs.uk/compendium-of-emerging-roles-and-models->

- Development of Health & Wellbeing resources <http://www.nwssp.wales.nhs.uk/i-need-to-ensure-health-and-wellbeing-of>
- Submission of Education Commissioning Plan to CEOs, National Executive Board and Strategic Education & Development Group
- Response to WG consultation on Health Related Education & Training Programmes in Wales – Student Support arrangements completed.
- Bursary FAQs produced
- HCSW funding allocated to organisation and follow up meetings undertaken
- Production of pay modelling and analysis to support WG/NHS Employers AfC pay negotiations

In addition, new areas of work have been identified requiring input including Unscheduled Care, Out of Hours Services and Critical Care.

WEDS has two KPIs relating to the work programme and has an Evaluation Toolkit to support KPI 10. Areas for evaluation have been identified, for example, the compendium of new models and roles for primary care will be evaluated using survey monkey to illicit user satisfaction.

Table 5: WEDs Key Performance Indicators – Work Programme

KPI	Description	Target 2018/19	September 2018
10,	For 10 project areas seek feedback on completion of the work from stakeholders and achieve over 80% level of satisfaction	90%	Areas for evaluation identified
11,	Ensure 90% of identified projects are delivered on time	93%	Programme status at green

In summary, the Advisory Group will be asked to confirm that the overall status of the Work Programme is on track and “green” at the point of transfer.

5.3 Data Requests

Ongoing responsiveness to requests for data from Welsh Government and other stakeholders are monitored as KPI 12. Performance as at September 2018 is shown below.

Table 6: WEDS Key Performance Indicator – Data Requests

KPI	Description	Target 2018/19	September 2018
12.	KPI 12: Acknowledge WG/Service requests for workforce information within 48 hours (Monday – Friday) and agree individual timescale for each response.	95%	98%

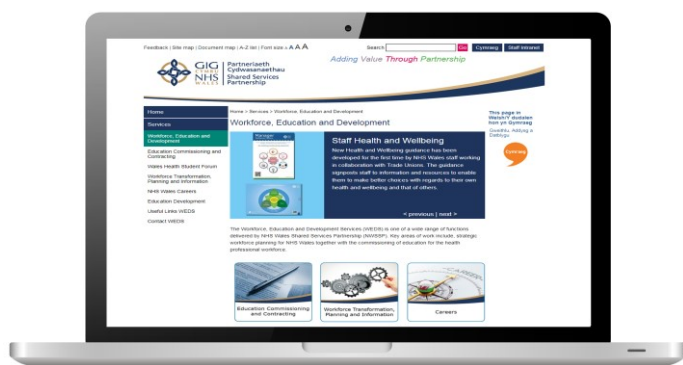
6. Websites and electronic resources

6.1 Websites

NWSSP, WEDS has a range web pages covering all of its key functions which will transfer to HEIW. WEDS web pages are currently part of one internet website and one intranet site across the NHS Wales Shared Services Partnership (NWSSP). WEDS has played an active role in the NWSSP web authoring group in order to maintain the accuracy and quality of the content of the webpages for WEDS and NHS Wales Careers website. The WEDS and Careers web authors are involved in the following:

- Creating the content
- Ensuring that information is managed appropriately
- Ensuring the Welsh Language standards are met
- Managing and auditing the web content efficiently
- Taking ownership and responsibility
- Analysing website data to report key finding to the directorate.

The website is governed by a clear purpose statement “To provide NHS Wales with essential workforce information and resources to support the planning and development of the workforce” supported by a set of principles which identify actions to regularly promote and refresh content ensuring that it is accessible to all users. The WEDS web pages have been fully revised and updated including ensuring that all linked resources are relevant and that they are compliant with Welsh Language Standards.



The bespoke NHS Wales Careers website <http://www.weds.wales.nhs.uk/nhs-wales-careers/> is a separate site. The content has been updated and modified and the site is fully compliant with the Welsh Language standards helping to improve the quality of information and creating a more effective online presence to attract people to work and live within NHS Wales.



Content of the site includes information about NHS Wales and NHS Career, information about broad groups of jobs, an A-Z of individual jobs, education and training options including return to practice, NHS bursaries and links to NHS Jobs in addition to contact points for further information.

6.2 Guidance & Resources

A range of resources will transfer to HEIW which have been developed by NWSSP, WEDS and have been made available to NHS Wales <http://www.nwssp.wales.nhs.uk/weds> including:

Education

- Education commissioning process <http://www.nwssp.wales.nhs.uk/education-commis-and-contracting>
- HCSW skills and career framework <https://www.nhs.walesdevelopinghealthcare.com/>

Workforce transformation and planning

- Standards and Guidance for Role Redesign
- Competence Based Approach to Role Redesign
- Repository of Useful Things (interactive role redesign toolkit)
- Physician Associate Governance Framework
- Advanced Practice Framework and Portfolio
- Delegation Guidelines
- Good practice resources
- Effective Staff Engagement resources
- Developing and Embedding Organisational Values and Behaviours
- Workforce Planning Guidance and useful links
- Primary Care Workforce Planning Guidance <http://www.nwssp.wales.nhs.uk/workforce-transformation-planning-and>

Staff Health & Wellbeing

- Resources produced in support of the WODDs work programme <http://www.nwssp.wales.nhs.uk/i-need-to-ensure-health-and-wellbeing-of>

Welsh Health Student Forum

<http://www.nwssp.wales.nhs.uk/wales-health-student-forumm>

6.3 Workforce Data

A range of benchmarking tools have been developed and made available, together with supporting guidance documents, to NHS Wales via a share-point site. The tools have been updated monthly following data downloads to the ESR Data Warehouse and are as follows:

- Workforce Information Tool
- Skill Mix Analyser
- Age Profiling Tool
- Agency Tool
- Migration Tool
- Workforce Performance Dashboard <http://www.nwssp.wales.nhs.uk/workforce-information-tools>

The provision of a HEIW share point facility to host the tools is remains to be resolved. One of the options identified by the HEIW programme is for the NWSSP share-point to transfer to HEIW.

A range of “focus on” reports available for NHS Wales including age, sickness, and general workforce trends have been produced:

- NHS Workforce Trends 2017
 - Focus on the Age of the NHS Workforce
 - NHS Workforce Age Profile Infographic
 - Focus on Sickness Absence
 - Focus on GPs and their practice Workforce
- <http://www.nwssp.wales.nhs.uk/focus-on-reports>

7. Communication

WEDS has a written Communication Strategy developed in conjunction with the NHS Wales Shared Services Partnership (NWSSP) corporate Communications Strategy. The strategy identifies how WEDS undertakes communication that delivers and supports the three key NWSSP corporate communications aims of:

- Engaging and empowering staff in delivering a dedicated Shared Services organisation which meets best practice standards in service delivery, optimises economies of scale and focuses on excellent customer care.
- Promoting the ways NWSSP can enable and support NHS Wales in delivering more effective services and protecting the organisation from unnecessary reputational damage.
- Building good relationships between stakeholders, partners, services and key opinion-formers.

WEDS stakeholders are identified in the strategy document which recognises the need for WEDS to undertake a variety of communications methods to meet the needs and to ensure effective engagement with its diverse stakeholders and customers. Support for NWSSP, WEDS communication including web design, social media is currently provided by NWSSP Corporate Services.

WEDS undertakes regular communication with key stakeholders via attendance at meetings and the production of a monthly WEDS Update Report. All previous copies of the report are

available electronically on the shared drive. A final report has been produced which highlights the formation of HEIW from 1st October 2018 and confirms contract details prior to the transfer of WEDS staff to Ty Dysgu.

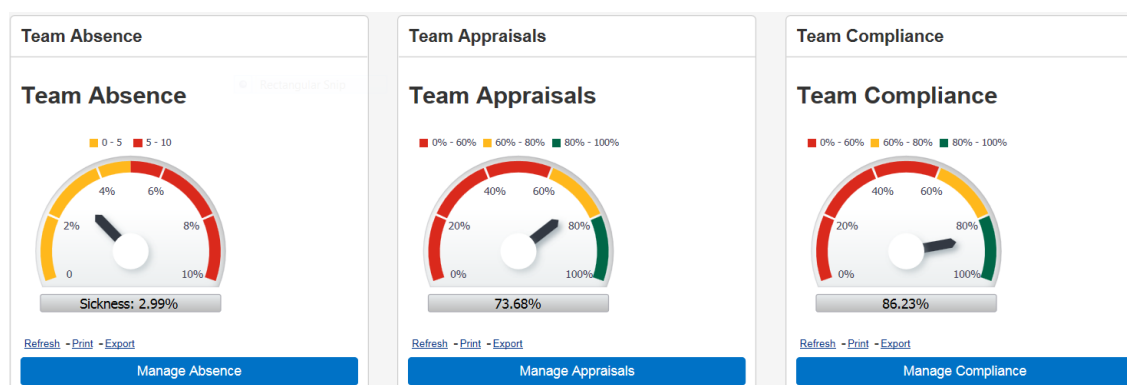
8. Staff

All WEDS staff and WEDS finance staff identified for transfer have been managed by NWSSP in accordance with TUPE requirements including regular communication and engagement on all aspects of the transfer. Formal collective consultation meetings in respect of the 'measures' associated with the transfer have also taken place in partnership with relevant trade union representatives and supported by W&OD, NWSSP. In addition an exercise to cleanse all staff personal files prior to transfer to ensure that they are consistent with appropriate content has been completed in accordance with the General Data Protection Regulations.

All WEDS staff are managed using managers self-service on the Electronic Staff Record (ESR) including management of annual leave, performance appraisal, statutory & mandatory training and sickness absence. W&OD, NWSSP provide a quarterly Workforce Information Report for WEDS which covers sickness absence (long term and short term sickness, reasons for sickness absence, time taken to enter on ESR, return to work discussions), PADR compliance, Statutory & Mandatory training and Welsh Language compliance on ESR. The performance dashboard position at transfer for NWSSP, WEDS staff as recorded on ESR is as follows:

- Performance Appraisal – amber (anticipated to be green following completion of a small number of appraisals due during September).
- Statutory & Mandatory Training –green
- Sickness absence – amber. All current sickness absence is being dealt with in accordance with the Sickness & Absence Policy, Velindre NHS Trust.

Figure 1 WEDS ESR Dashboard, 10 September 2018



All WEDS staff will transfer with the exception of one senior team member whose employment will terminate on 30th September 2018 (voluntary resignation). The contracts of employment of staff will transfer from the employing organisation, Velindre NHS Trust to HEIW with effect from 1 October 2018. Support staff previously employed via the NWSSP bank have been appointed to fixed term posts and will therefore be included in the transfer in addition to one post which is funded by Welsh Government. Staff have been consulted on the planned change of work base and subsequent variation to contract which will take effect post transfer.

Detailed schedules of transferring staff have been provided to HEIW Programme in accordance with the due diligence request and all relevant staff issued with TUPE transfer letters.

9. Welsh Language

WEDS completed an Impact Assessment of the Welsh Language Standards (No.7) Regulations 2018, Operational Standards and Service Planning and Delivery. The impact assessments were submitted to the Welsh Language Officer, NWSSP and a meeting with WEDS, WCPPE and the Deanery was held to discuss the findings.

At a WEDS team meeting (all members), the Welsh Language Officer, NWSSP, delivered training on 16th July 2018 to raise awareness of the requirements of the Welsh Language Standards and facilitated a shared learning experience which included basic welsh pronunciation, alphabet, numbers and how to pronounce simple sentences

All WEDS products are developed bilingually, this includes a fully bilingual internet site. The level of attainment of Welsh Language (reading, speaking and writing) for all WEDS staff is held on ESR.

10. Information Governance

WEDs has a complete data log as part of the NWSSP Information Asset Register and has linked with the NWSSP Information Governance department to ensure compliance with GDPR. An information asset register is in place which includes identification of all personally identifiable / sensitive data sources, ensuring that data sources are held securely and appropriately. All staff have undertaken Information Governance e-learning as part of Statutory & Mandatory training. In addition key staff have attended a classroom based update on Information Governance and GDPR on 27th June 2018.

11. Equipment & IT

There is no office furniture or individual staff IT equipment to transfer to HEIW. All electronic files and documents which currently form part of the WEDS shared folders will be transferred to HEIW in addition to relevant paper files and documents.

There a range of promotional items that have been purchased for careers events in addition to educational health related items which are used for engaging those attending events plus set up displays and 2 iPads which will transfer to HEIW. These resources are held in storage.

12. Business Continuity

A business continuity assessment for WEDS has been undertaken as part of NWSSP's Business Continuity arrangements and has been provided to the HEIW programme. The impact matrix for WEDS is show below.

Table 7: BIA Priority Impact Matrix, WEDS

Workforce Education and Development Services	Priority for Restoring	Recovery Time Objective (RTO)	Impact Score	Comments / Assumptions
Education Commissioning	5	7 days	3	Extent of impact is dependent on timing in annual commissioning cycle and monthly payment routine. Although individual services are identified there are links between the services e.g. Commissioning dependent on Workforce Planning support. Support from Head of Finance is also essential for Commissioning.
Workforce Planning	7	28+	2	
Workforce Modernisation	7	28+	2	
Workforce Education	7	28+	2	

13. Risks

WEDS risks form part of the NWSSP Risk Register and have been actively managed. WEDS has also contributed to the risk register for the HEIW programme.

Copies of the WEDS Risk Register updated as at August 2018 and WEDS Assurance Map are embedded below.



Copy of WEDS Risk Register - August 2018



WEDS Assurance Map.xlsx

14. Conclusion

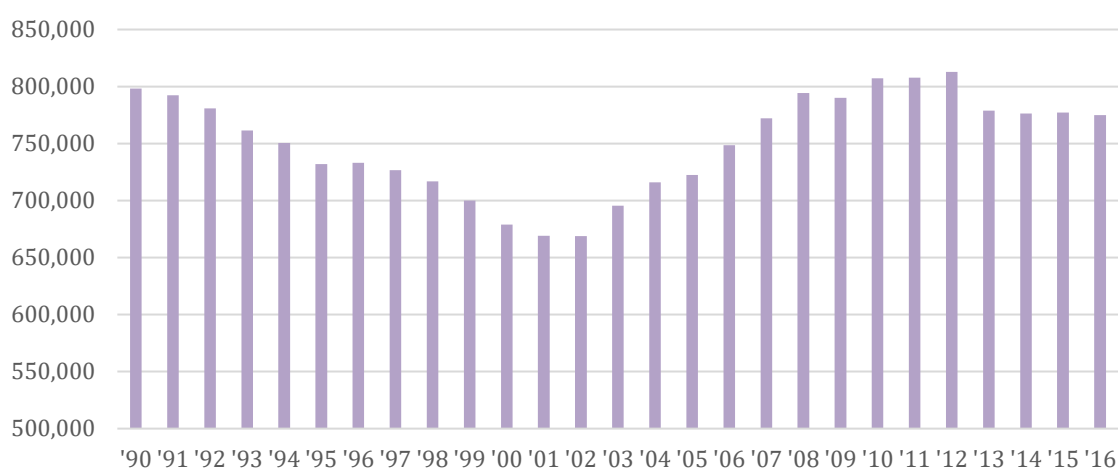
NWSSP has actively supported the HEIW programme and the transfer of Workforce Education and Development services with effect from 1st October. The transfer to all elements of WEDS functions and services are in a positive position at the time of transfer.

Extracts from the NMET Performance Report 2017/18

Applications Summary

A major factor affecting applications to Universities is the population dip in 18 year olds. The graph below shows that births in the UK dropped significantly in the period 1999-2003. 18 year olds entering Health education in 2017 were born in 1999 and this was the start of the decline in birth rates with a reduction of 7% compared to 5 years earlier. This situation worsens in 2000 and 2001 before the rate starts to climb again.

Number of live births in UK 1990 - 2016 (data from Statista.com)

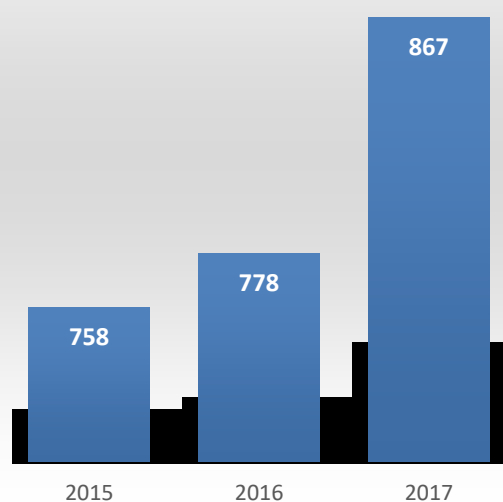


Whilst data surrounding the number of students, split by age range, is not currently collected the graph opposite identifies that the number of 18 to 21 year olds recruited onto Welsh Health courses is increasing.

18 to 21 year olds, comprise approximately 35% of all new students recruited in Wales and are therefore a vital component in the student demographic.

It is therefore pleasing, despite the “population dip” that these numbers are not decreasing in Wales.

Number of 18-21 year olds recruited onto Welsh Health Courses has **increased by 14% since 2015**



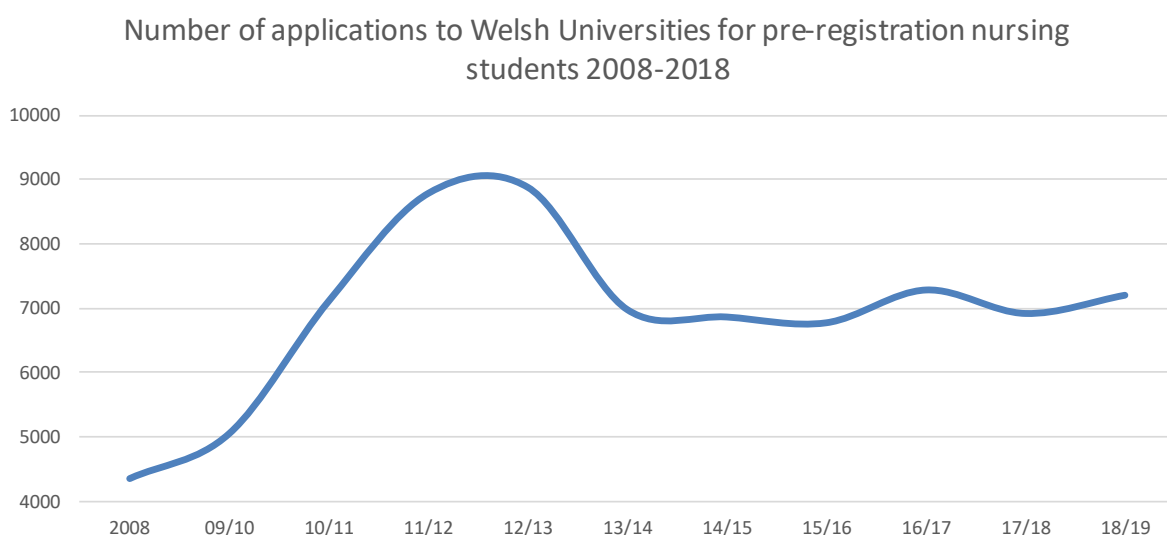
The birth dip at the turn of the millennium is a concern surrounding application rates as this will affect the Universities for the next 5 years. However, the biggest recent change for England, which has a far more significant impact for Health courses came with the announcement that England stopped the **NHS Bursary Scheme**. From September 2017 Health Education England no longer provided NHS Bursary's for health education programmes. This covers tuition fees and the bursary. As a consequence healthcare students in England now self-finance their education.

The University and Colleges Admissions Service (UCAS) revealed in August 2018 that the number of nursing degree applications in England has fallen by a further 12%. Numbers applying to begin training in September 2018 have dropped by 4,800 compared to the same time last year, resulting in a total decline of 16,580 since March 2016, the last commissioned intake.

The Welsh Government confirmed that students who commit to work in Wales for 2 years post-graduation will continue to have access to the Welsh NHS Bursary scheme. Students who do not commit to work in Wales will have access to the standard student support package. This has resulted in applications have, in most areas remained buoyant.

The graph below identifies that applications to Welsh health funded courses has remained constant over the last 3 academic years. Since the peak in applications in 2011-2013 there has been little change in the number of applications to Welsh funded courses.

This is positive news and the continuance of the bursary scheme has avoided the declines being reported in England.



However, there has been significant investment in Health education since 2014 demonstrated by the 40% increase in overall budgets from 2014/15 to 2018/19. Therefore although the number of applications has remained constant, the applications per place rate has dropped.

This, in turn, has affected some Universities in some courses, achieving their commissioning numbers. This is explored in more detail later in the report in the **Application Rates** and **Achievement of Commissioning Numbers** sections of the report.

Case Study – Learning Disability Nursing

In May 2018 the Nursing Times reported, following a survey by the Council of Deans of Health, that almost half of universities with pre-registration learning disability nursing courses in England have discussed terminating their programmes next year due to student recruitment difficulties. The survey results were based on responses from 15 of the 29 LD Nursing providers in England. It stated that three quarters of universities had, at that stage (May 2018), not been able to make enough offers to applicants to fill all their spaces for courses starting in September 2018.

No universities in London are offering a LD nursing course for September 2018.

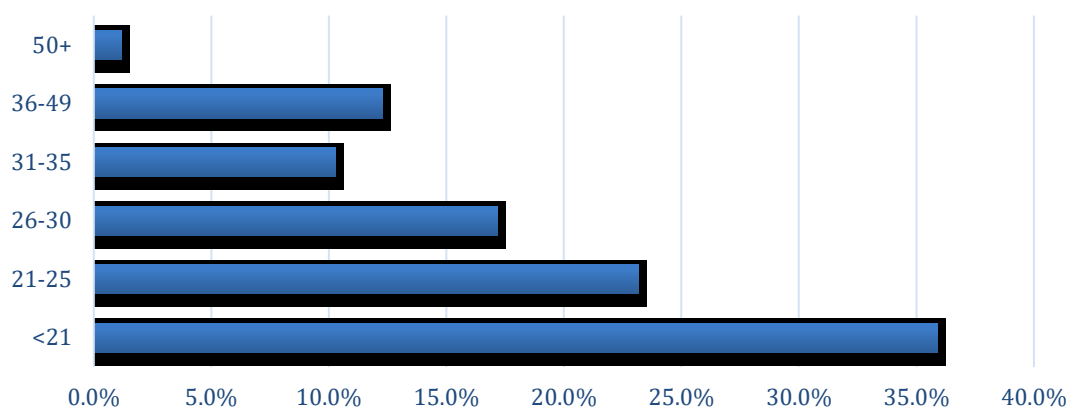
Wales has also experienced difficulty recruiting to LD nursing. Application rates are low compared to the other fields of nursing. However, whilst the two Universities in Wales have failed to fill all their commissioned places, the viability of the programmes are not in question. Commissioning numbers are increasing and although these are not being achieved, the Universities are recruiting more students onto their LD courses than in previous years.

Part of this is due to the bursary scheme remaining in Wales but part is also due to the innovative collaborative approach to marketing and development employed by the two LD Nursing providers.

England has also reported a fall in mature student numbers (over 26 years old). This has been more extreme than the general decline in healthcare course applications. A 16% reduction has been forecast between 2017 and 2018 with an unprecedented total decline of 40% since June 2016.

By contrast, in Wales, the percentage of mature students recruited has increased from 35% of the student nursing commissions in 2015 to 41% in 2017. These students are predominantly Welsh domiciled and therefore more likely to have “roots” in Wales and be embedded into the local community – thus increasing the probability that they will work locally upon graduation. 5 years ago a third of all students were above the age of 26. This has risen to 41%. It is documented in England that fewer mature students are applying for courses. In England the fall in mature student numbers (over 26 years old) with an unprecedented total decline of 40 percent since June 2016. The removal of the bursary scheme is cited as one of the main reasons for the decline. In Wales, where the bursary scheme remains, the number of mature students gaining places on funded healthcare courses is at its highest recorded level.

Ages of students accepted onto Welsh Health Courses in 2017/18



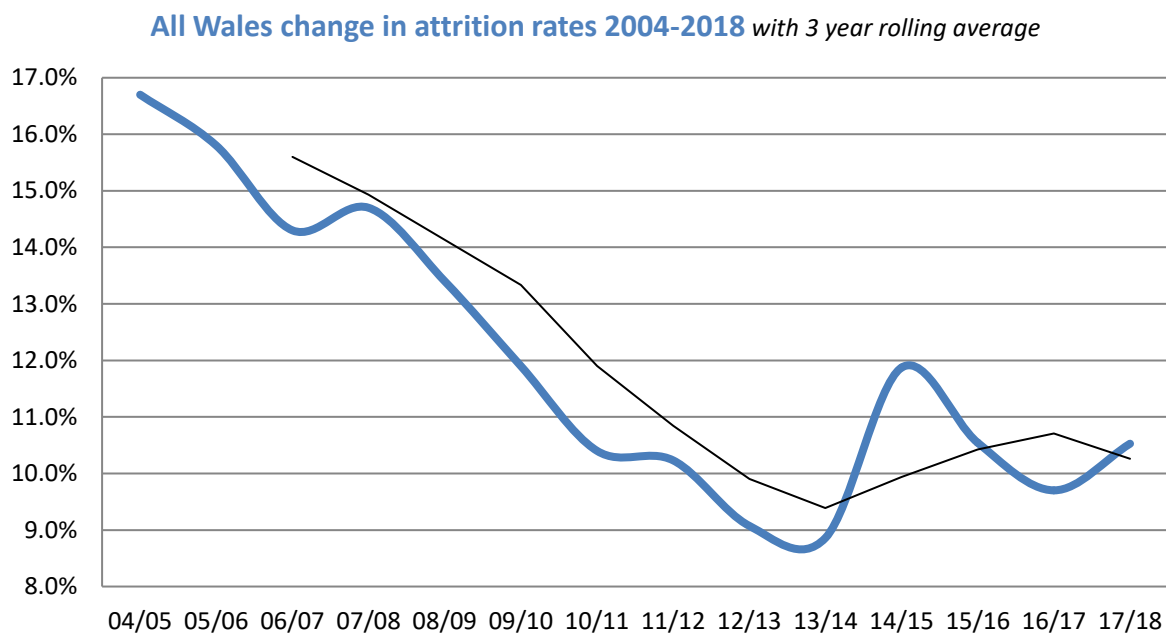
Value for Money and Contract Performance

Nursing Attrition - All Wales

The graph below identifies a continual downward trend on student attrition for pre-registration nursing across Wales until 13/14 academic year. Attrition in 2014/15 increased significantly to 11.8%. This was discussed with each University in the Performance meetings and there has been a subsequent reduction.

The 2017/18 pre-registration nursing attrition rate is **10.5%**. The attrition target is 12% and Wales has achieved this for each of the last 9 years.

The information for September 2017 onwards is based on the actual number of students that sign up to the 2-year tie-in. i.e. all self-funders are ignored for attrition analysis.



Nursing Attrition Wales compared to England

When compared to England pre-registration nursing attrition in Wales is significantly lower. The gap has continued to increase with England still reporting (see note below) attrition at a minimum of 20%. It is important for Wales that the current gap is maintained or increased to show continuous improvement. The gap has increased for the last 2 academic years.

Note:

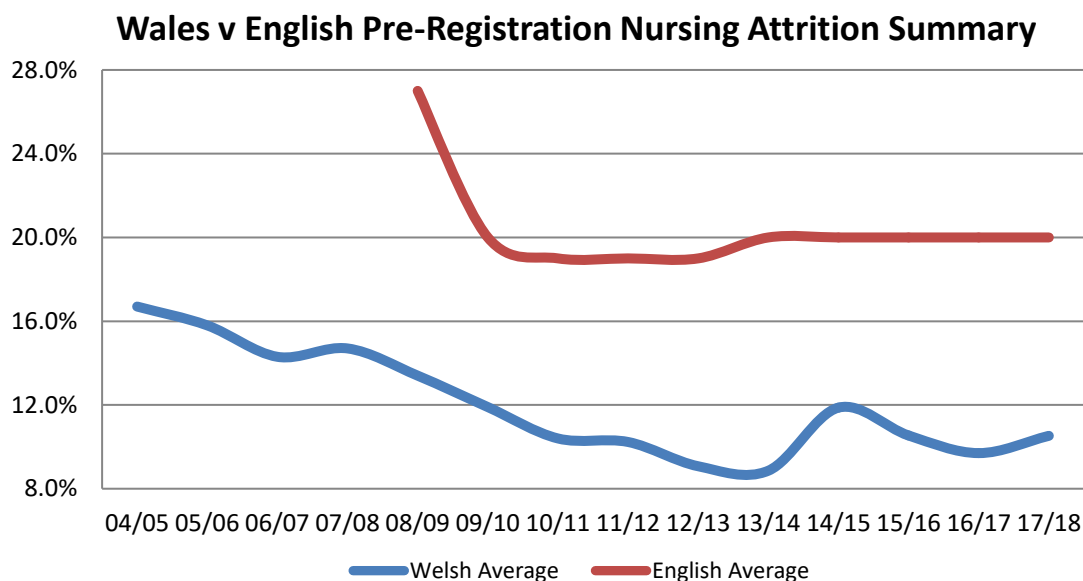
“Raising the Bar” the Lord Willis Review The Shape of Caring released by Health Education England March 2015. Theme 8: Funding and commissioning levers to support future education and training (page 61),

“Non-completion rates within pre-registration nursing programmes have been raised as a longstanding issue for many decades. While there is some variation in recorded rates of attrition, HEE projects that the overall attrition rate for nursing undergraduates is, on average, in excess of 20 per cent.”

The House of Commons Health Committee report entitled “The Nursing Workforce: Second Report of Session 2017-19 (HC 353)” published in January 2018, contains the following narrative in relation to student nurse attrition in England.

“Historically a large percentage of student nurses have failed to complete their training, with the rate of attrition varying widely between universities. Health Education England’s Reducing Pre-Registration Attrition and Improving Retention (RePAIR) project aimed to reduce unnecessary attrition and identify areas of best practice in retaining student nurses. Initial results from RePAIR show that 30% of students who were due to complete in either 2015/16 or 2016/17 failed to complete within the standard time period.”

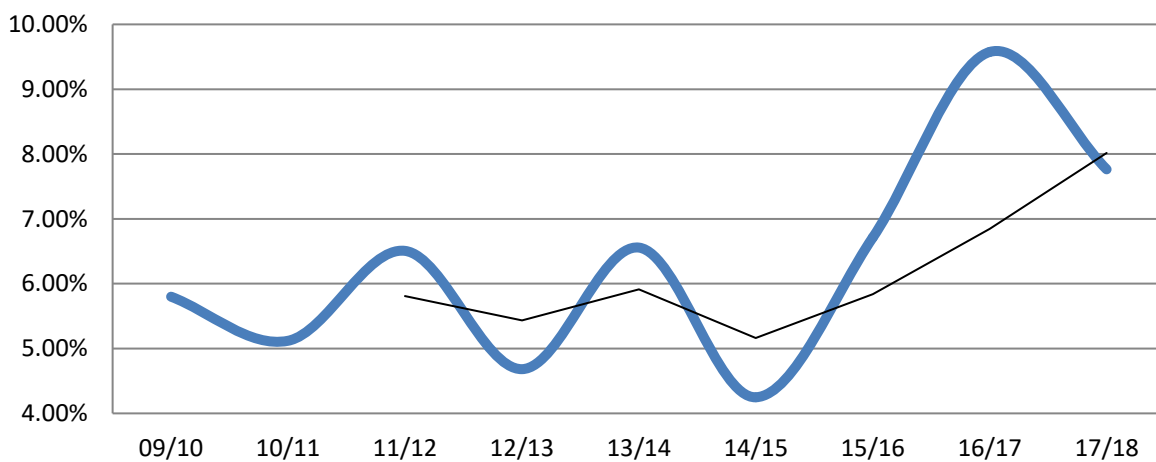
Some of the 30% attrition quoted are still in the system and will qualify - but at a later date, generally between one month and a year later. This is no different to Wales with students taking longer than the 3 years to qualify due to ill health, maternity, resits or placements. It therefore seems more appropriate to use the 20% attrition rate for England identified in the Lord Willis report.



All Wales Midwifery Attrition

The Welsh average midwifery rate is consistently low. The graph below shows that over the last 8 years midwifery attrition has always been below 9%. The 2017/18 rate is **7.76%**. Due to the low numbers being trained in Wales (297 in training in 2017/18) small variations can have a large impact on the overall attrition rate. The 3-year rolling average therefore represents a more accurate view of attrition. This indicates that the trend is upwards despite a drop in 2017/18.

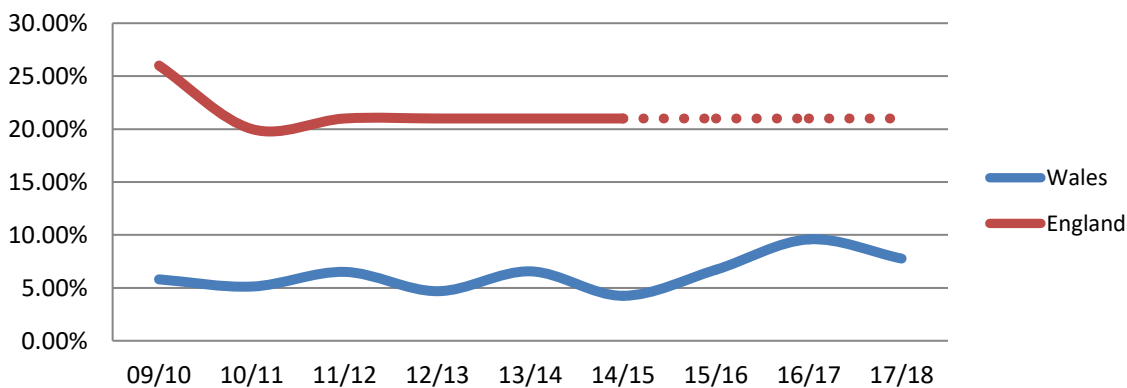
Welsh Average Midwifery attrition rate - 2009-2018 (with 3 year rolling average)



All Wales Midwifery Attrition: Wales v England

Midwifery attrition in England is quoted at 21%. Attrition in Wales has been consistently below this level.

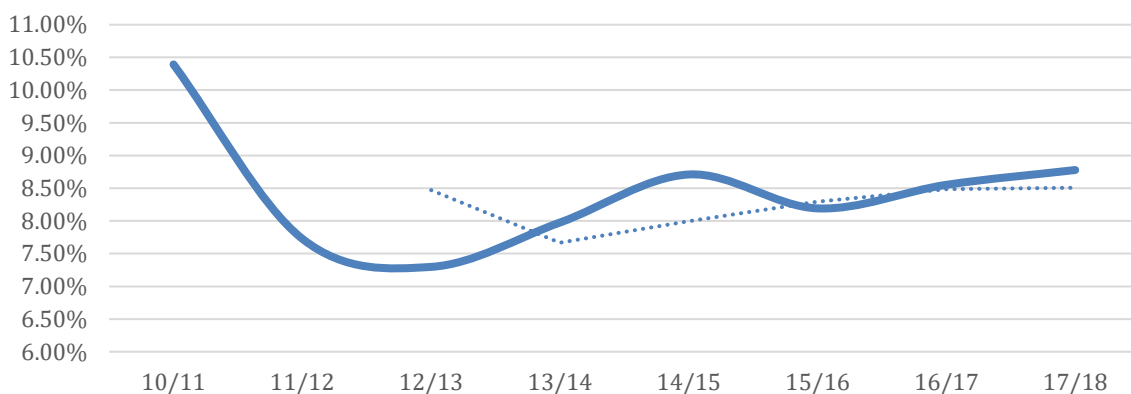
Midwifery Attrition 2009-2018
Wales v England Comparison



All Wales Allied Health Profession Attrition

The Welsh average Allied Health Profession rate is consistently low. The graph below shows that over the last 7 years the attrition rate has always been below 10%. The 2017/18 rate is **8.8%**. Rates on individual courses range from 5%-14%. The 3-year rolling average therefore represents a more accurate view of attrition. This indicates that the trend is upwards and although this is at a slow rate this will be explored in detail with the Universities providing AHP courses.

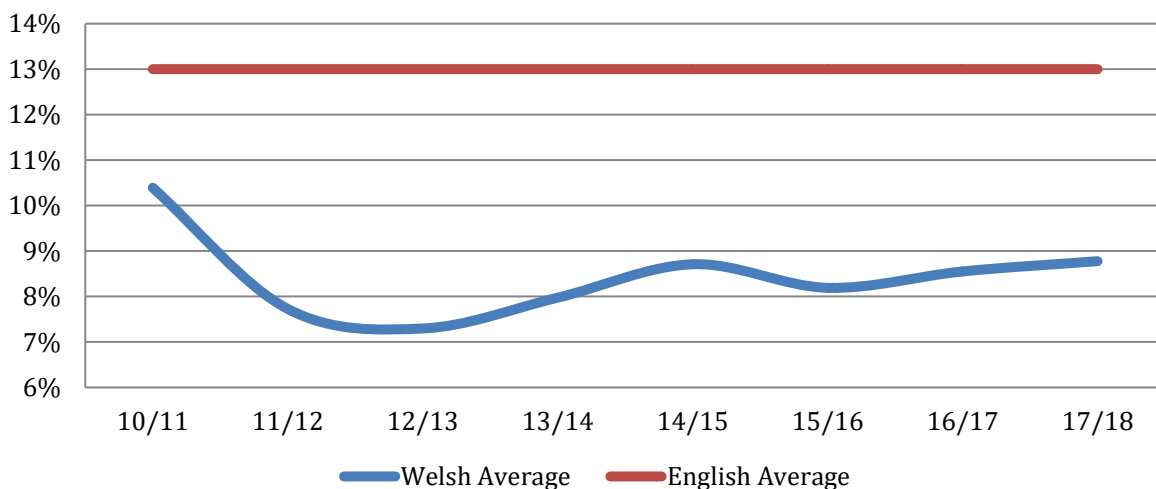
Welsh Average Allied Health Professional Attrition Rate - 2009-2018 (with 3 year rolling average)



All Wales AHP Attrition: Wales v England

AHP attrition in England is quoted at 13%. Attrition in Wales has been consistently below this level.

Average AHP attrition: Wales v England 2010-18





Gwasanaethau'r Gweithlu, Addysg a Datblygu yn is adran o fewn Partneriaeth Cydwasaethau GIG Cymru
Workforce, Education and Development Services is a division of the NHS Wales Shared Services Partnership

Workforce, Education and Development Services
Work programme for 2018/19
FINAL VERSION
16.5.2018

Progress Update September 2018

1. BACKGROUND

The Workforce, Education and Development Service (WEDS) is one of a wide range of functions delivered by the NHS Wales Shared Services Partnership (NWSSP). Key areas of work include, strategic workforce planning for NHS Wales together with the commissioning of education for the health professional workforce.

The core functions delivered by WEDS includes:

- Workforce Planning (including horizon scanning)
- Workforce Intelligence/informatics (including pay modelling)
- Workforce transformation and redesign
- Education development, commissioning and contracting
- Careers service

The Health Professional Education and Training budget of £107m (2018/19) demonstrates the significant investment the Welsh Government makes in the future workforce, which is managed on its behalf by NWSSP (WEDS).

The 2018/19 WEDS work programme will be delivered in the context of the transition of these functions to Health Education and Improvement Wales (HEIW) as of the 1st October 2018.

2. THE 2018/19 WORK PROGRAMME

To ensure effective collaborative working arrangements NWSSP established a WEDS Advisory Group, which has membership from NHS organisations, Welsh Government and NWSSP. The work programme has been designed to ensure that the input to NHS Wales and the Welsh Government from WEDS reflects the NHS key strategic priorities as these relate to the areas of work WEDS is accountable for. A review of key areas of Welsh Government policy and priorities for NHS Wales's organisations identified the following:

- The development of **population based workforce planning** which will complement and fit within the IMTP process and inform the development of the 10-year workforce plan for NHS Wales.
- **Develop and commission education** at all levels, (support worker, undergraduate and post graduate/CPD) which reflect the future needs of the health sector in Wales. This will include ensuring value for money and the development of new approaches to education

provision in response to service needs, resources and changing education structures in Wales.

- Facilitate **workforce transformation** and redesign to support the delivery of a prudent workforce.
- **Development of workforce analytics and modelling** capacity for NHS Wales which supports strategic development of the workforce and in particular the 10 Year Workforce Strategy and Primary Care workforce plan
- Support the **efficient and effective use of resources**, this includes managing the WEDS budget for 2018/19; modelling pay strategies and supporting work to maximise efficiency
- Support the **Integration of health and social care workforce** through the development of joint planning, joint education and joint roles.
- Provide a range of resources and support to Health Boards and Welsh Government to develop the **primary care workforce**
- Manage **national careers strategies** to ensure careers in Wales are considered a positive first choice for the healthcare workforce

The work programme identifies a number of key deliverables for each of the areas of work identified above, these are intentionally high level and do not identify the detail of the work to be undertaken. Some of the priorities identified in the work programme may change to reflect in year changes in Government priorities, which ultimately have an impact on NHS organisations.

Given the nature of the work WEDS undertakes many of the actions can be considered across a number of these themes.

The Well-being of Future Generations (Wales) Act 2015 places a positive duty on Wales to achieve sustainable development and identifies how this could be achieved and these duties have been incorporated into the approach taken by NWSSP in regards to all of its work.

The Act puts in place a ‘sustainable development principle’, which informs organisations how to meet their duty under the Act. There are 5 things that public bodies need to think about to show that they have applied the sustainable development principle:

- Long term
- Prevention
- Involvement
- Integration
- Collaboration
- Involvement

The delivery of the WEDS work programme will take into consideration the requirements of the Act to ensure NWSSP contributes to the future sustainability of Wales.

WEDS has a key role in ensuring the future workforce supports health boards and trusts meet the Welsh language needs of their local population. NWSSP is fully engaged in the work of the Welsh Language Commissioner.

3. OPPORTUNITIES & CHALLENGES

There are a number of significant opportunities and challenges facing NWSSP (WEDS) in 2018/19, these include:

- the **establishment of Health Education and Improvement Wales (HEIW)**
- the **Parliamentary Review** of health and development of the 10 year workforce plan for Wales and its implementation
- the announcement to be made by Welsh Government on future funding of health professional education.

It is recognised that the establishment of HEIW half way through the financial year is likely to have a significant impact on the WEDS work programme in 2018/19. It is therefore important to recognise that the work programme will be reviewed regularly during the year with key stakeholders and amendments made to reflect the demands on time.

Other challenges include supporting the transformation of the workforce and supporting professional groups and Workforce & OD Directors to lead this work. This will in particular focus on the primary care workforce to reflect the priorities identified in the primary care plan in addition to those parts of the workforce, which are facing significant risk with regard to workforce supply and demand.

There will be significant challenges in relation to maximising efficiencies in terms of the education budget as the increase in student numbers in 2015/16, 2016/17 and 2017/18 will be fully realised in the budget requirements for 2018/19 and this will require scrutiny and careful management.

4. VISION OF THE SERVICE 2018/19

In support of the NWSSP Vision and Mission, WEDS has developed a team purpose and vision. The overall team purpose is to

**Improve patient care by enabling NHS Wales to plan
and sustain a dynamic workforce which delivers world
class services**

The delivery of the WEDS vision is heavily reliant on effective communication between WEDS and it's key stakeholders. To that end WEDS has developed a Communication Strategy, which is focusses on the NWSSP aims of:

- Engaging and empowering staff in delivering a dedicated Shared Services organisation, which meets best practice standards in service delivery; optimises economies of scale and focuses on excellent customer care.
- Promoting the ways NWSSP can enable and support NHS Wales in delivering more services that are effective and protecting the organisation from unnecessary reputational damage.
- Building good relationships between stakeholders, partners, services and key opinion-formers.

The aim of WEDS is to provide a high quality service to stakeholders in support of the WEDS vision. This is delivered through the agreed work programme. The work programme identifies 10 high level key objectives, under which specific deliverables are identified. The detail of 'how' these objectives will be achieved is contained within the WEDS operational plan which is separate to this document.

Throughout the year additional requests for work will emerge and the WEDS team will respond to these depending on capacity/reprioritisation of existing work.

WEDS (NWSSP) WORK PROGRAMME FOR 2018/19

OBJECTIVE 1 – PRIORITY AREAS

The priority areas identified below are non-negotiable elements of the WEDS work programme and must be delivered. Subsequent objectives identified while important will be managed around the delivery of these key areas, however many of these inform the work required to successfully deliver the below.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
1.1 Support the establishment of HEIW and the successful integration of the WEDS functions and staff into HEIW.	WEDS staff and functions are successfully integrated into HEIW.	SG, JD and CM	March 2019	Contribution made to all aspects of HIEW work programme, sub-groups and Transition Management Team. Set up of HEIW hierarchy on ESR on track.
1.2 Ensure core business is delivered during a time of significant change.	Stakeholders continue to receive the same high levels of service and engagement from the WEDS team as previously reported.	SG, JD and CM	March 2019	Work programme on track. Regular review of work programme delivery in place.
1.3 To support the development of a health and care workforce strategy as part of the implementation of the recommendations of parliamentary review.	Draft strategy developed.	JD	March 2019	Support provided to CEO, HEIW /CEO, SCW to produce workforce strategy contribution to inform development of 'A Healthier Wales'. Contribution to discussions with SCW on plans for development of workforce strategy
1.4 Development of an education-commissioning plan for 2019/20 for medical and non-medical workforce.	Welsh Government/HEIW Board to determine priorities for investment in 2019/20 aligned to future service needs.	SG/JD	July 2018	Completed. Joint Medical / Non-Medical Education and Training plan for 19/20 produced. Presented to CEOs, NEB and SEDG in July 2019.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
	Identification of workforce planning priorities and areas, which require further work.			Priority areas identified in plan.
1.5 Commence preparatory work to inform future education contracts as current contracts end in July 2021. A report identifying future education commissioning intentions for the next 10 years is developed.	<p>Review current model of education provision across Wales and make recommendations to the HEIW Board to inform future education commissioning intentions.</p> <p>The outcome will inform the procurement process for education provision to commence summer 2019.</p>	SG/MR/CL	July 2019	Preparatory work undertaken. Proposal for reviewing current provision and subsequent procurement process to tender for new NMET provision for Wales commenced.
1.6 WEDS/HEIW to provide advice to the Welsh Government to enable the Cabinet Secretary to determine future policy regarding funding of health education.	<p>Policy position agreed for 2019/20.</p> <p>HEI can successfully recruit to the 2019/20 cohorts and beyond.</p> <p>Wales retains a vibrant interest in health education programmes and thereby the future workforce.</p>	SG/MR/CL	Sept 2018	<p>Completed</p> <p>Advice provided to WG on a number of scenarios to understand financial implications.</p> <p>WEDS has provided separate advice on the consultation and options for the future.</p>

OBJECTIVE 2 - POPULATION BASED WORKFORCE PLANNING

Lead the development of population based workforce planning which will complement and fit within the IMTP process. This includes development of capacity across NHS Wales, building the foundations for workforce planning in primary and community care and developing population based approaches.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
2.1 Development of an education commissioning plan for 2019/20 for medical and non-medical workforce	Welsh Government/HEIW Board to determine priorities for investment in 2019/20 aligned to future service needs Identification of workforce planning priorities and areas which require further work	SG/JD	July 2018	Completed. NHS Wales Education Commissioning and Training Plan 2019/20 produced and recommendations presented to CEOs, NEB & SEDG, July 2018.
2.2 Review the current workforce planning approach that supports the IMTP/Planning Framework to ensure that it remains fit for purpose and supports whole system planning based on population health.	Recommendations for future change/improvement to NHS Wales Planning Framework Updated IMTP Education Commissioning Templates which will support the service to accurately reflect their workforce needs Identify opportunities to improve the link between education commissioning requests and workforce	JD/CP	Sept 2018	On track. Draft timetable for planning cycle (2019/20 Plan) produced. To be reviewed in preparation for the commencement of the 2020/21 planning cycle. Meetings in place to review IMTP templates. Agenda item with Workforce Planning Network exploring the potential to provide guidance on what the workforce section of the IMTP should contain and how this could link better with the education commissioning requests.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
	development within organisations			
2.3 Work with policy leads and others to develop whole system workforce planning focussing on priority areas of service delivery.	<p>Position paper on whole system workforce planning and opportunities for development produced for consideration by HEIW Board including national and regional planning.</p> <p>Prioritisation of national work streams e.g. unscheduled care/OOH, Mental Health, Pathology, Critical Care, Imaging and Pharmacy.</p> <p>Workforce actions identified including links to education and workforce transformation opportunities.</p>	JD/CP/KG	December 2018	<p>Paper on workforce modelling produced and submitted to HEIW leads.</p> <p>Workforce Planning paper drafted.</p> <p>Meetings have taken place with the Policy Leads for Mental Health in Welsh Government. WEDS also contributing to work on:</p> <ul style="list-style-type: none"> • Critical Care Implementation Group • Unscheduled Care – assessment of current NHS Wales actions • Out of Hours – supporting work to consider wellbeing and morale and potential to expand/strengthen capacity of OOH teams • OOH Clinical Peer Review <p>WEDS continues to work with:</p> <ul style="list-style-type: none"> • Imaging Taskforce and National Imaging Academy Development Board. Paper on assessment of Opportunities for wider imaging team produced and received by ITF and NIADB. Outline plan for workforce development produced for ITF. • Pharmacy Workforce Modernisation Group • National Pathology Network

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
2.4 Build links with other national bodies, specifically Social Care Wales identify potential opportunities for workforce planning across both sectors	<p>Identify key areas for links and start to create common language between the two sectors</p> <p>Establish links between Social Care Wales and the NHS Wales Workforce Planning Network</p>	JD/CP/KG	Ongoing	<p>Work with SCW to produce Workforce Strategy Submission - see also 4.5.</p> <p>Follow up meeting with SCW held to build relationships and identify potential future planning work.</p> <p>Links made to Workforce Planning Network-representative from SCW to attend and speak. Network encouraged to identify where they are involved with Regional Planning and are making links with Social Care</p> <p>Links established with All Wales Social Prescribing Research Network and three associated communities of practice to explore education and training needs for sign-posters/social prescribers across primary, community, social care and Independent Sector.</p>
2.5 Evaluate the current approach to workforce planning training and plan for any changes in approach to build, and maintain capability and capacity within the health sector	<p>Produce evaluation report and recommendations for HEIW Board on the future capacity for the provision of workforce planning training</p> <p>Support workforce planning training for organisations during 2018/19</p>	CP	July 2018	<p>Questionnaire evaluations undertaken and results analysed. Evaluation of the two years of Skills for Health Workforce Planning Training completed. Draft report to be prepared for early Autumn.</p> <p>HB/Trust staff identified for Postgraduate Certificate in Strategic Workforce Planning (autumn course). Candidates for the London course to be confirmed.</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
	<p>Identify opportunities and make links with Social Care Wales</p> <p>Work with the Planning Academy to develop the workforce planning modules of the planning postgraduate qualification</p> <p>Develop shared learning opportunities across the Workforce Planning Network, Planning and Finance Academies</p>			<p>SCW – see 2.4</p> <p>Completed. Tender for the Planning Academy postgraduate qualification issued – WEDS input into the development of the tender with regards to the workforce planning aspects.</p> <p>Meetings with leads for the Planning and Finance Academies undertaken and awaiting confirmation of the development programme for the Planning Academy.</p>
2.6 Delivery and evaluation of a workforce planning approach for the development of Cluster level workforce plans to support the development of the MDT workforce.	<p>Oversee delivery of the successful tender including engagement of stakeholders across the cluster</p> <p>Analysis of workforce and population health data for cluster</p> <p>Identification of a number of workforce solutions</p> <p>Evaluation of approach to establish whether it could be an approach for Wales</p>	CP/KG	March 2019	<p>Completed. Contract awarded to Skills for Health. Cwm Taf UHB have identified the Cynon Cluster to work with Skills for Health to develop a workforce planning approach.</p> <p>On track. Steering Group established to oversee the work and has met for the first time. Project plan developed and the data collection phase has been completed with draft report anticipated at end of July.</p> <p>Workshops set up for August to discuss data findings with the stakeholders and to start to develop the workforce plan.</p> <p>Project plan with timelines in place.</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
2.7 Work with the lead Medical Director and Workforce and OD Director to shape the work of the All Wales Strategic Medical Workforce Group (ASMWG)	<p>Ensure clear deliverables for the group and regular reporting to CEOs</p> <p>Identify and monitor the implementation of the ASMWG specific actions from Together We Care</p> <p>Ensure delivery of sub groups and agreed work streams</p>	JD/CP	March 2019	<p>On track. Draft implementation plan developed for Together We Care and those leading work on all Wales basis presenting at ASMWG meetings.</p> <p>Letter sent to CEOs regarding their implementation plans for TWC.</p> <p>Psychiatry Sub Group report completed and received by ASMWG. Recommendation to continue the work of the group agreed.</p> <p>Medical Workforce Planning Finance Options paper completed and received by ASMWG. Taken to CEOs meeting in June. Further information requested and group to be reconvened.</p> <p>Medical System Whole Workforce Sub Group work nearing completion, report now in draft.</p>

OBJECTIVE 3 - EDUCATION

Develop education at all levels and commission appropriate provision to support future needs of the health sector in Wales. This will include ensuring value for money, the development of new approaches to education provision in response to service needs, resources and changing education structures in Wales.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
3.1 Commence preparatory work to inform future education contracts as current contracts end in July 2021. A report identifying future education commissioning intentions for the next 10 years is developed.	<p>Review current model of education provision across Wales and make recommendations to the HEIW Board to inform future education commissioning intentions.</p> <p>The outcome will inform the procurement process for education provision to commence summer 2019</p>	SG/MR/CL	July 2019	<p>On track.</p> <p>Proposal for reviewing current provision and subsequent procurement process to tender for new NMET provision for Wales commenced.</p>
3.2 WEDS/HEIW to provide advice to the Welsh Government to enable the Cabinet Secretary to determine future policy regarding funding of health education	<p>Policy position agreed for 2019/20</p> <p>HEI can successfully recruit to the 2019/20 cohorts and beyond</p> <p>Wales retains a vibrant interest in health education</p>	SG/MR/CL	Sept. 2018	<p>Completed.</p> <p>WEDS response to Welsh Government consultation on Health Related Education and Training Programmes in Wales- Student Support Arrangements, produced July 2018.</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
	programmes and thereby the future workforce			
3.3 Revise policy on NHS Wales Bursary and secure high levels of interest in health education provision across Wales	<p>NHS Wales Bursary position is updated and available to all stakeholders.</p> <p>Work with Welsh Government to ensure the Train, Work, Live campaign is embedded within the universities marketing materials and is seen as core to the education provision in Wales</p>	CL/AS	Sept. 2018	Completed. Revised Bursary FAQ's, terms and conditions produced July 2018.
3.4 Ensure current contracting arrangements are maintained during the transfer of WEDS to HEIW	The Health Professional Education budget is successfully managed and balanced at year end	SG/MR	March 2019	Contracts have been identified as part of the financial and governance work streams and will be novated to HEIW at the point of transfer – 1 st October 2018.
3.5 Implement the funding arrangement for the Buurtzorg community nursing model	<p>Health Boards will be able to increase support for community nurse education.</p> <p>There will be an increase in the number of staff undertaking education to support them working in the community</p>	SG/MR/CL	March 2019	Monitoring template to scope Community nursing workforce, developed and shared with HEI's and Health boards. Findings shared and discussed with Welsh Government. Financial modelling completed and funding model agreed, July 2018.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
3.6 Develop a paper for the HEIW Board with the rationale and recommendations for HEIW to become a Pearson Awarding Body Centre on behalf of NHS Wales	<p>Will enable HEIW to deliver Healthcare Science Support Worker Apprenticeships.</p> <p>Compliment current arrangements where WCPPE are a City and Guilds and an Agored Centre. This will facilitate the delivery of a broad range of vocational education.</p>	LH	March 2019	To explore as part of the future education/training role of HEIW
3.7 Identity the need and develop accredited education at all levels to support workforce transformation and career pathway development	<p>Where appropriate this education would be within Apprenticeship Frameworks in line with WG Apprenticeship Plan</p> <p>Support the widening access and grow your own agendas Alternative models for the delivery of clinically based education</p> <p>Centrally commissioned education and training from external partners on a regional or all Wales basis</p>	LH/TC/CM/KG	March 2019	<p>Primary Care HCSW Development Group continues to progress its agenda to improve and broaden education opportunities for primary care workforce – plans underway to develop the learning pathway at Levels 3 & 4 in alignment with developing service needs.</p> <p>Apprenticeship Framework for primary care is to be explored. Welsh Government has agreed to the funding of 3 new Apprenticeship Frameworks in Healthcare Science, Therapies and Ambulance Services</p>
3.8 Lead on work with Social Care Wales on the development, implementation	Delivery of a pilot programme within the Hywel Dda HB footprint.	LH/CM	March 2019	On track. Two meetings of the Steering Group and monthly meetings of the Working Group to progress this work. Currently

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
and evaluation of the All Wales joint induction framework.	<p>Identify where this new Induction Framework is applicable in NHS Wales.</p> <p>Identify where economies of scale can be achieved with regards to joint training across health and social care and third sector.</p>			scoping what induction is currently being delivered in order to develop a model for the joint delivery.
3.9 Produce an options paper and recommendations for HEIW on how NHS Wales can work collaboratively with the Third Sector to maximise the use of their training resources in line with the Parliamentary review e.g. British Heart Foundation	<p>Provides economies of scale and a once for Wales approach to training.</p> <p>It will increase of understanding of the roles of the different agencies and services.</p> <p>Cross sector collaboration/ sharing resources.</p>	TC	December 2018	On track. Desktop review of Third Sector providers' undertaken and a report submitted to WG regarding the level of provision.
3.10 Manage and monitor the allocation of the £1.75m for HCSW development.	HBs and Trusts are supported financially to develop the HCSW workforce.	CM/LH/LH/KG	March 2019	<p>Primary Care HCSW funding allocated (July) to support L2, 3 & 4 education, A proportion of the budget is assigned to develop an education and training framework for social prescribing in Wales.</p> <p>Funding allocated to Health Boards and Trusts. WEDS meeting with all organisations to discuss their allocation</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
3.11 Work in partnership with Qualifications Wales and Social Care Wales to develop a new suite of health and social care and child qualifications at education levels 2-5 that meet the needs of all sectors.	<p>These new qualifications will meet a recommendation within the Qualifications Wales review of Health and Social Care qualifications.</p> <p>This will provide NHS Wales and the Social Care sector with staff with the transferable skills to work across the sectors in line with the recommendations of the Parliamentary Review and the Childcare, Play and Early Years Workforce Plan</p>	LH/TC	March 2019	WEDS attending Qualification Approval Panel meetings as per the Qualifications Wales timeline
3.12 Develop an Advisory paper for HEIW on the implications of the Regulation of Adult Domiciliary Care Workers (voluntary registration from 2018 and mandatory from 2020).	HEIW will need to consider if identified HCSWs may need to be supported to obtain and maintain their registration in line with other registered support workers e.g. Pharmacy	TC	December 2018	Work planned for quarter three.
3.13 Produce an advisory paper for HEIW on their role in the maintenance of the Quality Assured Lifelong Learning (QALL) pillar of the Credit and Qualifications Framework for Wales (CQFW).	Identify the value of the QALL pillar to HEIW and NHS Wales and establish a process to develop and maintain it if required	LH/TC	December 2018	Waiting for the review of the health qualifications to be completed to commence this work.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
3.14 Provision of advice and expertise to the National Imaging Academy for Wales on workforce planning and future education solutions	Explore the opportunities for the development and delivery of education for Radiographers and other health professionals as part of phase 2 of the Imaging Academy. Work with the Imaging Taskforce to achieve the workforce outcomes in the Imaging statement of intent.	JD/LH	March 2019	Work programme outline with proposal for first cohort of extended skills Radiographers in the Imaging Academy produced for Imaging Taskforce – July 2018. Workforce input to Imaging Taskforce workshop. Paper on scope for extended skills Radiographer roles and opportunities for support staff produced for National Imaging Academy Board – August 2018. NIAD briefings for WODDs.
3.15 Work with Awarding Organisations and Subject Matter Experts to develop a new qualification that meets the new GPhC Education and Training Standards for Pharmacy Technicians (appraise if this will be in partnership with HEE).	A new qualification that delivers the pharmacy technician workforce fit for the future, for incorporation into an apprenticeship framework.	MS	Dec 2018	WEDS discussion forum held on 6 th July with all stakeholders regarding new IET PT's for England and Wales. Agreed fully engaged. WEDS consultation response on the draft qualification submitted 30 th July. Approx 23/300 consultation responses submitted from Wales. Skills for Health aware of the needs for a new apprenticeship framework. Concerns raised with the oversight group chair around technical services workforce needs and also the pharmacy Workforce Modernisation Group.
3.16 Working with education providers identify current pre reg full time programmes which could be delivered on a part time basis and develop a plan for the roll out of part time provision.	Enable progression of Band 4 staff/individuals with appropriate education to obtain professional registration. Facilitate widening access	CL	March 2019	Early discussions with CMU re level 4 apprenticeship for HCS, and progression to possible part time provision at undergraduate level.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
3.17 Working with Agored Cymru and NHS Wales undertake a review of the health specific suite of support worker qualifications and develop a suite of assessment resources to support the reviewed qualifications.	All available qualifications meet the future skills needs of NHS Wales. consistency of teaching and assessment materials and common quality assurance standards for HCSW qualifications	LH/TC/KG	March 2019	On track. Work stream convened to quality assure Primary Care HCSW qualifications assessment expectations through All Wales workbook production. A number of the health qualifications have been reviewed and work is due to be completed by September.
3.18 Identify opportunities to commission equivalence pathways for health care scientists	HCS will be able to meet PTP, STP and HSST requirements and registration through new flexible routes	CL	June/July 2018	Paper completed outlining a proposal and funding for equivalence included in education and Training plan 2019/20.
3.19 Develop a discussion paper for Exec peer groups to consider how Health Boards could support student accommodation	To ensure student experience whilst on placement is not adversely impacted by the accommodation available to them.	CS	March 2019	In initial scoping stage.
3.20 Develop a business case to identify an education provider to become an assessment centre for internationally trained nurses.	To improve access and experience of internationally trained nurses to undertake an approved NMC assessment to enter the NMC register	CS	March 2019	After initial scoping and discussion this objective will be to develop a business case to Nursing Directors recommending a tendering process to contract universities to prepare nurses trained overseas, but living the in the UK, to undertake testing and study to acquire NMC status.

OBJECTIVE 4 - WORKFORCE TRANSFORMATION AND REDESIGN TO DEVELOP A PRUDENT WORKFORCE

Facilitate transformation of the workforce in priority areas as agreed by NHS organisations.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
4.1 In partnership with the service via a task and finish group review and relaunch the delegation guidelines to facilitate improved deployment of staff This will include: <ul style="list-style-type: none">• Review of current booklet• Development of an interactive tool• Development of an e-learning module	Supporting the understanding and utilisation of delegation will align with the nurse staffing Wales Act and will assist with the application of a flexible approach. They will have the following effects: service will be less risk averse; increased confidence to delegate; increased capacity of regulated staff; staff will work to the top of their licence; increased capability of the HCSW workforce, maximising their contribution.	GHH/CM	Nov 2018	Task and finish group established Membership covers all staff groups and Wales Partnership forum representation. Draft TOR developed. Legal advice obtained.
4.2 Upscaling of Care Aims to a strategic level.	In alignment with the Parliamentary review and the Prudent principles of co-production and treat those with the most need first scaling up the behavioural science approach to a strategic level will result in: a once for Wales approach to delivering the Care	GHH	Ongoing	4 th round of training in progress 7HB/Trusts plus one all Wales pathway have taken up the offer. Discussions underway regarding a shortened version to update medical practitioners. A paper is being developed to bid for funding against the Parliamentary Review to upscale the roll out of the model

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
	Aims model; regulated who are empowered to make difficult decisions and have challenging conversations with colleagues re referrals and patients/clients; a regulated workforce confident in delegation; patients/clients will, via co-production, be self-managing; potential reduction in waiting times			
4.3 Support the evaluation of the new physician associate role in NHS Wales to understand the impact on the service and service user	<p>Research funding streams available to commission an independent evaluation of the PA role to determine the impact of these roles in Wales.</p> <p>Providing the researcher with support will enable NHS to have a report that will support the identification of where the PA has greatest impact on the service.</p>	GHH	June 2018	<p>Working in partnership with the South East Wales Academic Health science Partnership to complete a KESS application for funding. Evaluation likely to start in January as an MRes with Cardiff university.</p> <p>Discussions being held regarding further evaluation working with Swansea university.</p>
4.4 Working with the communications department develop a library of good practice approaches to support the service in implementing change.	Sharing good practice will enable the service to access models to change and maximise the workforce deployment that have been proven to work	GHH/Coms KG	March 2019	<p>Areas of good practice identified via Clinical Modernisation Forum, W/F planning network etc. Links made with individuals template established.</p> <p>Compendium of Primary Care Roles & Models, and Job Description library launched. Work ongoing to build on the resource and to promote/develop it as a concept for sharing good practice.</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
4.5 To support the development of a health and care workforce strategy as part of the implementation of the recommendations of parliamentary review.	A draft strategy is developed.	JD	March 2019	Worked with CEO, HIEW and CEO, SCW to produce Workforce Strategy Submission as part of advice to WG following publication of the Parliamentary Review. Report completed to time and submitted.
4.6 Support the Workforce and OD Directors in the development and delivery of their collaborative work programme.	Health and Wellbeing Programme Board and Project Groups will identify programme deliverables and outcomes to be achieved through a 'Once for Wales' collaborative approach (supporting the Parliamentary Review Quadruple Aim c. enrich the wellbeing, capability and engagement of the health and social care workforce).	CS/KG	Ongoing	<p>Task facilitation and reporting is provided to the WODDs' Primary Care Workstream lead, in accordance with primary care workforce priorities.</p> <p>Intensive work programme currently in progress to support the NHS Wales Sickness Policy review, linked to the NHS Wales Pay Negotiations. Areas of work include Rapid Access to Treatment, an NHS Wales Occupational Health Service Network, Organisational Health Needs Assessment, Tailored Adjustments toolkit, Minimum Standards for managing attendance, including sickness audits, joint training package for managers etc.</p>
4.7 Evaluate the impact of centrally funded Advanced Practice modules for pharmacists and pharmacy technicians providing community health care.	Feedback to inform future commissioning of Advanced Practice Developments for the pharmacy workforce	MS CL	Sept 2018	<p>Pilot questionnaire tested. Additional questionnaire for employers developed.</p> <p>Separate permissions from 7HBs and 1 trust was slow to secure so distribution of the questionnaire is 2/12 behind.</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
4.8 Work with employers (and Wales Deanery) to assess the impact of the change to National Recruitment for Pre-registration Pharmacists via Oriel in partnership with HEE.	Enable decision on whether National Pre-reg. Pharmacist Recruitment Scheme for England and Wales meets the needs of Wales or if an alternative needs to be in place for the end of the MoU in 2019.	MS	Mar 2019	Wales Deanery participating with monthly meetings/teleconferences with WEDS and HEE. Current focus on operational delivery of second round of recruitment.
4.9 Work with the Chief Pharmacists Workforce Modernisation Group to review a map of competency standards that are currently available (from day 1 practice through foundation, advanced and consultant practice) for the pharmacy workforce.	To inform a single strategic and joined up approach to career pathways for pharmacy professionals in Wales for any sector.	MS CP	Dec 2019	High level “career framework” drafted. Baseline map of known competency frameworks to be completed and to link to National/RPS work on career/competency frameworks, Foundation training across ALL sectors, four pillars of Advanced Practice and the Advanced Practice Technician work, ensuring that frameworks are owned by the professional bodies.
4.10 Complete preparatory work for delivery of a new centrally funded, quality managed national core training programme for pre-registration pharmacists in Wales.	A more flexible pharmacist registrant workforce for patient facing roles in any sector.	MS	Mar 2019	Initial meeting with Medicines Information lead in August. MPC Programme Board scheduled for September for sign off of high level content.

OBJECTIVE 5 - WORKFORCE ANALYTICS AND WORKFORCE PLANNING MODELLING

Further develop workforce analytics and workforce planning modelling capacity for NHS Wales which supports strategic development of the workforce and in particular the 10 Year Workforce Strategy and Primary Care workforce plan

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
<p>5.1 Undertake Workforce / Pay Modelling</p> <ul style="list-style-type: none">• Develop System Dynamic models to model specific workforce specialties. Identify and manage modelling requests.• Work with HEE to enhance workforce-modelling techniques and to share workforce intelligence. Develop workforce migration tool.• Develop tools that will provide robust quantitative information to enable the commissioning team to challenge individual organisations IMTP.• Work collaboratively with Payroll to develop all Wales pay models that will enable scenario generation for the National pay awards.	<p>Advanced modelling capabilities will enable NHS Wales to carry out more robust workforce scenario planning.</p> <p>Enables NHS Wales to identify cross boarder flow. Closer links with HEE will enable greater knowledge exchange.</p> <p>The tools will provide a method in which to sense check the commission numbers leading to more robust commissioning.</p> <p>To provide WG/NHS Wales negotiation teams with consistent Wales wide pay data. To be the central team for pay modelling.</p>	RC	March 2019	<p>Tender awarded to Decision Analysis Services Ltd (DAS). Training on systems dynamics to commenced in September.</p> <p>Refinement of the retirement tool complete to support the commissioning process. Graphical enhancement underway.</p> <p>Tool developed to support education commissioning and used to inform 2018/19 recommendations across nursing and allied health professional groups.</p> <p>Detailed pay modelling analysis undertaken to support AfC negotiations. All modelling requested delivered to time.</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
<p>5.2 Further develop the Workforce Performance Dashboard by:</p> <ul style="list-style-type: none"> • Ensure monthly reporting of the dashboard to WG. • Consider additional metrics which can be reported on a consistent basis across NHS Wales. • Work with ESR Central team regarding the development of a worked FTE metric. • Work with stakeholders to modify and enhance the analysis within the dashboard. • Work with Information Managers to develop a 'local' version of the Dashboard. • Work with BI central team to enhance BI reports 	<p>The Dashboard will be used as a vehicle to give workforce data greater visibility in both NHS Organisations and in WG leading to a more holistic view of organisation performance.</p> <p>It will help drive data quality and consistent NHS Wales wide reporting.</p> <p>To ensure WG receive up-to-date workforce performance data to be used in various executive meetings.</p> <p>Developing a 'Local Dashboard' would create a consistent way to report workforce data from ward level up to National level.</p>	RC	March 2019	<p>Continued development of the Dashboard.</p> <p>Monthly Dashboard submitted to WG plus quarterly data for Cabinet Secretary.</p> <p>Update report provided to WODDs, August 2018.</p> <p>Additional analysis created for: Turnover; IMTP; Medical agency.</p> <p>Working with local organisations to understand Worked FTE report</p> <p>Preliminary explorations around local dashboard has commenced.</p>
<p>5.3 Develop high-level national workforce reports that provide workforce insight across a range of metrics.</p> <ul style="list-style-type: none"> • Develop and produce 'NHS Wales Workforce Trends' document. • Develop a workforce profile report to support workforce planning for Mental Health (2.3). 	<p>To provide stakeholders with a document that sets out NHS Wales' workforce trends.</p> <p>Provide sections of the workforce with a NHS Wales wide perspective of their particular specialty so they are able to make better strategic decisions.</p>	RC	March 2019	<p>On track. Analysis and graphs for workforce trends analysis have been updated which form the basis for the NHS Wales Workforce Trends report.</p> <p>Further analysis reports to be prioritised by HEIW</p>
<p>5.4 Ongoing development of Workforce Benchmarking tools and Workforce Information</p>	<p>Enabling individuals to access NHS Wales wide data on the workforce in an easy and use friendly way:</p>	RC	March 2019	<p>All Workforce tools have been updated with current data</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
<ul style="list-style-type: none"> • To develop the current suite of tools to ensure availability, accessibility and application of workforce data. • To develop subset of the tools for specialty specific projects (e.g. Healthcare Scientists analysis). • Ongoing training delivered to individuals and groups on request. • Explore the feasibility of web enabling some of the current workforce tools, via a business intelligence platform. i.e. Power BI, Qlickview. 	<ul style="list-style-type: none"> • Gives individuals an opportunity to explore workforce data. • Used as an opportunity to promote WEDS. • Provide a national workforce dataset that assists organisations to provide context in their workforce plans and other national groups. • Web enabling the workforce tools will enable more data and metrics to be show on one tool instead of having three different excel tools. 			<p>Working with HCS to modify subset of the tool.</p> <p>Initial investigation into web enabling workforce tool. Meeting has taken place with Stats Wales to discuss 'Power BI'</p>
<p>5.5 Provide education and support to key stakeholders (e.g. Workforce planners and Information managers).</p> <ul style="list-style-type: none"> • Enhance and maintain information teams SharePoint site and make available and promote the wide range of information tools. • Develop training material around data analysis. • Facilitate and lead on workshops designed to increase the knowledge of the workforce information managers. • Work with Wales Workforce Information managers to enhance data quality. 	<p>Developing key stakeholders around the workforce and data analysis techniques improves NHS Wales' collective understanding of workforce data/information that will lead to better decision making.</p> <p>Working with Information Managers to increase their skills and productivity will enable better local reporting and help to drive data quality.</p>	RC	March 2019	<p>On-going maintenance of the Share-point site. Migration tool has been uploaded</p> <p>Training material for the migration tool has been created</p> <p>Provision of leadership to Data Quality sub group of Hire to Retire (ESR) Programme Board including agreement of data quality measures and ongoing work programme. Regular reports to programme board.</p>

OBJECTIVE 6 – CAREERS/WIDENING ACCESS

To promote the wide range of career opportunities available within the NHS and to promote NHS Wales to be recognised as the employer of choice.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
6.1 Support the HEIW Board to consider and agree the remit for the management of the careers and widening access agendas	Produce a scoping paper for HEIW to consider options and recommendations for the development of a comprehensive careers service for NHS Wales.	SE	March 2019	Meeting with Deputy CE, HEIW to discuss initial ideas, August 2018.
6.2 Develop a suite of careers resources to support the needs of a diverse population including those at various stages of career choice and careers coaches, advisors and educators.	<p>Bi-spoke NHS Wales's careers website.</p> <p>Working in partnership with careers services and other stakeholders will raise the profile and promote NHS Wales as an employer of choice.</p> <p>Development of a series of webinars for careers coaches, advisers and educators to raise awareness of the 350 roles within health sector.</p>	SE	January 2019	<p>On track. In the process of updating all current content of existing site.</p> <p><i>Your Health Career booklet</i> has been developed specifically for NHS Wales. Copies distributed Health Boards/Trusts.</p> <p>Working with the Careers Development Institute (CDI) to develop a series of 6 webinars. The first webinar delivered on 5th July to coincide with the NHS's 70th birthday. Next webinar (supported by HB colleagues) to take place in October and will focus on apprenticeship opportunities, work-based learning and the roles of health care support workers.</p>
6.3 Organise and deliver regional bespoke careers events, in partnership with Service.	Delivery of three regional events which will promote health careers opportunities and routes in Wales	SE	March 2019	On track. In the process of organising NHS Wales presence at SkillsCymru Llandudno and Cardiff. To celebrate the NHS's 70 th

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
	Showcase the Health Boards/Trusts			<p>birthday, the format of the stand will be altered in order to depict an interactive acute scene. Working with services colleagues and the WHSF to find volunteers to man the stand and provide interactive equipment.</p> <p>Post SkillsCymru 2018 will scope with the NHS Wales Careers Network the potential of running regional NHS Wales specific versions of SkillsCymru.</p>
6.4 Produce an options paper for the HEIW Board to consider establishing an NHS Wales schools competition.	<p>Opportunity to engage schools, raise the profile and promote careers in the health care system as a whole. This will include raising the profile of careers using STEM subject areas.</p> <p>The process will facilitate earlier access and engagement with students and align with the new education curriculums for wales.</p>	SE	February 2019	On track. In the process of drafting briefing paper for HEIW

OBJECTIVE 7 - EFFECTIVE COMMUNICATIONS

Through engagement with our stakeholders and users, ensure that WEDS adopts and embraces the most appropriate and effective communication methods to enable wider access to required information, accessible by all.

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
7.1 Support a range of national events which promote and develop the NHS workforce	Promotion of existing and developing WEDs resources across Wales. e.g. HPMA roadshows, local and national conferences/workshops	CS	Ongoing	Exhibition stands present at the following: <ul style="list-style-type: none">• HPMA Wales Roadshow Event• HPMA Conference• CNO for Wales Annual One Day Conference• Academi Wales Summer School• HEIW Staff Event
7.2 Strengthen collaborative working with other central NHS organisations for example Service Improvement to share capacity/capability of specialist resources.	Resources are used to maximum benefit	CS	Ongoing	Opportunities for collaborative working and sharing taken through membership on all Wales programmes/networks/groups e.g. Joint conference with the Division of Clinical Psychology Wales and Health and Wellbeing Network is arranged for the 7 th December 2018.
7.3 Working with the wider NWSSP team to maximise e-communications, embracing new and emerging technology to ensure the wide and diverse audience for the work of the WEDs team is effectively communicated with.	<p>The role, function and resources of WEDs is promoted, marketed and communicated.</p> <p>Tools and resources produced by WEDS and best practice from other sources are readily available, accessible and actively promoted.</p>	CS	Ongoing	<p>Recently updated and revamped the WEDS SharePoint sites, documents have been updated, and library contents reclassified, to include a catalogue of documents with a search engine.</p> <p>WEDS website is updated regularly, all documents have been given a review date to ensure relevance. The news carousel is refreshed with news items and photos.</p>

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
	<p>The WEDs website is maintained and developed ensuring it provides up to date and relevant information.</p> <p>The most effective and appropriate means of communication is designed and developed through a range of channels, ensuring ease of access, clarity and consistency.</p> <p>Products, publications, workshop and conference resources are designed and developed.</p>			<p>Together We Care electronic pdf document is an example of products developed to accompany and promote all Wales programmes.</p> <p>Range of communication used e.g. for Compendium of Roles and Models – bilingual mp4 video, You tube video for RPL Framework and Toolkit plus QR code and bilingual poster.</p> <p>Range of resources printed and also made available on tablets for events in 7.1.</p>
7.4 Working with the HEIW Transition Programme workstream and the Communications and Engagement workstream to deliver against their aims.	<p>Effective communications and engagement with WEDS staff transitioning into HEIW.</p> <p>Smooth transition from the WEDS website to the HEIW website.</p> <p>Re branding of the WEDS products, resources and promotional items to HEIW new branding.</p>	CS, CM,SG	Ongoing	<p>There have been discussions with WCPPE and the Deanery, any concern/issues have been raised.</p> <p>Part of HEIW programme.</p> <p>All references to WEDS in products have been changed to HEIW (in both English and Welsh). Further work to update the official branding will need to be undertaken.</p>
7.5 Support the Welsh Government to develop the pharmacy narrative for the Train Work Live campaign	A representative suite of cross-sector stories for both pharmacy professional groups.	MS	May 2018	Met with TWL team in June and feedback given to Pharmacy Workforce Modernisation Group in June. Further discussion needed on choice of 'faces' and number of case studies for campaign

Key Deliverables	Outcome/Impact	Lead	Timescales	Progress
7.6 Working with Welsh Government identify options for hosting the content of the current Hospital Pharmacy Training in Wales website information which comply with NHS requirements.	Easily accessible, easy to navigate webpages, marketing centrally funding pharmacy training opportunities in Wales	MS	March 2019	Not yet commenced – awaiting joining with Wales Deanery and WCPPE
7.7 Work with employers (and Wales Deanery) in support of the Welsh Government to develop a national marketing campaign for pre-registration pharmacist training opportunities in Wales.	100% fill rate of advertised pre-reg pharmacist posts through Oriel	MS	September 2018	First National Marketing event opened by CEO, HEIW in Cardiff City Stadium. All Health Boards attended. Employer questionnaire completed. Student feedback from CSPPS received. Feedback to MPC Programme Board September meeting for evaluation and future planning.



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AGENDA ITEM:
20 September 2018

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Risk Appetite Statement

**ARWEINYDD:
LEAD:**

Peter Stephenson
Head of Finance & Business Development

**AWDUR:
AUTHOR:**

Peter Stephenson
Head of Finance & Business Development

**SWYDDOG ADRODD:
REPORTING OFFICER:**

Andy Butler
Director of Finance & Corporate Services

**MANYLION CYSWLLT:
CONTACT DETAILS:**

Andy Butler
Director of Finance & Corporate Services
01443 848552 / Andy.Butler@wales.nhs.uk

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

To request approval of the Risk Appetite Statement.

Llywodraethu/Governance

**Amcanion:
Objectives:**

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

**Tystiolaeth:
Supporting evidence:**

-

Ymgynghoriad/Consultation:

The Risk Appetite Statement has been produced to provide guidance to managers and staff in assessing risk.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

**DERBYN/
APPROVE**

✓

**ARNODI/
ENDORSE**

**TRAFOD/
DISCUSS**

**NODI/
NOTE**

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

NHS Wales Shared Service Partnership

Risk Appetite Statement.

Introduction.

NWSSP is committed to achieving and maintaining the highest standards of managerial practices that maximise and progress service benefits. NWSSP recognises that effective risk management is a key component of corporate governance and is critical to achieving the strategic objectives of the organisation.

NWSSP's Risk Management Protocol seeks to ensure that there is an effective process in place to manage risk across the organisation. Risk management is part of management decision-making and is the responsibility of all staff. Risks are identified, assessed and managed at a corporate level ('top-down') and operational level ('bottom-up'). Managers have a responsibility to evaluate their risk environment, to put in place appropriate controls, and monitor the effectiveness of these controls.

An organisation's risk appetite is defined as the amount and type of risk that the organisation is willing to take in the pursuit of its strategic objectives. The risk appetite can help NWSSP by enabling the organisation to take decisions based on an understanding of the risks involved and communicating expectations for risk-taking to managers.

NWSSP has undertaken a review to identify the most commonly used framework for NHS organisations and confirmed that this is one developed by the Good Governance Institute (Table 1).

Following Shared Service Partnership Committee (SSPC) approval of the Risk Appetite Statement, work will take place to communicate the risk appetite levels to staff and embed it throughout the organisation. It will also be a key reference document in discussions regarding the risks on the Board Assurance Framework and NWSSP risk register, ensuring these are in line with NWSSP's risk appetite.

The Risk Appetite Statement will be presented to the SSPC for approval on an annual basis, or sooner if circumstances require.

Table 1. Good Governance Institute Framework.

Appetite Level.	Described as:
None	Avoid. The avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal. Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	Cautious. Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open. Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	Seek. Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk. Mature. Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

General Statement of Appetite.

NWSSP faces a broad range of risks reflecting its responsibilities. The risks arising from our responsibilities can be significant. These risks are managed through detailed processes that emphasise the importance of integrity, intelligent inquiry, maintaining high quality staff and public accountability.

NWSSP make resources available to control operational risks at acceptable levels and we recognise that it is not possible or indeed necessarily desirable to eliminate some of the risks inherent in our activities. Acceptance of some risk is often necessary to foster innovation within the services for which we are responsible.

This statement considers the most significant risks to which NWSSP is exposed and provides an outline of the approach to managing these risks. All strategic and business plans for operational areas must be consistent with this Statement. Given the range of our activities and responsibilities, it is not appropriate to make a single overarching statement of our attitude to risk. Instead, a range of risk appetite statements arising from the different areas of our work are set out below.

1. Quality.

The provision of high quality services is of the utmost importance for NWSSP. This means that NWSSP has **no appetite** for risks that could result in poor quality of service provision.

2. Compliance.

NWSSP has a **low appetite** to any risk that prevents the SSPC demonstrating the highest standards of accountability and transparency.

Non-compliance with legal and statutory requirements undermines public and stakeholder confidence in NWSSP, has the potential for harm and legal consequences and therefore NWSSP has **no appetite** in relation to these risks.

NWSSP has a preference for safe delivery options rather than risk breaching statutory or compliance obligations.

We have **no appetite** for risks that could result in NWSSP being non-compliant with UK law or healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

3. Research & Development.

NWSSP has a **moderate appetite** for risks associated with innovation, research and development in order to take forward our vision to become a world-class organisation. NWSSP will only take risks when it has the capacity to manage them and is confident that there will be no adverse impact on the safety and quality of the services provided.

4. Innovation.

NWSSP has a **high appetite** for risks associated with innovation and partnership with industry and academia in order to realise the provision of new service delivery options, new technologies, efficiency gains and improvements in practice. However, NWSSP will balance the opportunities with the capacity and capability to deliver such opportunities and is confident that there will be no adverse impact on the safety and quality of the services provided.

5. Reputation & Public Confidence.

NWSSP will maintain high standards of conduct, ethics and professionalism at all times and has **no appetite** for risks or circumstances that could cause reputational damage to NWSSP or a loss in public confidence.

6. Performance & Service Sustainability.

NWSSP has a **moderate appetite** to accept risks to our portfolio of services if they are consistent with the achievement of safety, efficiency and quality improvements as long as safety, quality, financial and effective outcomes are maintained.

7. Financial Sustainability

NWSSP is entrusted with public funds and must remain financially viable while safeguarding the public purse. NWSSP has **no appetite** for accepting or pursuing risks that would leave the organisation open to fraud or breaches of Standing Financial Instruction.

8. Workforce & OD

NWSSP is committed to recruit and retain staff that meet the high quality standards of the organisation and will provide on-going development to ensure all staff reach their full potential. This key driver supports our values and objectives to maximize the

potential of our staff to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work.

NWSSP has **no appetite** for risks associated with unprofessional conduct, underperformance, bullying or an individual's competence to perform roles or tasks safely nor any incident or circumstances which may compromise the safety of any staff members or group.

9. Partnerships

NWSSP works in partnership arrangements with other Health Boards, Trusts, Local Authorities, academia, independent organisations and the voluntary sector and therefore has a **moderate appetite** to seek out opportunities and take greater inherent risks for higher rewards in pursuit of partnership development and collaborative working where this is considered advantageous to achieving its aims.

Working collaboratively with national and local partners requires some moderate risk to be accepted as we develop longer-term strategic plans to deliver stronger and more resilient services.

The above can be summarised as follows:

1	Quality	No appetite
2	Compliance	Low appetite (no appetite for legislative or statutory non-compliance)
3	Research & Development	Moderate
4	Innovation	High
5	Reputation & Public Confidence	No
6	Performance & Service Sustainability	Moderate
7	Financial Sustainability	No
8	Workforce & OD	No
9	Partnerships	Moderate

Conclusion

This statement has acknowledged that NWSSP faces a broad range of risks reflecting its responsibilities and that some of these can be significant.

It has also asserted that risk management is part of management decision-making and is the responsibility of all staff. It has reaffirmed that Managers have a responsibility to evaluate their risk environment, to put in place appropriate controls and monitor the effectiveness of these controls.

Our next steps are to communicate NWSSP's risk appetite levels to staff and support them to implement a revised process for the escalation of risks. This will be achieved through the practical adoption of these risk appetite levels in the way that the Directorate and Corporate Risk Registers function in the future. Directorate Senior Management meetings and the NWSSP Senior Management Team will be the conduit through which this new process will be led.

This statement will be reviewed in the Autumn of 2019, unless circumstances dictate that an earlier review is necessary.



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AGENDA ITEM: 5.1

20th September 2018

The report is not Exempt

Teitl yr Adroddiad/Title of Report

**Progress Update
Corporate & Finance Programme Management Office (PMO)**

ARWEINYDD: LEAD:	Andrew Butler – Director, Finance & Corporate Services
AWDUR: AUTHOR:	Ian Rose – Head of PMO
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Butler – Director, Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andrew Butler 01443 848550 andy.Butler@wales.nhs.uk

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

To provide the Committee with an update on progress of projects within NWSSP.

Llywodraethu/Governance

Amcanion: Objectives:	To provide a consistent and reusable framework for managing, assuring and supporting projects both within and externally to NWSSP.
Tystiolaeth: Supporting evidence:	-

Ymgynghoriad/Consultation :

Shared Services Partnership Committee
NWSSP directorates
Service Users
UK best practice, i.e. Prince 2. MSP.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

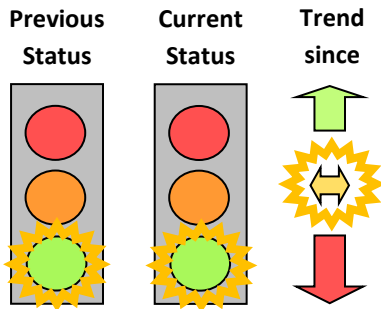
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		The Partnership Committee is to NOTE the report.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No impact. Equality Impact Assessments are undertaken for all project business cases managed by the PMO.
Cyfreithiol: Legal:	No impact.
Iechyd Poblogaeth: Population Health:	No impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The Quality and accuracy of information presented to the Committee is important to support and enable them to make fully informed decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Ariannol: Financial:	No impact.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that risks associated with the PMO are being managed effectively.
Safonau Iechyd a Gofal: Health & Care Standards:	The PMO progress report demonstrates compliance with the governance, leadership and accountability overarching principle of the framework. Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf .
Gweithlu: Workforce:	No impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open



Reporting Period	Aug – Sept 2018	Date Completed	07/09/2018
Summary	The purpose of this report is to provide a progress update to NWSSP Senior Management Team and the Shared Services Partnership Committee	Completed By	Ian Rose

Status Update



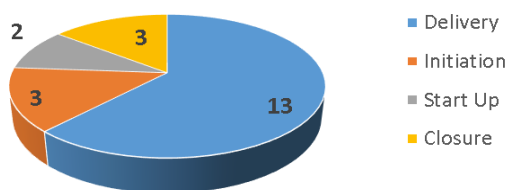
Progress has been made on a number of projects. **Procurement server migration, Cleric MDM, Cleric DR and Server Reconfiguration, All Wales Catering, Laundry OBC**

Continued progress for All Wales Catering IT system in relation to Procurement Stage tasks, **Laundry OBC stage 2** continues with completion of Risk Assessment workshop and **PMO Front door process** now **LIVE** on the intranet.

Thanks – Gildas Griffiths for tremendous support, ownership and delivery for HCS MDM. Gildas provides exemplary support and leadership, which has made that project a success.

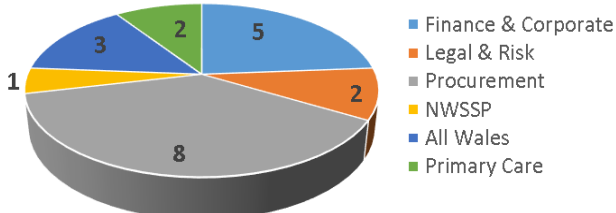
High Level Status

Projects In Progress - Current Stage



Projects in Progress – By Service

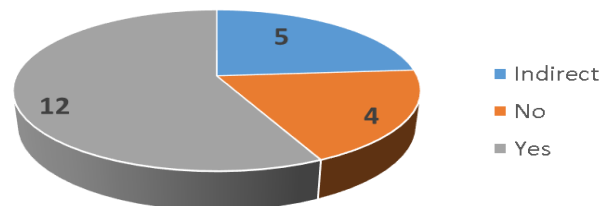
Project In Progress - Services



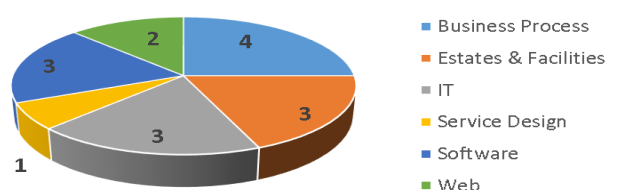
PMO In Progress Projects Aug - Sept 18/19

1. **NWSSP PMO Software**
2. **Laundry Services Project OBC Stage 1**
3. **Procurement Server migration**
4. **STOMA**
5. **PMO Front Door Process**
6. **Alder House Air-con Re-provision**
7. **SABRECOM TV SOFTWARE**
8. **HEIW Ledger**
9. **SPOC**
10. **Cleric stage 2 MDM**
11. **Web Information Architecture - Sharepoint**
12. **Web Information Architecture External Site - Procurement**
13. **Concerns & Risk Software**
14. **All Wales Catering IT System**
15. **Community Dressings**
16. **OBC Review for Legal & Risk**
17. **Transforming Medicines Supply (TRAMS)**
18. **NHAIS Project**
19. **Bulk Post Services**
20. **HEIW General - Procurement**
21. **Cleric DR and Server Reconfiguration**

IMTP Related Projects



Project By Product





Key Planned Tasks next month

- Catering Project – Issue specification for procurement stage.
- Laundry Business Case – Ongoing activity focusing on Costs, Benefits, Risks and OBC. Finalisation for Sept 2018 SSPC submission.
- Cleric MDM Solution deployment.
- Cleric DR and Server Reconfiguration planning.
- Picketston Power specification and quotations.
- CAMMS renewal decision.

PMO Concerns/Issues/Risks

- CAMMS / PMO software PEN test continues to remain outstanding and now affecting contract renewal.

Projects On Track

15 Projects



- STOMA
- PMO Front Door Process
- Alder House Air-con re-provision
- Concerns & Risk Software
- All Wales Catering IT System
- Community Dressings
- OBC Review for Legal & Risk
- TRAMS (Transforming Medicines Supply) - formerly Pharmacy
- NHAIS Patient Registration
- HEIW Ledger - Finance
- HEIW Procurement
- Bulk Post Service – PCS
- Laundry Services Project OBC
- Cleric Stage 2 MDM
- Web Information Architecture – SharePoint

Projects At Risk

5 Projects



- **Sabre Comm** - Tasks relating to testing and asset identification inhibiting progress. IT have now picked up tasks but are of a completing priority within the IT work plan.
- **Web Information Architecture External Site – Procurement** – Ongoing migration and development of content from existing site to cascade site. Content almost complete
- **Procurement Server migration** – Progress made with plan of action agreed to commence work, remains amber until visible, sustained progress. Some user frustrations remain which are being investigated.
- **SPOC – Single Point of Contact (NWSSP NWIS IT)** After some initial delays between IT teams in NWSSP and NWIS, this has now started to progress. Tentative date for November 2018 to complete project.
- **Cleric DR and Server Reconfiguration** – NWIS and NWSSP to plan course of action this month, and tasks identified at a high level to progress the task. Will remain amber until resources are committed and further progress made.

Projects that have Slipped

1 Project





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- **NWSSP PMO Software** – Major concerns in breakdown of communications and changes within the supplier resources. A request has been made to confirm who will be replacing the departing representative but, as yet the supplier has not provided this. The product is still not performing in an acceptable manner due to a multitude of internal and external issues and further discussion to be held with procurement in relation to renewal.

Projects awaiting assignment to a Project Manager

- **Princess of Wales Project** - Paused, awaiting further information
- **Pool Car Project** – Paused awaiting further information.
- **Laundry FBC** – Moved to queued stage pending OBC.
- **Change of Scope for Alder House Refurb**– Change request received and in assessment



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AGENDA ITEM:XX

20th September 2018

The report is/is not Exempt

Teitl yr Adroddiad/Title of Report

Finance, Workforce and Performance Update Report

**ARWEINYDD:
LEAD:**

**Andy Butler, Director of Finance &
Corporate Services & Gareth Hardacre,
Director of WODS**

**AWDUR:
AUTHOR:**

Finance and Workforce 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, workforce and performance matters within NWSSP as at 31st July 2018.

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 :

Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE ✓
Argymhelliad/ Recommendation	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Note the financial position to 31st July 2018 2. Note the significant level of professional influence benefits generated by NWSSP to 31st July 2018. 3. Note the performance against the High level key performance indicators to 31st July 2018. 4. Note the workforce data for the period. 5. Note the content of this update and seek further information if required. 					

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

Finance, Workforce and Performance Update Report

INTRODUCTION

This report provides an update regarding:

- Cumulative Financial Position to 31st July 2018
- High Level Performance indicators to 31st July 2018
- Workforce Information to 31st July 2018

NWSSP Financial position – Month 4

NWSSP reported a Breakeven position at the close of Month 4.

The income and expenditure position for the month period to 31st July 2018 can be summarised as follows:

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD under/ overspend £000
Audit & Assurance Services	2,549	850	824	-26
Procurement Services	15,646	4,891	4,859	-32
Employment Services	9,461	3,145	3,101	-44
Primary Care Services	10,965	3,649	3,475	-174
Legal & Risk Services	2,322	762	759	-3
Welsh Risk Pool Services	524	181	181	0
WIBSS	0	0	0	0
Specialist Estates Services	2,864	926	888	-38
E-Business Central Team Services	525	-1,204	-1,204	0
Counter Fraud Services	381	127	120	-7
Non Medical Education	49,871	32,429	32,430	1
Health Courier Services	486	159	123	-36
SMTL	587	194	194	0
Corporate Services	1,369	466	479	13
Corporate IT Support/RPA	1,385	479	466	-13
PMO	250	108	102	-6
Finance	928	320	247	-73
Workforce & OD/WFIS/ESR/TEL	1,378	458	431	-27
Accommodation	2,365	814	772	-42
WEDS	881	292	301	9
Salary Sacrifice	-30	-10	-14	-4
Finance Academy/Finance Graduate Scheme	366	132	130	-2
ESR Enhanced	-60	-15	-15	0
Stores	0	-15	-15	0
Distribution	-750	0	0	0

The underspends reported within Primary Care Services are primarily down to ongoing vacancies within each of the service areas.

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 - July 2018 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services *	0.444
Procurement Services	21.792
Legal & Risk Services	40.083
Total	62.319

* Specialist Estates Professional Influence figure does not include D4L savings as these are only available from August onwards.

PERFORMANCE

Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 1 reports have been produced and distributed. These reports will 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 July 2018 (Unless otherwise stated) along with comparison to the previous 3 periods.

KEY FINANCIAL TARGETS

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

Financial Position and Key Targets	Target		Position at 31-Jan	Position at 31-Mar	Position at 30-Apr	Position at 31-July
Financial Position – Forecast Outturn	Break even	Monthly	Break even	(£28k)	Break even	Break even
Capital financial position	Within CRL	Monthly	On target	Achieved	On target	On target
Planned Distribution	£0.750m 18/19	Annual	£2.0m	£2.0m	£0.75m	£0.75m
NWSSP PSPP %	95%	Cumulative	98%	98%	98%	99%

KEY PERFORMANCE MEASURES

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

High Level - KPIs July 2018 (unless stated otherwise)	Target		Position at 31-Jan	Position at 31-Mar	Position at 30-Apr	Position at 31-July
Internal Indicators						
Corporate						
NHS Debts in excess of 17 weeks – Value	<£25k	Monthly	£0k	£0k	£3k	£3k
Variable Pay – Overtime	£172k	Cumulative	£437k	£515k	£49k	£172k
Workforce						
Staff Sickness – rolling 12 months	3.3%	Cumulative	3.36%	3.51%	3.55%	3.80%
PADR Compliance	>85%	Monthly	86.95%	81.16%	81.94%	80.74%
Statutory and Mandatory Training	>85%	Monthly	96.47%	95.25%	95.60%	95.58%
Agency % to date	<0.8%	Cumulative	1.36%	1.33%	0.77%	0.82%
External Indicators						
Professional Influence						
Professional Influence Benefits	£50m	Cumulative	£107m	£137m	£26m	£62m
Procurement Services						

High Level - KPIs July 2018 (unless stated otherwise)	Target		Position at 31-Jan	Position at 31-Mar	Position at 30-Apr	Position at 31-July
Procurement savings *Current Year	£12.614m 18/19	Cumulative	*£28.502m	*£29.165m	*£9.305m	*£21.792m
All Wales PSPP (June)	95%	Quarterly	95%	95%	Reported Quarterly	95%
Employment Services						
Payroll accuracy rate inc Value Added	99%	Monthly	99.83%	99.77%	99.80%	99.73%
<u>Organisation KPIs Recruitment</u>						
Time to Approve Vacancies	10 days	Monthly	10 days	9 days	9 days	9 days
Time to Shortlist by Managers	3 Days	Monthly	7.2 days	7.0 days	7.5 days	6.1 days
Time to notify Recruitment of Interview Outcome	2 Days	Monthly	4.1 days	4.2 days	3.6 days	3.5 days
<u>NWSSP KPIs Recruitment</u>						
Time to Place Adverts	2 days	Monthly	1.1 days	1.1 days	1.1 days	1.7 days
Time to Send Applications to Manager	2 days	Monthly	0.9 days	1.0 days	1.0 days	1.0 days
Time to send Conditional Offer Letter	5 days	Monthly	3.3 days	2.6 days	2.9 days	4 days
Primary Care Services						
Payments made accurately and to timescale	100%	Monthly	100%	100%	100%	100%
Prescription - keying Accuracy rates (Apr)	99%	Monthly	99.26%	98.27%	99.47%	99.47%
Internal audit						
Audits reported % of planned audits	18%	Monthly	57%	79%	93%	13%
Report turnaround LHB / Trust management response to Draft report	80%	Monthly	60%	61%	63%	65%
Report turnaround draft response to final reporting	80%	Monthly	99%	99%	99%	100%
Legal and risk						
Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	99%	99%	98%	100%
Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	98%	98%	100%	100%
Welsh Risk Pool						
Acknowledgement of receipt of claim	100%	Monthly	100%	100%	No Committee	100%
Valid claims received within deadline processed in time for next WRP committee	100%	Monthly	100%	100%	No Committee	100%

High Level - KPIs July 2018 (unless stated otherwise)	Target		Position at 31-Jan	Position at 31-Mar	Position at 30-Apr	Position at 31-July
Claims agreed paid within 10 days	100%	Monthly	93%	94%	No Committee	100%
Non-medical Education & Training						
% of Contracts Agreed in principle	100%	Annual	100%	100%	100%	100%
University Returns (Intake, Exit and Monthly Monitoring) received within timeframe	95%	Monthly	100%	100%	100%	85%
Contract, Performance and Operational meetings booked/undertaken timely	95%	Monthly	100%	100%	100%	100%

WORKFORCE INFORMATION

NWSSP Staff in Post

The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP as at 31st July 2018:

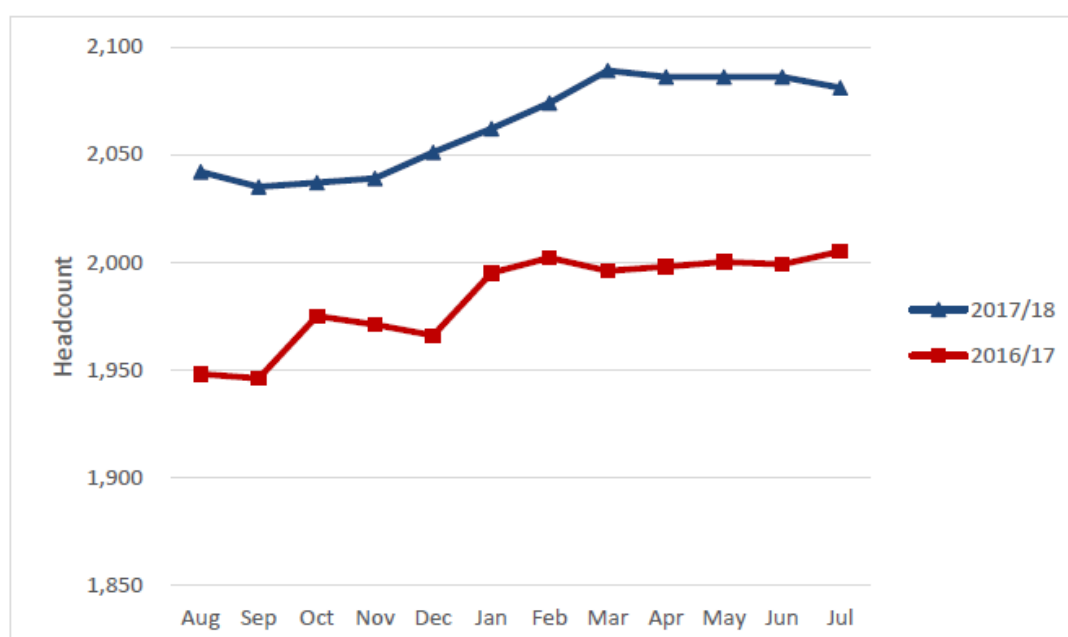
Directorate	Headcount June 2018	Headcount July 2018	FTE June 2018	FTE July 2018	FTE Change +/-	FTE Change +/- %
Audit & Assurance Section	56	55	52.89	51.89	-1.00 ▼	-1.82%
Corporate Section	44	45	42.97	43.97	1.00 ▲	2.22%
Counter Fraud Section	6	6	6.00	6.00	0.00	0.00%
Digital Workforce Solutions Section	10	12	10.00	12.00	2.00 ▲	16.67%
E-Business Central Team Section	13	13	11.43	11.43	0.00	0.00%
Employment Section	350	342	316.63	310.51	-8.00 ▼	-2.34%
Finance Section	21	22	20.35	21.35	1.00 ▲	4.55%
GP Trainees Section	419	414	373.60	370.20	-5.00 ▼	-1.21%
Legal & Risk Section	101	101	92.59	92.59	0.00	0.00%
Primary Care Section	298	299	272.92	274.32	1.00 ▲	0.33%
Procurement Section	659	660	624.19	626.22	1.00 ▲	0.15%
Specialist Estates Section	45	45	43.80	43.80	0.00	0.00%
Surgical Materials Testing (SMTL) Section	19	19	17.52	17.52	0.00	0.00%

Directorate	Headcount June 2018	Headcount July 2018	FTE June 2018	FTE July 2018	FTE Change +/-	FTE Change +/- %
Welsh Employers Unit Section	4	4	3.80	3.80	0.00	0.00%
Workforce & OD Section	21	22	20.12	21.15	1.00 ▲	4.55%
Workforce Education & Development Service Section	20	20	18.85	18.85	0.00	0.00%
Grand Total	2,086	2,079	1,927.66	1,925.59	-7.00 ▼	-0.34%

The change of headcount and FTE is attributable to starters, leavers and change of assignments from bank to substantive employees.

NWSSP Overall Headcount Trajectory

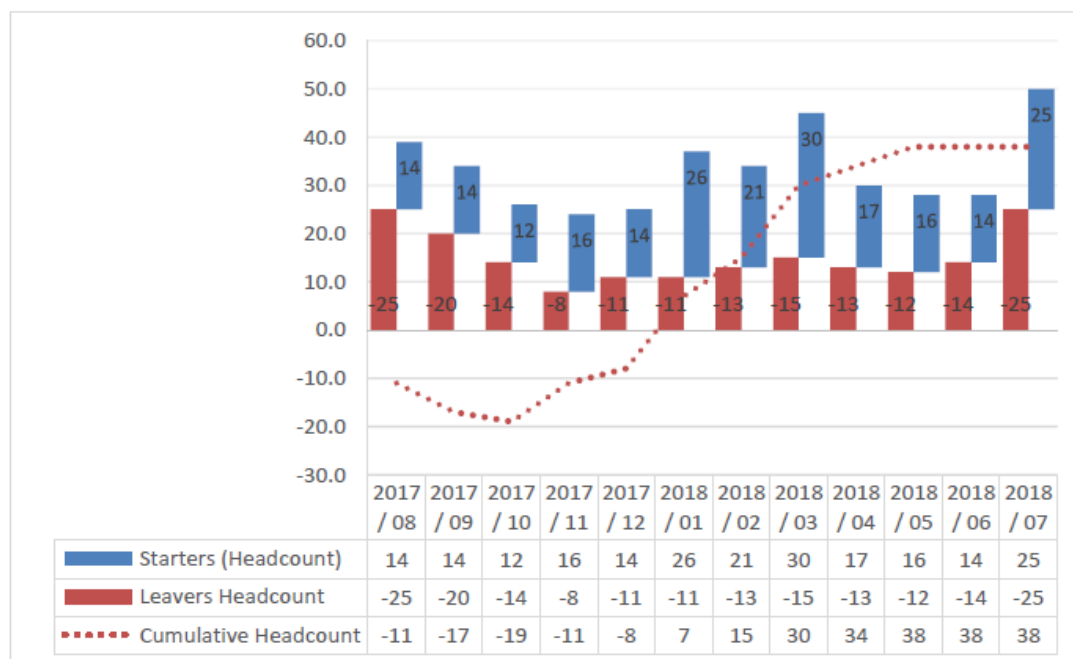
The graph below shows the rolling 12 month headcount trajectory compared to the same period the previous year.



The significant increase in headcount in August 2017 is attributable to the appointment of GP Trainees to NWSSP under the single lead employer scheme.

Staff Turnover

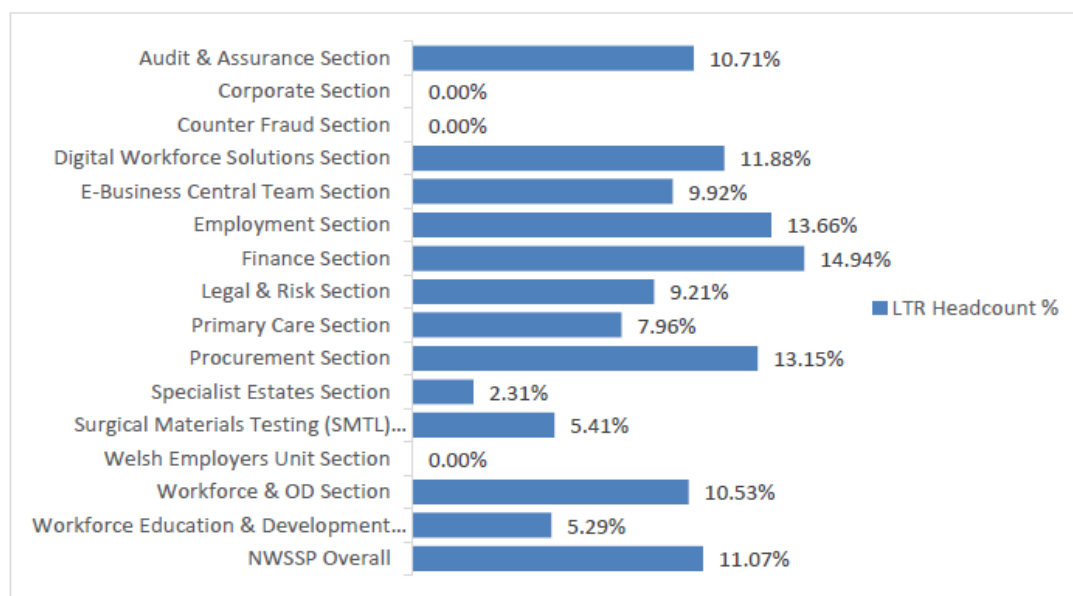
The chart below shows the starters and leavers in NWSSP from August 2017 to July 2018. GP Trainees and Bank workers are excluded from this information:



The turnover rate for NWSSP from 1st August 2017 to 31st July 2018 is 11.07% compared to 10.50 % for the same period last year.

These figures do not reflect internal movement and turnover within NWSSP, or GP Trainee and Bank turnover.

Further detail of turn-over by service area is provided in the chart below.



Please note that those functions with a low headcount may demonstrate disproportionately high turnover percentages. Whilst it is acknowledged that the impact of staff turnover within smaller teams can have a significant impact the turnover percentage needs be understood within the context of the overall headcount.

A summarised analysis of the reasons why staff have left is provided below for the period 1st August 2017 to 31st July 2018:

Non Voluntary Resignations		Voluntary Resignations		Retirement	
Death in Service	3	Voluntary Resignation - Better Reward Package	7	Voluntary Early Retirement - with Actuarial Reduction	6
Dismissal - Capability	5	Voluntary Resignation - Health	4	Flexi Retirement	3
Dismissal - Conduct	1	Voluntary Resignation - Incompatible Working Relationships	1	Retirement - Ill Health	2
Employee Transfer	3	Voluntary Resignation - Lack of Opportunities	5	Retirement Age	20
End of Fixed Term Contract	3	Voluntary Resignation - Other/Not Known	36		
End of Fixed Term Contract - Completion of Training Scheme	1	Voluntary Resignation - Promotion	39		
End of Fixed Term Contract - Other	0	Voluntary Resignation - Relocation	10		
Dismissal - Some Other Substantial Reason	0	Voluntary Resignation - To undertake further education or training	9		
		Voluntary Resignation - Work Life Balance	20		
		Mutually Agreed Resignation - Local Scheme with Repayment	1		
		Voluntary Resignation - Adult Dependants	1		
		Voluntary Resignation - Child Dependants	1		
Total	16		134		31

Of 181 staff that left the organisation during this period 134 staff terminated as a result of a voluntary resignation, equivalent to 74% of all terminations.

Sickness Absence

The chart below shows the average sickness absence rate for NWSSP for 12 months from 1st August 2017 to 31st July 2018.

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

The in-month sickness absence rate for July 2018 was 3.80% which is a 0.01% decrease from the June position:

Absence %	Absence Days	Abs	Avail
3.80%	29,499	26,358.72	694,395.69
Month	Absence %	Abs	Avail
2017 / 08	3.49%	2,038.78	58,484.35
2017 / 09	3.37%	1,899.76	56,353.08
2017 / 10	3.70%	2,150.62	58,051.25
2017 / 11	4.00%	2,250.36	56,256.35
2017 / 12	3.65%	2,138.40	58,533.56
2018 / 01	4.22%	2,479.82	58,802.90
2018 / 02	4.41%	2,355.12	53,390.76
2018 / 03	3.94%	2,342.68	59,525.38
2018 / 04	3.66%	2,108.43	57,684.41
2018 / 05	3.55%	2,119.11	59,630.04
2018 / 06	3.81%	2,203.73	57,854.79
2018 / 07	3.80%	2,271.89	59,828.81

RECOMMENDATIONS

The Shared Service Partnership Committee is requested to note:

- The financial position reported to 31st July 2018.
- The significant level of professional influence benefits generated by NWSSP to 31st July 2018.
- The performance against the high level key performance indicators.
- The workforce data for the period.



The report is/is not Exempt

Teitl yr Adroddiad/Title of Report

Welsh Risk Pool Services – Financial Update – Month 5

**ARWEINYDD:
LEAD:**

Martin Riley, Head of Finance

**AWDUR:
AUTHOR:**

Sue Saunders, Management Accountant

**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 confirm the financial position and performance as at M5.

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:	
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Ymgynghoriad/Consultation :

Adduned y Pwyllgor/Committee Resolution (insert √):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE √
Argymhelliad/ Recommendation	The Committee is asked to: 1. Note the financial position to 31 st August 2018.					

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

INTRODUCTION

The purpose of this report is to provide an update on year to date expenditure and to highlight any significant risks to the outturn forecast.

DEPARTMENTAL EXPENDITURE LIMIT (DEL)

WRPS has a core WG allocation of £75M each year. The PIDR impact for 2018/19 is forecast to be a further £30M and the additional resource requirement has been agreed in principle with Welsh Government via HMT, pending the UK Estimate Process in December.

As at the end of Month 5 a total of £29 million has been utilised by the WRPS and a breakdown is provided below with the 2017/18 comparative at Month 5.

Expenditure heading	Expenditure as at Month 5 1819 £m	Expenditure as at Month 5 1718 £m
Claims reimbursed to members & WRP Managed Expenditure	28.661	17.080
Periodical Payments made to date	0.890	1.228
Movement on claims creditor	(1.125)	6.300
EIDO – Patient consent	0.062	0.00
Redress – Qtr 1	0.508	0.00
Year to date expenditure	28.996	24.608

Full Year Forecast 2018/19

A monthly review of expected cashflows on the L&Rs database for this year continues with a focus on those cases with expected cashflows over £200K.

The forecast yearend outturn is expected to be approximately £105M, similar to 2017/18, despite higher spend in the first five months of this year compared to last year.

	Forecast at M5
	£M's
DEL POSITION as at 31/08/18	28.996
1. High Value (over £200k) - individual claim analysis	53.469
2. Lower Value (under £200k) - "blanket" assumptions	9.352
3. PPO Expenditure	10.500
4. Personal Injury Claims (estimate)	2.333
5. Managed Claims	1.00

Total DEL 2018/19 forecast	105.651
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The above is based on the current PIDR rate. If the rate were to change before the end of the calendar year, a further exercise would be required to ascertain the impact.

There are significant risks associated with the forecast:-

- Identifying and estimating the timing of settlements for individual high value cases to be included in the forecast for this year
- Identification of core growth vs PIDR impact as each are funded via separate funding streams
- The uncertainty of the timing and cost impact of the change to the PIDR rate expected in 2018/19.

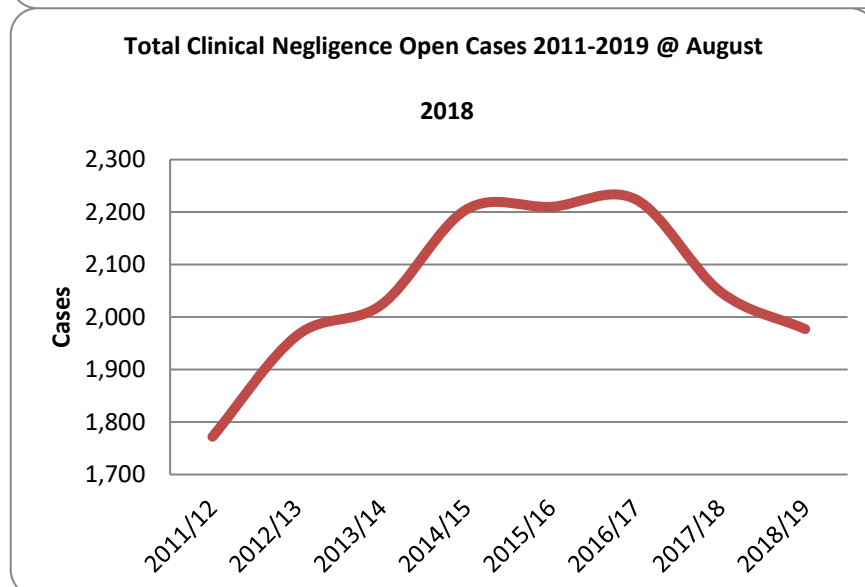
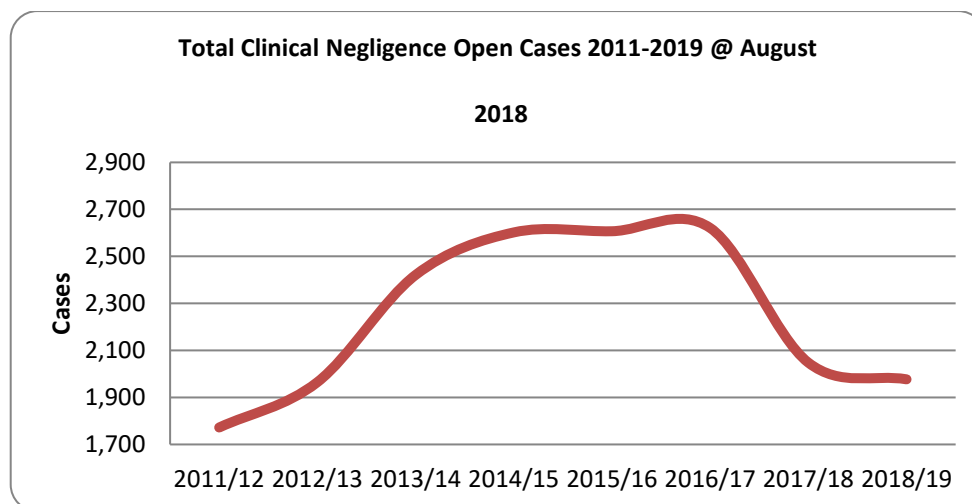
Clinical Negligence - Analysis of ongoing claims

The number of cases had remained consistently high from 2014/15 but reduces significantly from 2017/18.

The decrease in 2017/18 can be mostly explained by an exercise completed in the latter part of the year to remove 397 medical disclosure only cases from the database.

In 2018/19, case numbers continue to reduce; there are 1977 open cases as at August 2018 compared to 2027 at the beginning of the financial year. The potential net liability for these cases amounts to approximately £1.5B for the Welsh Risk Pool inclusive of contingent liabilities.

The first graph below depicts actual case numbers in prior years and the second shows underlying case numbers after adjusting for the medical disclosure cases.



ANNUALLY MANAGED EXPENDITURE (AME)

Following receipt of the Month 4 returns from the Health Boards and Trusts, the movement on provisions is set out below.

The current provision as at 31/07/18:-

PROBABLE AND CERTAIN CASES	31/07/2018 £000'S	31/03/2018 £000'S	Movement

Clinical Negligence	685,861	679,372	6,489
Personal Injury	4,639	6,625	(1,986)
Defence Legal fees & Other Costs	7,321	7,751	(430)
Sub total	697,821	693,748	4,073
Periodical Payment Orders	372,558	369,466	3,092
Total Provision	1,070,379	1,063,214	7,165

The table below sets out the forecast closing balances for the long term provisions by the end of the year.

PROBABLE AND CERTAIN CASES	Forecast 31/03/2019 £000'S	31/03/2018 £000'S	Movement
Clinical Negligence	746,881	679,372	67,509
Personal Injury	5,639	6,625	(986)
Defence Legal fees & Other Costs	7,321	7,751	(430)
Sub total	759,841	693,748	66,093
Periodical Payment Orders	371,896	369,466	2,430
Total Provision	1,131,737	1,063,214	68,523

The above forecast is based on the current PIDR rate. If the PIDR rate is adjusted to a positive value from the current -0.75%, the forecast values will reduce.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:
20 September 2018

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Update – September 2018

ARWEINYDD: LEAD:	Peter Stephenson Head of Finance & Business Development
AWDUR: AUTHOR:	Roxann Davies Compliance Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy Butler Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk

**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 Management Team (SMT) reviews the Corporate Risk Register on a monthly basis.

Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

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

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

NWSSP CORPORATE RISK REGISTER UPDATE September 2018

1. INTRODUCTION

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

RISKS FOR ACTION

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

Current Risk Rating	Sept 2018
Red Risk	1
Amber Risk	11
Yellow Risk	0
Green Risk	0
Total	12

2.1 Red-rated Risks

Risk A1 - Demise of the Exeter Software System ***Current Risk Score: Red 20***

A separate paper updating Committee members on the latest position with this risk is included on the agenda.

2.2 New Risks

The following risk is being considered at the SMT meeting on 19 September for inclusion on the Risk Register:

In the event of a "no-deal Brexit" there is a risk to the supply chain for medical consumables and the advice from the Department of Health is to maintain three months, rather than the current one month, supply of stock. To facilitate this, investment would be needed in buildings, people, transport and systems, in addition to the £6m needed to increase the stock levels. Drugs should not be affected as suppliers have been asked to increase stock levels accordingly.

2.3 Risks removed from Register

The risk relating to the delay in tendering the 3rd Generation Construction and Consultancy Framework has been removed, as this issue has now been resolved.

2. RISKS FOR MONITORING

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

Current Risk Rating	Sept 2018
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	0
Total	4

3. ASSESSMENT/GOVERNANCE & RISK ISSUES




There is a significant risk to the NWSSP if robust governance arrangements are not in place for risk management and each Director has responsibility for notifying the SMT of any risks that could have a financial impact if arrangements are not in place to manage risk. If there are insufficient communication flows to manage risk then there could be a resulting adverse effect on NWSSP and its customers.

4. RECOMMENDATION

The Committee are asked to:

- **NOTE** to the Corporate Risk Register as at September 2018.

Corporate Risk Register

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	Risks associated with the demise of the Exeter system coming to an end in 2015, with no replacement system designed for NHS Wales. The contract in NHS England has been outsourced to Capita.	4	5	20	Establishment of NHS Wales Steering Group. High level option appraisal undertaken. Mapping exercise completed with Capita and PCS subject matter experts to identify gaps between NHSE and NHSW.	4	5	20	Review costings when received from Northern Ireland and submit business case (PS 30 June 2018) - figures still awaited at 7 Sept).	Regarding GMS, there are 3 potential options: 1. NHS Wales redevelop the GMS payments system; 2. Contract with CAPITA; 3. To engage with Northern Ireland. Northern Ireland is preferred option and visit undertaken in Apr 18. Detailed costings still awaited at 7/9/18 and there is a potential governance issue over whether NI can provide services to us. NAO review in England now makes June 20 a more realistic date for the system to be switched off. NHS Digital have been approached to explore a formal agreement to extend support for NHAIS and OE to March 2020 to ensure that appropriate replacement solutions can be sourced.		31-Dec-18
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Disruption to services and threats to staff due to unauthorised access to NWSSP sites.	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix.	3	4	12	Undertake reviews of security at all sites (ND 31/10/2018)	Further incident noted at Companies House - full investigation undertaken and report produced and shared with CH who are undertaking independent penetration testing of physical security. Security review commissioned and is being undertaken by the Police		30-Oct-18
	Strategic Objective - Staff									Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services		
A3	NWSSP are unable to recruit and retain sufficient numbers and quality of staff for certain professional services (Procurement Services) resulting in a potential failure to meet desired performance targets and/or deliver service improvements.	5	4	20	Staff Surveys & Exit Interviews Monitoring of turnover and sickness absence Workforce & OD Framework Work with Great With Talent to develop On-Boarder, Absence & Exit questionnaires (3, 6 and 12 months) Development of Clerical Bank Strengthened relationship with local universities Work-based degree opportunities in some professional services Use of Social Media Use of Recruitment Consultants Targeted Advertising - Trade Journals	4	3	12	Exit interviews to assess rationale for staff leaving employment - 31 Mar 2018 (HR) - on hold due to procurement tender exercise	Recruitment and retention remains a concern, particularly within professional posts primarily with the procurement services function. Recruitment has improved in other professional functions. Work is taking place with all services to have in pace agile recruitment and retention strategies to attempt to address these concerns, utilising available data and information.		30-Sep-18
	Strategic Objective - Staff									Risk Lead: Director of Workforce and OD		

A4	NWSSP is unable to adequately demonstrate the value it is bringing to NHS Wales due to insufficiently developed reporting systems.	4	4	16	Quarterly Performance Reports to Health Boards & Trusts Performance Reporting to SSPC & SMT SSPC Assurance reports Periodic Directorate Meetings with LHBs & Trusts Quarterly meetings with LHB and Trust Exec Teams Regular updates to Peer Groups (DOF's, DWODS, Board Secretaries) Customer Satisfaction Surveys Internal Audit Review (May 2018) Presentations from CEB Gartner (June 2018)	3	4	12	1. Introduce consistent approach in reporting and meetings for all directorates and all LHBs & Trusts (AB) 2. Review and refine performance framework - (MR - 31 Dec 2018) 3. Work proactively to support NHS Wales in delivering the actions outlined within the NHS Wales Chief Executives National Improvement Programme (NIP)	1. Completed 2. Ongoing 3. Paper taken to All Wales Finance Directors meeting in 09/2017.	➔	31-Dec-18
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A5	The transfer of responsibilities and staff in Bridgend from ABMU to CTUHB wef April 2019 will have significant implications for NWSSP processes and workloads.	5	4	20	Standing item on SMT agenda Programme Director attends SMT periodically NWSSP on finance and governance workstreams	4	3	12	Respond to Programme Director with implications for NWSSP - AB/PS 17 Sept 18 Ensure representation on HR Workstream (GH) - 30 Sept 18	NF has spoken with CEOs of both HBs and got agreement that NWSSP will be included in all relevant planning discussions.	➔	31-Mar-19
	Strategic Objective - Customers									Risk Lead: Director of Finance and Corporate Services		
A6	The establishment of HEIW from October 2018 will cause significant disruption and uncertainty for NWSSP staff.	5	4	20	Programme Board Regular presentation to SMT	4	3	12	WEDS Legacy Statement to be produced for SSPC September meeting (JD) Review accuracy of suggested costs ahead of next Finance workstream (LP) 30 Sept 18	Confirmed go-live date of 1 Oct 2018. Recognition now from WG that this will be a hugely expensive exercise. Concerns over impact on NWIS and whether our service from them will suffer as a result. Exec Director posts now confirmed. Lots of activity taking place outside formal work streams.	➔	31-Dec-18
	Strategic Objective - Staff									Risk Lead: Director of Finance and Corporate Services		
A7	NHS Wales A4C Pay Award and Priority Service Reconfiguration : NWSSP integral to national pay negotiations and delivery of 2018 A4C Pay Award and payment of T&C arrears. Depending on progress of negotiations implementation is proposed for July/Aug 18 running in parallel with significant service change: - M&D Trainee Rotation - Establishment of HEIW - Payment of T&C Arrears - CTUHB/ABMUHB Transfer	5	4	20	Draft framework in place	3	4	12	Escalate potential July/Aug timescales with IBM to secure and maximise application of new Award and T&C's in ESR Work commenced to establish payment of T&C arrears to individuals Pay modelling to inform negotiations to speed up decision process.	IBM placed on notice of NHSW timeline and anticipated conclusion of pay negotiations at end of June. Draft framework now in place - outcome of Trade Union ballot on pay award likely to be considered at start of September	➔	30-Sep-18
	Escalated Directorate Risk									Risk Lead: Assistant Director Employee Services		
A8	NWSSP's lack of capacity to develop our services to deliver further efficiency savings and introduce innovative solutions for NHS Wales and the broader public sector.	4	4	16	IMTP Horizon scanning days with SMT and SSPC to develop services Established new Programme Management Office (PMO) IT Strategy Regular reporting to SMT and SSPC	3	3	9	1. Implementation of project management software (AB) 2. Invest in Robotic Process Automation (AB)	1. Procurement pilot project completed - currently being rolled out in NWSSP 2. RPA pilot in progress	➔	30-Sep-18
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
A9	Risks arising from changes introduced by the Welsh Government to the NHS Bursary Scheme whereby students now have to commit to work in Wales for the two years following completion of their course in order to receive the full package of benefits.	4	4	16	Governance Group with four workstreams established to meet all aspects of this announcement.	3	3	9	Further work required to develop the repayment mechanism. (PT)	The new scheme has been successfully implemented, however, further work required to develop the repayment mechanism.	➔	30-Sep-18
	Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services & Director of WEDS		

A10	Lack of effective succession planning at a senior level will adversely impact the future and strategic direction of NWSSP due to the age profile of the SMT.	4	3	12	Workforce & OD Framework On-going development of existing staff to ensure a ready supply of staff to meet the maturing organisation's needs. Leadership Development Programmes	3	3	9	1. Develop a plan which includes likely key dates for each of the affected services and which prioritises succession planning based on proximity of risk (HR) 31 Dec 18 2. NHS Wales Leadership Programme - identify key staff with potential for future development and encourage them to undertake the leadership programme - (HR) 31 Dec 18 3. National Succession Strategy for NHS Wales - participate in the work of the national group and identify high performing staff who may be eligible for consideration to support succession planning requirements - (HR) 31 Dec 18	Recent appointments of senior staff have helped to address this risk.	➔	31-Dec-18
	Strategic Objective - Staff									Risk Lead: Director of Workforce and OD		
A11	Operational performance is adversely affected through the use of some out-of-date software systems, lack of consistent IT support across NHS Wales resulting in interoperability issues and the limited capacity of NWIS to meet the demand for IT development to develop our services.	4	5	20	Created a Business Systems and Informatics Department Service Level Agreement (SLA) in place with NWIS Significant additional capital funding obtained from Welsh Government in prior year for IT investment Development of draft IT strategy Quarterly Reporting of Performance to SMT	2	4	8	1. Finalise IT Strategy for NWSSP, to include an IT replacement strategy - complete 2. Consolidate Desktop support from one strategic partner - currently a mix of arrangements (NWIS & BCU) - 31 Mar 2018 (AB) 3.Finalise Cyber Security Action plan - complete 4. Develop an overarching Business Continuity plan for NWSSP incorporating operational, IT and building requirements and test the plan annually - 30 Jun 18 (PS)	All actions on track and a consultant from the Wales Quality Centre is currently working with NWSSP to enhance BCP arrangements. 1. Completed 2. Ongoing 3. Completed 4. Ongoing - plan developed and to be tested in Sept.	➔	30-Sep-18
	Strategic Objective - Excellence									Risk Lead: Director of Finance & Corporate Services		
A12	Failure to comply with Welsh Language requirements and capacity to meet the increased demand for Welsh translation services resullting from the implementation of the Welsh Language Standards leading to reputational damage for NWSSP.	3	4	12	Welsh Language Officer appointed Staff required to populate Welsh language skillset in ESR Welsh Language Translator appointed WL awareness is included within the face to face corporate induction training day Accredited WL training in place at several NWSSP sites WL monitoring report submitted to SMT External comms - WIAP project ensuring all web information is bilingual, graphic design, public events, etc	2	4	8	1. Undertake a Cost/benefits analysis to justify further investment in Welsh Language capacity - complete 2.Bilingual interface of TRAC recruitment software to be fully bilingual - complete 3. Investigate the potential for introducing a WL hub to provide support with translation for NHS Wales - complete	Updates provided to both June and July SMT. A further translator has been appointed who will commence in post in Sept 18. Meetings held with Welsh Language Commissioner's Office at end of June 18 and draft compliance notice received in mid-July. 12 week consultation period but this includes the need to be approved by Velindre Board and all previous approvals (e.g. SMT). We will then have six months (and 12 months in exceptional cases) from November to demonstrate compliance with the standards.	➔	31-Dec-18
	Strategic Objective - Staff									Risk Lead: Director of Finance and Corporate Services		
Risks for Monitoring												
M1	1. The Learning@Wales server provided and supported by NWIS requires enhancements to ensure user capacity is aligned with forecasted usage and is fully supported and managed to ensure provision of service does not degrade further. Further enhancements are required to reporting capability as this is affecting the service provided and reputation of NWSSP. 2. The ESR e-learning server is currently provided by NWSSP, via a server located in Manchester. This server has little resilience and requires hosting within NWIS DMZ with a fully supported service management wrap. Over 70% of learning undertaken in NHSW at 07/2017 was via e-learning. There would be a significant impact on the compliance of the workforce if the server failed.	4	4	16	Additional support provided from NWIS to schedule reports out of hours to minimise impact on server disruption. Significant cleansing and formatting of reports by DWS Team before they are forwarded to organisations to enable them to manage compliance. NWSSP IT function have enabled a temporary solution via the Manchester server.	2	4	8	1. Escalation with NWIS for resolution. 2. Provision of fully supported server, hosted in NWIS, DMZ required.	1. A part-solution is in place for reporting but the final reporting solution is still to be sourced. NWIS are making progress and a recent meeting has taken place where the specification and possible solutions have been discussed. NWIS need to go out to advert for a specialist to support this work and they have also submitted a request for a new server build for this project. A further update will be available at the end of June following the next meeting. 2. We are awaiting confirmation from NWIS on the timeline for the server move. The server is currently resilient and there is a meeting with NWIS on 13/6 where we hope to get clarification on a new migration timeline.	⬇	
	Escalated Directorate Risk									Risk Lead: Director of Workforce and OD		





M2	Reputational impact due to issues within the Accounts Payable (AP) team that have resulted in the delay in payment to suppliers in a number of Health Boards and Trusts leading to failure to achieve their Public Sector Payment Policy (PSPP) targets.	4	4	16	Review of performance at regular meetings with LHBs and Trusts SMT review high level progress reports on regular basis Restructure of AP team to improve performance Action plan in place to address issues - has been subject to independent review Finance Academy has established P2P as a national project under the developing excellence initiative. Accounts payable helpdesk introduced	3	4	6	1. Complete implementation of action plan (RW) 2. Internal Audit to complete follow up review (SC) 3. The All Wales P2P group to provide regular updates on progress to the SMT (AB) 4. Appoint P2P Project Manager (AB)	1. Completed 2. Completed 3. Regular updates to Finance Directors and Committee 4. Completed Actions taken to date have resulted in improvement in PSPP performance not now considered a problem. The introduction of the No PO/No pay Policy from June may have a short term adverse impact.	➔	
	Escalated Directorate Risk									Risk Lead: Director of Procurement Services		
M3	Failure to ensure compliance with GDPR requirements leading to a serious breach which damages the reputation of NWSSP	4	3	12	Information Governance Steering Group Information Governance Manager Caldicott Guardian Senior Information Risk Owner (SIRO) Training programme for staff CPIP Annual Self-Assessment and Report Information Asset Owners in each Directorate ICO Audits Information Governance Risk Register Health and Care Standards	2	3	6	1. Information Governance Work Plan to be formally approved (AB) 2. Review lessons learned from IG breaches (AB) 3. GDPR Action Plan 4. Internal Audit review to be undertaken in 2018/19	1. Completed - IG Work Plan approved by IG Steering Group. 2. Ongoing - Standard agenda item on IG Steering Group; presentations delivered by each directorate, in turn. NWSSP achieved a score of 96% in the latest Caldicott Principles into Practice assessment.	➔	
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services in conjunction with Service Heads		
M4	The forecasting of the Risk Pool spend is complex. Any inaccuracies could have a major impact on NHS Wales' ability to achieve financial balance and could adversely impact the reputation of NWSSP. The change in the discount rate in February 2017 has increased the complexity of the calculations.	4	4	16	Appointment of a dedicated Risk Pool Accountant Introduction of Business Partnering Arrangements On-going development of robust forecasting arrangements Regular reporting to SSPC and Directors of Finance Subject to WAO review.	2	3	6	1. Closer working with Health Boards, Welsh Government and Solicitors required to maintain a current and accurate view of the level of risk. 2. Development of a forecasting model to map the financial impact of the discount rate change over the next 3 years.	Both actions completed. NWSSP have developed a forecasting system which incorporates all the latest information about cases over £250k available from the Solicitors. This has been agreed with Welsh Government. A dialogue system is in place and forecasting is always on the LARS monthly Senior Team meeting, chaired by the Director and attended by Martin Riley and Legal & Risk Services' Senior Solicitors/Team Leaders. Finance Directors were updated on the latest position in 01/2018. Additional funding has now been provided by HM Treasury.	➔	
	Escalated Directorate Risk									Risk Lead: Director of Finance & 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.				

	New Risk
	Escalated Risk
	Downgraded Risk
	No Trend Change

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

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 5.1 20th September 2018
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<i>The report is not Exempt</i>
Teitl yr Adroddiad/Title of Report
NWSSP RPA Service - Project Highlight Report

ARWEINYDD: LEAD:	Andrew Butler – Director, Finance & Corporate Services
AWDUR: AUTHOR:	Ian Rose – Head of PMO
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Butler – Director, Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andrew Butler 01443 848550 andy.Butler@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with an update on progress with the RPA Service projects.

Llywodraethu/Governance	
Amcanion: Objectives:	To provide a consistent and reusable framework for managing, assuring and supporting projects both within and externally to NWSSP.
Tystiolaeth: Supporting evidence:	-

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 the report.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No impact.
Cyfreithiol: Legal:	No impact.
Iechyd Poblogaeth: Population Health:	No impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The Quality and accuracy of information presented to the Committee is important to support and enable them to make fully informed decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Ariannol: Financial:	No impact.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that risks associated with the RPA are being managed effectively.
Safonau Iechyd a Gofal: Health & Care Standards:	The RPA progress report demonstrates compliance with the governance, leadership and accountability overarching principle of the framework. Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf .
Gweithlu: Workforce:	No impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open



NWSSP RPA SERVICE HIGHLIGHT REPORT

PROJECT STATUS

REPORTING PERIOD:	May 2018 to Mid-August 2018	DATE:	15/08/18
SUMMARY:	The document provides an operational progress update on the RPA programme of work taken forward by the NWSSP RPA Team. The update covers the period since the presentation at the NWSSP SMT on 26 th April 2018.		
PRESENTED BY:	Paul Thomas, Chair RPA Board	COMPLETED BY:	Said Shadi

Current Status

Trend Since Last Report

Overall Summary

- Schedule** - The Project remains on schedule against the 12 month plan presented to the SMT in April. No slippages to report.
- Risks & Issues** – All known risks and issues (operational and service) are being managed.
- Quality** – Internal quality control documentation have been developed and review by the RPA Board.
- Development Snapshot Position:**

Category	Previously Reported Number of Processes	Latest Number of Processes
Processes Live	2 (one-off bots)	3 (recurring bots) 2 (one-off bots)
Processes in development	3	3 (recurring bots)
Processes being scoped	2	4 (recurring bots)
Future pipeline processes (potential)	10	52 (recurring and one-off bots)

NB: Refer to Section A, Point 8 for details on the latest processes.

Legend:

Red	- Delivery is behind schedule against the plan (3 years), and not presently expected to recover without further action
Amber	- Delivery is behind schedule against the plan, however, is expected to get back on track
Green	- Delivery progressing in accordance with the plan (3 year) and within expected tolerances

A. Progress update since previous report/update:

List of any significant achievements or changes, including any milestones or deliverables

- Between April and June 2018 a considerable amount of effort and resources spent to transition the proof of concept infrastructure to an agile, scalable and fully automated solution. This included building in the relevant security controls, authentication requirements, and business continuity/disaster recovery service. On route a significant number of technical challenges had to be addressed. Work completed successfully although there is one intermittent issue still to be addressed with NWIS.
- Reviewed all previous proof of concept developed processes and redesigned these to ensure full reusability and alignment to the newly established design and development standards. Work completed for three processes that are now live and being monitored.

3.	Prepared the RPA 3 Year Strategy and Service Delivery Model. Including change delivery model, process templates, benefit assessment, prioritisation and scoring model. Documents signed off by the RPA Board in June 2018.
4.	Inaugural meeting of the new RPA Board held on 25 th June 2018. Future meeting dates also agreed.
5.	Successfully upgraded the Blue Prism application from version 5.2.4 to version 6.2. This was critical in order to utilise new and improved functionality that helps speed up process development.
6.	Progressed more suitable RPA training to ensure new RPA developers trained to the required standard.
7.	Corrected developed processes to confirm to the RPA Common Operating Model (RCOM) standard, to correct errors and allow them to run in an efficient manner
8.	<p>Successfully gone live with three recurring “bots” (redeveloped following the Proof of Concept (PoC)), these are in addition to the two “bots” created to progress one off process exercises:</p> <ul style="list-style-type: none"> Process 3 - Statement Reconciliation - The process checks statements from the top 50 suppliers against invoice records held within Accounts Payable in Oracle E-Business Suite. Expected annual efficiency saving through automation = £22.2k Process 6 - Invoice Workflow Approval (IWA) – The process will release manual holds placed on invoices routed via IWA. Once the invoice is approved the “bot” releases the hold.. Expected annual efficiency saving through automation = £3.04k <i>Note: waiting for NWSSP-PS to inform RPA Team when it should be enabled.</i> Process 29 – Oracle User Account Management Audit - The process regularly (weekly) checks that Oracle E-Business suite users with a restricted Oracle responsibilities matches the approved authorised list and no users have this restricted responsibilities outside the control process. Expected annual efficiency saving through automation = £8.4k
9.	<p>Several further PoC processes presently in development. These include:</p> <ul style="list-style-type: none"> Permanent Contracts from NHS Wales New Starters XN - XR Payscales Inventory Consolidation
10.	<p>Several further processes presently being scoped for consideration by the RPA Board. These include:</p> <ul style="list-style-type: none"> Catalogue Management HCS Punctuality Allocation of Competencies to ESR positions
11.	<p>Several business service areas (Procurement Services and Employment Services) have shared a list of potential pipeline processes for RPA Board consideration. The RPA Board are to consider the priority of the following potential list:</p> <ul style="list-style-type: none"> Procurement Services – 12 potential processes Employment Services – 40 potential processes <p><i>Note: There are only two RPA resources in the RPA Team, one of these a full time development. Therefore, progress to assess, design, develop and deploy all the potential processes could take a number of years without additional resources.</i></p>
12.	The RPA Team attended the All Wales FMS RPA Group meeting on 26 th June 2018 to ensure a common strategy and approach is taken forward by all health organisations deploying RPA and wherever possible the central RPA capabilities are utilised.
13.	Gartner Group and other RPA companies engaged with to assess the plan and approach. Positive feedback received on the RPA approach and methodology adopted by the RPA Team.

B. Tasks planned for this period but not completed:	Forecast completion
1. Several proof of concept processes (for instance: Permanent Contract for NHS Starters; HCS Punctuality) are awaiting further information from the relevant business service area. These will be progressed once outstanding information provided.	To be confirmed
2. The RPA infrastructure has not been tested in business continuity /disaster recovery mode. This will need to be validated before a considerable number of processed are deployed live.	Dec 2018
3. The RPA manager not had an opportunity to meet with all business services to intro the RPA Team and the opportunities to be realised through process automation.	Dec 2018

C. Tasks planned for next period (Mid-August to End September 2018) <i>(in addition to activities planned but not completed)</i>
<p>1. Work is progressing to evaluate the requirements for a number of further processes, including:</p> <ul style="list-style-type: none"> • “Process 2 – Inventory Consolidation Process” • “Process 16 – Bravo” <p>Separately, there is still a requirement to explore the automated Rostering solution developed by Central Team eBusiness Services for Cardiff & Vale Health Board and to migrate to BluePrism.</p>
2. Further work required to improve the process for identifying pipeline processes and presenting these to the RPA Board to filter and prioritise for the RPA Team. This will be supported by training and awareness sessions that the RPA Team will progress later in the year with each Business Service area.
3. RPA Team to meet with directors, teams to explore future opportunities. This includes developing local champions.
4. Prepare Use Cases for processes now live.
5. Meeting of the RPA Board scheduled for 5 th Sept 2018.
6. Progress outstanding technical issues with NWIS and also directly with BluePrism support.
7. The RPA business continuity/disaster recovery test of the infrastructure to be signed off with NWIS.
8. Explore opportunities with vendors that have deployed more complex RPA solutions, including using Artificial Intelligent and Machine Learning.

D. Main Project Risks and Issues	
Risk	Action
1. Present demands for processes to be considered for automation exceeds available capacity in the RPA Team. There are many potential candidates that need to be fully assessed, designed, developed and then deployed.	To get through the list in a timely manner required a business analyst to assist the RPA Team. At least one additional RPA developer is also required.

Based on existing demands, these could take between 12-18 months to fully review and where relevant then develop/deploy.	
2. There is a risk that the RPA Manager may be required to assist another critical project (for instance Health Education Improvement Wales build). If this happens then further automation work by the RPA Team will be severely restricted and may even need to go on hold.	The priority is to ensure the HEIW organisation seeks its own Oracle system resources or for other health organisations to provide assistance. Only if this is not possible within the tight go-live deadline then consideration will be required on whether the RPA Manager skills will be required.
3. It is understood several Health Boards have moved forward locally to develop RPA processes. The risk is that there could be considerable duplication and contentions where these interact with national application systems.	Ensure there is consistency in design and approach by all organisations and for the All Wales RPA Group to review all processes being developed and identify opportunities to share and collaborate. Strategically, "bots" that benefit multiple organisations should be developed and maintained centrally.
Issue	Action
1. The intermittent infrastructure issue (login agent) failing when server is rebooted needs to be stabilised.	NWIS and BluePrism investigating the situation and a permanent solution awaited.
2. RPA team require access to certain ESR areas in order to develop automated processes.	Request made to the HR lead for the relevant permissions for the "bot"

E. Programme Assurance Commentary

1	RPA Board kept informed of programme progress and the ongoing plans. Critical for the RPA Board to ensure the correct priority assigned to the next set of processes to be progressed by the RPA Team.
2	Process owners and local champions kept informed of process made on their processes, and their required involved in testing and sign off.
3	Linkages to the All Wales RPA Group to ensure there is a joined-up approach to the design, development and deployment of "bots"

F. Additional Comments *(where appropriate)*

1. It is essential that business services recognise that the RPA Team will require permissions to local Applications for the relevant processes to be automated that use these systems. It is important these permissions are made available in a timely manner.
2. At present not all Business Services are represented on the RPA Board. It will be helpful for a wider representation to ensure there are a broad range of developments progressed by the RPA Team.
3. Depending on the business urgency to move forward with processes that are presently in the pipeline queue for consideration, then additional resources in the RPA Team may need to be considered.
4. Due to the limited capacity in the RPA Team, no consideration has been given to assisting other Health Boards/Trusts in their request for the team to build "bots" for them. This will be a secondary consideration until the present resource challenges are addressed.



GIG
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NHS
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Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:
20 September 2018

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Health & Care Standards Action Plan

ARWEINYDD: LEAD:	Peter Stephenson Head of Finance & Business Development
AWDUR: AUTHOR:	Roxann Davies Compliance Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy Butler Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk

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

To provide the Partnership Committee with a copy of the Action Plan arising from the 2018 Health & Care Standards self-assessment.

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:

Progress against the Action Plan will be monitored by the NWSSP Senior Management Team throughout the year.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	The Committee is asked to NOTE the Action Plan.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	The Action Plan is focused on ensuring that we meet our obligations under the Health & Care Standards which include equality and diversity responsibilities.
Cyfreithiol: Legal:	The Action Plan is focused on ensuring that we meet our obligations under the Health & Care Standards which include legal responsibilities
Iechyd Poblogaeth: Population Health:	The Action Plan is focused on ensuring that we meet our obligations under the Health & Care Standards which include promoting a healthy population in Wales.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The Action Plan is focused on ensuring that we meet our obligations under the Health & Care Standards which include quality and safety responsibilities.
Ariannol: Financial:	Not applicable
Risg a Aswariant: Risk and Assurance:	The Action Plan is focused on ensuring that we meet our obligations under the Health & Care Standards which includes managing risks effectively.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Standard 1.1 Health Promotion, Protection and Improvement
Gweithlu: Workforce:	The Action Plan is focused on ensuring that we meet our obligations under the Health & Care Standards which includes the welfare of our workforce.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

Health and Care Standards Self-Assessment Action Plan 2018



No.	Action	Standard	Responsibility	RAG Status/ Deadline
1.	Improving the performance management framework and developing meaningful key performance indicators into our integrated reporting mechanisms (IMTP, Annual Review, Sustainable Development Statement)	Governance, Leadership and Accountability	Head of Finance Head of IMTP	Ongoing
2.	Influencing updates of the corporate policies and procedures suite held by Velindre University NHS Trust to align with the Corporate Health Standard (e.g. smoking, substance abuse, alcohol)	Governance, Leadership and Accountability	Workforce & OD Corporate Services	Ongoing
3.	Working towards attaining the Corporate Health Standard, Bronze Award	Staff and Resources	Workforce & OD Corporate Services	Ongoing
4.	Review the profile of our diverse workforce and promote this through communications channels	Staff and Resources	Workforce & OD	Ongoing
5.	Analysing the Staff Survey 2018 data in relation to key themes around staff health and well-being to develop a strategic picture	Governance, Leadership and Accountability	Workforce & OD Corporate Services	Ongoing
6.	Developing a staff well-being forum to promote best practice and encourage events and initiatives to be shared locally, identifying colleagues who can act as Champions to lead on topics in which they are interested (e.g. cycling, running, gym exercise, choir, "buddies" to anyone wishing to cease smoking, etc)	Staff and Resources	Workforce & OD Corporate Services	Ongoing
7.	Integration of health and well-being questions into the Trust-wide Travel Survey 2018, which informs the Travel Plan Action Plan for the Active Travel Act 2013	Staying Healthy	Corporate Services	Ongoing
8.	Strengthening our Equality Integrated Impact Assessment Process through development of supporting guidance, reviewing the set-up of the remote panel and hosting workshop sessions	Governance, Leadership and Accountability	Corporate Services	Ongoing
9.	Explore collaboration opportunities for delivering training courses on mindfulness, stress management and well-being and assessing funding streams available	Staying Healthy	Workforce & OD	Ongoing
10.	Strengthening our Corporate Induction offering for new starters to the organisation for health and well-being	Staying Healthy	Workforce & OD Corporate Services	Ongoing
11.	Alignment of Workforce & Organisation Development with WEDS/HEIW going forward to influence better communications on All-Wales campaigns	Governance, Leadership and Accountability	Workforce & OD	Ongoing
12.	Explore benchmarking exercise with NHS Wales organisations	Governance, Leadership and Accountability	Corporate Services	Ongoing
13.	Utilise anonymous case studies and examples across our workforce and involve staff who express an interest by capturing existing employee-led health and well-being activities into the evidence (e.g. charity runs, sports followed, voluntary work, etc)	Staff and Resources	Workforce & OD Corporate Services	Ongoing

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 20 September 2018
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

**VELINDRE NHS TRUST AUDIT COMMITTEE FOR NHS WALES
SHARED SERVICES PARTNERSHIP**

NWSSP AUDIT COMMITTEE ANNUAL REPORT 2017-18

ARWEINYDD: LEAD:	Roxann Davies, Compliance Officer, Corporate Services
AWDUR: AUTHOR:	Roxann Davies, Compliance Officer, Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Stephenson, Head of Finance & Business Development
MANYLION CYSWLLT: CONTACT DETAILS:	Andy Butler, Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk

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

The purpose of this report is to provide the SSPC with the approved Annual Report for the NWSSP Audit Committee, for the financial year 2017-18.

Llywodraethu/Governance

Amcanion: Objectives:	Each of the five key Corporate Objectives
Tystiolaeth: Supporting evidence:	Individual reports submitted to Audit Committee

Ymgynghoriad/Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee - Approved
- NWSSP Senior Management Team – - Information and Assurance
- Velindre NHS Trust Board - Information and Assurance

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		Outline the recommendation of the report <ul style="list-style-type: none"> The Committee is asked to NOTE the report 					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Evidence suggests there is correlation between governance behaviour in an organisation and the level of quality and performance achieved.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust assurance processes in place.
Safonau Iechyd a Gofal: Health & Care Standards:	Standard 1: Governance, Leadership and Accountability http://gov.wales/docs/dhss/publications/150402/standardsen.pdf
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open – the report is NOT exempt.

Velindre NHS Trust Audit Committee for NHS Shared Services Partnership (NWSSP) Audit Committee Annual Report 2017-18

1. CEFNDIR/BACKGROUND

The fifth Annual Report of the NWSSP Audit Committee, for the reporting period 2017-18, highlights the activities and details the performance of the Committee. The primary role of the Annual Report is to review the establishment and maintenance of the effective systems of internal control and risk management.

In achieving its aim, the Committee assesses the work undertaken by Internal Audit, External Audit and Local Counter Fraud Specialists, together with management in areas of governance, risk and control.

The Committee shall endeavour to continue to develop its functions and effectiveness and intends to seek further assurance, throughout 2018-19.

At NWSSP Audit Committee on 24 July 2018, the Committee resolved to **APPROVE** the Committee Annual Report 2017-18, as set out in **Appendix 1**.

The Annual Report is presented to the Committee for **information** and **assurance** and will be published on the NWSSP intranet and website.

2. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

- **NOTE** the NWSSP Audit Committee Annual Report 2017-18



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth
GIG Felindre
Velindre NHS Trust

Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership

Annual Report 2017-2018

1. FOREWORD

I am pleased to present the Annual Report of the Velindre 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 2018.

During the year, I was supported by Independent Members, Judge Ray Singh and Professor Jane Hopkinson, who offer considerable knowledge and wide-ranging experience to the Committee.

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 the Wales Audit Office.

2017/18's meetings have been well attended, and there was constructive dialogue and challenge throughout. Indeed, 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 we introduced a number of new initiatives to the Committee during 2017/18, including a brief effectiveness review session at the end of each meeting, the issuing of electronic Committee papers, and the assurance mapping exercise carried out across the organisation, which accompanied an extensive review of risk management.



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 outcomes for NHS Wales.

Mr Martin Veale JP
Chair of the Velindre 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

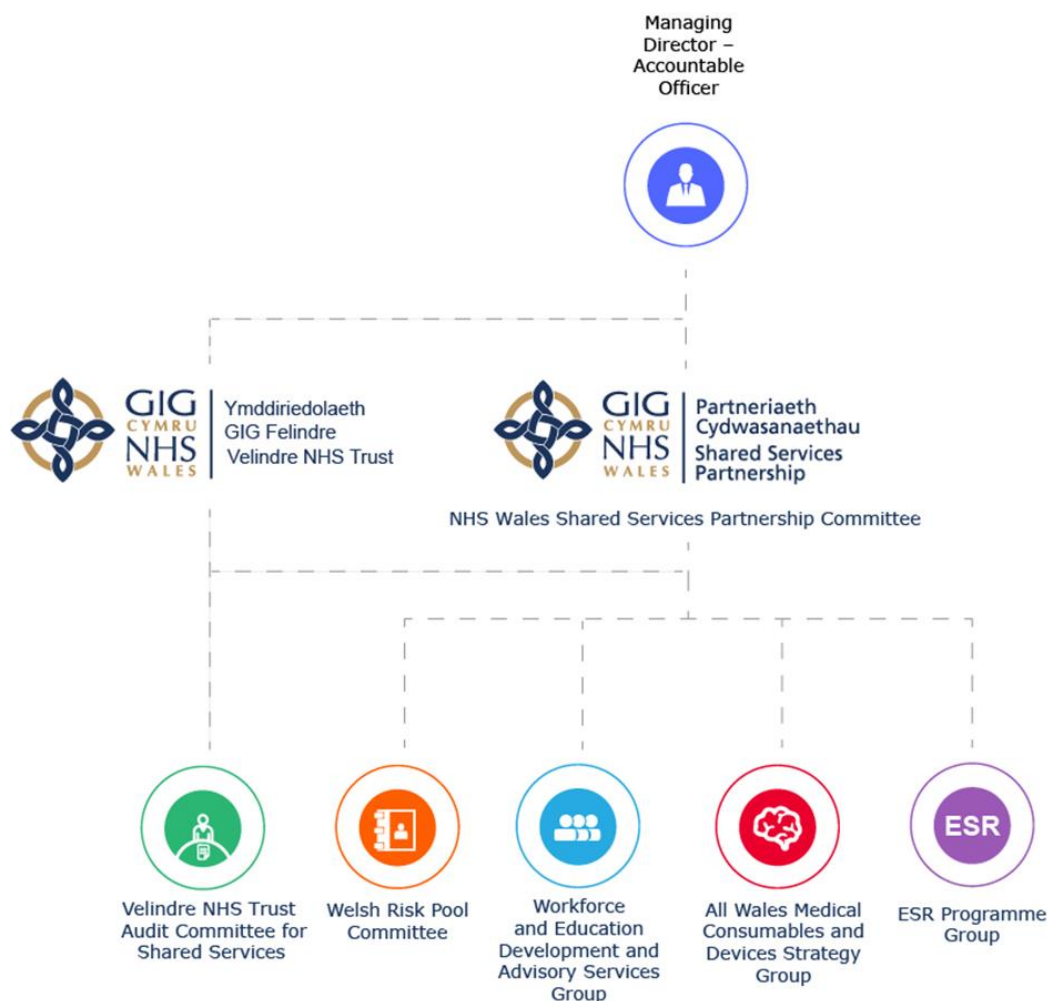
The Audit Committee advises and assures the Shared Services Partnership Committee (SSPC) on whether effective governance arrangements are in place through the design and operation of the SSPC assurance framework. This framework supports the SSPC in its decision-making and in discharging its accountabilities 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 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 NHS Trust.

Details of the overall assurance framework are set out in **Figure 1** overleaf:

Figure 1: Overall Assurance Framework



Underpinned through the overarching Velindre NHS Trust legal and assurance framework

3.2 Membership

Given the hosting and specific governance responsibilities of Velindre in relation to NWSSP, Velindre 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 the Wales Audit Office (WAO), 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 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 by the Audit Committee.

3.4 Attendance at Audit Committee 2017/2018

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

Figure 2: Meetings and Member Attendance 2017/2018

In Attendance	04/17	06/17	07/17	11/17	02/18	Total
Independent Members						
Martin Veale JP, Chair & Independent Member	✓	✓	✓	✓	✓	5/5
Judge Ray Singh, Independent Member	✓		✓	✓		3/5
Professor Jane Hopkinson, Independent Member	✓	✓	✓	✓	✓	5/5
Wales Audit Office						
Audit Team Representative	✓✓	✓	✓		✓	4/5
NWSSP Audit Service						
Director of Audit & Assurance	✓	✓	✓	✓	✓	5/5
Head of Internal Audit	✓	✓	✓	✓	✓	5/5
Audit Manager	✓	✓	✓	✓	✓	5/5
Counter Fraud Services						
Local Counter Fraud Specialist	✓	✓	✓	✓	✓	5/5
NWSSP						
Margaret Foster, Chair NWSSP	✓		✓	✓	✓	4/5
Neil Frow, Managing Director	✓	✓	✓		✓	4/5
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	✓	5/5
Peter Stephenson, Head of Finance and Business Improvement	N/A	N/A	N/A	N/A	✓	1/1
Jacqui Maunder, Head of Corporate Services	✓	✓	✓	✓	✓	5/5
Roxann Davies, Compliance Officer	✓	✓	✓	✓	✓	5/5
Velindre NHS Trust						
Steve Ham, Chief Executive		✓				1/5
Mark Osland, Director of Finance	✓	✓	✓		✓	4/5
✓✓ - Denotes more than one attendee						

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 (Wales Audit Office)

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

- NWSSP Nationally Hosted NHS IT Systems Assurance Report 2016-17
- WAO Proposed Work 2016-2017
- Capital Expenditure Scheme Update
- Internal Audit Visit Update
- WAO Report of NWSSP 2016-17
- WAO Assurance Arrangements 2018

WAO have stated that the findings of their work enabled them to place reliance on the services provided by NWSSP.

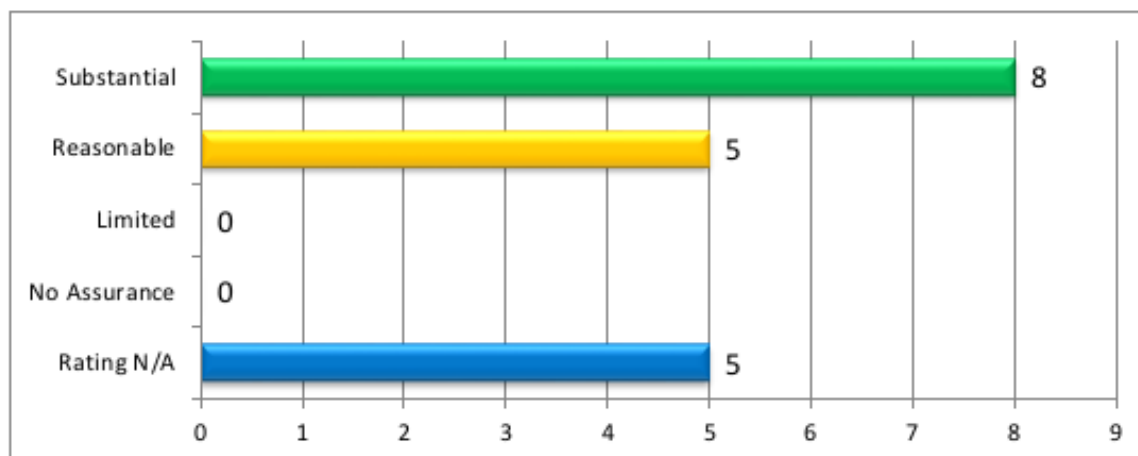
4.2 Internal Audit

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

18 Internal Audit reports were generated during 2017-18 and they achieved assurances as follows:

- **8** reports achieved substantial assurance
- **5** reports achieved a reasonable assurance
- **5** advisory reports (which do not include an assurance opinion)

Figure 3: Internal Audit Reports 2017-18 by Assurance Rating



During 2017-2018, the areas covered by Internal Audit's programme of work included:

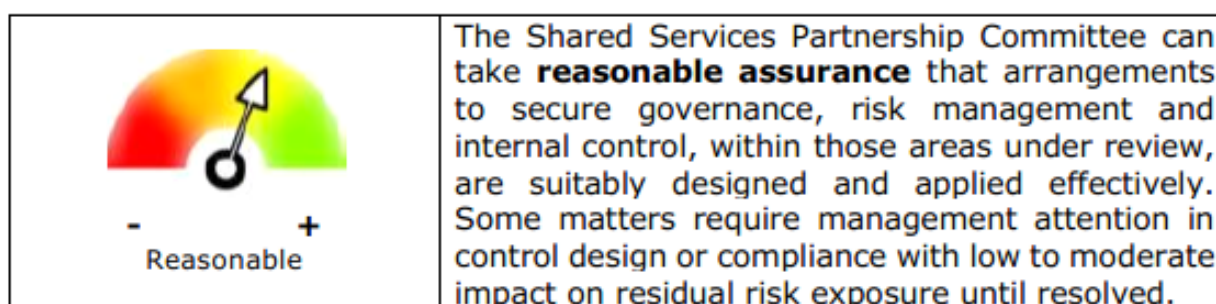
- Internal Audit Position Statement at each meeting
- Head of Internal Audit Opinion and Annual Report
- Quality Assurance and Improvement Programme Report
- Internal Audit Operational Plan
- 18 Internal Audit Reports, as detailed in **Appendix A**.

External Quality Assessment

During February and March 2018, Internal Audit were subject to a formal External Quality Assessment (EQA) by the Chartered Institute of Internal Auditors (IIA), that demonstrated their compliance with Public Sector Internal Audit Standards (PSIAS).

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 reports:

- Progress Update at each meeting
- Quality Assessment Final Report
- Velindre NHS Trust Annual Report 2016-17
- Counter Fraud Work Plan 2017-18
- Counter Fraud Self Review Tool Submission 2016-17
- Counter Fraud Press Release
- Counter Fraud Quarterly Newsletters

During 2017/18, **4** new investigations into possible fraudulent or corrupt activity were instigated together with the **5** cases that were brought forward from 2016/17. Out of the **4** new cases, **3** involved alleged false claims submitted to the NHS Student Awards Service and which are still under investigation.

As part of its work, there is a regular annual programme of raising fraud awareness, for which a number of days are then allocated and included as part of a an agreed Counter Fraud Work-Plan which is agreed by the Audit Committee, on an annual basis.

In addition to this and in an attempt to promote an Anti-Fraud Culture, a quarterly newsletter is produced which is then available to all staff on NWSSP's intranet; all successful prosecution cases are also publicised in order to obtain the maximum deterrent effect.

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 2017-18 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: Internal Audit has paid specific attention to auditing new areas of activity and to assessing on a risk approach basis. The Committee has continued focus on the timely implementation of audit recommendations; with any changes submitted, being challenged and/or approved by the Committee. The Audit Tracking process has also been subject to a review by Internal Audit, for which **substantial assurance** was provided.

As at year-end, the status of audit recommendations was as follows:

• 222 recommendations overall contained within the Audit Tracker
• 209 implemented recommendations
• 8 not yet due recommendations
• 2 revised deadline recommendations
• 3 revised deadline (not NWSSP action) recommendations
• There were no overdue recommendations

**The table above records the position in terms of the latest reports for each area (i.e. when an area is subject to a re-audit, details of the new recommendations are added and the numbers relating to the earlier review are removed from the table).*

Audit Committee Effectiveness Survey: An anonymised Committee Effectiveness Survey was undertaken in May 2018, to obtain feedback from Committee members on 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 NHS Trust for its Effectiveness Survey. The survey identified the following:

- All respondents felt that the Committee had been provided with sufficient authority and resource to perform its role effectively;
- All considered that the Committee meets sufficiently frequently to deal with planned matters and that sufficient time is made available for questions and discussion;
- All agreed that the atmosphere at Committee meetings is conducive to open and productive debate;
- All agreed that the behaviour of members and attendees was courteous and professional; and
- All agreed that the reports received by the Committee were timely and included the right format and content to enable the Committee to discharge its internal control and risk management responsibilities.
- Areas for further consideration included the use of the Welsh Language in meetings, and in promoting greater use of technology for Committee papers.

A full list of the internal reports/papers considered by the Audit Committee in 2017-18 is attached at **Appendix B** for information.

4.5 Private Meeting with Auditors

In line with recognised good practice, a private meeting was held on 6 February 2018, 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 may be concerning 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 SSPC and to Velindre NHS Trust Board by way of a 'Highlight Report'. In addition, this Annual Report seeks to bring together in one simple document details of the work carried out during the reporting period, to review and test NWSSP's governance and assurance framework. The cumulative 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 SSPC and Velindre NHS Trust.

6. CONCLUSION AND FORWARD LOOK

The work of the Audit Committee in 2017-18 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.

Looking forward, the Audit Committee has identified the following priorities for 2018/19:

- 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
- Better value for money and service improvement, through actions to improve the use of Committee software to issue papers electronically.

APPENDIX A
List of Internal Audits Undertaken and Assurance Ratings

Internal Audit Assignment	Assurance Rating 2017-18	Date Presented To Audit Committee
General Pharmaceutical Services (including Prescribing)	Substantial	24/04/2018
General Medical Services	Substantial	24/04/2018
General Ophthalmic Services	Substantial	07/11/2017
Audit Recommendation Tracker	Substantial	05/06/2018
Information Governance: GDPR	Substantial	06/02/2018
Non-Medical Health Education Budget	Substantial	05/06/2018
WfIS ESR OH Bi Directional Interface (Immunisations)	Substantial	06/02/2018
Corporate Governance; including Risk Management Follow-Up	Substantial	05/06/2018
General Dental Services	Reasonable	24/04/2018
Employment Services – Payroll Services All Wales	Reasonable	05/06/2018
Procurement Services - Accounts Payable All Wales	Reasonable	24/04/2018
Performance Management and Reporting	Reasonable	05/06/2018
Surgical Materials Testing Laboratory	Reasonable	05/06/2018
WAO Review – RKC Associates: Lessons Learned by NWSSP	Advisory Report Assurance Not Applicable	07/11/2017
ABMUHB CRC Payment Review	Advisory Report Assurance Not Applicable	06/02/2018
Primary Medical Care Advisory Team	Advisory Report Assurance Not Applicable	N/A
Exeter System Advisory Review	Advisory Report Assurance Not Applicable	N/A
Renewal of the NHS Building for Wales Frameworks	Advisory Report Assurance Not Applicable	N/A
Substantial Assurance Rating	8	
Reasonable Assurance Rating	5	
Limited Assurance Rating	0	
Assurance Not Applicable	5	
Total	18	

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			✓
Health and Care Standards – Self Assessment		✓	
Health and Care Standards – Action Plan		✓	
Annual Governance Statement		✓	
Audit Committee Effectiveness Survey		✓	
Audit Committee Annual Report		✓	
Audit Committee Terms of Reference		✓	
Review of NWSSP's Standing Orders			✓
Integrated Medium Term Plan (IMTP)		✓	
Environmental Management System (ISO14001) External Audit Report		✓	
Assurance Mapping		✓	
NWSSP Working Relationship Briefing			✓
Electronic Staff Record (ESR) Hire 2 Retire Update			✓
Actions to Improve Governance around NWSSP Warehouse Stock Management			✓
Establishment of the Welsh Infected Blood Support Service			✓
Ensuring Value for Money in the use of Single Tender Actions			✓
Health & Safety Annual Report 2016-17		✓	
IT Strategy			✓
National Audit Office Cyber Security and Information Risk Guidance			✓
National Optical Fraud Update			✓
Replacement of Primary Care Services Payment System – National Health Application Infrastructure Service (NHAIS)			✓
Impact on Procurement Services as a result of the delayed award of 3 National Procurement Service (NPS) food frameworks			✓
Wales Audit Office Report on Public Procurement in Wales			✓
Wales Audit Office Report on RKC Associates – Lessons Learned by NWSSP			✓
Stores Losses Protocol Guidelines and Procedure			✓
Cyber Security and Information Risk Action Plan			✓



GIG
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NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:
20 September 2018

The report is not Exempt

Teitl yr Adroddiad/Title of Report

**VELINDRE NHS TRUST AUDIT COMMITTEE FOR NHS WALES
SHARED SERVICES PARTNERSHIP**

-

NWSSP AUDIT COMMITTEE TERMS OF REFERENCE 2018

ARWEINYDD: LEAD:	Roxann Davies, Compliance Officer, Corporate Services
AWDUR: AUTHOR:	Roxann Davies, Compliance Officer, Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Stephenson, Head of Finance & Business Development
MANYLION CYSWLLT: CONTACT DETAILS:	Andy Butler, Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk

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

The purpose of this report is to provide the SSPC with the approved Terms of Reference for the NWSSP Audit Committee, following an annual review undertaken in July 2018.

Llywodraethu/ Governance

Amcanion: Objectives:	Each of the five key Corporate Objectives
Tystiolaeth: Supporting evidence:	Individual reports submitted to Audit Committee

Ymgynghoriad/ Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee - Approved
- NWSSP Senior Management Team – Information and Assurance
- Velindre NHS Trust Board - Information and Assurance

Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE ✓
Argymhelliad/ Recommendation		Outline the recommendation of the report <ul style="list-style-type: none"> The Committee is asked to NOTE the report 				

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Evidence suggests there is correlation between governance behaviour in an organisation and the level of quality and performance achieved.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust assurance processes in place.
Safonnau Iechyd a Gofal: Health & Care Standards:	Standard 1: Governance, Leadership and Accountability http://gov.wales/docs/dhss/publications/150402/standardsen.pdf
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open – the report is NOT exempt.

Velindre NHS Trust Audit Committee for NHS Shared Services Partnership (NWSSP) Terms of Reference 2018

1. CEFNDIR/BACKGROUND

NWSSP utilises Velindre NHS Trust's Committee arrangements to assist in discharging its governance responsibilities. It is a requirement that NWSSP annually review its Audit Committee Terms of Reference, to ensure alignment with those of our host.

Appendix 1 sets out the Terms of Reference for the Audit Committee, based on those of Velindre's Audit Committee and in accordance with model Standing Orders, reflecting the NHS Wales Audit Committee Handbook.

At NWSSP Audit Committee on 24 July 2018, the Committee resolved to **APPROVE** the revised Terms of Reference, as set out in **Appendix 1**.

The Terms of Reference are presented to the Committee for **information** and **assurance** and will be published on the NWSSP intranet and website.

2. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

- **NOTE** the NWSSP Audit Committee Terms of Reference



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth
GIG Felindre
Velindre NHS Trust

Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership

Terms of Reference & Operating Arrangements

July 2018

1. BACKGROUND

1.1 In May 2012, all Health Boards and Trusts approved the Standing Orders for Shared Services Partnership Committee. Section 4.0.3 of the Standing Orders states:

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

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

ORGANISATIONAL STRUCTURE

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

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

In 2012, it was agreed that the Velindre Audit Committee would be utilised to act on behalf of NWSSP Committee, that there would be a clear distinction between these two areas/functions and that they would be addressed separately under the Audit Committee arrangements. This 'functional split' allows for clear consideration of the issues relating specifically to the business of the nationally run systems and national services that are provided by NWSSP and avoids the boundaries between the governance considerations of the hosting relationship and the governance considerations of NWSSP being blurred. The functional split can be illustrated below:

(a) Governance (Host Relationship) ↓	(b) Nationally Run Systems & Services ↓
1 Velindre NHS Trust 2 Audit Committee	Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership

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

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

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

This document goes on to outline the Terms of Reference for **(b)**, above.

2. INTRODUCTION

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

3 PURPOSE

3.1 The purpose of the Audit Committee (“the Committee”) is to:

- **Advise** and **assure** the SSPC and the Accountable Officer on whether effective arrangements are in place - through the design and operation of NWSSP’s **system of assurance** - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the organisation’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.

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

4 DELEGATED POWERS AND AUTHORITY

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

- The adequacy of NWSSP’s strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation’s activities, designed to support the public disclosure statements that flow from the assurance processes (including the Annual Governance Statement) and providing reasonable assurance on:
 - NWSSP’s ability to achieve its objectives;
 - Compliance with relevant regulatory requirements, standards, quality and service delivery requirements, other directions and requirements set by the Welsh Government and others;
 - The reliability, integrity, safety and security of the information collected and used by the organisation;
 - The efficiency, effectiveness and economic use of resources; and
 - The extent to which NWSSP safeguards and protects all of its assets, including its people.

- NWSSP's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- The planned activity and results of Internal Audit, External Audit and the Local Counter Fraud Specialist (including Strategies, Annual Work Plans and Annual Reports);
- The adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity, via monitoring of NWSSP's Audit Action Plan;
- Proposals for accessing Internal Audit service (where appropriate);
- Anti-fraud policies, whistle-blowing processes and arrangements for special investigations as appropriate; and
- Any particular matter or issue upon which the SSPC or the Accountable Officer may seek advice.

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

- All risk and control related disclosure statements (in particular the Annual Governance Statement together with any accompanying Head of Internal Audit Statement, External Audit Opinion or other appropriate independent assurances), prior to endorsement by the SSPC;
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
- The policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by NHS Protect.

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

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

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

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

- There is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the SSPC and the Accountable Officer through the Audit Committee;
- There is an effective Counter Fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the SSPC and the Accountable Officer through the Audit Committee;
- There are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the SSPC and the Accountable Officer or through the effective completion of Audit Recommendations and the Audit Committee's review of the development and drafting of the Annual Governance Statement;
- The work carried out by key sources of external assurance, in particular, but not limited to the SSPC's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- The work carried out by the whole range of external review bodies is brought to the attention of the SSPC and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, together with the risks of failing to comply;
- The systems for financial reporting to the SSPC, including those of budgetary control, are effective; and
- The results of audit and assurance work specific to the organisation and the implications of the findings of wider audit and assurance activity relevant to the SSPC's operations, are appropriately considered and acted upon

to secure the ongoing development and improvement of the organisation's governance arrangements.

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

Authority

4.6 The Audit Committee is authorised by the SSPC to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Audit Committee shall have the right to inspect any books, records or documents of NWSSP, relevant to the Audit Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- Employee (and all employees are directed to co-operate with any reasonable request made by the Audit Committee); and
- Any other Committee, Sub Committee or Group set up by the SSPC to assist it in the delivery of its functions.

4.7 The Audit Committee is authorised by the SSPC to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the SSPC's procurement, budgetary and other requirements.

Access

4.8 The Head of Internal Audit and the Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee at any time and the Chair of the Audit Committee will seek to gain reciprocal access as necessary.

4.9 The Audit Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist, without the presence of officials, on at least one occasion each year.

4.10 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 4.11 The Audit Committee may, subject to the approval of the SSPC, establish Sub Committees or Task and Finish Groups to carry out on its behalf specific aspects of Committee business. Currently, there is an established Welsh Risk Pool Committee which is a Sub Committee of the SSPC, however, there are no Sub Committees of the Audit Committee.

5 MEMBERSHIP

Members

- 5.1 A minimum of 3 members, comprising:

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

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

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

Attendees

- 5.2 In attendance:

NWSSP Managing Director, as Accountable Officer
NWSSP Chair
NWSSP Director of Finance & Corporate Services
NWSSP Director of Audit & Assurance
NWSSP Head of Internal Audit
NWSSP Audit Manager
NWSSP Head of Finance and Business Development
NWSSP Compliance Officer
Representative of Velindre NHS Trust
Local Counter Fraud Specialist

Representative of the Auditor General for Wales
Other Executive Directors will attend as required by the Committee Chair

By invitation

The Committee Chair may invite:

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

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

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

Secretariat

- 5.3 Secretary As determined by the Accountable Officer

Member Appointments

- 5.3 The membership of the Audit Committee shall be determined by the Velindre Trust Board, based on the recommendation of the Trust Chair; taking account of the balance of skills and expertise necessary to deliver the Audit Committee's remit and subject to any specific requirements or directions made by Welsh Government.
- 5.4 Members shall be appointed to hold office for a period of four years. Members may be re-appointed, up to a maximum of their term of office. During this time a member may resign or be removed by the Velindre Trust Board.
- 5.5 Audit Committee members' Terms and Conditions of Appointment, (including any remuneration and reimbursement) are determined on appointment by the Cabinet Secretary for Health, Well-being and Sport.

Support to Audit Committee Members

- 5.6 The NWSSP Head of Finance and Business Development and NWSSP Compliance Officer, on behalf of the Audit Committee Chair, shall:
- Arrange the provision of advice and support to Audit Committee members on any aspect related to the conduct of their role; and
 - Ensure the provision of a programme of organisational development for Audit Committee members as part of the Trust's overall OD programme developed by the Velindre Executive Director of Workforce & Organisational Development.

6 AUDIT COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Withdrawal of Individuals in Attendance

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

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

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

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

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

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

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

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

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

8 REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Audit Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board, SSPC and the Accountable Officer on the Audit Committee's activities. This includes verbal updates on activity and the submission of committee minutes, and written highlight reports throughout the year;
- Bring to the Velindre NHS Trust Board, SSPC and the Accountable Officer's specific attention any significant matters under consideration by the Audit Committee; and
- Ensure appropriate escalation arrangements are in place to alert the SSPC Chair, Managing Director (and Accountable Officer) or Chairs of other relevant Committees, of any urgent/critical matters that may affect the operation and/or reputation of the organisation.

- 8.2 The Audit Committee shall provide a written Annual Report to the SSPC and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self assessment activity against relevant standards. The report will also record the results of the Audit Committee's self assessment and evaluation.
- 8.3 The Velindre Trust Board and SSPC may also require the Audit Committee Chair to report upon the Audit Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Audit Committee's assurance role relates to a joint or shared responsibility.
- 8.4 The NWSSP Head of Finance and Business Development and NWSSP Compliance Officer, on behalf of the Partnership, shall oversee a process of regular and rigorous self-assessment and evaluation of the Audit Committee's performance and operation, including that of any Sub Committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

10 REVIEW

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

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 6.7 20th September 2018
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<i>The report is not Exempt</i>
Teitl yr Adroddiad/Title of Report
NWSSP WAO Management Letter 2017/18

ARWEINYDD: LEAD:	Andrew Butler – Director, Finance & Corporate Services
AWDUR: AUTHOR:	WAO
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Butler – Director, Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andrew Butler 01443 848550 andy.Butler@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with sight of the management letter from WAO for the year ended 31 March 2018.

Llywodraethu/Governance	
Amcanion: Objectives:	To provide an independent opinion on the validity of NWSSP's accounting practices and results.
Tystiolaeth: Supporting evidence:	-

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 the report.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No impact.
Cyfreithiol: Legal:	No impact.
Iechyd Poblogaeth: Population Health:	No impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The Quality and accuracy of information presented to the Committee is important to support and enable them to make fully informed decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Ariannol: Financial:	The management letter provides assurance over the accounting practices and outputs of NWSSP for the 2017/18 financial year.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that financial risks are being managed effectively.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf .
Gweithlu: Workforce:	No impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Management Letter – **NHS Wales** **Shared Services Partnership**

Audit year: 2017-18

Date issued: July 2018

Document reference: 646A2018-19



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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 would prevent us relying on services provided by NHS Wales Shared Services Partnership (NWSSP) although improvements could be made in some areas.

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Summary report

Introduction

- 1 In February 2018, we presented a paper to the Velindre NHS Trust's (the Trust) Audit Committee for Shared Services – **2018 Audit Assurance Arrangements – NHS Wales Shared Services Partnership**. The paper set out the external audit assurance arrangements, in line with the requirements of International Standards on Auditing (UK and Ireland) (ISAs) relevant to those services provided by the NHS Wales Shared Services Partnership (NWSSP).
- 2 Local audit teams of individual health bodies decide the work required on the services provided by NWSSP relevant to their responsibilities for providing an opinion on health body financial statements. They consider whether testing of the key controls within the system, or substantive testing of the figures produced by the system, provides the required assurance in the most efficient way.
- 3 We agreed to ensure that all matters identified by ourselves and the local audit teams of individual health bodies, which are relevant to those services provided by NWSSP, were captured and reported to NWSSP. This report summarises the work undertaken by ourselves and issues identified by the local audit teams of individual health bodies that relate to NWSSP and its functions. It sets out the findings and recommendations relevant to NWSSP management 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).
- 4 The detailed findings from our review of the nationally hosted NHS IT Systems will be separately reported to you.

Issues arising from the audit

Audit and Assurance Services

- 5 External auditors of each NHS body 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 aid this evaluation, we considered the arrangements in place against the requirements of the Public Sector Internal Audit Standards (PSIAS).
- 6 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

- 7 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).
- 8 Our testing covered the primary care teams in Swansea and Marnhull and the CPPS team in Companies House and found that controls tested were operating effectively and could therefore be relied upon.

Employment Services

- 9 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 within the payroll systems operating at Companies House covering both payroll teams.
- 10 Our testing found that the key controls identified and tested in respect of exception reports were operating. Exception reports were produced and there was evidence of investigation of the variances and action taken to amend where necessary. However, we found that internal control procedures were not being followed in all cases:
- testing of 12 monthly and 40 weekly exception reports for the Cardiff and Vale payroll team found that none had evidence of senior officer review.
 - testing of weekly exception reports for the Cardiff and Vale payroll team found that three of the 40 exception reports tested (one Cardiff and Vale payroll and two Cwm Taf payroll) did not have evidence of review for all variances exceeding the tolerance limits of greater than £75 and greater than minus £300. In addition, one of the exception reports selected for testing could not be located (Cwm Taf payroll week 32).
 - testing of exception reports for the Aneurin Bevan payroll team found that two of the six monthly exception reports tested did not have evidence of senior officer review (one was due to the timing of our testing and for the other, the payroll supervisor had carried out some of the initial checks).
- 11 We also identified that although tolerable differences for investigating variances on exception reports have been set, they are not standardised and vary between payrolls and between health bodies.
- 12 Two recommendations for improvement have been made which are documented in [Appendix 1 \(Recommendations 1 and 2\)](#).

Procurement Services

- 13 Local health body audit teams did not plan to place reliance on the key controls within the accounts payable system, instead undertaking substantive testing of the figures produced by the system. Our work was therefore limited to documenting the information flows within the accounts payable system operated within NWSSP – Procurement Services (PS) located within Companies House, Cardiff.
- 14 The Cardiff and Vale audit team identified an issue in relation to one of the electronic accounts payable invoicing systems used for NHS Wales bodies. The system shares purchase orders and invoices through an online portal provided by a third party contractor but testing of four transactions paid through the portal found that invoices were not available as invoices older than six months are routinely deleted.
- 15 In order to complete the audit, Cardiff and Vale University Health Board therefore had to instruct the contractor to retrieve its copies of the invoices. NWSSP officers informed the Cardiff and Vale audit team that if invoices older than six months are retained, their retention causes a reduction in performance on the portal. To gain a better understanding of how the portal works, the audit team requested a copy of the contract/agreement in place with the contractor which NWSSP officers were unable to provide.
- 16 The Cardiff and Vale audit team have raised concerns about these arrangements in their Management Letter report. The lack of document retention by NWSSP itself and the apparent lack of robust control, oversight, and a contract, raise a number of risks in areas such as:
 - confidentiality, ensuring the Health Board's data is safe from unauthorised access;
 - integrity, the completeness and accuracy of the Health Board's data;
 - availability, the lack of robust arrangements for backup, access, audit trail and retention; and
 - control, which is undermined by the lack of a contract and agreed procedures for handling unexpected changes such as the contractor becoming insolvent.
- 17 The Cardiff and Vale audit team recommended that the Health Board identify the key risks to which it is exposed and then obtain formal assurances from NWSSP as to how the risks are mitigated. The audit team made one recommendation for improvement relating to NWSSP – PS which is documented in [Appendix 1 \(Recommendation 3\)](#).

Legal and Risk Services

- 18 External auditors of 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 the audit. To aid this evaluation, we considered the arrangements

in place against the requirements of ISA 500. Based on the work we undertook, we did not identify any issues that would prevent us relying on NWSSP – LARS's work as a management expert.

- 19 The Betsi Cadwaladr audit team identified one instance (case 00T7MN002) where the payment of a clinical negligence claim for more than £1 million could not be supported by the original approval. This payment was a follow-up payment made as the original settlement contract allowed for recompense where changes affected the original pay-out, in this instance the change in the discount rate, for which a specific clause had been put into the settlement order. As there was no specific approval for this additional payment, the Betsi Cadwaladr audit team requested a copy of the original approval which could not be provided by either the Health Board or NWSSP – LARS at the time of the audit. NWSSP management have stated that the LARS file in respect of this case was archived off site in March 2012 and that since April 2016, all correspondence is file electronically. The original approval letter from Welsh Government has now been recovered from the archives.

Recommendations arising from our 2017-18 financial audit work

- 20 The recommendations arising from our 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.

Appendix 1

Recommendations arising from our 2017-18 audit work

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

Exhibit 1: Recommendations

Para	Issue	Recommendation	Priority	NWSSP responsibility and actions	Completion date
NWSSP – Employment Services					
10	Internal control procedures of senior officer review of exception reports were not being complied with.	R1 NWSSP – ES should standardise controls so that exception reports are independently checked in a consistent way for all health bodies.	Medium	A review of payroll exception reporting and best practice is taking place. This review is aligned to the implementation of a single tolerance level across all payroll teams (Para11). In the interim all payroll teams will review current process against standardised best practice in respect of exception reporting capture and segregation of checking.	31 October 2018

Para	Issue	Recommendation	Priority	NWSSP responsibility and actions	Completion date						
11	Tolerance levels for investigation variances have been set at inconsistent levels.	R2 NWSSP – ES should standardise the tolerable amounts to the same variance level for all monthly payrolls and all weekly payrolls	Medium	<p>The varying tolerance levels are historic and have been reviewed at the Deputy Payroll Managers meeting in May 2018. An assessment has been completed to remove variation and implement a planned process change across all payroll teams by the end of quarter 2 2018. To date, the review has considered local team processes, pay run reports and parameters. A single variation level has been agreed in readiness for implementation on 1 July and monitored August-September:</p> <table><tr><th>Payroll Frequency</th><th>Parameters</th></tr><tr><td>Monthly</td><td>35% Variance of Total Pay +£500 Variance (Including Bank)</td></tr><tr><td>Weekly</td><td>35% Variance of Total Pay +£125 (Including Bank)</td></tr></table>	Payroll Frequency	Parameters	Monthly	35% Variance of Total Pay +£500 Variance (Including Bank)	Weekly	35% Variance of Total Pay +£125 (Including Bank)	31 October 2018
Payroll Frequency	Parameters										
Monthly	35% Variance of Total Pay +£500 Variance (Including Bank)										
Weekly	35% Variance of Total Pay +£125 (Including Bank)										

Para	Issue	Recommendation	Priority	NWSSP responsibility and actions	Completion date
NWSSP – Procurement Services					
14	Invoices paid through an online portal provided by a third party contractor are routinely deleted when more than six months old.	R3 NWSSP – PS should liaise with Cardiff and Vale University Health Board where the Health Board identifies that use of the online portal exposes it to risks, to ensure that these risks are minimised.	High	Agreed. If the Health Board identifies specific risks, these will be reviewed and assessed. However, please note that following the implementation of e-invoicing (digital transmission) with GHX & BaseWare there is not a requirement to obtain or retain invoice images. The Accounts Payable Team have robust procedures for e-invoicing and retain the transaction record for the required period of 6 years. Notwithstanding this copy invoices can still be obtained if required.	N/A

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 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 20th September 2018
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<i>The report is not Exempt</i>
Teitl yr Adroddiad/Title of Report
IMTP Critical Pathway

ARWEINYDD: LEAD:	Andrew Butler – Director, Finance & Corporate Services
AWDUR: AUTHOR:	Marie-Claire Griffiths – Head of IMTP Development
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Butler – Director, Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andrew Butler 01443 848550 andy.Butler@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with an update on the proposed timescales for the completion of the IMTP.

Llywodraethu/Governance	
Amcanion: Objectives:	To provide a realistic framework for completion of the IMTP for 2019/20.
Tystiolaeth: Supporting evidence:	-

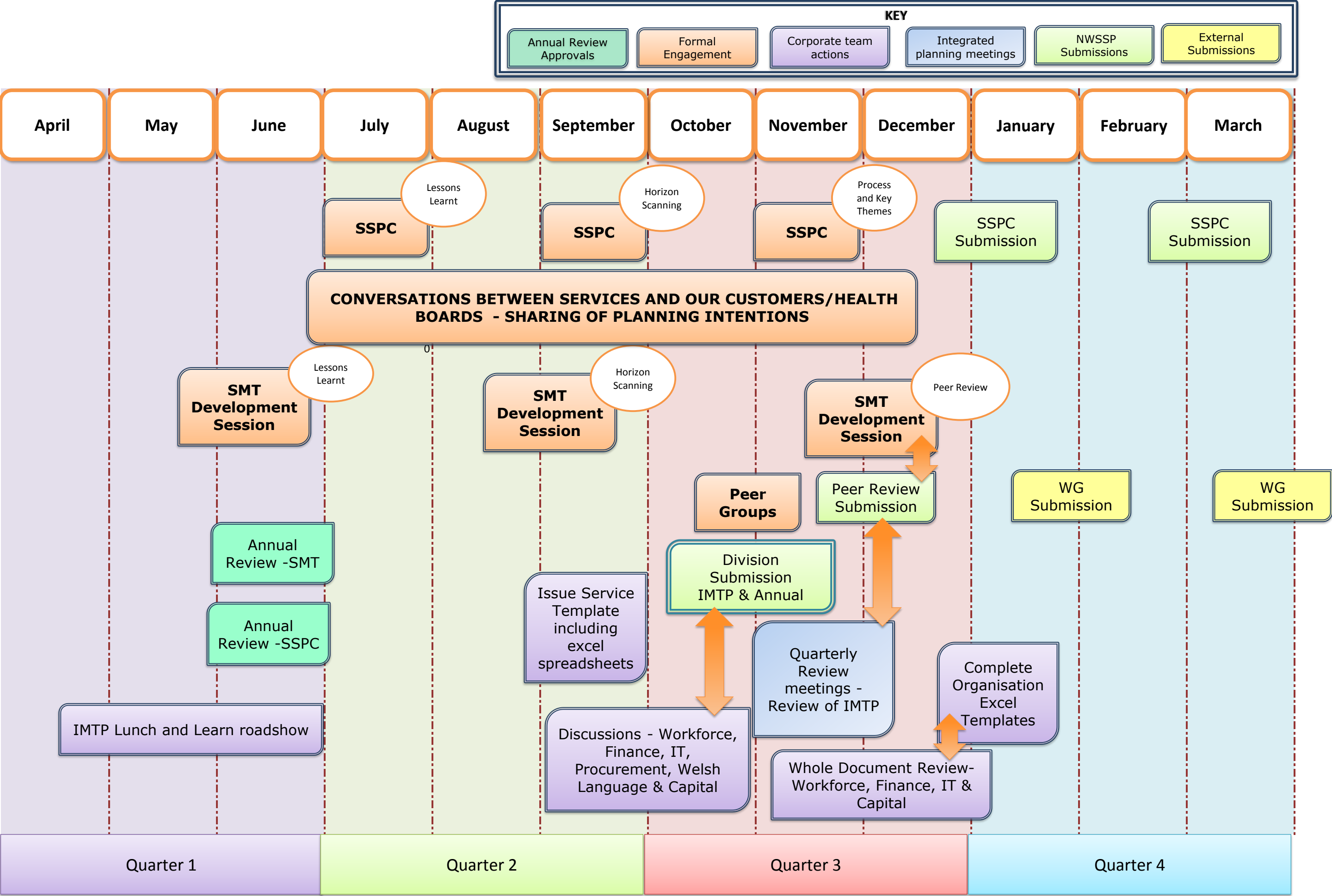
Ymgynghoriad/Consultation :
Shared Services Partnership Committee NWSSP SMT

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓

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

NWSSP IMTP and Annual Review Critical Pathway



 GIG Cymru NHS Wales Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 20 September 2018
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Audit Committee Highlight Report – 24 July 2018

ARWEINYDD: LEAD:	Peter Stephenson, Head of Finance & Business Development
AWDUR: AUTHOR:	Roxann Davies, Compliance Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy Butler, Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk

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

The purpose of this paper is to provide the SSPC with details of the key issues considered by the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership at its meeting on the 24 July 2018.

Llywodraethu/ Governance

Amcanion: Objectives:	Each of the five key Corporate Objectives
Tystiolaeth: Supporting evidence:	Individual reports submitted to Audit Committee

Ymgynghoriad/ Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		Outline the recommendation of the report <ul style="list-style-type: none"> The Committee is asked to NOTE the report 					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	No direct impact
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact
Ariannol: Financial:	No direct impact
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link; http://gov.wales/docs/dhss/publications/150402/standardsen.pdf
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open or closed (i.e. is the information exempt) Assess if the information can be disclosed into the public domain, if not it will need to be presented as a part 2 agenda item.

HIGHLIGHT REPORT FROM THE VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP

1. CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (the "Audit Committee") provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders.

A summary of the business matters discussed at the meeting held on the 24 July 2018 is outlined below:

ALERT	No matters to alert/escalate.
ADVISE	No matters to advise.
ASSURE	<p>Internal Audit</p> <p>The Committee received the Quality Assurance and Improvement Programme which was an annual internal exercise undertaken on a sample of internal audit files and supporting documentation. The results of the review were very positive and accord with the findings of the External Quality Assessment that was brought to a previous Audit Committee. Further, it was confirmed that Committee Chairs and Board Secretaries were currently reviewing how their audit teams could be better used.</p> <p>In addition, a progress update was received, which stated that there were no issues identified during the work undertaken to date.</p>
	<p>External Audit</p> <p>Wales Audit Office presented two reports to the Committee:</p> <ul style="list-style-type: none"> • The Nationally Hosted NHS IT Systems Report 2017-18, which found that the controls examined assured financial auditors that values produced were likely to be free from material error and identified that controls may be strengthened. The action plan contained 30 recommendations; 15 of which were from previous years and for which there was no deadline for completion. Of the 30 recommendations; 19 had been fully implemented, 8 are ongoing and 3 were not agreed, or were not possible to implement; and • The Management Letter 2017-18, which highlighted 3 recommendations; 2 for Employment Services which were agreed and one for Procurement Services which was not agreed. <p>It was confirmed that all recommendations would be added to the audit tracker and progress monitored.</p>

	<p>Counter Fraud</p> <p>The Local Counter Fraud Representative presented the following reports:</p> <ul style="list-style-type: none"> • The Counter Fraud Self Review Tool Submission, an annual self-assessment exercise, which found an overall rating of green. However, there is a need to review the Counter Fraud Policy and to complete scheduled fraud awareness sessions; • The Counter Fraud Annual Report, which was specifically prepared for NWSSP and summarised the work undertaken during 2017-18. The report confirmed 4 new investigations had taken place, in addition to the 5 carried forward from 2016-17 and that each of the 75 days allocated were used; and • A progress update was received, which stated that 15 days work had been completed, 3 fraud awareness sessions had taken place and that 4 cases were currently under investigation.
ASSURE	<p>Tracking of Audit Recommendations</p> <p>The Committee noted the progress made to date and that recommendations are reviewed on a monthly basis by the Senior Management Team. The report confirmed that there were no outstanding recommendations and that 2 recommendations were outside of the gift of implementation by NWSSP, with agreed revised deadlines for September 2018. An update on progress would be provided at the October meeting.</p>
INFORM	<p>Standing Items for Annual Review</p> <p>The Committee received the following reports, which were standing items to be reviewed on an annual basis:</p> <ul style="list-style-type: none"> • The fifth Audit Committee Annual Report, setting out an overview of the work undertaken by the Committee during 2017-18; noting that all Internal Audit Reports prepared received either substantial or reasonable assurance. • The Audit Committee Terms of Reference, which had been updated to reflect the current operating arrangements for the Committee. • A summarised report of the Health and Care Standards Self-Assessment 2017-18, which concluded an overall score of 3, consistent with previous ratings and across organisations in NHS Wales. An action plan would be developed to support improvements and will be brought to a future meeting. <p>It was confirmed these reports would be published on the staff intranet, website and be taken to both the Shared Services Partnership Committee (SSPC) and the Velindre University NHS Trust Board.</p>
OTHER AGENDA ITEMS	<p>Additional agenda items presented to the Committee included a presentation on the ESR Hire to Retire project, the Audit Committee's Forward Plan and the final versions of the Annual Governance Statement 2017-18 and Annual Report 2017-18.</p>

2. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to **NOTE** the Highlight Report.

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 7.2 20th September 2018
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<i>The report is not Exempt</i>
Teitl yr Adroddiad/Title of Report
NWSSP Health & Safety Annual Report 2017/18

ARWEINYDD: LEAD:	Gareth Hardacre – Director of Workforce and OD
AWDUR: AUTHOR:	Paula Jones, Health & Safety Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Stephenson, Head of Finance & Business Development.
MANYLION CYSWLLT: CONTACT DETAILS:	Gareth Hardacre – Director of Workforce and OD

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with information on the Health & Safety performance for the year ended 31 March 2018.

Llywodraethu/Governance	
Amcanion: Objectives:	To ensure that NWSSP is a safe place to work and that lessons are learned from any incidents that do occur.
Tystiolaeth: Supporting evidence:	-

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 the report.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No impact.
Cyfreithiol: Legal:	To demonstrate compliance with relevant legislation.
Iechyd Poblogaeth: Population Health:	To safeguard the health of visitors and staff on our sites, and in undertaking their duties on behalf of NWSSP.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The Quality and accuracy of information presented to the Committee is important to support and enable them to make fully informed decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Ariannol: Financial:	No direct impact.
Risg a Aswariant: Risk and Assurance:	This report provides an assurance that health & safety risks are being managed effectively.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf .
Gweithlu: Workforce:	To safeguard the health of visitors and staff on our sites, and in undertaking their duties on behalf of NWSSP.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

NWSSP HEALTH AND SAETY MANAGEMENT SYSTEM FRAMEWORK **(HSG65)**

2017/2018

1.INTRODUCTION

NHS Wales Shared Services Partnership (NWSSP) has a duty of care towards approximately 2,000 employees located in its various locations across Wales and has a legal duty to put in place suitable arrangements to manage for health and safety.

The aim is to provide guidance through an action plan on improving Health and Safety performance to the All Wales Health and Safety Group members who can ultimately enforce the change within their Service Groups.

2. NWSSP HEALTH AND SAFETY MANAGEMENT SYSTEM FRAMEWORK

Health and Safety Executive (HSE) (2013) outlines that an effective health and safety management system is essential to ensure that an organisation both complies with the law and manages its activities in a way to reduce the risk of accidents or ill health in the workplace. NWSSP uses the Health and Safety Executive (HSE) HSG65 'Managing for Health and Safety' model. The model is structured into a Plan, Do, Check, Act approach with each phase contributing to the next and a circular process ensuring a consistent approach is taken. This approach also treats health and safety management as an integral part of good management generally, rather than a stand-alone system.



Fig 1 – HSE (2013) HSG65 'Managing for Health and Safety' model used by all divisions of NWSSP

An audit checklist template has been developed specifically for the use within NWSSP sites when undertaking health and safety audits.

The objectives of the internal audit/site visit are:

- To confirm that the management system conforms with all the requirements of the audit standard;
- To confirm that the organisation has effectively implemented the planning management system;
- To confirm that the management system is capable of achieving the organisation's policy objectives.

The Health and Safety Management System Framework is set of 11 categories. For each of the categories a number of requirements have been formulated to structure a systematic approach to managing health and safety and preventing incidents.

2.1 British Standard (OHSAS)18001

There is a British Standard - International Standards Organisation management system which can be used for environmental safety and quality management. The (OHSAS)18001 is a recognised specification for the management of Occupational Health and Safety. It was developed in response to industry demand for a standardised health and safety management system standard that could be externally assessed and certified. OHSAS18001 is not a legislative requirement but it does enable organisations to identify pertinent legislation, control risks and improve performance.

NWSSP has adopted the BS OHSAS18001 accreditation within certain sites in Procurement but not the whole of the organisation to the process being too sophisticated for the organisation and also due to budget restrictions and resources restrictions within the organisation and feels that the HSG65 model process is the system which is recognised and used by the enforcement authorities in the UK and is a simple and effective tool to aid improving standards of health and safety within the organisation.

In June 2017 the OHSAS18001 audit was undertaken in the following sites within the Procurement services directorate:

- Bridgend Stores
- Denbigh Stores
- Companies House (Sourcing Section only)

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard. A sampling process was used, based on the information available at the time of the audit. The audit methods used were interviews, observation of activities and a review of documentation and records.

The audit team concluded that NWSSP had established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope of the audit and within the organisation's policy and objectives.

There were no non conformities raised.

The following were raised as observations and improvement for opportunities:

1. Consideration could be given to including an additional column in the H&S Legal Compliance evaluation report to allow for recording of evidence provided in compliance audit of 18/7/16. – Carried out.
2. It may be beneficial to record annual accident/incident statistics for the registered section of Procurement Services so that 2016/2017 performance can be compared to that of 2015/2016 – actioned during audit.
3. It may be beneficial to record date and author's name on recently prepared SOPs and Flash Cards. – Carried out.
4. It may be beneficial to request record of an annual drain test of emergency lights at Bridgend from Estates. – discussions continue with ABMU Estates.
5. It may be beneficial to identify root cause and implement effective corrective action for incidents as well as accidents, eg 60656 spill of cooking oil in warehouse on 17/12/16. – carried out.
6. Consideration could be given to recording DSE assessments at Companies House on formal document, DSE Workstation Checklist to provide a record of names of assessor and checker. – carried out.
7. It may be beneficial to cross reference control measures to specific hazards on Activity Based RAs by numbering – confirmed plans in place to address this at Close meeting. – confirmed plans in place to address this.

3. HEALTH AND SAFETY AUDITS UNDERTAKEN IN 2017/2018 WITHIN NWSSP

The following sites were audited during 2017/2018 – a report is undertaken as a consequence of the site visit and observations/ and or non conformities are produced and each site leads works through the actions. **An overall percentage rate is populated and this can be seen in appendix 1 of this report.**

- 19th January 2017 – Procurement offices at Glangwili Hosptial, Carmarthen
- 15th February 2017 – Bronglias Hospital Stores, Bronglais
- 3rd March 2017 – West Point Industrial Estate, Penarth Road, Cardiff – Pre-health and safety visit
- 10th March 2017 – St Athan Stores
- 20th March 2017 – Prince Philip Hospital Stores
- 11th April 2017 – Prince Charles Hospital Stores and Offices
- 9th May 2017 – Cwmbran Stores
- 22nd May 2017 – West Point Industrial Estate, Penarth Road, Cardiff
- 25th May 2017 – Cwmbrwla, Swansea
- 7th July 2017 – Prince Philip Hospital – employment services
- 20th July 2017 – Matrix House pre visit – relocated from Oldway Centre, Swansea
- 27th July 2017 – Glangwili Stores
- 28th July 2017 – Hafren Derwen – Employment Services
- 28th July 2017 – St Brides – Audit and Assurance
- 31st July 2017 – Hafren Ward, Bronllys – Audit and Assurance
- 2nd August 2017 – Neath Port Talbot Procurement Offices
- 3rd August 2017 – Lakeside Stores, UHW
- 8th August 2017 – SMTL offices, Princess of Wales Hospital, Bridgend
- 11th and 12th October 2017 – Denbigh Stores, Health Courier Services

- 23rd October 2017 – Companies House, Cardiff
- 25th October 2017 – Charnwood Court, Nantgarw
- 13th November 2017 – phone audit with Counter Fraud – Mamhilad Park Estate, Pontypool
- 15th November 2017 – Matrix House, Swansea
- 23rd November 2017 – Withybush Stores
- 11th December 2017 – Morriston Hospital Stores
- 18th December 2017 – pre site visit, Cwmbran House, Pontypool – HCS
- 12th January 2018 – Bridgend Stores
- 22nd February 2018 – Picketston – relocation H&S site visit from St Athan
- 27th February 2018 – Bronglias Hospital Stores

4. GAP ANALYSIS WITHIN THE HEALTH AND SAFETY MANAGEMENT SYSTEM FRAMEWORK

To provide a straight forward measure of where gaps in achievement exist against the HSG65 model throughout NWSSP sites, the report considers all the features of the model and identifies where there is achievement or shortfalls in the health and safety management system.

4.1 PLAN

Planning is essential if an organisation is to successfully manage health and safety. The HSG65 system is expected to be a continuous cycle, it is anticipated that this element is repeated regularly as part of the ongoing enhancement of the management system.

4.1.1 Policy

The Velindre NHS Trust Health, Safety and Welfare Policy sets out the beliefs and guiding principles for the safety and health of everyone involved in, or affected by the operations.

NWSSP do not currently have a Health, Safety and Welfare Policy in place – this is controlled by Velindre NHS Trust. The Velindre NHS Trust Policy has recently been reviewed. NWSSP has devised a Health and Safety Procedure – this was approved at the All Wales H&S meeting held on 27th

March 2017 and at the SMT in April 2017. The procedure was disseminated to all staff/managers within NWSSP in this quarter.

This procedure works in conjunction with the Velindre NHS Trust Health and Welfare Policy and is intended to provide NWSSP with the elements and structure required for effective management of its health and safety obligations to staff and visitors who could be exposed to hazards associated with NWSSP's activities. The procedure is made up of 26 Sections which consider the specific arrangements within the organisation. It is aimed at informing all NWSSP departmental managers and employees of their health and safety responsibilities and advising them of the systems and guidelines in place to support them in meeting their health and safety obligations.

A copy of the procedure and Policy is given to new starters as part of their Health and Safety Site Induction programme and is also available on notice boards within the sites and the document is available on the intranet site for all staff to view and is also given to staff at Corporate Induction. Updates are given to staff via email and can be made available to interested parties.

All sites have the latest Health and Safety Law poster on display with the relevant contact details populated.

Recommendations

1. Familiarisation training should be given to staff throughout NWSSP on the Velindre NHS Trust Health, Safety and Welfare Policy and the NWSSP Health and Safety Procedure contents and included in this training to be given to staff on their responsibilities.
2. NWSSP Procedure needs to be updated to reflect new Workforce and OD Manager.

4.2 DO

Health and Safety Executive states that management control is essential in creating a positive health and safety culture. All staff should be aware what is required of them and to what standard.

Good leadership provides the perspective and scope for effective operations. It establishes the framework based on the organisations expectations. It provides resources to success and aligns expectations through the business structure whilst demonstrating commitment both felt and visible. Leadership requires high standards of personal behaviour

including openness, transparency and honesty. Accountability for health and safety lies with Line Management.

Leaders ensure that the organisations requirements are achieved through effective planning and coordinated action which is essential for the implementation of the organisations Health and Safety Management System. In order to meet the organisations requirements, effective planning identifies resources and assigns responsibility. It sustains a positive culture and reacts effectively to the organisations changing demands.

4.2.1 Organising/Control

There is a currently a lack of specific roles and responsibilities in job descriptions across NWSSP in relation to health and safety.

As part of the health and safety objectives for 2017/2019 it stipulates to 'develop and enhance the health and safety and risk management knowledge and skills of managers and supervisors throughout NWSSP. A number of supervisors and managers have undertaken the IOSH Managing Safely e-learning course and also in addition a number of staff have undertaken the IOSH Working Safely e-learning course. The Health and Safety Manager keeps a register of legislative compliance and reviews this regularly to ensure that NWSSP keeps up with changes in health and safety legislation.

Recommendations

3. Key roles and responsibilities must be developed and communicated to all staff. This could form part of the over arching health and safety policy. It could be incorporated into job descriptions. It is then possible to regularly check individual performance of these required standards through regular meetings, appraisals etc. and to hold individual accountable where performance falls short. Where an individual's job description contains specific roles for health and safety, then past and current performance in this field must be considered both at the recruitment stage and during ongoing internal staff performance management systems.
4. To continue identifying certain staff members to undertake the IOSH Managing and Working Safely e-learning course.
5. To ensure all safety objectives and targets are included in staff's annual appraisals.
6. Ensure all external learning is populated onto ESR under external learning if not part of core skills training.

7. Directors should have a presence at sites - Directors walkabouts to be undertaken periodically.

4.2.2 Co-operation/Communication and Consultation

Health and safety matters must be adequately communicated to all NWSSP staff. Arrangements must be in place to ensure effective two-way communication throughout the organisation. Effective communication embodies clarity and is the foundation for the successful engagement of stakeholders.

NWSSP communicates and consults with employees on health and safety issues through its Health and Safety Management structure and through regular workplace audits. The various H&S groups in place have suitable management membership to implement actions and meeting are held on a quarterly basis. In addition, trade unions are invited to attend.

As part of the health and safety objectives for 2017/2019 it states 'to continually improve the health and safety culture within NWSSP'. There are periodic campaigns to promote the use of Datix for recording of accidents/incidents and near misses in a timely manner is communicated. A quarterly newsletter is now published and circulated to staff providing them with information in relation to health and safety issues. All sites have a prominent health and safety notice board in situ. All new starters undertake the first week health and safety site induction and there is a dedicated webpage for staff on health and safety.

Recommendations

8. Staff should be encouraged to become more actively involved in health and safety. Staff need to be encouraged to take ownership of health and safety at all levels and be part of the process. They can become involved in working groups, such as those suggested to develop risk assessments and can be invited to attend cross unit meetings. Supervisors could attend the IOSH Working Safely accreditation to give them a general understanding into health and safety. At the very least, minutes from meetings need to be shared and preferably discussed with all staff levels possible done at staff briefings.
9. Staff members who attend the health and safety meetings communicate the information discussed with all staff within their department. Suggestion boxes, and an open invitation to H&S meetings, agenda items in team briefings and discussing the topic in appraisals to aid communications.

10. All sites should have as a standard agenda item on team meetings if site health and safety meetings do not already exist to address local issues in relation to health, safety and risk;
11. Sites, particularly procurement services, are to be encouraged to have pre-shift meetings to ensure that all staff are made aware of daily issues. Also key time to reinforce key message of good housekeeping.
12. It was important that the Corporate Health & Safety function is fully sighted on considerations, developments and occurrences within all service groups.
13. NWSSP is a diverse group of functions supporting the NHS in Wales and it is clearly always going to be challenging to coordinate the various health and safety issues within an organisation if this scope. The process to update the Health and Safety Manager and the Workforce and OD Director, as the Corporate H&S Lead, on any changes in management systems or its activities and to ensure this is communicated via the monthly reporting form.

4.2.3 Competence

Success depends on people and how they work as a team. NWSSP staff must be trained, qualified and competent to undertake their jobs. Their roles and responsibilities must be clearly defined. Effective training will deliver the skills, the competence and the behaviour to maintain competence and the behaviour to maintain operations that are safe, protect health, are environmentally sound and comply with laws and regulations. This requirement extends from recruitment through to leaving the organisation.

An element of the health and safety objectives set for 2017/2019 was to 'develop and enhance the health and safety and risk management knowledge and skills of managers and supervisors throughout NWSSP'. Certain staff members have undertaken IOSH Managing Safely e-learning and IOSH Working Safely e-learning.

NWSSP has introduced the first week site health and safety induction handbook which is completed with new staff on their first week to the organisation and in addition staff attend a corporate induction in which health and safety is discussed generally.

Throughout 2017 regular training sessions have been undertaken with staff on investigations and Datix.

Staff undertake the 10 core skills. This is monitored on a monthly basis for compliance.

Staff undertake a variety of training throughout the year which includes, asbestos awareness training, legionella awareness, fire safety, manual handling inanimate load, display screen equipment assessor training, IOSH Working Safely and IOSH Managing Safely.

A number of safe systems of work have been rolled out within Procurement and Health Courier Services over the past year.

Recommendations

14. Ensure that training records are kept up to date and forward planning is undertaken to ensure staff attend training relevant to their roles in the specified timeframe.
15. Development should be undertaken of the full training needs analysis of all staff levels within the NWSSP, including managers. This should identify key statutory training, training required by the post holder as identified in the policy and job description and training which is desirable or development.
16. Ensure bank staff are included in training and also have their first week health and safety induction handbook completed.
17. Ensure the H&S first week site induction handbook is completed in the first week of employment and includes the specific health and safety training required for each job role.
18. Ensure the Training needs analysis on manual handling module B is completed at the end of the H&S induction handbook.
19. Ensure all external health and safety training is inputted onto ESR.
20. Certain staff groups to complete the IOSH Managing Safely e-learning course
21. Certain staff groups to complete the IOSH Working Safely e-learning course.
22. Ensure new starters attend the corporate induction training.
23. Continue to roll out the safe system of work packages that have been put together for procurement services and Health Courier Services.
24. An in house manual handling trainer is required within NWSSP to undertake manual handling inanimate load training site specific.

4.2.4 Risk Assessments

Risk management ensures that identified hazards are controlled effectively to avoid human harm or economic loss. A hierarchy of control must be established. Once established, monitoring must maintain control within parameters and initiate improvement actions when appropriate.

A great deal of work has been undertaken within Procurement Services in the past year to identify the hazards and a series of risk assessments have been written up to control the risks. In addition a number of safe systems of work and flashcards have been introduced and training has been given.

Recommendations

25. To have a central portal set up for all risk assessments to be held. This will allow NWSSP to centrally manage documentation and set reminders via the portal of when certain items are due for review from monthly site inspections to fire risk assessments, forklift truck, pallet truck, legionella risk assessment and even 5 year fixed wire testing.
26. Ensure that risk assessments are communicated with staff when they apply. There should also be a regular review at health and safety meetings to ensure that staff can report changes in their circumstances to management and for the line managers to engage the appropriate procedures to address these changes. Risks of 12 or above should be reported to the All Wales Health and Safety Meeting for consideration.

4.3 CHECK – ACT

Effective learning from events will convert incidents into improvement activities. Investigations must focus on identification of root causes and preventative actions. Recommendations will be shared to avoid recurrence of those events.

In an aim to reduce the trends of the work related incidents which have occurred within NWSSP during 2016; to continually improve the health and safety culture within NWSSP; develop and enhance the health and safety and risk management knowledge and skills of managers and supervisors throughout NWSSP; regularly monitor and evaluate the health and safety performance throughout NWSSP; and promote a zero tolerance culture in relation to violence and aggression incidents across NWSSP, the NWSSP All Wales Health and Safety Objectives for 2017-2019 were devised – See Appendix 2.

4.3.1 Measuring performance – Active Monitoring

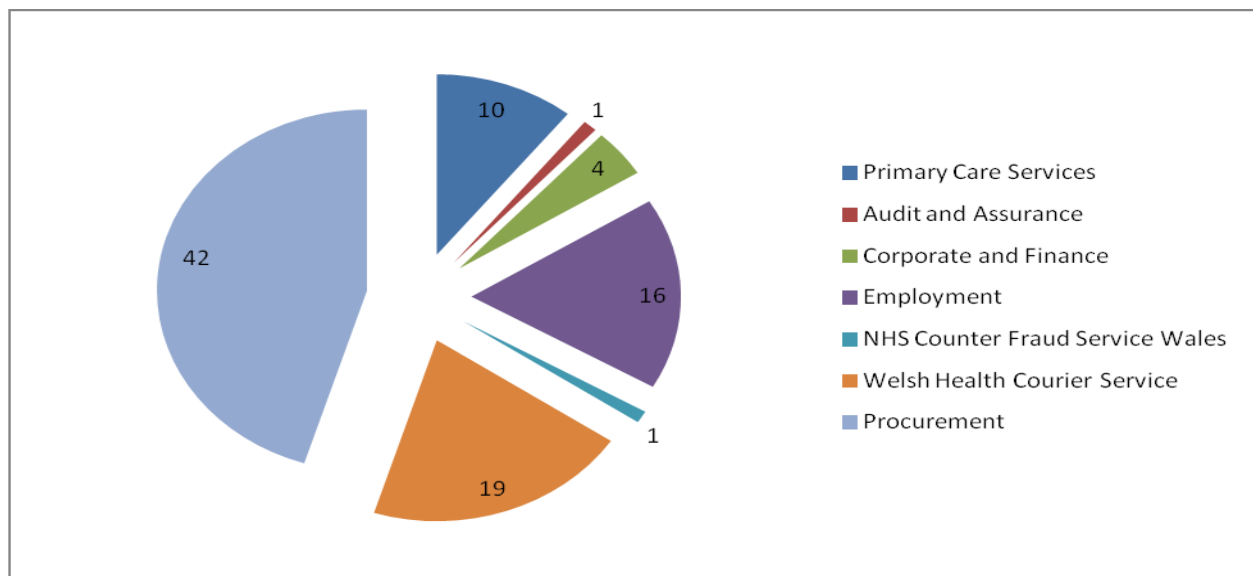
All workplace incidents are recorded onto the Datix System. NWSSP has set up a sub-site of the Velindre NHS Trust Datix Risk Management System (DATIXWEB), to record all incidents that occur within NWSSP.

An element of the health and safety objectives for 2017/2019 state to 'regularly monitor and evaluate the health and safety performance throughout NWSSP. This includes the production of an annual report, quarterly reports to identify trends, visit sites to undertake the health and safety management system checklist and ensure that lessons are learnt as a consequences of incidents.

Throughout NWSSP managers undertake regular site inspections and record findings to check on safety elements.

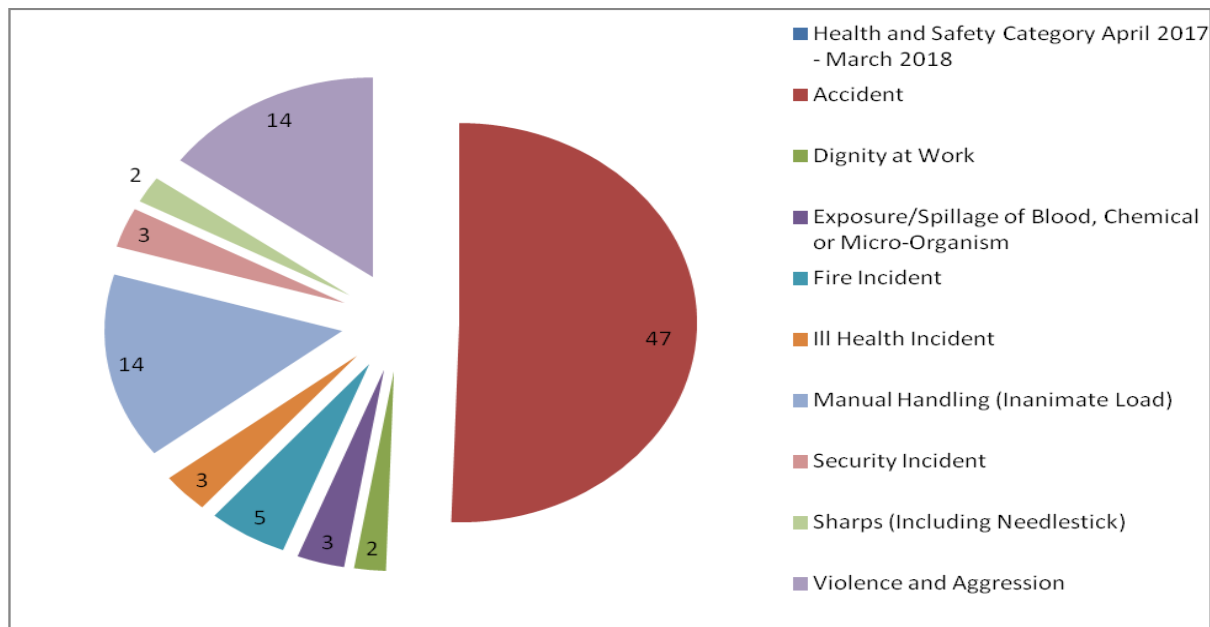
4.3.2 Health and Safety Statistics for April 2017 – March 2018

Below are the figures on health and safety incidents which have occurred within NWSSP during 2017/2018. A total of **93 incidents** have been recorded. A total of 81 incidents were reported during 2016/2017.



4.3.3 Health and Safety Statistics by Category for April 2017 – March 2018

Below are the figures on health and safety incidents by category which have occurred within NWSSP during 2017/2018.



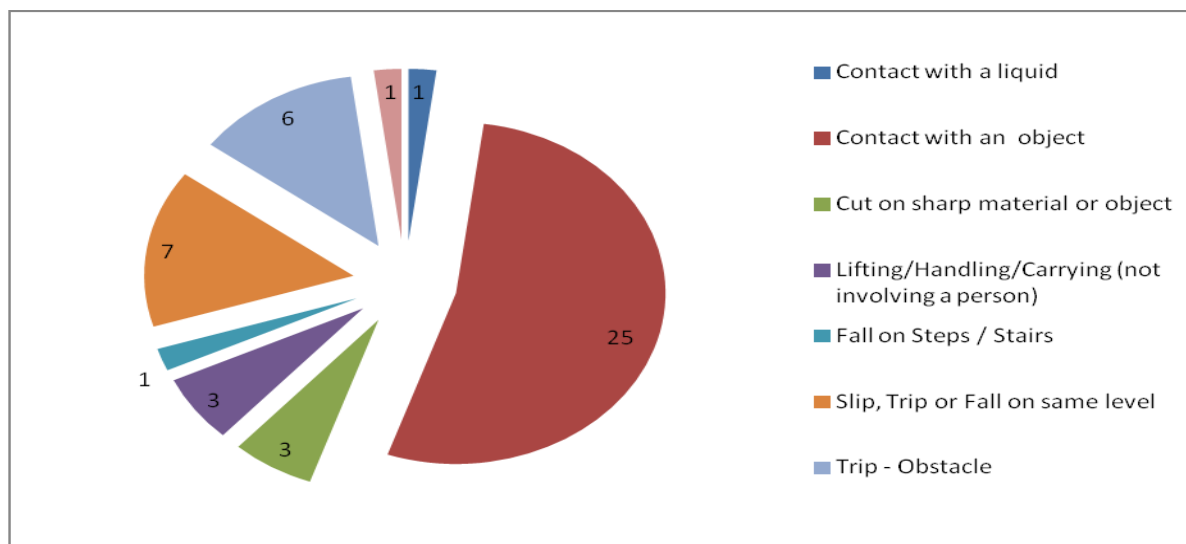
From identifying the trends in this year, it would appear they are the same as the previous year:

- Accidents,
- Manual handling and
- Violence and aggression.

The manual handling inanimate loads and violence and aggressing incidents appear to remain the same as the previous year and have not reduced. Where as accidents has increased by 6 incidents.

4.3.4 Health and Safety Statistics by Sub-Category of Accidents for April 2017 – March 2018

Below are the figures on health and safety incidents by sub-category of accidents which have occurred within NWSSP during 2017/2018.



It would appear that contact with an object remains the highest trend with a total of 25 incidents occurring during 2017/2018.

A total of 15 slips, trips and falls incidents have occurred in 2017/2018. This is a slight reduction on the previous year, which were 16 incidents reported.

In the previous year there were 8 incidents in relation to contact with an object. It would appear that the issues relating to hitting heads on racking has now ceased due to the introduction of picking sticks and training on manual handling inanimate loads within stores. The increases appear to be from encouraging staff to report incidents. There does not appear to be a trend in the issues during this year. The previous year the incidents relating to contact with an object were hitting heads on racking within stores. Incidents which have been reported during 2017/2018 include:

- Lift doors closing;
- Barrier coming down on an individual;
- Caught in closing doors;
- Boxes falling;
- Walking into a flat bed trolley;
- Door closing on fingers within vehicles;
- Contact with pallets;
- Contact with roll cages;
- Compact with compactor whilst moving;
- Items falling off racking.

Recommendations

27. To continue aspiring to the 10% reduction rate over 2 years for the health and safety objectives in relation to slips, trips and falls; contact with an object, manual handling and violence and aggression.
28. Continue to encourage staff to report incidents onto the Datix system.
29. Continue to carry out Workplace inspection checklist and ensure that the external areas are also included.
30. Continue to carry out Fire monthly check sheet
31. Continue to carry out Security checklist
32. Continue to encourage near miss reporting.
33. Managers to identify trends on sites.

4.3.2 Reactive Monitoring

There appears to be a good culture of reporting accidents via the electronic system.

Recommendations

34. Train staff to undertake investigations.
35. Investigations must feed back into the risk assessment process and consider, as part of this process whether controls were adequate or inadequate, implemented or not or simply had not previously been considered.
36. Manager to feedback to individuals on actions taken as a consequence of an incident.
37. Ensure that lessons learnt are shared at health and safety meetings and disseminated to relevant staff together with any information on changes to risk management.
38. Continually promote staff to report incidents in a timely manner, within 3 days.

5. BUILDING/ESTATES AND STATUTORY COMPLIANCE

NWSSP has a legal duty to ensure that all buildings under its control comply with the relevant statutory and regulatory requirements.

A Building/Estates Statutory Compliance monitoring process continues to be undertaken on a regular basis to ensure that NWSSP complies with the legal obligation to ensure that all premises are compliant.

These include electricity at work, legionella, fire safety asbestos, etc. The Health and Safety Manager represents NWSSP on the Velindre NHS Trust Estates/Statutory Compliance Management Group and provides updates on the collation of data for the mandatory data collection.

5.1 Fire Management

All Velindre leased sites under the control of NWSSP have a current fire risk assessment.

Fire alarms are tested weekly regularly and fire drills are undertaken at least annually.

Fire doors are inspected as part of the monthly fire checklist process.

Fire fighting equipment is checked as part of annual maintenance contracts.

Emergency lighting is checked regularly and annual maintenance contracts set up.

5.2 Electricity

All Velindre leased sites under the control of NWSSP have periodic testing undertaken every 5 years.

PAT testing is undertaken as and when required.

5.3 Legionella

All Velindre leased sites under the control of NWSSP have Legionella risk assessments carried out as and when required and regular monitoring of temperatures is undertaken.

5.4 Radon

In the first instance, to identify if Radon was present in any of the Velindre leased sites within NWSSP, Radon measurement reports were sought from the British Geological Survey. (The UK has been extensively surveyed by the Health Protection Agency (HPA) and British Geological Survey).

All reports identified that no radon protective measures were required.

5.5 Asbestos Management

There is currently only two sites which have asbestos present. This being 13/14 Court Road, Pontypool and Brecon House, Mamhilad Park Estate, Pontypool.

Asbestos survey reports are undertaken annually and the asbestos is managed as part of the asbestos management plan process.

6. CONCLUSION

Managers should be supported to act as a positive health and safety role model and lead by example for positive interventions are recommended to encourage all staff to become actively involved in health and safety. This will significantly strengthen the organisations culture.

The ultimate goal of NWSSP is to conduct its operations prevent injury and ill-health in the workplace. NWSSP must encourage a common sense and practical approach to managing for health and safety, viewing it as part of the every day process and ensuring it is an integral part of workplace behaviours and attitudes. The recommendations outlined in this review will support NWSSP in achieving this ultimate goal.

The organisation maintains a positive incident reporting culture and the reporting of 'near miss' incidents is continually encouraged. The review recognises this is an example of good practice.

NWSSP continues to promote a positive Health and Safety culture across its services through the regional Health and Safety group meetings, regular training and raising awareness through internal communication channels. This proactive approach demonstrates NWSSP's commitment to ensuring compliance with legislative requirements and in the prevention of workplace injuries and ill health.

Proactive monitoring will support the overall health and safety planning and assist in promoting a positive health and safety culture. The involvement of health and safety representatives in this process will be encouraged and reactive monitoring such as monitoring injuries, ill health and other loss events will continue to take place to complement active monitoring.

Report Prepared by:

Paula Jones, Health and Safety Manager

Dated: June 2018

APPENDIX 1

RESULTS FROM NWSSP HEALTH AND SAFETY MANAGEMENT SYTEM (HSG65) AUDITS UNDERTAKEN IN 2017/2018

The total percentages for 2017/2018 across each site, is outlined within the table below:

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
Companies House, Cardiff						
	603	Did not occupy site in 2013	Did not occupy site in 2014	89.05%	99.41%	96.66%
4/5 Charnwood Court, Nantgarw						
	102	88.68%	92.93%	97.11%	95.54%	94.61%
Alder House						
	130	67.77%	87.40%	88.86%	97.03%	Audit undertaken in May 2018 87.12%
Cwmbran House and Brecon House, Mamhilad Park Estate, Pontypool						
	115	95.92%	99.17%	98.73%	98.45%	No audit undertaken in 2017 due to staffing issues on site- date being arranged for

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
						2018
Floors 7 and 11, Oldway Centre, Swansea						
	122	99.70%	99.70%	96.08%	98.41%	Relocated to Matrix House, Swansea in September 2017
Matrix House, Swansea						
	130	Did not occupy site	Did not occupy site	Did not occupy site	Did not occupy site	Occupied site in September 2017 – relocated from Oldway Centre, Swansea 74.35%
1st Floor, Block B, Mamhilad Park Estate						
Service Group: Counter Fraud	6	-no audit carried out	No audit carried out	No audit carried out	95.86%	94.98%
Hafan Derwen, St David's Parc, Carmarthen						
Service Group: Employment Services	29	89.65%	92.05%	93.10%	86.27%	91.24%

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
Hafan Derwen, St Brides, St David's Parc, Carmarthen						
Service Group:	6	82.62%	92.25%	96.20%	88.27%	98.47%
Audit and Assurance						
Bryn Y Neaudd						
Service group:	3	71.88%	72.27%	77.22%	92.53%	No audit undertaken in 2017
Audit and Assurance						
Hafren Ward, Bronllys Hospital						
Service group:	1	45.81%	45.81%	45.81%	85.57%	94.61%
Audit and assurance						
Brecknock House, University Hospital of Wales, Cardiff						
Service group:	30	88.46%	88.46%	88.46%	96.60%	No audit undertaken in 2017
Audit and Assurance e-Business Procurement						To note that Audit and Assurance are relocating to Lansdowne Hospital, Cardiff in April 2018

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
Prince Philip Hospital, Llanelli						
Service Group: Employment Services	2	33.25%	44.82%	93.62%	90.02%	82.32% Staff are based in Matrix House and use this office as a satellite clinic
Prince Philip Hospital Stores, Llanelli						
Service Group: Procurement Services	4	53.14%	80.73%	New Supply Chain Manager appointed and working through compliance	Site visit planned in March 2017	73.45%
Prince Charles Hospital - Block B, Merthyr Tydfil						
Service Group: Procurement Service - admin	14	No data	58.20%	93.87%	95.81%	No audit undertaken in 2017 due to site staffing issues
Prince Charles Hospital, Stores, Merthyr Tydfil						
Service Group: Procurement Services	3	50.36%	94.93%	96.98%	85.14%	92.15%

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
Royal Glamorgan Hospital, Stores, Ynysmaerdy, Talbot Green						
Service Group: Procurement Services	3	42.44%	94.93%	96.98%	95.67%	No audit undertaken in 2017 due to staff changes on site – audit to be arranged for 2018
Llandough Hospital, Stores, Penlan Road, Llandough, Penarth						
Service Group: Procurement Services	9	10.81%	96.68%	96.98%	88.09%	No audit undertaken in 2017 due to staff issues – audit to be arranged for 2018
Morrison Hospital, Stores, Swansea						
Services Group: Procurement Services	4	48.75%	35.74%	Awaiting New Supply Chain Manager to be appointed	60.17% New supply chain manager appointed working through issues identified	80.87%
Bronglais Hospital, Stores						
Services Group:	3	-	-	New Supply Chain Manager appointed and	84.05%	84.05%

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
Procurement Services				working through compliance		
Glangwili Hospital, Stores, Carmarthen						
Services Group: Procurement Services	7	53.14%	53.14%	New Supply Chain Manager appointed and working through compliance	78.10%	71.54%
Glangwili Hospital, Carmarthen						
Procurement Services – admin	10	-	-	-		77.41%
Withybush Hospital, Stores, Haverfordwest						
Services Group: Procurement Services Health Courier Services	5	53.14%	67.12%	New Supply Chain Manager appointed and working through compliance	87.55%	94.98%

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
Denbigh Stores, Denbigh						
Services Group: Procurement Services	25	No data	86.47%	90.42%	97.67%	No audit undertaken 2017 – undertook audit of HCS section as relocated to Denbigh Stores during 2017
St Athan Stores						
Services Group: Procurement Services	0 – only occupied on a Friday – 2 members of staff from Bridgend Stores	53.14%	79.85%	79.85%	98.13% Audit undertaken	98.57% - premises relocating to Picketston – site visit arranged for March and April 2018.
Bridgend Stores, Princess of Wales Hosptial, Bridgend						
Services Group: Procurement Services	60	97.00%	97.79%	95.67%	96.38%	92.60%
13/14 Court Road, Industrial Estates, Cwmbran, Pontypool						
Services Group: Procurement Services	20	No data presented	91.73%	91.73%	95.69%	94.54%

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
Lakeside Stores, University Hospital of Wales, Cardiff						
Services Group:	28	87.65%	96.48%	96.98%	96.91%	95.01%
Procurement Services						
Neath Port Talbot Hospital, Neath						
Services Group:	15	Not at this site during this year	93.46%	96.35%	95.68%	96.77%
Procurement Services						
Health Courier Services						
Mamhilad Park Estate, Pontypool	20					Staff relocated from various sites during February/March 2018 – audit will be arranged in due course. 90.16%
Swansea Ambulance Station, Cwmbwla	20	HCS joined NWSSP in 2015	HCS joined NWSSP in 2015	HCS joined NWSSP in 2015	63.52%	86.44%

Site	Number of Staff at the site	Total Percentage for 2013	Total Percentage for 2014	Total Percentage for 2015	Total Percentage for 2016	Total Percentage for 2017
Denbigh Stores						Staff located to this site in 2017 73.39%
WAST Snowdon House, Bangor	4	HCS joined NWSSP in 2015	HCS joined NWSSP in 2015	HCS joined NWSSP in 2015	Relocation to Bryn Y Neuadd, Llanfairfechan expected March/April 2017	Self assessment to be carried out in 2018
Wrexham Ambulance Station, Wrexham	5	HCS joined NWSSP in 2015	HCS joined NWSSP in 2015	HCS joined NWSSP in 2015	97.66% Self assessment undertaken	Self assessment to be carried out in 2018
Westpoint Industrial Estate, Cardiff						Staff relocated to site from Lansdowne Hospital in March 2017 86.94%
Surgical Materials Testing Laboratory – Princess of Wales Hospital, Bridgend						
Service Group: SMTL	17	-	-	-	Joined NWSSP in October 2016 93.14%	96.85%

NWSSP'S HEALTH AND SAFETY OBJECTIVES 2017 - 2019

OBJECTIVE 1

Aim to reduce work related slips, trips and falls in the workplace, aspiring to a 10% reduction over 2 years.

- Following every slip, trip and fall there will be an investigation to determine if avoidable or unavoidable.
- Quarterly reports will be produced to identify the incidents and trends of causal factors.
- Winter maintenance will be undertaken at Velindre leased sites.
- Workplace checklists will be completed every 3 months to identify any emerging or unresolved issues.
- Information & awareness about slips, trips and falls will be communicated to staff via the H&S newsletter periodically to inform staff.
- Continue encouraging staff to report slips, trips and falls onto the Datix system and querying the reasons for non-reporting in relation to incidents which are identified by other routes.

There were 16 slips, trips and falls which occurred within NWSSP during 2016-2017.

Staff head count as at 30th April 2017 – 1,581, excluding GP Trainees

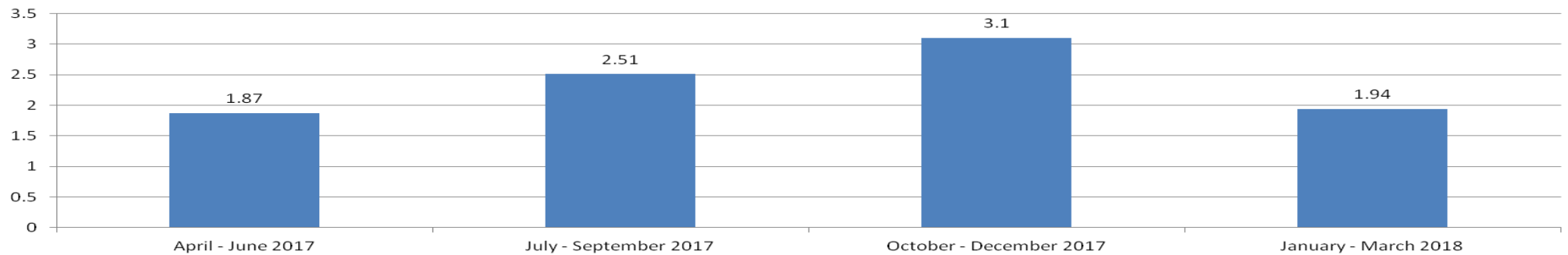
Incidence Rate per 1,000 employees – $16 \div 1,581 \times 1,000 = 10.12$ – excluding GP Trainees

- End of June 2017 = $3 \div 1,597 \times 1,000 = 1.87$
- End of September 2017 = $4 \div 1,592 \times 1,000 = 2.51$
- End of December 2017 = $5 \div 1,612 \times 1,000 = 3.10$
- End of March 2018 = $3 \div 1,541 \times 1,000 = 1.94$

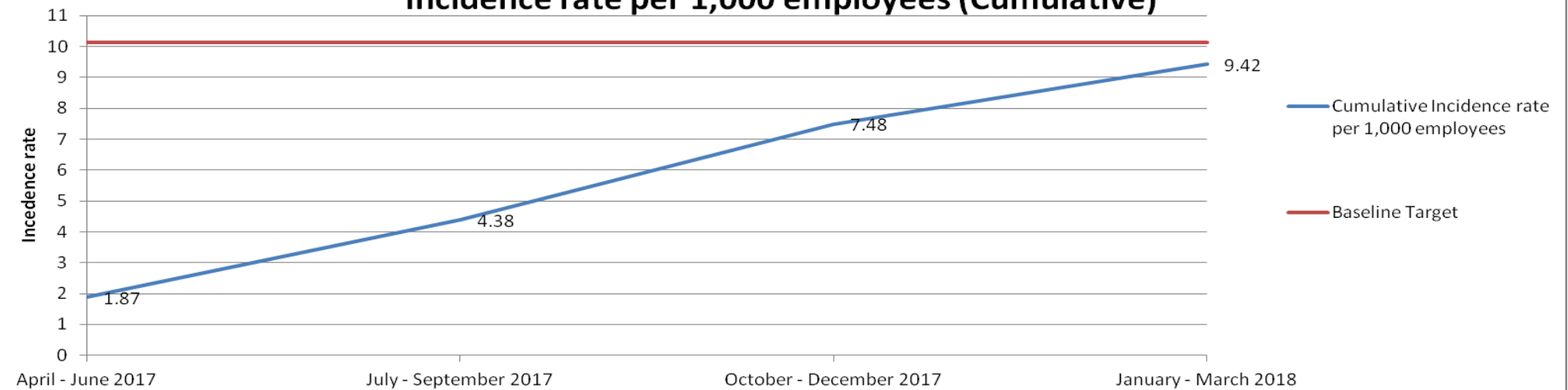
Slips, Trips and Falls Statistics

As at 31st March 2018

Incidence rate per 1,000 employees



Incidence rate per 1,000 employees (Cumulative)



OBJECTIVE 1

Aim to reduce work related slips, trips and falls in the workplace, aspiring to a 10% reduction over 2 years.

Objective	Who's responsible	By When and How
Following every slip, trip and fall there will be an investigation to determine if avoidable or unavoidable.	Designated Manager on site.	Undertake investigation within a week of incident occurring. Undertake an investigation after each slip, trip and fall to determine if avoidable or unavoidable.
Quarterly reports will be produced to identify the incidents and trends of causal factors.	Health and Safety Manager	Produced quarterly reports for Senior Management Team, All Wales H&S group and regional H&S groups to identify trends of causal factors. Quarters are: April – June 2017 July – September 2017 October – December 2017 January – March 2018 Analysis will then to be undertaken to

		look at trends to produce future objectives for NWSSP.
Winter maintenance will be undertaken at Velindre leased sites.	Designated Manager on site	<p>Winter Periods.</p> <p>To arrange contracts and standard operation procedures for sites during the winter periods. Liaison with landlords if required.</p>
Workplace checklists will be completed every 3 months to identify any emerging or unresolved issues.	Designated Managers on site	<p>Every 3 months.</p> <p>To undertake the workplace checklist every 3 months to identify issues on site and to action any emerging or unresolved issues.</p> <p>The H&S manager will check during site visits.</p>
Information & awareness about slips, trips and falls will be communicated to staff via the H&S newsletter periodically to inform staff.	Health and Safety Manager	<p>Provide staff with information on slips, trips and falls in various H&S newsletters produced on a quarterly basis. Also provide information to staff on good housekeeping on a periodic basis.</p>

Continue encouraging staff to report slips, trips and falls onto the Datix system and querying the reasons for non-reporting in relation to incidents which are identified by other routes.	Health and Safety Manager and Site Managers	<p>Within H&S newsletters promote staff to report incidents via Datix.</p> <p>As and when and periodically</p>
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OBJECTIVE 2

Aim to reduce work related contact-with-an-object incidents in the workplace, aspiring to a 10% reduction over 2 years.

- Training will be delivered on the safe use of roll cages by undertaking safe systems of work and flash cards.
- Inspections and audits will be conducted to ensure that storage is optimum.
 - Ensuring lower shelves are used for storing lighter products.
 - Ensuring heavier items are at waist height on suitably robust shelving.
- Continue to promote staff to report contact-with-an-object incidents onto the Datix system and querying the reasons for non-reporting in relation to incidents which are identified by other routes

There were 8 work related contact with an object incident in the workplace which occurred within NWSSP during 2016-2017.

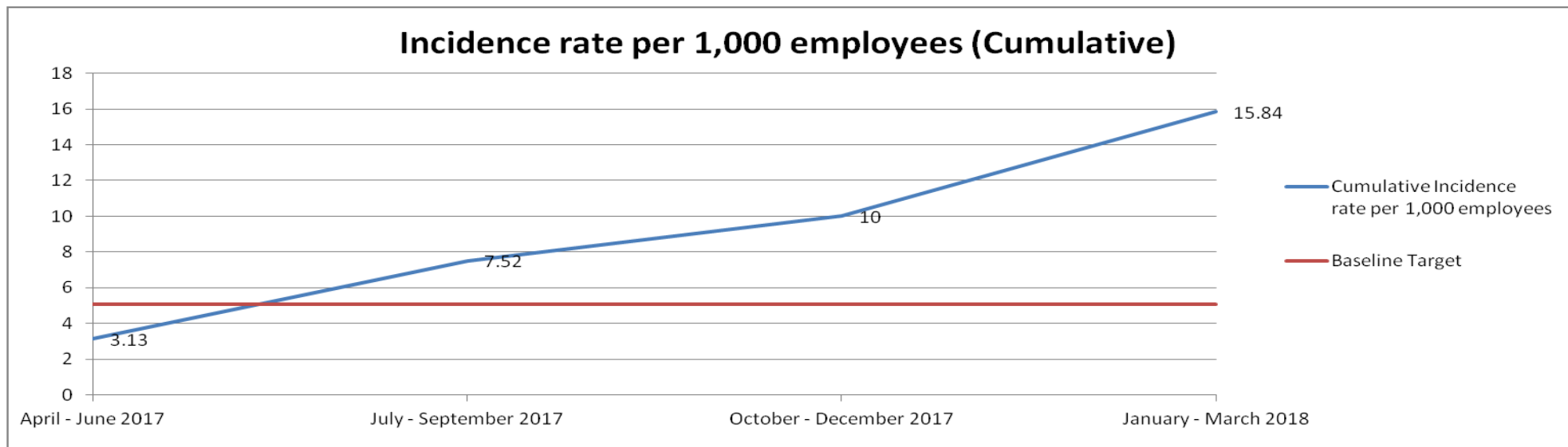
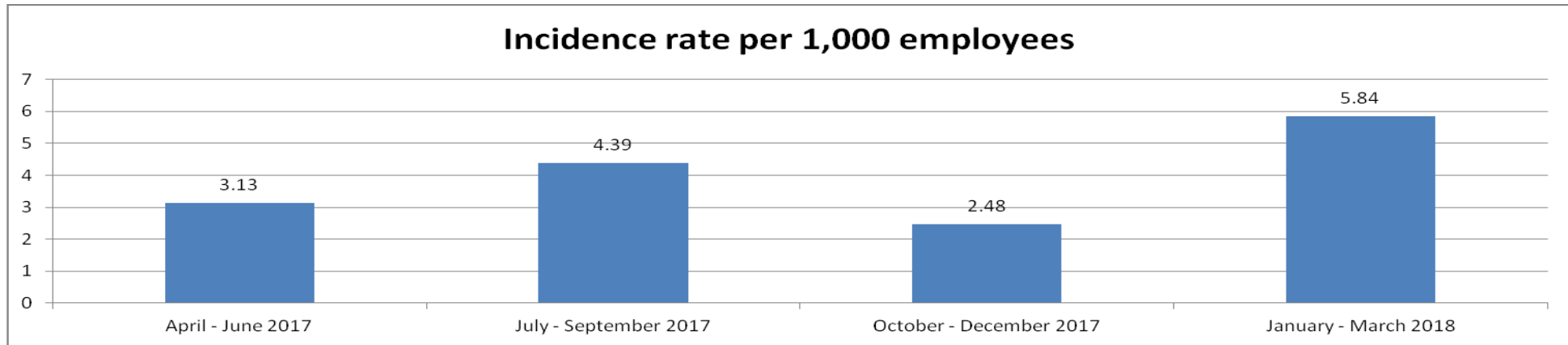
Staff head count as at 30th April 2017 – 1,581, excluding GP Trainees

Incidence Rate per 1,000 employees - $8 \div 1,581 \times 1,000 = 5.06$ – excluding GP trainees

- End of June 2017 = $5 \div 1,597 \times 1,000 = 3.13$
- End of September 2017 = $7 \div 1,592 \times 1,000 = 4.39$
- End of December 2017 = $4 \div 1,612 \times 1,000 = 2.48$
- End of March 2018 = $9 \div 1,541 \times 1,000 = 5.84$

Contact with an Object Incidents Statistics

As at 31st March 2018



OBJECTIVE 2

Aim to reduce work related contact-with-an-object incidents in the workplace, aspiring to a 10% reduction over 2 years.

Objective	Who's responsible	By When and How
Training will be delivered on the safe use of roll cages by undertaking safe systems of work and flash cards.	Health and Safety Manager and Designated Managers within Stores	On going basis to provide training. Produce a risk assessment on roll cage safety and produce safe system of work and flash cards on the use of roll cages within office environment and within stores.
Inspections and audits will be conducted to ensure that storage is optimum. <ul style="list-style-type: none">○ Ensuring lower shelves are used for storing lighter products.○ Ensuring heavier items are at waist height on suitably robust shelving.	Designated Managers within Stores	Designated Managers within stores to undertake inspections and audits to ensure storage is at optimum. Re-organise shelving to reduce the need to bend. Re-organise shelving with lighter stock on the floor and heavier items at waist height. Investigate shelving to ensure that full access is available to access to pick.

		<p>Faster more bulky products to be relocated.</p> <p>Removal of shelving which is not required.</p> <p>Redundant and out of stock to be removed.</p> <p>Continue to investigate improvements and efficiencies within stores.</p>
Continue to promote staff to report contact-with-an-object incidents onto the Datix system and querying the reasons for non-reporting in relation to incidents which are identified by other routes	Health and Safety Manager	<p>Within H&S newsletters promote staff to report incidents via Datix.</p> <p>As and when and periodically</p>

OBJECTIVE 3

Aim to reduce work related manual handling incidents in the workplace, aspiring to a 10% reduction over 2 years.

- Ensure the Training Needs Analysis for Manual Handling training is updated annually, to identify what training solutions are required for each staff group.
- Continue to deliver manual handling Module B – inanimate load handling training within to staff within NWSSP.
- Produce dashboard information to monitor staff undertaking the core skills element of manual handling training.
- All incidents relating to manual handling to be investigated and a review undertaken by the Health & Safety Manager to identify causal factors.
- Continue to promote staff to report manual handling incidents onto the Datix system and querying the reasons for non-reporting in relation to incidents which are identified by other routes.

There were 14 manual handling incidents in the workplace which occurred within NWSSP during 2016-2017.

Staff head count as at 30th April 2017 – 1,581, excluding GP Trainees

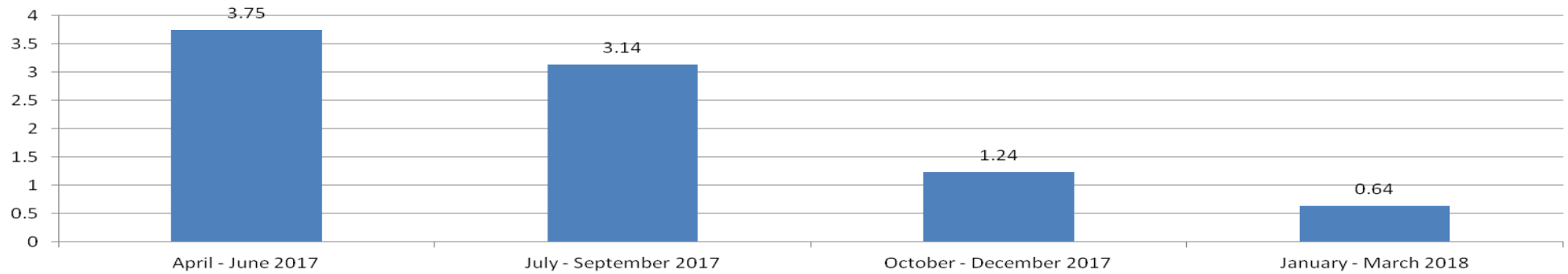
Incidence Rate per 1,000 employees - $14 \div 1,581 \times 1,000 = 8.85$ – excluding GP trainees

- End of June 2017 = $6 \div 1,597 \times 1,000 = 3.75$
- End of September 2017 = $5 \div 1,592 \times 1,000 = 3.14$
- End of December 2017 = $2 \div 1,612 \times 1,000 = 1.24$
- End of March 2018 = $1 \div 1,541 \times 1,000 = 0.64$

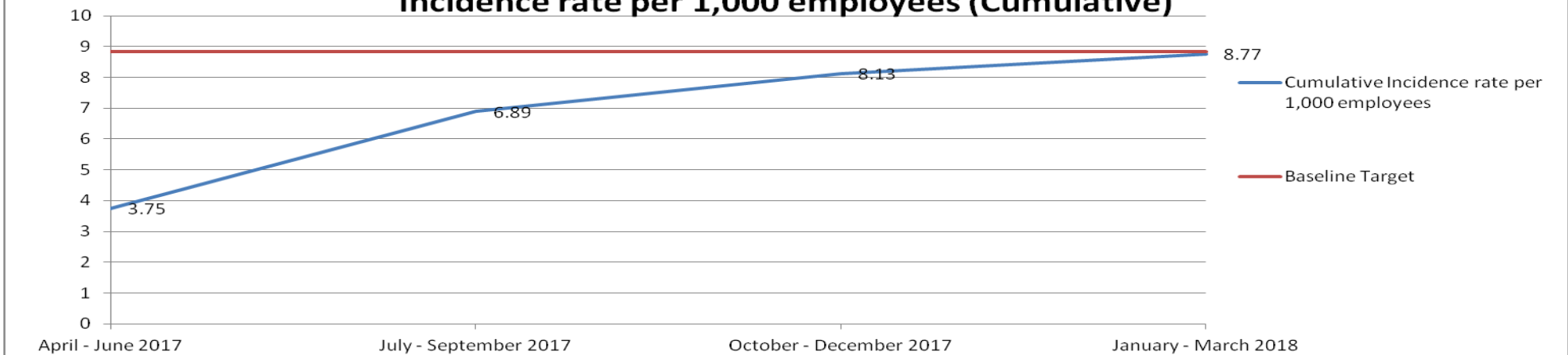
Manual Handling Incident Statistics

As at 31st March 2018

Incidence rate per 1,000 employees



Incidence rate per 1,000 employees (Cumulative)



OBJECTIVE 3

Aim to reduce work related manual handling incidents in the workplace, aspiring to a 10% reduction over 2 years.

Objective	Who's responsible	By When and How
Ensure the Training Needs Analysis for Manual Handling training is updated annually, to identify what training solutions are required for each staff group.	Health and Safety Manager	<p>Produce a spreadsheet of staff requiring module A and staff requiring Module A & B training.</p> <p>Identify what training solutions are required for each staff group.</p> <p>Produce a Business Case for the future deliver of manual handling training for NWSSP.</p> <p>Ensure that the TNA contained in the Site H&S induction handbook is completed.</p> <p>Continue to monitor the core skills statistics for module A.</p> <p>Ensure compliance with staff who require module A & B training.</p> <p>Ensure staff are placed onto refresher</p>

		training after an incident which involved manual handling.
Continue to deliver manual handling Module B – inanimate load handling training within to staff within NWSSP.	Health and Safety Manager	<p>Produce a Business Case for the future deliver of manual handling training for NWSSP.</p> <p>Ensure that the TNA contained in the Site H&S induction handbook is completed.</p> <p>Continue to monitor the core skills statistics for module A.</p> <p>Ensure compliance with staff who require module A & B training.</p> <p>Ensure staff are placed onto refresher training after an incident which involved manual handling.</p>
Produce dashboard information to monitor staff undertaking the core skills element of manual handling training.	Health and Safety Manager	<p>Produce a dashboard each quarter to monitor against compliance.</p> <p>Flag issues as an when at the All Wales H&S group meeting and to SMT as and when required.</p>

All incidents relating to manual handling to be investigated and a review undertaken by the Health & Safety Manager to identify causal factors.	Health and Safety Manager	<p>All incidents relating to manual handling to be investigated and a review undertaken.</p> <p>Produce a Business Case for future delivery of Manual Handling Training within NWSSP.</p>
Continue to promote staff to report manual handling incidents onto the Datix system and querying the reasons for non-reporting in relation to incidents which are identified by other routes.		<p>Within H&S newsletters promote staff to report incidents via Datix.</p> <p>As and when and periodically</p>

OBJECTIVE 4

Develop and enhance the health & safety and risk management knowledge and skills of managers and supervisors throughout NWSSP.

- Ensure the Training Needs Analysis for Manager and Supervisor Health and Safety Training is updated annually, to identify what training solutions are required for each staff group.
- Facilitate e-learning IOSH Managing Safely training for appropriate staff.
- Develop a series of toolbox talks for managers and supervisors in relation to health & safety and risk management topics.
- Facilitate Manager / Supervisor training in the use of the Datix system.
- Continually enhance and develop dedicated NWSSP web pages for health and safety.

OBJECTIVE 4

Develop and enhance the health & safety and risk management knowledge and skills of managers and supervisors throughout NWSSP.

Objective	Who's responsible	By When and How
Ensure the Training Needs Analysis for Manager and Supervisor Health and Safety Training is updated annually, to identify what training solutions are required for each staff group.	Health and Safety Manager and Managers	<p>For managers to complete the Site H&S Induction Handbook which identifies training requirements for certain job roles.</p> <p>Work with Workforce and OD to identify competencies for certain job roles.</p> <p>Managers to ensure that PADR's are undertaken with staff members to ensure that an element of H&S is contained in PADR's.</p>
Facilitate e-learning IOSH Managing Safely training for appropriate staff.	Health and Safety Manager	<p>Agree funding for certain staff groups to undertake IOSH Managing Safely.</p> <p>Commission an external provider to provide the training.</p> <p>Continue to monitor progress with</p>

		<p>identified staff to ensure completion.</p> <p>Assist staff on queries in relation to the IOSH Managing safety course.</p> <p>By April 2018.</p>
Develop a series of toolbox talks for managers and supervisors in relation to health & safety and risk management topics.	Health and Safety Manager	<p>Develop a series of toolbox talks for managers and supervisors in relation to health & safety and risk management topics.</p> <p>By April 2018</p>
Facilitate Manager / Supervisor training in the use of the Datix system.	Health and Safety Manager	<p>Facilitate Manager / Supervisor training in the use of the Datix system.</p> <p>Continual basis.</p>
Continually enhance and develop dedicated NWSSP web pages for health and safety.	Health and Safety Manager	<p>Continually enhance and develop dedicated NWSSP web pages for health and safety.</p> <p>Undertake periodic checks to ensure documentation up to date on the web pages.</p> <p>Promote the H&S web pages at regular intervals on the H&S newsletter.</p>

		Inform new staff members of the H&S webpages for NWSSP at the corporate induction programme.
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OBJECTIVE 5

Continually improve the health and safety culture within NWSSP.

- Undertake periodic campaigns to promote the use of Datix for recording of accidents, incidents and near misses in a timely manner.
- Change policy and procedure wording to ensure that the expectation is clear for incidents to be reported before the end of a period of duty where they occur or become known
- Implement the new Health and Safety Procedure for NWSSP and raise awareness.
- Production of quarterly Health and Safety Newsletters.
- Facilitate a programme of regular Health and Safety meetings.
- Disseminate the results of NHS Staff survey, analyse and develop action plans in relation to the findings.
- Ensure that all sites to have prominent health and safety notice boards.
- Ensure all sites undertake health and safety site induction handbooks.
- Include an element of health & safety / risk management in the PADR's for Managers & Supervisor.
- Facilitate the promotion of Sensible Health and Safety as part of the NWSSP Corporate Induction programme.
- Continually enhance and develop dedicated NWSSP web pages for health and safety.

OBJECTIVE 5

Continually improve the health and safety culture within NWSSP.

Objective	Who's responsible	By When and How
Undertake periodic campaigns to promote the use of Datix for recording of accidents, incidents and near misses in a timely manner.	Health and Safety Manager	Undertake periodic campaigns to promote the use of Datix for recording of accidents, incidents and near misses in a timely manner. Quarterly basis.
Change policy and procedure wording to ensure that the expectation is clear for incidents to be reported before the end of a period of duty where they occur or become known.	Health and Safety Manager	Change policy and procedure wording to ensure that the expectation is clear for incidents to be reported before the end of a period of duty where they occur or become known. Ensure that all staff have read and understood the NWSSP Health and Safety Procedure. Review the procedure on an annual basis. Promote staff to report incidents onto the Datix system.

		<p>On a quarterly basis to check how long it took for incidents to be reported onto the system.</p> <p>Undertake post investigation training.</p> <p>Undertake regular Datix training with certain staff groups.</p>
Implement the new Health and Safety Procedure for NWSSP and raise awareness.	Health and Safety Manager	<p>Implement the new H&S procedure.</p> <p>Raise awareness in the regular H&S newsletters.</p> <p>Ensure that staff have read and understood the procedure.</p>
Production of quarterly Health and Safety Newsletters.	Health and Safety Manager	<p>Produce a quarterly H&S newsletter.</p> <p>July 2017</p> <p>October 2017</p> <p>January 2018</p> <p>April 2018</p>
Facilitate a programme of regular Health and Safety meetings.	Health and Safety Manager	<p>Follow the H&S management committee structure.</p> <p>H&S Manager to attend the Velindre</p>

		<p>H&S meetings along with the Estates Compliance meetings and Fire Safety Meetings.</p> <p>H&S Manager to facilitate the NWSSP All Wales H&S meetings, the regional H&S meetings</p> <p>Produce minutes from the meetings.</p> <p>Place the minutes of the meetings onto the H&S website.</p>
Disseminate the results of NHS Staff survey, analyse and develop action plans in relation to the findings.	Health and Safety Manager	Work with the Workforce and OD service to analyse the information and keep a track on the action plans for each service groups.
Ensure that all sites to have prominent health and safety notice boards.	Health and Safety Manager and Designated Site Managers	<p>Ensure site has a prominent H&S notice boards.</p> <p>Ensure the notice board is up to date.</p>
<p>Ensure all sites undertake health and safety site induction handbooks.</p> <p>Include an element of health & safety / risk management in the PADR's for</p>	Designated Managers	<p>Ensure the site undertakes the health and safety site induction handbook.</p> <p>Ensure that an element of health & safety / risk management is contained in the PADR's for Managers &</p>

Managers & Supervisors.		Supervisors.
Facilitate the promotion of Sensible Health and Safety as part of the NWSSP Corporate Induction programme.	Health and Safety Manager	To facilitate an element of H&S to new staff at the corporate induction programme.
Continually enhance and develop dedicated NWSSP web pages for health and safety.	Health and Safety Manager	Continually enhance and develop dedicated NWSSP web pages for health and safety.

OBJECTIVE 6

Regularly monitor and evaluate the health and safety performance throughout NWSSP.

- Produce an Annual Health and Safety report for NWSSP.
- Produce quarterly reports to NWSSP SMT and the NWSSP All-Wales H&S group to identify trends.
- Undertake regular health and safety site/audits and identify observations and non conformities.
- Undertake Health and Safety Management System (HSG65) analysis on an annual basis from site visits/audits to produce an action plan of issues raised throughout the year.
- Maintain a log of Lessons Learned and Actions taken arising from health & safety incidents, with quarterly monitoring reports presented to the NWSSP All-Wales H&S Group.

OBJECTIVE 6

Regularly monitor and evaluate the health and safety performance throughout NWSSP.

Objective	Who's responsible	By When and How
Produce an Annual Health and Safety report for NWSSP.	Health and Safety Manager	Produce an Annual Health and Safety report for NWSSP. By May 2018
Produce quarterly reports to NWSSP SMT and the NWSSP All-Wales H&S group to identify trends.	Health and Safety Manager	Produced quarterly reports for Senior Management Team, All Wales H&S group and regional H&S groups to identify trends of causal factors. Quarters are: April – June July – September October – December January – March Analysis will then to be undertaken to look at trends to produce future objectives for NWSSP.

Undertake regular health and safety site/audits and identify observations and non conformities.	Health and Safety Manager	<p>Undertake regular health and safety site/audits and identify observations and non conformities.</p> <p>State issues at the quarterly report to inform SMT and All Wales H&S meetings.</p> <p>Produce a spreadsheet of visits.</p> <p>Produce the annual analysis report on HSG65 which identifies issues from sites throughout the year.</p>
Undertake Health and Safety Management System (HSG65) analysis on an annual basis from site visits/audits to produce an action plan of issues raised throughout the year.	Health and Safety Manager	<p>Undertake Health and Safety Management System (HSG65) analysis on an annual basis from site visits/audits to produce an action plan of issues raised throughout the year.</p> <p>January 2018</p>
Maintain a log of Lessons Learned and Actions taken arising from health & safety incidents, with quarterly monitoring reports presented to the NWSSP All-Wales H&S Group.	Health and Safety Manager	<p>Each quarter state the lessons learnt as a consequence of incidents.</p> <p>Quarters are:</p> <p>April – June</p>

		July – September October – December January – March
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OBJECTIVE 7 Promote a zero tolerance culture in relation to violence and aggression incidents across NWSSP, aspiring to improve incident reporting and investigations and reduce the number of incidents by 30% over two years.

- Develop a baseline position of predicted incident numbers in the period 2016/17, including those reported formally and those which have not been.
- Develop and facilitate Telephone Conflict Training for appropriate staff groups.
- Produce dashboard information to monitor staff completing the core skills element of violence and aggression training.
- Review the Training Needs Analysis to enable appropriate staff within Employment Services to undertake further training in violence and aggression.
- Undertake specific campaigns, including the use of posters stating violence and aggression will not be tolerated within NWSSP, to raise awareness of the occurrence and causes of violence & aggression incidents.
- Ensure that all reported incidents of violence and aggression are investigated and that investigations specifically consider how de-escalation was undertaken in face to face incidents.

There were 14 violence and aggression incidents which occurred within NWSSP during 2016-2017.

Staff head count as at 30th April 2017 – 1,581, excluding GP Trainees

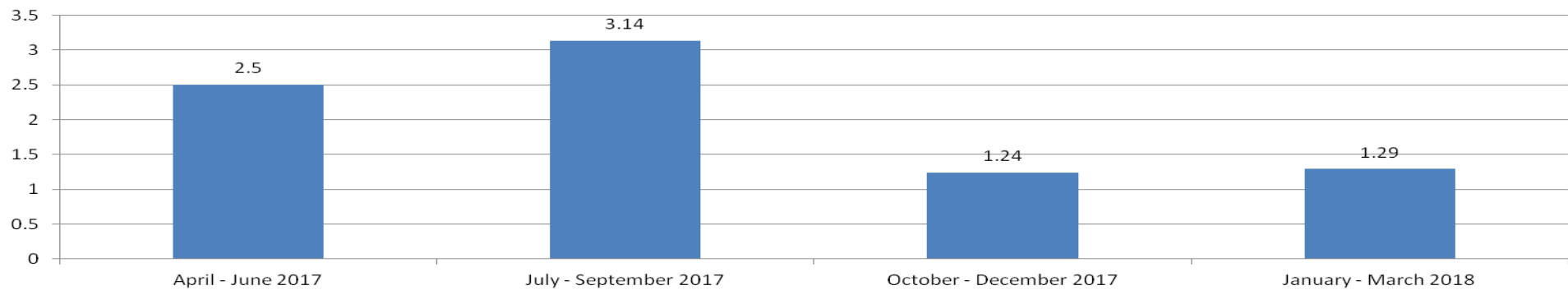
Incidence Rate per 1,000 employees - $14 \div 1,581 \times 1,000 = 8.85$ – excluding GP Trainees

- End of June 2017 = $4 \div 1,597 \times 1,000 = 2.50$
- End of September 2017 = $5 \div 1,592 \times 1,000 = 3.14$
- End of December 2017 = $2 \div 1,612 \times 1,000 = 1.24$
- End of March 2018 = $2 \div 1,541 \times 1,000 = 1.29$

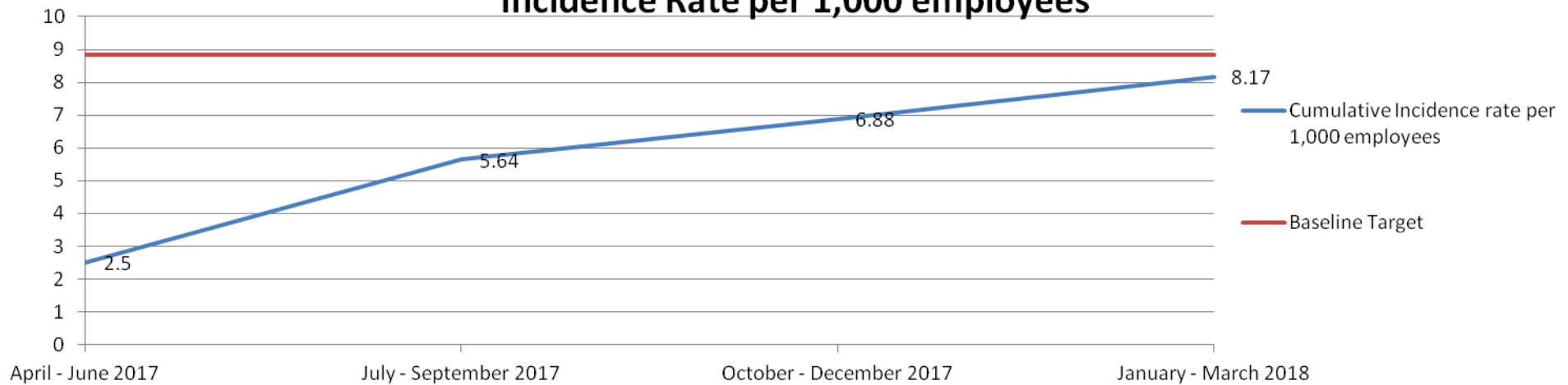
Violence and Aggression Statistics

As at 31st March 2018

Incidence rate per 1,000 employees



Incidence Rate per 1,000 employees



OBJECTIVE 7

Promote a zero tolerance culture in relation to violence and aggression incidents across NWSSP, aspiring to improve incident reporting and investigations and reduce the number of incidents by 30% over two years.

Objective	Who's responsible	By When and How
Develop a baseline position of predicted incident numbers in the period 2016/17, including those reported formally and those which have not been.	Health and Safety Manager	
Develop and facilitate Telephone Conflict Training for appropriate staff groups.	Health and Safety Manager and Training Manager	Provide the training for certain staff groups within NWSSP. Ensure that evaluation is captured from staff groups after the training. Develop conflict management training to certain staff groups. On going basis.
Produce dashboard information to monitor staff completing the core skills	Health and Safety Manager	Quarters are:

element of violence and aggression training.		<p>April – June</p> <p>July – September</p> <p>October – December</p> <p>January – March</p> <p>Inform SMT of non compliance and All Wales H&S meeting.</p>
Review the Training Needs Analysis to enable appropriate staff within Employment Services to undertake further training in violence and aggression.	Health and Safety Manager	<p>Conflict Management Training.</p> <p>Promote a zero tolerance approach to all staff within NWSSP.</p>
Undertake specific campaigns, including the use of posters stating violence and aggression will not be tolerated within NWSSP, to raise awareness of the occurrence and causes of violence & aggression incidents.	Health and Safety Manager	<p>Promote a zero tolerance approach for all staff within NWSSP.</p> <p>Devise a leaflet for new starters on violence and aggression.</p> <p>Encourage staff to report violence and aggression incidents.</p> <p>Provide information to staff in the H&S newsletter to promote the reporting of violence and aggression.</p>

Ensure that all reported incidents of violence and aggression are investigated and that investigations specifically consider how de-escalation was undertaken in face to face incidents.	Health and Safety Manager and Designated managers	<p>Conduct an investigation within a week of incident occurring.</p> <p>consider how de-escalation was undertaken in face to face incidents.</p> <p>Conflict management training to be arranged.</p>
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