Bundle NHS Wales Shared Services Partnership Committee 18 September 2019

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE
WEDNESDAY 18 SEPTEMBER 2019
10:00 – 13:00
BOARDROOM, CHARNWOOD COURT, NANTGARW

AGENDA

PART 1		
1. PRELIMINARY MATTERS		**LEAD/ ATTACHMENTS**
1.1	Welcome and Introductions	Chair
1.2	Apologies for absence	Chair
1.3	Declarations of Interest	Chair
1.4	Unconfirmed Minutes of meeting held on 18 July 2019	Chair
1.5	Action Log	Chair
1.6	Matters Arising not considered on the action log	Chair
2. SERVICE REVIEW		
2.1	GP Indemnity Scheme	Heather Grimbaldeston, Legal & Risk Services
3. CHAIR AND MANAGING DIRECTOR'S REPORTS		
3.1	Chairman's Report	Chair
3.2	Managing Director's Report	Managing Director
4. ITEMS FOR APPROVAL/ENDORSEMENT		
4.1	NHAIS Draft Business Case	Director of Finance & Corporate Services

4.2	Laundry Services Programme Business Case	Director of Finance & Corporate Services
4.3	Welsh Risk Pool Terms & Conditions	Director of Finance & Corporate Services
5. PROJECT UPDATES		
5.1	PMO Highlight Report	Director of Finance & Corporate Services
5.2	IP5 Update	Managing Director
5.3	Clinical Waste Update	Head of Procurement
6. GOVERNANCE, PERFORMANCE AND ASSURANCE		
6.1	Finance and Performance Report	Director of Finance & Corporate Services
6.2	Staff Awards	Director of Workforce & OD
6.3	Corporate Risk Register	Head of Finance & Business Development
7. ITEMS FOR INFORMATION/DISCUSSION		
7.1	PTR Redress Scheme	Director of Finance & Corporate Services
7.2	Counter Fraud Annual Report 2018/19	Director of Finance & Corporate Services
7.3	Monthly Monitoring Returns	Director of Finance & Corporate Services
7.4	Health & Safety Annual Report 2018/19	Head of Finance & Business Development
7.5	Welsh Language Annual Report 2018/19	Head of Finance & Business

		Development
8.OTHER MATTERS		
8.1	Any Other Urgent Business	Chair
8.2	<u>Date of Next Meeting</u> Wednesday, 27th November 2019, Boardroom, NWSSP Headquarters, Nantgarw	Chair

MINUTES OF THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC) PART A

THURSDAY 18th JULY 2019

10:00 – 13:00

NWSSP HQ, BOARDROOM

Present:

Attendance	Designation	Health Board / Trust
Margaret Foster (MF)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH) (VC)	Director of Workforce & OD	NWSSP
Phil Bushby (PB)	Director of People & OD	PHW
Martin Driscoll (MD)	Director of Workforce & OD	Cardiff & Vale
Geraint Evans (GE)	Director of Workforce & OD	ABUHB
Steve Ham (SH) from 11am	Chief Executive	Velindre
Huw Thomas (HT)	Director of Finance	Hywel Dda
Pete Hopgood (PH) (VC)	Executive Director of Finance	Powys
Other Attendees		
Paul Thomas (PT)	Director of Employment Services	NWSSP
Lisa Williams (LW)	Service Improvement Development Manager, Employment Services	NWSSP
Neil Davies (ND)	Director of Specialist Estates Services	NWSSP
Tony Chatfield (TC)	Head of Operations, Health Courier Services	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Maria Newbold (MN)	PA to Directors	NWSSP

1. PRELIMINARY MATTERS		
WELCOME AND INTRODUCTIONS		
No.	Minute	Action
1.1	The Chair welcomed everyone to the July 2019 Shared Services Partnership Committee (SSPC) meeting.	
APOLOGIES FOR ABSENCE		
1.2	Apologies of absence were **received** from the following:	

	Chris Turley – Interim Finance Director, WAST	
	Anne Phillimore – Interim Director of Workforce & OD, Cwm Taf Morgannwg	
	Bob Chadwick – Director of Finance, Cardiff & Vale	
	Hazel Robinson – Director of Workforce & OD, Swansea Bay	
	Steve Elliott, Deputy Director of Finance, Welsh Government	
	Alex Howells, Chief Executive, HEIW	
	Darren Dupre, Unison	
DECLARATIONS OF INTEREST		
1.3	There were no declarations of interest.	
UNCONFIRMED MINUTES OF THE MEETING HELD ON 23rd MAY 2019		
1.4	The unconfirmed minutes of the meeting held on 23rd May 2019 were reviewed. Members **NOTED** the amendment and **AGREED** the minutes.	
ACTION LOG		
1.5	Members **NOTED** the updates provided and **ENDORSED** the Action Log. All actions were either complete or were on the agenda.	
MATTERS ARISING		
1.6	No further matters were raised.	
2. SERVICE REVIEW		
Deep Dive		
2.1	**Health Courier Services** Tony Chatfield, Head of Operations, gave a comprehensive presentation on the work of Health Courier Services. The service covers all courier services across Wales, from transportation of blood to post. It is a highly specialist transport service that not only supports NHS Wales but also the Police and Welsh Government when required. Since its transfer to NWSSP in 2015, the services provided have substantially increased; these now include logistics services for school vaccinations, waste management services, home care services and the transportation of specialist chemotherapy drugs. GE asked about the use of electric vehicles. TC advised that the development of electric engines has concentrated to date on cars, and the first hybrid van was only launched three months ago, with the range being very limited. It is unlikely that there will be much choice in the electric van market until at least 2021 and the current capacity is only 200 miles unladen. The vehicles are expensive to buy and the lease options are only now coming on the market and even the leasing companies are not up to speed to accommodate them. Hydrogen cell has also been looked at, but the cost was £86k to buy and would be expensive to run. HT stated that the service provided is exceptional but asked what is being done to scale everything up to provide all services across Wales,	

| | and what opportunities are available for the skills of the departments to be utilised elsewhere. TC stated that the expansion of the service is on-going. | |

3. CHAIR AND MANAGING DIRECTOR'S REPORT

3.1	**Chairman's Report** MF advised that she recently visited North Wales along with members of the SMT for the update on the parliamentary review in Llandudno. MF advised that meetings with health boards are continuing, with a visit scheduled with ABU and C&V shortly. The agenda for these meetings is to discuss both current performance and future plans. The Committee: **NOTED** the update	
3.2	**Managing Director's Report** NF presented his report. The **Medical Examiner** service is progressing but there are a few potential issues that need to be worked through. The Lead Medical Examiner has been appointed, and NWSSP will work with health boards in appointing Medical Examiners. There will be a requirement for office space for Medical Examiners within health boards, ideally close to the current bereavement services. **IP5** and general preparations for a no-deal Brexit are progressing, and a mini-workshop is being held on 31st July to discuss options for the IP5 building. Health Boards and Trusts were encouraged to send representatives to the workshop. There have been a number of issues in terms of **Clinical Waste** disposal recently across Wales. There are only two main suppliers left, and the system is under strain from an NHS Wales perspective. The All-Wales Clinical Waste Consortium manage the contract, and have had issues where sites are down for maintenance, and waste is building up. Although suppliers are now coping with daily waste requirements, they are unable to clear the backlog. National Resource Wales is concerned about this and have suggested that containers are obtained to store the waste until it can be transported to other sites. Meetings have been held with all stakeholders, but the issue remains, and is also separately a concern in both NHS England and Scotland. NF advised that an alternative solution would be the creation of an in-house waste disposal centre, but this would cost in the region of £12m. HT asked if this issue has been escalated appropriately. NF stated that health boards were represented at the stakeholder meeting and that Welsh Government have been briefed on the issue, with Richard Barr their lead on this. **NHAIS** – NF wrote to the Director General in Northern Ireland, but no response has been received as yet. NI are due to visit NWSSP on 27 August to progress the proposal. Notification has also been recently received from NHS Digital that they will be withdrawing their support for the Exeter system at the end of March 2020. This will particularly impact payments for the Ophthalmic service. **TRAMS** – Further work is required in progressing the next phase of the project, which is focused on developing the Outline Business Case, including a high-level evaluation of space requirements. One solution	

may be a possible fit in the ground floor of IP5. Staff consultation on this project also needs to be considered. The Committee: **NOTED** the update	

4. PROJECT UPDATES

4.1	**Contractual Review of Employment Services Systems** PT presented a paper that covered: **Selenity** – The contract for the e-expenses system has expired and needs to be renewed. NWSSP Employment Services and Procurement teams have undertaken an evaluation of the contract to ensure service continuity and value for money. The renewal options and the provisions and cost of a new contract with Selenity were assessed against two other e-expense systems with preferred provider status under the ESR contract - Giltbyte and Allocate. These alternatives offered different levels of functionality and pricing models and would require re-training for users which would result in significant cost of change. Neither of the alternative systems were determined to offer overall value for money once all costs were assessed and understood and qualitative aspects taken into consideration. Duty of Care functionality is also unique to Selenity. The system has a DVLA look up allowing for monitoring compliance and preventing a claim where vehicle details are not up-to-date. It is the intention to award a contract to Selenity for two years with an option to extend for a further maximum two years in annual increments. HT stated that he supports the proposal to remain with Selenity but NHS Wales needs to ensure that it is optimising the benefits of the contract. **TRAC** – The contract was originally awarded under a Crown Commercial Services (CCS) G-Cloud 7 Direct Call-off Agreement dated 14 March 2016 for a period of 3 years ending 14 March 2019, with the option for an additional 24 months (exercisable in 12 month tranches). Upon attempting to exercise the first 12 months extension, the supplier advised that the maximum term permitted under G-Cloud 7 was two years. This was not the understanding at the time of issuing the existing contract, therefore there is now an urgent need to ensure a compliant contract is in place providing NHS Wales with the ability to ensure safe electronic recruitment of staff. It is the intention to award a contract for a period of two years commencing with an option to extend for a further maximum of two years in annual increments. This will align the contract to allow a review of functionality when the NHS Jobs 3 system is available from March 2021. HT suggested that the current system is not user friendly, and asked if there is any way that this can be looked at as part of the retendering process. PT stated that the people who use TRAC frequently are generally happy with it and there is a TRAC User Group where Health Board and Trust staff can report any problems or issues, and these will be taken into account in the re-tendering process. **Primary Care Sustainability** - NWSSP has been implementing a number of systems to support the Primary Care agenda as follows: **GP Wales Website** designed by GPs to advertise multi-disciplinary	

	practice vacancies and enabling effective sign-posting and introduction of applicants through GP Trainee Streamlining and the Train.Work.Live campaign. The original scope identified by Welsh Government for the website was established through a Single Tender Action (STA) in March 2019. Subsequent to this STA Welsh Government has sought to extend the original scope to maximise opportunities to support the Strategic Programme for Primary Care. The broadening of this scope exceeds the original STA value and was therefore presented to SSPC to proceed by the publication of a Voluntary Ex-ante Notice (VEAT). Due to the timing of SSPC and Velindre Trust Board this approach was approved by Velindre Trust Board on the 26 June 2019. **Wales National Workforce & Reporting System (WNWRS)** provides a core system for capturing and reporting multi-disciplinary workforce information. This system procured on behalf of Welsh Government is being rolled out across all GP Practices with the support of a single point of contact provided by NWSSP Employment Services. GP Practices are required to capture their workforce information to identify workforce covered by General Medical Practice Indemnity (GMPI). A summer engagement programme with Practices is underway working towards the first workforce analysis for September 2019. The current Implementation Group includes a Heads of Primary Care representative to ensure Health Board requirements and opportunities are being acted upon. **All Wales Locum Register (AWLR)** for GP Practices was established from 1 April 2019. This register is aligned to the Medical Performers List for GP Practices and is the first point of contact for practices to identify Locum GPs that are registered and eligible under the Wales Scheme for GMPI. HT stated that he was supportive of the proposals but asked that (in the case of the GP Wales Website), if approval is given by the Velindre Trust Board prior to approval at SSPC, is it a matter that it was agreed pending committee agreement? It was confirmed that this was the case. The Committee: • **Noted and approved the work undertaken to establish both value for money and ensure continuity of e-expenses and recruitment systems (i.e. Selenity and TRAC); and** • **Noted and approved the progress and implementation of the three primary care initiatives and noted the Velindre Board agreement for NWSSP to proceed by the publication of a Voluntary Ex-ante Notice (VEAT) for the GP Wales website.**	
4.2	**FMS Services Contract Novation and Approval** AB presented the paper which was intended to provide an update on the Managed Services contract for FMS Enterprise Services (Oracle eBusiness Suite, OCR Scanning, Business Intelligence) award to Version 1 Ltd and the impact on Velindre University NHS Trust. The original contract specifically excluded Oracle and Qlik Licence Management by Version 1. Since the commencement of the new contract on 1st April 2018, activities have progressed to standardise Licence Management.	

	This comprised of novating the existing Oracle Agreement from Abertawe Bro Morganwwg UHB (now Swansea Bay UHB) to Velindre University NHS Trust and to manage the Qlik recurring License maintenance support directly. Due to difficulties in agreeing terms with Qlik as they only work through partners and not directly with customers, the recommendation is to include Qlik Licence Management into the Version 1 Managed Services contract and the associated Financial Model. Both V1 and Qlik Licence costs will be included in the Financial model to allow Version 1 to invoice for Core Managed Services and the Licences together in a single Purchase Order to minimise administration overhead. The inclusion of the Licences into the Financial Model will increase the total costs payable to Version 1 by around £175k per annum. The revised contract will expire in 2023, and as this is an all-Wales contract, it was agreed that this subject would be useful for a deep dive at a future Committee. The Committee: **ENDORSED** the report.	
4.3	**Concerns Management System** AB introduced the paper, which had been prepared by Jonathan Webb in Legal & Risk Services. A formal procurement process has been undertaken for the Concerns Management System (CMS) as the current contract expires on 30 November and the new contract has been awarded to RLDatix Ltd. The new contract will cost an additional £105k to NHS organisations across Wales but comes with a range of additional benefits that have been assessed by the Welsh Risk Pool Committee and which are considered to justify the increase. The Committee were happy to approve the awarding of the contract but requested that the Deputy Directors of Finance Group should consider the basis of the allocation of costs across Health Boards and Trusts. The Committee: **APPROVED** the proposal.	**AB**
5. PROJECT UPDATES		
5.1	**Laundry Update** A paper was tabled by GH on the proposals for consulting staff directly affected by the decision to reduce the number of laundries from five to three. The paper set out the basic principles on which NHS Wales Shared Services Partnership will engage and manage the relationship with HBs and their staff affected by the proposals. There are three core principles as follows, supported by detailed actions: • Effective staff communication; • Collaborating throughout; and • Caring for and looking after our staff during re-organisational change.	

	There is a window of opportunity over the next 8 weeks for staff consultation via roadshows. GH has not discussed this with workforce colleagues yet but will have a discussion with them tomorrow at the WODs meeting. It would be remiss to not to share the preferred option for the project going forward with affected staff, and it will be fairly obvious to them that there will be one laundry in the north, one in the South East and one in the South West. GH stated that if the SSPC was comfortable with this approach then he will speak to the WODs tomorrow, and if agreed there, NWSSP can then go ahead and start organising events to have dialogue with the staff concerned. The Committee **ENDORSED** this approach**.** A separate paper was presented by ND on the actions required by Welsh Government to develop the Laundry Programme Business Case (PBC), and in particular the revisions necessary to the governance structures. There is a requirement to establish a Programme Board, with representation from across NHS Wales, and below this will be a number of operational work streams, which will again require pan-NHS Wales involvement. SSPC members were asked to consider identifying appropriate individuals from within their own organisations to participate in taking the PBC forward. The Committee **ENDORSED** the Report.	
5.2	**Construction Industry Update** ND gave an update on the market conditions and risks at the moment within the construction industry. The industry was hit in the financial crisis in 2008 and has not recovered since and now has the added pressure of Brexit. While there are undoubted challenges in Wales, the use of framework arrangements has protected NHS Wales from some of the significant issues experienced by NHS organisations in England. NF asked if the report could also be sent to the Planning Directors within the Health Boards for future reference. The Committee **NOTED** the Report.	**ND**
5.3	**PMO Highlight Report** AB presented the report demonstrating the progress with the projects that the PMO are working on at present. It was noted that the STOMA project is not on the report, this should be added. The Committee **NOTED** the Report	**AB**
6. GOVERNANCE, PERFORMANCE AND ASSURANCE		
6.1	**Finance and Performance Report** AB presented the Finance report and advised that the budget is currently balanced and that key performance indicators are generally being met. The Committee **NOTED** the Report	
6.2	**IMTP Quarterly Update Report**	

	AB presented the report which demonstrates that NWSSP is on track to achieve its targets. The report will be developed to provide more information on outcomes in future quarters. The Committee **NOTED** the Report	
6.3	**Blaenavon Data Centre Outage Update** AB presented a paper summarising the reasons for, and the implication of, the recent outage. A report from NWIS on root cause analysis and required next steps was also reviewed. The Committee **NOTED** the Report	
6.4	**Corporate Risk Register** PS advised that there are currently two red risks on the register, both of which were covered in NFs update. One risk has been removed relating to the Bridgend boundary change. PS also stated that the register would be refreshed as part of the annual planning process in the autumn. NF asked if the decision by NHS Digital to terminate the Ophthalmic Payments system could be added to the register as a red risk, until the situation has been rectified. The Committee **NOTED** the Report	
6.5	**Gifts and Hospitality Annual Report 2018/19** PS presented the annual report. Reference was made to the acceptance of hospitality at a Wales rugby match. AB stated that this was a retrospective approval which would not be allowed to re-occur. The Committee **NOTED** the Report	
6.6	**Complaints Annual Report** PS advised that there has been an increase in the number of complaints received, particularly relating to Payroll and Lease Cars. Information on complaints is now being reported quarterly to NWSSP SMT, and plans are in place to address the root cause of many of the complaints received. The Committee **NOTED** the Report	
6.7	**Audit Committee Annual Report 2018/19** PS presented the report which included an update to the Terms of Reference. Both documents were reviewed at the Audit Committee last week. The Annual Report is a very positive report which provides assurance to Health Boards, Trusts and HEIW, that systems and controls within NWSSP are robust and can be relied on. HT asked how audit committees across NHS Wales were advised of the good work being undertaken within NWSSP that was evidenced in the Annual Report. It was agreed that an Assurance Report would be sent in future for the Audit Committee, in the same way that one is currently issued after each SSPC.	**PS**

	The Terms of Reference contained only minor changes such as the change of name for Velindre. The Committee **NOTED** the Report	
6.8	**Audit Committee Highlight Report** PS presented the report which related to the Audit Committee held on 9 July. WAO brought a number of reports, two of which are on the agenda for information. IA presented three reports, two of which had substantial assurance and one reasonable assurance. The HoIA opinion was also reviewed and gave reasonable assurance. The Committee **NOTED** the Report	
7. ITEMS FOR INFORMATION AND DISCUSSION		
7.1	**Month 2 & 3 Monitoring Return** The Committee **NOTED** the Report	
7.2	**Wales Audit Office Management Letter 2018/19** The Committee **NOTED** the Report	
7.3	**Wales Audit Office Nationally Hosted Systems** The Committee **NOTED** the Report	
7.4	**NHS Counter Fraud Lessons Learned** The Committee **NOTED** the Report	
7.5	**NHS Wales Fighting Fraud Strategy** The Committee noted that this was a very good document, which has already been shared with Directors of Finance and Board Secretaries. The Committee **NOTED** the Report	
8	**OTHER MATTERS**	
8.2	**Date of Next Meeting** Wednesday 18th September 2019	

Item 1.5

ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

UPDATE FOR 18 SEPTEMBER 2019 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2019
1.	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	March 2019	**On agenda.**
2.	SSPC/7/4.3	18 July 2019	**Concerns Management Database** The basis for recharging the costs of the above database should be delegated to the Deputy Director of Finance Group.	AB	September 2019	**Complete** Paper taken to DDOFs meeting on 12 September.
3.	SSPC/7/5.2	18 July 2019	**Construction Industry Update** The paper prepared by the Director of Specialist Estate Services should be shared with the Planning Directors' Group.	ND	September 2019	**Complete**
4.	SSPC/7/5.3	18 July 2019	**PMO Highlight Report** The Stoma Care project should be added to the report.	AB	September 2019	**Complete** This project is reported separately as part of the Value Based Procurement programme.
5.	SSPC/7/6.7	18 July 2019	**Audit Committee Annual Report** An Assurance Report should be produced after each Audit Committee and shared with NHS Wales organisations to provide regular	PS	September 2019	**Complete**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2019
			assurance over NWSSP systems and processes.			

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Managing Director's Report

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

Pwrpas yr Adroddiad:
Purpose of the Report:

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

Llywodraethu/Governance

Amcanion: Objectives:	To ensure that NWSSP openly and transparently reports all issues and risks to the Committee.
Tystiolaeth: Supporting evidence:	-

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

Introduction

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

Events

Over recent weeks, have:

- Attended the Cardiff & Vale UHB Board meeting with the NWSSP Chair. The meeting was very positive and the UHB remain supportive of NWSSP and keen to continue to work with us in sharing best practice and in learning lessons from related experiences;
- Visited the NHS Business Services Authority in Newcastle with senior staff from Primary Care Services. This was a very informative visit which will help to inform our future approach and ways of working.

IMTP 2020-23

A horizon scanning day for the 2020-23 IMTP was held at IP5 on 12 September. The day was attended by large numbers of staff, customers and partners and included presentations from Samia Saeed-Edmonds and Alan Brace from Welsh Government. The day included consideration of how greater use of artificial intelligence can help to drive the NWSSP Strategy and services. We took the time to review, refresh and re-focus our strategy map and ensure that our performance framework was appropriately aligned with our vision, mission, values and strategic objectives. This is an annual event, and we will provide the SSPC with opportunity to review the output in more detail at the November meeting.

Medical Examiners' Service

The Medical Examiner Programme is progressing well. The service model has been developed and demand and capacity analysis undertaken to establish the resource requirements for each anticipated site and the service as a whole. The interviews for the Lead Medical Examiner Officer post are being held this week. Recruitment for identified Medical Examiner and Medical Examiner Officer posts will begin in October with the intention to begin the service roll out for deaths occurring in acute hospitals from December. Office accommodation requirements have been identified, reflecting the current 19 major hospital sites, and discussions are underway with individual health boards to agree how these can be accommodated. Service roll out will begin in the areas where the required staff and accommodation are available. Draft operational processes and flows have been designed and are currently being sense checked. When finalised, Standard Operating Procedures will be developed to ensure a consistency of service delivery across Wales. These

will be linked to those in other services, such as Bereavement, Registration and Coroner Services, to ensure a seamless delivery across the system.

Laundry Service

There is a separate paper on the agenda relating to the appointment of consultants for this project. Staff engagement sessions for all Health Boards with affected staff have been arranged by the Director of Workforce and OD to address the issues previously communicated at SSPC by Darren Dupre, Unison representative.

BREXIT

Supply chain resilience has been strengthened for a no-deal Brexit during the last financial year with the acquisition of the warehouse facility (IP5) in Newport. Work has been undertaken to ensure that it is fully operational and the transfer of the Cwmbran stores into IP5 has recently been completed. The facility gives NHS Wales a number of strategic benefits that will require ongoing financial support through 20-21 as plans are developed and implemented. There is a separate paper on the Committee agenda that provides more detail on IP5 in terms of current use and future plans.

Brexit uncertainty remains and as such financial contingency needs to be provided. NWSSP is working with clinical colleagues to address this uncertainty where possible and there is a specific focus on the supply of non-stock items over and above those held by manufacturers. Systems testing also continues to ensure that NWSSP is in the best possible position in the event of a no-deal Brexit on 31 October.

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A legal challenge has been received from one of the supplier following the notification of award of contract for this service. NWSSP have taken legal advice on this matter and are content with the defence to this challenge which was submitted to the High Court on 9 September.

NHAIS

The draft business case is provided separately on the agenda for information in terms of the replacement of NHAIS. The preferred option remains going with the Northern Ireland solution which is tried and tested. We are still working through the details of both the Northern Ireland and Capita proposals and hope to bring the final business case back to the SSPC in November for approval.

Separately, we have been advised by NHS Digital that the support for the Open Exeter systems used to pay contractors for Ophthalmic Services will be terminated with effect from May 2020. We are currently working on

proposals for alternative solutions but contingency arrangements are already in place to ensure that ophthalmic contractors would continue to be paid after May 2020.

Welsh Language

The Welsh Language Team now comprises five translators in support of the Welsh Language Officer, and we have SLAs in place with both PHW and NWIS to provide Welsh Language services. We also currently provide services to HEIW and are discussing how we can assist a number of other NHS Wales organisations with this service. The annual report for the Welsh Language Service is also provided for information separately on the Committee agenda.

Lead Employer

We have been working with HEIW in respect of the Lead Employer Scheme for Dentists and Pharmacists. We are also discussing with HEIW how NWSSP could help in terms of a Lead Employer Scheme for Junior Doctors.

Appointments

- The newly appointed Director of Procurement Services, Jonathan Irvine, commences in post on 23 September.
- Interviews for the Medical Director post are being held on 2 October.

Other Agenda Items

- The Annual Health & Safety and Counter Fraud reports demonstrate continuing progress in this area over the last 12 months;
- Following lengthy discussion at the July SSPC on problems with the current clinical waste arrangements, Keir Warner, Head of Procurement, will be providing an update to the Committee later in the agenda.

Neil Frow,
Managing Director, NWSSP,
September 2019

The report is not Exempt

Teitl yr Adroddiad/Title of Report
NHAIS Draft Business case

ARWEINYDD: **LEAD:**	Andy Butler, Director Finance & Corporate Services
AWDUR: **AUTHOR:**	Neil Jenkins, Head of Modernisation & Technical Services, PCS
SWYDDOG ADRODD: **REPORTING OFFICER:**	Andy Butler, Director Finance & Corporate Services
MANYLION CYSWLLT: **CONTACT DETAILS:**	Andy Butler, Director Finance & Corporate Services
Pwrpas yr Adroddiad: **Purpose of the Report:**	
DRAFT business case for the replacement of the NHAIS system.	

Llywodraethu/Governance	
Amcanion: **Objectives:**	Each of the five key Corporate Objectives
Tystiolaeth: **Supporting evidence:**	N/A

Ymgynghoriad/Consultation:
SMT

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

Crynodeb Dadansoddiad Effaith: **Summary Impact Analysis:**	
Cydraddoldeb ac amrywiaeth:	No direct impact.

Equality and diversity:	
Cyfreithiol: Legal:	To set out the draft proposals for the replacement of the NHAIS system.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	The financial implications of the various options are set out in the draft business case.
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.

Background

The attached draft business case sets out the current options for the replacement of the NHAIS system used to generate payments to GPs. Further work is required to firm up the costs of each option but the draft business case is being presented to the Committee at this stage to demonstrate the work undertaken to date and the rationale behind the preferred option.

Recommendation

The Committee is asked to:
• Note the content of the report.

DRAFT OUTLINE BUSINESS CASE

NHAIS Modernisation Programme – GMS Payments

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Neil Jenkins	16/04/19	0.1	Draft for GMS Payments only
Neil Jenkins	06/08/19	0.2	Updated with FPPS confirmed costs
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Neil Jenkins	29/08/19	0.6	Draft for presentation to NWSSP Exec
Peter Stephenson	13/09/19	0.7	Update of costs ahead of presentation to SSPC

SECTION 1 - INTRODUCTION

Background

1.1. NHAIS is a business critical enterprise system used across NHS England and NHS Wales to manage patient registrations, contractor payments and to deliver screening services.

Key Message:

> Without the NHAIS system, payments would not be made to the 2000+ GPs, Pharmacists and other key primary care providers in Wales.

1.2. Existing NHAIS System Components:
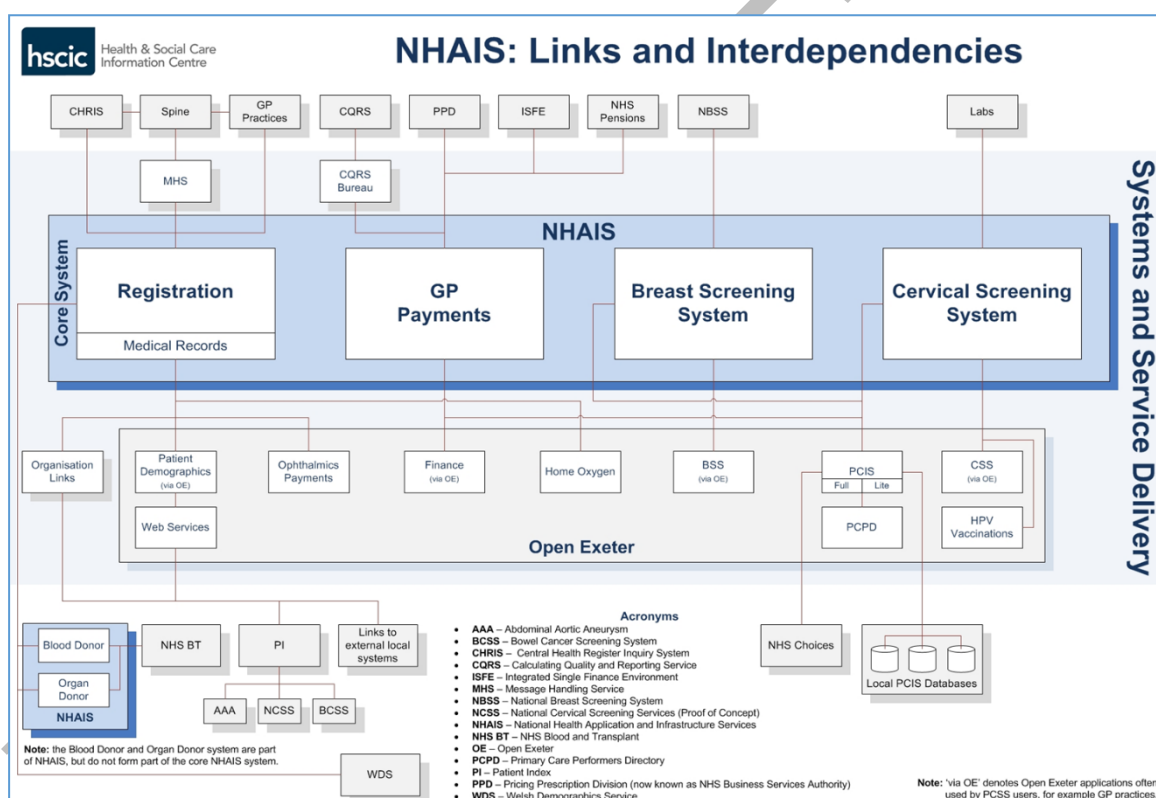
GP practices send registrations and demographic updates to their local NHAIS system. In return, NHAIS systems send deduction notifications, demographic updates and Medical Record Envelope requests to the GP practice systems. Each NHAIS system holds a copy of all patients registered for primary care services for each GP practice in the area covered by the system. The demographic data recorded during this process drives the global sum payment to GP practices in accordance with the provision of the General Medical Services (GMS) contract.

1.3. Under a devolved decision, NHS Wales and NHS England use the same NHAIS application services. Only a subset of the functionality and modules are actually utilised in Wales. The NHAIS service is primarily designed for NHS England, however, it includes Welsh specific elements.

1.4. NHS Digital developed NHAIS, which is in its fourth generation of maintenance.

1.5. NHS Wales access the NHAIS service under a Memorandum of Understanding (MoU) Service Level Agreement with NHS Digital. This agreement has been extended to April

2020.

1.6. NWSSP Primary Care Services (PCS) are responsible for managing the NHAIS system (five regional servers) and the delivery of primary care payments on behalf of the ten Health Boards and Trusts in Wales in accordance with the provisions of: -

- The General Medical Services (GMS) Contract
- The General Ophthalmic Services (GOS) Contract
- The General Dental Services (GDS) Contract
- The Community Pharmacy Contract

1.7. From a technical perspective, NHS Wales Informatics Service (NWIS) manage and support the five regional NHAIS servers located in Wales. The servers are presently over 10 years old. NWIS manage the support arrangements on behalf of NWSSP Primary Care Services through a Memorandum of Understanding agreement.

1.8. NWIS provide first line service desk technical support for users of the five NHAIS servers in Wales, including services and applications. NHS Digital Support Desk provide second line support for NHAIS, under the terms of a separate SLA.

1.9. GP Practices in Wales and England can access patient resident information across the respective borders through NHAIS (and associated standalone Open Exeter system) using "communication links" established between the distinctive NHS England IM&T infrastructure and NHS Wales IM&T infrastructure.

1.10. Welsh NHAIS systems are configured to update the Welsh Demographic Service (WDS) as well as the Person Demographic Service (PDS) in England.

1.11. Public Health Wales (PHW) Screening Division use the NHAIS screening functionality to access the demographic database to manage Cervical screening and Breast screening programmes in Wales. This is a secondary purpose of the NHAIS system.

1.12. NHS Wales also use the associated Open Exeter system developed by NHS Digital. This is a web enabled Java application with a range of functionality and services provided from the system. There are three broad category of use by NHS Wales: a) to calculate ophthalmic payment claims; b) GP Practices to claim enhanced payments and c) by Health Boards/Trusts to run reports.

1.13. In order to qualify for payment for services, medical, dental and ophthalmic performers are required to register on the Health Board's performers lists. The process of gaining accreditation to provide NHS services and the recording of accredited performers is managed by PCS on behalf of Health Boards. The All Wales Performers List (AWPL) system (developed and supported by NWIS) is used to maintain the accredited list. Regulations differ for pharmacists and pharmacy contractors but their status is also recorded by PCS using the All Wales Pharmacy Database (AWPD) system that is also developed and supported by NWIS. Currently there is no integration between the performer / contractor lists and the NHAIS payments module. However, there is scope to address this within a future phase of this programme.

1.14. The payment files generated from the Welsh NHAIS Servers are processed through a BACS Bureau service provided under a separate service level agreement with NWSSP Central Team eBusiness Services.

1.15. NHS England appointed Capita plc for the provision of its replacement NHAIS service, in particular the GP and Ophthalmic payments systems. The contract term is until

December 2021, with an option to extend this agreement for one year. NHS Digital is contracted to provide the remaining services for NHS England, including patient registration management. NHS Wales will utilise the new patient registration solution under an SLA with NHS Digital.

Context & Purpose

1.16. This document provides an Outline Business Case (OBC) that sets out the proposal for the provision of a new service to replace the existing legacy NHAIS solution for GMS Payments. GOS and Community Pharmacy payments will be replaced under a separate solution proposal. The document summarises key decisions and activities undertaken to develop these proposals and to provide a robust basis for investment and associated decision making.

Key Message:

> It is important to note that in the event the programme fails to deliver a replacement solution before the demise of the legacy NHAIS system, there is a risk that GPs in Wales will not get paid.

1.17. The OBC builds on the Strategic Outline Case (SOC) that makes the case for change, exploring the potential way forward and setting out the business justification.

1.18. The main purpose of this OBC is to establish the need for investment, to appraise and confirm the main options for service delivery and to provide NWSSP and associated stakeholders with the recommended way forward.

1.19. The OBC follows the five case model, an approach recommended in the NHS Information Management & Technology (IM&T) Procurement Review based on Office of Government Commerce (OGC) guidance and practice. There are five separate and related elements:-

▪ Strategic case	The strategic context and the key drivers for change
▪ Economic case	The value for money assessment and supporting evidence
▪ Financial case	Affordability
▪ Commercial case	The contract and procurement process
▪ Management case	Delivery of the programme and its solution

1.20. The OBC case requires approval by the Shared Services Partnership Committee and Welsh Government and any additional stakeholder groups that have an interest in the programme.

SECTION 2 - THE STRATEGIC CASE

Context & Purpose

The strategic case sets out the case for change and defines the programme goals and objectives. In the event the programme fails to deliver a replacement GMS Payments solution before the demise of the legacy NHAIS system, there is a risk that all GPs in Wales will not get paid.

2.1.   The NHAIS system for Wales manages the processes to support patient registration in primary care, payments to primary care contractors for the provision of NHS services and NHS screening services.

2.2.   The primary strategic objective of the programme is to successfully deliver continuity of payment services for GP practices whilst taking the opportunity to modernise the existing systems. Separately, the programme is to ensure costs (one-off and recurring) remain affordable and any gaps in funding secured.

2.3.   The new service provisions will align to the NWSSP-Primary Care Services (PCS) Integrated Medium Term Plan (IMPT) and any Welsh Government Primary Care Service strategic plan.

The Case for Change

2.4.   NHAIS is in its fourth decade as an operational system. The application is based on legacy 'green screen' technology with none of the facilities one would expect of a modern IT system.

2.5.   NHS England (NHSE) has taken the decision to decommission NHAIS because of the legacy nature of the solution and the limited skillsets that now exist within the NHS to continue to support and manage the technology. The case for change specifically relates to modernising the present service platform and infrastructure. This is to ensure critical patient services can continue and payments can be made to GPs.

2.6.   NHS England appointed Capita Plc to work with NHS Digital to replace NHAIS with modern digital services for NHS England Primary Care Services. The NHS England contract with Capital Plc commenced in September 2015 and expires in December 2021. There is an option to extend this agreement by one year. The contract includes provisions for other public sector bodies in the UK to access the agreement, subject to separate commercial discussions with Capita.

2.7.   NHS Digital are responsible for delivering and supporting the new Primary Care Registration Management (PCRM) system for NHS England. Capita Plc are responsible for delivering and supporting the new payment systems for NHS England.

2.8.   Appendix 1 sets out the boundary of responsibility between what NHS Digital will deliver and what has been contracted out to third parties to deliver.

2.9.   The present MoU between NHS Wales and NHS Digital for support of NHAIS expired on 31st March 2018.   NHS Digital have presented a revised Provision of Service Agreement (POSA) document titled "Service offering for the provision of call-off support of NHAIS for NHS Wales" that extends the support from 1st April 2018 until 31st March 2020.

2.10. Organisations currently running NHAIS registration cannot transition to PCRM until they

have adopted a new GMS payments solution (Capita to develop for NHS England, with Wales to confirm its preferred solution and approach).

2.11. The consideration for NHS Wales is to set its own strategic direction for GMS Payment Services and where appropriate to be less dependent on the direction NHS England takes.

Strategic Service Deliverable

2.12. Appendix 1 sets out the scope of the core service deliverables for NHS England and NHS Wales, comprising of the registration system and payment system, together with a number of supporting services.

2.13. The core phase deliverable will be the replacement of the GMS payment system,

2.14. Separate phases will take forward the following initiatives and will be the subject of separate OBCs:
1) Replacement of the GOS Payments Solution
2) Provision for Community Pharmacy payments
3) To review and enhance the All Wales Performer List (AWPL).
4) To review and enhance the All Wales Pharmacy Database (AWPD).
5) Replacement of screening service functionality will be managed separately by Public Health Wales.

Strategic Service Gaps

2.15. The main gap for NHS Wales to address is whether the new GMS payment services will be developed in-house, outsourced to either Capita Plc (under the existing NHS England agreement) or provided by another supplier.

2.16. Depending on the chosen option for the delivery of payment services, consideration will also be required on whether the pharmacy process module and BACS payment module also need to be developed. In addition, replacement, development or further integration of the AWPL and AWPD solutions will be considered.

2.17. Separately, Welsh Government have recently concluded consultation on changes to the GMS contract in Wales. The decision on the GMS payments solution will need to take account of any changes to the contract and the (yet to be confirmed) implementation timescales.

2.18. Based on the plans for the delivery of the new payment systems (i.e. whether to be developed bespoke or for an existing system to be enhanced) and the existing support timelines, it is envisaged that the earliest any potential NHAIS replacement system can be successfully deployed is July 2020. This is based on an incremental deployment to GP practices over a two-month period. This assumes that the business case is signed off by no later than December 2019. Any support for NHAIS must continue until this timeframe, with the option to extend the support window. Refer to Appendix 5 for the outline timetable.

2.19. NWSSP Central Team eBusiness Services (CTeS) provides the BACS Bureau service for the existing NHAIS payment files. CTeS will also provide the BACS service for the new payment system to be used by NHS Wales.

Main Risks

2.20. The initials risks for the programme are set out in the Programme Initiation Document (PID). Doing nothing is not an option since that would risk all GPs in Wales potentially not being paid if the present NHAIS system fails or no alternative solution/service is confirmed by the NHAIS decommissioning date.

2.21. NHS Wales Transformation Programme Board are responsible for managing all risks and associated mitigation plans.

2.22. The following table sets out the initial high probability risks:

Table 1- Initial high probability risks

Nature of risk	Risk Probability	Risk Impact
Cause: Legacy NHAIS technology and the risk of ongoing support for this solution. Event: NHS Digital is aiming to phase out NHAIS support by April 2020. There is a risk NHAIS may not be supported or hardware could fail before NHS Wales delivers a replacement solution. Effect: Unless a replacement solution is deployed (registration and payments) in a timely manner then GPs may not get paid if NHAIS fails. Mitigation: - Exercise the NHS Digital support until April 2020. - Finalise the payment system options and appraisal by September 2019 and to sign off proposal and costs by October 2019. - Prepare firm commercial costs and terms for the new registration system and replacement payment systems (based on the preferred option). Present the OBC to stakeholders for approval by November 2019. Secure relevant WG/NWSSP funding by December 2019.	High	High

2.23. There are some general stakeholder concerns regarding whether the main supplier for NHS England is able to deliver the payment solution for England. Any delays or challenges for NHS England could have an impact on NHS Wales deliverables and timescales.

2.24. Sustainability for a future NHS Wales is also a key consideration. If NHS Wales is dependent on the NHS England contract then it is likely that NHS Wales will be a secondary consideration to the plans and strategic deliverables that NHS England takes forward for their service.

Assumptions

The following strategic assumptions are made for the provision of services:

2.25. In the event there are delays with Capita Plc delivering the payment systems for NHS Digital, then the assumption is that NHS Digital will extend their support timelines for NHAIS and Open Exeter. As part of this, any NHAIS support extension into 2020 (and possibly later) will also be available to NHS Wales.

SECTION 3 - THE ECONOMIC CASE

Context & Purpose

3.1. The economic case is an analysis of the potential options to support any procurement process/contract award and funding considerations. The case also clearly defines the preferred options that meets the programme objectives described in the 'Strategic case'.

NHAIS Cost (Existing and Extension)

3.2. The following table sets out the existing costs for NHAIS, including the options to extend support until March 2020.

Table 2a - Currently Funded NHAIS Support Costs

Item	NHAIS Service
	Total (£) per annum
1. NHAIS Support (existing arrangements to April 2018):	
• NHS Digital support (incl. enhancements and access to third party licenses)	£ 349,912
• NWIS Infrastructure and support	£ 125,000
• BACS Bureau Service to process NHAIS payment files	£ 6,000
Total:	**£ 480,912**

Table 2b – Costs to extend NHAIS support to March 2020

Item	NHAIS Service
	Total (£) per annum (Pro-rata)
2. NHAIS Support (new arrangements to March 2020):	
NHS Digital Service Management*	£ 29,700
Access to third party licenses *(Cache, Unix etc) to run NHAIS*	£ 32,750
NWIS Infrastructure and support **	£ 130,000
BACS Bureau Service to process NHAIS payment files	£ 6,000
Total:	**£ 198,450**

Note:
- o ** Estimate based on £16.5k per annum, plus £110 per hour (incident support) for an average of 5 tickets per month @ 2 hours spent per ticket. The expectation is that the cost to extend NHAIS support to December 2018 will be similar or less than existing NHAIS support costs.*
- o *** Costs pro rata based on existing payments.*

New Services Cost Appraisal

3.3. There are expected to be four components to the total one off and recurring costs for the NHAIS replacement solution:

- New GMS payment system costs
- NWIS/third party infrastructure hosting costs
- BACS Bureau Service
- Training and decommission costs

NOTE: Replacement for Ophthalmic payments systems are subject to a separate OBC.

New Payment Systems

3.4. Appendix 3.1 sets out the long list options for the GMS payment system for the programme.

3.5. The following table uses the short list options to consider the costs to deliver the new GMS payment solution. The costs are all based on a five year period and are discounted using a net present value of 3%. :

Table 3 – Payment Services Cost Appraisal

Options	Description	Cost (£)
1	**Capita Plc delivers the new GMS Payment System to NHS Wales based on the NHS England deliverables.** (including enhancements to address Welsh specific elements) Note: The development costs exclude a nominal cost to deliver the pharmacy-processing module and the BACS payment module. Cost estimated at £ 5K	Development - £1.305m Recurring - £0.303m p/a **Total Discounted Cost over 5 yrs. - £ 2.602m**
2	**NHS Wales delivers and supports the new GMS Payment Systems in-house.** Variation: Using NHS Wales developers to build a bespoke solution Note: The costs include a nominal cost to deliver the pharmacy processing module and the BACS payment module.	Development - £1.8m Recurring - £0.313m p/a **Total Discounted Cost over 5 yrs. - £ 3.131m**
3	**NHS Wales delivers the new GMS Payment System based on the HSC Northern Ireland (HSCNI) developed system (FPPS).** (including enhancements to address Welsh specific elements) Note: The development and recurring costs exclude a 10% risk contingency currently being proposed by HSCNI. .	Development - £0.461m Recurring - £0.463m p/a **Total Discounted Cost over 5 yrs. - £ 2.461m**

3.6. Option 2 includes the NWIS infrastructure hosting cost (estimated at £107k). This is based on the assumption all hardware management and support rests with NWSSP Primary Care Services.

3.7. After due consideration of the analysis of the options for the future payment systems (refer to Appendix 2 for the full analysis), the following recommendation is made:

> 1) NWSSP Primary Care Services recommends moving forward with the GMS payment system (FPPS) from HSCNI. The major considerations in reaching this conclusion are: -
>
> - Initial development / implementation costs are the lowest and amount to 48% of the next cheapest option
>
> - Recurring costs (despite being the most expensive) are within the general affordability envelope and reflect the benefits expected from a modernised / enhanced payment system
>
> - FPPS is a fully proven solution that has successfully provided GMS payments in support of an almost identical contract framework for 5+ years
>
> - It provides a modernised and self-service based solution but represents considerably less change for GP stakeholders when compared to the Capita solution
>
> - GP stakeholders have expressed concern around the implementation of the (as yet) unproven Capita solution in England. This option is therefore considered to represent a significantly lower risk of reputational damage to NWSSP.
>
> - Future changes will be developed in collaboration with HSCNI. Bearing in mind the recently completed consultation on the future GMS contract in Wales, this approach will significantly reduce future development costs to cater for Welsh only contractual arrangements that would be incurred in any arrangement with Capita.
>
> 2) The BACS Bureau Service to process the new payment file will be provided by NWSSP Central Team eBusiness Services.
>
> These options are taken forward into the detailed financial appraisal for the OBC; determining the affordability in terms of each option in terms of the capital and revenue demand that will be placed to NWSSP as a consequence of delivering the service.

3.8. During the term of the programme, additional options may arise, for instance, whether NHS Digital decides to deliver additional solution that are presently outsourced. If such situation arises then the options appraisal will need to be revisited and business case reassessed.

Benefit Assessment

3.9. The benefit assessment for the GMS payment system options is set out in Appendix 2.

3.10. The delivery of the service benefits will be managed through the NHS Wales Transformation Programme Board.

3.11. The benefits for the programme as a whole are expected to include:

a) Deliver accurate registration and payments to primary care providers based on "like for like" functionality.

b) Modernise the core technology platform and the server support infrastructure for registration and payment systems.

c) Enhanced opportunities for greater third party integration, including to NWIS solutions.

d) Enhanced security capabilities.

e) Reduced future service support and development risks.

f) Longevity of any future managed service and support arrangements.

g) In the event the NHS in Wales maintains the solution in-house then there are opportunities for greater collaboration with technology providers and consultants.

h) Opportunity for NHS Wales to set its own strategic direction for Primary Care payment services, separate to NHS England.

Assumptions

3.12. Deploying the FPPS GMS payment system based on the HSC Northern Ireland model is envisaged to take a minimum period of six months to fully transition. This includes building any Welsh specific components and in parallel agreeing any commercial terms with HSC Northern Ireland.

SECTION 4 - THE FINANCIAL CASE

Context and Purpose

4.1 The financial case covers affordability of the programme and the bridging of any financial gaps.

Financial Affordability

4.2 Based on the information presently available, the expectation is that the new contract and service will cost more than presently incurred.

4.3 The following table sets out the indicative financial costs over five years based on the preferred Registration System option (option 1) and GMS Payment System option (option 3). The 10% risk contingency has been excluded for the basis of this calculation.

Table 4 - Summary of expenditure (capital and revenue costs):

	2019/20 (YR 0)	2020/21 (YR 1)	2021/22 (YR 2)	2022/23 (YR 3)	2023/24 (YR 4)	2024/25 (YR 5)
	£	£	£	£	£	£
1. Implement and develop the NI GMS payment system (FPPS) in collaboration. (including licensing costs).	£ 230,365	£230,365				
2. Support & Maintenance of FPPS		£347,146	£462,862	£462,862	£462,862	£462,862
Capital	£230,365	£230,365				
Revenue		£347.146	£462,862	£ 462,862	£462,862	£462,862
Total:	£230,365	£ 577,511	£462,862	£ 462,862	£ 462,862	£ 462,862
3% Discount Factor	1.000	0.9709	0.9426	0.9151	0.8885	0.8626
NPV	£230,365	£560,961	£436,292	£423,584	£411,247	£399,269

Table 5 – Summary of Preferred Registration and Payment System Options
Income/Expenditure

	2019/20 (YR 0)		2020/21 (YR 1)		2021/22 (YR 2)	2022/23 (YR 3)	2023/24 (YR 4)	2024/25 (YR 5)
	£		£		£	£	£	£
	Capital	Revenue	Capital	Revenue	Revenue	Revenue	Revenue	Revenue
Income:								
Welsh Government	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
NWSSP*	£0	£480,912	£0	£490,530	£500,340	£510,347	£520,554	£530,965
Expenditure:								
Extended NHAIS support		£198,450		£99,225				
HSCNI GMS Payment System (FPPS) Purchase, Support and licensing.	£230,365		£230,365	£347.146	£462,862	£462,862	£462,862	£462,862
Net Balance:	-£230365	£282,462	-£230,365	£44,159	£37,478	£47,485	£57,692	£68,103

.
* Based on the current funding for NHAIS with a 2% annual uplift as per existing arrangements. It should be noted that this income stream will also need to cater for new registration system costs which are currently estimated at £92k per annum. Costs exclude 10% contingency factor.

Affordability Envelope

4.4 Based on the economic case and financial assessment, there will be a capital affordability gap between existing costs to use NHAIS and costs to modernise the systems.

4.5 No provision exists on how to fund the implementation option for the new payment system. Based on the preferred option, an implementation cost of £461k (£507k if including 10% risk contingency) will be required.

4.6   WG funding will be explored for the upfront implementation costs.

4.7   A period of double running costs may arise (described as "extended NHAIS support" in table 6 above). This is to support the existing NHAIS system whilst the new payment and PCRM are tested and deployed. The extent of the double running costs is to be confirmed and will depend on the transition window and final costs for the new services as well as costs to extend existing support services.

4.8   The following financial assumptions are made:

- TUPE will not apply. In particular, where third parties presently provide support to NHS Wales and this support is brought in-house.

- VAT does not apply for the services.

Contingency and Flexibility

4.9   In the event the preferred option for the GMS payment system (Appendix 2, option 3) cannot be delivered or the costs (implementation and/or recurring) exceeds the next preferred option then the NHS Wales Transformation Programme Board will be expected to assess any alternative arrangements.

4.10 Irrespective of the final solution, business continuity arrangements will exist to ensure the continued delivery of the GMS payments to the NHS in Wales. This will be in place for the period until the replacement solution is fully deployed. This includes in situations whereby NHS England deploys a payment system before NHS Wales.

SECTION 5 - COMMERCIAL CASE

Context and Purpose

5.1.	The commercial case describes the procurement process, commercial, contractual arrangements and timelines for the programme.

5.2.	Section 3 (Economic Case) captures the basis of the recommendations made on the chosen Procurement and Contractual routes.

5.3.	Based on the preferred payment system option (option 3) this section details the high-level commercial and procurement considerations. The aim is to ensure award of any Contract [or Contracts] for the provision of a managed service and support arrangements can be facilitated to deliver the NHAIS replacement solutions.

Commercial Approval Process

5.4.	The total value of the contract over the five years will exceed £1m; therefore, Ministerial approval will be required at the start of the process and again at the end of the process.

Commercial & Contractual Arrangements

5.5.	The existing NHAIS service is provided under the agreement titled: "Service Level Agreement between NHS Digital and NWSSP Primary Care Services for Services provided by Systems and Service Delivery". This agreement expired on 31st March 2018.

5.6.	NHS Digital have offered an extension to the support agreement under the document titled: "Service Offering for Provision of Call-Off Support of NHAIS for NHS Wales".

- The extended agreement will expire on 31st March 2020.
  This timescale may be extended (to be confirmed) to align with the NHS Digital rollout of the replacement solution for NHS England. Any potential extension may be subject to a revised SLA agreement.
- Extending the existing NHAIS service or Open Exeter service provision provided by another public sector body to NHS Wales does not give rise to any procurement rule considerations to agree the extension. Internal governance arrangements will still be applicable.
- The extended agreement is offered at a lower cost to NHS Wales than in previous years.

5.7.	NHS Wales will utilise the recommended PCRM system from NHS Digital under a managed service support agreement.

- The provision of the new service from NHS Digital is an upgrade to the services already provided by another public sector body to NHS Wales. Consequently, there are no procurement rule considerations to procure the new service.

- The PCRM service will be provided to NHS Wales under an agreement still to be finalised with NHS Wales.

5.8.	In terms of the new GMS payment services a number of potential options exist on

how this will be delivered. The procurement considerations for each of these options are set out in the following table:

Table 7 – Payment Service Procurement Considerations

Options	Description	Procurement Considerations
1	**Capita Plc delivers the NHS England designed new GMS Payment Systems to NHS Wales.** (including enhancements to address Welsh specific elements)	• The NHS England framework contract with Capita Plc provides a call off that allow NHS Wales to exercise the agreement. • The existing Capital Plc contract expires in December 2021 with a provision to extend for one year. Consequently, any future procurement and contract provision must continue to provide an option for call off by NHS Wales.
2	**NHS Wales delivers and supports the new Payment Systems in-house.** Variation: Using NHS Wales developers to build the bespoke solution	• There is no procurement rule impact to move forward with this option. However, internal governance arrangements to be followed. The exception is where any resources to support the delivery of the project is to be procured, for instance use of consultancy or agency staff. In these circumstances then the Public contract regulations would apply to that expenditure

3	**NHS Wales delivers the new GMS Payment System based on the HSC Northern Ireland developed system (FPPS GP).** (including enhancements to address Welsh specific elements)	• This can be progressed under the 'Hamburg Exemption; which makes provision for co-operation between public sector contracting authorities.
		• This rule is subject to:
		  • The implementation of the co-operation is governed by the considerations relating to the public interest
		  • The contract implements a co-operation between the participating parties with the aim of performing common objectives.
		  • Neither party performs more than 20% of the service on the open market

5.9. All the potential options listed in table 7 do not require NWSSP Procurement Services to be involved to approve the award.

Commercial Term

5.10. The contract term for the recommended new PCRM service will be for a minimum period of five years, with the option to extend by one year.

SECTION 6 - THE MANAGEMENT CASE

Context and Purpose

6.1 The management case defines how the programme will be managed to ensure implementation success and seamless transition into the new contract and support provision.

Programme Scope

6.2 The core scope of the programme for NHS Wales will include:

a) The delivery of a bespoke payment system for GMS payments that meets the requirements of NHS Wales. This is to replace the NHAIS Contractor Payment System and the Open Exeter System.

b) The transformation and processing of the remuneration schedule file into a payment file format for processing through the NWSSP BACS Bureau service.

c) Engagement with all relevant stakeholders (internal and external) to ensure buy-in and ownership of the programme

d) Delivery of the business case confirming the final solutions offering and costs (implementation and recurring)

e) Delivery of a transition plan to successfully transition from the legacy services (registration and payment) to the new services.

6.3 There will be additional programme deliverables that will form a future phase of the deliverable:

a) All Wales Performers List (AWPD and AWPD) enhancement/update to deliver the necessary interfaces to the new GMS payments system.

b) Any relevant interfaces to primary care contractors IM&T systems, for example to enable electronic claims.

6.4 The following are out of scope for the programme:

a) The delivery of any aspects of a screening service for Public Health Wales NHS Trust.

b) Any plans or proposals to extend the services beyond the agreed scope and beyond the NHS in Wales.

Critical Success Factors

6.5 The critical success factors for the programme include: -

- To maintain ongoing support for NHAIS (either by NHS Digital or by NWIS) until the implementation of a new GMS payments solution.

- Identify all costs and to address any funding gaps.

- To confirm the optimum managed service and support model to meet the requirements of NWSSP PCS

- To confirm the preferred method of contract delivery

- To ensure business continuity is maintained for payment services during the transition of any replacement solution

- The implementation plan is realistic and achievable whilst ensuring all risks and issues are managed

- There is stakeholder sponsorship and adequate stakeholder resources to support the implementation

6.6 To support the successful delivery of the programme requires the involvement of a number of strategic partners. These include:

Partner	Roles and Responsibilities (Primary)
NWIS	1) Provide network services to ensure connectivity and authentication to the FPPS solution.
NWSSP-PCS	1) System and User Acceptance testing – Payment Services 2) Payment Service Training 3) Confirm Wales specific requirements for GMS Payment Services
NWSSP-PMO	1) Overall programme management 2) Preparation of business case and progressing NWSSP governance approval

Programme Funding

6.7 At present, no specific funding is set aside to support the implementation and transition of the programme.

6.8 The reduced managed services and support costs arising through the NHAIS contract extension period will release funds to offset against some of the implementation costs.

Governance Arrangements

6.9 The Managing Director of NWSSP will act as the programme sponsor, with the Director of NWSSP-Primary Care Services acting as the Senior Responsible Owner (SRO).

6.10 The NHS Wales Transformation Programme Board and the sub-groups are existing established groups to support Primary Care Services. These groups remit will be extended to include the NHAIS replacement programme.

6.11 The NWSSP Shared Service Partnership Committee will be responsible for approving the NHS Wales NHAIS replacement business case, options, resources, risk assessment and recommendations.

6.12 Appendix 4 sets out the transformation governance structure for the programme.

Transition and Change Management

6.13 The expectation is that a NHAIS development change freeze will remain in place until the deployment of the replacement solutions by NHS Wales.

6.14 Business continuity plans will be in place to maintain payments to GPs and to mitigate against the main scenarios until the successful implementation of the replacement solution.

6.15   Any changes to the presently defined Welsh requirements will be subject to the NHS Wales Transformation Programme Board considering each change request on a case-by-case basis. This includes full assessment of additional risks, costs and service impact.

6.16   Staff training will be required across all the functional areas within registration.

Programme Timelines

6.17   Based on the status of the delivery of a new registration system and payment systems (whether developed bespoke or for an existing solution to be enhanced) and present timelines, it is envisaged that the absolute latest the potential NHAIS replacement systems will be delivered by October 2020. Wherever possible, the intention is to deliver earlier than this date.

        This assumes a final decision to proceed is made by December 2019 to allow a minimum six month transition period.

6.18   Appendix 5 sets out an outline timetable for the programme.

6.19   Until the delivery of a new payment system, it is important for NHAIS support to continue. Whether this is via NHD Digital (preferred approach) or brought in-house and managed through NWIS. NHS Digital have agreed to provide continued support until April 2020.

APPENDIX 1 – FUTURE SOLUTION COMPONENTS

The following diagram depicts the present understanding of the components of the NHS England solution.

PCS Transformation: Proposed Future State System Diagram
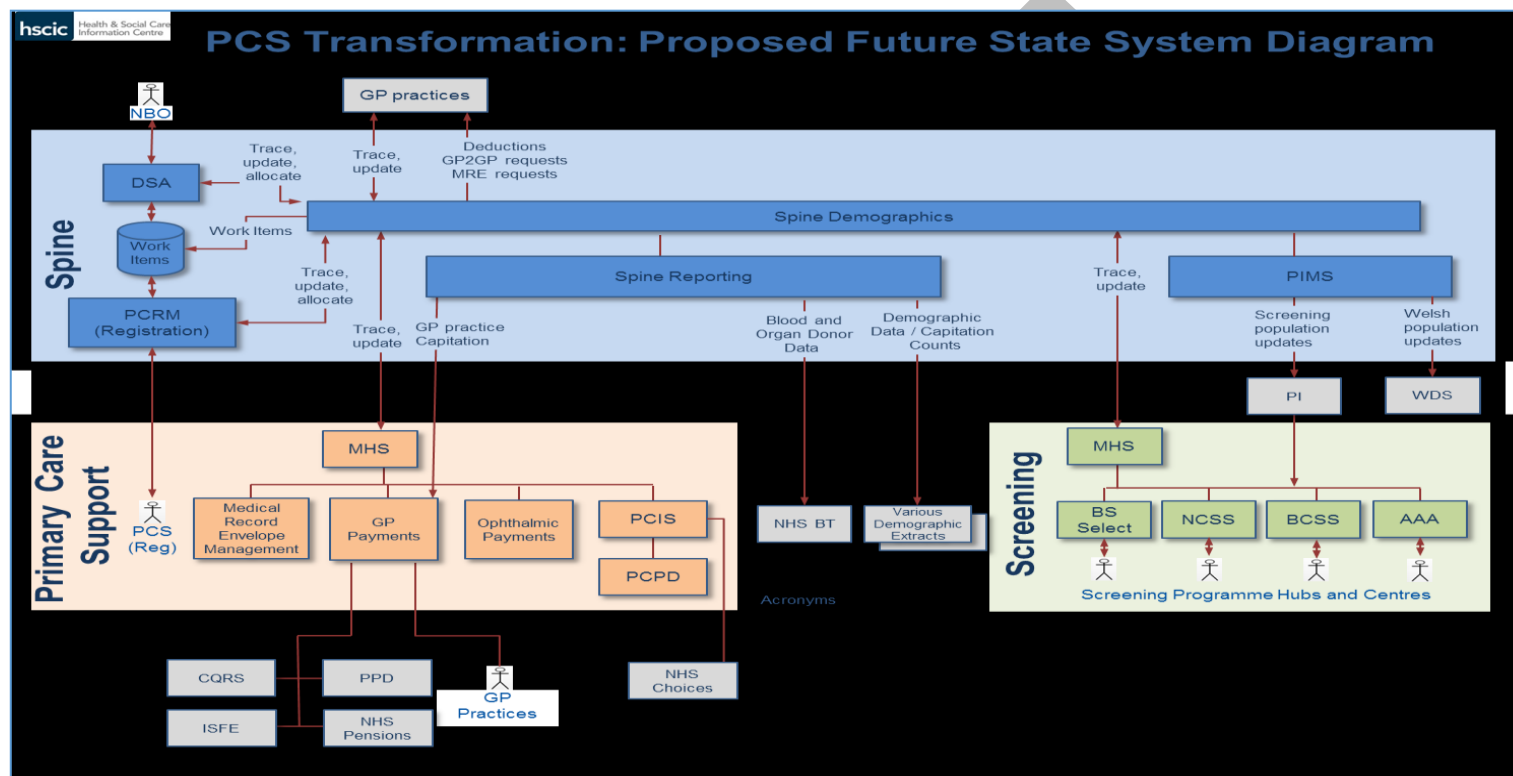
In the future, the NHAIS system will have been decommissioned. Primary Care Registration functionality will have migrated to a new PCRM Spine Application, making Spine demographics the sole, authoritative source of patient registration and demographic data. There will be no local copy of registration data. Therefore, all systems and services that previously relied on NHAIS registration data will now be accessing such data from the Spine.

GP practice systems will communicate directly with the Spine, rather than NHAIS for registrations, deductions and demographic updates.

The following diagram depicts the high-level components of the NHS Wales solution (work in progress)
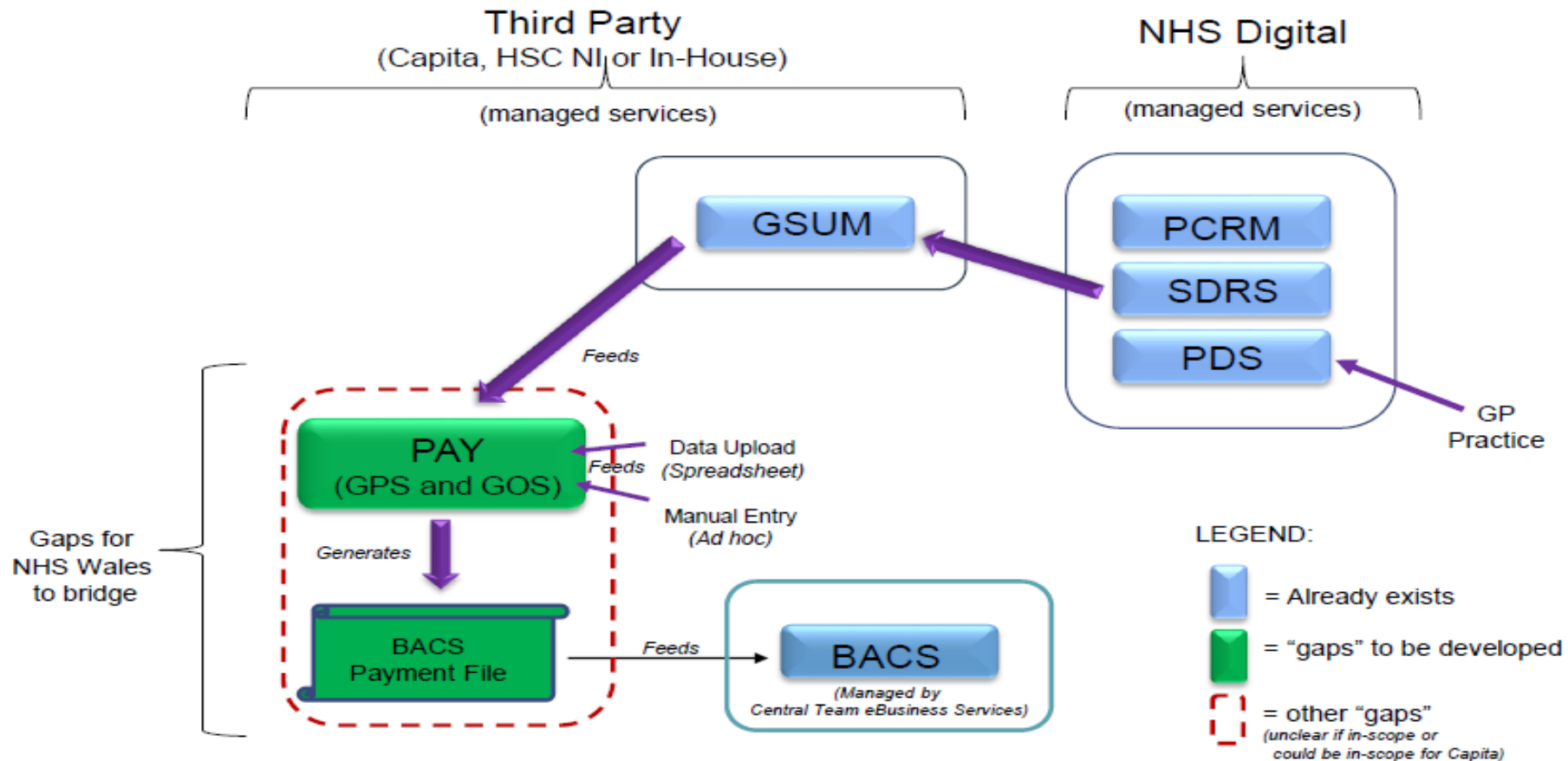
APPENDIX 2 – OPTIONS APPRAISAL: FUTURE PAYMENT SYSTEM

Option	Description	Pros / Cons Assessment	Additional Considerations
Option 1) **Capita Plc delivers the new GMS Payment System for NHS Wales.** **NHS Wales to receive solution after NHS England.**	• NHS Wales engages with Capita Plc to development the new GP Payment Services for Wales. This will be based on the service to be delivered to NHS England and reflect Welsh specific requirements • Solution will be hosted by Capita Plc on the same shared infrastructure for NHS England • Deployment to NHS Wales will commence once Capita Plc have delivered the payment service to NHS England	PRO: • NHS England would have ironed out all issues with the GP Payment System before solution is delivered to NHS Wales • The solution provides for a considerable degree of self-service for claiming and reporting however note should be taken of the comments in "additional considerations" concerning engagement with the profession. CONS: • Higher Capita Plc development costs – £1.3m development and £303k recurring costs (to be confirmed). Little opportunity to negotiate this down based on provisions in the existing contract, for instance day rate • Increased transition complexity for Wales if NHS England have fully migrated to the new systems • Forces NHS Wales to follow NHS England service direction, including contractual plans • Development costs for future change may be significant especially if the provisions of primary care contracts diverge between England and Wales – at present NHS England requirements remain fluid, thereby potentially increasing the" "gap" against NHS Wales requirements.	• This option is subject to Capita Plc confirming they endorse the approach • Capita Plc development costs to factor in Welsh requirements • The longer a decision is taken to proceed with this option (implementation and recurring), the less value the NHS Wales will realise given that the Capita contract expires in 2021 and cannot be extended. • Capita's solution puts emphasis on self-service. The onus for ensuring complete information is recorded has been shifted significantly towards GP and GP practices. This will be a culture change for Welsh contractors and will involve a significant level of engagement with contractors and representative bodies. • The standard Capita solution generates ISFE invoice files. There will be a requirement to generate a BACS payment file to meet NHS Wales requirement.

Option	Description	Pros / Cons Assessment	Additional Considerations
		• Capita's GP payments solution is fully integrated with their performers list solution. Capita's performers list solution does not meet NHS Wales current and future strategic (common practitioner repository) requirements. Integration of the NHS Wales performers list would be required with a significant development overhead. • As of 28/8/19 there is still no confirmed date for the delivery of the Capita solution to NHS England. Therefore the solution will not have been proven in a live environment prior to any delivery to NHS Wales. • GP stakeholders in Wales have expressed concern about the implementation of initial elements of Capita's Primary Care Support service to NHS England. There is therefore an increased risk of reputational damage for NWSSP in adopting any Capita solution.	
Option 2) **NHS Wales delivers and supports the new Payment System in-house.** **Developments undertaken by NHS internal resources and/or supported by sub-contractors.**	• NHS Wales arrangements to take forward and develop its own GMS Payment System that reflects Welsh specific requirements • Solution will be developed by NHS resources or its appointed sub-contractors • Solution will be hosted by NHS Wales	PRO: • The developed solution will be hosted and owned by NHS Wales – not tied into NHS England strategic direction, plans or contractual proposal • Opportunity for Wales to take a different strategic direction to NHS England CONS: • Timescales to deliver solution expected to be greater than Capita Plc. Estimated at 2.5 years – in part there is a need to recruit,	• Presently unclear whether VAT reclaimable if the development and services do not form part of a managed services arrangement.

Option	Description	Pros / Cons Assessment	Additional Considerations
		establish project teams and undertake relevant preparatory work (eg fully document requirements) before any development commences • Costs to develop (estimate £1.8m) are greater than option 1 and option 3. Although recurring costs may be less. • Some potential duplication in functionality to those of the NHS England Payment System • Extended contingency support on NHAIS would be required.	
Option 3) **NHS Wales delivers the new GMS Payment System in collaboration with HSC Northern Ireland**	• NHS Wales implements the NI GMS Payments system (FPPS) and develops it in collaboration with HSC to reflect Welsh specific and common requirements. • Solution will extend the system already developed by HSC Northern Ireland	PRO: • FPPS is a proven solution that has delivered a GMS Payments service for Northern Ireland for over 5 years based on a contractual framework that is almost identical to the framework for Wales. • Initial development / implementation costs are the lowest of the three options, amounting to 48% of the Capita solution (option 1) which has the next lowest development and implementation costs. • FPPS provides a modernised and self-service based solution but the majority of processes closely reflect those currently delivered by NWSSP. This represents considerably less change for GP stakeholders when compared to the Capita solution • The collaborative nature of the agreement with HSCNI will ensure that NHS Wales is not be tied into	• A critical requirement is for NHS Wales to possess the intellectual property rights to the solution. This is to enable it to extend the system offering to meet Welsh specific variation requirements. • Estimated duration to deliver is 18 months (6 months to refine requirements, deliverables and commercials; 12 months to implement new solution and Welsh elements).

Option	Description	Pros / Cons Assessment	Additional Considerations
		NHS England strategic direction, plans or contractual proposal. Intellectual property rights in the solution will be retained by the parties thus allowing flexibility for both NWSSP and HSCNI to take forward their own bespoke requirements.	
		• Opportunity for Wales to take a different strategic direction to NHS England	
		• Opportunity to take forward "joint" developments with NI, thereby sharing future development costs.	
		• Lower risk option than options 1 and 2 because HSC Northern Ireland have already developed the solution and the effort involved will be to address NHS Wales specific gaps leading to shorter development timescales and reduced development and implementation costs.	
		• Integration with the NHS Wales performers list solution is achievable with minimal development overhead.	
		• Gaps between NHS Wales requirements and the NI GP payments system are minimal. Where there are gaps these are understood. "Filling" these gaps is within NHS Wales control.	
		CONS:	
		• Clarity required who maintains and supports the system – may need to be a joint effort initially	

Option	Description	Pros / Cons Assessment	Additional Considerations
		• Extended contingency support on NHAIS may still be required.	
		• Recurring costs are the most expensive of the three options. However they remain within the general affordability envelope and reflect the benefits expected from a modernised / enhanced payment system and ensure the provision of a support team dedicated to delivering support solely to NHS Wales.	

APPENDIX 3 – TRANSFORMATION STRUCTURE GOVERNANCE
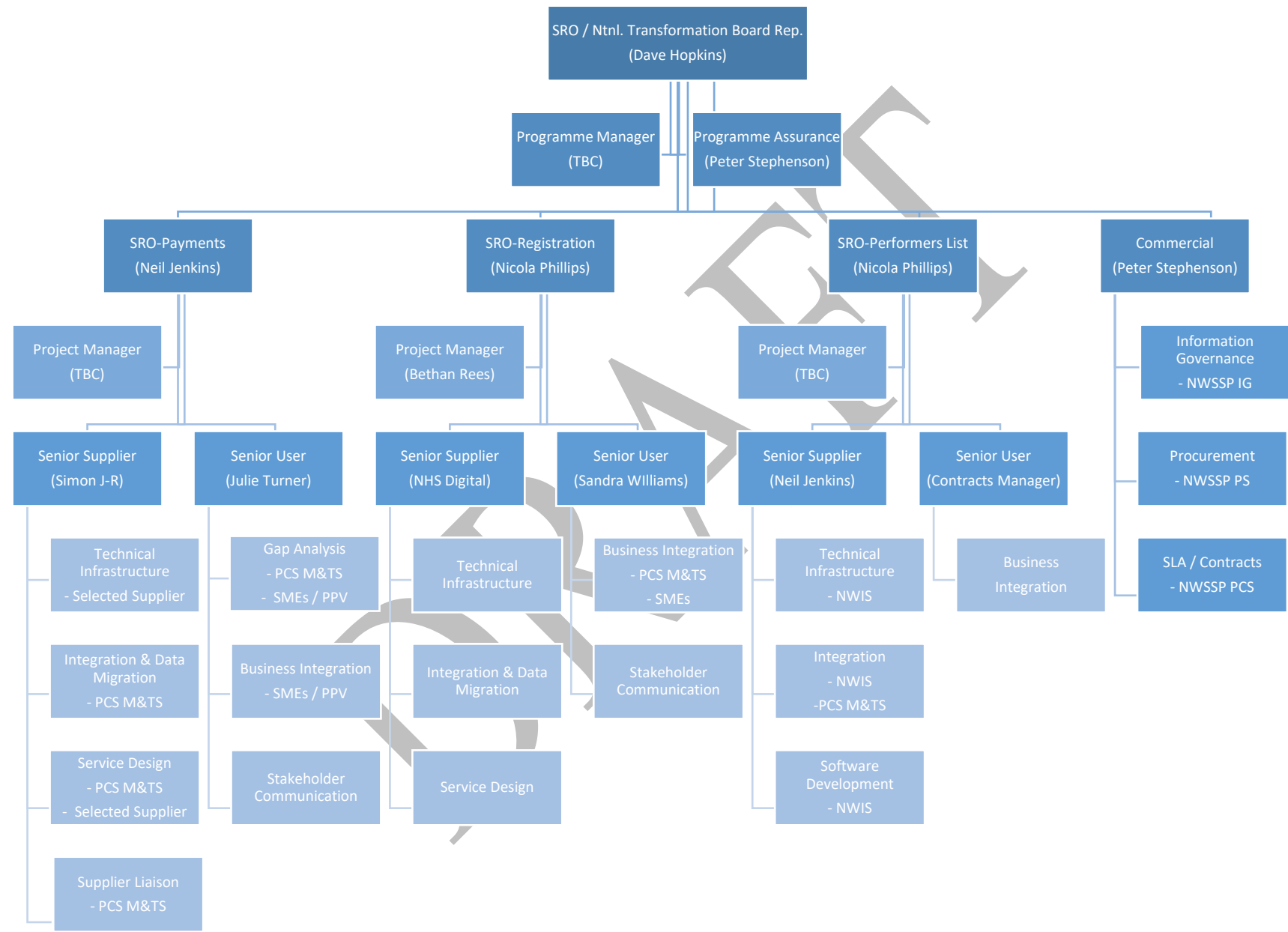
APPENDIX 4 – PROGRAMME TIMELINES

The following sets out the indicative timetable based on the preferred option and the present working assumptions.

Preferred Option Timeline

Registration

As of 31st March 2019 development of PCRM is on hold due to inter-dependencies with the Capita GMS payments solution. Implementation timescales for Wales are therefore not known. There is no risk to the FPPS GMS solution (Wales preferred option) as FPPS is capable of interfacing both with the existing NHAIS patient registration functionality and the PCRM solution.

GMS Payments

Sep 19
HSCNI Agreement

Dec 19
Business Case Approval

Commercials & OBC

FPPS proof of concept

FPPS implementation

Aug 19 Sep 19 Oct 19 Nov 19 Dec 19

Feb 20 Mar 20

May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20

Oct 20
NHAIS Decommissioning

FPPS Parallel Run

FPPS live operation

Sep 20 Oct 20

2021 2022 2023 2024

APPENDIX 5 – GLOSSARY AND DEFINITIONS

Abbreviation	Description
AWPL	All Wales Performers List
AWPD	All Wales Pharmacy Database
GP	General Practice
GPC	General Practitioners Committee
GMS	General Medical Services *Note: The new service includes GSUM and Pensions*
GOS	General Ophthalmic Service *Note: the Ophthalmic Payments System records GOS claims, automates the payment process, produces statistical returns, and provides fraud prevention and detection tools. This service is used via the existing Open Exeter System.*
GSUM	Global Sum Formula *Note: used to calculate the payment to GPs based on national formula; enhanced activity pay calculation; quality outcome framework.*
ISFE	Integrated Single Financial Environment i.e. Invoice File Template format *Note: the invoice file will need to be converted for Wales in order to be processed through BACS.*
NHAIS	National Health Application and Infrastructure Services. Also known as "Exeter". *Note: user reference manuals are available at: https://digital.nhs.uk/systems-service-delivery/NHAIS-downloads*
HSCNI	Health and Social Care Northern Ireland
NWIS	NHS Wales Informatics Services
NWSSP	NHS Wales Shared Services Partnership
Open Exeter	Gives web access to allow data entry and reporting on payments and demographics services delivered via NHAIS systems.
PAY	Payment Module (NHAIS System)
PCS	Primary Care Services

PCRM	Primary Care Registration Management *(part of NHS Digital new system)*
PDS	Patient Demographic Service *(part of NHS Digital New System)* *Note:The PDS system is the master demographics database for the NHS in England, Wales and the Isle of Man. It is the primary source of information on a patient's NHS number, name, address and date of birth. It does not hold any clinical information. The master database contains approximately 74 million patient records. Records are created for newborns or when a patient makes contact with an NHS service, primarily by registering with a GP practice, but also through accessing A&E or attending hospital. The PDS is used by NHS organisations and enables a patient to be readily identified by a healthcare professional to quickly and accurately obtain their correct medical details.*
REG	Registration Module (NHAIS System)
SDRS	Spine Demographics Reporting Service *(part of NHS Digital New System)*
SPINE	Spine supports the IT infrastructure for NHS Digital in England by joining together the IT Systems in England. NHS Wales Primary Care Services connect to the Spine to access services provided by NHS England.
WDS	Welsh Demographic Service *(system maintained by NWIS)*
WG	Welsh Government

AGENDA ITEM:
18/9/2019

The report is not Exempt
Teitl yr Adroddiad/Title of Report
Laundry Services Review

ARWEINYDD: **LEAD:**	Neil Davies, Director of Specialist Estates Services
AWDUR: **AUTHOR:**	Ian Rose, Head of F&C PMO
SWYDDOG ADRODD: **REPORTING OFFICER:**	Neil Frow, Managing Director NWSSP
MANYLION CYSWLLT: **CONTACT DETAILS:**	Ian Rose, Head of F&C PMO

Pwrpas yr Adroddiad: **Purpose of the Report:**
The purpose of this report is to seek SSPC approval to commence work on an NHS Wales Laundry Services Review and approve expenditure.

Llywodraethu/Governance	
Amcanion: **Objectives:**	To develop a service model that is fit for purpose, complies with modern standards, provides a sustainable and resilient laundry service and represents an operational model delivering best value for money for NHS Wales.
Tystiolaeth: **Supporting evidence:**	None

Ymgynghoriad/Consultation:
This work has not commenced

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

Argymhelliad/ Recommendation	Outline the recommendation of the report • The Committee is asked to **Approve** 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.
Safonnau 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.

1. CEFNDIR/BACKGROUND

The Shared Services Partnership Committee (SSPC) oversees NWSSP and approved the NHS Wales Laundry Production Units Service Review project.

Stage 1 of the project was to review the existing laundry production units in NHS Wales against best practice guidance; specifically BS EN 14065 June 2016 - Textiles. Laundry processed textiles. Bio-contamination control system. That review identified the benefits, costs, timescales and risks in achieving BS EN 14065 June 2016 and identified the options available including assessment of independent versus collaborative management arrangements.

This stage concluded with the production of a draft Outline Business Case (OBC) which has been reviewed by Welsh Government and subsequent additional tasks are now required to proceed towards the next stage in the process.

2. Work Required

The next stage of the process will require building on the existing business case and completing a set of specific additional tasks to complete the review and produce a Programme Business Case (PBC) addressing the issues highlighted in the Welsh Government's letter dated 17th May 2019 and in accordance with the Welsh Government business case guidance.

The Consultant will be expected to engage and work across the following Health Boards and Trusts as customers and suppliers to achieve the outcomes described.

There are 5 Laundry Production Units (LPUs) across NHS Wales:

- Ysbyty Glan Clwyd (Betsi Cadwaladwr University Health Board)
- Glangwilli General Hospital Laundry (Hywel Dda University Health Board)
- Llansamlet Laundry Service (Swansea Bay University Health Board)
- Church Village (Cwm Taf Morgannwg University Health Board)
- Llanfrechfa Grange 'Green Vale' (Anuerin Bevan University Health Board)

The following requirements are mandatory tasks required to achieve the desired outcome:

- Conversion of the existing OBC into a PBC (Programme Business Case)
- Using the BCU Options appraisal to produce an OBC for submission.

Furthermore, by adopting the principles outlined in Managing Successful Programmes, using the POTI (Processes, Organisational Structure, Technology and Information) model establish the future state blueprint (target operating model)

Processes

- Site selection (to within a 15 mile radius)
- Optimised Operating model
- Updated and detailed Operating costs.
- Transitional Financial Model

Organisational Structure

- Define optimum Workforce requirements (WTE)

Technology

- Design Plant Blueprint to achieve optimal items per hour, considering new build sites and redeveloped existing site/s.
- Assess the Transport network including existing vs new arrangements

Information

- Carbon Impact/Decarbonisation Opportunities to minimise/negate impact

At the last Shared Service Committee meeting, the Director of Specialist Estate Services presented the approach and requirement to maintain progress. The first element of that approach was:

- Appointment of a consultant to support the production of a PBC;

To secure this support and working with procurement, under the Framework approach the project team issued the Tender to 172 Framework suppliers that are registered on Bravo.

We also issued an E-mail to the remaining 94 suppliers to invite them to access the Tender totalling 266 suppliers.

We received 1 response only from Capita. The response from Capita has been deemed to address all of the requirements as outlined within the ITT and will cost as shown in the table below EXCL VAT:

	Director	Managing Consultant	Principal Consultant	Senior Consultant	Analyst	Total
Workstream 1: All Wales Laundry Review PBC	£3,780	£9,100	£20,425	£0	£0	£33,305
Workstream 2: Laundry Planning	£64,260	£0	£0	£0	£0	£64,260
Workstream 3: Transport Review	£1,890	£0	£15,200	£0	£12,925	£30,015
Workstream 4: Carbon Assessment	£9,450	£0	£0	£16,530	£7,150	£33,130
Estimated fees - - PBC + Technical	£79,380	£9,100	£35,625	£16,530	£20,075	£160,710
Workstream 5: BCUHB North Wales Linen Services OBC	£1,890	£6,500	£16,150	£0	£0	£24,540
Estimated fees - PBC + Technical + OBC	£81,270	£15,600	£51,775	£16,530	£20,075	£185,250

The above table displays the costs associated with completion of each task as outlined within the ITT document. It is therefore requested, the Shared Services Partnership Committee APPROVE the submission. Funding for work will be provided through the additional savings generated during the 2019/20 financial year.

This will also allow the project team to complete the next governance stage and seek Trust Board approval.

2.   ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

- **APPROVE** the Report

Appendix A

- Welsh Government Laundry Response (attached)

19-05-17 Laundry
scrutiny letter.docx

The report is not Exempt

Teitl yr Adroddiad/Title of Report
Change in terms of reference for Welsh Risk Pool Committee

ARWEINYDD: **LEAD:**	Neil Frow, Managing Director
AWDUR: **AUTHOR:**	Alison Phillips, Deputy Director Finance & Corporate Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alison Phillips, Deputy Director Finance & Corporate Services
MANYLION CYSWLLT: **CONTACT DETAILS:**	Alison Phillips, Deputy Director of Finance & Corporate Services Alison.phillips7@wales.nhs.uk

Pwrpas yr Adroddiad: **Purpose of the Report:**
To seek approval to changes to the terms of reference for the Welsh Risk Pool Committee. The Welsh Risk Pool Committee (WRPC) considered and endorsed the proposed changes at its meeting on 11 September 2019.

Llywodraethu/Governance	
Amcanion: **Objectives:**	Each of the five key Corporate Objectives
Tystiolaeth: **Supporting evidence:**	N/A

Ymgynghoriad/Consultation:

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ **APPROVE**	✓	**ARNODI/** **ENDORSE**		**TRAFOD/** **DISCUSS**		**NODI/** **NOTE**	✓
Argymhelliad/ **Recommendation**		The Committee is asked to: • note content of the report; and • approve the proposed changes to the Welsh Risk Pool Committee Terms of Reference.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	To reflect the changes to the role of the WRP committee brought about by the GMPI scheme.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The aims of the scheme are to improve quality, safety and patient experience outcomes for patients and staff.
Ariannol: Financial:	None.
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.

Background

The Future Liability Scheme (FLS) for General Medical Practice Indemnity (GPMI) came into force on 1 April 2019.

It is a discretionary state-backed scheme launched by the Welsh Government to provide clinical negligence indemnity for General Medical Services (GMS) in Wales. This is to provide a more stable and more affordable indemnity system for General Practice and to help ensure that GP recruitment and cross border activity will not be adversely affected to different schemes operating in England and Wales.

How the scheme operates

The Welsh Government commissioned NWSSP to operate the scheme for GMPI from 1 April 2019, through the Legal and Risk Services Division (LARS). LARS has a dedicated team of solicitors to deal with GMPI queries and to manage the clinical negligence claims.

The operation of the GMPI FLS will be on a similar basis to the existing Welsh Risk Pool indemnity arrangements, whereby GPs and staff will be entitled to state backed indemnity cover, because of their GMS contract, through the contract holding Health Board. Claims will be settled by the contract holding Health Board with reimbursement from the Welsh Risk Pool.

There will be no £25,000 excess payable on the GMPI claims by Health Boards, and there is no current expectation of a risk sharing mechanism for Health Boards to contribute to the costs of the scheme, given the expected volume and costs on the early years of the scheme.

The scheme is integrated with concerns and complaints management, Putting Things Right, and other patient safety developments. Reimbursement from the Welsh Risk Pool will be dependent on evidence of clinical audit and lessons learnt being cascaded within Primary Care in Wales.

The Welsh Risk Pool will be provided with a revenue allocation from the Welsh Government for the cost of claims settled and the management running costs of the scheme.

During 2018/19 an indicative allocation of £373k was agreed with Welsh Government to cover the running costs of the FLS only during 2019/20. It is still anticipated that costs will ramp up in Years 2 and 3 as the number of claims increase and this will be monitored closely.

Future potential transfer of existing liability schemes

The Welsh Government has continued with the GP Indemnity Project Board since the implementation of the FLS in April 2019 with the focus being the arrangements covering the Existing Liability Schemes (ELS). The Welsh Government is currently in discussions with the three main Medical Defence Organisations (MDO) to consider the transfer the liabilities of the Existing Liability Schemes during 2019/20.

The anticipated transfer will be in two key phases, an interim business-handling phase to take effect in 2019/20 (current working hypothesis is September 2019) and a final transfer to take effect from 1 April 2021. From 1 April 2021, administration and operation of the ELS claims will transfer to the Welsh Government.

For the main part, the claims handling responsibility and general claims management will remain with the three MDOs. NWSSP, through the LARS team will act as the Administrator and Contract Manager for the Welsh Government during the interim business-handling phase fulfilling an oversight role. By exception, the team may take on some claims handling responsibility before 1 April 2021.

LARS on behalf of NWSSP will take on the full claims management responsibility from 1 April 2021.

Payments relating to ELS claims will be funded directly by the Welsh Government to the MDOs. There will be no 'cashflow' relating to ELS claims passing through the accounts of the Welsh Risk Pool or the financial systems of the NWSSP (and by default Velindre NHS Trust). NHS Finance within Welsh Government will be responsible for ensuring payments are made to the MDOs within the terms of the agreement.

Changes to the constitution of the Welsh Risk Pool Committee

This report confirms that on 1 April 2019 the National Health Service Clinical Negligence Wales Regulations 2019 came into force. The Regulations create a Scheme for Clinical Negligence Claims in Wales and were brought into force inter alia for the management of clinical negligence claims against primary care providers in Wales, operating under sections 41, 42 and 50 of the National Health Service Wales Act 2006.

A separate Order came into force on 1 April 2019, which appointed Velindre NHS Trust as operator of the Scheme. In practice, the scheme is being operated by NWSSP through Legal and Risk Services (LARS) as a shared service function under the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012, confirming to its partners and the Board of Velindre NHS Trust that NWSSP Legal and Risk Services shall operate the Scheme.

It follows therefore that the Welsh Risk Pool Committee, as a formal subcommittee of the NWSSP reviews its membership and Terms of Reference to reflect the responsibilities relating to GMPI.

All FLS GMPI related claims will be presented to the Welsh Risk Pool Committee for consideration as will discussions surrounding lessons learnt before confirming reimbursement to the Health Boards. It is unlikely however that any claims will be presented to the Welsh Risk Pool Committee in 2019/20.

Internally within the NWSSP, the management of GMPI will be monitored through the LARS Senior Management Team, with regular updates provided through to the NWSSP Senior Management Team. The performance of the GMPI team will also fall within the scope of NWSSP Quarterly Performance Review process.

The Welsh Risk Pool Committee (WRPC) considered and endorsed the proposed changes at its meeting on 11 September 2019. The proposed changes are 'tracked' in the Terms of Reference attached as **Appendix A**.

The main proposals endorsed by the WRPC are to:

- Reflect the additional responsibilities relating to GMPI in general terms;
- Extend the current membership to incorporate a Primary Care Director, and Associate Medical Director – Primary Care;
- Extend the current membership to include the NWSSP Medical Director role.

Consideration of the need to have a separate Welsh Risk Pool Committee meeting relating to GMPI to be kept under review, as the number of claims increases over time, but this is not a recommendation at this time.

Recommendation
The Committee is asked to:

- note the content of the report; and

- approve the changes to the Welsh Risk Pool Committee Terms of Reference as set out in Appendix A.

Welsh Risk Pool Committee
Terms of Reference

1. Background

1.01 On 1 April 2019, the National Health Service Clinical Negligence Scheme Wales Regulations 2019 came into force. The Regulations create a Scheme for Clinical Negligence Claims in Wales and were brought into force *inter alia* for the management of clinical negligence claims against primary care providers in Wales, operating under sections 41, 42 and 50 of the National Health Service Wales Act 2006.

1.02 The scheme is operated by NHS Wales Shared Service Partnership (NWSSP) through Legal and Risk Services with the support of WRP using its powers as a shared service function under the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012.

1.03 NWSSP has responsibility for the administration of the Welsh Risk Pool Service including the management of the Welsh Risk Pool Budget.

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

1.05 The Welsh Risk Pool Services has responsibility for reimbursement of claims over £25,000 (the £25,000 threshold does not apply to GMPI matters) and reimbursement of permitted costs and damages arising from Redress cases. It is also required to have effective processes for ensuring that NHS Wales learns from events to limit the risk of recurrence and improve the quality and safety for both patients and staff.

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

2. Membership

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

2.02 The WRPC comprises of representation from senior NHS professionals from Trusts, Local Health Boards, Legal & Risk Services and the Welsh Government. The membership includes:

Chairman: Chairman of NWSSP

Members: Managing Director, NWSSP
Director Legal & Risk Services NWSSP
Director of Finance & Corporate Services NWSSP
Health Board or Trust Chair (1)
Health Board or Trust Chief Executive (1)
Health Board or Trust Medical Director (1)
Health Board or Trust Director of Nursing (1)
Health Board or Trust Director of Finance (1)
Health Board Director of Therapies & Health Science (1)
Health Board or Trust Chair Audit Committee Chair (1)
Health Board or Trust Board Secretary (1)
Health Board Director of Primary Care and Mental Health
Welsh Government (2)
Health Board Associate Medical Director – Primary Care
NWSSP Medical Director

In attendance:
NWSSP – WRPS Head of Finance
NWSSP - WRPS Head of Safety and Learning
WRPS Operations Team
WRPS Safety and Learning Team

2.03 Other individuals may be involved at the discretion of the Chairman (e.g. representatives from NSAGs as appropriate). The WRPC shall appoint a vice chairman from the agreed membership. The vice-chair shall deputise for the Chair in their absence for any reason.

2.04 In the event that a member of the WRPC is unable to attend a meeting he/she is required to seek a suitable person to attend on their behalf.

3. Dealing with Members' interests during meetings

3.01 The Chair, advised by the Committee Secretariat, must ensure that the WRPC's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual

members must demonstrate, through their actions, that their contribution to the WRPC's decision making is based upon the best interests of the NHS in Wales.

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

4. Quorum

4.01 A quorum shall be the Chairman or Vice Chair and at least 4 other representatives, 2 of which must be officer members of shared services and 2 of which must be NHS Trust or LHB representatives.

Repeated non-attendance will be reported to the NWSSP Committee.

5. Frequency of Meetings

5.01 Meetings will be held at least 8 times per year, with additional meetings held if considered necessary.

6. Authority

6.01 The Accountable Officer for NWSSP is authorised to carry out any activity within the terms of reference and the scheme of delegation. In the normal course of WRPC business items included on the agenda are subject to discussion and decisions based on consensus. Decisions made by the Accountable Officer against that recommended by the WRPC will be reported to the NWSSP Committee and the Velindre NHS Trust Audit Committee for Shared Services.

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

7. Responsibilities of the WRPC

7.01 It is important that there is clarity between the role of the WRPC and that of the NWSSP Committee. The NWSSP Committee will have overall responsibility for overseeing the governance arrangements within WRPS and in support of this function the minutes of the WRPC will be forwarded for information and assurance including the highlighting of matters of significance.

7.02 The role of the WRPC is to:
   a. Receive assurance on the management of delegations for areas of responsibility detailed within this Terms of Reference and to report regularly to the Shared Services Partnership Committee on performance;
   b. Undertake actions reserved specifically for the WRPC;
   c. To provide advice and guidance to the NWSSP Accountable Officer on claims reimbursement decisions; and
   d. To support and promote a learning culture within NHS Wales.

8.   WRPS areas of responsibility

8.01 The main areas of responsibility for which WRPS will be held to account by the WRPC are:

- To present key financial and performance information.
- To develop an effective and efficient process including technical notes for the receipt of claims and reimbursement of monies to NHS Wales.
- To ensure that there are effective processes for the forecasting of resource requirements over the short and medium term and that there is sufficient liquidity to meet obligations.
- To ensure that the transactions of the WRPS are fully recorded and that financial accounts are produced in accordance with the timetable set by the Welsh Government.
- To undertake regular assessments of the arrangements for the management of Concerns and Claims by NHS Wales.
- To undertake regular assessments of the arrangements for the management of GMPI claims by NHS Wales.
- To undertake the assessments of high risk clinical areas as required by Chief Executives of NHS Wales Bodies.
- To develop processes for learning from events and cascading information to all NHS Wales Bodies including undertaking detailed reviews of claims and identifying trends arising from claims.
- To undertake project work as required by the WRPC.
- To develop a process for the scrutiny of claims and Redress cases presented to each WRPC to provide assurance across NHS Wales that appropriate action has been taken to reduce the risk of recurrence. This process should have regard for the number and complexity of claims being presented to ensure that sufficient consideration is given to issues arising.
- To develop an effective and efficient process for handling and responding to enquiries in relation to indemnity and reimbursement matters.

9.   WRPC reserved matters

- To approve the reimbursement of claims and Redress cases and impose penalties in accordance with the Reimbursement Procedures
- To enact the risk sharing arrangements (not currently applicable to GMPI and Redress) as agreed by the NWSSP
- To receive and consider the annual statements of account
- To receive and consider the annual assessment reports and to approve recommendations for any necessary action.

- To receive and consider the outcome of claims reviews and to approve recommendations for any necessary action.
- To agree on a communication strategy across NHS Wales to ensure that learning from events is captured and communicated appropriately.
- To consider advice and guidance on matters of indemnity which are novel, contentious or expose NHS Wales to significant risk.
- To request claims reviews where the WRPC considers appropriate in order that lessons can be learnt on an All Wales basis.
- To ensure that arrangements are in place to enable the reporting of key issues and trends via the National Quality and Safety Forum.

10. Support and promote a learning culture across NHS Wales

10.1 The members of the WRPC will have collective responsibility for ensuring that the learning from events is formally considered and that a culture of improvement across NHS Wales is fostered. This will include providing advice and guidance at each meeting and where necessary taking action to address weaknesses identified, either at an individual organisational level or at a more strategic level.

11. Reporting Arrangements

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

11.02 Risk sharing arrangements will be agreed by the NWSSP Committee.

11.03 Regular financial reports on the risk sharing forecasting will be considered by the Shared Services Committee and provide to Welsh Government as and when required.

11.04 Annual presentations will be made to the groups identified by the WRPC (e.g. Chief Executives, Directors of Finance, Directors of Nursing and Medical Directors).

12. Audit Arrangements

12.01 The WRPS will be subject to audit by both internal and external auditors. The external auditors of Velindre NHS Trust will ensure that there is overall audit coverage of claims management across the NHS in Wales.

13. Associated documents:
- All Wales Policy on Indemnity and Insurance

- Scope of the Risk Pooling Arrangements
- WRPS Reimbursement Procedures
- General Medical Practice Indemnity Scheme and procedures

NWSSP Finance & Corporate PMO Monthly Report			
Reporting Period	Jul 2019 – Aug 2019	**Date Completed**	**11/09/2019**
Summary	The purpose of this report is to provide a progress update.	**Completed By**	**Ian Rose**

Summary Update :

29 projects in progress. - Peak number of Projects since PMO Inception.

New PM appointed - Alison Lewis from E Enablement Team.

Green : Project on track -Time, Cost, Scope **Blue :** Closed/ Delivered or Closed/Withdrawn/Ceased
Amber : At risk of failing - Time, Cost or Scope **Red** : Failed Time, Cost or Scope - urgent attention req'd
Agreed between Proj Man and Proj Exec/Lead/Proj Dir/SRO

All Wales Project & Programmes				
Scope	Project Name	SRO	RAG	% Completion
All Wales	Brexit	Mark Roscrow	Green	95%
	New PMO software Requirements	Andy Butler	Green	37%
	Transforming Access to Medicines (TRAMS)	Neil Frow	Green	90%
	Welsh Government Planning Development Pathway	Simon Dean	Green	64%
	Ystadau Cymru Surveyor Development Pathway	Neil Frow	Green	63%
	Laundry Services Project PBC	Neil Davies	Amber	95%
	Medical Examiner	Neil Frow	Amber	15%
	GMPI - existing liabilities scheme	Mark Harris	Green	10%
	Datix Replacement	Jonathan Webb	Green	25%
Scope	Project Name	SRO	RAG	% Completion
HEALTHBOARD	Community Dressings AB - Phase2	Tony Chatfield	Green	75%
	Community Dressings Swansea Bay - Phase 2	Tony Chatfield	Green	75%
	Community Wound Dressings Cwm Taf - Phase 1	S Scott-Thomas	Green	15%
	Hwyel Dda - Scoping of use of Cleric for District Nurse Scheduling	Tony Chatfield	Green	10%
	Hywel Dda - Transfer of Transport Services	Tony Chatfield	Green	25%
Scope	Project Name	SRO	RAG	% Completion
NWSSP	Cleric DR and Server Reconfiguration	Tony Chatfield	Amber	95%
	Boss System Refresh	Paul Thomas	Green	90%
	Bulk Mail	Dave Hopkins	Green	100%
	Car Club	Graham Davies	Green	100%
	Procurement Sabrecom TV	Graham Davies	Amber	90%
	Procurement Server migration	Graham Davies	Amber	95%
	Transfer of Transport Services from BCU & Powys	Tony Chatfield	Green	75%
	Transition from Cascade to Mura Internet	Andy Butler	Green	50%
	Cwmbran Stores to IP5	Graham Davies	Green	85%
	Primary Care NHAIS - Patient Registration	Dave Hopkins	Amber	35%

Projects at Risk - Mitigations

Amber

- **Laundry PBC** - Tender process in progress with conclusion expected in Sept , with award and start of the next stage in October.

- **Medical Examiner -** Workshops and Finance planning taking place and first Programme Board arranged for Sept to review.

- **Cleric DR and Server Reconfig -** Cleric Servers – Two new servers built one for testing one for live in CoHo both mirrored every 15 secs SQL server moved to the SQL farm in CoHo (mirrored to Newport DC). Cleric updating the version to latest version and moving us to a web based

- **Procurement Server Migration -** Ongoing final elements being pursued by new project manager seeking to concuke the project by end of October.

- **Procurement Sabrecom -** Meetings taking place to revaluate the scope of the project during Sept to potentially reduce the requirement and speed up implementation

- **Primary Care NHAIS Patient Reg -** Project being evaluated against the overall programme, with proposals being contructed to implement programme approach for NHAIS.

Graphs Representing Performance

Projects In Progress - Current Stage

- Delivery: 16
- Initiation: 5
- Start Up: 6
- Closure: 2

Projects By Product

- Business Process: 9
- Estates & Facilities: 1
- IT: 2
- Service Design: 15
- Web: 1
- Software: 1

Projects by Scope

- All Wales: 10
- HEALTHBOARD: 5
- NWSSP: 14
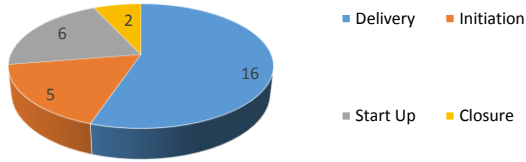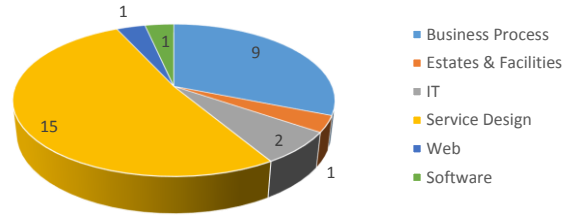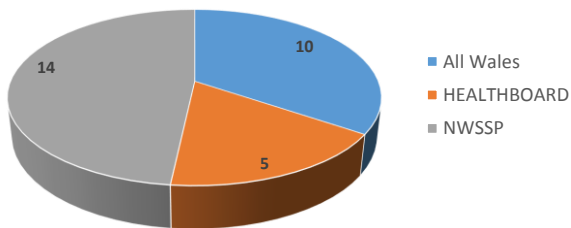
Project In Progress - Services

- Finance & Corporate: 5
- Procurement: 15
- Workforce: 2
- PCS: 2
- Employment Services: 1
- Legal & Risk: 3
- SES: 1

IT Related Projects

- No: 13
- Yes-NWiS: 4
- Yes-NWiS & NWSSP: 8
- Yes-NWIS & 3rd party: 1
- Yes-NWSSP: 1
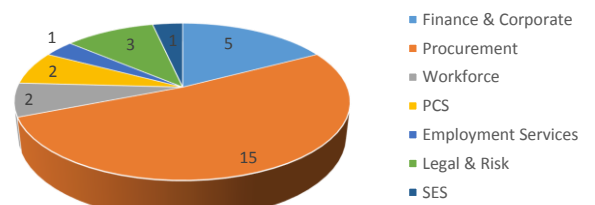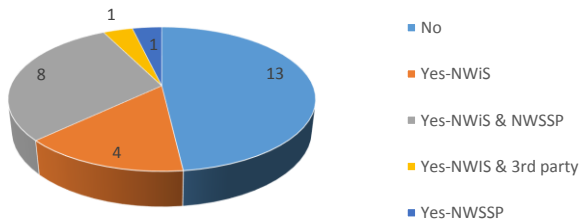
IMTP Related Projects

- No: 17
- Yes: 12
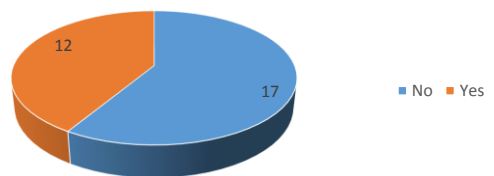
The Month Ahead

- **People**
  - Project managers continue to support Brexit and IP5 plans for prepardness.
  - Further certification gained within the team for Business Case Practitioner level status.
  - IMTP and Quarterly review support to be enhanced.

- **Projects**
  - Q3 implementation expected on a number of projects such as Community Dressings in AB and SBUHB.
  - TRAMS business case nearing completion for submission to Welsh Government in Q3.
  - IP5 business case being developed by Akeso and aiming to produce draft case in Oct 19.

- **Processes**
  - Development of SOA (Strategic Objective Assessment) to support Project and Programme initiation and alignment to Strategy.
  - Business case processes enhanced to align with the 5 case model.
  - Addtional project frameworks developed to allow optional framework adoption.
  - Reporting and analysis enhanced to support ongoing Quarterly reviews and IMTP delivery.

The report is Exempt

Teitl yr Adroddiad/Title of Report

Update Report - IP5 Facility Newport

ARWEINYDD: LEAD:	**Neil Frow, Managing Director, NWSSP**
AWDUR: AUTHOR:	**Andrew Naylor, Programme Lead, NWSSP Finance**
SWYDDOG ADRODD: REPORTING OFFICER:	**Neil Frow, Managing Director, NWSSP**

Pwrpas yr Adroddiad:
Purpose of the Report:

The Committee received an update at its meeting held 14th March 2019 in relation to the context and costs of acquiring a new storage facility in Newport for Brexit preparedness. This paper informs the Committee of progress with Brexit preparedness and with the development of strategic options for the ongoing utilisation of the facility.

Llywodraethu/Governance

Amcanion: Objectives:	To provide the Committee with an update in relation to: • Brexit preparedness • Progress with development of strategic options to support ongoing use of the facility for NHS Wales
Tystiolaeth: Supporting evidence:	

Ymgynghoriad/Consultation :

The decision to acquire additional storage capacity was driven by WG requirements for preparedness for a 'no deal' Brexit scenario. The acquisition of the facility at IP5 offers the potential to provide significant ongoing benefits for NHS Wales. The development of strategic options for the facility's ongoing use is therefore underway in which various NHS and

non-NHS organisations have been consulted as part of the process of identifying potential projects that could be located with IP5.

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	√
Argymhelliad/ Recommendation	The Committee is asked to note this paper which gives an update in relation to IP5 and specifically to Brexit preparations as they affect IP5 and the development of strategic options for the ongoing use of the facility.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No impact
Cyfreithiol: Legal:	Hugh James, solicitors were commissioned to draft to the lease agreement with the vendors of Imperial Park 5.
Iechyd Poblogaeth: Population Health:	No direct impact but part of contingency measures to protect NHS services in the event of a no-deal Brexit that could lead to NHS supply chain disruption.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact but part of contingency measures to protect NHS services in the event of a no-deal Brexit that could lead to NHS supply chain disruption.
Ariannol: Financial:	Financial implications set out in update provided to Committee in March 2019.
Risg a Aswiriant: Risk and Assurance:	There is risk of public scrutiny into the decision-making processes that have led to the acquisition and ongoing sustainability of the facility, which requires a robust process of evaluation of strategic options for the use of the facility.

Safonnau Iechyd a Gofal: Health & Care Standards:	No direct impact.
Gweithlu: Workforce:	Workforce for managing the store at Newport is being provided from existing NHS Wales stores, primarily based at Bridgend, with staff being back filled on a temporary basis. Staff have transferred from Cwmbran store, which has now been closed thus providing an operating base out of IP5. It also helps with the stock rotation given that some of the stock was purchased several months ago and there is still uncertainty in relation to a possible Brexit extension. Staff side representation on the IP5 Programme Board.
Deddf Rhyddid Gwybodaeth/ FOIA	No implications

1 BACKGROUND

The UK withdrawal from the European Union was initially scheduled to be effective from 29th March 2019. An update was provided to the Committee in March 2019 which set out the rationale for acquiring IP5 as a storage facility to provide NHS Wales with an additional stock of medical devices and clinical consumables in preparation for the possibility of a 'no deal' EU exit. In addition, the update described how the facility could be utilised as a strategic infrastructure asset for NHS Wales. This paper therefore sets out progress with the development of strategic options for the facility's ongoing use as well as with a brief update on Brexit preparedness.

2 KEY ISSUES

2.1 Brexit Preparedness

The following points highlight main progress to date:

- The acquisition of the building was finalised in late March 2019.
- 8 weeks additional stock items for NHS Wales has been sourced, received and is currently in stock.
- Further 'non stock' items of medical devices and clinical consumables are being identified to provide further service resilience and will be sourced before the 31st October; the current planned EU withdrawal

date. This is still subject to wider discussion with clinical leads across Wales although more recently some progress has been made.

2.2 Strategic Options Development

A number of options for the ongoing strategic use of IP5 are currently being identified and evaluated. The options can be broadly categorised into the following:

- Warehouse/Logistics
- Support Services
- Equipment

The development of options is being led by NWSSP. A Programme Board has been established to manage the process and which includes NWSSP directors and senior staff, staff side representation and WG officials. The Programme Board has engaged Akeso Ltd, a consultancy company with experience of similar projects, to facilitate and help develop strategic options for IP5. As part of the development of options, a number of engagement events have held with stakeholders.

2.2.1 Warehouse/Logistics

There are a number of existing facilities that could be relocated to IP5, which would enhance existing supply chain and logistic functions to the NHS in Wales. Assuming that existing Brexit preparedness stock is used in the near future, Brexit storage space and racking will become available for use and which creates the potential for a centralised logistics and storage facility for the south Wales region. The ancillary benefit of this will be to provide vacated storage facilities elsewhere within NHS Wales, which can be used for other pressing storage requirements for example for additional medical records requirements associated with the Welsh Infected Blood Inquiry requirement to extend the period that which physical records must be retained within Health Boards.

Cwmbran Stores Relocation

There are three main storage facilities in NHS Wales supporting logistic operations to hospitals across Wales located at:

- Bridgend
- Cwmbran
- Denbigh

Cwmbran stores provides items primarily to the Aneurin Bevan Health Board area and is located just a few miles from the IP5 facility in Newport. The lease for the Cwmbran stores expires in October 2019 and so the facility has been relocated in IP5 providing financial benefits from lease and utility costs associated with the Cwmbran store.

Additional storage racking has been acquired and installed. The physical relocation of staff and stock was completed with the service from IP5 becoming operational during August 2019.

2.2.2 Support Services

Transforming Access to Medicines Programme

This is an existing work stream in place to develop an Outline Business Case for the development of a number of regional hubs in Wales that would provide aseptic pharmacy production (chemotherapy and IV drugs) as well as manufacturing of sterile and non-sterile products. Current facilities are within hospital facilities across Wales and require significant improvement in order to comply with regulatory and quality requirements, which is presenting a significant service risk. The development of regionalised production will also allow for the manufacture of products currently sourced from private sector suppliers at premium rates and provide resilience of supply for some products, such as home IV nutrition product's, where supplies are currently restricted.

IP5 provides the potential to be a regional hub for SE Wales with the benefit of having the logistics infrastructure in place for distribution of products.

The Outline Business Case for TRAMs is planned to be finalised in November 2019.

Other Potential Support Services

A number of other potential support services to hospitals are currently being explored such as using the facility for centralised CSSD, pathology services or theatre kitting facilities, which again would benefit from logistics integration at IP5.

2.2.3 Equipment

A number of potential projects for the centralisation of equipment currently held within health boards is being reviewed, such as community or medical equipment devices.

2.2.4 Engagement

A number of engagement events have been held to ensure stakeholders provide an input to the strategic options development as follows:

- A workshop with senior Health Board representatives, NWSSP senior staff and WG officials was held in July 2019.
- A number of follow up meetings have also taken place including representation from WEQAS who have both an office and production requirement for around 40-60 staff.
- Colleagues from NWIS responsible for information and Health records programme.
- A follow up with Welsh Government capital planning team to consider any areas where capital requirements were being identified across Wales.
- A meeting with the Welsh Government IMTP lead.
- A meeting with the Directors of Planning (subsequently to be re-arranged)
- A meeting with Pathology colleagues from PHW

2.2.5 Timescales

The initial output from the evaluation of strategic options, which will include an assessment of costs, benefits and space planning will be finalised in October 2019.

3 Recommendation

The Committee is asked to note this paper, which gives an update in relation to IP5 and specifically to Brexit preparations as they affect IP5 and the development of strategic options for the ongoing use of the facility.

The report 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 2019.

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	The Committee is asked to: 1. Note the financial position to 31st July 2019 2. Note the significant level of professional influence benefits generated by NWSSP to 31st July 2019. 3. Note the performance against the High level key performance indicators to 31st July 2019. 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 Aswiriant: Risk and Assurance:	Consolidation of Financial & Workforce Risk
Safonnau 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 to 31st July 2019 regarding:

- Cumulative Financial Position,
- High Level Performance indicators and
- Workforce Information

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 2019 can be summarised as follows:

	Annual Budget £,000	YTD Budget £,000	YTD Expend £,000	YTD under/ overspend £,000
Audit & Assurance Services	2,743	904	866	-38
Procurement Services	16,935	5,522	5,489	-33
Health Courier Services	712	246	89	-157
SMTL	693	212	201	-12
Stores	0	12	12	0
Employment Services	10,283	3,443	3,401	-41
Primary Care Services	11,419	3,782	3,507	-275
Legal & Risk Services	2,560	867	867	0
WIBSS	0	-2	-2	0
Welsh Risk Pool Services	507	174	174	0
Specialist Estates Services	2,996	1,007	877	-130
E-Business Central Team Services	906	-28	-28	0
Counter Fraud Services	447	149	146	-3
Corporate Services	1,328	450	454	4
Corporate IT Support/RPA	1,681	561	544	-16
PMO/TRAMS	292	97	88	-8
Accommodation	2,416	800	759	-41
Finance	932	307	257	-51
Finance Academy	428	25	30	5
Welsh Language	136	47	47	0
GP Training Scheme	0	0	0	0
Workforce & OD/WFIS/ESR/TEL	1,591	531	503	-28
Salary Sacrifice	-30	-10	-10	0
ESR Enhanced	-60	-15	-15	0
Distribution	-750	0	0	0

There is currently an underspend against budget for the period to 31st July 2019 of £824k, the majority of which is due to underspend against pay budgets caused by vacancies.

It was agreed at previous Partnership Committee meetings that the costs associated with the Laundry and TRAMS projects would represent the first call on accumulated savings achieved during the year.

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 2019 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services *	3.079
Procurement Services	15.258
Legal & Risk Services	14.482
Total	**32.819**

* Specialist Estates Professional Influence figure only includes Lease Management, as the Design for Life: Building for Wales Framework data is 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 distributed. These reports reflect the ongoing developments in NWSSP performance reporting and incorporate feedback received to date.

Additionally, high level KPI data relating to the performance of each service for all Wales is detailed in the table below. This provides data for July 2019 (unless otherwise stated) along with comparison to the previous 2 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-May	Position at 30-June	Position at 31-July
Financial Position – Forecast Outturn	Break even	Monthly	Break even	Break even	Breakeven
Capital financial position	Within CEL	Monthly	On target	On target	On Target
Planned Distribution	£0.75m	Annual	£0.75m	£0.75m	£0.75m
NWSSP PSPP NON-NHS % (Cumulative)	95%	Monthly	98%	98%	98%
NWSSP PSPP NHS % (Cumulative)	95%	Monthly	64%	72%	80%

It should be noted that although the Public Sector Payment Policy does not officially apply to the payment of NHS invoices, Welsh Government have been pushing to ensure that payments to other NHS bodies are made within 30 days against the 95% target. As such, a target has been included above to show performance against this.

The finance team are now pushing to ensure that payments of invoices to other NHS bodies are made within 30 days of the invoice date. We are pleased to report that performance in June and July is much improved with in month performance being 100% and 94% respectively, although the cumulative position remains below 95% at 80% as at the end of July.

KEY PERFORMANCE MEASURES

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

High Level - KPIs July 2019 (unless stated otherwise)	Target		Position at 31-May	Position at 30-Jun	Position at 31-July
Internal Indicators					
Corporate					
NHS Debts in excess of 11 weeks – Value	<£100k	Monthly	£147k	£343k	£187k
NHS Debts in excess of 17 weeks – Value	0	Monthly	£11k	£22k	£138k
Variable Pay – Overtime	<£43k	Monthly	£58k	£46k	£44k
Agency % to date	<0.8%	Cumulative	0.65%	0.70%	0.75%
NWSSP Org_KPIs Recruitment					
Time to Approve Vacancies	10 days	Monthly	14.6 days	15.8 days	12.3 days
Time to Shortlist by Managers	3 Days	Monthly	8.5 days	4.3 days	8.3 days
Time to notify Recruitment of Interview Outcome	3 Days	Monthly	3 days	2.9 days	4.8 days
Website & Social Media Reach					
Internet hits per month	>100k	Monthly	123k	111k	116k
Intranet hits per month	>75k	Monthly	98k	99k	113k
Twitter Followers		Cumulative	2,665	2,678	2,775
Twitter New Followers	35	Monthly	38	51	42
Tweet Impressions	20k	Monthly	21.1k	13k	22k
Tweets	20	Monthly	29	19	41
Professional Influence					
Professional Influence Savings	£75m annual target	Cumulative	Reported from June	£27m	£33m
Procurement Services					
Procurement savings *Current Year	£16.00m 19/20	Cumulative	£14.30m	£14.63m	£15.26m
All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	95.5%	Reported Quarterly
All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	84.7%	Reported Quarterly
Accounts Payable % Calls Handled (South)	95%	Monthly	98.3%	98.4%	99.1%
Employment Services					
Payroll accuracy rate (Added Value)	99%	Monthly	99.81%	99.75%	99.77%
All Wales Org_KPIs Recruitment					
Time to Approve Vacancies	10 days	Monthly	9.5 days	9.7 days	8.0 days
Time to Shortlist by Managers	3 Days	Monthly	7.9 days	7.6 days	6.1 days
Time to notify Recruitment of Interview Outcome	3 Days	Monthly	3.7 days	5.9 days	5.5 days

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All Wales Org - NWSSP KPIs recruitment element					
Time to Place Adverts	2 days	Monthly	1.3 days	1.3 days	1.3 days
Time to Send Applications to Manager	2 days	Monthly	1.0 day	1.0 day	1.1 days
Time to send Conditional Offer Letter	4 days	Monthly	3.4 days	3.6 days	3.3 days
Recruitment % Calls Handled		Monthly	98.6%	98.3%	96.8%
Primary Care Services					
Payments made accurately and to timescale	100%	Monthly	100%	100%	Not yet Available
Prescription - keying Accuracy rates (Mar)	99%	Monthly	99.73%	99.53%	99.81%
Internal audit					
Audits reported % of planned audits	16%	Cumulative	3%	8%	13%
Report turnaround management response to draft report [15 days]	80%	Cumulative	100%	67%	64%
Report turnaround draft response to final reporting [10 days]	80%	Cumulative	100%	100%	100%
Legal and risk					
Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	100%	100%	97%
Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	100%	100%	97%
Welsh Risk Pool					
Acknowledgement of receipt of claim	100%	Monthly	100%	No Committee	100%
Valid claims received within deadline processed in time for next WRP committee	100%	Monthly	100%	No Committee	100%
Claims agreed paid within 10 days	100%	Monthly	100%	No Committee	100%

Capital Update

The NWSSP Capital Expenditure Limit (CEL) as at 31st July 2019 totals £1.146m and is broken down as follows:

Type	£m
Discretionary	0.600
IP5 Repair Works	0.546
Total	**1.146**

NWSSP Services have been informed of their allocation of the discretionary capital and procurement has commended in order that we spend the full CEL.

Welsh Government have been provided with additional details of the further capital requirements for 2019/20 as set out in the IMTP. We await confirmation regarding the availability of any additional funding.

Welsh Risk Pool

As at the end of Month 4, a total of **£30.1m** has been utilised by the WRPS and a detailed breakdown is provided below with the 2018/19 comparator.

Expenditure type	Position as at M4 18/19 £m	Position as at M4 19/20 £m
Claims reimbursed & WRP Managed Expenditure	28.506	33.170
Periodical Payments made to date	0.838	0.735
Redress Reimbursements	0.00	0.351
EIDO – Patient consent	0.062	0.062
Movement on Claims Creditor	(4.756)	(4.209)
Year to date expenditure	**24.649**	**30.109**

The forecast has been revised to take account of the change to the PIDR from -0.75% to -0.25% on the 5th August 2019.

The discount model accepted by Welsh Government and Welsh Audit Office to adjust NHS Wales 2016/17 financial statements for the previous change to -0.75% in March 2017 has been used to calculate the impact.

The previous change from a positive 2.5% to a negative 0.75% resulted in an increase of **£30m** above the annual £75m Welsh Government allocation.

The change from -0.75% to -0.25% reduces that impact by **£4.2m** from **£30m** to **£25.8m -** and if no other factors were affecting the forecast, an allocation for 2019/20 of approximately £101m (£75m core allocation plus £26m PIDR) from WG would have been sufficient to cover 2019/20 costs.

The current forecast shows a range of outturns between **£99m** to **£117m** with the most likely outcome being approximately **£108m**. The forecast has not changed significantly following the change to the PIDR as the movement was far less than expected. The accuracy of the forecast will be strengthened, as more detailed and time relevant information become available relating to progress with individual cases.

The initial indications suggest that the risk sharing agreement could be invoked this financial year. Further discussions are to be held with Welsh Government to consider the funding implications of the PIDR and potential impact on the risk sharing arrangements. A more detailed update will be provided at the next meeting of the Committee.

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WORKFORCE INFORMATION

Summary

Staff in Post by Headcount		in-month Sickness		12 Month Sickness	
2156		**4.10%**		**4.09%**	
Last Month	Change	Last Month	Change	Previous Year	Change
2157	-1 ▼	3.95%	0.15% ▲	3.82%	0.27% ▲

Key
- Meeting or exceeding target
- On course for target
- Off target
- No target set
- ▲ Positive change
- ▲ Negative change
- ▲ Change not measured

% Absence Recorded Within 7 Days	PADR Compliance	CSTF Compliance
87.27%	80.07%	96.18%

Turnover (12 Months)		Starters by Headcount (12 Months)	Leavers by Headcount (12 Months)
11.36%		**234**	**193**
Previous Year	Change		
11.07%	0.30% ▲		

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 2019:

Section	Headcount June 2019	Headcount July 2019	FTE June 2019	FTE July 2019	Headcount Change +/-	Headcount Change +/- %
Audit & Assurance Section	54	54	51.43	51.23	0.00	0.00%
Corporate Section	48	53	46.06	50.53	5.00 ▲	9.43%
Counter Fraud Section	7	7	7.00	7.00	0.00	0.00%
Digital Workforce Solutions Section	14	14	14.00	14.00	0.00	0.00%
E-Business Central Team Section	12	12	10.12	10.12	0.00	0.00%
Employment Section	351	344	319.66	312.95	-7.00 ▼	-2.03%
Finance Section	22	22	19.92	19.92	0.00	0.00%
GP Trainees Section	434	429	390.10	386.00	-5.00 ▼	-1.17%

Section	Headcount June 2019	Headcount July 2019	FTE June 2019	FTE July 2019	Headcount Change +/-	Headcount Change +/- %
Legal & Risk Section	104	106	97.16	99.16	2.00 ▲	1.89%
Primary Care Section	308	310	282.37	283.80	2.00 ▲	0.65%
Procurement Section	714	716	676.74	679.14	2.00 ▲	0.28%
Specialist Estates Section	42	42	40.91	40.91	0.00	0.00%
Surgical Materials Testing (SMTL) Section	22	22	20.52	20.52	0.00	0.00%
Welsh Employers Unit Section	4	4	3.80	3.80	0.00	0.00%
Workforce & OD Section	21	21	20.32	20.32	0.00	0.00%
NWSSP Overall	**2,157.00**	**2,156.00**	**2,000.11**	**1,999.40**	**-1.00 ▼**	**-0.05%**

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.
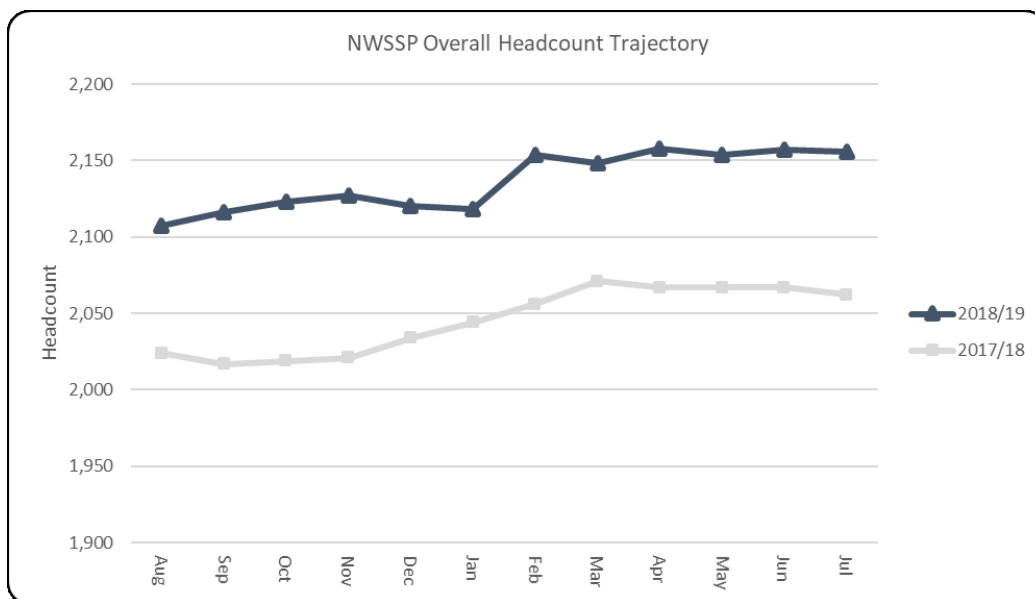
The significant increase in headcount in the months of August and February is attributable to the appointment of GP Trainees to NWSSP under the single lead employer scheme. The decrease in headcount in October 2018 is attributable to the TUPE transfer out of WEDS from NWSSP into Health Education Improvement Wales (HEIW).

Staff Turnover

The graph below shows the starters and leavers in NWSSP from August 2018 to July 2019. GP Trainees and Bank workers are excluded from this information:

12 Month Starters & Leavers

	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Starters (Headcount)	15	30	23	16	6	18	22	13	36	16	19	20
Leavers (Headcount)	-18	-40	-9	-11	-14	-11	-7	-21	-12	-19	-16	-15
Cumulative Headcount	-3	-13	1	6	-2	5	20	12	36	33	36	41
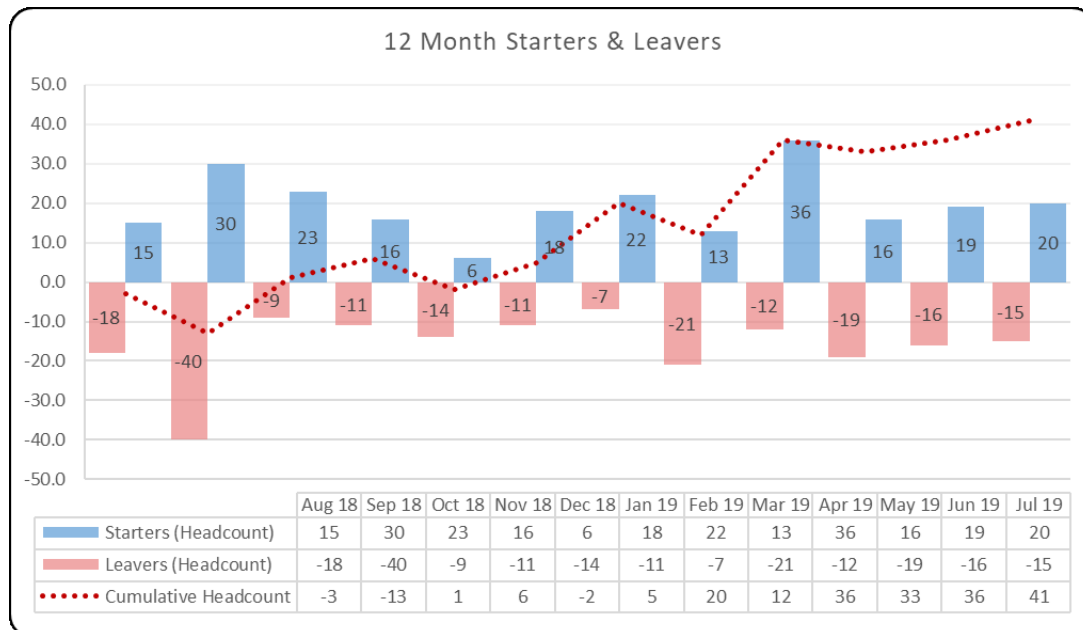
The turnover rate for NWSSP from 1st August 2018 to 31st July 2019 is **11.36%** compared to **11.07%** for the same period last year.

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

A summarised analysis of the reasons why staff have left is provided below for the period 1st August 2018 to 31st July 2019.

Non Voluntary Resignations		Voluntary Resignations		Retirement	
Death in Service	4	Voluntary Resignation - Better Reward Package	7	Voluntary Early Retirement - with Actuarial Reduction	4
Dismissal - Capability	4	Voluntary Resignation - Health	5	Flexi Retirement	8
Dismissal - Conduct	1	Voluntary Resignation - Incompatible Working Relationships	1	Retirement - Ill Health	3
Employee Transfer	23	Voluntary Resignation - Lack of Opportunities	1	Retirement Age	23
End of Fixed Term Contract	6	Voluntary Resignation - Other/Not Known	28		
End of Fixed Term Contract - Completion of Training Scheme	3	Voluntary Resignation - Promotion	41		

Non Voluntary Resignations		Voluntary Resignations		Retirement	
End of Fixed Term Contract - Other	0	Voluntary Resignation - Relocation	9		
Dismissal - Some Other Substantial Reason	0	Voluntary Resignation - To undertake further education or training	11		
Redundancy - Compulsory	1	Voluntary Resignation - Work Life Balance	10		
		Mutually Agreed Resignation - Local Scheme with Repayment	0		
		Voluntary Resignation - Adult Dependants	0		
		Voluntary Resignation - Child Dependants	0		
	42		**113**		**38**
Grand Total	**193**				

Of **193** staff that left the organisation during this, period **113** staff terminated because of a voluntary resignation, equivalent to **59%** of all terminations.

15 staff terminated in July 2019. A summarised analysis of leaving reasons for those staff terminating is detailed in the table overleaf.

Leavers for 1 Month - 1st July 2019 - 31st July 2019
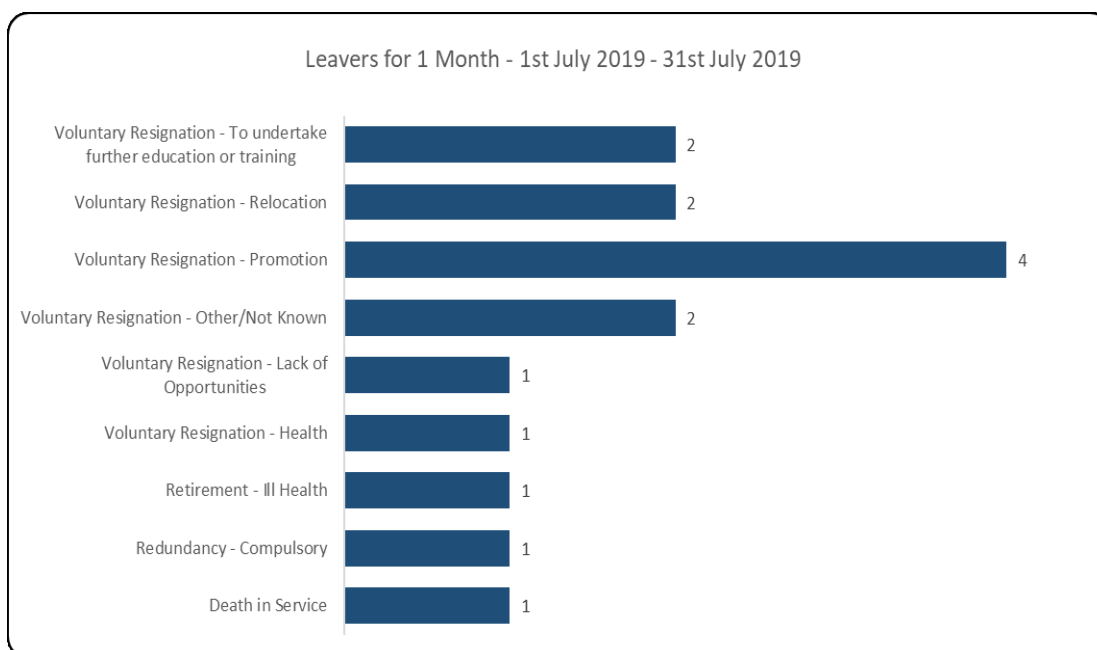
Sickness Absence

The chart below shows the average sickness absence rate for NWSSP for 12 months from 1st August 2018 to 31st July 2019 compared to the 2 previous years.

Sickness Absence % 3-Year Monthly Trend Comparison

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
2016/17	3.04%	3.32%	3.96%	3.70%	3.84%	4.27%	4.06%	3.45%	2.84%	2.92%	2.67%	2.79%
2017/18	3.48%	3.37%	3.70%	3.99%	3.65%	4.21%	4.44%	3.95%	3.65%	3.63%	3.85%	3.92%
2018/19	3.81%	3.76%	3.78%	3.53%	4.15%	4.28%	4.46%	4.45%	4.49%	4.28%	3.95%	4.10%
Target	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%
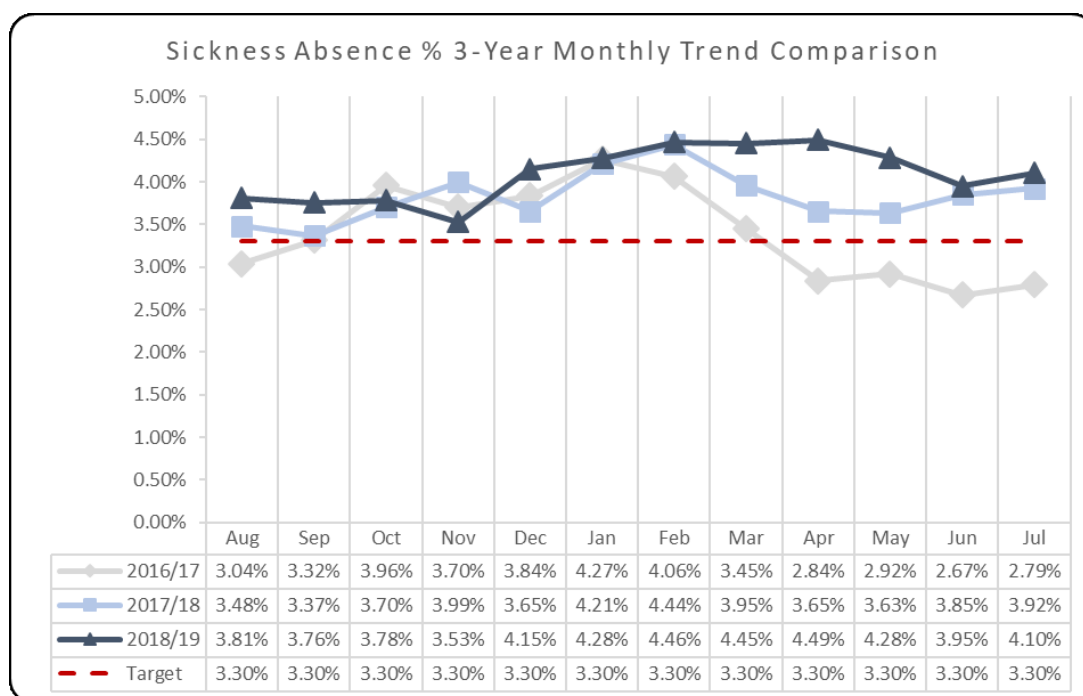
NWSSP's target is 3.30% in line with the Welsh Government target of reducing sickness absence by 1%.

The in-month sickness absence rate for July 2019 was **4.10%**, which is a **0.15% increase** from the June position:
Although NWSSP's sickness rates compare favourably to many other NHS Wales Organisations, our sickness trend data continues to remain a cause for concern, as we have remained above target of 3.3% throughout the year.

 Actions currently being undertaken to reduce sickness include-

- Using the Business Intelligence (BI) tool and Workforce Performance dashboard to address hot spots and areas where there are high level of sickness.
- Using the BI to identify managers and contacting to see if they require support
- Ongoing coaching and advice for management of complex STS and LTS cases.
- The implementation of people management training programme to provide managers with the right skills to approach difficult conversations

- Development of a Mental Health First Aid Advisor role to support and signpost staff who are struggling to cope whilst in work and prevent them going off sick (pilot in one area with a view to roll out if successful)
- Less stress, personal resilience, mindfulness half day courses for staff
- Working towards Corporate Health Standard
- MAA Training and Working in partnership with TU reps in relation to the delivery of training
- Mediation service – for workplace conflict and stress at work
- Aligning approaches to flexible working, re-deployment and other workplace policies to ensure that they support the aims of supporting staff in work
- Implementation the NHS Wales Menopause Policy
- The implementation of a NWSSP's Employee Health and Well Being Strategy Group Key objectives of this group will include:-
  - Ensuring that staff health and wellbeing remain a key focus across the organisation.
  - Enabling a platform for health and wellbeing to be discussed openly and fairly.
  - Leading and co-ordinating the development of staff health and well-being.
  - Supporting NWSSP's commitment to the health and wellbeing of its employees.
  - Providing a high-level strategic and fresh approach to improving staff health and wellbeing and managing attendance at work across Shared Services.

Cumulative Absence

Absence % (FTE)	Abs (FTE)	Avail (FTE)
4.09%	29,591.21	723,945.04

Month	Absence % (FTE)	Abs (FTE)	Avail (FTE)
Aug 18	3.81%	2,327.66	61,088.30
Sep 18	3.76%	2,227.45	59,271.86
Oct 18	3.78%	2,304.85	60,967.94
Nov 18	3.53%	2,086.62	59,101.83
Dec 18	4.15%	2,529.42	60,930.54
Jan 19	4.28%	2,610.41	60,998.90
Feb 19	4.46%	2,485.52	55,673.59
Mar 19	4.45%	2,752.36	61,870.22
Apr 19	4.49%	2,693.74	59,981.61
May 19	4.28%	2,658.63	62,076.18
Jun 19	3.95%	2,369.71	59,967.73
Jul 19	4.10%	2,544.84	62,016.34

The graph below shows the 12-month trend in Long Term versus Short Term Sickness absence for the period 1st August 2018 to 31st July 2019:
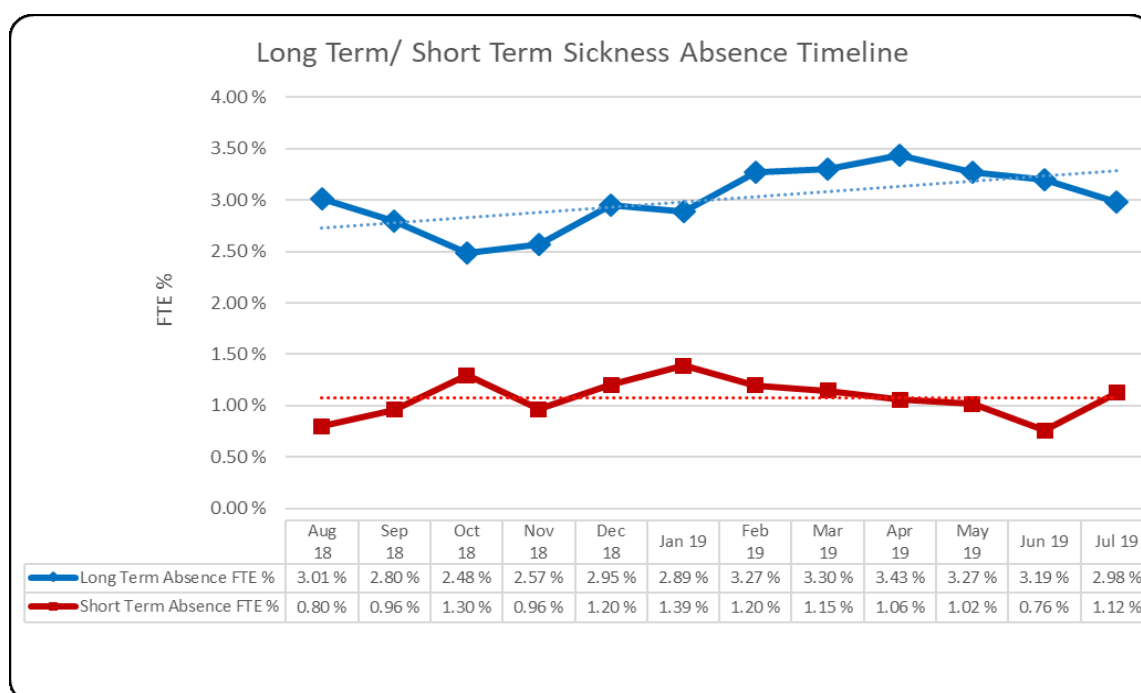
	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Long Term Absence FTE %	3.01 %	2.80 %	2.48 %	2.57 %	2.95 %	2.89 %	3.27 %	3.30 %	3.43 %	3.27 %	3.19 %	2.98 %
Short Term Absence FTE %	0.80 %	0.96 %	1.30 %	0.96 %	1.20 %	1.39 %	1.20 %	1.15 %	1.06 %	1.02 %	0.76 %	1.12 %

19th September 2019

	AGENDA ITEM:5.3
	18 September 2019

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Update – September 2019

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 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 Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://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 2019

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	September 2019
Red Risk	3
Amber Risk	5
Yellow Risk	4
Green Risk	0
Total	**12**

2.1   Red-rated Risks

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

A draft business case has been prepared and is included on the agenda. The Northern Ireland model remains the preferred option and negotiations continue to progress this.

Risk A2 – Failure to obtain clinical engagement in assessing non-stock requirements in preparation for a no-Deal Brexit.
Current Risk Score: Red 20

Brexit preparations continue and there has been recent and positive progress on the position with non-stock requirements in the event of a no-deal Brexit. We have been working closely with the NHS Collaborative and various clinical networks such as Medical Directors and the NHS Confederation, in terms of finalising the lists of required items. We are currently arranging further testing on new systems in readiness should there be a no-deal Brexit. The relocation of Cwmbran Stores to IP5 is now complete and this improves our operational readiness should the UK leave the EU without a deal at the end of October.

2.2   New Risks

One new risk has been added to the Risk Register since the last meeting of the Committee in July.

Risk A3 - NHS Digital are withdrawing the Ophthalmics Payment service from the end of March 2020.

We have recently been given notice that NHS Digital will not support the Ophthalmics Payments Service beyond the end of the current financial year. We will need to therefore source an alternative solution, either from Capita as NHS England are doing, or from the market. Discussions are underway with consultants to draw up a list of options and potential suppliers as a matter of urgency, but contingency arrangements are in place to enable NWSSP to continue to make payments, even if a new solution is not in place by the time that NHS Digital withdraw support for the current system.

2.3   Risks removed from Register

The risk relating to the migration of the Learning@Wales server has been removed from the Risk Register as the task has now been completed.

2. RISKS FOR MONITORING

There is one risk that has reached its target score and which is rated as follows:

Current Risk Rating	September 2019
Red Risk	0
Amber Risk	0
Yellow Risk	1
Green Risk	0
Total	**1**

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 2019.

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. (Added Apr 2017) **Escalated Directorate Risk**	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. Legal Counsel advice received.	4	5	20	Draft Business Case (DH 30/09/2019)	Ist draft of business case on SSPC agenda. **Risk Lead: Director of Primary Care Services**	➡	31-Mar-20
A2	Failure to obtain clinical engagement in assessing non-stock requirements stemming from a no-deal Brexit (added Apr 2019) **Strategic Objective - Customers**	5	5	25	Storage facility in place (IP5) that has been adequately stocked to cope with a no-deal Brexit. Regular system testing being undertaken to test resilience.	4	5	20	On-going dialogue with clinicians and Welsh Government.	Brexit deadline extended to 31 October 2019. Now working with Clinical networks to identify non-stock requirements, but difficulties are being experienced in obtaining agreement over non-stock items that could potentially be brought into stock. **Risk Lead: Director of Procurement Services**	⬆	31-Dec-19
A3	NHS Digital are withdrawing the Ophthalmics Payment service from the end of March 2020. (Added June 2019) **Escalated Directorate Risk**	5	5	25	Contingency arrangements in place in the event of NHS Digital switching off services before new solution in place.	4	4	16	Seeking consultancy support to identify solutions and possible suppliers of an off-the-shelf system.	Discussion with Servitas on-going who have experience of the systems with NHS England. **Risk Lead: Director of Primary Care Services**	✳	31-Mar-20
A4	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018) **Strategic Objective - Staff**	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix.	1	4	4	Confirm whether security arrangements are now reasonable and that risk can be relegated from Corporate Risk Register (PS 30/09/2019)	Security Review undertaken and reported to SMT in Dec 2018. No major findings but all agreed actions will be followed up through audit tracker. **Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services**	➡	30-Sep-19
A5	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. (Added April 2017) **Strategic Objective - Staff**	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. **Risk Lead: Director of Workforce and OD**	➡	30-Sep-19

Ref	Risk	L	I	Score	Controls	L	I	Score	Actions	Updates		Date
A6	NWSSP is unable to adequately demonstrate the value it is bringing to NHS Wales due to insufficiently developed reporting systems. (Added April 2017) **Strategic Objective - Value For Money**	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)	2	4	8	1. Introduce consistent approach in reporting and meetings for all directorates and all LHBs & Trusts (AP) 2. Review and refine performance framework - (AP - 30/06/19) 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 - draft framework produced and due to be approved by SMT in July 2019 3. Regular updates provided to DoFs and other peer groups **Risk Lead: Director of Finance & Corporate Services**	➡	30-Sep-19
A7	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. (Added April 2017) **Strategic Objective - Service Development**	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	2	3	6	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 - update to July SMT **Risk Lead: Director of Finance & Corporate Services**	➡	30-Sep-19
A8	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. (added April 2017) **Strategic Objective - Staff**	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 - risk to be reviewed again to check whether still requires reporting at this level. **Risk Lead: Director of Workforce and OD**	➡	30-Sep-19
A9	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. (added April 2017) **Strategic Objective - Excellence**	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	1	4	4	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 2019 (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 - complete	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. Completed - plan developed and tested in Sept. Internal audit of BCP arrangements undertaken - reasonable assurance. **Risk Lead: Director of Finance & Corporate Services**	➡	30-Sep-19
A10	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019) **Strategic Objective - Value For Money**	5	3	15	Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training	3	3	9	1. Increase level of counter fraud resource (AB 30/6/19) 2. Implement actions from Fighting Fraud Strategy (PS 30/9/19) 3. Formally present Counter Fraud Work Plan to SMT (AB 31/05/19)	Discussion with Craig Greenstock on 2/4/19 to increase level of resource. Fighting Fraud Strategy approved by CFSG on 26/3/19, and signed off by DoFs and WG in June. Craig provided update to June 2019 SMT. Met with WG 2/7/19 to discuss Ophthalmics review **Risk Lead: Director of Finance & Corporate Services**	➡	30-Sep-19
A11	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019)	5	5	25	Cyber Security Action Plan Stratia Consulting Review IGSG Information Governance training	2	5	10	Consider introduction of mandatory cyber security e-learn (AB 30/06/19) Follow up progress with Cyber Security Plan (AB 30/09/19) Complete actions from internal audit review of	Nick Lewis to present update to September 2019 formal SMT	➡	30-Sep-19

Ref	Risk	L	I	Score	Controls	L	I	Score	Actions	Assurance / Updates	Trend	Target Date
	Strategic Objective - Service Development								BCP (PS 30/09/19) Promote use of Self-Serve ESR (GH 30/09/19) Move all desktop devices to Windows 10 by the Windows 7 end of support.	**Risk Lead: Director of Finance & Corporate Services**	→	30-Sep-19
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. (added April 2017) **Strategic Objective - Staff**	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	3	6	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 4. Undertake Internal Audit review of progress against Welsh Language Standards - complete. Reasonable Assurance.	Regular updates to SMT and additional resource recruited Jan 2019. Further recruitment exercise in May 2019 Reasonable Assurance from Internal Audit review. Undertaken joint recruitment with PHW and NWIS - 3 new translators appointed in June 2019 **Risk Lead: Director of Finance and Corporate Services**	→	30-Sep-19

Risks for Monitoring

Ref	Risk	L	I	Score	Controls	L	I	Score	Actions	Assurance / Updates	Trend	Target Date
M1	Threats to the supply of medical consumables, and potential employment issues, in the event of a no-deal Brexit. (Added Sept 2018) **Strategic Objective - Customers**	4	5	20	Regular discussions with UK and Welsh Governments Attend Ministerial Advisory Board Velindre Brexit Group IP5	1	5	5	Need to continue to monitor in light of extension to Brexit to 31 October	Acquisition of IP5 completed on 22 March . Pdetailed papers provided to SSPC (Mar 19) and Audit Committee (Apr 19) Project Team established under leadership of Mark Roscrow. **Risk Lead: Director of Procurement 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 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood						
5	Almost Certain	5	10	15	20	25
4	Likely	4	8	12	16	20
3	Possible	3	6	9	12	15
2	Unlikely	2	4	6	8	10
1	Rare	1	2	3	4	5

Critical	Urgent action by senior management to reduce risk
Significant	Management action within 6 months
Moderate	Monitoring of risks with reduction within 12 months
Low	No action required.

Consequence					
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Yellow 5	Amber 10	Red 15	Red 20	Red 25
Likely	Yellow 4	Amber 8	Amber 12	Red 16	Red 20
Possible	Green 3	Yellow 6	Amber 9	Amber 12	Red 15
Unlikely	Green 2	Yellow 4	Yellow 6	Amber 8	Amber 10
Rare	Green 1	Green 2	Green 3	Yellow 4	Yellow 5

Red: Critical – Urgent action and attention by senior management to reduce risk

Amber: Significant – Management consideration of risks and reduction within 6 months

Yellow: Moderate – Monitoring of risks with a view to being reduced within 12 months

Green: Low – These risks are considered acceptable

✳	New Risk
⬆	Escalated Risk
⬇	Downgraded Risk
➡	No Trend Change

The impact of the PTR Redress Scheme

Information requested by Welsh Government Healthcare Quality Team
in respect of Redress cases

Purpose

To provide a summary of key information relating to the Redress scheme in relation to NHS Wales health bodies, in preparation of information by Welsh Government to support the role of the new Healthcare Quality Bill.

Scope

To provide data in relation to:

- Number of Redress Cases
- Values of damages & costs in Redress cases
- Value of predicted savings from cases taken through Redress process

Source of data

The information is drawn from the Welsh Risk Pool data records, including historical information received from Welsh Government prior to the responsibility for Redress reimbursement transferring to the Welsh Risk Pool

Methodology

The calculation of potential costs savings is undertaken used by Martin Riley & Jonathan Webb for the Welsh Risk Pool Committee in March 2018. This takes the number of cases from data held in the Welsh Risk Pool Operations Team and calculates the average costs saving through analysis of data held in the Legal & Risk Database.

Data Caveats

Reimbursed cases only

Data used to provide the information in this report is drawn <u>only</u> from cases which have been presented for reimbursement. It does not include cases which are discontinued

without any reimbursement or which were transferred out to the claim process. No data on the numbers of these cases is available without a manual review of the Legal & Risk database.

The case values shown indicated the <u>reimbursed</u> values and do not include the non-reimbursable items, such as independent legal costs and the costs of legal advice to a health body in a case. The Welsh Risk Pool have commenced collection of the full cost data – which will enable review of the total values associated with Redress cases from the end of 2019-20.

<u>Closed Cases only from October 2018</u>

From Q2 2018-19, reimbursement of Redress cases was switched to <u>closed cases only</u> (reimbursement was previously sought in the period after a payment in a case was incurred) – bringing the process in line with the claims reimbursement process.

> This change will inevitably impact the period when a case is presented for reimbursement and may result in a skewed impression in relation to both the number of cases and the associated values.

> The impact on numbers of cases is mitigated through a retrospective application of the case closure principle – meaning that the data shown is the number of cases closed in the respective financial year.

> The impact on the value of reimbursement caused by this change is considered to be minimal – as the previous part-reimbursement process commonly related to expert fees, which generally only represents a small proportion of the overall value of a case.

<u>Forecasting</u>

The Welsh Risk Pool have introduced a Redress Case Forecasting tool, which will be fully in place in Mar 2020. This will provide a strategic view of the current Redress cases being handled by health bodies.

The forecasting information shown for 2019-20 is drawn from the preliminary work to introduce this tool and is considered to be the best estimate available.

Number of Redress Cases

The number of cases dealt with under the Redress process has steadily increased since the commencement of the scheme in 2012.

Since 2012, there has been a 274% increase in the number of Redress cases completed and presented for reimbursement.

Rising from 107 in the 2012-13 year to 294 in 2018-19 and a forecast of 340 cases in 2019-20.
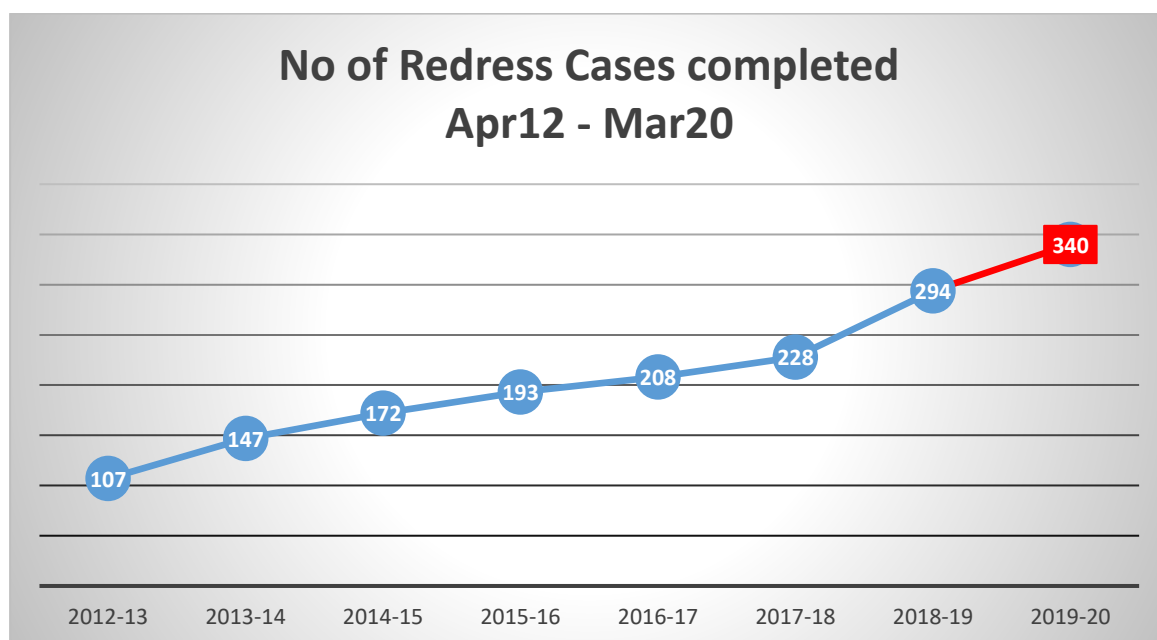
Values of damages & costs in Redress cases

The value of reimbursed sums in relation Redress cases has risen in line with the increase in the number of cases.

The forecasting tool predicts reimbursement to health bodies of approximately £2.75m in Redress cases for 2019-20.
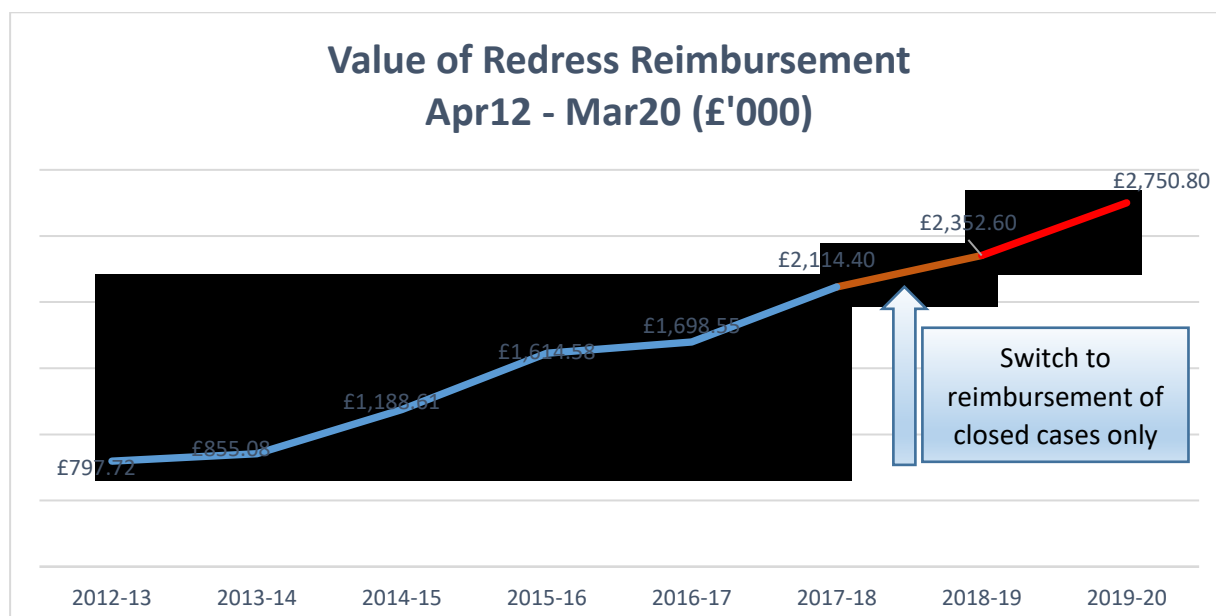
Data in relation to the breakdown between damages and costs in Redress cases is not currently available without a manual review. A review conducted for the Welsh Risk Pool Committee in March 2018 identified that the average damages paid in Redress cases between 2012 and 2017 were £6,162 per case and the average costs per case were £1,280.

For 2016-17 (the most currently available data), the review highlights that the average damages in Redress cases is £6,696 and average costs per case were £1,471.

Value of predicted savings from cases taken through Redress

A principle of the regulations associated with the Redress cases is to reduce the litigation costs associated with the management of a case.

Whilst it is possible to use retrospective data to predict the value which has been avoided due to the case not entering litigation, caution must be used when reading this data.

A review conducted for the Welsh Risk Pool Committee in March 2018 (using 2016/17 data) identified that where a case, in which damages less than £25k are paid and the case is managed as a claim (ie not as a Redress case), the costs are an average of £30,999 per case.

Through extrapolating saving between costs incurred in Redress cases of £1471 per case and in claim cases of £30,999 per case, it is possible to identify a potential saving of £29,528 per case.

DIFFERENCE IN AVERAGE COSTS 2016/17 BETWEEN
REDRESS AND LITIGATION IS **£29,528**
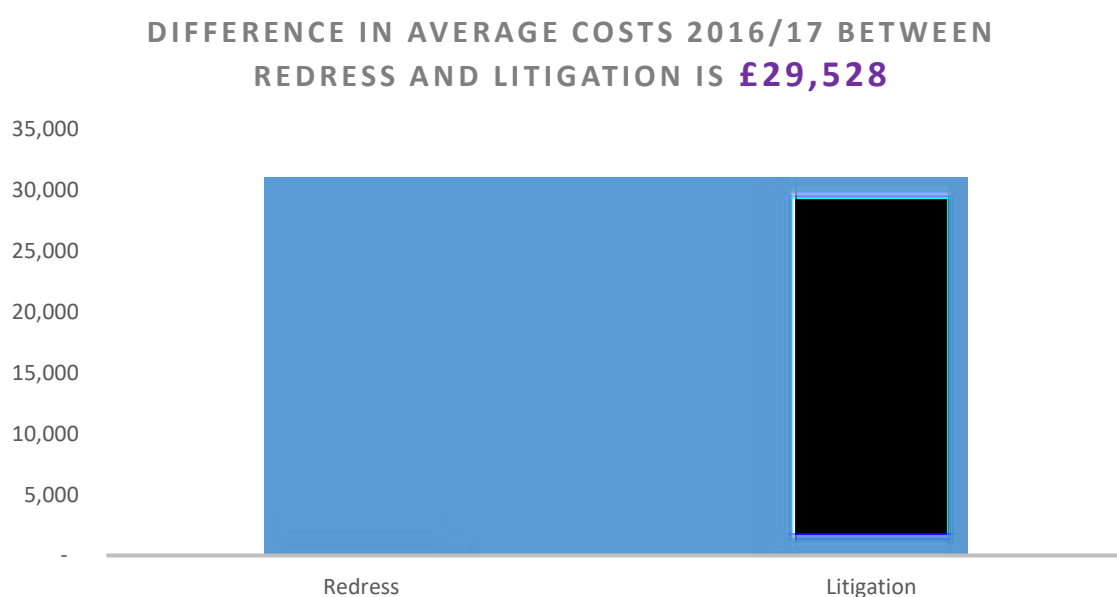
The sum of potential savings, using 2016/17 case records, is a simple multiplication of the costs with the number of cases seen.

If the 208 cases in 2016/17 settled under redress were managed as claim then the additional costs incurred would have equated to £6.15m (208 x £29,528). This therefore represents a significant saving to NHS Wales.

However, there remains work to be undertaken in encouraging a greater number of cases being managed as Redress cases. In 2016/17, 268 cases with damages under £25k were managed through the claim process. If all these cases were settled under redress an additional £7.9m in costs could have been avoided.

It is possible to extrapolate the potential savings associated with the forecast number of Redress cases in 2019-20. With 340 predicted cases, the potential saving to NHS Wales during this financial year is £10.04m (340 x £29,528). An exercise to validate the average savings per case in 2019/20 will be undertaken again.

However, the Welsh Risk Pool Committee has recognised that a 100% redress settlement rate under redress is not achievable. With intervention by the Legal & Risk teams and the Welsh Risk Pool, a 60% target is considered to be realistic – which would yield an additional cost saving of £2.3m per annum in addition to the £6.15m currently being achieved -- equating to £8.4m in total.

Themes of Lessons Learned

The Welsh Risk Pool have commenced a revised process to scrutinise learning from investigations and to identify themes associated with causal factors which have led to events.

Preliminary work from 2018/19 data highlight that there are three major themes of lessons learned:

- Communication

A failure to communicate effectively between clinicians responsible for the care of a patient - resulting in delays, incorrect care or delayed care.

- Escalation

A failure to escalate concerns or abnormal findings promptly to specialist or senior clinicians – resulting in avoidable harm due to delays in treatment

- Documentation

Failures in the completion of required documentation, resulting in a lack of information to clinicians responsible for care of a patient.

Summary

The number of cases managed under the Redress process has increased steadily since the commencement of the scheme.

The potential savings to NHS Wales in encouraging more cases to be managed as Redress cases will yield significant savings to the health economy.

Enquires

Enquiries in relation to the information contained in this report should be addressed in the first instance to the Welsh Risk Pool Operations Team (welsh.riskpool@wales.nhs.uk)

COUNTER FRAUD & CORRUPTION

ANNUAL REPORT 2018/19

Craig Greenstock
Counter Fraud Manager
Cardiff and Vale University Health Board

CONTENTS   Page

1. Management Summary

1.1 This Annual Report has been written in accordance with the provisions of the Welsh Assembly Government Directions on Fraud and Corruption, which requires Local Counter Fraud Specialists (LCFS) to provide a written report, at least annually, to the Health Body on any Counter Fraud work undertaken. The report content and style used complies with the model prescribed by NHS Counter Fraud Authority (formerly NHS Protect) and therefore is in the same format as those that have been submitted in previous years.

1.2 The Velindre University NHS Trust together with NHS Wales Shared Services Partnership (NWSSP) appointed as their nominated Lead LCFS, Craig Greenstock, Counter Fraud Manager at the Cardiff and Vale University Health Board, who completed his Counter Fraud Training in December 2000 and was accredited in March 2001.

1.3 During 2018/19, five (5) new investigations into possible fraudulent or corrupt activity were instigated together with the five (5) cases that were brought forward from 2017/18. Out of the five (5) new cases, four (4) of them involved alleged false claims that had been submitted to the NHS Student Awards Service.

1.4 Civil recovery of £22,697 has also been made for any monies fraudulently obtained that were identified during the course of the various investigations. Included as part of the civil recovery are claims, by the Velindre University NHS Trust, for all cost identified as a result of not only the fraud proven to have been committed, but also the LCFS' costs (e.g. court attendance, salary, travel expenses) in carrying out the individual criminal investigations.

1.5 If required, advice as to how to proceed is then sought on each individual case from NHS CFS (Wales) and once an investigation, into the allegations, has been concluded, legal opinion would also be taken from the Specialist Fraud Division - Crown Prosecution Service as to whether there was sufficient evidence to warrant and support a criminal prosecution.

1.6 Regular progress reports on the progress of cases have been made to the Trust's Audit Committee and where system weaknesses have been identified and recommendations made, these have been sent to the relevant Service Group and/or Directorate Managers.

1.7 The mix of cases investigated to date are summarised in **Appendix 2** and a full index of the cases reported/referred to the LCFS' are listed in **Appendix 3**.

1.8 Velindre University NHS Trust's policies and procedures (e.g. Human Resources, Finance etc) have been reviewed and commented upon in relation to the Counter Fraud Policy.

1.9 Close liaison and a good working relationship was established with the NHS Counter Fraud Service (Wales) following its establishment by Welsh Government and it becoming operational in October 2001, and this relationship continues to develop and strengthen.

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

2.1 The LCFS' have an on-going work programme with the NHS Counter Fraud Service (Wales) to develop a real Anti-Fraud Culture within the NHS.

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

- Distribution of relevant Counter Fraud reports to the Trust's Senior Managers

- Submission of comments on draft Trust policies/protocols as appropriate relating to any Counter Fraud issues

- A number of fraud awareness presentations, five (5) in total, were given to over 50 NHS staff as part of planned Induction sessions in North Wales, Companies House in Cardiff and also Matrix House in Swansea. Sessions were also given to NWSSP Stores staff based in Bridgend and Cwmbran respectively. A number of other presentations are in the process of being arranged to take place in 2019/20.

- Analysis of staff feedback questionnaires is carried out following the fraud awareness sessions in order to gauge how much knowledge the attendees had of the counter fraud work that is being undertaken and also to assist in forming the content of future sessions.

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

- Additional fraud awareness presentations to other various staff groups as outlined in the NWSSP Counter Fraud Work-Plan for 2019/20.
- Developing the quarterly Counter Fraud Newsletter which currently provides NWSSP staff with real examples of fraud and the successful outcomes from such investigations.

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

- Proactively seek and report to NHS Counter Fraud Authority any opportunities where details of Counter Fraud work (involving action on prevention, detection, investigation, sanction or redress) can be used within presentations or publicity in order to deter Fraud and Corruption in the NHS.

- Report all allegations of fraud to NHS Counter Fraud Authority and develop a good working relationship to ensure that all information is available for presentations and/or publicity.

- Also share information with other LCFS' throughout Wales in order to build on good practice and identify areas where fraud may be prevented.

3.   Prevent Fraud

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

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

The deterrence effect is difficult to measure, however, there are still a consistent number of referrals being made during 2018/19 and the majority have been from the NHS Student Awards Service. It is hoped from some of the planned awareness session that more NWSSP staff will be aware of the potential areas for fraud and, as a result of advice and further

guidance from the nominated LCFS', will be more prepared to take action against any fraudsters by reporting the outcome of any subsequent investigation to the remaining staff.

The details of one particular NWSSP fraud related prosecution case did actually appear in both the National and Local press and was also disseminated to the managers involved and other staff via the quarterly Counter Fraud Newsletter and the Fraud Awareness presentations which have also been given to the various staff groups.

3.2   To be effective locally, publicity needs to have local relevance and it is important for the LCFS' to communicate local successes, particularly around Sanctions and Redress and so it is also important that outline details of all successful prosecutions continue to appear in Velindre University NHS Trust and NWSSP staff related publications.

3.3   The LCFS' will, in conjunction with NHS Counter Fraud Authority, NHS CFS (Wales) and NWSSP Corporate Department, consider publicity in any case of fraud, where a successful outcome is achieved as a result of action taken via any of the disciplinary, criminal and/or civil routes. This helps to reinforce the messages about action being taken to reduce fraud and will be carried out through the appropriate channels.

4.   Deter Fraud

4.1   LCFS' will provide reports on systems weaknesses in each case where fraud is established to:

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

Examples where this has occurred are:

- Submission of new case notifications and intelligence information via NHS Counter Fraud Authority FIRST Case Management System.
- Providing regular reports and/or presentations to Velindre University NHS Trust, NWSSP Audit Committee and Senior Managers.
- Regular liaising with Internal and External Auditors with reference to investigations for assistance and previous reports held by them.
- Where, as a result of Counter Fraud work, any system weaknesses have been identified then the LCFS' have provided potential solutions and/or recommendations as part of closure reports to the relevant managers.

4.2   The LCFS' provide reports on policy weaknesses in each case where fraud is established to NHS Counter Fraud Authority, Velindre University NHS Trust and NWSSP's Finance Director.

4.3   Where policy and/or system weaknesses are identified, the LCFS' will notify the appropriate staff such as Velindre University NHS Trust's Finance Director, Director of Workforce & OD, Senior Managers, Internal and External Audit and/or NHS Counter Fraud Authority.

5.   Hold to Account (Detection)

5.1   The LCFS' will take account of:

- Information from the Internal and External Audit functions regarding System Weaknesses (e.g. interpreter services and overseas/private patients).

- NHS Counter Fraud Authority Risk Management exercises in order to prioritise other areas of detection work.

- The LCFS' own enquiries and analysis of data, reports (including Whistle Blowing) and trends (e.g. sickness absence).

- National Fraud Initiative 2018/19 Data Matching Exercise

6. Hold to Account (Investigating Fraud)

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

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

6.2 Four (4) NWSSP cases were formally referred to NHS CFS (Wales) in 2018/19 via the FIRST Case Management System and there were also four (4) ongoing cases brought forward from 2017/18. Most referrals received are not necessarily and/or automatically reported on the NHS Counter Fraud Authority FIRST Case Management System, due to the fact that many are isolated instances and very low in terms of monetary value.

Each case is judged on the individual merits before proceeding with an investigation and in the majority of cases it has been found to best suited for the individual(s) to be dealt with under Velindre University NHS Trust's Disciplinary Policy rather than as part of a full scale criminal investigation and/or prosecution due to the small monetary amounts involved in the alleged fraud in addition to the cost of taking a case to court.

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

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

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

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

8. Annual Assessment Declaration

8.1 Since 2013/14 and following a review of the practice whereby NHS Counter Fraud Authority would determine how effective a Health Body's Counter Fraud arrangements were when

compared to other NHS Bodies, a significant change was introduced into the way in which Health Bodies were to report and then be assessed.

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

8.3 This SRT is then assessed, by NHS Counter Fraud Authority, against the individual standards as part of a three (3) year rolling programme with guidance, on the completion of the Self Risk Tool and the individual standards which have to met, being issued to all NHS bodies on an annual basis.

Appendix 1

WELSH ASSEMBLY GOVERNMENT DIRECTIONS

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

Paragraph	Instruction	Action by Health Board
2 (1)	Chief Executive and Director of Finance to Monitor and ensure compliance with these Directions and any other instructions on countering fraud and corruption against the NHS	Regular meetings are held between the NWSSP Finance Director and the Nominated Lead LCFS.
	Action to be taken in accordance with the NHS Counter Fraud and Corruption Manual and in accordance with the Table annexed to the Directions	Where possible the Manual has been referred to for guidance and appropriate action taken. An updated Manual has previously been issued following a revision, by Welsh Government, after taking into account changes in legislation

		within the NHS in England.
2 (2)	Each health body shall facilitate, and co-operate with NHS Counter Fraud Authority's Quality Inspection work giving prompt access to staff, workplaces and relevant documentation	Good close working relationship has been established with NHS CFS (Wales). To date there has never been an issue over access to staff or workplaces. NHS Counter Fraud Authority Quality & Assurance Unit carried out a Focused Assessment in October 2016, with full co-operation, and their report was received and then accepted by NWSSP Hosted Body (i.e. Velindre University NHS Trust).
2 (3)	Endeavour to agree an SLA with NHS Counter Fraud Service (Wales).	The current SLA was signed in March 2010, but will be reviewed to incorporate any changes which may take place within the NHS in Wales.
3 (1)	Nomination of a suitable officer to act as LCFS. Notify NHS Counter Fraud Authority of replacement LCFS within three months of the need becoming apparent	The NWSSP Nominated Lead LCFS is Craig Greenstock.
3 (2)	A trained and accredited LCFS in post by 1 February 2002	The NWSSP's Nominated Lead LCFS was accredited in 2001 and is employed at another NHS Body, but undertakes the counter fraud work as part of a separate contracted-out service.
4 (a)	LCFS reports to Director of Finance	The Nominated Lead LCFS reports directly to the Finance Director, informs him of all cases as they are received and keeps him updated on any progress/closure.
4 (b)	LCFS provision of written report at least annually	The 2018/19 NWSSP CF Annual Report has specifically been produced at the request of the NWSSP General Manager and Finance Director. The information contained in the Annual Report will also be incorporated into the CF Annual Report which is then produced for the Hosted Body (i.e. Velindre University NHS Trust).
4 ©	Attendance at Audit Committee meetings	The NWSSP Nominated Lead LCFS or at least one of the Health Body's other LCFS' has attended all Audit Committee meetings that have taken place up to and including April 2019.
	Right of access to all Audit Committee members.	The LCFS' have access to all Audit Committee members.

	Right of access to Chairman and Chief Executive	The LCFS' have not required access during the year but are confident that, if required, right of access is available (as detailed in the health body's Counter Fraud Policy)
4 (d)	Undertake Pro-Active work to detect cases of Fraud and/or Corruption as specified by Chief Executive and Director of Finance, particularly where systems weaknesses have been identified	The LCFS' have made five (5) separate Fraud Awareness Presentations to over 50 staff as part of Coporate Induction planned sessions and also to other NWSSP staff based in the Bridgend and Cwmbran Stores respectively. The LCFS' also undertake Pro-Active Exercises and follow up all incidents of a potential fraudulent nature received via the NHS Counter Fraud Reporting Line, Velindre University NHS Trust's Whistle Blowing facilities and/or any Internal or External Audit reports.
4 (e)	Proactively seek and report opportunities for publicity to NHS Counter Fraud Authority (includes instances for inclusion in presentations) involving action to prevent, detect, investigate, impose sanctions and seek redress	One (1) particular successful fraud related case received significant media coverage in the National and Local press and has also been publicised across NWSSP and other Hosted Body sites via the quarterly Counter Fraud Newsletter.
4 (f)	Investigate cases of suspected fraud in accordance with division of work outlined, the LCFS will not investigate (unless there is prior agreement)	All cases investigated to date have followed the guidelines.
	LCFS will investigate where it is clear that they will be under £15k. Cases where it is clear they will be over £15,000 in value will be referred to NHS CFS (Wales).	Only cases less than £15,000 are investigated, and above £15,000 the cases are referred to, and investigated by/in liaison with, NHS CFS (Wales).
	There is evidence that fraud extends beyond the Health Body.	There have no related cases identified during the year which extended outside of the Health Body.
	GDS and/or prescription fraud are involved	There have been no alleged frauds reported that involved any altered documentation for prescribed drugs.
	There is evidence of corruption	There have been no cases of

	involving a public official	alleged corruption reported during 2018/19.
	The LCFS' will provide assistance when required in investigation of cases involving their Health Body where the investigation falls within the remit of NHS Counter Fraud Authority.	There have been no matters reported that would have fallen within the remit of NHS Counter Fraud Authority.
4 (g)	Refer cases to NHS Counter Fraud Authority teams as appropriate	All cases appropriate to NHS CFS (Wales) have been referred.
4 (h)	Inform the appropriate NHS Counter Fraud Authority team of all cases of suspected fraud investigated by the Health Body.	Entries on the FIRST Case Management Systems, for intelligence purposes, have been completed for all cases of suspected fraud investigated during the year.
5	Co-operate with investigative work: Chief Executive and Director of Finance to ensure access is given as soon as possible and not later than 7 days from the request to the LCFS or NHS Counter Fraud Authority Operational Service staff to: Premises, records and data owned or controlled by the health body relevant to detection/investigation of fraud and corruption All staff who may have relevant information.	The LCFS' and NHS Counter Fraud Authority rights and responsibilities, as set out in the SLA, SFIs and the Counter Fraud Policy, have been fully complied with and both have received co-operation from all levels throughout the Health Body. As above
6 (1)	LCFS to complete relevant forms when Director of Finance believes fraud or corruption to be present, so that NHS Counter Fraud Authority may supply advice on appropriate sanctions. LCFS and Director of Finance to consider further action in accordance with the NHS Fraud & Corruption Manual.	Investigations have complied with NHS Fraud & Corruption Manual and completed forms as appropriate.
6 (2)	Director of Finance to liaise with NHS CFS (Wales) concerning prosecutions prior to taking such action.	Investigations have complied with the NHS Fraud & Corruption Manual
6 (3)	Director of Finance to liaise with NHS CFS (Wales) prior to reaching a decision to refer cases to the police or other body for investigative action, if required.	Appropriate liaison took place in any cases to date where investigations have required referral to police or any other third party organisations (e.g. UK Borders Agency).
6 (4)	Non-disclosure of information, except for purposes of investigation or subsequent proceedings; no disclosure to anyone who may be	There has been no disclosure of information to anyone who may be implicated in any of the investigations unless required

	implicated	under Police & Criminal Evidence Act.
6 (5)	LCFS to report details of any identified system weakness which would allow fraud or corruption to occur, to the internal auditors	The LCFS' liaise with Internal & External Auditors and provide information regarding system weaknesses. Managers are also informed of system weaknesses and advised accordingly.
6 (6)	LCFS to ensure investigations focus on obtaining information to ensure recovery of funds can take place.	A full file is maintained on each of the investigation carried out to provide information to assist the recovery of funds.
	Director of Finance responsible for ensuring financial redress is sought where losses identified	Recovery of losses is considered in all cases and would be sought where appropriate.

Further Information

1.   Reporting lines

Trust Chief Executive (Velindre University NHS Trust)	Steve Ham Chief Executive's Office Corporate Headquarters Unit 2, Charnwood Court Parc Nantgarw, Nantgarw Nr.Cardiff. CF15 7QZ Email: Steve.Ham2@wales.nhs.uk
NWSSP Managing Director	Neil Frow NHS Wales Shared Services Partnership (NWSSP) 4-5 Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ Email: Neil.Frow@wales.nhs.uk
Executive Director of Finance (Velindre University NHS Trust)	Mark Osland Finance Director's Office Corporate Headquarters Unit 2, Charnwood Court Parc Nantgarw, Nantgarw Nr.Cardiff. CF15 7QZ Email: Mark.Osland@wales.nhs.uk
Director of Finance (NWSSP)	Andy Butler NHS Wales Shared Services Partnership (NWSSP) 4-5 Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ Email: Andy.Butler@wales.nhs.uk
Nominated Lead Local Counter Fraud Specialist	Craig Greenstock Counter Fraud Department 2nd Floor, Monmouth House University Hospital of Wales Heath Park Cardiff CF14 4XW Email: Craig.Greenstock@wales.nhs.uk

2.   Mix of cases

Number of cases in 2018/19 including those brought forward from previous years:

Area (based on initial reported category)	Number of cases	Closed	Ongoing
Reimbursement of Costs (Student Awards)	8	6	2
False Sickness Absence	1	0	1
Miscellaneous (e.g. Theft of NHS Property)	1	0	1
Total	**10**	**6**	**4**

3.   NHS Counter Fraud Authority Website

Information about NHS Counter Fraud Authority and the NHS Counter Fraud Strategy can be found at www.cfa.nhs.uk

INDEX OF LCFS INVESTIGATIONS 2018/19

Ref. No	Subject	Status	
SSP14.05	Unauthorised Sale of NHS Property	Crown Court Hearing (Suspended Sentence) Civil Recovery (5k) still being made at £50 per month	Open - Balance o/s £2524.25
SSP15/04	False Claim for Costs	Crown Court Hearing 18.10.17. Female defendant was sentenced to 2yrs in prison and male defendant sentenced to 6mths in prison. Defendant also ordered to repay £9,545 in compensation to the NHS within three (3) months and a further £13,713 to be paid to the Dept of Works and Pensions (DWP). The remaining sum of £68,165, owed to the DWP, is to remain on file for further consideration.	Closed in Qtr 2 - NHS payment received in full.
SSP16/04	False Claim for Costs	Magistrates Court Hearing - March 2017. Subject was fined £200 and ordered to pay compensation of £120 and £400 Costs - Awaiting outcome of internal University Fitness to Practice.	Closed in Qtr 2
SSP18.01	False Sickness Absence	Interview under caution in Feb 2018. Prosecution case submitted to CPS. Magistrates Court hearing on 24th July 2018. Referred to Crown Court and trial started in November 2018	To be closed. Subject was found guilty after a four (4) day Crown Court trial. Sentenced to 12 weeks in jail but this was suspended for 12 months. Also ordered to complete a total of 180 hours of unpaid work and must pay £8,216.71 compensation to the NHS in addition the sum of £2,500 in costs.
SSP18.04	False Claim for Costs	No evidence to support allegation. Unable to trace named individual.	Closed in Qtr 1
SSP18.05	False Claim for Costs	Interview under caution on 13/4/18 - Prosecution case file submitted to CPS	Closed in Qtr 3. CPS advised not in public interest to prosecute but civil recovery of £2,434 being made via instalments
SSP19.01	Unauthorised DBS Computer Access and possible GDPR issues	Various background and internal system checks made.	Closed in Qtr 3 with various Recommendations made to Management in relation to the systems, processes and internal controls being used regarding Data Protection and those employed to carry out DBS Checks.
SSP19.02	False Claim for Costs	Enquiries with childcare provider identified poor record keeping (attendance/payments).	Closed in Qtr 3. Poor record keeping by childcare provider. However, the subject

			didn't return to study and was then withdrawn from course.
SSP19.03	Alleged False Timesheets	Initial enquiries made and then referred to BCUHB (Denbigh Stores)	Closed in Qtr 3
SSP19.04	False Claim for Costs	Initial enquiries made and then IUC carried out on 14.1.19	Subject admitted to having received monies after providing "inaccurate" personal circumstances, but claimed only had done so following advice received which cannot be disputed. Subject seeking to agree repayment plan of £10,698.

Appendix 4

Summary of Risk against the Standards of NHS Bodies (Fraud, Corruption and Bribery) as at 31st March 2019

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

AREA OF ACTIVITY	DAYS USED
STRATEGIC GOVERNANCE	10
INFORM AND INVOLVE	8
PREVENT AND DETER	2
HOLD TO ACCOUNT	40
TOTAL DAYS USED	60

COST OF ANTI-FRAUD, BRIBERY AND CORRUPTION WORK	
PROACTIVE COSTS	£5.600
REACTIVE COSTS	£ 11,200
TOTAL COSTS	£ 16,800

Organisation Name

NHS Wales Shared Services Partnership (NWSSP)

Director of Finance

Andrew Butler

Date

13th May 2019

GIG
CYMRU
NHS
WALES | Partneriaeth
Cydwasanaethau
Shared Services
Partnership

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 4 – JULY 2019

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for July 2019 and should be read in conjunction with the Monitoring Return tables submitted for Month 4.

Thank you for your letter of 22nd July 2019 responding to the Month 3 monitoring return submission. The action points raised have been addressed within this return and further information provided where requested

Overview of Performance and Financial Position

NWSSP's financial position for Period 4 is reported at break-even. This is after providing for the pro-rata 2019/20 savings distribution of £0.750m per the submitted IMTP, of which £0.306m will be distributed and £0.444m has been recurrently reinvested.

1.   **Actual Year to Date and Forecast Under/Overspend 2019/20 (Tables A, B & B2)**

Table A has been amended in Month 4 to report the updated value for income generation in addition to an updated full year forecast of funds for reinvestment/redistribution as a result of increased forecast non-recurrent savings linking through from Table C.

The FYE of recurring savings has also been updated in Month 4 to include £0.080m recurring savings in respect of rates reductions negotiated. This reduces the projected carried forward underlying deficit position to £0.187m and we aim to further review savings to reduce this gap further **(Action Point 3.1).**

The actual position for month 4 has been reported with the forecast position for months 5-12. This identifies a projected full year outturn at break-even and has been undertaken based on year 1 of the IMTP assumptions. Monthly reviews of our forecast will be undertaken throughout the year to ensure a break-even year end outturn position is achieved and any additional savings or required changes are identified as early as possible.

The key points to note within the actual and forecast position are:

- The annual income forecast decreased slightly in Month 4 due to an adjustment to the GP Indemnity Future Liability forecast payments during 2019/20.

- The income and expenditure forecast from the launch of the All Wales Collaborative bank has been reprofiled in Month 4 to reflect the delayed start date of this project.

- Depreciation charges of £2.386m have been forecast for 2019/20 based on our current depreciation profile and the additional charges from assets that will be purchased from the 2019/20 approved capital funding per our most recent CEL. This reconciles to the approved section of the August non-cash submission. Income from WG of £0.836m has been anticipated in Table E in respect of the charges over and above the baseline depreciation funding of £1.551m.

- £30.109m income and expenditure is included to Month 4 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts.

  Work is being finalised in respect of the impact of the change to the PIDR from -0.75% to -0.25%. In addition a detailed forecast exercise is being completed to identify a range of outcomes. Early indications suggest the range is between £99m and £117m. Discussions are underway with WG with regard to agreeing the 2019/20 funding allocation for WRP including the impact of the PIDR. The Month 4 monitoring return includes a forecast outturn of £110.200m in line with previous months plus £1.259m for redress. These figures will be updated as soon as further information is available with regards funding and any impact on the WRP risk sharing agreement calculated.

  The balance of the 2019/20 forecast expenditure has been profiled equally over months 5-12 and the associated WG income, PIDR income and risk sharing agreement income has also been profiled on this basis.

- £2.189m of income and expenditure has been included in respect of ESR Enhance based on the most recent recharge profile received from the Department of Health. This will change during the financial year when revised schedules are received based on the progress of the rollout of system functionality.

- An estimate of the GP trainee expenditure and the associated recharges to LHBs/Trusts/Deanery (£26.995m) has been made within the forecast, although as they are charged based on actual expenditure incurred, these

may be subject to change, particularly following the rotations in August and February and the increased recruitment to GP training posts.

- An estimate of Stores expenditure and recharges to NHS Wales of £35.000m have been included within the forecast. This excludes any issues that may arise through the utilisation of the Brexit stock.

- The actual Microsoft Office 365 charges for 2019/20 were confirmed in early June following the conclusion of contract negotiations. This represents an additional cost pressure of £0.162m in 2019/20 and £0.224m recurrently.

2. Underlying Position (Table A1)

There is no brought forward deficit to report for NWSSP. The non-recurrent savings, funding and income generation linked through from Table A have been in the main offset with non-recurrent pressures (primarily WRP risk sharing agreement) that will not be carried forward. The table reports a £0.187m pressure carried forward where non-recurrent savings have been used to fund recurrent cost pressures in 2019/20, which is £0.080m less than reported in previous months due to the identification of additional recurrent savings. Savings plans are being reviewed further to ensure this underlying gap is closed to enable a breakeven underlying position to be reported as soon as possible **(Action Point 3.1)**.

3. Ring Fenced Funding (Table B)

Baseline depreciation funding of £1.551m has been invoiced. The current forecast charges for 2019/20 for approved schemes total £2.386m, indicating additional funding of £0.836m will be required in line with the August non cash submission.

4. Net Expenditure Profile Analysis (Table B1)

This table has been populated with the actual and forecast information. As we are required to report a neutral position within the Velindre ledger each month, the non pay forecast will change from plan due to the break-even accrual made each month to report the position.

The non pay expenditure profile identifies increases in the final month of each quarter due to the invoicing and repatriation of pharmacy rebates. The income is also profiled on this basis **(Action Point 3.2)**

Table B1 has been reviewed in Month 4 and a net breakeven position between pay and non pay is now reported. The forecast full year savings have been updated and linked through from Table C and an adjustment has been made in Month 12 to reflect the potential redistribution of these funds **(Action Point 3.3)**

The Administrative, Clerical & Board spend has been reviewed in Month 4 and the forecast future spend has been reduced by £0.100m each month from Month 5 in respect of the ongoing vacancy factor. Expenditure on this pay category increased between Month 3 and 4 and a further increase continues to be forecast as we continue to appoint to a number of vacancies **(Action Point 3.4)**

The forecast expenditure on Nursing & Midwifery Registered has been amended this month to include £1.000m from Month 9-12 in respect of the All Wales Collaborative bank initiative. These are high level estimates in line with what we included in our IMTP as the success of the pilot and the resulting level of income and expenditure cannot be forecast with any more accuracy as this point in time.

5.   **Agency/Locum (Premium) Expenditure (Table B2 – Sections B & C)**

Agency expenditure of £0.058m, 0.9% of total pay expenditure (0.7% year to date), was reported in Month 4 due to the requirement to cover vacancies, sickness and additional workload. A monthly forecast agency expenditure of £0.050m has been assumed throughout 2019/20. The NWSSP SMT reviews agency expenditure monthly in an attempt to reduce this and further recruitment to the NWSSP bank has assisted significant agency spend reductions from previous financial years.

6.   **Savings Plans (Tables C, C1, C2 & C3)**

These tables have been amended in Month 4 to include the continuing forecast pay savings for the remainder of the financial year now that we have increased certainty that these will be achieved **(Action Point 3.5)**

There are still two schemes classified as 'Amber' in Month 4. The schemes are being delivered to plan however there are further actions to progress to ensure they can continue to be delivered for the full year before these can turn to 'Green' **(Action Point 3.6)**

4

7. **Income Assumptions 2019/20 (Tables D & E)**

Table D has been updated in Month 4 following a review of all our NHS income & expenditure. We will continue to review and update this as required throughout the financial year. At present this table does not include the £3.700m WRP risk sharing agreement income whilst the forecast is being refined, although this income is anticipated in Table E.

Table E has been populated with the budgeted income streams by NHS Organisation with a number of additional income streams included that have been anticipated within our forecast financial position. These totals will not reconcile to the NHS Income reported in Table B or the NHS Income & Expenditure reported in Table D. This is due to the ledger reporting of intra-trading within Velindre, classification of non-material NHS recharges against pay/non pay per the manual for accounts and solicitor income not recorded against NHS income subjectives.

Table E includes the updated additional depreciation funding support required of £0.836m which reconciles to the August non-cash submission **(Action Point 3.7)**

8. **Healthcare Agreements & Major Contracts**

Not applicable to NWSSP.

9. **Risk Management (Table F)**

The risks identified within our IMTP have been included within Table F and the values and risk levels have been reviewed again in month and the value of a number of risks reduced following the continued positive performance to the end of month 4. **(Action Point 2.3)**

10. **Statement of Financial Position and Aged Welsh NHS Debtors (Tables G & N)**

NWSSP has not been requested to complete Table G.

At the close of Month 4, there were 9 invoices exceeding 17 weeks of which 7 remain outstanding at the submission date. We continue to prioritise and chase these invoices, however we believe the delays in payment are due to the extended holiday period rather than disputes with the invoices.

11. Cash Flow Forecast (Table H)

This table is not required for NWSSP.

12. Public Sector Payment Compliance (Table I)

This table is not required for NWSSP, although it is pleasing to report that the NWSSP PSPP achievement for Month 4 was 98.35% for Non NHS invoices and 97.67%% for NHS invoices.

13. Capital Schemes & Other Developments (Tables J, K & L)

These tables have been updated in Month 4 to reflect in month spend and reflect the current forecast capital spend with a high level profile which will be refined as we further confirm the capital allocations to our services.

Following a meeting with WG capital colleagues in early August we have been requested to review our capital requirements and provide a prioritised list to WG of additional funding requests.

We have received feedback and further questions on the business case for the Legal & Risk Case Management system and we are formulating a response as a matter of urgency in the hope that funding can be secured for this initiative.

14. EFL (Table M)

This table is not required for completion by NWSSP.
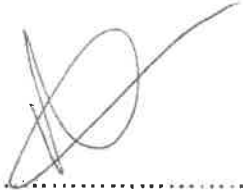
15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Management Team reports.

It is pleasing to be able to set a balanced budget for 2019/20 and to report a positive month 4 position with confidence in the achievement of the IMTP showing a forecast year-end break-even position and the distribution of £0.750m savings to NHS Wales.

The Shared Services Partnership Committee will receive the Month 4 Financial Monitoring Return at the next meeting on 18th September 2019.

16.   Authorisation of Return

ANDREW BUTLER
DIRECTOR OF FINANCE AND
CORPORATE SERVICES

13th August 2019

NEIL FROW
MANAGING DIRECTOR
NWSSP

NHS Wales Shared Services Partnership

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG
Lines 1 - 11 should not be adjusted after Month 1

		In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	-6,991	-4,544	-2,447	-2,447
3	**Opening Cost Pressures**	**-6,991**	**-4,544**	**-2,447**	**-2,447**
4	Identified Savings Plan (Positive Value)	1,031	302	729	729
5	Savings / Mitigating Actions Yet To Be Identified (Positive Value)				
6	Welsh Government Funding (Positive Value)	821	547	274	274
7	Net Income Generated (Positive Value)	0	0	0	0
8	Planned Accountancy Gains (Positive Value)	0	0	0	0
9	Release of Uncommitted Contingencies & Reserves (Positive Value)				
10	Income Generation per IMTP	5,139	3,962	1,177	1,177
11	**Opening Financial Plan**	**0**	**267**	**-267**	**-267**
12	Cost Pressures b/fwd from Previous Year - unidentified within 3 year plan (Negative Value)				
13	Opening Plan Savings - Forecast (Underachievement) / Overachievement	1,534	1,534	0	0
14	Additional In Year Identified Savings - Forecast (Positive Value)	224	146	78	80
15	Additional In Year Identified Accountancy Gains (Positive Value)	0	0	0	0
16	Additional Net Income Generated (Positive Value)	141	141	0	0
17	Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	0	0	0	0
18	Release of Previously Committed Contingencies & Reserves (Positive Value)	0			
19	Additional In Year Welsh Government Funding (Positive Value)	0			
20	Reinvestment/Distribution Reserve	-1,847	-1,847		
21	Non pay pressures	-52	-52		
22		0			
23		0			
24		0			
25		0			
26		0			
27		0			
28		0			
29		0			
30		0			
31		0			
32		0			
33		0			
34		0			
35		0			
36		0			
37		0			
38	Forecast Outturn (- Deficit / + Surplus)	0	189	-189	-187

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	In Year Effect £'000
18													
19													0
20	-174	-155	-248	-246	-275	-107	-107	-107	-107	-107	-107	-107	-1,847
21	-10	-32	-10										-52
22													0
23													0
24													0
25													0
26													0
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28													0
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36													0
37													0
													0

NHS Wales Shared Services Partnership

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

This Table is currently showing 0 errors

		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY (%age of YTD Budget/Plan)	Assessment Green £'000	Amber £'000	Full In-Year forecast non recurring £'000	recurring £'000	Full-Year Effect of Recurring Savings £'000
CHC and Funded Nursing	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Care	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Medicines Management	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
(Primary & Secondary	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Care)	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Budget/Plan	6	6	6	6	6	6	6	6	6	6	6	6	24	71		71	0			
Non Pay	Actual/F'cast	6	6	6	127	145	12	12	12	12	12	12	12	145	377	38.37%	377	0	228	149	151
	Variance	0	0	0	121	140	7	7	7	7	7	7	7	121	306	511.27%	306	0			
	Budget/Plan	80	80	80	80	80	80	80	80	80	80	80	80	320	960		740	220			
Pay	Actual/F'cast	225	230	260	257	180	180	180	180	180	180	180	180	972	2,412	40.30%	2,192	220	1,754	658	658
	Variance	145	150	180	177	100	100	100	100	100	100	100	100	652	1,452	203.75%	1,452	0			
Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Budget/Plan	86	86	86	86	86	86	86	86	86	86	86	86	344	1,031		811	220			
Total	Actual/F'cast	231	236	266	384	325	192	192	192	192	192	192	192	1,117	2,788	40.04%	2,569	220	1,982	807	809
	Variance	145	150	180	298	240	107	107	107	107	107	107	107	773	1,758	224.93%	1,758	0			
22 Variance in month		168.77%	174.59%	209.61%	348.85%	278.76%	123.96%	123.96%	123.96%	123.96%	123.96%	123.96%	123.96%	224.93%							
23 As percentage of FY actual/forecast		8.28%	8.46%	9.53%	13.77%	11.67%	6.90%	6.90%	6.90%	6.90%	6.90%	6.90%	6.90%								

NHS Wales Shared Services Partnership

Table C1- Savings Schemes Pay Analysis

	Month	Apr (1)	May (2)	Jun (3)	Jul (4)	Aug (5)	Sep (6)	Oct (7)	Nov (8)	Dec (9)	Jan (10)	Feb (11)	Mar (12)	Total YTD	Full-year forecast	YTD as %age of / YTD variance as %age of YTD Budget/Plan	Assessment Green	Assessment Amber	Full In-Year forecast non recurring	Full In-Year forecast recurring	Full-Year Effect of Recurring Savings
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1 Changes in Staffing	Budget/Plan	80	80	80	80	80	80	80	80	80	80	80	80	320	960		740	220		658	658
2 Establishment	Actual/F'cast	80	80	80	80	80	80	80	80	80	80	80	80	320	960	33.33%	740	220	302	658	658
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0	0		0
4 Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		
7 Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		
10 Agency / Locum paid at a	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11 premium	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		
13 Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		
16 Other (Please Specify)	Budget/Plan	145	150	180	177	100	100	100	100	100	100	100	100	652	1,452		1,452	0			
17	Actual/F'cast	145	150	180	177	100	100	100	100	100	100	100	100	652	1,452	44.90%	1,452	0	1,452		
18	Variance	80	80	80	80	80	80	80	80	80	80	80	80	320	660		740	220			
19 Total	Budget/Plan	225	230	260	257	180	180	180	180	180	180	180	180	972	2,412		2,192	220	1,754	658	658
20	Actual/F'cast	145	150	180	177	100	100	100	100	100	100	100	100	652	1,452	40.30% / 203.75%	1,452	220			

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

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

NHS Wales Shared Services Partnership

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Table C3 - Savings Tracker

Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care						
Unscheduled Care	0	0	0	0	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Non Clinical Support (Facilities/Estates/Corporate)	0	0	0	0	0	0
Commissioning	2,412	377	0	2,789	141	0
Across Service Areas	0	0	0	0	0	0
CHC	0	0	0	0	0	0
Prescribing	0	0	0	0	0	0
Medicines Management (Secondary Care)	0	0	0	0	0	0
Total	2,412	377	0	2,789	141	0

NHS Wales Shared Services Partnership

Period : **Jul 19**

This Table is currently showing 0 errors

Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn

		Worst Case £'000	Likelihood	Best Case £'000	Likelihood
	FORECAST YEAR END				
	Current Reported Forecast Outturn	0		0	
	Risks (negative values)				
1	Non delivery of Saving Plans/CIPs				
2	WHSSC Performance				
3	Other Contract Performance				
4	WG Income assumed is not forthcoming	(146)	Medium		
5	Income generation schemes do not achieve income targets	(150)	Low		
6	Service demands/activity levels increase above anticipated levels	(150)	Medium		
7	Inability to recruit to substantive posts and continuing to incur higher agency costs	(100)	Low		
8	Lack of capital funds incur increased vehicle hire/maintenance costs	(100)	Low		
9	No funding for pension discount rate increase is received	0	Low		
10	Vacancy factor decreases below that assumed in budget setting	(100)	Low		
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
	Opportunities (positive values)				
23	Increased vacancy factor	746	Medium	1,000	Medium
24					
25					
26					
27					
28					
29					
30	**Total Risks /Opportunities**	0		1,000	
31	**Total Amended Forecast**	0		1,000	

GIG CYMRU | Partneriaeth
NHS WALES | Cydwasanaethau
| Shared Services
| Partnership

**NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 5 – AUGUST 2019**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for August 2019 and should be read in conjunction with the Monitoring Return tables submitted for Month 5.

Thank you for your letter of 23rd August 2019 responding to the Month 4 monitoring return submission. The action points raised have been addressed within this return and further information provided where requested

Overview of Performance and Financial Position

NWSSP's financial position for Period 5 is reported at break-even. This is after providing for the pro-rata 2019/20 savings distribution of £0.750m per the submitted IMTP, of which £0.306m will be distributed and £0.444m has been recurrently reinvested.

1. **Actual Year to Date and Forecast Under/Overspend 2019/20 (Tables A, B & B2)**

   Table A has been amended in Month 5 to report the updated value for income generation in addition to a revised full year forecast of funds for reinvestment/redistribution as a result of increased achievement of non-recurrent savings in Month 5 linking through from Table C.

   The actual position for month 5 has been reported with the forecast position for months 6-12. This identifies a projected full year outturn at break-even and has been undertaken based on year 1 of the IMTP assumptions. Monthly reviews of our forecast will be undertaken throughout the year to ensure a break-even year end outturn position is achieved and any additional savings or required changes are identified as early as possible.

   The key points to note within the actual and forecast position are:

   - The annual income forecast has increased from Month 5 due to the additional number of GP trainees that were recruited to the August 2019

rotation. This additional income has been offset by a corresponding increase in pay costs which can be evidenced from the increased pay expenditure profile from Month 5 in Table B.

- Depreciation charges of £2.386m have been forecast for 2019/20 based on our current depreciation profile and the additional charges from assets that will be purchased from the 2019/20 approved capital funding per our most recent CEL. This reconciles to the approved section of the August non-cash submission. Income from WG of £0.836m has been anticipated in Table E in respect of the charges over and above the baseline depreciation funding of £1.551m.

- £34.774m income and expenditure is included to Month 5 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts.

  As indicated in the Month 4 return the detailed forecast exercise for the WRP has now been completed and the revised forecast is being presented to the WRP Committee and All Wales Directors of Finance. This exercise has identified the range of the potential outturn will be between £99m and £117m with the potential corresponding risk share element ranging from £0.444m to £9.500m. The most likely outturn is being forecast at £108m.

  Discussions continue with WG with regard to agreeing the 2019/20 funding allocation for WRP including the impact of the PIDR, the outcome of which will identify the balance to be funded under the risk sharing agreement. The Month 5 monitoring return continues to include a forecast outturn of £110.200m in line with previous months plus £1.259m for redress. These figures will be updated as soon as further information is available with regards funding and any impact on the WRP risk sharing agreement calculated. Once we have further certainly on the balance to be funded from the risk sharing agreement we will build this income into the NHS Income & Expenditure detailed on Table D (Action Point 4.1)

  The balance of the 2019/20 forecast expenditure has been profiled equally over months 6-12 and the associated WG income, PIDR income and risk sharing agreement income has also been profiled on this basis.

- £2.189m of income and expenditure has been included in respect of ESR Enhance based on the most recent recharge profile received from the Department of Health. This will change during the financial year when revised schedules are received based on the progress of the rollout of system functionality.

- An estimate of the GP trainee expenditure and the associated recharges to LHBs/Trusts/HEIW (£29.316m) has been made within the forecast. This has increased in Month 5 following the August rotation and the increased recruitment to GP training posts.

- An estimate of Stores expenditure and recharges to NHS Wales of £35.685m have been included within the forecast. This excludes any issues that may arise through the utilisation of the Brexit stock.

2. Underlying Position (Table A1)

There is no brought forward deficit to report for NWSSP. The non-recurrent savings, funding and income generation linked through from Table A have been in the main offset with non-recurrent pressures (primarily WRP risk sharing agreement) that will not be carried forward. The table reports a £0.187m pressure carried forward where non-recurrent savings have been used to fund recurrent cost pressures in 2019/20. Savings plans are being reviewed further to ensure this underlying gap is closed to enable a breakeven underlying position to be reported as soon as possible.

3. Ring Fenced Funding (Table B)

Baseline depreciation funding of £1.551m has been invoiced. The current forecast charges for 2019/20 for approved schemes total £2.386m, indicating additional funding of £0.836m will be required in line with the August non cash submission.

4. Net Expenditure Profile Analysis (Table B1)

This table has been populated with the actual and forecast information. As we are required to report a neutral position within the Velindre ledger each month, the non pay forecast will change from plan due to the break-even accrual made each month to report the position.

Table B1 has been updated in Month 5 to reflect the actual pay and non pay variances reported per the ledger and continues to report an overall break-even position between the two categories in the full year forecast.

5. **Agency/Locum (Premium) Expenditure (Table B2 – Sections B & C)**

Agency expenditure of £0.077m, 1.1% of total pay expenditure (0.8% year to date), was reported in Month 5 due to the requirement to cover vacancies, sickness and additional workload. A monthly forecast agency expenditure of £0.050m has been assumed throughout 2019/20, although this may need to be revised later in the financial year if we continue to use increased agency staff due to the inability to recruit to substantive posts. The NWSSP SMT reviews agency expenditure monthly in an attempt to reduce and minimise this category of expenditure as much as possible.

6. **Savings Plans (Tables C, C1, C2 & C3)**

These tables have been amended in Month 5 to include the continuing forecast pay savings for the remainder of the financial year now that we have increased certainty that these will be achieved.

The two schemes classified as 'Amber' in Month 4 have now been classified as 'Green' per the original plan for Month 6 **(Action Point 3.6)**

7. **Income Assumptions 2019/20 (Tables D & E)**

Table D has been updated in Month 5 following an ongoing review of all our NHS income & expenditure. We will continue to review and update this as required throughout the financial year. At present this table does not include the £3.700m WRP risk sharing agreement income whilst the forecast is being refined, although this income is anticipated in Table E. The apportionment of the £3.700m risk sharing income in Table E has been amended in Month 5 to reflect the shares using the 2019/20 percentage split which also accounts for the Bridgend Boundary Change.

Table E has been populated with the budgeted income streams by NHS Organisation with a number of additional income streams included that have been anticipated within our forecast financial position. These totals will not reconcile to the NHS Income reported in Table B or the NHS Income & Expenditure reported in Table D. This is due to the ledger reporting of intra-trading within Velindre, classification of non-material NHS recharges against pay/non pay per the manual for accounts and solicitor income not recorded against NHS income subjectives.

The following updates can be provided with regard to the outstanding funding anticipated in Table E **(Action Point 4.2):**

GP Future Liabilities - £0.250m - this anticipated funding is at present only an initial indication of potential claims that we may have to pay out under the GP Indemnity Future Liabilities scheme. To date, however, no formal claims have been received under this scheme so it is unlikely that if any claims are made that they will be settled in 2019/20, however this still remains a possibility hence the inclusion of this potential funding requirement.

IP5 Running Costs - £1.060m – we are liaising with Steve Elliott regarding the funding required in 2019/20 in respect of the running costs for IP5. £1.060m was the initial high level estimate of funding required, this is currently being reviewed and updated as we progress throughout the financial year. An invoice for an element of this funding will be raised in Month 6 to assist with cashflow management within Velindre NHS Trust.

Employment Service Initiatives - £0.274m – we are liaising with Helen Arthur regarding the funding required, given some of the initiatives have not yet commenced due to funding not being confirmed, the actual funding required in 2019/20 will be less than this originally anticipated.

GP Indemnity Running costs - £0.387m – The running costs for the Future Liability Scheme have now been agreed and will be invoiced for in month 6 (circa £0.320m), confirmation of funding for the costs to support the Existing Liability Scheme (circa £0.067m) remains outstanding

8. **Healthcare Agreements & Major Contracts**

Not applicable to NWSSP.

9. **Risk Management (Table F)**

The risks identified within our IMTP have been included within Table F and the values and risk levels have been reviewed again in month. Given our current level of vacancies and performance against our pay budget, the risk of the non-achievement of our vacancy factor has been reduced to zero in Month 5.

10. **Statement of Financial Position and Aged Welsh NHS Debtors (Tables G & N)**

NWSSP has not been requested to complete Table G.

At the close of Month 4, there were 3 invoices exceeding 17 weeks of which the two Welsh Government invoices remain outstanding at the submission date. We have received correspondence from Welsh Government that payment has been agreed and we expect payment imminently. **(Action Point 4.3)**

11. Cash Flow Forecast (Table H)

This table is not required for NWSSP.

12. Public Sector Payment Compliance (Table I)

This table is not required for NWSSP, although it is pleasing to report that the NWSSP PSPP achievement for Month 5 was 98.53% for Non NHS invoices and 100% for NHS invoices.

13. Capital Schemes & Other Developments (Tables J, K & L)

These tables have been updated in Month 5 to reflect in month spend and reflect the current forecast capital spend with a high level profile which will be refined as we further confirm the capital allocations to our services.

Following a meeting with WG capital colleagues in early August where we were requested to review our capital requirements and provide a prioritised list to WG of additional funding requests, we made this submission on 15th August and await further clarification of any additional capital funds available.

We have received feedback and further questions on the business case for the Legal & Risk Case Management system and we are formulating a response as a matter of urgency in the hope that funding can be secured for this initiative.

14. EFL (Table M)

This table is not required for completion by NWSSP.
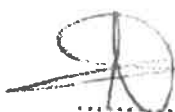
15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Management Team reports.
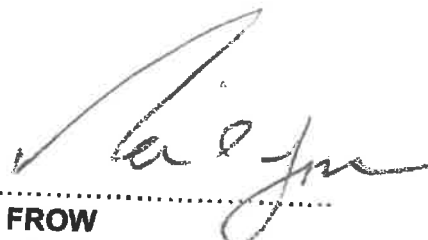
It is pleasing to be able to set a balanced budget for 2019/20 and to report a positive month 5 position with confidence in the achievement of the IMTP showing a forecast year-end break-even position and the distribution of £0.750m savings to NHS Wales.

The Shared Services Partnership Committee will receive the Month 5 Financial Monitoring Return at the next meeting on 18th September 2019.

16. Authorisation of Return

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

11th September 2019

....
NEIL FROW
MANAGING DIRECTOR
NWSSP

NHS Wales Shared Services Partnership

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG
Lines 1 - 11 should not be adjusted after Month 1

		In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	-6,991	-4,544	-2,447	-2,447
3	**Opening Cost Pressures**	**-6,991**	**-4,544**	**-2,447**	**-2,447**
4	Identified Savings Plan (Positive Value)	1,031	302	729	729
5	Savings / Mitigating Actions Yet To Be Identified (Positive Value)				
6	Welsh Government Funding (Positive Value)	821	547	274	274
7	Net Income Generated (Positive Value)	0	0	0	0
8	Planned Accountancy Gains (Positive Value)	0	0	0	0
9	Release of Uncommitted Contingencies & Reserves (Positive Value)				
10	Income Generation per IMTP	5,139	3,962	1,177	1,177
11	**Opening Financial Plan**	**0**	**267**	**-267**	**-267**
12	Cost Pressures b/fwd from Previous Year - unidentified within 3 year plan (Negative Value)				
13	Opening Plan Savings - Forecast (Underachievement) / Overachievement	1,734	1,734	0	0
14	Additional In Year Identified Savings - Forecast (Positive Value)	224	146	78	80
15	Additional In Year Identified Accountancy Gains (Positive Value)	0	0	0	0
16	Additional Net Income Generated (Positive Value)	115	115	0	0
17	Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	0	0	0	0
18	Release of Previously Committed Contingencies & Reserves (Positive Value)	0			
19	Additional In Year Welsh Government Funding (Positive Value)	0			
20	Reinvestment/Distribution Reserve	-1,979	-1,979		
21	Non pay pressures	-94	-94		
22		0			
23		0			
24		0			
25		0			
26		0			
27		0			
28		0			
29		0			
30		0			
31		0			
32		0			
33		0			
34		0			
35		0			
36		0			
37		0			
38	Forecast Outturn (- Deficit / + Surplus)	0	189	-189	-187

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	In Year Effect £'000
18													0
19													0
20	-174	-155	-248	-246	-411	-107	-107	-107	-106	-106	-106	-106	-1,979
21	-10	-32	-10		-42								-94
22													0
23													0
24													0
25													0
26													0
27													0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35													0
36													0
37													0

NHS Wales Shared Services Partnership

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

This Table is currently showing 0 errors

		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY Budget/Plan	YTD Variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000	Full-Year Effect of Recurring Savings £'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			0
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			0
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			0
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	
10	Non Pay	Budget/Plan	6	6	6	6	6	6	6	6	6	6	6	6	30	71			71	0			
11		Actual/F'cast	8	6	6	127	106	12	12	12	12	12	12	12	251	338	74.29%		338	0	189	149	
12		Variance	0	0	0	121	101	7	7	7	7	7	7	7	222	267	748.73%		267	0	189	149	151
13	Pay	Budget/Plan	80	80	80	80	80	80	80	80	80	80	80	80	400	960			960	0			
14		Actual/F'cast	225	230	260	257	419	180	180	180	180	180	180	180	1,391	2,651	52.47%		2,651	0	1,993	658	
15		Variance	145	150	180	177	339	100	100	100	100	100	100	100	991	1,691	247.75%		1,691	0	1,993	658	658
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			0
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	
19	Total	Budget/Plan	86	86	86	86	86	86	86	86	86	86	86	86	430	1,031			1,031	0			
20		Actual/F'cast	231	236	266	384	525	192	192	192	192	192	192	192	1,642	2,989	54.94%		2,989	0	2,182	807	
21		Variance	145	150	180	298	440	107	107	107	107	107	107	107	1,213	1,958	262.25%		1,958	0	2,182	807	809
22	Variance in month		168.77%	174.56%	209.51%	346.85%	511.54%	123.96%	123.96%	123.96%	123.96%	123.96%	123.96%	123.96%	262.25%								
23	As percentage of FY actual/forecast		7.73%	7.89%	8.90%	12.84%	17.58%	6.44%	6.44%	6.44%	6.44%	6.44%	6.44%	6.44%									

NHS Wales Shared Services Partnership

Period: Aug 19

Table C1 - Savings Schemes Pay Analysis

	Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	Full-Year Effect of Recurring Savings
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1 Changes in Staffing Establishment	Budget/Plan	80	80	80	80	80	80	80	80	80	80	80	80	400	960						658
2	Actual/F'cast	80	80	80	80	80	80	80	80	80	80	80	80	400	960	41.67%	960	0	302	658	658
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	960	0			
4 Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7 Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10 Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13 Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16 Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
17	Actual/F'cast	145	150	180	177	339	100	100	100	100	100	100	100	991	1,691		1,691	0	1,691	0	
18	Variance	145	150	180	177	339	100	100	100	100	100	100	100	991	1,691	58.60%	1,691	0			
19 Total	Budget/Plan	80	80	80	80	80	80	80	80	80	80	80	80	400	960		960	0			658
20	Actual/F'cast	225	230	260	257	419	180	180	180	180	180	180	180	1,301	2,651	52.47%	2,651	0	1,993	0	658
21	Variance	145	150	180	177	339	100	100	100	100	100	100	100	901	1,691	247.75%	1,691	0			

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

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

NHS Wales Shared Services Partnership

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Table C3 - Savings Tracker

Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care						
Unscheduled Care	0	0	0	0	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Non Clinical Support (Facilities/Estates/Corporate)	0	0	0	0	0	0
Commissioning	2,651	338	0	2,989	115	0
Across Service Areas	0	0	0	0	0	0
CHC	0	0	0	0	0	0
Prescribing	0	0	0	0	0	0
Medicines Management (Secondary Care)	0	0	0	0	0	0
Total	2,651	338	0	2,989	115	0

NHS Wales Shared Services Partnership

Period : Aug 19

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Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn

		Worst Case £'000	Likelihood	Best Case £'000	Likelihood
	Current Reported Forecast Outturn	0		0	
	Risks (negative values)				
1	Non delivery of Saving Plans/CIPs				
2	WHSSC Performance				
3	Other Contract Performance				
4	WG Income assumed is not forthcoming	(146)	Medium		
5	Income generation schemes do not achieve income targets	(150)	Low		
6	Service demands/activity levels increase above anticipated levels	(150)	Medium		
7	Inability to recruit to substantive posts and continuing to incur higher agency costs	(100)	Low		
8	Lack of capital funds incur increased vehicle hire/maintenance costs	(100)	Low		
9	No funding for pension discount rate increase is received	0	Low		
10	Vacancy factor decreases below that assumed in budget setting	0	Low		
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
	Opportunities (positive values)				
23	Increased vacancy factor	646	Medium	1,000	Medium
24					
25					
26					
27					
28					
29					
30	**Total Risks /Opportunities**	0		1,000	
31	**Total Amended Forecast**	0		1,000	

NHS Wales Shared Services Partnership

Health and Safety Annual Report 2018-19

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

NWSSP Health and Safety Annual Report 2018-19

Purpose of report:	Annual quality management review to ensure continuing suitability, adequacy and effectiveness of the QMS and alignment with the strategic direction of the organisation. The report includes reference to all sites and services within NWSSP.
Prepared by:	Paula Jones, Health and Safety and Risk Manager
Reporting period:	Financial Year 2018-19
Date report completed:	
Date of review:	

Contents

Executive summary

This report is a statement of NHS Wales Shared Services Partnership's (NWSSP) health and safety management for the financial year 2018-19 and its intentions with regards to 2019-20 and beyond.

Audits

The majority of health and safety audits have achieved **substantial assurance** which results from **a score of over 90%**.

Health and Safety incidents

There were 99 health and safety incidents recorded on the Datix system across the various Health and Safety categories within NWSSP compared to 93 the previous year. The top three service groups with the majority of incidents reported were Procurement Services, Health Courier Services (HCS) and Employment Services. With regards to the type of incidents, increases were noted in security lapses, infection control, sharps incidents, manual handling and violence and aggression. Accidents increased due to slips and falls and contact with a liquid, or a hot or cold surface.

Achievement of objectives

While good progress continues to be made, we have not achieved the reduction targets on all the objectives. Therefore, progress towards these targets will continue in the coming year.

Conclusion

The management of Health and Safety remains key for NWSSP with appropriate resources being provided to manage this within an expanding organisation. We have seen a positive change in culture in terms of reporting incidents and the reporting of 'near miss' incidents will be particularly encouraged over the coming year.

Improvements in health and safety are on-going across NWSSP. Both the audit programme and incident reporting are fundamental to NWSSP being able to identify, analyse and address its trends. This relies on the involvement of all staff and managers and the Health and Safety Manager is working to deliver this.

In general, there is significant evidence to demonstrate good practice across all sites and there are no areas regarded as having unacceptable risks. Lessons learnt are being communicated across NWSSP as a consequence of incidents. The continuing growth of NWSSP provides constant challenge as new services are taken on, but we are ensuring that the progress made to date within NWSSP is shared across all areas of the organisation.

Key recommendations

- To note the contents of the annual Health and Safety Report for NWSSP.
- To note the activities and progress made with implementing Health and Safety arrangements.
- To continue with the health and safety objectives for the next two years.

Author: Paula Jones, Health, Safety and Risk Manager
Date: June 2019

Introduction

This report covers the period 1 April 2018 to 31 March 2019. 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 health and safety.

Our Values

Listening and learning

Working together

Taking responsibility

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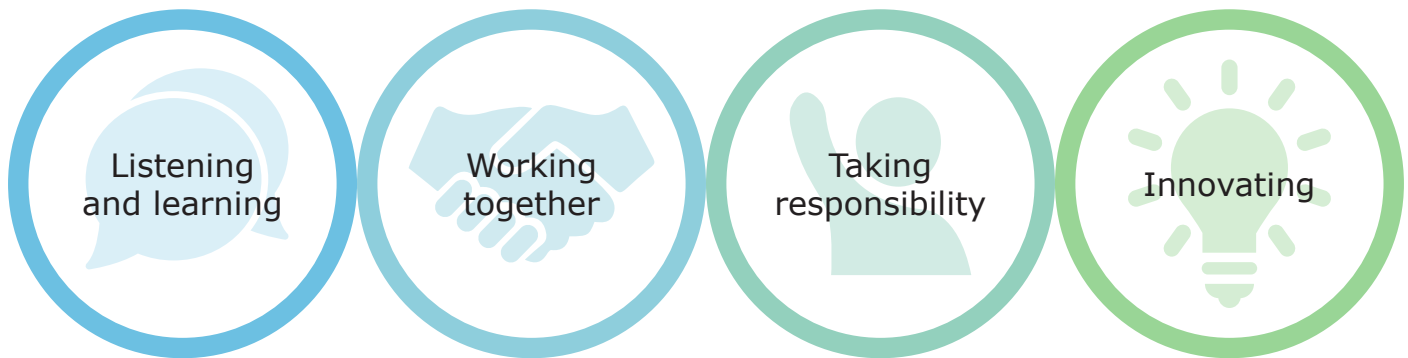
To achieve our aims, we need a highly-skilled, motivated, engaged and healthy workforce. Staff engagement and health and safety is a priority and will be delivered in an environment where staff are well-managed and valued for their contribution.

This annual report outlines key developments and the work that has been undertaken during this reporting period and is an opportunity to consider work planned and the objectives for the year(s) ahead.

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

This annual report has two main purposes:

• To promote health and safety management; and
• To provide general information on the progress being made to improve health and safety throughout NWSSP.

The report reflects NWSSP's compliance with the Health and Safety Policy Statement, which requires those responsible for health and safety within NWSSP premises and during NWSSP activities to:

- Comply with health and safety legislation;
- Implement health and safety arrangements;
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies; and
- Develop partnership working and to ensure health and safety arrangements are maintained for all.

The director of Workforce and Organisational Development leads on the overall direction of health and safety for NWSSP and, in conjunction with the Health and Safety Manager, continues to improve performance through monitoring progress, reviewing processes and discussions at the All Wales Health and Safety Group.

1. Health and Safety Management System Framework (HSG65)

1.1 HSG65 Assessment Tool: Managing Health and Safety at Sites – Annual Analysis

The Health and Safety Executive stipulates that all areas must be subjected to Health and Safety Inspections on a regular basis.

The Health and Safety Manager maintains an annual schedule of site audits and 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.
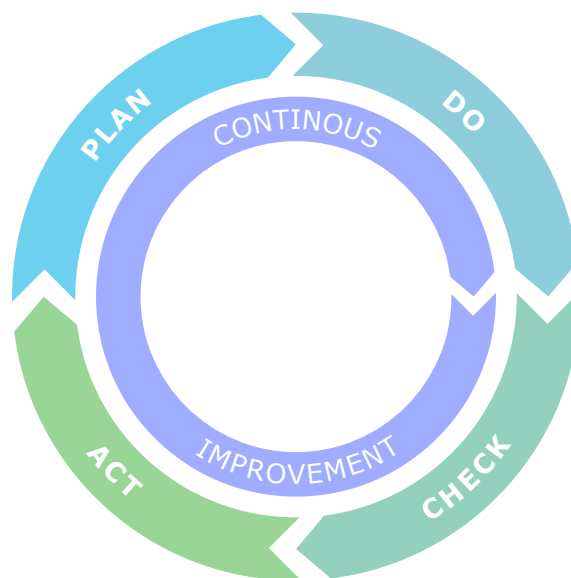
The 'HSG65 Assessment Tool' used within NWSSP utilises and provides assurance to NWSSP that matters relating to health and safety are being dealt with effectively and that areas requiring improvement are identified supported by action plans outlining specific actions for development, the delivery of which is monitored quarterly.

The objectives of this 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; and
- To confirm that the management system is capable of achieving the organisation's policy objectives.

The Health and Safety Management System Framework within NWSSP is set into the following principles of good health and safety management.

The system consists of the following key categories stated below:

- Health and Safety Policy
- Organisation
- Health, Safety and Emergency Planning
- Selection and Training
- Consultation, Communication and Control
- General Risk Assessments
- COSHH Assessments
- Manual Handling Assessments
- Display Screen Equipment Assessments
- Workplace Safety
    ◇ Fire and Emergencies
    ◇ First Aid
    ◇ Work Equipment
    ◇ The Workplace
- Monitoring

1.2 Internal NWSSP site Health and Safety audits 2018-19

A schedule of health and safety audits was undertaken by the Health and Safety Manager for NWSSP.

The following sites demonstrated **substantial assurance**:

Site	Date	Assurance
Bridgend Stores	12/01/18	92.60%
Bronglais Hospital Stores	27/02/18	95.27%
Cwmbran House (HCS relocation site visit)	13/04/18	90.16%
Preswylfa Mold Offices (Audit and Assurance, telephone audit)	11/06/18	98.20%
Cwmbrwla Ambulance Station	04/07/18	93.40%
West Point Industrial Estate	13/07/18	98.71%
Picketston Stores (with noise assessment)	17/08/18	97.55%
Glangwili Stores	31/08/18	92.68%
Charnwood Court	02/10/18	98.30%
Denbigh Stores	08/10/18 09/10/18	95.31%
Hafen Derwen (Employment)	22/10/18	95.31%

Substantial assurance – 90% and above
The Board can take substantial assurance that arrangements are in place regarding the management of health and safety.

The following sites demonstrated **reasonable assurance**:

Site	Date	Assurance
Alder House	01/05/18 02/05/18	87.12%
Court Road Industrial Estate	08/05/18	87.61%
Lakeside Stores	07/11/18	89.00%

Reasonable assurance – 80–89%
The Board can take reasonable assurance that arrangements are in place regarding the management of health and safety on site and internal control are in place. Some matters require management attention.

1.3 Main issues arising from the Health and Safety site audits

Plan
Staff members are not always given sight of the Velindre NHS Trust Health, Safety and Welfare Policy and NWSSP Health and Safety Procedure. This should be part of the 'First Week Site Induction Handbook' process which is in place.
Do
• Staff need to be encouraged to become more actively involved in health and safety. • Ensuring that safety objectives and targets are included in staff's annual appraisals. • Ensuring that all external learning is populated onto ESR. • Team meetings do not always have health and safety as a standard agenda item. • Health and safety notice boards are usually out of date and need to be more relevant and up to date. • Health and Safety Reps need to communicate when local Health and Safety meetings are taking place so that staff have a mechanism to air their issues. • Minutes of local Health and Safety Meetings should be circulated to all staff on site or placed onto notice boards. • Ensuring that training records are kept up to date. • Ensuring that bank staff have adequate training and that this is undertaken timely. • Display Screen Equipment Assessments are not always undertaken in a timely manner. • Safe systems of work are not always rolled out in a timely manner. • Ensuring that risk assessments are reviewed when planned. • Ensuring that actions from risk assessments are carried out in a timely manner. • Ensuring that a database of risk assessments is held on site and to esculate risks above 12 to the Health and Safety Manager. • Ensuring that good housekeeping is always maintained at sites. • Ensuring that annual fire drills are undertaken and more regularly if this can be achieved. • Ensuring an inventory is held on site for all health and safety training. • Ensuring staff attend applicable training courses in a timely manner. • Ensuring that winter maintenance is undertaken and standard operation procedures drawn up. • Ensuring that pedestrians and vehicles are segregated at all times. • Ensuring the defective log sheets are carried out.
Check
• Encourage staff to report incidents in a timely manner. • Ensuring that workplace checklists are carried out every 3 • Ensuring fire checklists are carried out on a monthly basis. • Ensuring health and safety representatives undertake monthly site inspections.
Act
• Ensuring that incidents are investigated in a timely manner. • Ensuring that lessons learnt from an incident are communicated.

As a consequence of undertaking a site audit, the Health and Safety Manager produces a report with actions and these actions are owned by the manager to complete.

1.4 Occupational Noise Review Assessment carried out within NWSSP

The Health and Safety Manager conducted two occupational noise reviews at the following NWSSP sites:

- Brecon House, Mamhilad Park Estate, Pontypool – Primary Care Services – reprographics area; and
- Picketston Stores, Barry: Procurement Services – main stores area.

At both sites the noise areas were below any legislative action level and therefore no action was required. Noise exposure based on project daily person noise exposure values (LEP,d) is under the lower and upper exposure action value of 80dB(A) and 85dB(A).

A number of recommendations were given to the managers to take forward for precautionary measures only.

1.5 Occupational Health and Safety Management Systems (OHSAS) 18001

NWSSP undertakes the OHSAS 18001 certification in Occupational Health and Safety management for certain sites within Procurement Services. In 2016 the Procurement Services Directorate within NWSSP was successful in re-attaining the OHSAS 18001 certification which demonstrates the proactive approach taken to ensuring that there are effective health and safety procedures in place.

The OHSAS 18001 is the recognised specification for the management of Occupational Health and Safety. It was developed in response to industry demand for a health and safety management system standard that could be externally assessed and certified. OHSAS 18001 is not a legislative requirement but it does enable organisations to identify pertinent legislation, control risks and improve performance.

The standard is designed to clarify an organisation's impact on health and safety issues, as well as help to reduce the risk of accidents and any breach in legal requirements.

An OHSAS 18001 audit was carried out within certain Procurement sites in June 2018. A number of non-conformities were identified and observations made, which Procurement are now working on.

The objective of the audit was to determine conformity of the management system, or part of it against the audit criteria; and its ability to ensure applicable statutory, regulatory and contractual requirements were being met.

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.

1.6 Health and Care Standards

The Welsh Government's Health and Care Standards Framework forms the cornerstone of the overall quality assurance system within the NHS in Wales. The Health and Care Standards were introduced in accordance with Section 47 of the Health and Social Care Act 2003, which states that Welsh Ministers are permitted to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Government is required to keep the standards under review and all NHS bodies in Wales are required to undertake annual self-assessments to monitor compliance against the standards.

The Standards for Health Service in Wales provide a framework for consistent standards of practice and delivery across the NHS in Wales, and for continuous improvement. In accordance with the Partnership's programme of Internal Audits, the process is tested and is an integral part of the organisation's assurance.

Seven themes of the Health and Care Standards

A new Healthcare Standards framework was launched in April 2015 comprising of seven main themes and sub criteria against which NHS bodies need to demonstrate compliance.

GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

Staff and resources

Individual care

Staying healthy

PERSON CENTRED CARE

Timely care

Safe care

Dignified care

Effective care

GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

In 2016, NWSSP completed a self-assessment against each of the themes which included a detailed assessment on "effective care" which considered what arrangements were in place to manage health, safety and risk across NWSSP.

Self-Assessments Rating Against the Health and Care Standards 2018-19

Theme	Executive Lead	2018-19 Self-Assessment Rating	2017-18 Self-Assessment Rating
Governance, Leadership and Accountability	Senior Management Team	4	4
Staying Healthy	Director of Workforce and Organisational Development	4	3
Safe Care	Director of Finance and Corporate Services Director of Specialist Estates	4	4
Effective Care	Senior Management Team	4	3
Dignified Care	*Not applicable*	*Not applicable*	*Not applicable*
Timely Care	*Not applicable*	*Not applicable*	*Not applicable*
Individual Care	Senior Management Team	4	3
Staff and Resources	Director of Workforce and Organisational Development	4	4

Overall Self-Assessment Score Health and Care Standards 2018-19

The overall rating against the mandatory Governance, Leadership and accountability module and the seven themes within the Health and Care Standards reflects NWSSP's overall compliance against the standards and has been rated as a 4.

Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what/where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation/ business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations/ business, and which others can learn from
Rating				✓	

2. Health and Safety incident reporting using Datix

Staff are reminded that all accidents, injuries, incidents and near-misses, however minor, must be reported to the appropriate department manager at the earliest opportunity (within three working days) and inputted onto Datix.Health and Safety representatives have been reminded to inform all staff to report incidents in a timely manner and preferably within three days of the incident/accident occurring.

A Datix video was compiled with the assistance of the Health and Safety Manager and communication group to assist in the promotion of reporting incidents via Datix.

2.1 Health and Safety Incidents Reported during 2018-19 within NWSSP

There were 99 health and safety incidents recorded on the Datix system across the various Health and Safety categories within NWSSP. There were 93 incidents reported in the previous year 2017-18.

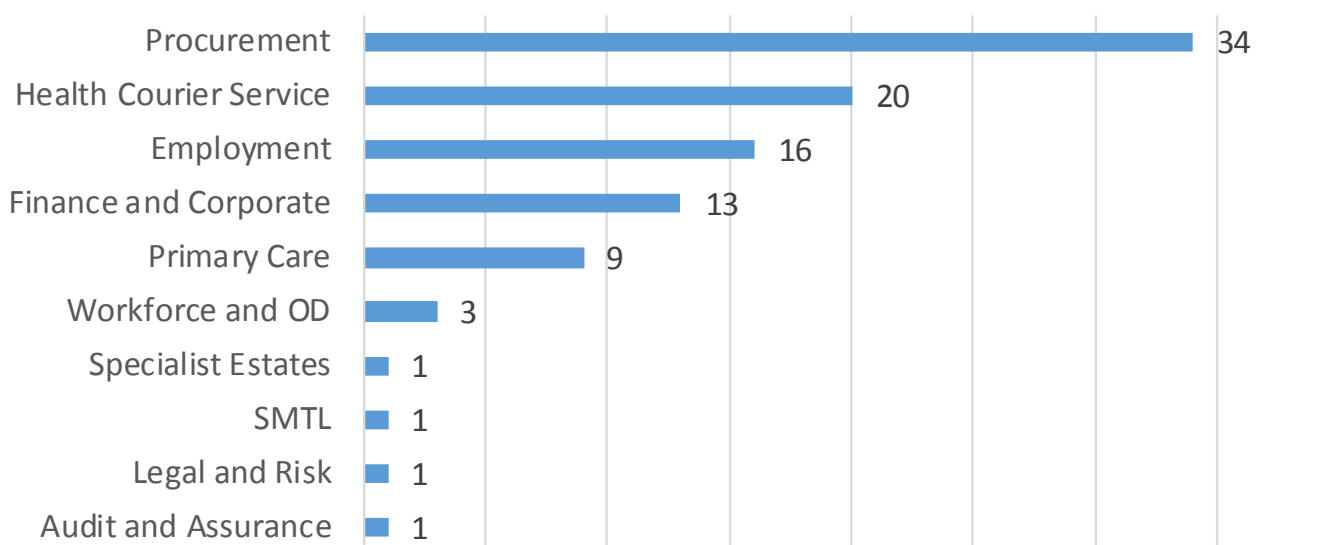*Figure 1 – Health and safety incidents by service group 2018-19*

Service Group	Incidents
Procurement	34
Health Courier Service	20
Employment	16
Finance and Corporate	13
Primary Care	9
Workforce and OD	3
Specialist Estates	1
SMTL	1
Legal and Risk	1
Audit and Assurance	1

Figure 2 – Health and safety incidents by site 2018-19

Site	Incidents
Companies House	20
Cwmbran House and Stores	12
Matrix House	11
Denbigh Stores	9
Charnwood Court	8
Bridgend Stores	7
Other	4
Court Road Industrial Estate	4
Alder House	4
Lakeside Stores	3
Morriston Hospital	3
Royal Glamorgan Hospital	3
Llandough Hospital	2
West Point Industrial Estate	1
Princess of Wales Hospital	1
Picketston Stores	1
Medical Records (Newport)	1
Llanfrechfa Grange Hospital	1
Hafan Derwen	1
Glangwili Hospital	1
C Block (Mamhilad)	1
Brecknock House	1

Figure 3 – Health and safety incidents by service group 2017-19

Service Group	2017-18	2018-19	Trend
Finance and Corporate	4	13	↑
Workforce and OD	0	3	↑
Health Courier Service	19	20	↑
Specialist Estates	0	1	↑
Legal and Risk	0	1	↑
SMTL	0	1	↑
Employment	16	16	*No change*
Audit and Assurance	1	1	*No change*
Procurement	42	34	↓
Primary Care	10	9	↓
Counter Fraud	1	0	↓
Total	**93**	**99**	

The three service groups with the majority of incidents reported are:

- **Procurement:** 19 accidents reported; 1 infection control; 12 manual handling; 2 violence and aggression.
- **Health Courier Service:** 11 incidents related to manual handling; 4 to accidents; 2 sharps incidents and 2 violence and aggression incidents.
- **Employment:** 12 violence and aggression incidents; 3 accidents and 1 manual handling incident.

In comparing to the previous year, a decrease was noted in the reported health and safety incidents for Procurement Services and a slight increase in the incidents reported by Health Courier Service.

Finance and Corporate have increased their reporting by 9 on the previous year. This is due to the travellers at Matrix House which generated a variety of incidents; a number of staff scolding themselves when using the hot water boiler within the kitchen area at Charnwood Court, Nantgarw, a security incident at Companies House and two incidents of human excrement within the toilets of Matrix House.

Workforce and OD's incidents appear to be staff scalding themselves when using the hot water boiler at Charnwood Court offices.

A total of 5 incidents in total at the site in Charnwood Court on staff incidents involving pouring of hot water.

Figure 4 – Health and Safety Incidents by Site 2017-19

Site	2017-18	2018-19	Trend
Charnwood Court	1	8	↑
Companies House	13	20	↑
Cwmbran House and Stores	8	12	↑
Matrix House	6	11	↑
Royal Glamorgan Hospital	0	3	↑
Other (i.e. when on deliveries)	2	4	↑
Glangwili Hospital	0	1	↑
Hafan Derwen	0	1	↑
Llandough Hospital	1	2	↑
Medical Records (Newport)	0	1	↑
Picketston Stores	0	1	↑
SMTL	0	1	↑
Alder House	4	4	*No change*
Llanfrechfa Grange Hospital	1	1	*No change*
Brecknock House	1	1	*No change*
C Block (Mamhilad)	1	1	*No change*
Morriston Hospital	3	3	*No change*
Bridgend Stores	12	7	↓
Court Road Industrial Estate	6	4	↓
Denbigh Stores	11	9	↓
Lakeside Stores	7	3	↓
West Point Industrial Estate	6	1	↓
Pontypool Ambulance Station	5	0	↓
East Glamorgan Hospital	1	0	↓
Oldway Centre (NWSSP no longer at this site, staff relocated to Matrix House)	2	0	↓
Bron Afon (Bryn y Neuadd Hospital)	1	0	↓
Bronglais Stores	1	0	↓

The main increases can be seen at the following sites:

- **Charnwood Court:** This is mainly down to staff scolding themselves when using the hot water boiler within the kitchen area on site.
- **Companies House:** This is mainly down to staff reporting violence and aggression incidents within Employment Services.
- **Cwmbran House and Stores:** This is due to the fact that Health Courier Service have moved into this building as well as Primary Care Services. Incidents include slips, trips and falls on the grounds of Mamhilad Park Estate; clinical waste incidents with HCS; falling whilst delivering; manual handling whilst loading a vehicle and hurting thumb whilst carrying a delivery.
- **Matrix House:** This is mainly down to an incursion by a number of people and vehicles from the traveller community onto the Matrix House site during April and May 2018.
- **Royal Glamorgan Hospital:** These were due to a pallet truck incident and two incidents involving a roll cage and a lift.

Figure 5 – Categories of Health and Safety Incidents 2017-19

Category of incident	2017-18	2018-19	Trend
Manual handling (inanimate load)	14	25	↑
Violence and aggression	14	17	↑
Security incident	3	5	↑
Infection control incident	0	2	↑
Sharps incident (including needlestick)	2	3	↑
Accidents	47	41	↓
Fire incident	5	3	↓
Exposure, spillage of blood, chemical or micro-organism	3	2	↓
Ill health incident	3	1	↓
Dignity at work	2	0	↓
Total	**93**	**99**	

Increases can be seen in the following categories for 2018-19:

- **Manual handling (inanimate load):** See item 3 regarding update on health and safety objectives.
- **Security:** See item 2.2.
- **Violence and Aggression:** See item 3 regarding update on health and safety objectives.
- **Infection control and sharps incidents:** These have increased slightly, see item 2.3.

There appears to be a reduction in the following health and safety categories within NWSSP during 2018-19:

- **Accidents:** See figure 6 for the subcategory of accidents and see item 3 regarding update on slips, trips and falls and contact with an object.
- **Exposure, spillage of blood, chemical or micro-organism**
- **Fire incidents**
- **Ill health incidents:** These are outside of the control of NWSSP.
- **Dignity at work**

Figure 6 – Subcategories of Accidents 2017-19

Subcategory of accident	2017-18	2018-19	Trend
Slip on floor surface or wet surface	0	5	⬆
Contact with a liquid	1	4	⬆
Fall from chair	0	3	⬆
Contact with a hot or cold surface	0	2	⬆
Fall or collapse from a standing position	0	2	⬆
Fall on steps or stairs	1	2	⬆
Fall on ice	0	1	⬆
Slip, trip or fall on same level	7	6	⬇
Contact with an object	25	14	⬇
Cut on sharp material or object	3	1	⬇
Trip over obstacle	6	1	⬇
Unknown fall on floor	1	0	⬇
Lifting, handling and carrying (not persons)	3	0	⬇
Total	**47**	**41**	

The main increases can be seen in the following areas of accident category:

- **Slips and falls incidents**
- **Contact with a liquid**
- **Contact with hot or cold surface**

There appears to be a reduction in the following sub category of accidents:

- **Contact with an object:** See point 3 on update against objectives.
- **Cut on sharp material or object**
- **Trips**
- **Lifting, handling and carrying (not persons)**

2.2 Increase in security incidents 2018-19

The increase is mainly down to an incursion by a number of people and vehicles from the traveller community onto the Matrix House site and an incident which occurred at Companies House where by an unauthorised 'intruder' entered the office.

As a consequence of these incidents, NWSSP's Specialist Estates Services were asked to review the physical security at each of its principle locations. SES reported on strengths and weaknesses and made recommendations for improvement.

In conclusion, the review of NWSSP sites identified a series of issues to be addressed, which can be broadly categorised as follows:

- Operational security management protocols; and
- Enhanced door/entrance area security and access features (in some cases replacement doors and/or new security fittings are required, in others it is a matter of enhancing management arrangements, such as changing access codes).

All recommendations from the report are being actioned at each site.

2.3 Increase in infection control and sharps incidents 2018-19

These such incidents mainly occur within the Health Courier Service and include:

- Finding of a sharps box in clinical waste bin;
- Reaching into a bin and came across an orange clinical waste bag;
- Consignment found in roll cage from microbiology department;
- Whilst emptying a clinical waste bin, driver found bottle filled with used injection pens.

3. Update on Health and Safety objectives 2017-19

A number of health and safety objectives were set in 2017 after identifying the trends on the previous year within NWSSP. The objectives were set for a two year period (2017-19).

- **Objective 1:** Aim to reduce work related slips, trips and falls in the workplace, aspiring to a 10% reduction over two years.

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

- **Objective 3:** Aim to reduce manual handling incidents in the workplace, aspiring to a 10% reduction over two years.

- **Objective 4:** Develop and enhance the health and safety and risk management knowledge and skills of managers and supervisors throughout NWSSP.

- **Objective 5:** Continually improve the health and safety culture within NWSSP.

- **Objective 6:** Regularly monitor and evaluate the health and safety performance throughout NWSSP.

- **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 1: Slips, trips and falls

Figure 7 – Incidents per quarter for the period 2017-19
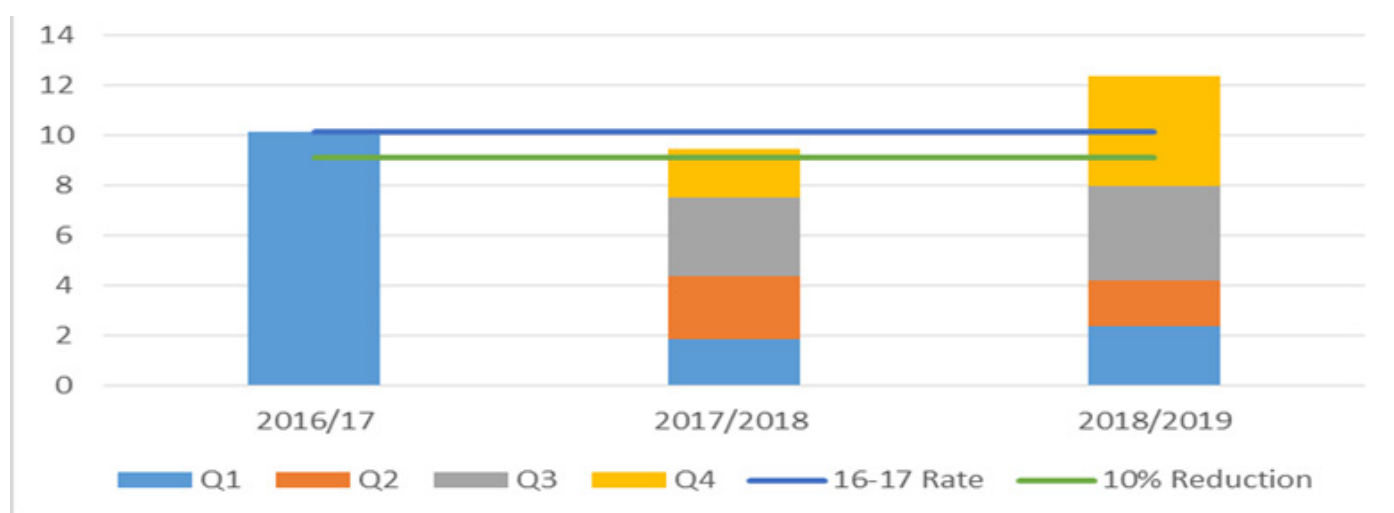
Unfortunately, by analysing the incidents per quarter in figure 7 above, NWSSP has not achieved the 10% reduction target.

The incident rate was calculated per 1,000 employees; 16 incidents were recorded in in 2016 and the formula was 16 ÷ 1,581 x 1,000 = 10.12 - the target to be achieved was therefore 9.11.

There have been 20 slips, trips and falls reported in 2018/2019. In 2017-18 there were 15 incidents recorded.

Figure 8 – Sites where slips, trips and falls occurred 2017-19

Site	Subcategory of accident	Instances	Total
Cwmbran House and Stores	Slip, trip or fall on same level	2	8
	Fall from chair	1	
	Fall on ice	1	
	Fall on steps or stairs	1	
	Slip on floor surface or wet surface	1	
	Trip over obstacle	1	
	Unknown fall on floor	1	
Companies House	Fall or collapse from standing position	2	5
	Slip on floor surface or wet surface	1	
	Slip, trip or fall on same level	1	
	Trip over obstacle	1	
Denbigh Stores	Slip, trip or fall on same level	3	4
	Fall on steps or stairs	1	
Lakeside Stores	Trip over obstacle	3	4
	Fall from chair	1	
Alder House	Fall on steps or stairs	1	3
	Fall from chair	1	
	Slip, trip or fall on same level	1	
Bridgend Stores	Slip on floor surface or wet surface	1	2
	Slip, trip or fall on same level	1	
C Block (Mamhilad)	Trip over obstacle	1	2
	Slip, trip or fall on same level	1	
Morriston Hospital	Slip, trip or fall on same level	2	2
Brecknock House	Slip on floor surface or wet surface	1	1
Bron Afon (Bryn y Neuadd Hospital)	Slip, trip or fall on same level	1	1
Court Road Industrial Estate	Trip over obstacle	1	1
Hafan Derwen	Slip on floor surface or wet surface	1	1
Matrix House	Slip, trip or fall on same level	1	1

The trend in this category appears to be slips, trip or fall on same level. There was a total of 13 incidents over the two year period.

The sites with the majority of the incidents reported were:

- **Companies House:** 5
- **Cwmbran House and Stores:** 8

Within Companies House there appears to be no trend as the incidents are a variety in nature, including tripping over a box and tripping over cables. Three incidents were within the car park area, when members of staff slipped on paving slabs or lost their footing. The Business Support Manager continually liaises with Companies House management to relay all car park incidents as this area is outside of the remit of NWSSP.

At Cwmbran House, Pontypool, the main trend appears to be within the grounds of the site where staff have either fallen in puddles, on concrete, over a kerb or on ice. Again, the Business Support Manager continues to liaise with the landlord of the site with regard to incidents occurring in the grounds.

Figure 9 – Subcategories of accidents 2017-19

Subcategory of accident	2017-18	2018-19	Trend
Slip on floor surface or wet surface	0	5	↑
Fall from chair	0	3	↑
Fall or collapse from a standing position	0	2	↑
Fall on steps or stairs	1	2	↑
Fall on ice	0	1	↑
Slip, trip or fall on same level	7	6	↓
Trip over obstacle	6	1	↓
Unknown fall on floor	1	0	↓
Total	**15**	**20**	

Over the two year period, increases can be seen in the following areas:

- **Slip on floor surface or wet surface**
- **Fall from chair**
- **Fall or collapse from standing position**
- **Fall on steps or stairs**
- **Fall on ice**

From looking at figure 7, it would appear that within 2018-19 the third and fourth quarters saw the highest reporting rate of incidents, with six incidents in the third and seven incidents in the fourth.

The six slips, trips and falls reported in the third quarter were as follows:

- Slipping on wet floor in Bridgend Stores;
- Falling over a box in Companies House;
- Slipping on leaves in car park in Companies House;
- Falling from a chair in Cwmbran House;
- Tripping on uneven ground Denbigh Stores; and
- Tripping whilst moving an electric truck at Morriston Hospital Stores.

The seven slips, trips and falls reported in the fourth quarter were as follows:

- Slipping over a protruding pole at the University Hospital of Wales site;
- Falling on ice and slipping in car park in Cwmbran House;
- Falling over a kerb at Alder House;
- Falling off a chair in Alder House;
- Falling over pallets in Denbigh Stores; and
- Slipping on mud at Royal Glamorgan Hospital (recorded as Cwmbran for recording purposes).

The increases appear to be occuring during winter months within site grounds.

Lessons learnt as a consequence include:

- Ensuring all broken chairs are identified and decommissioned;
- Encouragaging staff to walk on designated footpaths at all times;
- Ensuring that wet floor signs are left in a clear and visual position when cleaning is taking place;
- Inclement weather procedures to be reviewed regularly at sites and with landlords;
- Timer lighting replaced with sensor lighting;
- Ground sensors lights to be checked reguarly;
- Review cleaning times on a regularly basis;
- Reporting of grounds issues to landlords in a timely manner;
- Encourage staff to report grounds issues to site managers/landlords;
- Regularly discuss site issues at Landlord and Tenants meetings;
- Flooring replaced in lift area;
- Encouraging of good housekeeping;
- Health and Safety representatives to inspect areas on a regular basis as well as the quarterly Workplace checklist;
- Encourage staff to report incidents in a timely manner so that investigations can be carried out, also in a timely manner; and
- Ensuring that no cleaning is carried out when forklift trucks are in operation.

Objective 2 – Contact with an object

Figure 10 – Incidents per quarter for the period 2017-19
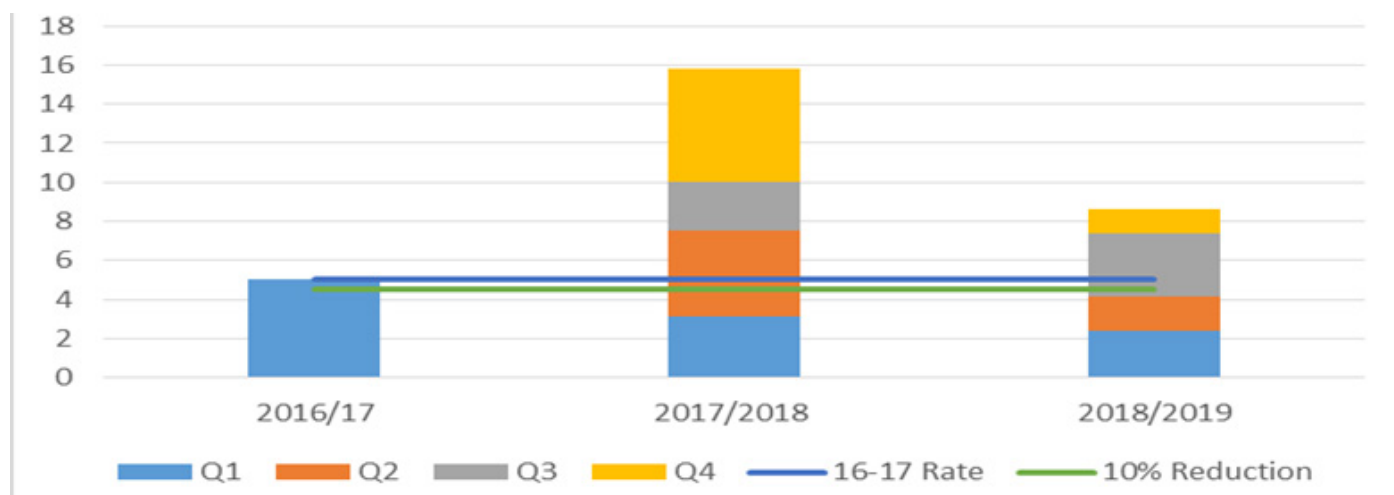
Unfortunately, by looking at the analysis of the incidents per quarter in figure 10 above, NWSSP has not achieved the 10% reduction target.
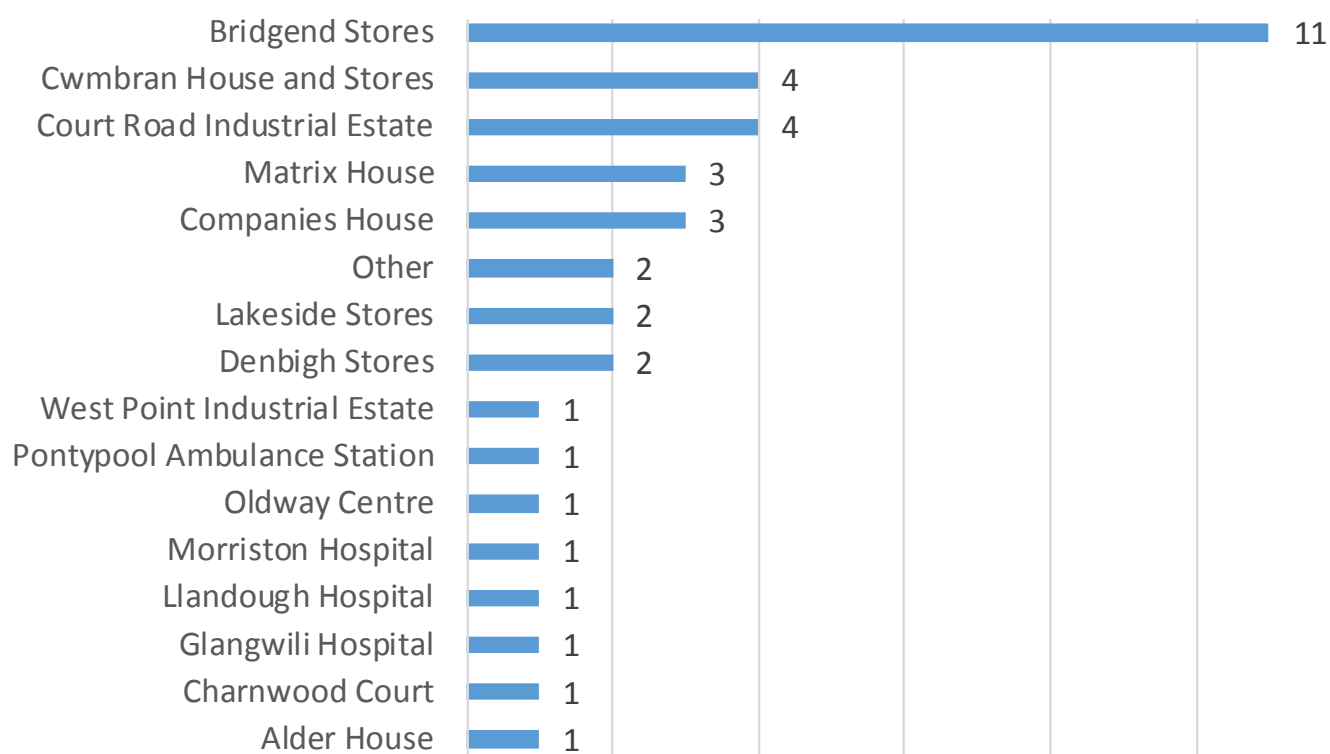
The incident rate was calculated per 1,000 employees – 8 incidents were recorded in in 2016 and the formula was $8 \div 1,581 \times 1,000 = 5.06$ the target to be achieved was therefore 4.55.

There were 8 contact with an object incidents reported in 2016-17, 25 in 2017-18 and 14 in 2018-19.

Figure 11 – Subcategories of accidents 2017-19

Subcategory of accident	2017-18	2018-19	Trend
Contact with an object	25	14	↓

Figure 12 – Sites at which contact with an object incidents occurred 2017-19

Site	Count
Bridgend Stores	11
Cwmbran House and Stores	4
Court Road Industrial Estate	4
Matrix House	3
Companies House	3
Other	2
Lakeside Stores	2
Denbigh Stores	2
West Point Industrial Estate	1
Pontypool Ambulance Station	1
Oldway Centre	1
Morriston Hospital	1
Llandough Hospital	1
Glangwili Hospital	1
Charnwood Court	1
Alder House	1

The site with the most incidents in this category is Bridgend Stores, where a total of 11 incidents occurred during 2017-19.

Figure 13 – Sites at which contact with an object incidents occurred 2017-18

Site	Count
Bridgend Stores	7
Court Road Industrial Estate	3
Companies House	3
Cwmbran House and Stores	2
Matrix House	2
Other	1
Lakeside Stores	1
Denbigh Stores	1
West Point Industrial Estate	1
Pontypool Ambulance Station	1
Oldway Centre	1
Morriston Hospital	1
Llandough Hospital	1
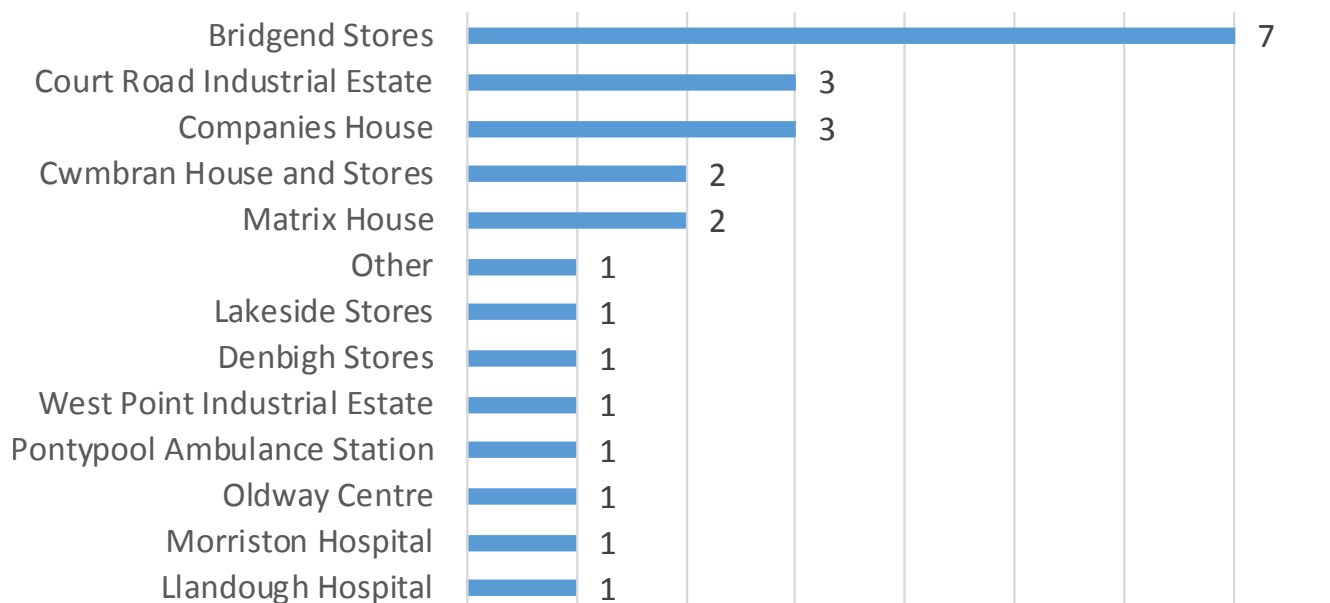
Figure 14 – Sites at which contact with an object incidents occurred 2018-19
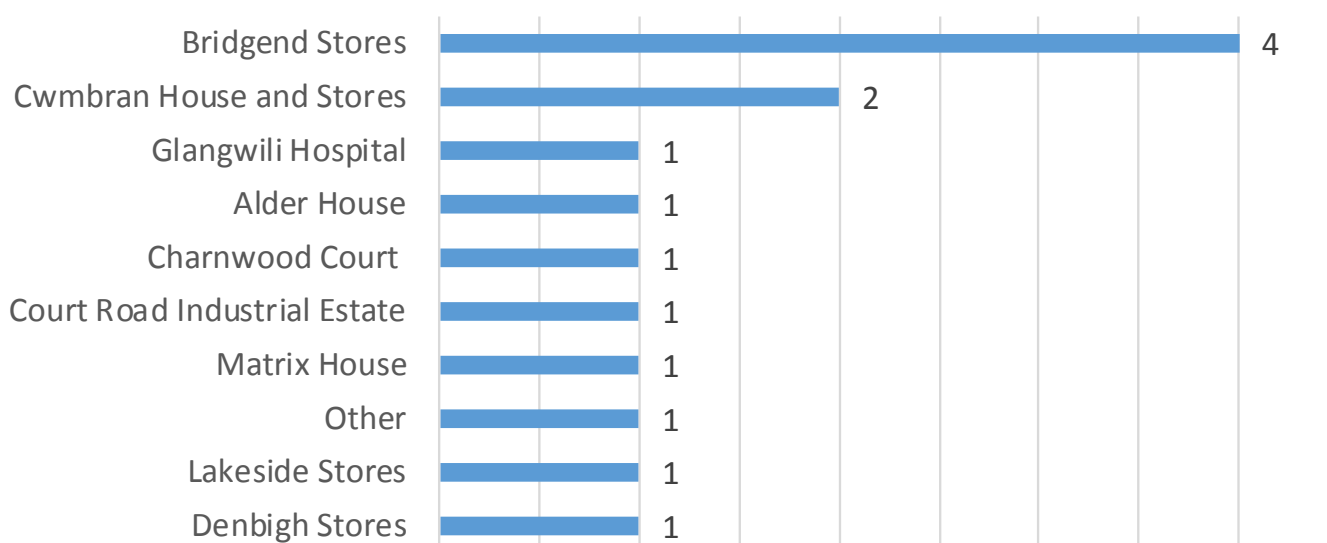
The site with the majority of the incidents reported was Bridgend Stores with a total of 11 incidents in the two year period. There appears to be no trends within stores or across NWSSP.

Contact with an object incidents reported at Bridgend Stores during 2017-19 were:

- Pallet truck caught metal base
- Hit head on mirror guard
- Hand struck on shelving
- Whilst carrying stock fell and hit glasses
- Compactor hit hand whilst moving
- Stock fell onto person
- Hit head on bar whilst picking
- Dropped box
- Door closed on leg
- Walked into a flatbed trolley
- Caught face on vehicle

Incidents reported from other NWSSP sites include the following during 2017-2019:

- Caught hand on roll cage
- Hit head on metal racking
- Stock fell onto person
- Wheelchair hit into member of staff
- Caught hand on scissor lift
- Hit leg on filing cabinet
- Member of staff caught self on automatic doors
- Door shut on member of staff
- Hit head on vehicle mirror
- Hit head on roll cage
- Trapped finger on chair
- Hit head on hand towel cover
- Hat stand fell onto person
- Door slammed into person
- Member of staff walked into a step ladder

There appears to be a decrease in the incidents of contact with an object in 2018-19.

Lessons learnt as a consequence include:

- Encouraging staff to report incidents in a timely manner, so that that investigations can be carried out in a timely manner;
- Ensuring staff use the correct ladder for the task;
- Ensuring staff who use ladders have been sighted to the safe system of work;
- When using a pallet truck for drivers to ensure they carry out a visual check to identify hazards;
- Encouraging of staff to report site issues in a timely manner;
- Not to assist wards in putting stock away;
- Rubber edging to be placed on the HGV mirrors;
- Procurement/HCS Drivers to alert managers of any delivery access issues;
- Within stores environment, when carrying a heavier/larger item to be given right of way in smaller congested areas to reduce/avoid contact with an object;
- Ensuring broken items are identified and decommissioned;
- Ensuring that filing cabinet draws are closed after use;
- Refresher training in the use of roll cages and safe systems of work;
- Forklift truck refresher training;
- Ensuring segregation of pedestrians and vehicles in stores wherever possible; and
- Inspections and audits have taken place across procurement stores to ensure that safe storage guidelines were being adhered to and lowering the shelving for storage of lighter products; and heavier items being stored at waist height and on suitable robust shelving.

In previous years, staff members working in stores sites were hitting their heads on racking and the number of contact with an object incidents was 25. Procurement Services introduced 'picking sticks' at the stores (pictured) and this appears to have reduced the amount of incidents of staff hitting their head on racking.

Objective 3 – Manual Handling Incidents

Figure 15 – Incidents per quarter for the period 2017-19
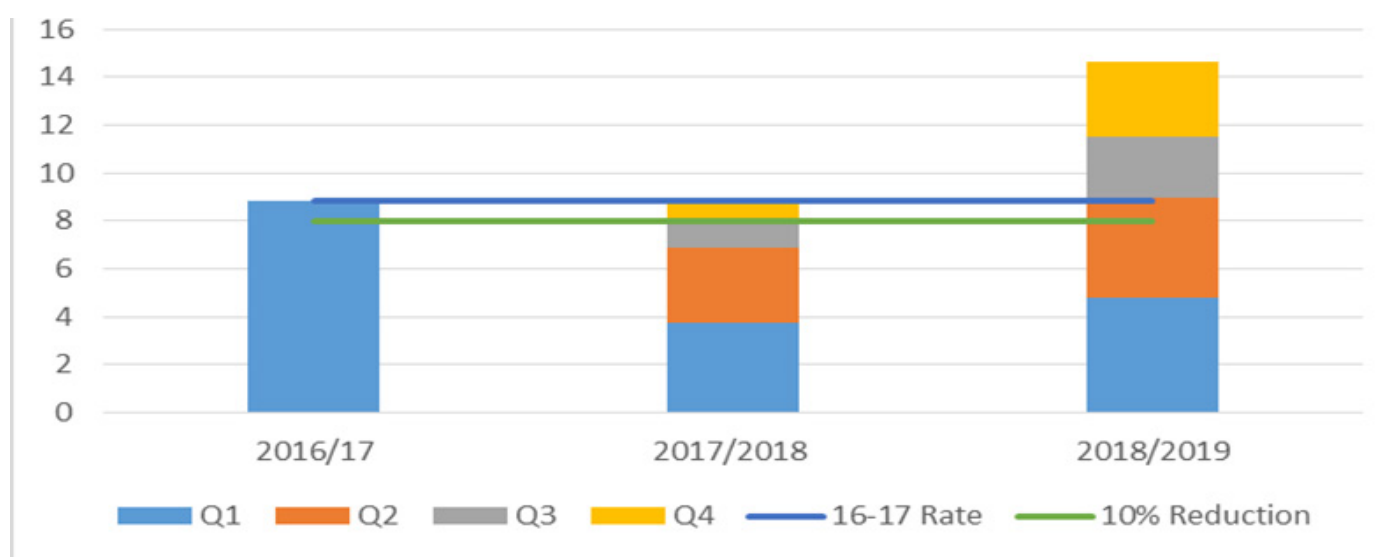
Unfortunately, by looking at the analysis of the incidents per quarter in figure 15 above, NWSSP has not achieved the 10% reduction target.

The Incident rate was calculated per 1,000 employees – 14 incidents were recorded in in 2016 and the formula was $14 \div 1,581 \times 1,000 = 8.85$ the target to be achieved was therefore 7.96.

There have been 25 manual handling incidents reported in 2018-19. In 2017-18 there were 14 incidents recorded.

Figure 16 – Subcategories of manual handling incidents 2017-19

Subcategory of incident	2017-18	2018-19	Trend
Injured whilst pushing or pulling a load	1	13	↑
Injured whilst carrying a load	1	3	↑
Injured whilst lowering a load	0	2	↑
Injured whilst lifting a load	3	4	↑
Injured whilst reaching and/or stretching	2	1	↓
Injured whilst bending and/or twisting	3	2	↓
Injured whilst being moved, handled or transferred	3	0	↓
Injured whilst moving equipment	1	0	↓
Total	14	25	

Figure 17 – Site manual handling incidents 2017-19

Site	Subcategory of accident	Instances	Total
Denbigh Stores	Injured whilst pushing or pulling a load	3	10
	Injured whilst lifting a load	3	
	Injured whilst moving equipment	1	
	Injured whilst lifting a load	1	
	Injured whilst bending and/or twisting	1	
	Injured whilst being moved, handled or transferred	1	
Bridgend Stores	Injured whilst carrying a load	1	3
	Injured whilst lifting a load	1	
	Injured whilst reaching and/or stretching	1	
Morriston Hospital	Injured whilst pushing or pulling a load	2	3
	Injured whilst reaching and/or stretching	1	
Royal Glamorgan Hospital	Injured whilst pushing or pulling a load	2	3
	Injured whilst lifting a load	1	
Companies House	Injured whilst pushing or pulling a load	1	2
	Injured whilst bending and/or twisting	1	
Court Road Industrial Estate	Injured whilst pushing or pulling a load	1	2
	Injured whilst bending and/or twisting	1	

Cwmbran House and Stores	Injured whilst carrying a load	1	2
	Injured whilst bending and/or twisting	1	
Lakeside Stores	Injured whilst lowering a load	1	2
	Injured whilst being moved, handled or transferred	1	
Llanfrechfa Grange Hospital	Injured whilst pushing or pulling a load	1	2
	Injured whilst being moved, handled or transferred	1	
Other	Injured whilst pushing or pulling a load	2	2
Pontypool Ambulance Station	Injured whilst lifting a load	1	2
	Injured whilst bending and/or twisting	1	
Alder House	Injured whilst lifting a load	1	1
Llandough Hospital	Injured whilst pushing or pulling a load	1	1
Medical Records (Newport)	Injured whilst pushing or pulling a load	1	1
Picketston Stores	Injured whilst carrying a load	1	1
West Point Industrial Estate	Injured whilst carrying a load	1	1

There was a persistent level of manual handling incidents reported within NWSSP during 2018-19.

The highest subcategory of manual handling incidents during 2018-19 was injured whilst pushing and pulling a load (13 incidents). This was mainly due to roll cage incidents whilst loading and unloading is taking place. It can be seen in the figure 17 that the majority of the incidents occurred within Denbigh Stores (10 incidents). It should be noted that this includes the Health Courier Service as this service group is also based in Denbigh Stores.

The majority of the pushing and pulling incidents involve roll cages at the various sites.

NWSSP has spent approximately £9,000 over the last three years on classroom-based training with an external manual handling trainer. Feedback received about the sessions from attendees stated that the training did not relate to hazards they experience within their working environments.

NWSSP's Health and Safety Manager met with their counterpart at Cardiff and Vale University Health Board in October 2018 and NWSSP has commissioned them to provide manual handling training to its staff.

Advantages of this include:

- Cardiff and Vale have eight dedicated manual handling trainers.
- Trainers give practical skills in a classroom setting.
- There are two dedicated training venues; one in Llandough Hospital and one at Denbigh House on UHW site.
- Sessions comprise of a maximum of ten attendees with two allocated trainers.
- Training consists of an initial foundation course which is half day training session and every two years a refresher session.
- Training sessions are held on a monthly basis.
- A three monthly rolling programme is issued.

Staff in the North Wales region will continue with the existing external provider and staff based within Hywel Dda sites will continue to utilise the health board's in-house manual handling trainers.

Lessons learnt as a consequence include:

- Additional training has been rolled out to staff within stores on roll cages;
- Supervisors to ensure that the correct techniques for manual handing inanimate load is occurring;
- Staff to be encouraged to report site issues to site managers and landlords;
- Full fingered gloves to be worn when undertaking disposal of computer equipment;
- A motorised trolley to be used instead of roll cages;
- Staff encouraged to take regular breaks;
- Promoting the use of the picking sticks within stores;
- Encourage staff to report lift issues;
- Identification of defective roll cages and decommissioning;
- Encourage staff not to use defective roll cages;
- Encourage staff not catch items when they are falling as per manual handling training;
- Continually inform staff of safe systems of work involving stacking of pallets, with heavy items on the bottom of pallet;
- Ensuring that staff who have an element of manual handling inanimate load in their day to day routine, to undertake class room based training every two years;
- Use of electric pallet trucks for all large/full pallets;
- Any pallets above 900kg to be broken down prior to movement;
- All over weight pallets should be reported to supervisor for further action;
- Manual pallet trucks to be used for light pallets only;
- Ensuring that all deliveries of 20 items or above to be delivered on pallets;
- Goods to be placed on pallets and not on floors; and
- Goods should be moved from racking to good out via pallet truck or roll cages.

Objective 4 – Develop and enhance health and safety knowledge and skills

In achieving this objective the following has been carried out:

- Sites carry out training needs analysis for staff to ensure they are carrying out the correct training during their first month of employment;
- A total of 21 staff have successfully passed the IOSH Managing Safely accreditation;
- A total of 37 staff have successfully passed the IOSH Working Safely accreditation. This e-learning course is offered to H&S representatives, along with appropriate managers and supervisors from procurement stores and HCS. The IOSH Managing Safely e-learning training course is designed to help supervisors, managers and heads of department effectively manage their teams' health and safety.
- Staff and supervisors are given training in how to use the Datix system and how to undertake investigations; and
- NWSSP has dedicated intranet pages for health and safety information.

Objective 5 – Improve health and safety culture

In achieving this objective the following has been carried out:

- Periodic campaigns to promote the use of Datix for recording of incidents, accidents and near misses in a timely manner;
- NWSSP Health and Safety procedure was issued and awareness was raised;
- Quarterly health and safety newsletters are produced and circulated to all staff on features and hot topics;
- Regular health and safety meetings are held across wales on a quarterly basis;
- All sites have a prominent health and safety notice board in situ;
- All sites undertake the health and safety site induction handbook within the first month of a staff member being employed;
- The Health and Safety Manager promotes a sensible health and safety approach as part of the NWSSP Corporate Induction programme; and
- The health and safety intranet pages are continually updated to ensure latest information is displayed for staff.

Objective 6 – Monitor and evaluate Health and Safety Performance

In achieving this objective the following has been carried out:

- An annual report on Health and Safety is produced;
- Quarterly reports are produced in readiness for Senior Management Team and the All Wales H&S meetings and an analysis of trends is undertaken;
- Regular site audits are undertaken across Wales by the Health and Safety Manager and a quality assurance rating is undertaken;
- An analysis of trends is undertaken from site audits; and
- Lessons are learnt as a consequence of incidents which occur across Wales and this is fed back at health and safety meetings.

Objective 7 – A zero tolerance culture regarding violence and aggression

NWSSP recognises and accepts its responsibility to provide a safe and secure environment for service users, staff and visitors. Violent or abusive behaviour is not tolerated and appropriate action is taken to protect staff, service users and visitors. NWSSP recognises that violence is a crime and NWSSP support staff following a violent incident and will work with the police in pursuing a criminal prosecution where possible.

All violence and aggressive incidents are fed into the Velindre University NHS Trust management team who have a duty to report all incidents relating to violence and aggression directly to Welsh Government on behalf of the hosted organisations.

Figure 18 – Violence and aggression incidents per quarter 2017-19
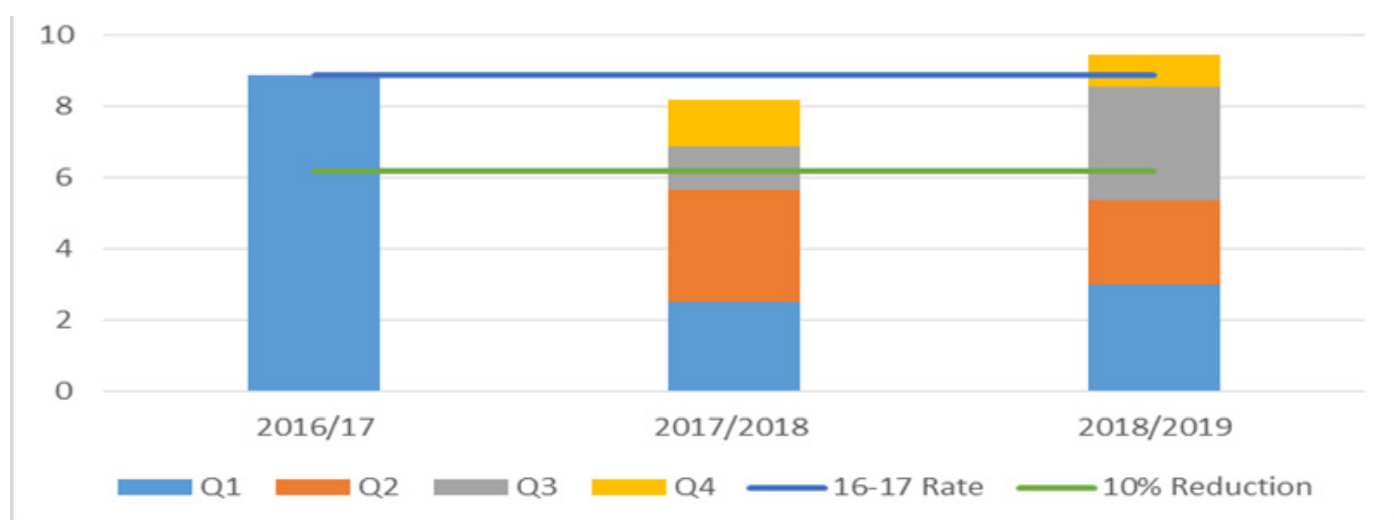
Unfortunately, by looking at the analysis of the incidents per quarter in figure 18 above, NWSSP has not achieved the 30% reduction target.

The Incident rate was calculated per 1,000 employees – 14 incidents were recorded in in 2016 and the formula was $14 \div 1,581 \times 1,000 = 8.85$ the target to be achieved was therefore 7.96.

There have been 17 violence and aggression incidents reported in 2018/2019. In 2017-18 there were 14 incidents recorded. See figure 19 which states the sub categories of the violence and aggression incidents.

Figure 19 – Subcategories of violence and aggression incidents 2018-19

Subcategory of incident	2017-18	2018-19	Trend
Telephone abuse or rage	2	9	↑
Staff attitude	2	4	↑
Inappropriate comments or gestures	1	1	No change
Verbal assault or abuse	1	1	No change
Aggressive or threatening behaviour and/or intimidation	5	2	↓
Abuse via email	1	0	↓
Physical assault	1	0	↓
Sexual assault	1	0	↓
Total	**14**	**17**	

From looking at the subcategories of incidents it is clear that the majority of incidents are from telephone abuse.

Figure 20 – Violence and aggression incidents by site during 2017-19
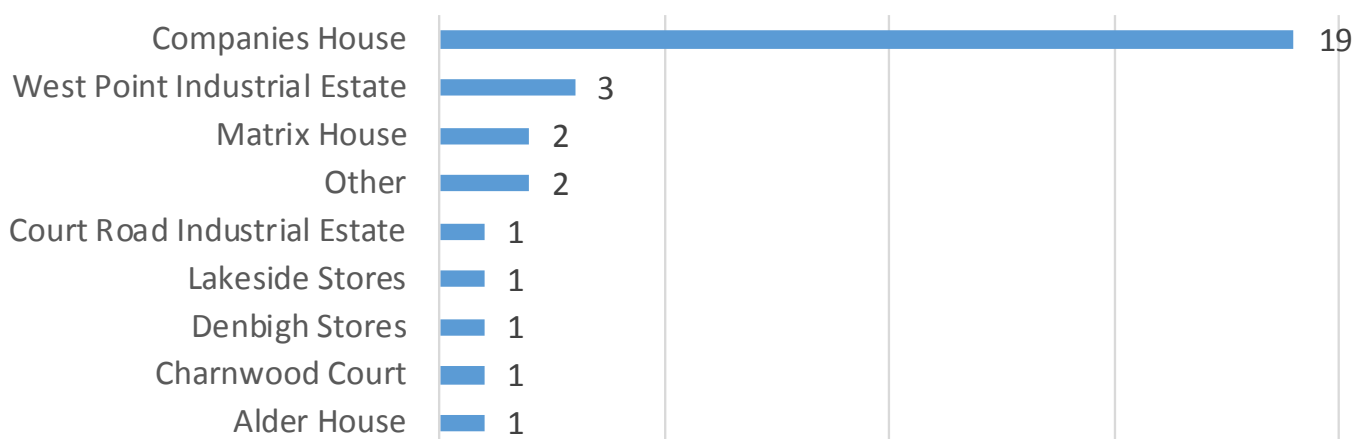
The majority of incidents have occurred within Companies House and involve Employment Services staff. Abusive calls are mainly from health board staff who have incorrectly been paid or have pay queries. Incidents are reported to the health board and dealt with appropriately. The increase would be mainly due to staff being encouraged to report such incidents.

Lessons learnt as a consequence include:

- Relevant Health Boards alerted to unacceptable issues;
- Promoting to Health Boards that NWSSP has a zero tolerance to violence and aggression;
- Continually encouraging staff to report incidents:
- Continually encouraging staff to report in a timely manner;
- Exploring Conflict Management training across NWSSP;
- At a certain site PPV team liaised with Optometry Wales for presence when conducting future visits;
- Ensuring that customer information is captured so as to complete investigations;
- Dash camera footage undertaken with health courier services drivers and can be used as evidence if required;
- Ensuring staff have undertaken the core skills training in violence and aggression; and
- Payroll assessing enrolment forms.

4. Reporting of Injuries, Diseases and Dangerous Occurences Regulations (RIDDOR)

A total of **seven** incidents were reported under RIDDOR in 2018-19. In the previous year there were also seven incidents reported.

Figure 7 – Categories of RIDDOR incidents 2018-19

Type of accident	Division	Severity	Datix reference
Slip and trip	Health Courier Service	Over seven day injury	73537
Slip and trip	Procurement	Specified injury	71724
Lifting and handling	Health Courier Service	Over seven day injury	70942
Lifting and handling	Procurement	Over seven day injury	70869
Pushing and pulling	Health Courier Service	Over seven day injury	70722
Lifting and handling	Procurement	Over seven day injury	69529
Lifting and handling	Health Courier Service	Over seven day injury	69311

Occasionally there have been a significant delays in reporting incidents using the Datix system and as a consequence, this delays reporting to Health and Safety Executive (HSE). It is important that incidents are reported in a timely manner and staff are regularly reminded of this.

5. Personal injury claims

In the period from April 2018 to March 2019 there was one new claim. A new claims procedure is currently being devised by Welsh Risk Pool.

6. Health and Safety Executive Enforcement Action

During the year there were no prosecutions, enforcement actions or intervention costs by either the Health and Safety Executive (HSE) or Environmental Health.

7. Risk management

7.1 Risk Assessments

In accordance with the Management of Health and Safety at Work Regulations 1999, there is a requirement to have processes in place for undertaking "suitable and sufficient" risk assessments for all activities undertaken for work tasks that involve a potential risk of injury to those undertaking the task.

NWSSP ensures that risk assessments react to changes which occur following work tasks and post–risk assessments are also undertaken in an attempt to learn lessons and prevent reoccurrence. All risks identified are assessed using a matrix which takes into account the likelihood of the risk occurring and the resulting severity.

Risk Scoring Matrix

Impact	Description	
1	Insignificant	No injury
2	Minor	Minor injury
3	Moderate	Moderate injury, RIDDOR reportable
4	Major	Major injury, severe
5	Catastrophic	Death

Likelihood	Description	
5	Almost certain	Will happen frequently
4	Likely	Will probably happen, not regularly
3	Possible	Might happen occasionally
2	Unlikely	Not expected to happen
1	Rare	Never happened

Risk Score	

Score	Risk rating
1-3	Low
4-6	Moderate
8-12	Significant
15-25	Critical

8. Policies issued

NWSSP has approved health and safety policies in place that set a clear direction and clarify responsibilities at all levels of the organisation.

The following policies have been approved by Velindre University NHS Trust during 2018-19 and are available to view on the NWSSP Health and Safety intranet pages:

- QS30 Lone Working Policy
- QS14 Safer Manual Handling Policy
- QS09 Latex Policy
- QS15 Violence and Aggression Policy
- QS23A Fire Prevention Protocol
- WF54 Violence, Domestic Abuse and Sexual Violence Policy
- Control of Contractor Policy
- Security Policy
- All Wales Menopause Policy
- NWSSP Contractor Handbook (revised March 2019)
- PP 04 - The Asbestos Policy
- QS15 - Management of Violence and Aggression Policy
- QS33 - COSHH Policy
- QS09 - Policy for the Management of Latex and Latex Allergy
- Suspect Packages and Bomb Threats Protocol
- Prevention of Fire and Arson Protocol

9. Training

The following training has been undertaken within NWSSP during the year.

- Fire Marshal training
- Training for Bomb, Suspicious Mail
- DSE Assessor refresher training
- DSE e-learning
- Datix training
- Asbestos Awareness training
- Asbestos Nominated Lead training
- Legionella training
- Legionella Awareness training

9.1 IOSH Managing and Working Safely

This e-learning course is offered to Health and Safety representatives, along with appropriate managers and supervisors from procurement stores and HCS.

A total of **37** staff have successfully passed the **IOSH Working Safely** accreditation.

The IOSH Managing Safely e-learning training course is designed to help supervisors, managers and heads of department effectively manage their teams' health and safety. A total of **21** staff have successfully passed the **IOSH Managing Safely** accreditation.

9.2 Core Skills Framework

NHS Wales is committed to adopting the core skills framework to provide training for employees. The UK-wide framework includes ten key subjects which feature as the statutory and mandatory requirements for training within the health sector.

The modules are:

- Fire Safety level 1
- Moving and Handling level 1
- Health, Safety and Welfare level 1
- Violence and aggression level 1
- Treat Me Fairly level 1
- Resuscitation level 1
- Infection Prevention & Control level 1
- Safeguarding Children level 1
- Safeguarding Vulnerable Adults level 1
- Information Governance level 1

The Health, Safety and Risk Manager monitors completion rates for the statutory and mandatory core skills training framework on a monthly basis, to ensure that the statutory modules relating to health, safety and governance are completed as required. Each NWSSP health and safety lead also has a responsibility for monitoring compliance for their directorate and providing reports on completion rates relevant to their areas of work at quarterly meetings.

As at 31 March 2019 the compliance was **92.69%**.

10. Consulation, communication and control

The Director of Workforce and Organisational Development leads on the overall direction of health and safety for NWSSP, with the Health and Safety Manager continuing to improve performance through regular monitoring, reviewing processes and having regular discussions under the Health and Safety Committee Structure.

NWSSP has established an effective means of communication and consultation with its staff through regular health and safety specific newsletters and articles within the internal magazine, which demonstrates a proactive, positive approach to raising awareness of health and safety issues.

There is a Health and Safety Committee in place with approved terms of reference. Through this structure NWSSP communicates and consults with employees on health and safety issues. The various health and safety groups in place have suitable management membership to implement actions and meetings are held on a quarterly basis. In addition, trade unions are invited to attend.

Regular health and safety reports are submitted to the Senior Management Team (SMT) on a quarterly basis. The SMT receives, discusses and scrutinises reports and provides updates on any issues associated with the management of health and safety risks. The SMT ensures that health and safety issues are integrated into its Integrated Medium Term Plan (IMTP) business planning process and appropriately actioned.

10.1 All Wales Health and Safety Meetings

A Health and Safety Committee structure, with membership including management and trade unions, ensures good communications and consultation with all internal stakeholders.

10.2 Regional Health and Safety Groups

The regional Health and Safety groups support managers and staff in addressing health, safety and fire risks at a local level to ensure compliance with relevant standards and legislation. There are two regional health and safety groups. One for North Wales region and one for South East/Mid-West region.

10.3 Site/Operational Health and Safety Groups

Site specific groups meet on a quarterly basis and filter the issues which have been raised at the regional health and safety meetings to staff at each site.

10.4 All Wales Procurement Services Health and Safety Group

The Procurement Services continue to hold twice yearly procurement health and safety meetings to address health and safety issues for the directorate.

10.5 Welsh Health Board Trusts Safety Advisors Forum (WHBTSAF)

The Health and Safety Manager sits on the Welsh Health Board Trusts Safety Advisors Forum (WHBTSAF) meetings which meet on a quarterly basis and provide an opportunity to discuss pan Wales issues.

10.6 NWSSP Health and Safety intranet pages

Within NWSSP a dedicated health and safety website has been set up for staff.

This was initially set up during 2016-17 and provides an array of useful information for all staff. The health and safety intranet pages continues to be updated on a regular basis to maintain an accurate information repository.

http://nww.sharedservicespartnership.wales.nhs.uk/health-and-safety-nwssp

10.7 Health and Safety Newsletter

NWSSP issues a health and safety newsletter which is distributed to staff on a quarterly basis.

11. Estates compliance: Velindre-leased sites

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

The Health and Safety Manager manages estates statutory compliance for Velindre-leased sites and also attends the Velindre estates management group meetings and feeds back NWSSP issues and non-conformities. Areas covered by statutory compliance include electricity at work, legionella, fire safety and asbestos.

Many NWSSP locations are at health board and trust sites; when the Health and Safety Manager undertakes annual site visits, issues are often addressed directly with site managers to ensure compliance from the health body's perspective. This is not always easy as their priorities are patient care and not our offices on their sites.

11.1 Management of Asbestos Containing Materials at NWSSP

We are fortunate in NWSSP that Asbestos Containing Materials (ACMs) are not present in a significant proportion of our estate. However at our leased site at Brecon House, Mamhilad Park Estate, there is a significant quantity of ACM which is in keeping with the age and previous use of the premises.

In November 2018, due to the first floor lease being negotiated at Brecon House, the Health and Safety Manager for NWSSP undertook an exercise whereby all the ACMs were identified, recorded and labelled.

As a consequence a new-style Asbestos Management Plan has been produced, by the Health and Safety Manager, and this is used within the ground floor and first floor of Brecon House. This enables the site to undertake regular reviews and consider periodic re-surveys, reducing the costs associated with external consultants but also increasing scrutiny of asbestos items.

11.2 Fire Management

Organisational management of fire safety is undertaken by the All Wales Health and Safety Group. The group is supported by the Specialist Estates Service Group and they assist with practical matters relating to physical fire safety.

As part of an integrated approach, the Specialist Estates Services Fire Safety Advisor and the Health and Safety Manager continually liaise with Velindre fire safety advisors to ensure consistent communication channels are in place to provide assurance on NWSSP's compliance.

The Health and Safety Manager for NWSSP represents NWSSP on the Velindre NHS Trust Estates/Statutory Compliance Management Group and provides updates on the collation of data for the mandatory data collection audit.

11.3 Fire Risk Assessments

In accordance with the provisions of the Regulatory Reform (Fire Safety) Order 2005 NWSSP undertake regular fire risk assessments. A Fire Risk Assessment is an organised, methodical look at premises, the activities carried on the premises, and the likelihood of whether a fire could start and cause harm to those in the vicinity of the premises.

The purpose of the Fire Risk Assessment is to identify potential Fire Hazards, identify steps to be taken to reduce any risks to as low as reasonably practicable, and to recommend what fire precautions and management arrangements can be put in place to ensure safety if a fire does occur. The Fire Safety Advisor within the Specialist Estates Directorate undertakes fire risk assessments for the Velindre leased sites.

Following on from fire risk assessments, the Health and Safety Manager for NWSSP ensures that all the actions are carried out as a consequence and works with the site leads and landlords of each site.

11.4 Personal Emergency Evacuation Plan (PEEP)

The Regulatory Reform (Fire Safety) Order 2005 places a legal duty on those with 'responsibility' over the management and operation of premises to provide adequate means for emergency escape in the event of fire for all building occupants. The same rights in law apply to those members of staff or visitors in a building who for whatever reason suffer from some degree of impairment that puts them at a disadvantage in the event of an emergency. The Order requires fire risk assessments to be undertaken as the means by which a 'responsible person' can identify and manage fire risks. The provision of facilities for the safe emergency evacuation of those with impairments should be considered an important part of the fire risk management process.

NWSSP manages these risks through undertaking Personal Emergency Evacuation Plan (PEEP) on an as and when required basis using the expertise of the Fire Safety Advisors within Specialist Estates directorate.

12. Health and Safety legislation

12.1 Register of Legislation

A review of legislative requirements is continually undertaken to establish which environmental and/or health and safety legal requirements apply to NWSSP's operations. As a result, a register of legislation is held to assist in developing an action plan with action points for strengthening and maintaining compliance levels. Velindre University NHS Trust have utilised the register as a template to support their own health and safety management processes.

Welsh Language Annual Performance Report

NHS Wales Shared Services Partnership

Cymraeg

GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasanaethau
Shared Services
Partnership

Introduction

The Welsh Language Annual Performance Report for 2018-19 details the work the Welsh Language function has completed and how the Welsh Language Services Manager and team has worked to provide continued support and Welsh Language compliance within NHS Wales Shared Services Partnership [NWSSP] during the year.

This year's report focuses on the importance of continuing to work in collaboration with all directorates and service delivery areas within NWSSP and preparing for compliance with the Welsh Language Standards (No.7) Regulation 2018 by the 30th of May 2019; and that the organisation creates a greater awareness of the Welsh Language and the services which we are required to provide in both Welsh and English.

The Report details the achievements and progress made during 2018-19 in relation to the Welsh Language.

The Welsh Language within NWSSP include the following principles:

- To promote awareness and knowledge of the use of the Welsh Language in Wales;
- To inform staff of the expectations of individuals and the wider public who receive services from NWSSP through the medium of Welsh;
- To provide staff with the appropriate tools and support to enable them to comply with the Welsh Language Standards;
- To ensure that all services, operational procedures, policymaking decisions and records kept are compliant with the law of the Welsh Language (Wales) Measure 2011, and the Welsh Language Standards (No7.) Regulations 2018.

The NWSSP's aim is to position the organisation and the staff who work within NWSSP to be confident and consistent in the way that the Welsh Language is integrated into service planning and delivery, to avoid duplication of effort, to share good practice and to lead to improvements in:

- Providing services to individuals, persons and the public at large through the medium of Welsh which is equal to the English language;
- Work towards compliance with the Welsh Language Standards legislation and developments in future legislation;
- Continued employee awareness, training and development;
- Developing a Welsh Language Unit that will meet the immediate, medium and longer term needs of the organisation; and
- To develop a Welsh Language Translation unit to support wider NHS organisations.

The Welsh Language Services Manager also works in collaboration with other NHS Wales organisations to promote the 'Once for Wales' approach, as well as Welsh Government and other public sector bodies with the same remit, in order to share and benefit from good practice models to provide the organisation with assurance where applicable.

Non Richards
Welsh Language Services Manager

The Welsh Language Standards (No7.) Regulation 2018

Until the 30th of May 2019, NHS Wales Shared Services Partnership (NWSSP) were required to deliver on key objectives outlined in the Welsh Language Scheme and the Welsh Language Act 1993.

The Welsh Language (Wales) Measure 2011 modernised the previous legal framework regarding the use of the Welsh language and the delivery of public services. The Welsh Language Standards (No7) 2018 were created for Health and Social Care organisations because of the aforementioned Measure, which was passed by the Welsh Assembly in 2011.

On the 27th of February 2018 Dr Andrew Goodall wrote to all Chief Executives of Local Health Boards and Trusts to inform all NHS Organisations in Wales that following the consultation undertaken during 2016, NHS Wales would implement the regulations across all it services and organisations.

Key areas that involved in-depth policy deliberations included the proposals on clinical consultation and the approach to primary care.

The Standards are divided into 5 categories:

Service Delivery Standards:

Meetings & Events

Materials displayed in meetings and events
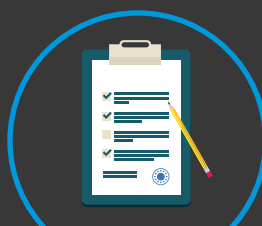
Forms

Documents

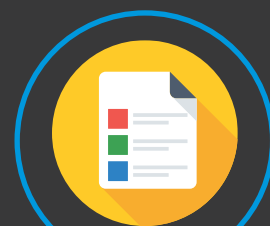Websites and Social Media

Signage & Public Address Systems

Correspondence

Telephone communications

Application forms

Tender Documents

Policy Making Standards:

EQIA principle for new and existing policies

Operational Standards:

Welsh Language Policy for internal use of Welsh

Recruitment and interviewing for Welsh Desirable and Essential Jobs

Record Keeping Standards:

Record complaints

Staff Skills

Advertising Jobs & Application forms

Training and staff development

}trac.jobs

Jobs Advertised as Welsh Essential / Desirable

Complaints and Disciplinary
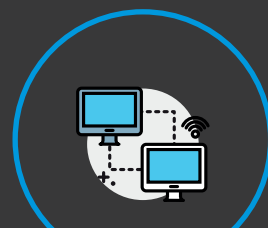
Specific Intranet Pages

2018/19 has therefore been a year of preparation to facilitate compliance with the Welsh Language Standards, for which the compliance notice was received at the end of May 2019. However, throughout 2018/19 NWSSP continued to deliver it services under the existing Welsh language Scheme.

Internal Signage for grants

Email signatures and out of office messages

Records of Achievement during 2018-19

523 Staff trained

97 Managers trained

399 New starters trained

15 Classes
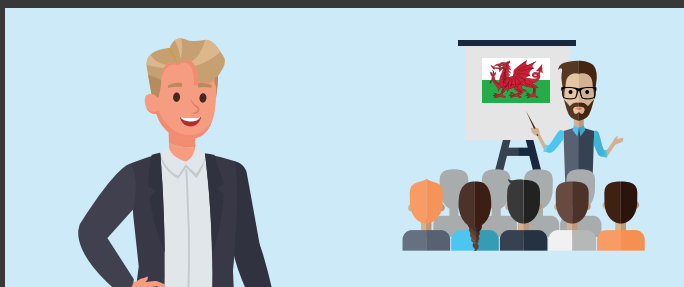
Number of staff attending Welsh language classes at work: **80**
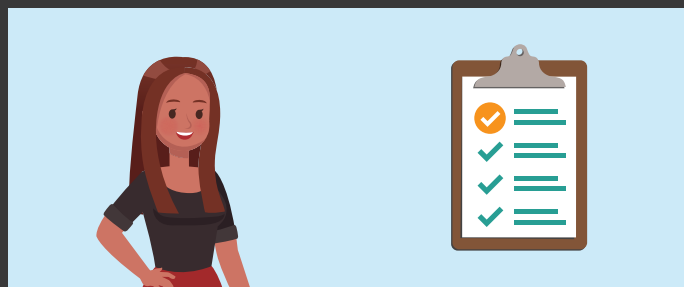
Average compliance of noting Language skills in NWSSP: **97%**

Listening/Speaking Welsh

TOTAL 2139

- Proficiency
- Higher
- Intermediate
- Foundation
- Entry
- No Skills

36
117
66
78
273
1569

Reading Welsh

Proficiency — 109
Higher — 39
Intermediate — 61
Foundation — 77
Entry — 239
No Skills — 1663

TOTAL 2188

Writing Welsh

Proficiency — 96
Higher — 36
Intermediate — 63
Foundation — 75
Entry — 218
No Skills — 1591

TOTAL 2079
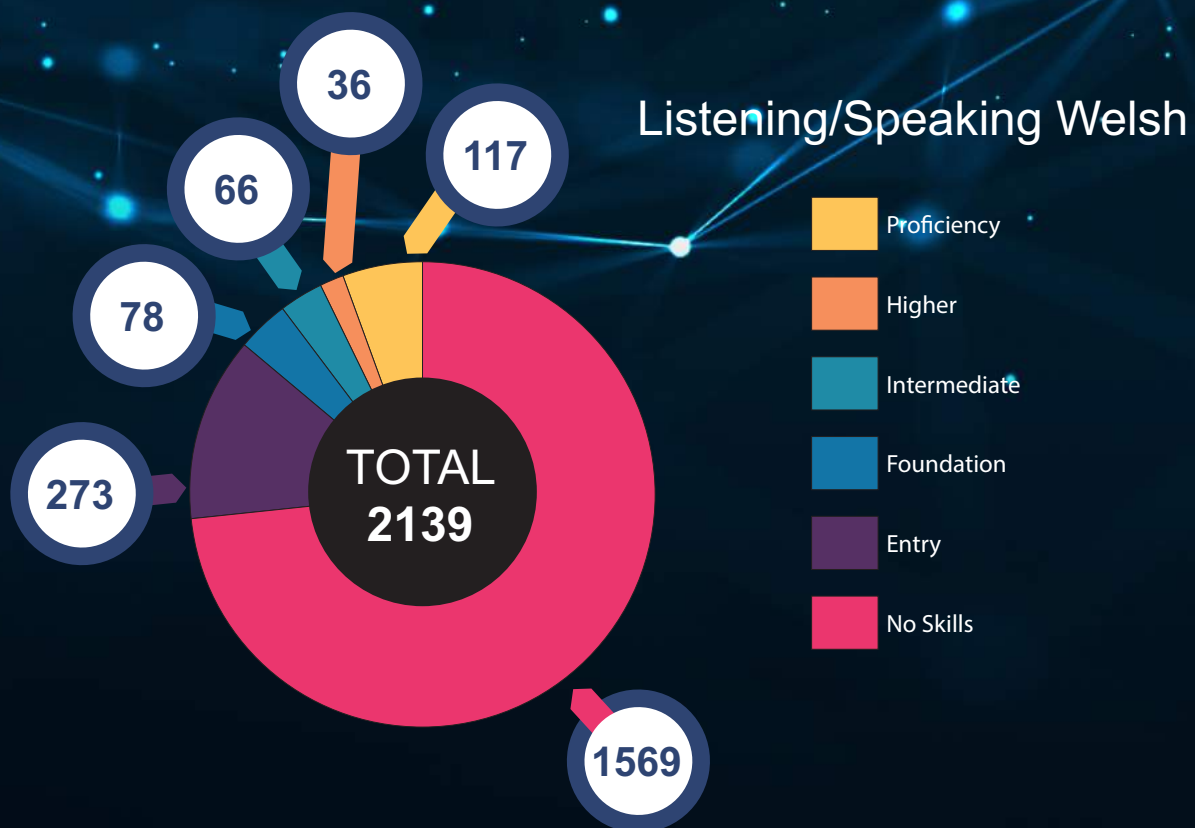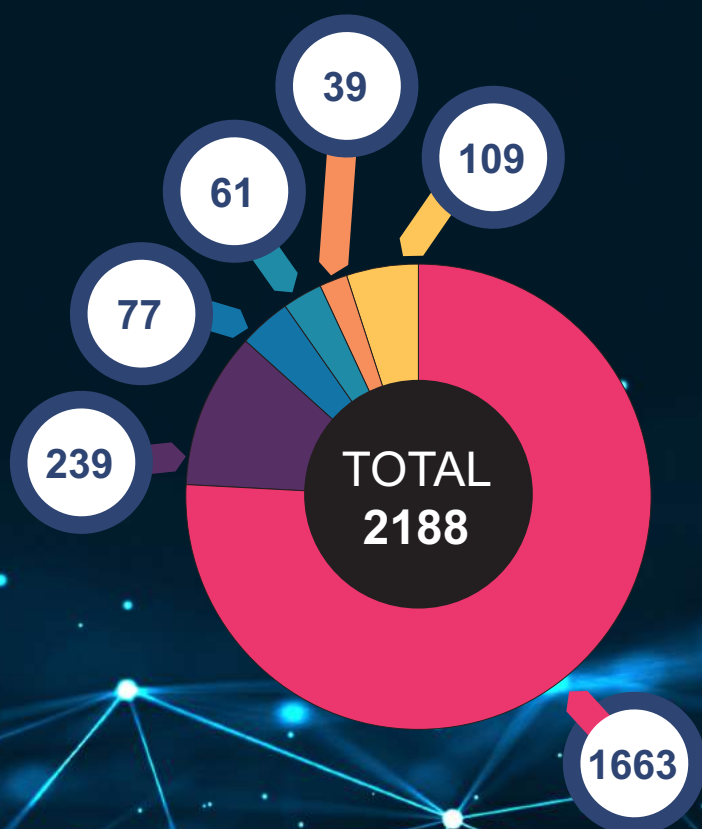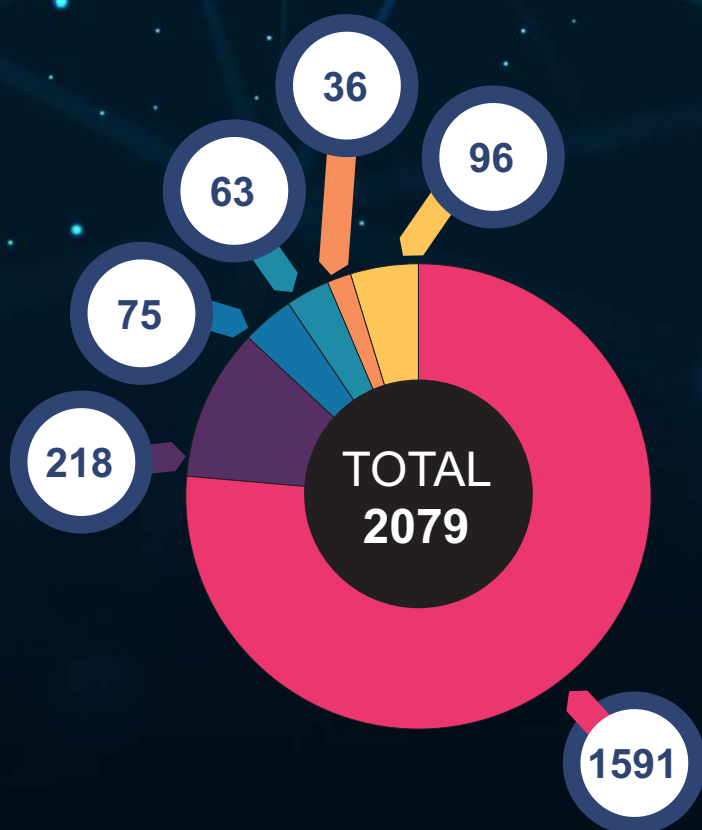
Translation Services:

Number of words translated

230,841 — 2016-17

356,415 — 2017-18

756,894 — 2018-19

Year
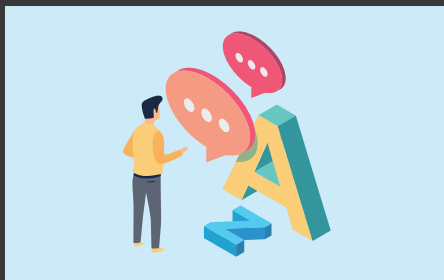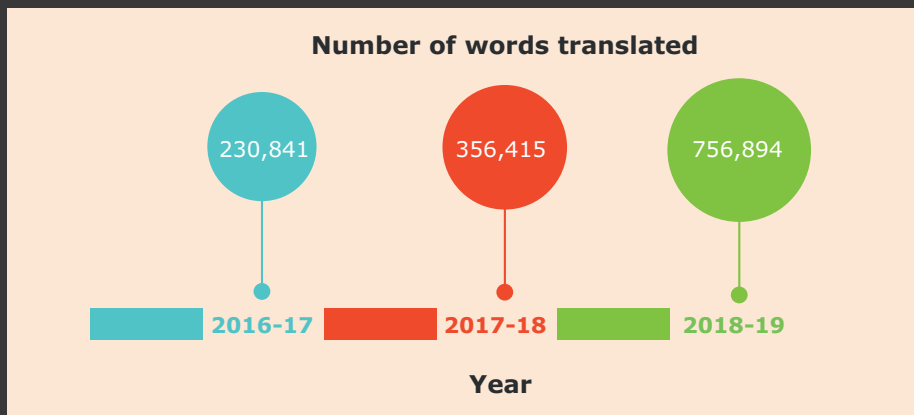
Number of translation requests received: **428**
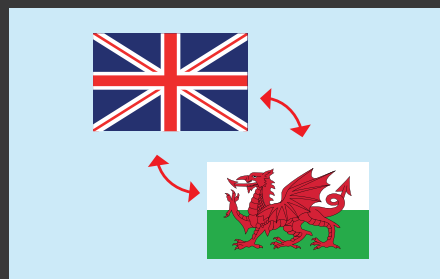
English to Welsh **93%**
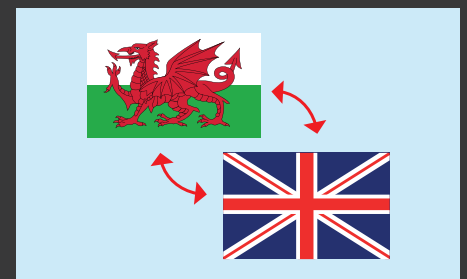
Welsh to English **7%**

2018-19 Welsh Language Compliance Enquiries received and responded to

Translation enquiries: **563** enquiries
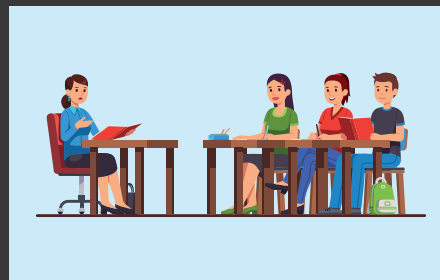
Welsh Language Classes enquiries: **121** enquiries received from staff and managers

Training and Learning enquiries: **87** enquiries received about training

Legislative enquiries relating to the Welsh Language Standards: **352**

Welsh Language Complaints received
One complaint was received and as a result, improvements were made to the translation of the Student Awards Services website, which had previously been translated by an external translation company in 2014.

Number of jobs advertised as:
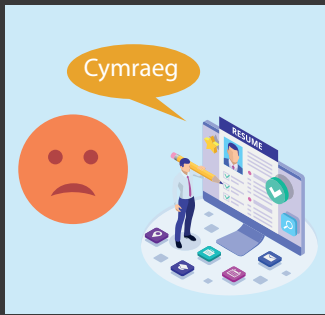
Welsh Essential:
6

Welsh Desirable:
441
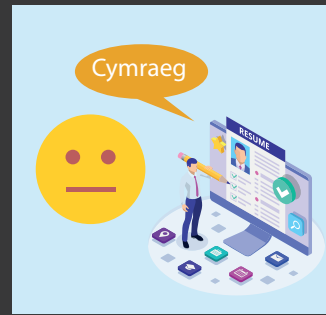
Welsh needs to be learnt: **0**

Welsh not required:
0

Work plan for 2018-19

The Welsh Language work plan for 2018-19 focused on a programme of Welsh Language Services provision for the NWSSP to include the following:

- Provision of Welsh Language Translation services for the organisation
- Translation Guidance Document and Protocol
- Increase capacity in the translation function
- Communication of the Standards across the organisation
- Training and awareness raising
- Welsh Language Classes at Work
- Advising and giving guidance to the organisation and its staff upon Welsh language requirements.
- Provide Translation support to other NHS organisations with All Wales Workforce Policies.
- Supporting the job description project through helping to build a library of standardised job descriptions that are available bilingual.

Training

Compliance with the upcoming Standards is of paramount importance for every member of staff within NWSSP. Training was provided to a large number of managers and staff for all to be aware of their own responsibilities in relation to compliance with good practice and organisational policy, and be fully aware of our Welsh Language obligations under the Standards. The training includes good practice guidelines and handouts after the training.

A Welsh language support and guidance page has been produced for staff to refer to for information, guidance and support on the requirements of the standards and clear guidance documents are provided on the page, ranging on handling Welsh telephone calls to Social media posts, training opportunities and useful phrases and out of office messages.

The **3** areas of recommendation were as follows:

- **Investment in resource to support the organisation Status:** Achieved, two new transalators were recruited with a view to increase team capacity in 2019-20.

- **Welsh Language Standards Awareness Training be increased and made mandatory Status:** Achieved and ongoing.

- **Welsh Language and the Standards become an integral part of business Status:** Achieved by integrating the Welsh language into key parts of the IMTP for 2018-2021 and Service Planning in most affected areas. Each Directorate and Service Delivery area have a local work plan which is reviewed with the Welsh Language Services Manager every 6 months.

Welsh Language Standards Briefing Meetings

Briefing meetings were held with each directorate where the Welsh Language Services Manager met with local senior management teams, heads of service and managers to outline the specific standards most relevant to each directorate, identify levels of risk, to rate each of the standards and devise local action plans. The Welsh Language Services Manager also attended 8 SMT meetings during 2018-19 to give updates on progress and levels of activity.

Audit

The Welsh Language Services was audited in November 2018. The findings of the audit were of 'reasonable assurance' The overall objective of the audit was to evaluate the arrangements in place to ensure that management takes appropriate action to achieve compliance with the Welsh Language Standards.

The main risk considered in the review was the potential for financial penalties and reputational damage arising from failure to comply with the Welsh Language Standards within the timescales agreed with the Welsh Language Commissioner.

APPENDIX: Welsh Language skills in each directorate

Audit & Assurance Services

Listening/Speaking Welsh

No Skills	36
Entry	6
Foundation	4
Intermediate	3
Higher	1
Proficiency	11
Total	**61**

Reading Welsh

No Skills	32
Entry	8
Foundation	5
Intermediate	1
Higher	1
Proficiency	11
Total	**58**

Writing Welsh

No Skills	34
Entry	7
Foundation	4
Intermediate	2
Higher	3
Proficiency	8
Total	**58**

Corporate Services

Listening/Speaking Welsh

No Skills	37
Entry	10
Foundation	1
Intermediate	1
Higher	na
Proficiency	4
Total	**54**

Reading Welsh

No Skills	36
Entry	10
Foundation	5
Intermediate	1
Higher	2
Proficiency	4
Total	**53**

Writing Welsh

No Skills	39
Entry	7
Foundation	3
Intermediate	na
Higher	na
Proficiency	4
Total	**53**

APPENDIX: Welsh Language skills in each directorate

Counter Fraud Services

Listening/Speaking Welsh

No Skills	5
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	1
Total	7

Reading Welsh

No Skills	5
Entry	na
Foundation	1
Intermediate	1
Higher	na
Proficiency	na
Total	7

Writing Welsh

No Skills	5
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	1
Total	7

Digital Workforce Solutions

Listening/Speaking Welsh

No Skills	10
Entry	3
Foundation	na
Intermediate	1
Higher	1
Proficiency	na
Total	15

Reading Welsh

No Skills	11
Entry	2
Foundation	0
Intermediate	0
Higher	1
Proficiency	1
Total	15

Writing Welsh

No Skills	11
Entry	2
Foundation	na
Intermediate	na
Higher	1
Proficiency	1
Total	15

E-Business Central Team Services

Listening/Speaking Welsh

No Skills	13
Entry	1
Foundation	na
Intermediate	1
Higher	1
Proficiency	na
Total	**15**

Reading Welsh

No Skills	12
Entry	na
Foundation	1
Intermediate	1
Higher	1
Proficiency	na
Total	**15**

Writing Welsh

No Skills	9
Entry	3
Foundation	1
Intermediate	2
Higher	0
Proficiency	0
Total	**15**

Employment Services Management Service

Listening/Speaking Welsh

No Skills	13
Entry	3
Foundation	1
Intermediate	na
Higher	na
Proficiency	na
Total	**17**

Reading Welsh

No Skills	13
Entry	2
Foundation	na
Intermediate	2
Higher	na
Proficiency	na
Total	**17**

Writing Welsh

No Skills	14
Entry	1
Foundation	1
Intermediate	1
Higher	na
Proficiency	na
Total	**17**

APPENDIX: Welsh Language skills in each directorate

Expenses Services

Listening/Speaking Welsh

No Skills	17
Entry	3
Foundation	1
Intermediate	1
Higher	1
Proficiency	1
Total	**24**

Reading Welsh

No Skills	17
Entry	3
Foundation	1
Intermediate	1
Higher	2
Proficiency	na
Total	**24**

Writing Welsh

No Skills	17
Entry	3
Foundation	1
Intermediate	2
Higher	1
Proficiency	na
Total	**24**

Payroll Services

Listening/Speaking Welsh

No Skills	142
Entry	22
Foundation	9
Intermediate	8
Higher	7
Proficiency	5
Total	**193**

Reading Welsh

No Skills	144
Entry	19
Foundation	5
Intermediate	7
Higher	9
Proficiency	4
Total	**188**

Writing Welsh

No Skills	149
Entry	15
Foundation	6
Intermediate	9
Higher	5
Proficiency	4
Total	**188**

Pension Services

Listening/Speaking Welsh

No Skills	24
Entry	9
Foundation	2
Intermediate	2
Higher	na
Proficiency	2
Total	**39**

Reading Welsh

No Skills	25
Entry	8
Foundation	2
Intermediate	2
Higher	na
Proficiency	2
Total	**39**

Writing Welsh

No Skills	28
Entry	6
Foundation	3
Intermediate	na
Higher	1
Proficiency	1
Total	**39**

Recruitment Services

Listening/Speaking Welsh

No Skills	74
Entry	14
Foundation	10
Intermediate	1
Higher	1
Proficiency	2
Total	**102**

Reading Welsh

No Skills	77
Entry	11
Foundation	10
Intermediate	1
Higher	1
Proficiency	2
Total	**102**

Writing Welsh

No Skills	81
Entry	11
Foundation	6
Intermediate	4
Higher	1
Proficiency	1
Total	**104**

Student Awards Services

Listening/Speaking Welsh

No Skills	10
Entry	5
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**15**

Reading Welsh

No Skills	11
Entry	3
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**14**

Writing Welsh

No Skills	11
Entry	3
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**14**

Finance Services

Listening/Speaking Welsh

No Skills	16
Entry	2
Foundation	na
Intermediate	na
Higher	1
Proficiency	na
Total	**19**

Reading Welsh

No Skills	16
Entry	2
Foundation	na
Intermediate	na
Higher	1
Proficiency	na
Total	**19**

Writing Welsh

No Skills	16
Entry	2
Foundation	na
Intermediate	na
Higher	1
Proficiency	na
Total	**19**

GP Hospital Trainees Service

Listening/Speaking Welsh

No Skills	44
Entry	10
Foundation	2
Intermediate	1
Higher	2
Proficiency	9
Total	**68**

Reading Welsh

No Skills	28
Entry	5
Foundation	1
Intermediate	na
Higher	1
Proficiency	6
Total	**41**

Writing Welsh

No Skills	28
Entry	5
Foundation	1
Intermediate	na
Higher	2
Proficiency	5
Total	**41**

GP Practice Trainees Service

Listening/Speaking Welsh

No Skills	101
Entry	29
Foundation	4
Intermediate	8
Higher	3
Proficiency	24
Total	**169**

Reading Welsh

No Skills	101
Entry	29
Foundation	4
Intermediate	8
Higher	3
Proficiency	24
Total	**157**

Writing Welsh

No Skills	97
Entry	24
Foundation	5
Intermediate	7
Higher	4
Proficiency	20
Total	**157**

APPENDIX: Welsh Language skills in each directorate

Legal & Risk Services

Listening/Speaking Welsh

No Skills	81
Entry	17
Foundation	4
Intermediate	1
Higher	2
Proficiency	6
Total	**111**

Reading Welsh

No Skills	78
Entry	17
Foundation	4
Intermediate	3
Higher	2
Proficiency	5
Total	**109**

Writing Welsh

No Skills	79
Entry	16
Foundation	5
Intermediate	3
Higher	1
Proficiency	5
Total	**109**

Primary Care Services

Listening/Speaking Welsh

No Skills	274
Entry	19
Foundation	12
Intermediate	6
Higher	7
Proficiency	9
Total	**327**

Reading Welsh

No Skills	275
Entry	17
Foundation	12
Intermediate	6
Higher	8
Proficiency	7
Total	**325**

Writing Welsh

No Skills	277
Entry	14
Foundation	13
Intermediate	8
Higher	7
Proficiency	6
Total	**325**

Accounts Payable Services

Listening/Speaking Welsh

No Skills	123
Entry	11
Foundation	3
Intermediate	4
Higher	na
Proficiency	4
Total	**145**

Reading Welsh

No Skills	124
Entry	12
Foundation	3
Intermediate	3
Higher	na
Proficiency	4
Total	**146**

Writing Welsh

No Skills	124
Entry	11
Foundation	2
Intermediate	2
Higher	na
Proficiency	4
Total	**143**

Corporate Procurement Services

Listening/Speaking Welsh

No Skills	14
Entry	1
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**15**

Reading Welsh

No Skills	14
Entry	1
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**15**

Writing Welsh

No Skills	14
Entry	1
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**15**

APPENDIX: Welsh Language skills in each directorate

E-Enablement Services

Listening/Speaking Welsh

No Skills	18
Entry	2
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**20**

Reading Welsh

No Skills	17
Entry	3
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**20**

Writing Welsh

No Skills	18
Entry	2
Foundation	na
Intermediate	na
Higher	na
Proficiency	na
Total	**20**

Health Courier Service

Listening/Speaking Welsh

No Skills	119
Entry	13
Foundation	6
Intermediate	4
Higher	na
Proficiency	12
Total	**154**

Reading Welsh

No Skills	125
Entry	7
Foundation	5
Intermediate	5
Higher	1
Proficiency	10
Total	**153**

Writing Welsh

No Skills	126
Entry	8
Foundation	3
Intermediate	5
Higher	1
Proficiency	10
Total	**153**

Local Procurement Services

Listening/Speaking Welsh

No Skills	99
Entry	33
Foundation	3
Intermediate	11
Higher	3
Proficiency	6
Total	**155**

Reading Welsh

No Skills	103
Entry	29
Foundation	3
Intermediate	9
Higher	3
Proficiency	6
Total	**153**

Writing Welsh

No Skills	105
Entry	27
Foundation	5
Intermediate	8
Higher	2
Proficiency	6
Total	**153**

Sourcing Services

Listening/Speaking Welsh

No Skills	95
Entry	19
Foundation	6
Intermediate	5
Higher	2
Proficiency	15
Total	**142**

Reading Welsh

No Skills	99
Entry	15
Foundation	6
Intermediate	4
Higher	na
Proficiency	17
Total	**141**

Writing Welsh

No Skills	99
Entry	14
Foundation	7
Intermediate	4
Higher	2
Proficiency	15
Total	**141**

APPENDIX: Welsh Language skills in each directorate

Supply Chain Services

Listening/Speaking Welsh

No Skills	136
Entry	26
Foundation	4
Intermediate	6
Higher	1
Proficiency	5
Total	**178**

Reading Welsh

No Skills	141
Entry	23
Foundation	4
Intermediate	4
Higher	1
Proficiency	5
Total	**178**

Writing Welsh

No Skills	140
Entry	24
Foundation	3
Intermediate	4
Higher	2
Proficiency	4
Total	**177**

Specialist Estates Services

Listening/Speaking Welsh

No Skills	35
Entry	5
Foundation	2
Intermediate	1
Higher	1
Proficiency	na
Total	**44**

Reading Welsh

No Skills	125
Entry	5
Foundation	2
Intermediate	1
Higher	na
Proficiency	na
Total	**43**

Writing Welsh

No Skills	36
Entry	4
Foundation	2
Intermediate	1
Higher	na
Proficiency	na
Total	**43**

Surgical Materials Testing (SMTL) Service

Listening/Speaking Welsh

No Skills	17
Entry	4
Foundation	na
Intermediate	na
Higher	na
Proficiency	1
Total	**22**

Reading Welsh

No Skills	18
Entry	3
Foundation	na
Intermediate	na
Higher	na
Proficiency	1
Total	**22**

Writing Welsh

No Skills	18
Entry	3
Foundation	na
Intermediate	na
Higher	na
Proficiency	1
Total	**22**

Welsh Employers Unit Services

Listening/Speaking Welsh

No Skills	3
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	na
Total	**4**

Reading Welsh

No Skills	3
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	na
Total	**4**

Writing Welsh

No Skills	3
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	na
Total	**4**

APPENDIX: Welsh Language skills in each directorate

Workforce & OD Services

Listening/Speaking Welsh

No Skills	13
Entry	6
Foundation	2
Intermediate	1
Higher	2
Proficiency	na
Total	**24**

Reading Welsh

No Skills	13
Entry	5
Foundation	2
Intermediate	1
Higher	2
Proficiency	na
Total	**23**

Writing Welsh

No Skills	13
Entry	5
Foundation	2
Intermediate	1
Higher	2
Proficiency	na
Total	**23**

Contact

For any questions on the content of this review, please contact:

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