Shared Services Partnership Committee (Part A) 1

Thu 18 July 2024, 10:00 - 11:50

Agenda

10:00 - 10:10
10 min

1. Agenda

Tracy Myhill, Chair

1.1. Welcome

Tracy Myhill, Chair

1.2. Declaration of Interest

Tracy Myhill, Chair

1.3. Minutes of the Meeting 16th May 2024

Tracy Myhill, Chair

1.4 NWSSP Partnership Cttee Minutes Part A May 2024.pdf (8 pages)

1.4. Action Log

James Quance, Assistant Director of Corporate Services

1.5 SSPC Action Log July 2024.pdf (2 pages)

10:10 - 10:30
20 min

2. Chair/Managing Director's Report

2.1. Chair's Report

Verbal *Tracy Myhill, Chair*

2.2. Ratification of Chair's Action - RadioPharmacy Isolators

Tracy Myhill, Chair

2.2 Ratification of Chairs Action Taken Since May 2024 Meeting.pdf (4 pages)

2.3. Managing Director's Report

Neil Frow, Managing Director

2.3 SSPC Managing Director Update July 24_.pdf (6 pages)

10:30 - 11:00
30 min

3. Items for Approval

3.1. Business Justification Case South-East Wales RadioPharmacy

Neil Frow, Managing Director

3.1 Business Justification Case TRAMs Radiopharmacy CP.pdf (4 pages)
3.1 Radiopharmacy BJC V2.2.pdf (39 pages)

3.2. 2023/24 Annual Review

Alison Ramsey, Director of Finance & Corporate Services

- 3.2 NWSSP Annual Review 2023-24 CP.pdf (3 pages)
- 3.2 NWSSP Annual Review 2023-24.pdf (54 pages)

3.3. All Wales Overpayment Procedure

Linsay Payne, Deputy Director of Finance

- 3.3 All Wales Recovery of Overpayments Procedure July 2024 CP.pdf (5 pages)
- 3.3 All Wales Overpayments Procedure-Draft V13-July 2024.pdf (19 pages)
- 3.3 Appendices C,D,F,G1,G2,H (For Information).pdf (7 pages)

3.4. Procure to Pay Governance Update

Linsay Payne, Deputy Director of Finance

- 3.4 Procure to Pay Governance Update - July 2024 CP.pdf (4 pages)
- 3.4 No Purchase Order NO Pay Policy Final.pdf (10 pages)

3.5. Wales Energy Group

Alison Ramsey, Director of Finance & Corporate Services

- 3.5 SSPC Welsh Energy Group and Welsh Energy Operational Group Terms of Reference CP.pdf (3 pages)
- 3.5 Appendix 1 WEG and WEOG Terms of Reference.pdf (6 pages)

11:00 - 11:20
20 min

4. Items for Noting

4.1. 2023/24 Annual Governance Statement

James Quance, Assistant Director of Corporate Services

- 4.1 Annual Governance Statement 2023-24 CP.pdf (4 pages)
- 4.1 Annual Governance Statement 2023-24 .pdf (35 pages)

4.2. 2023/24 Head of Internal Audit Opinion

James Quance, Assistant Director of Corporate Services

- 4.2 Head of Internal Audit Opinion and Annual Report 2023-24 .pdf (27 pages)

11:20 - 11:50
30 min

5. Governance, Performance and Assurance

5.1. Finance Report

Alison Ramsey, Director of Finance & Corporate Services

- 5.1 SSPC Finance Report July 2024.pdf (7 pages)

5.2. People & Organisation Development

Gareth Hardacre, Director of People & Organisation Development

- 5.2 SSPC People & Organisation Development Report July 2024v2.pdf (10 pages)

5.3. Performance Report

Alison Ramsey, Director of Finance & Corporate Services

- 5.3 SSPC Performance Report CP.pdf (2 pages)

- 5.3 SSPC Performance Report July 24.pdf (14 pages)
- 5.3 SSPC Outcome Performance Report CP.pdf (2 pages)
- 5.3 SSPC Outcome Performance Report July 24.pdf (10 pages)

5.4. IMTP Update Report (Q1)

Alison Ramsey, Director of Finance & Corporate Services

- 5.4 SSPC IMTP Q1 Report CP.pdf (2 pages)
- 5.4 SSPC IMTP Q1 Report V2.pdf (19 pages)

5.5. Project Management Office and Service Improvement Update Report

Alison Ramsey, Director of Finance & Corporate Services

- 5.5 PMO Bi Monthly Report with SI SSPC.pdf (28 pages)

5.6. Corporate Risk Register

James Quance, Assistant Director of Corporate Services

- 5.6 Corporate Risk Register July 2024 CP.pdf (5 pages)
- 5.6 Copy of Corporate Risk Register 10th July.pdf (2 pages)

11:50 - 11:50
0 min

6. Items for Information are included in Part 2

11:50 - 11:50
0 min

7. Any Other Business

11:50 - 11:50
0 min

8. Date and time of the next meeting is 19 September 2024

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON THURSDAY 16 MAY 2024
10:00AM – 11:50AM
Meeting held via Microsoft Teams
Part A - Public

ATTENDANCE		DESIGNATION	ORGANISATION
MEMBERS:			
Tracy Myhill	(TM)	Chair	NWSSP
Neil Frow	(NF)	Managing Director	NWSSP
Huw Thomas	(HT)	Director of Finance	HDUHB
Glyn Jones	(GJ)	Director of Finance, Planning & Performance	HEIW
Chris Turley	(CT)	Director of Finance	WAST
Sarah Simmonds	(SS)	Director of Workforce	ABUHB
OTHER ATTENDEES:			
Sharon Vickery	(SV)	Assistant Director of Workforce & Organisational Development	SBUHB
Matt Denham-Jones	(MDJ)	Deputy Director of Finance	Welsh Government
Mark Cox	(MC)	Head of Managing Accounting	DHCW
Nicola Evans	(NE)	Assistant Director Strategic Workforce Planning	CTMUHB
Robert Mahoney	(RM)	Deputy Director of Finance	C&VUHB
Alison Ramsey	(AR)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre	(GH)	Director of People and Organisational Development	NWSSP
Ruth Alcolado	(RA)	Medical Director	NWSSP
Linsay Payne	(LP)	Deputy Director of Finance & Corporate Services	NWSSP
Nicola Phillips	(NP)	Director of Primary Care Services	NWSSP
James Quance	(JQ)	Assistant Director of Corporate Services	NWSSP
Anamaria Carvajal-Illanes	(ACI)	Corporate Support Officer - Minutes	NWSSP
PRESENTERS			
Darren Rees	(DR)	Deputy Director of Employment Services	NWSSP
Kelly Skene	(KS)	Assistant Director of Employment Services - Recruitment	NWSSP

Item		Action
1.1	Welcome and Opening Remarks The Chair welcomed members to the May 2024 Shared Services Partnership Committee (the Committee) meeting.	
1.2	Apologies Received From: - Catherine Philips - Executive Director of Finance, C&VUHB; - Hywel Daniel – Executive Director of People, CTMUHB; - Steve Ham - Chief Executive, Velindre University NHS Trust;	

	- Claire Osmundsen-Little – Director of Finance, DHCW; - Pete Hopgood – Director of Finance, PTHB; - Paul Veysey – Board Secretary, PHW; and - Sarah Jenkins – Interim Director of Workforce & Organisational Development, SBUHB.	
1.3	Declarations of Interest - There were no Declarations of Interest.	
1.4	Minutes of Previous Meeting The Minutes of the March meeting of the Committee were REVIEWED and APPROVED. Two matters arising were noted by TM, as follows: - 2.1 Chair's Report – TM confirmed that the action regarding the purchase of RadioPharmacy Isolators was not required in the timescales originally anticipated because the funding decision was awaited. Capital funding was confirmed immediately prior to the meeting to fund the purchases at a cost of £1.5million for the required equipment and the order needed to be placed before July 2024. The Managing Director's Report (agenda item 2.2) explains the position in detail and the governance processes that are expected to be followed before the next meeting in July 2024. - 3.2 Revision of Standing Orders – this action was carried forward from the previous meeting. The required discussions with colleagues at Velindre University NHS Trust had been undertaken and the revisions are presented in agenda item 4.3 for approval at this meeting.	
1.5	Action Log Two matters on the action log remain outstanding: 1. Llais Service Level Agreement (SLA) - JQ explained that delays had occurred at the level of the legal advisors and with some changes within Llais but progress had been made and was hopeful of resolution prior to the next meeting of the Committee. TM requested to be involved ahead of the next meeting in order to support the finalisation of the Llais SLA if sufficient progress was not being made. 2. All Wales Overpayment Procedure – The updated draft Procedure had gone to the National Partnership Forum and GH informed the Committee that the document had been extensively consulted on with the Directors of Finance and Workforce. Once agreed, the final version would be presented to the SSPC. TM requested to have the key actions discussed integrated into the recorded Action Log. The Committee NOTED the update.	JQ JQ
2.	Chair/Managing Directors Update	
2.1	Chair's Report TM provided a verbal report on recent and forthcoming activities, including: - RadioPharmacy developments; - Consultation with JQ in his new role supporting the SSPC's continued development and improvement; - The all-Wales Chairs' meeting due to take place at the end of May;	

	- The Welsh Risk Pool Committee due to meet in June and an update would be received at the July SSPC meeting; and - The SSPC autumn development workshop would be held on 11 October 2024. TM reminded Committee Members to diarise in advance to ensure good attendance and participation. The Committee NOTED the update.	
2.2	Managing Director Update NF presented his update report. The main highlights were: - The 2023/24 financial year finished with a small surplus of £12,000. This includes a confirmed return of £1m of funding to Welsh Government and £2m distribution to NHS Wales organisations and capital expenditure of under £8million, which was positive position. - The report from the Infected Blood Inquiry would be published on 20 May and would be of interest to NWSSP as host to the Welsh Infected Blood Support Scheme on behalf of Welsh Government. - DHCW had notified NWSSP that there was a contracting issue with the audit software used to check records by the Post Payment Verification team in Primary Care Services. Options were being explored to mitigate the impact and a contract extension was being explored. - The Medical Examiner Service would go live on a statutory basis from September, covering 95% of deaths in acute settings (around 30,000 deaths in the last 6 months). The stages to be worked through would increase the coverage which was circa 50% of GP practices, with the remaining 50% being managed practices within Health Boards. Contingency planning was to be agreed and NWSSP would deliver training to update Health Boards as to the changes. In respect of RadioPharmacy, there was a need to procure three production isolators at a cost of £1.5m for the safe preparation of Radioactive medicines in sterile conditions and the equipment meets an urgent operational need, following the closure of the Radio-pharmacy unit at University Hospital Wales in October 2023. The procurement forms part of the project to provide a replacement RadioPharmacy unit for South and South East Wales, located in IP5 in Newport, hosted by NWSSP, and delivery is being managed by the Transforming Access to Medicines Programme (TRAMs), which has an endorsed Programme Business Case. The funding had been confirmed in the past 24 hours and the Committee were asked to support an urgent Chairs Action for commitment of expenditure for the programme, which would then be taken to Velindre University NHS Trust Board for approval by inclusion within its meeting papers being issued this week, and a report would be received for ratification by the Committee at its next meeting in July 2024. NWSSP Finance colleagues were working with colleagues in other organisations to understand the revenue implications of the RadioPharmacy Business Justification Case (BJC) which were not anticipated to be of a high level. NF re-iterated that this request relates to RadioPharmacy only, not the TrAMS project as a whole. The intention was for NWSSP to provide the required information to enable each organisation to take the BJC through their governance processes which would likely vary depending upon the revenue implications. There would be a further Business Case for the Hub, which covered two suites of clean rooms, with costs to be confirmed to NWSSP by the working group. The comments received were in terms of the revenue implications of the RadioPharmacy BJC and the need to establish written communication of the governance to be considered within organisations; outlining the timescales, draft BJC, and details of the finance group overseeing the project. A paper would be circulated with key milestones and key dates of different groups and programmes with arrangements to	AR

	support this workstream and anticipated that some initial figures would be ready to be shared around mid-June with the overall aim of submitting the BJC to Welsh Government by the end of July. The Committee NOTED the Report.	
3.	Deep Dive	
3.1	Recruitment Modernisation Plan DR introduced the paper and stated that this was an update to the Recruitment Modernisation Programme that was presented in September 2023. KS took the Committee through a presentation that summarised that the programme consists of 3 key areas; Process, Education and Technology, where the key was to maintain a safe recruitment process and reduce the time to hire across Wales. The key aspects emphasised have been removal of the unconditional offer letter, removed references for internal applications, agreement on a starting date earlier in the process, implementation of Trust ID application to facilitate the ID checks and supporting a new Occupational Health system. The specific request of this Committee back in September 2023 was for organisations to review their own vacancy control to remove duplications, accelerate the shortlisting to interview date, make occupational health visible to all organisations, use of AI withing the recruitment process, managers booking their shortlist and interviews date, capacity to extend the period if needed and final approval in the organisations. NWSSP has removed the previous delays in those areas, as reported. NWSSP has been sharing best practice and lessons learnt with organisations. Recommendations were made to promote phase 2 of the programme and to prepare NWSSP resources. The pastoral approach trailed in one Health Board was to be learned from as this had received positive feedback. The Committee discussed the recruitment customer experience and requested that a method of capturing it be considered and implemented if feasible. It was further requested that Health Boards inform NWSSP in advance of any anticipated increase in recruitment activity so that NWSSP can ready its resources in advance to support. The Committee thanked KS for the presentation and NOTED the Report.	GH
4.	Items for Approval/Endorsement	
4.1	NHS Resolution Service Level Agreement NP confirmed that this was a 3 year renewal of the existing NHS Resolution Service Level Agreement which is an invaluable support service for clinicians which is hosted by NWSSP. Both NP and RA meet regularly with NHS Resolution Colleagues to ensure that it remains fit for purpose. The Committee APPROVED the Service Level Agreement.	
4.2	2023/24 Service Level Agreements Service Level Agreements are annually updated and submitted to SSPC for approval. It was confirmed that the Single Lead Employer and associated KPIs would be discussed under cover of a separate meeting. The Committee APPROVED the Service Level Agreements.	

4.3	Proposed Changes to Scheme of Delegation Amendments to the Scheme of Delegation are required in order to provide greater clarity in financial delegation arrangements and to ensure that approval levels are appropriate for the size and complexity of NWSSP operations today. In addition, an update to the matrix of delegated powers for warnings, suspension and dismissal in the Disciplinary Policy and Procedure for NWSSP was proposed in order to ensure that it covers all possible fair reasons for dismissal aligned to employment policies. The Committee APPROVED the proposed changes to the Scheme of Delegation and Disciplinary Policy and Procedure.	
4.4	Procure to Pay (P2P) Governance Update LP informed the Committee that the paper provides an update of the procure to pay governance arrangements. It had been previously agreed at its November meeting that the Committee would provide the overarching high level governance since the closure of the Finance Academy P2P Forum and prior to new governance arrangements being put in place. The Committee were asked to note the progress made. The Committee NOTED the proposal.	
4.5	P2P Invoices on Hold Not on Statement Clearance Proposal A new process was proposed under the above temporary governance arrangements in order to clear invoices on hold which are not on supplier statements with a review of the procedure after 6 months. The Committee APPROVED the process.	
5.	Items for Noting	
5.1	Duty of Quality Annual Report The inaugural draft report on Duty of Quality highlighted how the story of quality within NWSSP was being told and the work that had been done so far. The report, when published, will be a public facing document and it would also be integrated into the Velindre Report, for completeness. The Committee NOTED the progress made.	
6.	Governance, Performance & Assurance	
6.1	Finance Report LP presented the report and summarised that there was a surplus of £12,000 on an increased income this year of £856 million and a distribution of £3 million to NHS organisations and Welsh Government for the 2023/24 period. Covid related expenditure was around £7million of which £4 million related to Primary and Social Care PPE. There was support of £800,000 for additional costs in relation to increase activity in Recruitment and Accounts Payable. The value of stock held in stores at 31 March 2024 was £24m. NWSSP continue to await a Welsh Government decision regarding the level of PPE stock to be held in the longer term. Welsh Risk Pool was closed at £136 million, as per the forecast. In terms of capital there had been £8 million expenditure, of which £5.5 million related to owned and non-leased assets, enabling significant investment during the year in laundries, IP5, solar farm, supply chain vehicles and the primary care workforce intelligence system. NF	

	stated that in the July SSPC meeting, the Welsh Risk Pool Annual Report would be presented, which could be shared with each organisation. AR stated that there had been a request for Health Board Directors of Finance to attend the Welsh Risk Pool Committee meetings, going forward. The Committee agreed that the most important issue to address was stock holding, where a decision was required on longer term stock, as NWSSP had been requesting. There was a need to recognise that with the high amount of stock holding of PPE, the more risk of write offs. However, a positive aspect arising from this was lessons learned in the respect of drugs holding, from which NWSSP Pharmacy would support Health Boards. HT noted a need to differentiate between the cost of purchasing PPE versus the cost of storage and TM summarised that there was a need for Health Boards to reflect upon their own organisations and the need for a consolidated view. The Committee NOTED the Report.	
6.2	People & Organisational Development Report GH presented the report and indicated that the majority of targets had been achieved but there remained areas, such as PADR compliance, which whilst showing improvement, were under the target. This would be discussed at the Quarterly Review meetings with each divisional management team. Statutory and mandatory training achieved high compliance and sickness figures were still very low in most divisions, which had been the trend during the last 2 years. It was also reported that work was being undertaken to analyse the turnover data, which would be supported by the new approach in terms of recruitment and how to reach a wider area of the population. Staff Awards had been divided into three regional events, of which two had already happened in person with a third to come in North Wales and staff feedback on the approach was positive. TM agreed with the positive position reported and asked that the sickness absence within People and OD specifically be investigated further due to it being higher than other Services. The Committee NOTED the Report.	GH
6.3	Performance Report The in-month March performance was generally good with 40 KPIs achieving the target against the total of 43 KPIs. The three that missed the target were CTeS which very marginally missed the 90% customer satisfaction index with 89%, and two for Audit & Assurance in respect of the issue of draft audit reports and the subsequent timeliness of management responses. The Committee NOTED the Report.	
6.4	IMTP Quarter 4 Update Report AR presented the comprehensive report which would be included as part of the submission pack that would be shared at the JET meeting taking place on 13 June 2024. A total of 74% of NWSSP's objectives are either completed and on track for delivery as part of those longer-term programmes of work or have been successfully achieved, as planned, in year across divisions. For those objectives not completed and not completed due to external factors, targeted actions for 2024/25 are in place with a view to bring them back in line or to complete and close within the year. The Committee NOTED the Report.	

6.5	Project Management Office & Service Improvement Update Report AR presented the report and highlighted the challenges arising in relation to the Primary Care Workforce Intelligence System. The TrAMS programme had been covered in detail earlier in the agenda. Weekly meetings with the supplier and details deliverables had been introduced and the target delivery date was the end of July 2024. The Committee NOTED the Report.	
6.6	Corporate Risk Register The Committee received the update on Corporate Risk as at May 2024 and summarised the high priority risks for action as follows: • The threat to the TRAMs programme and the consequent impact in South-East Wales if funding was not made available; • The impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry; and • The industrial action by Junior Doctors and the resulting impact that this may have on the Single Lead Employer team. A deep dive of Corporate Risk was scheduled for Informal SLG in May 2024 and an updated report would be presented at the July Committee meeting. The Committee NOTED the Report.	
6.7	Concerns and Complaints Annual Report 2023-24 The Committee received the report on concerns received by NWSSP during the financial year, 1 April 2023 to 31 March 2024 which summarised the position in relation to: • Formal concerns, early resolutions and escalations; and • Timeliness of response, nature of concerns received and importance of raising awareness of effective concerns management. TM advised that the numbers of concerns recorded seemed reasonable compared to other organisations and noted that there was some work to be done on the timeliness of responses issued. The Committee NOTED the Report.	
7.	Items for Information	
7.1-7.6	The following items were received for the Committee's information only: • Finance Monitoring Returns (Month 12 2023/24 and Month 1 2024/25); • PPE Report; • NWSSP Audit Committee Assurance Report - April 2024; • Internal Audit Plan & Charter 2024-25; • Audit Wales Audit Assurance Arrangements 2023-24; and • 2024/25 SSPC Forward Plan.	
8.	Any Other Business	
	The Committee was reminded to diarise the Development Day planned for 11 October 2024. Chair requested that any topics of particular interest to Committee members that could be explored in the Development Day, be shared with JQ. The minutes of the meeting dated 21 March 2024 (Part B) were APPROVED.	All

9.	Date of Next Meeting • Thursday, 18th July 2024 from 10:00-12:00, held via Microsoft Teams	

Item 1.5

ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE

UPDATE FOR 18 JULY 2024 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS JULY 2024
1.	2023/05/02	May 2023	**Llais Service Level Agreement** The final version of the Service Level Agreement (SLA) to be brought back to the Committee for final approval.	JQ	September 2023 Revised to September 2024	**In Progress** The revised SLA is with the Llais legal team for final review. It has been extended to cover 2023/24 and 2024/25 including an inflationary uplift. There are no concerns currently regarding the provision of services or payments for them and Llais has requested that NWSSP includes Bank services in the revised SLA.
2.	2024/01/02	January 2024	**All-Wales Overpayments Procedure** The procedure would be further updated to reflect the comments of Committee members and to bring it back for approval in March. It was also agreed that the procedure should be considered by the National Partnership Forum Business Committee.	LP	March 2024 Updated May 2024	**Complete** Consultation has been concluded and the final Procedure is included in the meeting papers for approval by the Committee.
3.	2024/05/01	May 2024	**Managing Director Update - Radiopharmacy** A paper would be circulated with key milestones and key dates of different groups and	AR	June 2024	**Complete** Paper circulated 7 June 2024.

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS JULY 2024
			programmes with arrangements to support this workstream and anticipated that some initial figures would be ready to be shared around mid-June with the overall aim of submitting the Business Justification Case to Welsh Government by the end of July.			
4.	2024/05/02	May 2024	**Recruitment Modernisation Plan** The pastoral approach trailed in one Health Board was to be learned from as this had received positive feedback. The Committee discussed the recruitment customer experience and requested that a method of capturing it be considered and implemented if feasible.	GH	July 2024	Verbal update to be provided
5.	2024/05/03	May 2024	**People & Organisational Development Report** Sickness absence within People and OD should be investigated further due to it being higher than other Services.	GH	July 2024	Verbal update to be provided
6.	2024/05/04	May 2024	**Autumn Development Day** The Committee was reminded to diarise the Development Day planned for 11 October 2024. Chair requested that any topics of particular interest to Committee members that could be explored in the Development Day, be shared with JQ.	All	September 2024	Reminder sent by JQ 8 July

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18 July 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
Ratification of Chairs Action

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	James Quance Assistant Director of Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Myhill Chair of the Shared Services Partnership Committee
MANYLION CYSWLLT: CONTACT DETAILS:	James.quance@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:
To request that the Committee RATIFIES Chairs Action taken since the previous meeting of the Committee in May 2024.

Llywodraethu / Governance	
Amcanion: Objectives:	To ensure that commitments entered into outside of the schedule of Committee meetings via Chairs Action are ratified by the Committee in accordance with the Scheme of Delegation.
Tystiolaeth: Supporting evidence:	Relevant details are provided in this paper.

Ymgynghoriad / Consultation:
Discussion with Committee members involved in endorsing the Chairs Action.

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

Argymhelliad / Recommendation	The Committee is asked to RATIFY the Chairs Action undertaken.

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Considered where appropriate
Cyfreithiol: Legal:	To ensure that commitments are made in accordance with Standing Orders.
Iechyd Poblogaeth: Population Health:	Considered where appropriate
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Considered where appropriate
Ariannol: Financial:	Commitments and approvals are in accordance with the Scheme of Delegation.
Risg a Aswiriant: Risk and Assurance:	Assurance to the Committee that the correct process has been followed.
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:	Considered where appropriate
Deddf Rhyddid Gwybodaeth / Freedom of Information	Open

Ratification of Chairs Action taken Since the Previous Meeting of the Shared Services Partnership Committee in May 2024

There may, occasionally, be circumstances where decisions which would normally be made by the Shared Services Partnership Committee (SSPC) need to be taken between scheduled meetings, and it is not practicable to call a meeting of the SSPC. In these circumstances, the SSPC Chair and the Managing Director of NWSSP may deal with the matter on behalf of the SSPC - after first consulting with at least one other Health Board, Trust, or Special Health Authority Chief Executive (or their representative). Any such action is formally recorded and reported to the next meeting of the SSPC for consideration and ratification.

The action that the SSPC Chair and Managing Director have taken on behalf of the SSPC since the last meeting is set out below. The SSPC is requested to ratify this decision in accordance with the Standing Orders.

Chairs Action Details	Recommendation Approved	Date Approved	SSPC Member Support
The request relates to the Procurement of three production isolators for the safe preparation of Radioactive medicines in sterile conditions. The capital expenditure is £1.25m funded by Welsh Government additional funding which was confirmed immediately prior to the 16 May 2024 SSPC meeting and as such it was agreed with SSPC to proceed via Chairs Action post-meeting.	To Procure 3 production isolators for the safe preparation of Radioactive medicines in sterile conditions. The contract includes Design, Manufacture, Validation, and Commissioning. The equipment meets an urgent operational need, following the closure of the Radio-pharmacy unit at University Hospital Wales in Oct 2023. The procurement forms part of the project to provide a replacement Radiopharmacy unit for South and South East Wales, located in IP5 in Newport, hosted by NWSSP, and delivery is being managed by the Transforming Access to Medicines Programme (TRAMs), which has an endorsed Programme Business Case.	16 May 2024	Huw Thomas (via email 16 May 2024)

The Committee is asked to RATIFY the Chairs Action undertaken.

NWSSP
July 2024

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18 July 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
Managing Director's Report

ARWEINYDD: LEAD:	Neil Frow – Managing Director
AWDUR: AUTHOR:	James Quance, Assistant Director of Corporate Services
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 May.

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

Ymgynghoriad / Consultation :
Shared Services Partnership Committee

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that NWSSP risks are being identified and managed effectively.
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 May.

Finance

NWSSP reported a year-to-date surplus of £1.153m at Month 3. This was reported as a surplus of £0.846m within our core operational budgets and £0.307m against our recurrent covid allocation. The £0.846m surplus against core operational budgets is due to ongoing turnover and delays with recruitment to vacancies.

As Audit Wales conclude their audit of the 2023/24 Annual Accounts of Velindre University NHS Trust I can report that there are no matters regarding NWSSP that are reported in their ISA260 report to the Velindre Audit Committee. I would like to thank and congratulate the Finance Team for another successful year.

IMTP

As we look at the position at the end of the first quarter it is pleasing to see that 80% of our objectives are on track to be delivered in year. Our focus on ensuring that objectives are more focused, realistic and achievable continues and is being reflected in a smaller number of objectives in 2024/25 than the previous year. I look forward to discussing progress with divisional leadership teams in quarterly performance review meetings during July.

Radiopharmacy

I am grateful to Health Board and Trust colleagues for their ongoing support for the South East Wales Radiopharmacy Business Justification Case (BJC) which is on the meeting agenda for approval and has been provided to organisations to take through their organisational governance processes.

It is important to acknowledge that there is considerable pressure to be able to proceed at pace in order to re-establish a safe and resilient service in South East Wales and as such it is encouraging that together we are on track to submit the BJC to Welsh Government at the end of July.

Laundry Service

We are working with Hywel Dda University Health Board to agree an affordable project scope to enable a Memorandum of Terms of Occupation (MOTO) for ongoing occupation of the Glangwili site and its use as a laundry hub.

MOTOs are in place for the Llansamlet, Llanfrechfa and Ysbyty Glan Clwyd sites. Discussions are ongoing regarding the Church Village site which are focussing on the level of backlog and future maintenance required.

Medical Examiners Service

Regulations for the Death Certification Reforms were laid in parliament, including the introduction of a statutory Medical Examiner system on the 15th April 2024. The legislation will come into force on Monday 9 September 2024 meaning independent scrutiny by a Medical Examiner will become a statutory requirement prior to the registration of all non-coronial deaths in England and Wales from this date.

System Developments

I continue to attend the Future NHS Workforce Solution Transformation Programme which is overseeing the new solution that will build on the current Electronic Staff Record (ESR) system in support of the NHS People Plan and the wider NHS workforce policies. The procurement phase is nearing completion with the aim of awarding a contract to the successful supplier by spring 2025.

We are in discussions with the provider of the Primary Care Workforce Intelligence System regarding the extension of the current contract to March 2025 whilst the new build is being negotiated.

The Project Board continues to oversee the decommissioning of the National Health Application and Infrastructure Services (NHAIS) system and work package options are being progressed with Digital Health and Care Wales (DHCW).

Personal Protective Equipment (PPE)

Stock

The latest PPE stock position is included in the meeting papers for information. We continue to work closely with Welsh Government colleagues to ensure that NWSSP holds the level of stock requested by Welsh Government.

NWSSP continues to receive information requests from the Covid-19 Public Inquiry, for which NWSSP is listed as a core participant for Module 5 Procurement focussing on our role in the provision of PPE. Providing requested evidence is a considerable undertaking and I am mindful of the pressures this creates on senior Procurement staff in particular. Recent extensive requests from the Inquiry with challenging timescales are causing me to consider the level of support to be provided to the Director of Procurement and Health Courier Services to ensure that day-to-day business

can continue unaffected and that he is personally supported as much as possible.

Medicines Buffer Stock

Welsh Government officials recommended to the Minister for Health and Social Services that a medicines buffer stockpile be established, aligned to the preferred medicines and presentations used in NHS Wales, with the aim of increasing resilience regarding availability of critical medicines in the event of a future pandemic or other serious incident. This was approved by the Minister on 20 March 2024.

The Minister has agreed £1.2m including VAT for the initial procurement of medicines into the stockpile. The medicines buffer stockpile will be held at Picketston and managed by NWSSP working to an SLA with Welsh Government.

A Medicines Buffer Stock Management and Oversight Group has been established to provide a forum for discussion and resolution of issues related to the establishment and ongoing management of a medicines buffer stockpile for NHS Wales at which NWSSP operations, pharmacy and procurement are present along with Welsh Government and Health Board colleagues.

Decarbonisation

On 26 June we received feedback from the Welsh Government Deputy Director, Health Social Care and Early Years on our end of year qualitative report on our decarbonisation action plan for 2023/24. The feedback provides us with an overall amber rating which means that the majority of actions are on track, but there is room for improvement.

The Welsh Government Programme Team highlight a number of successes, in areas such as transport where we have delivered and published a best practice approach for electric vehicles, a broad range of activities undertaken and monitored in the Procurement workstream and PV installation undertaken and planned.

The challenges to deliver the decarbonisation agenda within limited resources has been recognised in a recently concluded Internal Audit review in this area for which a limited assurance rating has been provided. Internal Audit highlight the root cause of the rating is the impact of financial restraints on the ability of NWSSP to both deliver its own Decarbonisation Action Plan and to support the wider delivery in NHS Wales should be recognised.

Infected Blood Inquiry

On behalf of the UK Department for Health & Social Care, the Welsh Governments Chief Medical Officer/Medical Director wrote to me on 4 June

to formally instruct NWSSP to make a second interim compensation payment, which forms part of the UK Government's response the Infected Blood Inquiry's Final Report, to each eligible beneficiary registered with the Wales Infected Blood Support Scheme's (WIBSS).

Appropriate funding (£45m) was provided to the Welsh Government and ringfenced for this purpose and passed to NWSSP to allow for the payments to be made. All payments were made prior to the end of June as requested.

Staff Awards

Our programme of in person events to celebrate our staff awards concluded with North Wales event on 27 July. These events have been hugely enjoyable for all and I am looking with Director colleagues at our approach to the forthcoming year in order to ensure that we reach as many employees as possible.

Development Activity

We are planning the Autumn Development Session for SSPC and James Quance has emailed to members to ask if there are any items that they would like us to cover.

The Senior Leadership Group (SLG) has attended the recent Team Wales event with me and NWSSP will be well represented at the NHS Peer Group Event on 29 July. In addition, the SLG and other senior leaders have been attending service improvement workshops as we develop our approach.

Staffing Update

There are no changes to senior staffing to report.

Neil Frow OBE
Managing Director, NWSSP
July 2024

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18 July 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
Transforming Access to Medicines South East Wales Radiopharmacy Business Justification Case

ARWEINYDD: LEAD:	Colin Powell Service Director - TrAMs
AWDUR: AUTHOR:	Peter Elliott Assistant Head of NWSSP Project Management Office
SWYDDOG ADRODD: REPORTING OFFICER:	Neil Frow Managing Director
MANYLION CYSWLLT: CONTACT DETAILS:	Colin Powell Colin.Powell2@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:
To approve the Transforming Access to Medicines South East Wales Radiopharmacy Business Justification Case (v2.2)

Llywodraethu / Governance	
Amcanion: Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
Tystiolaeth: Supporting evidence:	Supporting justification is contained within the case.

Ymgynghoriad / Consultation:
NWSSP Senior Leadership Group 27 June 2024 - endorsed Project Board 27 June 2024 - approved Programme Board 4 July 2024 - approved

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

Argymhelliad / Recommendation	The Committee is asked to APPROVE the Transforming Access to Medicines South East Wales Radiopharmacy Business Justification Case (v2.2)

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	The legal implications of the proposal are covered in the BJC.
Iechyd Poblogaeth: Population Health:	The facility is urgently needed to maintain and enhance the population health in South East Wales and beyond.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Quality, Safety and Patient Experience would all be negatively impacted without the investment in these facilities.
Ariannol: Financial:	The financial implications of the proposal are covered in the BJC.
Risg a Aswiriant: Risk and Assurance:	The risks to the service are highlighted in the BJC.
Safonnau Iechyd a Gofal: Health & Care Standards:	Provision of this service and facility is underpinned by the Duty of Quality.
Gweithlu: Workforce:	The workforce implications of the proposal are covered in the BJC.
Deddf Rhyddid Gwybodaeth / Freedom of Information	Open.

Transforming Access to Medicines South East Wales Radiopharmacy Business Justification Case (v2.2)

Introduction

The provision of a future Radiopharmacy Service for South East Wales is in scope for the TRAMs Programme, which was approved by SSPC members in March 2021 as part of TRAMs Programme Business Case v1.2, which subsequently received Ministerial endorsement.

Following the closure of the current unit in Cardiff and Vale University Health Board (CAVUHB) in September 2023, NWSSP was approached by Welsh Government (WG) to develop a Business Justification Case (BJC) to build a replacement facility in Imperial Park (IP5). Funds were awarded by WG in November 2023 to develop what is now the attached BJC.

Current Position

Currently the Health Boards and Trust in South East Wales (Cardiff & Vale, Cwm Taf Morgannwg, Aneurin Bevan University Health Boards and Velindre University NHS Trust) are being supported by the Radio Pharmacy unit in Swansea Bay University Health Board, but this unit is under pressure and so capacity is limited across South Wales. This solution is a temporary measure and is unsustainable in the medium to long term. There is an urgent clinical need to build the South East Wales Radio Pharmacy Unit as despite best endeavours, there is not enough capacity to meet current demands.

Overview of the Business Justification Case

The Business Justification Case (BJC) v2.2 submitted for the Committee's approval is closely based on the draft case previously circulated to Welsh WG in November 2023, but with updated Economic, Financial and Commercial sections reflecting the design, costing, and contracting activity that has been undertaken in the last 6 months.

The case recommends a total capital investment of £9.2m to be made through the TrAMs Programme, under the governance of the Shared Services Partnership Committee. The preferred option site is Imperial Park Building No.5, Newport. Of this sum, £2.3m has already been funded in the development of the BJC together with the purchase of the key equipment requirements which have significant lead in times, so the net capital funding commitment requested from Welsh Government is circa £6.9m to complete the project. No capital funding is being sought from Health Boards and Trusts.

Contracts are in place to support delivery of the project, so the remaining expenditure is expected to be incurred within 6 months of the Investment Decision. Therefore, if the decision is taken by 1 Sept 2024, then the whole remaining balance is expected to be committed during the financial year 2024/25.

The revenue commitment to operate the service is also set out in this case. Shared Services Partnership Committee is invited to Approve the Business Justification Case together with the expected revenue consequences of the new service model.

In the approval process for the outline TrAMS Business Justification Case which has been endorsed by the Minister, the Shared Services Partnership Committee has already agreed that the first call on savings generated by NWSSP will go towards supporting the new service and any financial gap identified, within a reasonable threshold.

It is important to acknowledge that there is considerable pressure to be able to proceed at pace in order to re-establish a safe and resilient service in South East Wales, and so a pragmatic approach will be required of organisations involved. The model will continue to be reviewed and updated as we progress latter stages of the Programme to create the South East Wales Hub Project.

At the point at which the Investment Decision has been made by WG, formal consultation with the staff at CAVUHB impacted by the change can be initiated. Once all arrangements related to this consultation have been agreed, a formal Transfer of Service paper will be prepared for CAVUHB Board approval.

Request for Approval
The Committee is asked to APPROVE the Transforming Access to Medicines South East Wales Radiopharmacy Business Justification Case (v2.2).

NWSSP
July 2024

Business Justification Case

South East Wales Radiopharmacy

Status	Issued for approvals
Version	2.2
Date	3 July 2024

Version	Date	Changes to content
1.0	17/11/23	First submission to Welsh Government
1.1	10/06/24	Re-drafted for second submission
1.2	11/06/24	Circulated for review, to become v2.0 once finalised
2.0	28/06/24	Updated explanatory text, and preferred funding option. Case now issued for approvals
2.1	01/07/24	Additions requested as per Programme Board minutes 1/7/24
2.2	03/07/24	Future year cost profile added as requested by Programme Board FD rep

Approvals	Version	Date	Decision
TrAMs SE Hub Project Board	1.0	17/11/23	Approved
TrAMs Programme Board (SRO)	1.0	17/11/23	Approved by SRO Action
Shared Services Partnership Committee	1.0	23/11/23	Approved
TrAMs SE Hub Project Board	2.0	27/06/24	Approved
TrAMs Programme Board	2.2	01/07/24	Approved
Shared Services Partnership Committee	2.2	18/07/24	Planned

Contents

Executive Summary

This Business Justification Case (BJC) seeks approval for capital investment in preparative Radiopharmacy facilities in the South East Wales region.

The case is prepared in the context of:

- The urgent clinical need resulting from the forced closure of the old legacy Radiopharmacy facility.
- The provision of a safe and regulatory compliant facility of sufficient size to meet the expected future demand.
- Meeting the overarching Transforming Access to Medicines Programme (TrAMs), requirements outlined in the current endorsed TrAMs Programme Business Case.

Due to the points above it has been agreed with Welsh Government to submit a BJC with costs to the maturity of a Full Business Case (FBC) rather than an Outline Business Case (OBC) followed by an FBC.

The case recommends a total capital investment of £9.2m to be made through the TrAMs Programme, under the governance of the Shared Services Partnership Committee. The preferred option site is Imperial Park Building No.5, Newport.

Of this sum, £2.3m has already been funded in the development of the BJC together with the purchase of the key equipment requirements which have significant lead in times, so the net capital funding commitment requested from Welsh Government **is circa £6.9m to complete the project**. No capital funding is being sought from Health Boards and Trusts.

Contracts are in place to support delivery of the project, so the remaining expenditure is expected to be incurred within 6 months of the Investment Decision. Therefore, if the decision is taken by 1 Sept 2024, then the whole remaining balance is expected to be committed during the financial year 2024/25.

The revenue commitment to operate the service is also set out in this case.

Shared Services Partnership Committee is invited to **Approve the Business Justification Case together with the expected revenue consequences of the new service model.**

1. Strategic Case

1.1 Strategic Context

Radiopharmacy is a service that prepares radioactive injectables for patients, mostly for diagnostic purposes in support of Gamma Camera scans, but also a small number of therapeutic injections. Within South East Wales the service is currently managed by Cardiff and Vale University Health Board (CAVUHB) Nuclear Medicine department, with professional oversight and Quality Assurance support from the Health Board's Pharmacy department

The short shelf life of the product means that the injections take place on the same day as the medicine is prepared, usually within 1 to 4 hours

A number of regulators are involved in overseeing the preparative service including:

- Medicines Health Regulatory Authority (MHRA)
- Natural Resources Wales (NRW)
- Health and Safety Executive (HSE)
- Office of Nuclear Regulation (ONR)

The service is also supported by a contracted Radiation Protection Advisor (RPA) and Radioactive Waste Advisor (RWA). These are required by legislation.

The Transforming Access to Medicines (TrAMs) Programme Business Case which was endorsed by the Minister for Health and Social Care in March 2021 determined that the future reprovision of Radiopharmacy services would be in an All-Wales service, hosted within NHS Wales Shared Services Partnership (NWSSP) and delivered through 3 regional hubs. As at June 2024, the Outline Business Case for the first of these hubs, in South East Wales, is in preparation. Outline design work has been undertaken to test the fit of this Radiopharmacy development alongside the larger Hub investment in the Imperial Park 5 (IP5) building in Newport, owned and operated by NWSSP. A good fit has been established and the two developments aligned and deconflicted. It has been established by outline concept design that there is sufficient power for both.

Open issues within the TrAMs SE Wales Hub Project which have not yet been completed include:

- Planning Permission
    - A Planning Pre-Engagement process has been carried out based on the design concepts for the IP5 site.
    - It is intended to submit a planning application covering both the Radiopharmacy and the Hub in July 2024.
- Equipment Procurement including isolators
    - Pre-tender engagement was carried out in Oct 2021.
    - A further round to update costings was carried out in Nov 2023.
    - The tender for 15 Hub isolators is expected to be offered in Autumn 2024, aligned with the detailed design phase of this project.
- An Organisational Change Process (OCP) will identify if staff at C&V are impacted by TUPE regulations, and where TUPE applies, then they will transfer to NWSSP.
    - Planning for this is underway within the TrAMS Programme, working in partnership with Staff Side representatives, Health Boards and Trusts.

1.2 Strategic Case for Change

Radiopharmacy services in South East Wales have, until October 2023, been provided on a regional basis by CAVUHB, supporting patients in Aneurin Bevan University Health Board (ABUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), and Velindre University NHS Trust (VELUNHST). The legacy unit is located within the University Hospital Wales and daily deliveries are made to nuclear medicine departments at the following sites:

- University Hospital Wales
- University Hospital Llandough
- Royal Glamorgan Hospital
- Royal Gwent Hospital
- Nevill Hall Hospital
- Velindre Cancer Centre

Deliveries are time critical and two dedicated vans and specially trained drivers are used for deliveries. This transport service is proposed to transfer to provision by NWSSP Health Courier Service in the near future.

9,028 individual patient doses were produced for the SE region in this period from October 2022 to September 2023 was:

- 230 for lung indications
- 875 for renal indications
- 1468 for cardiac indications
- 2014 for bone indications
- 2279 for cancer indications
- 2162 for other indications

Organisationally the split of patient doses for this period is:

- 3350 for CAVUHB
- 3380 for ABUHB
- 1028 for CTMUHB
- 1270 for VELUNHST

Patient doses are first prepared in multi dose vials, before being drawn up into individual syringes. The total demand for 9,028 doses is supplied by 4,012 vials, so on average 2.25 doses per vial. This ratio varies considerably depending on how many patients are booked into each clinic, giving both an efficiency challenge, and an opportunity for the service.

The existing service was staffed by 19 individuals, 18.2 WTE, but with a number of split role posts undertaking both technical and clinical work. Disaggregating the split roles, the work content for the existing CAVUHB Radiopharmacy unit standing alone is estimated at 13.2 WTE.

The legacy unit has been known to be at the end of its life for some time. Following an MHRA inspection in 2019, CAVUHB produced a Business Case in 2020 for a replacement, but this investment was deferred in favour of the TrAMs Programme alternative.

In October 2023 a further MHRA inspection took place, which identified a significant number of defects in the service which required immediate action. Following this inspection CAVUHB made the decision to close the legacy unit and examine alternative options.

Time limited service continuity measures have been put in place involving supply from outside the region, including by Swansea Bay University Health Board (SBUHB), Birmingham and Bristol NHS Trusts. These arrangements are temporary in nature and are not currently meeting the whole clinical demand.

On 24 October 2023 Paul Bostock, Chief Operating Officer, wrote on behalf of CAVUHB to Welsh Government and NWSSP, stating that CAVUHB's preference was for NWSSP to expedite the replacement service by means of the TrAMs programme.

On 25 October 2023 the government's Chief Pharmaceutical Officer Andrew Evans requested NWSSP to formulate an Option Appraisal to support an immediate investment in Radiopharmacy facilities under the TrAMs programme.

1.2.1 Impacts during the interim Service since shutdown

Analysis of the current interim service from SBUHB operating from one isolator, in one cleanroom, covering the whole of South and West Wales (12 major hospitals and cancer centres) has shown that while at this point the most harmful impacts on patient care have been successfully mitigated, there is still significant adverse impact:

- The last period for which CAVUHB was able to offer full uninterrupted service was May and June 2023, during which there were patient numbers of 1,371 and 1,374 respectively. It is noteworthy that even at full capacity the demands across the South East Wales region are not met. This is noted in the ABUHB impact section below.
- Service pattern from July-December 2023 was very unstable, with a number of shutdowns in CAVUHB culminating in closure, heavy rescheduling of patients, and short-term service support from a variety of providers including SBUHB, Birmingham and Bristol Trusts.
- Months January, February and March 2024 are reflective of the total capacity from Swansea with a shortfall of capacity of approximately 300 patient treatments per month compared to full production months in May and June 2023. This shortfall is reflected in the considerable increases in patient waiting times and 8-week breaches at individual health board nuclear medicine sites in "site impacts" sections below.
- April 2024 is significantly impacted by the SBUHB Radiopharmacy "firebreak" where there were a number of significantly reduced capacity days from 22nd April to 3rd May. The reduction in capacity was considered essential to ensure that quality and capacity aspects of the service were maintained particularly related to the greater than 100% increase in throughput through the SBUHB Radiopharmacy unit.

	Swansea hospitals					Cardiff & Vale hospitals												
	SING	MTON	POW	NPTH	WBUSH	RGWENT		RGLAM		LLAN		UHW		VELINDRE		NEVH		
Month	Patients	Patients	Patients	Patients	Patients	UHW Pts	Swa Pts	UHW Pts	Swa Pts	UHW Pts	Swa Pts	UHW Pts	Swa Pts	UHW Pts	Swa Pts	UHW Pts	Swa Pts	Monthly Total
Apr-23	184	49	60	9	75	123	0	58	0	58	0	154	0	103	0	114	0	987
May-23	300	79	77	15	142	134	0	84	0	76	0	197	0	101	0	166	0	1371
Jun-23	311	77	66	24	139	135	0	66	0	66	0	218	0	147	0	125	0	1374
Jul-23	262	40	82	9	147	57	14	15	26	14	36	38	4	20	100	19	0	883
Aug-23	286	0	99	17	136	73	0	34	11	37	23	109	6	84	57	58	0	1030
Sep-23	294	0	75	12	159	134	0	97	0	73	0	183	0	101	0	110	0	1238
Oct-23	324	0	118	12	164	45	23	15	29	20	33	35	7	24	0	19	0	868
Nov-23	311	2	116	7	170	11	46	0	2	0	74	0	41	0	0	0	1	781
Dec-23	250	61	129	10	143	0	39	0	0	0	56	0	61	0	0	0	12	761
Jan-24	254	81	105	7	180	0	43	0	34	0	80	0	148	0	98	0	110	1140
Feb-24	241	86	55	6	176	0	63	0	41	0	88	0	135	0	117	0	87	1095
Mar-24	219	66	34	14	140	0	49	0	27	0	75	0	113	0	89	0	92	918
Apr-24	170	62	80	2	156	0	0	0	47	0	57	0	65	0	102	0	111	852

Table: patient doses achieved per clinical site in South and West Wales across the last 12 months, source: Health Board records.

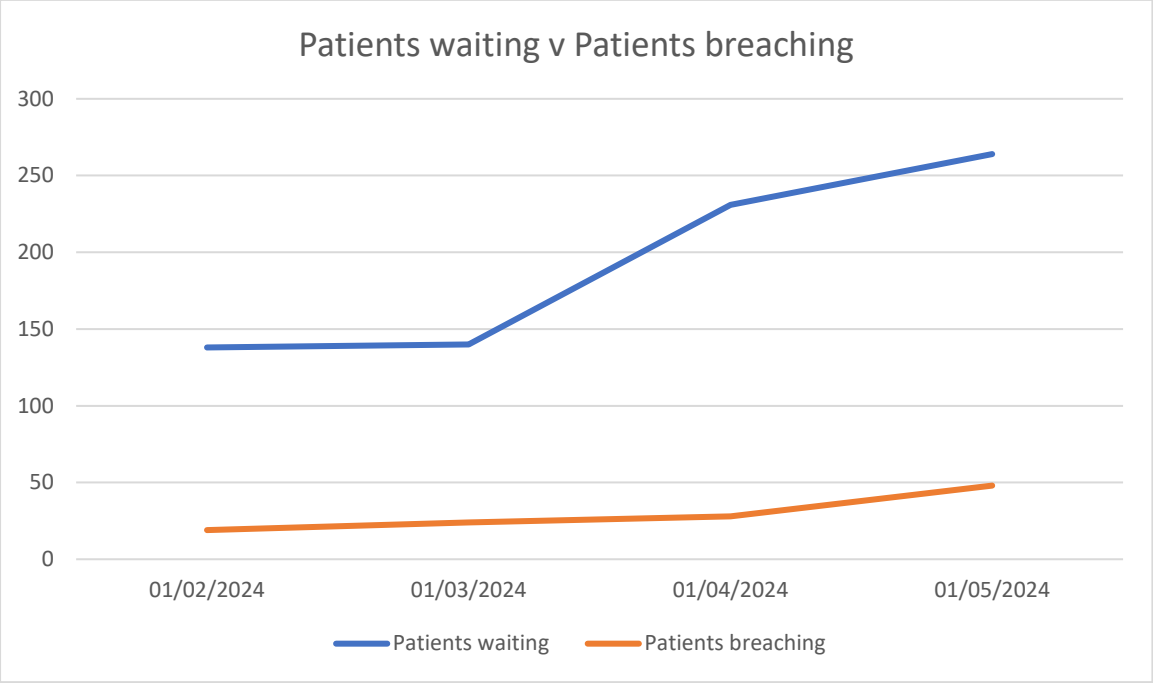
1.2.2 Individual Nuclear Medicine site impacts

The following section has been prepared by the CAVUHB Head of Radiopharmacy, and TrAMs national lead for Radiopharmacy. The data in the tables have been assembled from Health Board Nuclear Medicine department records.

Cardiff and Vale UHB impact

CAVUHB University Hospital Wales is the largest hospital in Wales with numerous specialities as well as being a major trauma centre and centre for kidney transplantation. There is therefore a significant demand for Nuclear Medicine scans. Nuclear Medicine scanning is carried out at the Llandough (UHL) and University Hospital of Wales (UHW) sites with the UHW site having two gamma cameras compared to one at UHL. The scanning capacity at UHW has been significantly impacted since the CAVUHB radiopharmacy closure with previous patient capacity at around 75 patients per week reduced to 25 patients per week. This means the numbers of patients waiting for treatment has climbed rapidly since the radiopharmacy closure. There is a time lag for the numbers of patients breaching the 8 weeks cut off starting from a position of zero in January that has now climbed to 50 patients. The numbers of patients breaching and waiting times for CAVUHB is shown below. Furthermore, the current waiting times broken down into scan time indicate around 41 days of scanning time to clear the back log. CAVUHB prioritise urgent and cancer pathways but as a result see patients for other studies waiting much longer meaning routine scans become much more urgent the longer they are left.

Much of the impact on capacity is based on the impact of delivery times to the CAVUHB sites. Typically, UHW received all their radiopharmaceuticals before 9am from the CAVUHB radiopharmacy but now receive radiopharmaceuticals from SBUHB at around 12 noon each day. The ability to extend scanning days is limited by the short shelf life of radiopharmaceuticals and the skill mix of the radiographer team who have multiple responsibilities across CAVUHB radiology as well as Nuclear Medicine.



Senior clinicians at CAVUHB have indicated their concerns at the significant drop in morale within the Nuclear Medicine team with fears of losing radiographer staff to other modalities. One Consultant Radiologist indicated their concerns via an e-mail on 21/05/2024.

> *"We had requests for 4 urgent transplant renograms yesterday, normally expected on the day or next day depending on clinical severity. The earliest date we could find was 5th June without cancelling other patients already booked and been waiting months! It's a dreadful situation at the moment, the team are really stretched trying to accommodate these emergencies."*

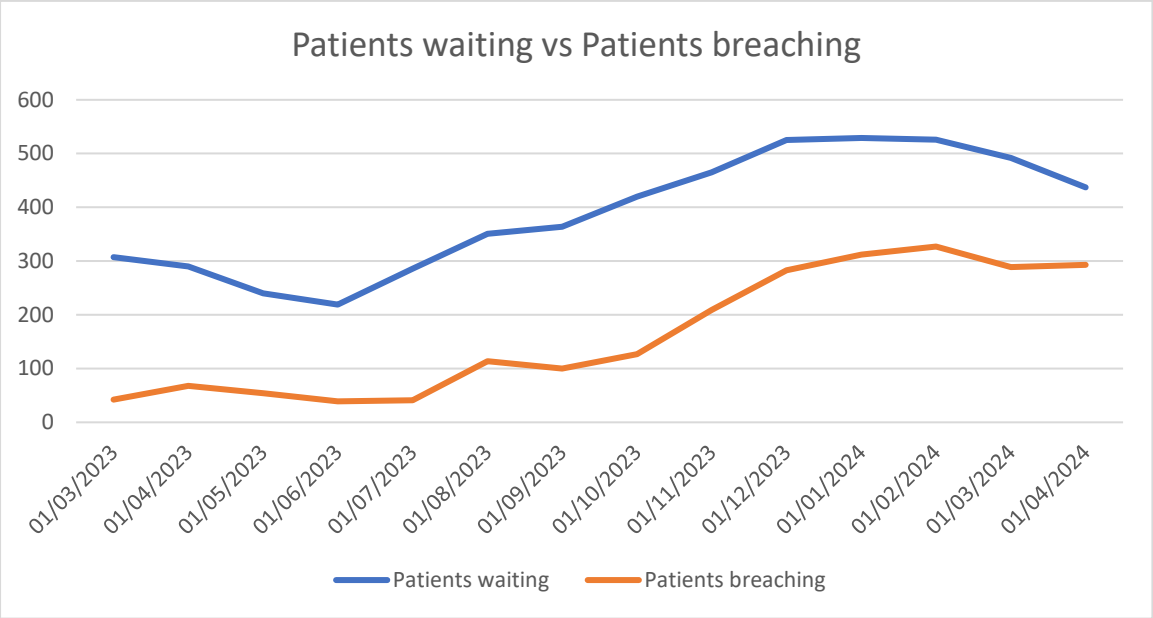
Aneurin Bevan UHB impact

ABUHB has two sites that carry out Nuclear Medicine scanning at Royal Gwent and Nevill Hall hospitals with each having one gamma camera for scanning. The two graphical presentations below indicate a considerable increase in patients waiting and breaching at 8 weeks post the CAVUHB radiopharmacy closure in October 2023. It is noticeable that there is some reduction in waiting and breach times in April 2024 which is in part due to improvement around delivery and hours worked from 9am-5pm to 10am-6pm. It is not expected that the waiting lists/breach times will decrease much more significantly due to later delivery times and limited capacity of supply from SBUHB radiopharmacy. The activity graph shows a clear downward trend in activity post closure of CAVUHB radiopharmacy.

Prior to the closure there is evidence that full demand was not being met via supply directly from CAVUHB. This is for a number of reasons:

1. The closure of the CAVUHB facility due to environmental control issues in July/August 2023.
2. The limitations on capacity at CAVUHB due to the small physical size of the radiopharmacy facilities / equipment and ongoing environmental control issues due to the condition of the aging facilities e.g. consistently requests were received from ABUHB for cardiac scanning clinics for which capacity did not exist.

The new radiopharmacy facility at IP5 in Newport will have state of the art isolator and gassing technology which will meet future MHRA requirements as well as having increased efficiency and capacity to meet all of the South East Wales demand. Delivery times will also be considerably improved for ABUHB and all South East Wales sites.



An e-mail from a Consultant Radiologist at ABUHB raised particular concerns around the current limitations on their service and impact on patients and staff.

> *"Disruption to front line services is very significant and I've described it as feeling like a constant struggle at the moment. I'm changing requests for radionuclide studies to other modalities (against our previous practice) as much as possible. I have had to respond to a number of understandably concerned/disgruntled clinicians. Our staff have agreed to some changes to their working patterns to try to compensate for the later delivery times but staff are understandably opposed to some of the proposals which have included even more unfavourable hours of working. I'm concerned that we could lose good members of staff to other modalities. Morale is generally low."*

Hywel Dda UHB impact

Hywel Dda UHB has one Nuclear Medicine site based at Withybush General hospital. This is a comparatively small service and forms part of the Swansea Radiopharmacy's usual service delivery arrangements after the closure of the Withybush radiopharmacy in October 2022.

The Nuclear Medicine team indicated that there had been a significant impact on their services during the SBUHB "firebreak" period which ran 22nd April to 3rd May 2024. This was a period of significantly reduced volume of production to enable rectification of quality issues exacerbated by the significant increase in required capacity at a greater than 100% increase. The firebreak disruption resulted in 64 patients being rescheduled. Prior to the firebreak there were 3 occasions where an order was unable to be fulfilled or was reduced due to the Swansea Radiopharmacy exceeding capacity. The bone cancer scan waiting list has now exceeded 4 weeks post fire break.

There are also significantly more occasions where receipt of radiopharmaceuticals has exceeded being 1 hour late since the closure of CAVUHB radiopharmacy.

Cwm Taf Morgannwg UHB impact

Following the closure of the CAVUHB radiopharmacy UUnit all patients were moved to Princess of Wales (POW) hospital site which meant demand was not met with a focus on bone cancer scans and urgent scan patients. The Royal Glamorgan (RGH) has since re-opened and capacity is now split again between the two sites.

Bone cancer scan patients waiting times have increased to 4 weeks and urgent scans increased to 8 weeks. Routines scans were placed on hold and the current longest wait for a routine scan is 48 weeks. For RGH there are currently 43 patients waiting over 8 weeks and for POW 24 patients waiting over 8 weeks. The delivery times for POW have not been significantly impacted but RGH delivery times have been much more unpredictable significantly impacting scanning days.

Impact on Clinically Urgent/Cancer patients

Initially the time increased for USC referrals from 10 days to 4 weeks. Urgents increased to 8 weeks and routines were placed on hold, but the waiting lists have decreased apart from routine patients.

Velindre Cancer Centre impact

The throughput of diagnostic radiopharmaceuticals for Velindre Cancer Centre is stable and relatively low in comparison to some other centres. The closure of the CAVUHB radiopharmacy has disrupted start and finish times which has caused issues in the workforce for those with longstanding commitments such as childcare. Whilst Velindre do not currently have a waiting list, they are having to inform referrers of delays in imaging / GFRs. The GFRs are probably the most impacted as they now group them, to prevent single dose requests. This might mean that ideal 'need by' dates are missed for this patient group.

Conclusions

- The closure of the CAVUHB radiopharmacy has put significant pressure on the remaining SBUHB Radiopharmacy requiring significant increase in staffing whilst supplying all of South Wales Nuclear Medicine sites via one production cabinet as opposed to the previous three cabinets. This means there is no contingency support in case of failure of the remaining production cabinet.
- Due to increased throughput, there is greater risk of environmental failure within the production facility and has resulted in very strict capacity controls to ensure sterility assurance of final products and patient safety.
- Due to capacity restrictions, it is estimated that the numbers of patients scanned in South Wales has reduced by at least 30% which equates to around 300 patients per month. This has impacted different sites to varying degrees with for example University Hospital of Wales having capacity reduced most significantly even though it is the largest Nuclear Medicine site, with often the most urgent and complex patients due to its patient specialities. Since the CAVUHB closure throughput of patients has reduced in the region of 66%.
- Across South Wales the numbers of patients awaiting Nuclear Medicine scans has increased significantly with 8-week limits being breached increasingly after an initial lag as the time since closure of the CAVUHB radiopharmacy extends. This is significantly impacting patients but also

Nuclear Medicine staffing morale and longer-term departmental resilience as the times since CAVUHB radiopharmacy closure extends.

- To meet capacity and provide resilience for Nuclear Medicine across South Wales it is vitally important that a new Radiopharmacy service is built at Imperial Park Newport. The new site will ensure sufficient operational cabinet support for South Wales as well as providing contingency capacity in case of failure of the Swansea Radiopharmacy. It is notable that Radiopharmacy resilience across the UK is stretched with many older and failing facilities as well as services that have been impacted by MHRA inspections including reductions in capacity or even closure.

1.3 Service Model

A future service model has been agreed in line with the recommended best practice whereby the new regional Radiopharmacy units will manufacture the medicine in ready to use vial kits. These will be delivered to Nuclear Medicine departments where the patient injections will be drawn up from the vials. Typically, around two to three injections are drawn up from each vial. This is also the service model being used during the current Service Continuity arrangements within SBUHB, Birmingham and Bristol NHS Trusts.

This approach gives maximum flexibility to the Nuclear Medicine department to ensure that the right level of radioactivity is injected to each patient, from the level available in the vial immediately prior to the injection being given. It also maximises Radiopharmacy operator safety by limiting their time exposure to the radioactive product during manufacture. Nuclear Medicine departments that have not previously utilised this service model are being supported with training and equipment to ensure safe and effective drawing up.

The service model will be underpinned by new Service Level Agreements and Technical Agreements between the respective organisations.

The service will operate on the basis of a core staff and non-pay budget allocated to NWSSP at the time of service transfer. The variable costs of the medicine will be recharged on a wholesale basis, with an equitable charge to all users per unit of medicine supplied, inclusive of the medicine, consumables, and transport.

Overall financial and service governance will rest with the Health Boards and Trusts, exercised jointly through the mechanism of the Shared Services Partnership Committee. The financial impacts of this model are analysed in Chapter 4, the Financial Case.

2. Economic Case

The economic case in this document is focussed on site selection for the reinvested Radiopharmacy service. This chapter has been reviewed but is unchanged from version 1 of the case submitted in November 2023.

2.1 Success Criteria

Success Criteria for site selection for the new service are:

1. Strategic Criteria
    a. The site should be available for development now
    b. The site selection should if possible, align strategically with the TrAMs Programme
2. Meets the capacity demands for service to patients
    a. Within the South East Wales region [9,000 doses p/a]
    b. Also offers contingency to support South West Wales when required [6,000 doses p/a]
    c. Also offers contingency to support other UK sites such as Birmingham and Bristol, when that capacity is not being required within Wales.
3. Meets all current and envisaged regulatory requirements
    a. Layout including room segregations
    b. Room air handling and filtration
    c. Equipment including isolators with Hydrogen Peroxide based decontamination
4. Provides a pleasant and functional work environment including
    a. Production clean rooms
    b. Supporting office, laboratory, storage, and ancillary spaces
    c. Staff facilities including toilets and mess rooms
5. Is accessible to current and future staff
    a. Including access to public transport, walking, cycling, and
    b. Car parking options
6. Facilitates reliable delivery to all major hospitals within the region within 60 minutes of setting out
    a. Good access to the trunk road network
    b. Limited exposure to known traffic bottlenecks
    c. Alternative route options in the event of disruption

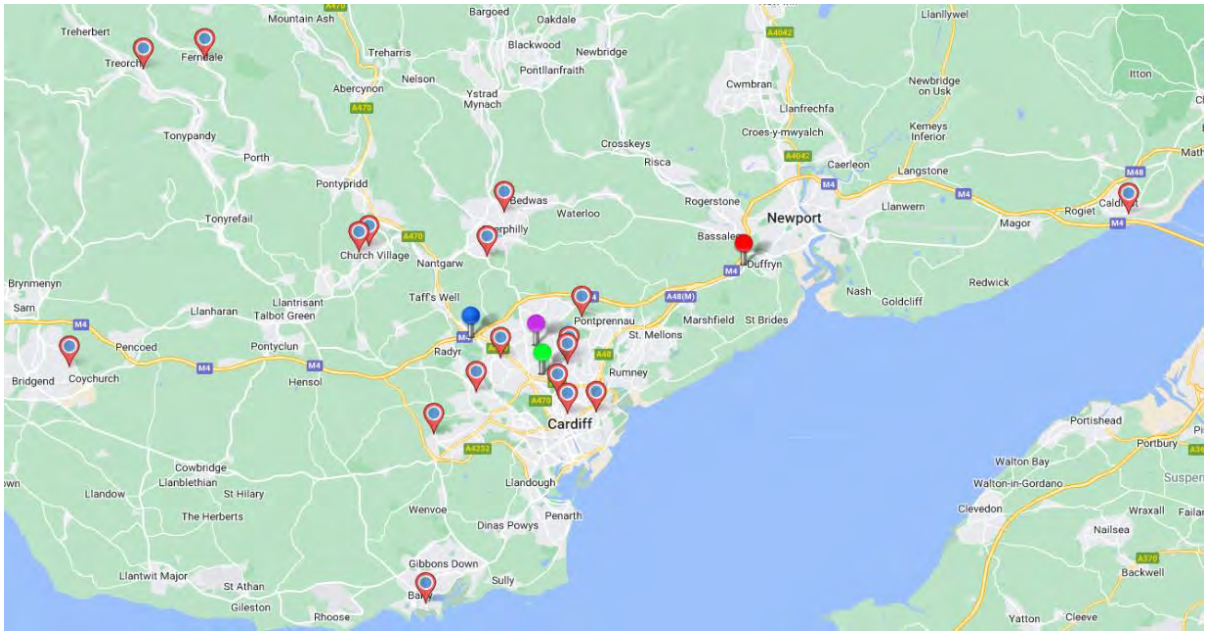
2.2 Investment options

The following investment options have been identified:

1. Re-investment of the unit in its current location, within the Nuclear Medicine department of UHW
2. Replacement Unit elsewhere on the UHW campus
3. Replacement Unit within the site footprint of St Mary's Pharmaceutical Unit (SMPU). This was the preferred option of the 2020 Business Case
4. Replacement Unit within the footprint of Imperial Park building 5 (IP5), Newport
5. Replacement Unit as part of a deliberate investment in the TrAMs South East Wales Hub, at a site other than IP5. The other candidate site is in Coryton.
6. Augmentation of the existing SBUHB unit at Singleton to provide capacity to serve the whole of South Wales

2.3 Staff Locations

Home addresses of the staff who work some or all of their duties within the existing legacy unit have been anonymised and mapped against the candidate site locations:



Option	Site	Postcode
1	**UHW Nuclear Medicine**	**CF14 4XW**
2	**UHW Other**	**CF14 4XW**
3	**SMPU**	**CF14 7HY**
4	**IP5**	**NP10 8BE**
5	**Coryton**	**CF14 7HY**
6	**Singleton (Not shown on map)**	**SA2 8 QA**

As expected, there is a concentration of staff within Cardiff, with a number also coming down the Taf and Rhondda Valleys, with outliers in Barry, Caldicot, and Bridgend.

If the existing unit at UHW is taken as being the reference point, and using google maps functionality the travel to work implications can be assessed as follows:

- Sites 1 and 2 – No change
- Sites 3 and 5 – Some increases and some decreases, neutral overall
- Site 4 – Net additional journey time of approx. 17 mins by car.
- Site 6 – Net additional journey time of approx. 67 mins by car.

These assessments are used to contribute to the scoring of question 5 in the next section.

2.4 Assessment of Options

All options are devised to provide a permanent solution, with a lifetime in excess of 20 years. Temporary build options were discussed but have been discounted because:

- In order to pass regulatory inspection, the unit has to be robust and finished to a high standard. Having scoped the unit on this basis, it will by default produce a solution able to last many years in service. The quality of the NWSSP Medicines Unit is an example of this.
- Where "temporary" units have been built in the past, they have ended up exceeding their design life anyway (e.g. the Aseptic Unit as UHL). Therefore, it makes sense to specify the build for a long life from the outset.
- TrAMs principles are intended to break the cycle of temporary, poor value, investment choices.

The options can be assessed against the success criteria as follows. All Items are scored out of 3, with 3 being the best score and 1 the lowest compliant score.

Scores of 0 can also be given and are red rated, as having the potential to be exclusionary for the option, if the factor is deemed sufficiently critical.

Option 1	**Existing CAVUHB Unit Refurbishment**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The site is available now. The site is however within a busy Medical Physics and Clinical Engineering (MPCE) department. Any development will therefore need to be carefully planned in collaboration with the Health Board to protect existing critical services.	2
1.b Alignment with TrAMs	This option for a regional preparative unit within a Clinical department is not aligned with the TrAMs Programme.	1
2.a Meets SE Wales Demand	The site has shown it can meet this level of demand based on past performance	3
2.b Contingency for SW Wales	Unclear the extent to which output could be increased, in combination with heavily revised layouts and processes	1
2.c Contingency for UK sites	Unclear the extent to which output could be increased, in combination with heavily revised layouts and processes	1
3.a Layout and Space	The square meterage available within the MPCE Department is not sufficient to achieve a compliant layout, ducted isolators, and air plant. This has been confirmed by external assessment. To create the floor space would require the decant of a number of other adjacent services.	0

3.b Room air handling	The height restriction within the building structure appears to preclude the installation of a compliant number of Fan Filter Units	0
3.c Gassing Isolators	The height restriction precludes the installation of ducted gassing isolators, as required to meet current regulatory needs	0
4.a Working Environment	Assessed as acceptable to the current staff	2
4.b Storage and Ancillary	Unlikely to be able to meet the full requirements within the available footprint	1
4.c Staff facilities	Staff facilities on the hospital site are generally assessed as good	3
5.a Accessibility Walk/Cycle/PT	The campus has good accessibility for current and future staff	3
5.b Car parking	Car parking on the site is difficult and likely to remain so	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Generally OK but delivery times not always achieved, particularly to Nevill Hall, being the furthest away of the daily deliveries	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		**25**

Option 2	**New UHW site**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	No site has yet been identified on the UHW Campus that is available to develop now, and can be protected from future redevelopments on the site. CAVUHB Execs have excluded this option, and it is scored "0" in this analysis as a result.	0
1.b Alignment with TrAMs	This option to develop on a clinical campus is not aligned with TrAMs	1
2.a Meets SE Wales Demand	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.b Contingency for SW Wales	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.c Contingency for UK sites	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.a Layout and Space	As a new build design, the unit would be expected to comply with all requirements	3
3.b Room air handling	As a new build design, the unit would be expected to comply with all requirements	3
3.c Gassing Isolators	As a new build design, the unit would be expected to comply with all requirements	3
4.a Working Environment	As a new build design, the unit would be expected to comply with all requirements	3
4.b Storage and Ancillary	As a new build design, the unit would be expected to comply with all requirements	3
4.c Staff facilities	Staff facilities on the hospital site are generally assessed as good	3
5.a Accessibility Walk/Cycle/PT	The campus has good accessibility for current and future staff	3
5.b Car parking	Car parking on the site is difficult and likely to remain so	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Generally OK but delivery times not always achieved, particularly to Nevill Hall, being the furthest away of the daily deliveries	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		**39**

Option 3	**St Marys Pharmaceutical Unit**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	Although the 2021 Business Case recommended this option, there are significant concerns about the impact of a major building project on the rest of SMPU, with the proposal being to build on stilts over the loading bay. This building delivers critical medical supplies to the region, and itself has identified risks and fragilities. As such the readiness of the site for development must be questioned. This option was costed at £12m in 2021, and costs have likely increased by around 30% since then. Planning permission will need to be sought.	1
1.b Alignment with TrAMs	By co-locating the service with an existing Technical Services facility this option follows TrAMs principles to some extent. SMPU is however itself in need of re-investment, and has not been shortlisted for the TrAMs Hub, so this option is unlikely to remain aligned in the medium term.	2
2.a Meets SE Wales Demand	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.b Contingency for SW Wales	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.c Contingency for UK sites	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.a Layout and Space	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.b Room air handling	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.c Gassing Isolators	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.a Working Environment	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.b Storage and Ancillary	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.c Staff facilities	Existing staff rooms at SMPU are at capacity, in particular there is a shortage of toilet	1

	facilities for the number of staff employed. It might be possible to mitigate this by negotiating access to the adjacent café and toilets in Woodlands House, but these might not be available at the time when the Radiopharmacy Staff begin their shifts.	
5.a Accessibility Walk/Cycle/PT	The site has fair accessibility for current and future staff	3
5.b Car parking	Additional car parking on an adjacent lot could potentially be sourced, but this would be subject to a commercial negotiation and cannot currently be guaranteed.	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Can be an issue at peak times	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		**39**

Option 4	**Imperial Park Building No 5 (IP5)**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The long lease to the site is owned, and an area of the warehouse has been identified as potentially suitable. Existing stock will need to be decanted to clear the area for development. Planning permission for change of use and modifications to the exterior elevation will need to be sought.	2
1.b Alignment with TrAMs	This site is one of the shortlisted proposals for the TrAMs SE Hub. Even if IP5 is not selected for the main hub investment, certain national functions such as Pharmacy Directorate and National Quality Team will remain based at the site, and so be able to contribute to the management and control of the radiopharmacy service.	3
2.a Meets SE Wales Demand	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.b Contingency for SW Wales	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.c Contingency for UK sites	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.a Layout and Space	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.b Room air handling	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.c Gassing Isolators	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.a Working Environment	The provisional location includes exterior windows to allow natural light into the clean rooms	3
4.b Storage and Ancillary	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.c Staff facilities	Existing staff rooms and toilets allocated to CIVA@IP5 are large enough to absorb the expected increase of circa 10 staff. The opportunity would be taken to refurbish and upgrade the facility, as the finishes date from before NWSSP took possession of the building in 2019, and layouts could be improved with a view to further expansion in the future. There is currently no café for hot food on site.	2
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus and cycle routes along the A48. Depending on where	2

	staff currently live, this may be less accessible to them than the current site.	
5.b Car parking	Car parking at IP5 is good by comparison with hospital sites. Average journey time increase of 17 mins compared to UHW.	3
6.a Deliveries – Trunk Network	The site has good access to the trunk road network at junction 28 of the M4.	3
6.b Congestion risk	Congestion around the junction can be an issue at peak times	2
6.c Alternative Routes	Alternative routes do exist, via the A48 and A467.	3
Total Score		**44**

Option 5	**Coryton site**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The site is not yet in NHS Wales ownership, and a three cornered negotiation with a leaseholder and a freeholder will be needed to secure the site. On 15 Nov 2023 the Project Team was advised that the leaseholder was no longer offering their interest for sale.	0
1.b Alignment with TrAMs	This is one of the shortlisted sites for the TrAMs SE Hub. The investment in Radiopharmacy will only go ahead if the site is selected and purchased for the Hub. Alignment is therefore total.	3
2.a Meets SE Wales Demand	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.b Contingency for SW Wales	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.c Contingency for UK sites	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.a Layout and Space	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.b Room air handling	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.c Gassing Isolators	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.a Working Environment	The provisional location includes exterior windows to allow natural light into the clean rooms	3
4.b Storage and Ancillary	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.c Staff facilities	Existing staff facilities are excellent	3
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus, cycle, and train routes.	3
5.b Car parking	Car parking is ample and segregated from the service yard.	3
6.a Deliveries – Trunk Network	The site has good access to the trunk road network at junction 32 of the M4.	3
6.b Congestion risk	Congestion around the junction can be an issue at peak times	2
6.c Alternative Routes	The site is on a cul-de-sac road accessed only from the Coryton gyratory. If that system is blocked then alternative access could be considered problematic. NWSSP HCS does have access in extremis to a blue light service in the event of threat to life.	2
Total Score		**43**

Option 6	**Singleton Hospital site**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The site is available now, and development work could in theory start immediately. The site is a working regional medicines distribution unit, currently providing planned services to three Health Boards (CTMUHB, SBUHB, and HDUHB) and contingency radiopharmacy support to CAVUHB, and is located on a busy hospital site. Any development will therefore need to be very carefully planned in collaboration with the Health Board to protect existing critical services.	2
1.b Alignment with TrAMs	As a regional Technical Services facility, investment here has some alignment with TrAMs principles. The site is however on a busy clinical campus, in a locality not shortlisted for the South West Hub, so this alignment is unlikely to persist in the medium term. If investment in this site precludes a radiopharmacy investment in the South East, then that is not in alignment with the Programme. If this investment is seen as part of service continuity mitigation while the South East investment is delivered, then there is strategic alignment. Scored "2" overall for this reason.	2
2.a Meets SE Wales Demand	The proposal is to convert the existing Blood Labelling room to prepare Technetium doses for South East Wales. Until this is scoped in detail, it is not possible to be certain that sufficient doses could be provided.	2
2.b Contingency for SW Wales	The unit cannot provide contingency for itself	0
2.c Contingency for UK sites	Probably too far away from Bristol or Birmingham to make any meaningful contribution	1
3.a Layout and Space	The "Blood suite" contains a layout dating from 2016, which is largely compliant, but would need careful planning to establish what the safe capacity for Technetium could be	2
3.b Room air handling	Designed for radioactive products and essentially compliant	3

3.c Gassing Isolators	Likely to be compliant, as a gassing isolator has been installed within the adjacent aseptic suite, of the same design	2
4.a Working Environment	No issues identified with the existing	3
4.b Storage and Ancillary	Potentially problematic as this would be shared with the other two existing suites, and has never been found fully sufficient by them since the site was developed	1
4.c Staff facilities	Fair for a hospital site, hot food canteen etc	3
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus, cycle routes, but is a long way away for existing Cardiff staff	1
5.b Car parking	Being a major regional hospital site, parking is problematic. Average staff journey time penalty of 67 mins compared to UHW.	1
6.a Deliveries – Trunk Network	Singleton hospital is on the wrong side of Swansea for access to the trunk network, and realistically will not be able to meet delivery times to the ABUHB hospitals. It is therefore a contingency for CTM, CAVUHB, and VELUNHST only.	1
6.b Congestion risk	Congestion on the waterfront road can be an issue at peak times	2
6.c Alternative Routes	It is possible to take alternative routes through Swansea if the waterfront road is blocked.	2
Total Score		**28**

Summary of Scores

	Site Investment Option					
Criterion	1 Existing	2 UHW	3 SPMU	4 IP5	5 Coryton	6 Singleton
1a	2	0	1	2	0	2
1b	1	1	2	3	3	2
2a	3	3	3	3	3	2
2b	1	3	3	3	3	0
2c	1	3	3	3	3	1
3a	0	3	3	3	3	2
3b	0	3	3	3	3	3
3c	0	3	3	3	3	2
4a	2	3	3	3	3	3
4b	1	3	3	3	3	1
4c	3	3	1	2	3	3
5a	3	3	3	2	3	1
5b	1	1	1	3	3	1
6a	2	2	2	3	3	1
6b	2	2	2	2	2	2
6c	3	3	3	3	2	2
Total	**25**	**39**	**39**	**44**	**43**	**28**

Evaluation of Preferred Way Forward

Options 1, 2, 5 and 6 are excluded as viable standalone investment options by having been scored "0" on key success factors.

Options 3 and 4 have been scored as viable, although some doubt remains about the practical viability of Option 3 for SMPU and the risk to the other services on the site of a major building project there. As the lower scoring of the compliant options, Option 3 is not taken forward in this case.

Option 5 scores higher than Option 3, and in the event that Option 5 were rescored as viable, the time risk of Coryton would need to be set against the Planning Permission risk of IP5. The investor needs to consider this also in the overall context of the TrAMs shortlist. If Coryton is not considered affordable as a Hub, then IP5 becomes the only investable option. If Coryton is affordable as the Hub, then it may still make sense to build the Radiopharmacy there too.

Option 6 in Swansea is not a viable long term option but could be considered as an interim contingency to boost supply while either Option 4 IP5 or Option 5 Coryton is built and commissioned. The staffing implication of this would need considerable further work, as only a small number of the existing staff may be able and willing to travel to Singleton, even on a temporary basis. Individual staff consultation would be needed to establish the viability of the option.

Preferred Way Forward

As of June 2024 the Coryton site is no longer being offered to the market.

The selected Preferred Way Forward based on the Economic Case is:

- Option 4 IP5

3. Commercial Case

3.1 Commercial Approach

The Commercial Case follows the procurement methodology developed to date for the TrAMs Programme. This can be summarised as follows:

- Utilise an existing building to minimise major construction works.
- Direct engagement of the **Clean Room contractor** by NWSSP, with the Clean Room contractor acting as Principal Contractor for their scope.
- Direct procurement of the major equipment (e.g. **Isolators**) by NWSSP capital teams, to avoid paying principal contractor's margin on these items.
- Any minor **building works** that are needed to be directly procured, segregated from the cleanroom works by either time or space, to maintain integrity of Construction Design and Management (CDM) and site management.
- Employer's side support to consist of
    - **Project Surveyor, Cost Advisor, and Principal Designer -** advisor to review contractor Risk Assessments and Method Statements, give advice, and maintain consistent approach to CDM.
    - **Specialist Validation** contractor to assist in drafting key pharmaceutical requirements documents and to support commissioning activity.
    - Specialist **Planning Advisor,** with supporting Transport Advisor and Environmental Advisor.
    - **Radiation Protection Advisor** and **Radioactive Waste Advisor.**
    - **Dangerous Goods Safety Advisor** to advise on delivery of the made product.
- Internal NWSSP support and resources not requiring to be contracted for consist of:
    - Project Management
    - Procurement Lead and resources
    - Finance Lead and resources
    - Legal Support if required during contract negotiations
    - Specialist Estates Services (SES) Surveyors and other resources including
        - Contract negotiations
        - Fire Advice
        - Specialist Mechanical & Electrical Advice
    - Health Courier Service for specialist transport of the medicines to hospital sites.

All contracts will be offered and awarded on a phased basis, giving contractual break points for 3 key project phases:

1. Outline Design Concepts to RIBA Stage 2
2. Detailed Design to RIBA Stage 4
3. Build, Validation, & Commissioning

The contracting authority will thus gain the benefit of having a warm supply chain ready to proceed, while not being committed to the delivery phase before funding is secured.

The contracts also include options for phases 4 and 5 related to the South East Hub Development, in the event that that case is funded.

3.2 Procurement Status

During the period December 2023 – February 2024 procurement processes were carried out with the support of NWSSP Capital Procurement team.

The fees to fund contract stages 1 and 2 were awarded in Dec 2023, so these contract phases have been committed to.

- Phase 1 for outline design to RIBA Stage 2 has now been completed.
- Phase 2 for detailed design to RIBA Stage 4 is in progress, forecast to complete in July 2024.
- Phase 3 for construction will not be committed to until the Investment Decision is made.

The only exception to this is the isolator supplier, who has been given early commitment to the full contract value, owing to the long lead time on these items. This decision was ratified by the Cabinet Secretary for Health and Social Care in May 2024.

The current commercial status of each major work package is:

Work Package	Contractor	Route to Market	Status
Project Surveyor	Cooke & Arkwright	SEWTAPS Framework	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Cleanroom Contractor	Angstrom Technology	Open Tender	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Isolator Supplier	Azbil Telstar	Open Tender	Early authorisation given to proceed with delivery due to long lead time.
Enabling building works	Tbc	SEWSCAP Framework	Currently in Procurement. Expected to be ready to proceed by Sept 2024
Validation Advisor	Scitech	Open Tender	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
RPA and RWA Advisor	RSK t/a Aurora	NOE Framework	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Planning and Transport Advisor	Asbri Planning and Asbri Transport	Framework	Mobilised and working on Phases 1 & 2, ready to proceed with stage 3.

Out of the total Project Cost (excluding contingency), we estimate that by July 2024 75% of the Project costs will be secured by contract, rising to 85% by Sept 2024, once the enabling building works tender is awarded.

The remaining 15% represents movable fixtures and fittings, final utility connections, and modifications to the building security and fire alarms. These items will be contracted for during the remainder of the project. The price risk on these items is deemed low.

4. Financial Case

The financial case analyses the Preferred Option for an NWSSP operated service from a new unit in IP5, compared against Business As Usual scenarios based on a reinvestment of the legacy service model.

4.1 Capital Costs

The capital costs of the Preferred Option are as follows:

	Radiopharmacy		
	Phases 1 and 2 Design £'000	**Phase 3 Build & Validate £'000**	**Phases 1 to 3 Total £'000**
Works Costs	215	3,257	3,472
Fees	55	75	129
NHS Resource & Validation	234	889	1,123
Non-Works Costs	17	63	81
Equipment Costs	0	2,838	2,838
Contingency	78	1,548	1,626
VAT recovery	-54	-47	-101
Total costs	545	8,622	**9,168**
Less funding received :			
Fees phase 1 & 2 allocated	-500	0	-500
Equipment end of year monies 2023/24	0	-333	-333
Radiopharmacy isolators	0	-1,500	-1,500
BJC capital funding requirement	45	6,790	6,835

Note - all figures include VAT where relevant

Explanatory Notes

1. Works Cost

Design and build of the radiopharmacy cleanrooms and initial enabling works

2. Fees

Fees for cost advisor, building design and and validation supervisor

3. NHS Resource & validation

NHS salary costs for project management, validation and familiarisation. Also includes radiation protection advisor fees

4. Non-Works Costs

Local authority planning costs and carbon/environmental surveys

5. Equipment Costs

Radiopharmacy isolators (£1,504k) plus FMS and other radiopharmacy equipment

6. Contingency

Includes 15% contingency on costs plus provision for detailed design changes

7. VAT recovery

Expected VAT recovery on professional fees

Table 1 - Capital investment cost.

As a comparator, the proposed capital costs of CAVUHB's new Unit from their 2020 Outline Business Case were calculated at £12.8m.

The main differences are explained by the fact that the current preferred option is utilising an existing building that only requires minor renovations, and minimal external works, whereas the CAVUHB proposal included a whole new building shell and associated site development costs. It is also worth noting that the NWSSP proposal has been developed largely by an in-house team, with contractor input focussed on the technical design work and specialist advice only. Therefore, large fees for developing the supply chain and for external project management have been avoided. Significant NHS resources have been committed without additional charge in the areas of Procurement, Finance, and Project Management to develop the NWSSP case.

While the total project cost of £9.2m is shown, it is worth noting that investments of £2.3m have already been funded, therefore the remaining balance sought from Welsh Government to complete the project is only £6.9m. If committed by 1 Sept 2024, it is anticipated that the majority of these costs will be incurred in the financial year 2024/25, based on the supply chain already assembled by the project. If committed later than 1 September 2024, then elements of the spend will start to slip into the following financial year.

No capital funds are sought from the Health Boards and Trusts for this project. Any future significant capital for lifecycle requirements will be subject to further business cases from NWSSP to Welsh Government.

4.2 Revenue Commitments

The revenue costs of the new service, versus a baseline revenue costing provided by CAVUHB for the legacy service, are shown below:

Radiopharmacy operating costs

	CVUHB £'000	IP5 radio £'000	Increase on baseline £'000	IP5 post hub completion £'000	Increase on baseline post hub £'000
Pay	636	700	64	572	-64
Drugs	211	220	9	220	9
Generator Teckis 20 & consumables	141	141		141	
Transport in and out	97	143	47	86	-10
Equipment	13	116	103	116	103
Regulatory fees	10	36	27	36	27
PPE	31	35	3	35	3
IT	19	28	10	28	10
Site Costs	46	233	187	124	78
Cleaning	22	65	43	65	43
Refuse/waste disposal	3	8	5	8	5
Other	8	27	18	27	18
Total costs	**1,236**	**1,752**	**516**	**1,459**	**222**

Notes

CVUHB baseline costs based on 2022/23 final year of operation, adjusted for Datscan removal

Pay, CVUHB and IP5 radiopharmacy shown at 2023/24 rates

IP5 radiopharmacy staff costs will reduce by c. £128k post the Trams hub completion

Drugs cost based on raw material cost and future demand assessment following dialogue with all nuclear medicine sites in SE Wales

Teckis 20 generator costs unchanged as the process for preparing vials as opposed to syringes requires less consumables despite an increase in the number of patients treated

Transport costs include the costs associated with the receipt of raw materials inwards and the delivery of the final product to customers and HCS efficiency savings is expected with the hub opening

IP5 equipment includes isolator and general equipment maintenance and annual cleanroom validation costs

IP5 Regulatory fees includes Radiation Protection Advice & Support (RPAS)

IP5 site costs includes £173k energy costs, £26k for back up power generator hire and £17k for Environmental Monotoring system

Post Trams hub opening the energy costs will reduce by an estimated £83k as a result of a solar panel farm and the £26k power generator hire

IP5 cleaning includes specialist cleaning of the the units including the use of Steramist gassing

IP5 other includes staff training costs and office costs

No uplift for non pay inflation is included

Table 2 - Revenue cost of the new service

We have calculated two budgets for the future service. The initial budget of £1.752m is for a standalone Radiopharmacy service in IP5, which will be the position for at least the first 12-24 months of the new service. These costs are higher than the legacy CAVUHB cost because:

- Significant regulatory changes were made in the new “Annexe 1” from MHRA, this has significantly increased the costs of running a compliant service.

- The new unit is significantly larger than the old one, to accommodate regulatory requirements on layout, separations, and adjacencies. Lack of space to optimise the layout of the old unit was one of the reasons why it had to close.
- Modern regulatory requirements for 100% fresh filtered and enviromentally controlled air supply drive a requirement for a large air handling unit. This will require much more planned preventative maintenance and servicing than the ventilation in the old unit. Lack of space to install the ducting for a modern air plant was also one of the reasons why the old unit could not be cost effectively refurbished.
- Active air supply is now required to all transfer hatches, significantly increasing both plant costs and the costs of validation
- Two stage changing in separated rooms is also now required in all new units, driving an increase in classified clean room space
- The new unit will use Ionized Hydrogen Peroxide gassing for decontamination of both isolators and rooms. Gas decontamination is now the regulatory requirement for all new units. Again this technology has an annual servicing and maintenance requirement, and a consumable cost in purchasing the gas, which the legacy service did not.
- The new isolators costing around £0.5m each, required to provide a compliant service, compared to around £6,000 each for the old open fronted cabinets, generate a significant revenue tail of electricity, consumables, maintenance, and servicing costs.
- An additional transport cost is incurred because the unit is no longer co-located with the UHW Radiology service.
- In aggregate: the new service is planned to be compliant, reliable and sustainable, and the costs are calculated on that basis.

As a further comparator it is also worth noting that the 2020 CAVUHB Business case included revenue costs totalling £1.59m p/a offset by expected income of £1.18m p/a. So CAVUHB also anticipated that a modern and sustainable service would both cost more to run and would require an increase in cost to be passed on to customers.

An estimate of the recurrent costs of £1.459m has also been included showing the cost efficiencies that can be achieved once the South East Hub opens on the same site. These efficiencies include:

- Staffing – sharing senior management, Quality Assurance support, and staff absence cover in general across the whole hub. This process will be managed through the TRAMs Organisational Change Project, as described in the management case.
- Transport – the opportunity to share the cost of delivery drivers and vans (specified and approved for Radiopharmacy use) on a second daily run delivering other products.
- Power – the opportunity to deploy a more efficient backup power solution for the whole hub, and the planned solar photovoltaic (PV) installation at IP5.

We aim to achieve this long term recurring revenue position for the service from year 3 of operation onwards. The difference between the interim and recurrent annual cost of the service is £294k. The funding model proposed assumes that NWSSP will non-recurrently provide funding for this additional £294k until the recurrent operating solution can be implemented with the opening of the SE Wales hub.

Comparison of our identified service costs to assess value for money is difficult as there are no commercial suppliers operating in this market to provide any comparative costs. Product shelf life means that only nearby units can facilitate any supply. Cost comparisons were sought from both Bristol and Birmingham NHS Trusts, who have offered small scale incremental supply of between 2 and 6 vials per day at marginal cost prices over the past 2 years. Neither Trust was willing to commit to an enduring, supply at a robust level of reliability, at the scale requested of circa 20 vials per day, or to provide a full cost comparator.

University Hospital Bristol NHS Foundation Trust: *"We would not be able to supply an additional 20+ vials every day for the next few years."*

University Hospitals Birmingham NHS Foundation Trust: *"I'm afraid we wouldn't be able to assist with that level of service requirement. We are able to provide Welsh Nuclear Medicine departments with urgent contingency supplies only, so committing to such a large workload over such a long timeframe is not going to be possible. "*

4.3 Funding Models

Discussions have been held with the 4 major customers in the South East Region: CAVUHB, ABUHB, CTMUHB, and VUNHST, and an equitable funding model identified:

Option 1a: Recover costs based on demand share only with NWSSP contribution			
Costs to be recovered		1,752,249	
NWSSP contribution		-294,000	
Net costs to recover		1,458,249	
	2022/23 Baseline charge £	**Trams radio costs £**	**Increase £**
ABUHB	226,273	503,004	276,731
CVUHB	289,386	643,304	353,918
CTMUHB	70,720	157,209	86,490
Velindre	69,605	154,732	85,127
Total	655,984	1,458,249	802,265

The NWSSP annual contribution of £294k is a non-recurrent investment in the new service to bridge the cost efficiency gap until the full South East Hub opens.

The net figure of £1,458,249 therefore represents the recurrent revenue commitment for the service based on today's prices, to be funded as shown above based on an apportionment using historic demand levels for the service. Any increased cost to Velindre should be included as part of the normal future commissioning process with the relevant health boards.

The advantage of the selected funding model is that products will be procured at the same price, following an established "fair shares" principle recognised by all the participating organisations.

Based on an indicative start date of 1st July 2025 the IP5 Radiopharmacy operating charges would be profiled as follows:

	2025/26 from 1st July £	**2026/27 onwards £**
ABUHB	377,253	503,004
CVUHB	482,478	643,304
CTMUHB	117,907	157,209
Velindre	116,049	154,732
Total	**1,093,687**	**1,458,249**

Note: This funding model is for the Radiopharmacy BJC only and recognises that the funding model for the rest of the TrAMs Service will be assessed at the time those Business Cases are developed. This particular model DOES NOT set a precedent for the rest of the TrAMs business cases.

This revenue funding model is **recommended to SSPC for approval for the recurrent service provision of radiopharmacy services in South East Wales.**

4.5 Charging mechanism

It is recommended that the annual funding contributions sought above, will be applied as a per product charge, invoiced (or in the case of VELNHST recharged) monthly on the basis of actual usage.

The per unit price will be set on the baseline of demand from the 2022/23 financial year. At the time of writing this is assessed as being 3,633 vials p/a, leading to an average unit cost of:

£1,458,249 / 3,633 = £401 per vial

This business case is based on the historic level of demand. The total number of vials required to be manufactured needs to be kept under regular review, as efforts to improve the efficiency of the number of doses achieved from each vial are still underway. While it is likely that currently suppressed demand will increase once the full capacity of the new unit comes online, this may also result in an increase in vial to dose efficiency, as more patients can be booked into existing clinics.

The demand forecast will therefore continue to be refined and a detailed pricing model for the various different kinds of vial kit will be created over the next 12 months. This will be submitted for approval as part of Service Business Plan v2.0 which is due in May 2025, prior to the new service opening. The pricing will be calculated to achieve the approved levels of annual contribution from this case.

The unit prices will be kept under regular review thereafter and will be varied in future in order that:

- Costs incurred from any rise or fall in demand continue to be met.
- Any efficiencies in production that reduce costs are passed on equitably.
- Any unexpected cost pressures are also met equitably.
- As a guiding principle the service will continue to break even and will aim to run neither a deficit nor a surplus.

The detailed price model will be open book and will be shared with all participating organisations, as will the overall financial performance of the service.

As a participating element of the NWSSP financial operating model, any deficit or surplus that arises from the service will be owned jointly by the members of SSPC and will be handled under established NWSSP risk sharing arrangements.

4.6 Financial Summary

Capital costs have now reached a level of maturity where they can be proposed with confidence. The key cost lines are now supported by contracts, and the design concepts to support them have

been reviewed by specialist advisors. Progress with detailed design is underway. While the costs are stable, the project has made a modest provision to cover any further cost growth that may arise during the remainder of detailed design. It is anticipated that detailed design will be completed by August 2024, so a final assurance on this point can be given to the Welsh Government before the Investment Decsision is made.

The proposed project cost is lower than that for the CAVUHB New Build option. This reflects a site that is already in NHS ownership and operational management, with an existing building shell, car parking, and support facilities that require only minor remediation works.

The proposed operating costs of the new service are higher than the costs of the legacy service for the reasons explained above. Ultimately this is the price for a compliant, reliable and sustainable service, which is what our patients need and expect from NHS Wales. The proposed funding and charging mechanism is equitable, robust, and flexible to meet future as well as currrent need.

5. Management Case

5.1 Project Management Arrangements

It is proposed to manage the investment as a project within the TrAMs Programme.

A single Project Board was established to manage the South East Wales Hub within the Programme in July 2021. This Project Board is now managing both the Radiopharmacy investment and the closely related SE Hub investment. The project board reports to the TrAMs Programme Board, under the overall governance of the Shared Services Partnership Committee.

Project Management support will be provided by NWSSP Project Management Office (PMO), mobilising other resources from within NWSSP as may be required.

Key resource will be provided by the TrAMs Programme Workforce and Organisational Change Project, which will support the transfer and mobilisation of staff for the service, working in partnership with the current employer, CAVUHB.

The project is working to a multi-phase Business Case approach:

- An initial draft BJC for Radiopharmacy was submitted in Nov 2023 which secured the fees to develop the case to maturity, and to test the fit of the Radiopharmacy and SE Hub on the IP5 site.
- This second iteration of the Radiopharmacy BJC will be submitted in July 2024 for an Investment Decision.
- The Hub OBC is being targeted for submission in Sept 2024 to secure fees for hub detailed design.
- The Hub FBC is targeted for submission in March 2025 to secure funds to develop the hub in the financial year 2025/26.

5.2 Radiopharmacy Project Timeline

Provided an investment decision for the Radiopharmacy is made in Summer 2024, then the following timeline is proposed:

- Purchase Orders issued and contractors notified to proceed Sept 2024.
- Cleanroom contractor ordering materials and preparation Oct-Dec 2024.
- Enabling building works on site Oct-Dec 2024:
    - Removal of racking
    - Rectification of partition to become a fire wall
    - Roof repairs
    - External drainage and surfacing works
- Cleanroom build on site Jan-March 2025.
- Testing, commissioning, and seeking regulatory licenses April-June 2025.
- Service Go Live end of June 2025.

Throughout this process there will be a parallel development of documented processes, procedures, and documentation, all of which will support the final regulatory approvals and give assurance to the

accountable directors that the site is both safe to operate for staff and safe to supply medicine to patients.

Supporting digital infrastructure will need to be selected and deployed. It has been determined that the Radiopharmacy can be opened making selective use of existing digital systems, with any significant investment in new systems aligned with the main TrAMs Digital Project at a later date.

5.3 Staff Transfer

The staff from the legacy service have currently been seconded into a variety of roles supporting service delivery in CAVUHB, SBUHB, and NWSSP. They remain substantively employed by CAVUHB in the Nuclear Medicine department at University Hospital Wales. An Organisational Change Process (OCP) will identify if staff at C&V are impacted by TUPE regulations, and where TUPE applies, then they will transfer to NWSSP.

Once the revenue and capital funding arrangements are both confirmed by approval of this case, it is proposed that CAVUHB will consult the members of staff impacted by the change of location and employer. It is anticipated that where TUPE applies, they will transfer into directly comparable roles in the new service in NWSSP based at IP5. Any roles at IP5 not filled by this process will then be advertised and recruited by NWSSP on a timeline matched to completion of the build, to ensure sufficient staff are in place to validate and open the new service.

It is expected that all staff will remain with their substantive employer or take up a role within NWSSP, no financial provision for redundancy has been made. Given current vacancy rates, no cost pressure from displacement is anticipated and again no provision has been made.

When the TRAMs South East Hub investment decision has been made, a wider Organisational Change Project 2 will take place to fill the new hub structure.

Depending on the time between the two investment decisions, this may lead to a small number of the Radiopharmacy staff changing role twice in quick succession. This is an unavoidable consequence of splitting the business cases to meet the most urgent service need first. Relevant staff side representatives in both organisations are sighted on the process and staff will be supported throughout this change.

5.4 Risk Management

The Project will adopt the Risk Management Approach of the TrAMs Programme, this being directly applicable to the proposed investment and transfer of service.

Key risks and mitigations identified to date are:

Risk	Impact	Mitigation	Comment
Planning Permission at IP5	If not granted, would result in failure to bring the facility into use	Pre engagement letter with outline drawings and project description has been submitted (23 May 2024). Planning application will be submitted in July 2024, prior to the investment decision being sought. The project will submit timely updates to the investor on progress with Planning Permission.	Investment on the site should not be approved until a positive initial engagement with the Planning Authority has been conducted (due late June 2024). In the best case scenario, a positive response to the planning application will also have been received before Notice to Proceed with construction is given in Sept 2024.
Definition of costs at IP5	Detail design work is still ongoing, concurrent with the Business Case entering approvals.	The project will submit timely updates to the Investor on progress with detailed design, to give comfort that the project remains on track with the costings submitted in the case.	Costs are expected to be at full maturity before the Investment Decision is made.
Power at IP5	Concept design work has indicated that sufficient power is available at IP5. Work is still ongoing to confirm this by detailed design, and to determine the power resilience needs.	The project will hire a small temporary backup generator for the Radiopharmacy unit. A comprehensive backup power proposal will be submitted in the SE Hub Business Case.	We are now confident that there is sufficient power, it is just a question of managing the resilience aspect in partnership with other investments at IP5 e.g. Solar PV.
Service Risk at Singleton	Investments in Radiopharmacy compromise the viability of the existing	Proceed cautiously and with close engagement with the accountable	Singleton can only ever be a temporary contingency for South East Wales, and any

	Pharmacy Technical Services delivered on the site.	management of SBUHB, in particular the Clinical Director for Medicine and the Nuclear Medicine Lead.	investment must be evaluated in that context.
Delivery time for key equipment	Isolator delivery times being quoted at 8 – 12 months.	Isolator Award Letter was issued on 20th June 2024. Delivery on site expected March 2025.	Manageable risk, but needs careful handling to ensure the isolators arrive in the right place at the right time.
Staffing transfer	Any change of location and employer generates a staffing risk, that the existing staff may either decline the transfer for leave to seek other employment.	Engage actively with Workforce and Trades Unions to support the transfer process. Be prepared to go to open recruitment for unfilled roles.	Probably the biggest time risk on the project is having a workforce of the correct skills mobilised and ready to bring the new unit into use, wherever it is built, and however quickly.
Clinical Engagement	Nuclear Medicine departments may not have the skills to utilise multi dose vials to best effect.	Ensure clinicians understand and accept the proposed service model, and the right facilities and skills are in place within Nuclear Medicine departments to maximise utilisation of multi-dose vials.	Ongoing requirement for structured clinical liaison by the preparative service.

Estates Appendices will be added in Sept 2024, prior to the final Investment Decision by Welsh Government.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	SSPC 18 July 2024

The report is not Exempt

Teitl yr Adroddiad / Title of Report

NWSSP Annual Review 2023-24

ARWEINYDD: LEAD:	Alison Ramsey Director of Finance & Corporate Services
AWDUR: AUTHOR:	Roxann Davies Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	James Quance Assistant Director of Corporate Services
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Pwrpas yr Adroddiad: Purpose of the Report:	
To provide the Partnership Committee with the NWSSP Annual Review for 2023-24, for NOTING and ENDORSEMENT.	
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:	
Feedback sought and formal approval confirmed at Senior Leadership Group in June 2024. Consultation with divisions to collate appropriate content for the document.	

Adduned y Pwyllgor / Committee Resolution (insert √):							
DERBYN / APPROVE		ARNODI / ENDORSE	✓	TRAFOD / DISCUSS		NODI / NOTE	✓
Argymhelliad / Recommendation	The Committee is asked to NOTE and ENDORSE the NWSSP Annual Review for 2023-24.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
Safonnau Iechyd a Gofal: Dyletswydd Ansawdd / Duty of Quality:	Access to the new Heath and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com). These Standards drive the approach that we take to making decisions in our work.
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP Annual Review 2023-24

1. BACKGROUND

NWSSP has prepared an Annual Review for a number of years, although, as a non-statutory hosted organisation, there is no obligation to do so. It is viewed as an opportunity to demonstrate best practice in governance, accountability and transparency and provides a platform to showcase our performance and promote the difference we make to the NHS in Wales. It also highlights those areas within our Integrated Medium Term Plan where we intend to do more work to improve efficiency and effectiveness for the benefit of staff and customers.

The review highlights key areas of performance, progress and improvements we have made over the period 1 April 2023 to 31 March 2024 and provides an insight into the wide range of support that NWSSP offers to NHS Wales, so they may, in turn, focus on more effective local delivery of frontline services.

The Annual Review provides a form of assurance of the benefits NWSSP brings to NHS Wales which are substantial. These range from administrative cost reductions, efficiencies from introducing common processes and sharing good practice, through to the considerable savings and improvements in quality within NHS Wales organisations, created through our professional and technical services.

The Annual Review for 2023-24 is attached at Appendix 1.

2. GOVERNANCE JOURNEY

The publication will follow the below governance journey to provide assurance to the following Committees:

- Approval sought at Formal Senior Leadership Group in June 2024;
- Partnership Committee on 18 July 2024 for noting and endorsement; and
- Audit Committee on 25 July, for information and endorsement.

3. RECOMMENDATION

The Partnership Committee is asked to NOTE and ENDORSE the NWSSP Annual Review 2023-24.

NHS Wales Shared Services Partnership

Annual Review

2023-2024

NHS Wales Shared Services Partnership Annual Review 2023-24

Contents

Introduction from the Chair & Managing Director

Welcome to the NHS Wales Shared Services Partnership (NWSSP) Annual Review for 2023-24. This is our 13th annual report and, as in previous years, shows how we are continually improving our services to meet the demands of our partners and customers, as well as our ongoing commitment to adding value through partnership working, innovation and excellence.

Looking back at 2023-24, NWSSP remained on target with most of the agreed objectives within our Integrated Medium Term Plan and in response to the call to action from the Welsh Government, our total over-achievement of savings for 2023-24 was £3m. We also delivered £260m of professional influence benefits and continue to reinvest savings for the benefit of NHS Wales.

Our core customers are the Welsh Government and NHS partner organisations in Wales and we recognise that the wider impact of how well we deliver our services is felt by all NHS staff, our suppliers, independent contractors, patients and future generations living in Wales. The quality of our services is a critical part of the measure of our performance as an organisation. We were delighted to become the first NHS organisation in Wales to achieve the Customer Service Excellence accreditation at a corporate level, across all our service areas and Divisions. This was an independent validation of achievement across a range of core customer service competencies.

We will continue to use this as a driver of continuous improvement and as a skills development tool for our staff to further develop customer focus and customer engagement.

We implemented the Duty of Quality which came into force from 1 April 2023. Our continued focus will be on developing our Always On reporting arrangements. We have identified several areas of good practice, and we will be providing our partners with assurance on how we meet the requirements of this new legislation which captures non-clinical services.

We have continued to grow our range of services, incorporating the Low Vision Service for Wales in the last year and preparatory work for the General Ophthalmic Service changes and roll out of the e-prescribing service in Wales, in addition to preparing for the statutory launch of the Medical Examiner Services. We hope that you enjoy reading about our achievements in this Annual Review and look forward to continuing to meet and exceed the expectations of our stakeholders across Wales in 2024-25.

Neil Frow OBE

Managing Director

Professor Tracy Myhill OBE

Chair

About NWSSP

At a Glance

5,762

Members of staff

We currently operate from **15 Buildings**

£856k

Revenue Budget

£260m

of professional influence benefits

We continue to reinvest savings for the benefit of NHS Wales

95%

of all NHS Wales expenditure is processed through NWSSP systems and processes

Our Services

Delivering Value, Innovation and Excellence through Partnership

NHS Wales Shared Services Partnership (NWSSP) delivers a wide range of high quality, professional, technical and administrative services to NHS Wales working with wider public services, including the Welsh Government.

NWSSP is an integral part of the NHS Wales family supporting delivery of services to the staff and patients of Health Boards, Trusts and Special Health Authorities in Wales. We also provide a range of services to primary care: GP practices, dentists, opticians and community pharmacies and from 1 April 2023 we started to provide services to the Citizens Voice Body, Llais, via a service level agreement.

- Audit and Assurance Services
- Accounts Payable
- Counter Fraud Wales
- Central E Business Team
- Digital Workforce Solutions
- Employment Services
- e-Enablement
- Finance Academy (Hosted)
- Health Courier Services
- Laundry Services
- Lead Employer for medical, dental & pharmacy trainees
- Legal and Risk Services
- Medical Examiner
- Primary Care Services
- Procurement and Supply Chain Services
- Pharmacy Technical Services
- Special Estates Services
- Finance and Corporate Services
- Planning, Performance and Informatics
- People & Organisational Development
- Surgical Materials Testing Laboratory
- Staff Benefits
- Student Awards Services
- Welsh Risk Pool
- Wales Infected Blood Support Scheme

Our Values

Listening & Learning
To continually reflect upon and improve the quality and effectiveness of all we do.

Taking Responsibility
For brave and compassionate decisions and making the right things happen.

Working Together
Inclusively with colleagues, customers, and suppliers.

Innovating
To be courageous and creative through continuous improvement.

Our Strategic Objectives

Our People
Working together to be the best that we can be

Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Our Services
Driving the pace of innovation and consistently providing high quality services

Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners

Outcomes

We will make bold investment decisions that drive transformation and add value.

We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.

We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.

We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Performance

Key Performance Indicators

Internal KPIs:

High Level KPIs and Targets	2023 - 24 Actual	2023 - 24 Target
Corporate & Finance		
Balanced Financial Position	-12k	Breakeven
Balanced Capital Financial Position	Within CEL	Within CEL
Planned Distribution	£3M	£0
% of invoices paid within 30 days	98%	95%
NWSSP Organisational KPIS Recruitment		
Average Days Vacancy creation to unconditional offer within 71 days	73	71
Average Days Vacancies approved within 10 working days	10.1	10
Average Days Vacancies shortlisted within 3 working days	7.7	3
Average Days Interview outcomes notified within 3 working days	3.9	3
People & OD		
Staff Sickness	3.07%	3.30%
Performance and Development Review Compliance	84%	85%
Statutory and Mandatory Training Compliance	93%	85%
Agency %	0.31%	<0.8%

External KPIs:

High Level KPI's and Targets	2023 - 24 Actual	2023 - 24 Target
Professional Influence		
Professional Influence Benefits	£260M	£110m
Procurement Services		
Procurement Savings	£29M	£16M
Accounts Payable		
Savings and Successes	£13M	
All Wales % of invoices paid within 30 days	96%	95%
Employment Services		
Overall Payroll Accuracy	99.9%	99.6%
Overall Payroll Accuracy	99.8%	99.6%
Payroll % Calls Handled	98%	95%
Recruitment All Wales Organisational KPIs		
Average Days Vacancy creation to unconditional offer within 71 days	73	71
Recruitment % Calls Handled	99%	95%
Recruitment All Wales Organisation NWSSP KPIs		
% of Vacancies advertised within 2 working days of receipt	99%	95%
% of Conditional offer letters sent within 4 working days	98%	95%
Student Awards Services		
Student Awards % Calls Handled	96%	95%
% of NHS Bursary Applications processed within 20 days	100%	100%
Central Team eBusiness Services		
High priority incidents raised with the Central Team are responded to within 20 minutes	100%	85%
BACS Service Point tickets received before 14.00 will be processed the same working day	100%	95%

High Level KPI's and Targets	2023 - 24 Actual	2023 - 24 Target
Primary Care Services		
Primary care payments made in accordance with Statutory deadlines	100%	100%
Prescription - keying accuracy rates	99.7%	99%
Urgent medical record transfers actioned within 2 working days	100%	100%
Patient assignment actioned within 24 hours of receipt of request	100%	100%
Category A Cascade alerts to be issued within 4 hours of receipt	100%	80%
Audit & Assurance (June - March 23)		
Audit opinions/annual reports on track	Yes	Yes
Audits delivered for each Audit Committee in line with agreed plan	Yes	Yes
Report turnaround fieldwork to draft reporting [10 days]	92%	95%
Report turnaround management response to draft report [15 days]	78%	80%
Report turnaround draft response to final reporting [10 days]	99%	95%
Special Estates Services		
Professional Influence Savings	£19M	£5.5M
Legal & Risk Services		
Savings and Successes	£176M	£65M
Timeliness of advice acknowledgement - within 24 hours	100%	90%
Timeliness of advice response – within 3 days or agreed timescale	99%	90%
Welsh Risk Pool		
Time from submission to consideration by the Learning Advisory Panel	100%	95%
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	95%
Holding sufficient Learning Advisory Panel meetings	100%	95%

High Level KPI's and Targets	2023 - 24 Actual	2023 - 24 Target
Surgical Materials Testing Laboratory		
% of incident reports sent to Reg Authority within 50 days of receipt of form	100%	100%
% delivery of audited reports on time (Commercial)	99%	89%
% delivery of Technical assurance evaluations on time	100%	89%
Digital Workforce Solutions		
Customer Satisfaction	91%	90%
% Calls Handled	94%	85%
All Wales Laundry		
Orders dispatched meeting customer standing orders	100%	85%
Deliveries made within 2 hours of agreed delivery time	100%	85%
Microbiological contact failure points	96%	85%
Medical Examiner Services		
Number of cases referred into MES	100%	100%
Never Events	0	0

During 2023-24, we refreshed our Performance Framework to bring together performance measures that highlight our strategic performance and an escalation process to manage under performance. We continue to provide case studies and other qualitative means to demonstrate our performance. During the year we created a Performance and Outcomes Group, specifically to look at developing outcome measures which will begin to be reported during 24-25. Where targets have not been met for the financial year 2023-24, an overview of how we are addressing performance going forward is set out below.

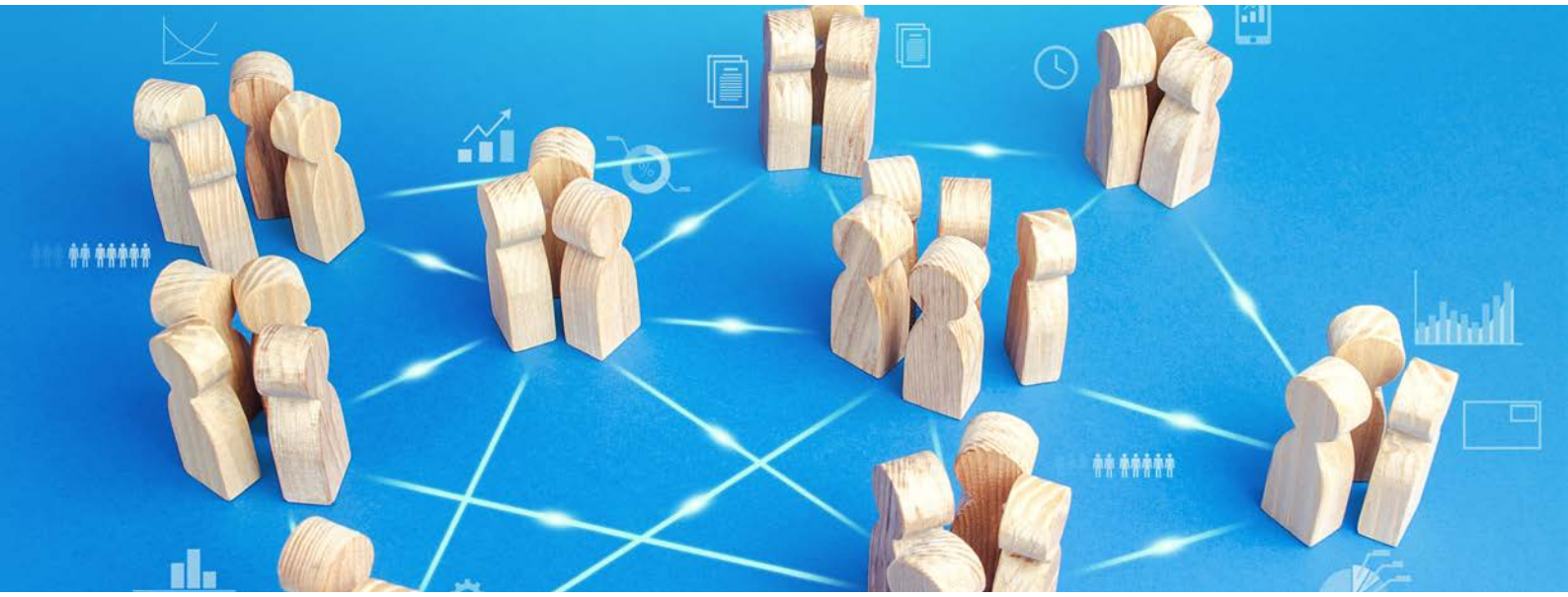
Audit and Assurance

- Report turnaround management response to draft report (15 days) and report turnaround fieldwork to draft reporting (10 days) which measures the performance of turnaround times within the health organisation and within Audit & Assurance. The targets have slightly been missed, however, Heads of Audit continually discuss these delays directly with health organisations.

Our Heads of Audit continue to work closely with NHS organisations to help improve turn around times on fieldwork and management responses. All progress on audit plans is discussed and agreed with Board Secretaries and Chairs of Audit Committee.

PADR

Recognising that we are below target for PADR compliance, we have identified areas that need support and are working with our hard to reach staff and hosted services to enable them to ensure that meaningful conversations and are taking place to support staff performance and development.



Recruitment

- As a service that provides recruitment administration for all NHS organisations in Wales, we work collaboratively with organisations to ensure activities are processed efficiently, but also safely.
- Recruitment Modernisation Process changes have been implemented in all the health organisations and improvements in manager and candidate experience is being seen.
- In addition, there has been improvements in the overall time to hire through the modernisation work and the cleansing of older records in the recruitment system. The time to hire in March 24 was on average 62 days against a target of 71 days for All Wales.

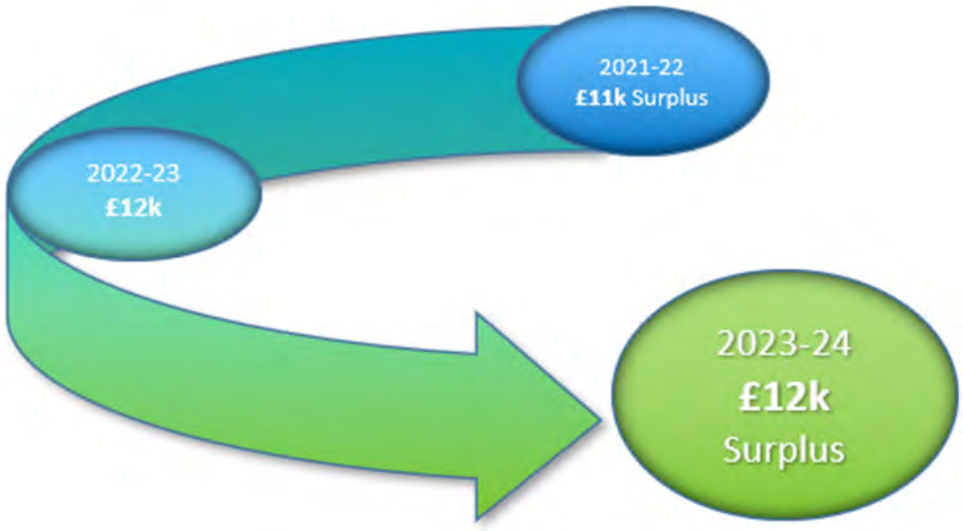
Financial Management of Budget

Targets:

- NWSSP provides support to all NHS bodies across Wales and, as such, must use the budget allocated to meet the running costs with a requirement to at least break even each year.
- In addition, NWSSP will distribute savings achieved during the financial year to health bodies across Wales.
- As well as ensuring revenue income and expenditure is balanced, there is also the requirement to ensure any capital spend is within the Capital Expenditure limit provided by Welsh Government.
- Finally, the Public Sector Payment Policy (PSPP) requires NWSSP to pay invoices to non-NHS suppliers within 30 days of an invoice being issued or the goods received.

During 2023-24 we achieved all our financial performance targets, exceeded our savings targets and were able to distribute £3million of savings to NHS Wales and Welsh Government.

Outturn:



Successes:

£7.977m Capital Expenditure Limit achieved

£3.000m Distribution of savings

PSPP - 98%

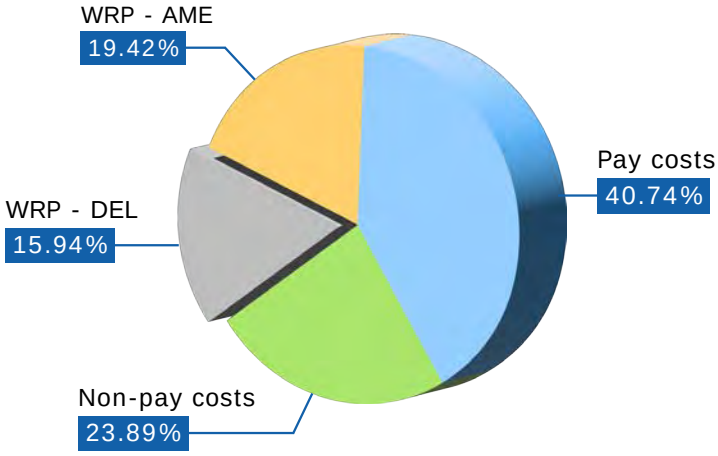
NWSSP income and expenditure can be summarised as follows:

	2023 - 24 £m	2022 - 23 £m
Income	855.922	778.021
Expenditure	554.272	572.012
WRP – DEL*	135.966	136.727
WRP – AME**	165.673	69.270
Surplus	0.012	0.012

**Departmental Expenditure Limit (DEL) to meet in year costs associated with settled claims. Expenditure above the annual allocation is recouped from Health Boards and Trusts using a risk sharing agreement approved by the NWSSP Partnership Committee for core claims growth.*

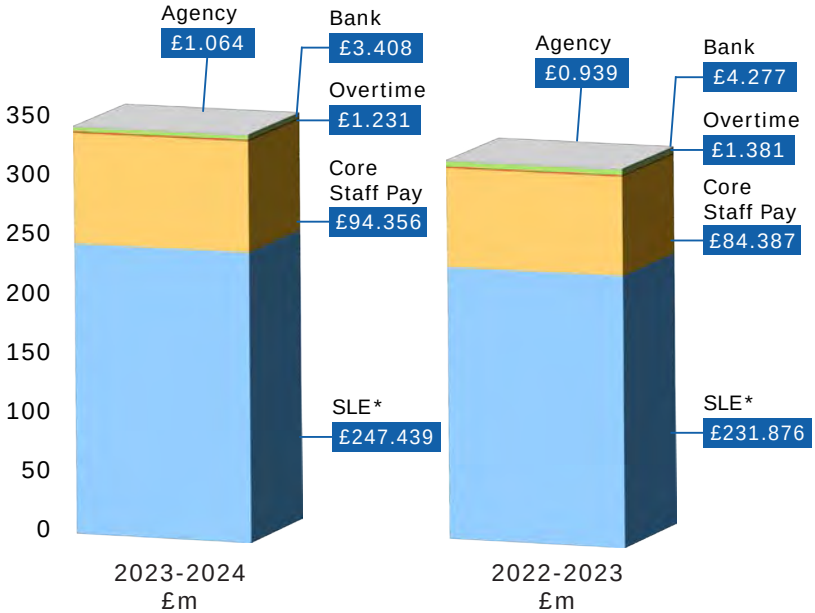
***Annually Managed Expenditure (AME) to meet the cost of accounting for the long term liabilities of claims. This budget is based on estimates provided directly to the Welsh Government by the WRP.*

Revenue spend



During the 2023-24 financial year, total expenditure was £856m. £347m was spent on pay costs, £207m on non-pay costs and £302m was Welsh Risk Pool Expenditure.

Pay spend

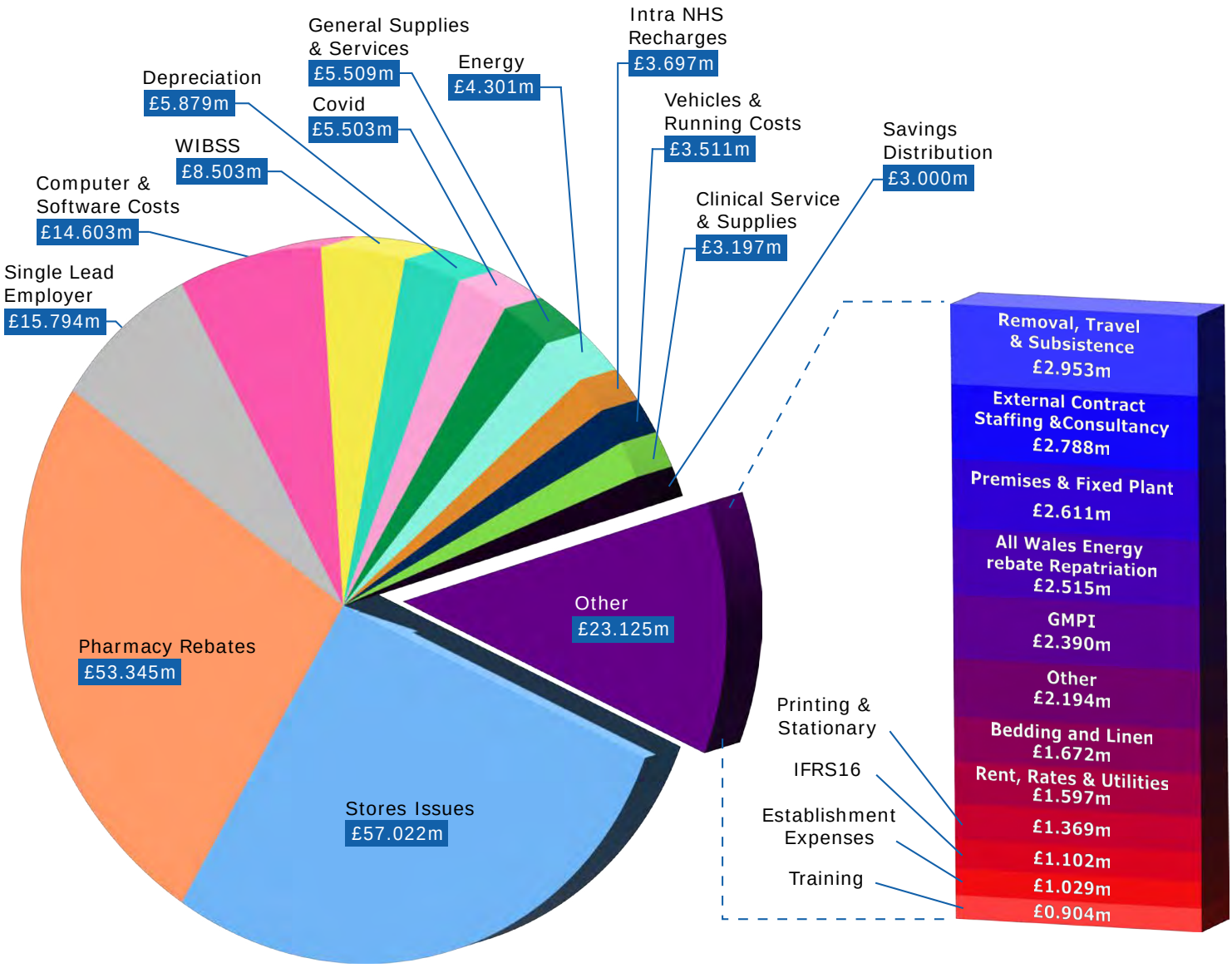


Spend on bank, overtime and agency staff is generally in relation to the covering of vacant posts, long-term vacancies or for support to the ongoing covid support (which will become business as usual for the next financial year). Expenditure on premium rate pay is minimised as far as possible.

**Single Lead Employer (SLE) is an employment arrangement that was put in place to effectively manage and support all Medical & Dental trainees across Wales for the duration of their training programme.*

Non-pay spend

Non-pay spend for the 2023-24 financial year totalled £207m, excluding Welsh Risk Pool payments. The chart below shows the main categories of non-pay spend for the 2023-24 financial year with the 'other' spend broken down further.



**Wales Infected Blood Support Scheme (WIBSS) aims to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue in the 1980s and 1990s*

Capital investments

During the 2023-24 financial year, a total of £5.547m was invested by NWSSP across a wide range of capital projects. Significant investments were made in our Laundries to replace/repurpose end of life equipment (£1.918m), the primary care workforce intelligence system (£0.444m) and new vehicles as part of our asset replacement strategy (£0.483m).

Scheme	Expenditure £000
Server	400
Telephony & Contact Centre	90
Cwmbran House Racking/LEDs	24
Decontamination equipment	10
IP5 LED Balance	3
Matrix House EVCP	**1**
Discretionary Capital Total	**528**
Laundry Services	1,918
Primary Care Workforce Intelligence System	444
Supply Chain Vehicles	483
Radiopharmacy Fees/Equipment	469
IP5 PV scheme	441
IT Refresh & licenses	285
Primary Care Dupont Racking & IT	241
TRAMS Fees	217
Denbigh Stores Racking & Roof Repair	150
IP5 discretionary	105
SMTL Equipment	130
Scan for Safety	67
Occupeye software/sensors	54
South Wales Hub Agile Furniture	42
Stores CCTV & Equipment	29
Glidescopes transfer to BCU	-56
Additional Capital Total	**5019**
IFRS16 Capital	2,430
TOTAL CAPITAL ALLOCATION	**7977**

Governance Framework

The Shared Services Partnership Committee (SSPC) and NWSSP Audit Committee are responsible for scrutinising, assessing, and monitoring performance. These committees along with several sub-committees and advisory groups ensure compliance with the overarching NWSSP Governance and Assurance Framework. Committee papers are published and available on our website.

The SSPC membership comprises an Independent Chair, Managing Director of NWSSP and either the Chief Executive or another nominated representative, acting on behalf of each NHS Wales Health Board or Trust and Special Health Authority. The SSPC is responsible for ensuring NWSSP consistently follows the principles of good governance, maintains oversight and development of systems and organisational processes for financial and organisational control, governance, and risk management.

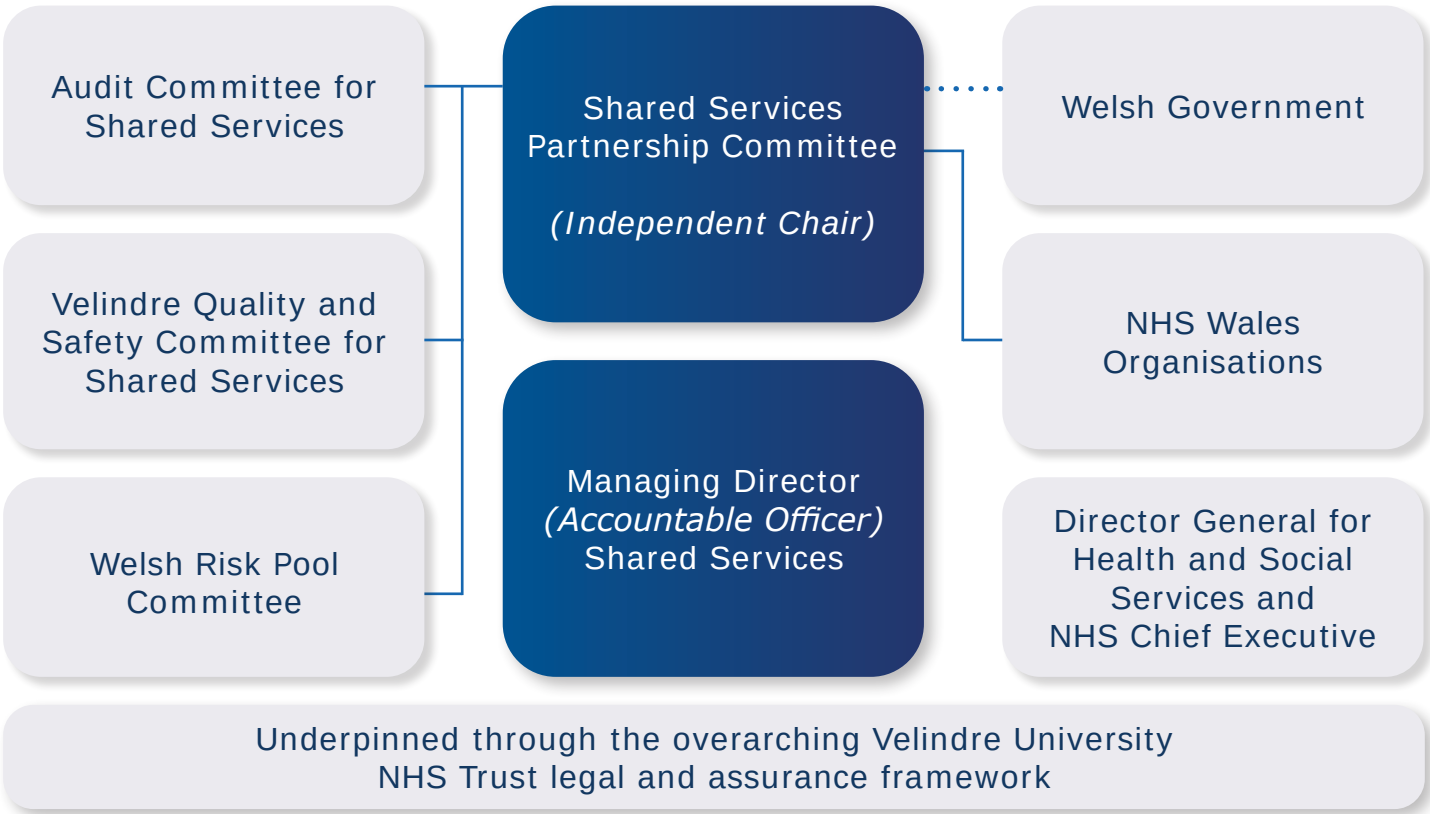
The role of the Audit Committee is to review and report effective operation of overall governance and the internal control system. This includes the management of risk, operational compliance controls and related assurances that support the delivery of objectives and maintain standards of good governance.

The management and control of resources during 2023-24 is evidenced within the Annual Governance Statement. The statement details the extent to which we complied with our own governance requirements, summarising all disclosures relating to governance, risk, and control.

Committee Papers and Executive Declarations are published and **available on our website.**

The Head of Internal Audit provides an annual opinion on the adequacy and effectiveness of the risk management, control, and governance processes, which was **reasonable assurance** for 2023-24.

Our Structure



Duty of Quality

The Duty of Quality came into force on 1 April 2023 and placed upon all NHS bodies a statutory duty to consider quality in the execution of both our clinical and non-clinical services. The overarching aim of the duty is to improve the quality of health services and to improve health outcomes for the people of Wales. NWSSP provides a variety of clinical and non-clinical services through a divisional structure.

Key achievements in 2023-24

- Raising awareness, including dedicated sessions with the Shared Services Partnership, Senior Leadership Group and staff coffee mornings
- Implemented a Quality Champions Network for sharing best practice
- Quality planning and decision making
- Quality driven reporting
- Quality control and using data for quality improvement
- Quality planning and decision making
- External quality reviews, certifications and awards

Health and Safety

NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is considered essential that management and staff should work together positively to achieve an environment compatible with the provision of the highest quality services to staff and visitors where health hazards to staff and visitors and others are minimised, so far as is reasonably practical.

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.

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.

During 2023-24, the main category of health and safety incidents were:

Contact with an Object

Manual Handling

Slips, trips and falls

Violence and Aggression

Health and Safety Trends and Objectives 2023/2024

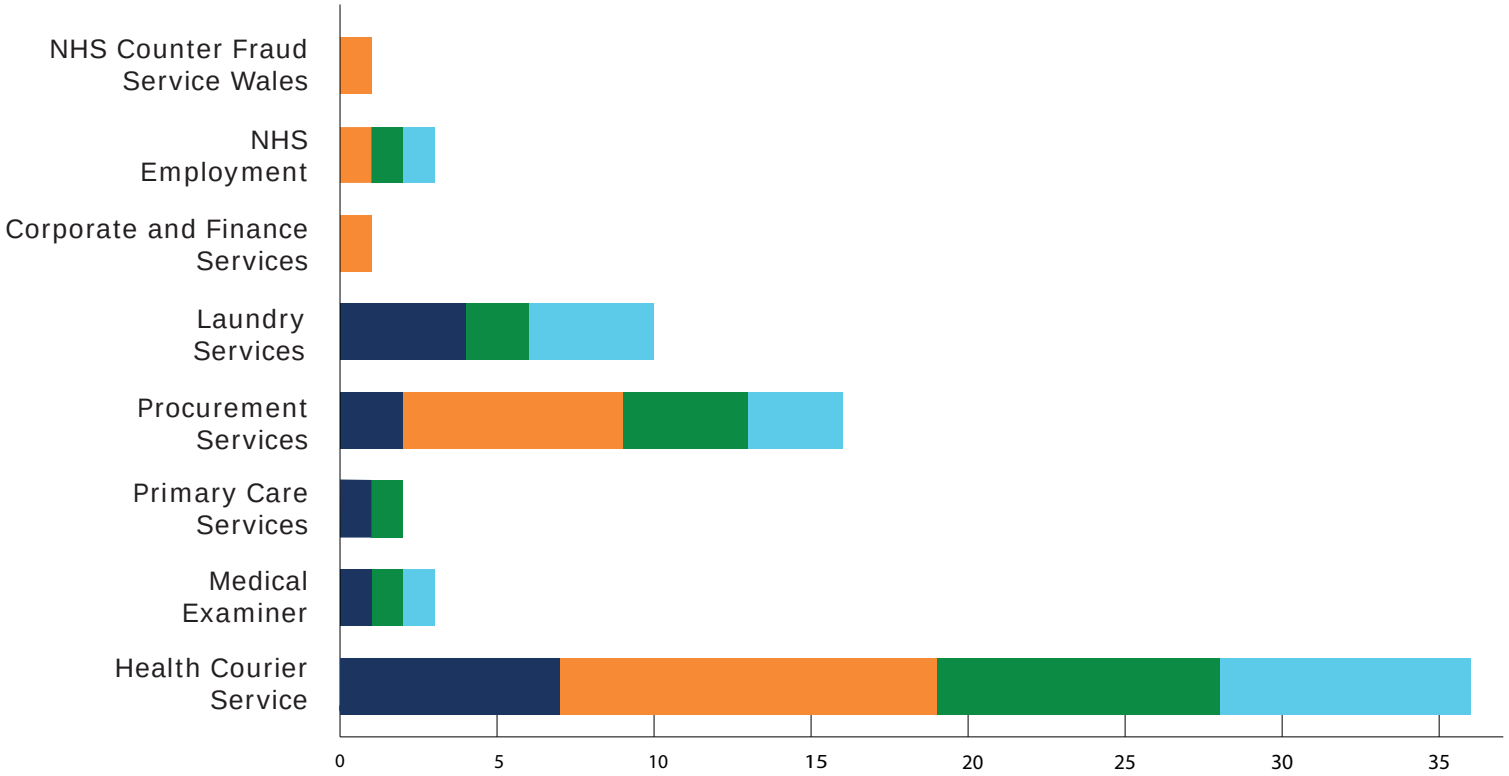
Trend Category	2019-20	2020-21	2021-22	2022-23	2022-24	Trend
Contact with an object/struck by an object	11	11	26	30	18	→
Manual Handling	14	12	23	16	16	-
Slips, trips and falls	13	6	15	15	6	→
Violence and Aggression	14	10	10	15	20	→

A significant decrease can be seen on the previous year in relation to contact with an object/struck by an object and slips, trips and falls. The volume of manual handling has remained the same as the previous year, whereas violence and aggression incidents have increased on the previous year.

In relation to the increase in incidents reported, this can be linked to the continued promotion to staff that NWSSP takes a zero approach to violence and aggression in the workplace and encouraging staff to report any incidents in a timely manner.

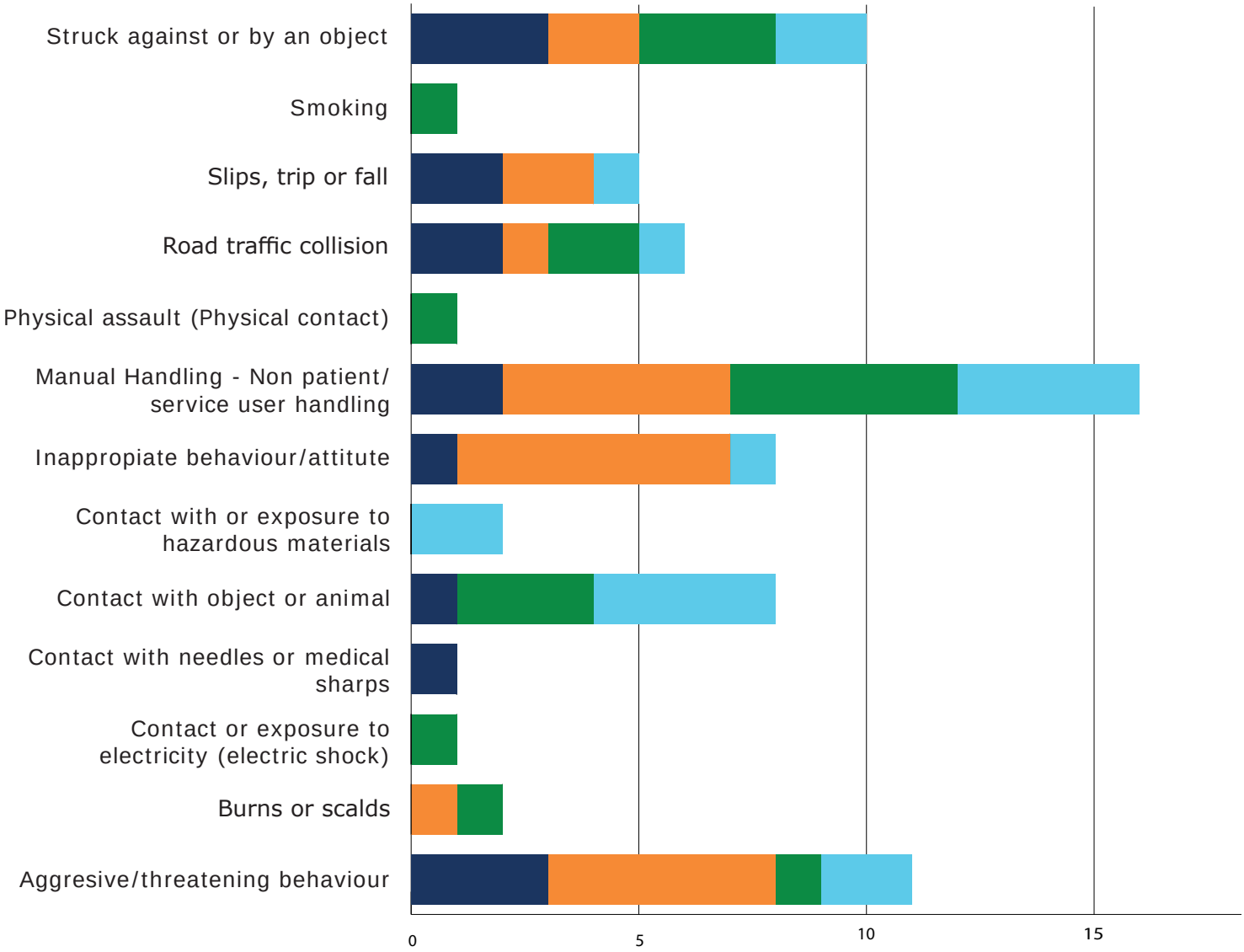
During the period, a schedule of health and safety internal audits was undertaken by the Health and Safety Manager, Health and Safety Support Officer, at NWSSP.

Health and Safety Incidents by Service Group and by Quarter – 2023/2024



	Health Courier Service	Medical Examiner	Primary Care Services	Procurement Services	Laundry Services	Corporate and Finance Services	NHS Employment	NHS Counter Fraud Service Wales
Q1 2023/24	7	1	1	2	4	0	0	0
Q2 2023/24	12	0	0	7	0	1	1	1
Q3 2023/24	9	1	1	4	2	0	1	0
Q4 2023/24	8	1	0	3	4	0	1	0

Health & Safety Incidents by Sub-Category by Quarter 2023-24



Information Governance

In 2023/24, the following activities were delivered within the Information Governance function:

16

Face-to-face IG classes were attended by staff using Microsoft Teams.

89%

Average IG eLearning core skills compliance across NWSSP.

112

Freedom of Information requests received.

331

Actionpoint calls logged on the dedicated service platform.

96%

Compliance in responding to Freedom of Information requests within 20 working days.

570

Staff attended an IG training session.

- Privacy Notices and protocols reviewed where applicable.
- Regular communications developed to provide updates on all IG topics.
- Low numbers of IG breaches throughout the year with no severe incidents reported.
- Substantial assurance with the annual IG assessment toolkit
- New IG guidance and protocols launched.
- Policies and Procedures reviewed in line with review dates.
- Privacy Impact Assessments completed including Primary Care services (electronic prescribing, visual impairment service and gluten free subsidy scheme)
- Workplan completed in full.
- Internal IG meetings held every quarter.

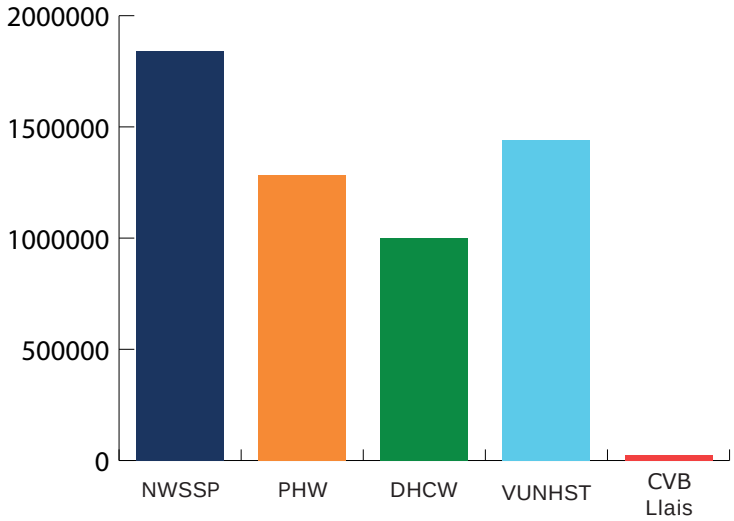
Welsh Language

Health & Safety Incidents by Sub-Category by Quarter 2022-23

The Welsh Language Unit continues to provide translation support services for a number of NHS organisations through SLAs.

During 2023/24, we hit a new high of 5.5million words translated, a steady increase from the previous year. We have invested in a new translation memory system, recruited resources in the core translation team and the translation bank to meet the demand for services in 2024/25.

Organisation	word total	%
NWSSP	1,840,329	33%
PHW	1,282,845	23%
DHCW	1,001,335	18%
VUNHST	1,442,444	26%
CVB Llais	24,287	0.50%



Projects 2024/25

Customer Service Excellence (CSE) - The Welsh Language Unit at NWSSP has been involved with the CSE programme during 2023/24 and this work continues to ensure that we provide the best service possible to our customers in NWSSP and through our Service Level Agreements.

Improving our telephone services and systems - NWSSP has introduced a new telephony system which has also enabled us to review our compliance with the telephone standards and improving the customer experience through the Welsh language.

Piloting a shared translation memory software - During 2023/24 we procured a translation memory software and are currently piloting sharing the system with VUNHST, PHW, WAST and DHCW to avoid duplication of work, to be more efficient.

WGOS project - This project has been a significant piece of work during 2023/24 and a ministerial priority to bring eyecare for patients closer to home. The Welsh language has been front and centre for this project as we ensure that documents for patients are available in Welsh. Webinars were also hosted in Welsh and English, normalising the use of the Welsh language with optometrists across Wales.

Outreach & engagent with schools - The Welsh Language Services Manager has been working with Careers Wales and Secondary Schools in the Cardiff & Vale area to promote the careers we offer at NWSSP with Welsh Language Medium Schools, very much focusing on the importance of the Welsh language in our service delivery.

Communications

Over the past year, the Communications Team has showcased their commitment to NWSSP's mission, with a notable increase in demand for core services, including graphic design, website development and management, branding, training, editorial design, webinars, videography, internal and external campaigning, and managing press and media enquiries. Additionally, they have also been at the forefront of innovation, developing internal mobile applications, such as the Major Incident Mobile App and the Counter Fraud Mobile App. They have been instrumental in advancing ministerial priorities such as the Wales General Ophthalmic Services (WGOS), as well as key internal organisational initiatives such as the Nantgarw 2 Programme, departmental and organisational publications, with collaborative efforts being instrumental in driving impactful outcomes and reinforcing NWSSP's dedication to excellence. Looking ahead, Communications are committed to enhancing reporting procedures to ensure a robust and transparent representation of achievements can be shared.

Website Statistics (reporting period – 16/04/23 – 16/04/24)

728, 912 Website Hits

Social Media Statistics (reporting period – 16/04/23 – 16/04/24)

6851 LinkedIn Followers ↑ 11.1%

4760 Twitter Followers ↑ 4.5%

Key Projects

- Wales General Ophthalmic Services (WGOS)
- The Duty of Candour
- Integrated Medium Term Plan
- Departmental/ Organisational Annual Reviews
- Major Incident Mobile Application
- HPMA Cymru
- Anti-Violence Collaborative Wales
- Decarbonisation Action Plan
- Development of external website
- Employee Value Proposition (EVP) Programme

Health and Well-being

Staff Benefits Schemes

Within NWSSP's Staff Benefit Team, we offer the following schemes for staff:

- **Staff Lease Vehicle Scheme**
  Run in association with NHS Fleet Run in association with NHS Fleet Solutions and designed to provide all eligible NWSSP staff with the option of access to vehicles of their choice at a very competitive prices, whilst at the same time providing savings for the organisation that will support the services provided to patients.

- **Cycle to Work Scheme**
  Run in association with NHS Fleet Solutions and designed to provide all eligible NWSSP staff with the option of access to vehicles of their choice at a very competitive prices, whilst at the same time providing savings for the organisation that will support the services provided to patients.

- **Home Electronics Scheme**
  Run association with Home Electronic Solutions and designed to provide all eligible NWSSP staff with the option of access to home electrical items of their choice at a very competitive prices from Currys/PCWorld, whilst at the same time providing savings for the organisation that will support the services provided to patients. There is no deposit and costs are fixed for all elements of the term.

- **Loans Repaid Through Salary**
  The scheme offers loans at affordable rates with higher acceptance than banks, as an affordable alternative to credit cards and overdrafts, it could also be used to cover an unexpected expense or help to achieve long-term financial goals.

Well-being of Future Generations

The Well-being of Future Generations (Wales) Act 2015 sets out ambitious, long-term goals to reflect the Wales we want to see, both now and in the future. We recognise the importance of future generations, teamed with our NHS Wales and wider scope of influence with the shared services functions we provide.

For this reason, the content of the Act continues to be the golden thread running through the heart of everything we do, underpinning our policies, strategies, and plans. We have embedded the five ways of working ensures we safeguard the needs of future generations without compromising those of the present.

It ensures our robust governance arrangements improve the cultural, social, economic, and environmental well-being of Wales, through the Sustainable Development Principle.

Aligned to this approach is the need to tackle climate change and to promote the Foundational Economy. Decarbonisation underpins our strategy for delivering services and the following pages provide many examples of how we are delivering this in practice. Developing a Foundational Economy within Wales not only helps to reduce the carbon footprint but provides greater resilience and promotes local businesses and jobs.

Health and Well-being Conference

Our Annual Health and Well-being conference in 2023 was held virtually and attended by around 300 participants.

The event was recorded and available to watch afterwards. The theme this year was "Well-being and Belonging."

The day included interactive sessions on relaxation and mindfulness, together with informative talks on "Menopause Awareness", "Andy's Mans Club – (Men's Mental Health)", "Diversity in Diet", "Well-being and Belonging" and "Financial Well-being Support". Feedback was very positive.

Financial Well-being

We have continued to offer our staff affordable loans, repaid direct from salary via Salary Finance. We have also continued to work closely with Moneyhelper as well as Salary Finance to provide financial well-being support and information to our staff via our intranet pages. We included a Financial Well-being session as part of our annual conference.

Talk Money Week

In 2023 we again participated in Talk Money week. Financial Well-being information was sent out to all staff by email. We have also developed new posters with QR codes linking to Financial Well-being and Debt Support websites, to enable staff who don't have regular access to work computers to be able to access the information. The Money and Pensions Advice service ran a virtual session for staff on Financial Well-being and Pensions support.

Physical Health

Lunchtime physical Activity sessions continued to run until July 23 and were well-attended. We included a breathworks for relaxation session in the November conference.

Heart Health - In September 2023 we added a new resource and information page on the staff intranet's Health and Well-being Centre, dedicated to keeping your heart healthy. This includes advice on healthy eating, exercise, alcohol consumption, and keeping blood pressure under control.

Menopause-In 2023 NWSSP signed up to the Menopause Workplace Pledge. Women make up nearly half of the UK workforce, but many feel forced to reduce their hours at work, pass up promotions and even quit their jobs due to lack of menopause support.

If people affected by menopause feel supported at work, it can help to increase staff retention, reduce recruitment costs, improve productivity, happiness and wellbeing, and ensure a more diverse workforce.

In signing the Menopause Workplace Pledge, NWSSP commits to:

- Recognising that the menopause can be an issue in the workplace and women need support.
- Talking openly, positively, and respectfully about the menopause.
- Actively supporting and informing our employees affected by the menopause.

Throughout 23/24 there have been a series of Menopause Awareness training sessions taking place online for staff and for Managers. These have been organised in partnership with Unison. Sessions have also been offered to our Laundries and Stores.

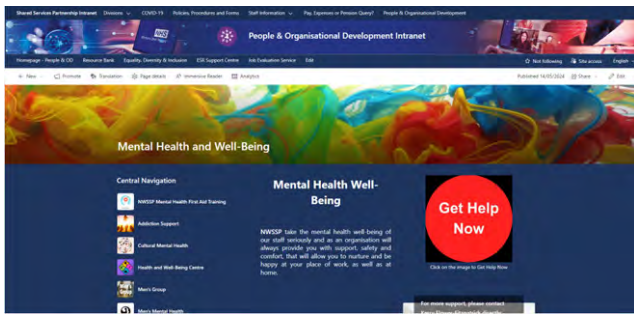
Our Menopause Café meetings are still held monthly and well-attended. We are continuing to develop the support and information available both online and in poster formats.

Mental Health

- A mental health webinar has been developed for all staff, providing information on support services within the organisation as well as signposting options to various mental health organisations within Wales. The webinar also aims to break down any barriers associated with stigma or discrimination.

- Establishing NWSSP as an Accredited Centre for the delivery of Mental Health First Aid qualifications, allowing our organisation to offer contextualised, accredited learning in Mental Health First Aid to staff, supporting the growth of NWSSP's Mental Health First Aider Network and in turn the mental health support for our staff. We will commence training our staff in June 2024 as we roll out this newly accredited service.

- The introduction of a "Get Help Now" button for addressing mental health emergencies. This updated feature of the online Health and Well-being Centre ensures that staff can access the necessary support as soon as possible.



- We have launched a Men's Support Page that provides male colleagues with the opportunity to connect with mental health organisations specifically tailored for men and those who identify as men. This allows for easy access to platforms like Andy's Man Club and Men's Health forum.

- Continue to provide Men's mental health awareness sessions delivered by Andy's Man Club.

- The implementation of professional stress awareness sessions and mental health awareness sessions at all NWSSP sites, catering to both online and offline staff, in order to promote a wellness for all approach to well-being.

- In order to achieve our goal of promoting wellness for all we have trained NWSSP's Mental Health Well-being Advisor on the topic of "understanding of mental health in Muslim communities."

Diversity and Inclusion

- Published NWSSP's Diversity and Inclusion Action Plan outlining our commitments for the next 2 years

- Delivered an increased amount of training in Diversity and Inclusion which includes Unconscious Bias Training and Anti Racism Training for all senior leaders as well as the inclusion of an Inclusive Leadership module in our Leading for Excellence and Innovation programmes and an Inclusive Recruitment module in our Recruitment Training

- Developed a Diversity and Inclusion Webinar

- Provided access to e-learning for all staff in Managing Remote Teams, Unconscious Bias and Inclusive Leadership

- Invited all staff to design a logo for our forthcoming Safe Inclusivity Campaign which will be launched in 2024 to promote open conversations supporting learning

- The implementation of professional stress awareness sessions and mental health awareness sessions at all NWSSP sites, catering to both online and offline staff, in order to promote a wellness for all approach to well-being.

- Recruited nine Diversity and Inclusion Ambassadors to support the Safe Inclusivity Campaign and promote an inclusive culture.

Our Achievements

Staff Recognition

The NWSSP Staff Recognition Awards for 2023, held on 28 February 2024, provided an opportunity for the Senior Leadership Group to formally acknowledge the incredible commitment, dedication, and professionalism of all our staff from across Wales.

The 2023 Recognition Awards Ceremony was our 8th event, and third held virtually, that celebrated the success of both teams and individuals who have gone above and beyond within NWSSP.

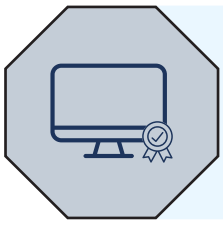
Staff were recognised in a number of categories including our organisational Core Values of Listening and Learning, Working Together, Innovating and Taking Responsibility. Further recognition was seen in the remaining categories of Health and Well-being, Welsh Language, Leadership, Role Modelling Diversity and Inclusion, Environment, Team of the Year, Trade Union Partnership and Hidden Heroes. A number of colleagues also received the Managing Director's Star Award for their outstanding contributions.

Aligned with the above, a series of 'face to face' regional Staff Recognition Awards events are now also underway where colleagues are recognised in person by the Senior Leadership Group. The first event took place in our Matrix House site in Swansea with a number of colleagues presented with awards and certificates. Further regional events across Wales have been undertaken during the summer of 2023.

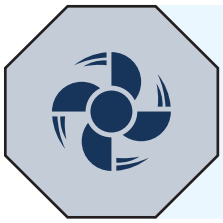
"The awards highlighted the fantastic work that you have undertaken over the past 12 months, and as one of the judges I was very impressed with the high quality of submissions. Whether as individuals, or as part of teams on specific programmes or projects, you really do live up to our mCore Values and I am proud to lead an organisation of such dedicated professionals."

- NWSSP Managing Director Neil Frow

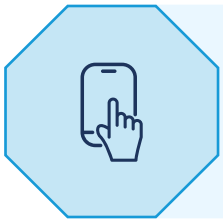
Achievements



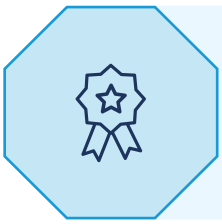
Scan for Safety - Evolution Award / Endoscopy



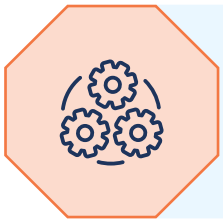
Review of Fans and Fan Heaters in Healthcare Settings



Delivery of Electronic Prescription Service in Wales



Customer Service Excellence Accreditation

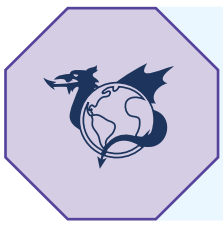


Payroll Modernisation

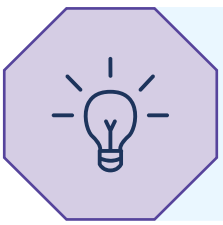
Specialist Estates Services Network 75 Programme

NHS Wales Fraud Awareness Training

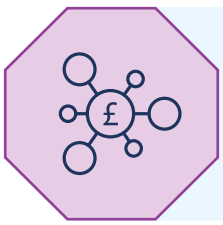
ISO2000-1 Service Management



International Recruitment



Internal Audit Knowledge Sharing



GP Payment System - Working with Northen Ireland

Data Sharing in Legal and Risk

Case Studies

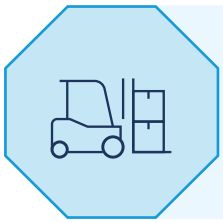
Accounts Payable Reaccreditation

All-Wales International Recruitment Medical Pilot, Trainee Hub...

An Electronic Prescribing Service in Wales

Customer Service Excellence Accreditation

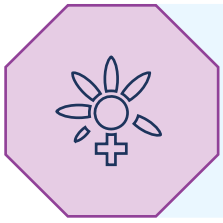
External Quality Assessment Internal Audit



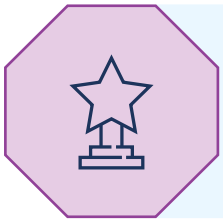
Icelandic Visit and Certification Successes

ISO20000-1 for Service Management

Laundry Water Consumption



Menopause Pledge

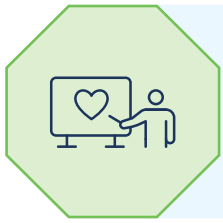


Midwives Success at National RCM Awards Ceremony

NWSSP Medicines Unit

NWSSP Trainee Wins Institution Project Award

Scan for Safety Awards Success



Understanding Sexual Safety in the Workplace

Feedback from our Stakeholders

Kim was brilliant from start to finish. She answered all of our queries very quickly and if she didn't know something, she found out the additional information very quickly. She kept us informed at all stages and each meeting she was very prepared for.

Planning, Performance and Informatics

An excellent and professional service is being given from James Webber and Paul Young. I could add other comments along the lines of they are always polite, always ready to respond, keen to make adjustments if issues have arisen or improvements can be made, always well researched in the various aspects of international recruitment.

Digital Workforce Solutions

The SES team provide a highly valued service to both the Welsh Government as well as the NHS. The team genuinely feel like an extension of the Capital, Estates & Facilities team here within the Welsh Government.

Specialist Estates Services

Lawrence who has helped us through chasing procurement and stores has been extremely helpful courteous and an amazing support

Procurement Services

Effective service area, always on hand with clear advice and support" Counter Fraud

Counter Fraud

Darren, with support of other SSP team members, enabled the delivery of a wide-ranging suite of information in multiple formats to support NHS bodies across Wales to communicate about the Duty of Candour with patients, staff and the wider public.

Corporate Services

Certifications are external sources of assurance and a number of independently verified external audits were carried out across our Services, during the financial year, including:

- Customer Service Excellence Accreditation and ISO14001 Environmental Management Standard certified at a Corporate level across the organisation
- External Audit Reviews including STS Food Safety, Carriage of Dangerous Goods Licensing, Public Sector Internal Audit Standards (PSIAS)
- Regulated by the Medicines and Healthcare products Regulatory Agency (MHRA), including Good Distribution Practice and Good Manufacturing Practice
- Continued certification within Services to ISO27001 Information Security Management, ISO9001 Quality Management, ISO11014 Material and Safety Data Sheet, ISO45001 Health and Safety Management Standards.
- 4-yearly successful inspection for Surgical Materials Testing Laboratory to ISO17025, a global quality standard for testing and calibration laboratories
- Mental Health First Aid Accreditation as a Trainer Organisation

Awards and Achievements

Staff and divisional awards and nominations, both internal and external, demonstrate the quality of the services provided in NWSSP, including:

- Annual Staff Recognition Awards
- Scan for Safety Team awarded the Evolution Award at the Future Vision Awards ceremony
- Decarbonisation team shortlisted for SSF Sustainable Future Vision Award
- PROMPT Wales Team awarded Royal College of Midwifery (RCM) Excellence in Midwifery and Learning in May 2023

Sustainable Development

Sustainable Development Principle

We are highly committed to developing and implementing a Once for Wales approach, where appropriate. It is vital that we embed the Sustainable Development Principles of the Well-being of Future Generations Act and in highlighting the best practice of integrated reporting, we have mapped our highlights and achievements against the 'Five Ways of Working'. These require us to think about the long term, integrate with the wider public sector, involve our partners and work in collaboration, in order to prevent problems and take a more joined up approach to service delivery.

Long Term

Integration

Involvement

Collaboration

Prevention

Long Term

- Achieving recertification to ISO14001:2015 for Environmental Management on a corporate basis.
- Continued to build upon the work delivered to support the Foundational Economy in Wales, working with Welsh suppliers and utilising the Social Value Assessment Tool.
- The ongoing implementation of LED lighting, motion sensors and feasibility studies for solar panels at IP5, Matrix House and other sites.
- Reduction of emission limits across the Salary Sacrifice Car Scheme for vehicles and promotion of benefits and offers to support the attraction of more sustainable vehicles.
- Continued expansion of our installation project for electric vehicle charging point infrastructure across NWSSP sites, to power our developing electric fleet.

Integration

- Refreshed and relaunched our Decarbonisation Plan, which was embedded into the Integrated Medium-Term Plan (IMTP) planning process and our strategic objectives.
- Our carbon footprint monitoring is a well-integrated process and with the continued adoption of agile working, we are creating a new benchmark and improving the data collection and accuracy across all sites.
- Annual Staff Recognition Awards and pan-Wales roadshows effected, with inclusion of Environmental Sustainability and Health and Well-being categories.
- Equality Integrated Impact Assessments completed for projects across the organisation, to consider aspects including Well-being of Future Generations, Environmental Sustainability and Welsh Language.

Involvement

- Well established Health and Well-being Staff Partnership Group with regular coffee mornings for Champions, Health and Well-being Framework and an annual Well-being Conference for staff.
- Opportunities for staff to get involved and make a difference through becoming a volunteer Mental Health First Aider, Environmental, Health and Well-being, Culture Change, Business Continuity or Digital Champion.
- Staff engagement initiatives such as appreciation station, staff recognition awards, newsletters, this is Our NWSSP, health and well-being centre and staff groups including BALCH/ PROUD Network, Men's Support Group and Menopause Cafes.
- Recognised as Disability Confident Committed and organisational membership of the Employers Network for Equality and Inclusion (ENEI) which provides free learning opportunities and resources for our staff. Becoming an accredited Mental Health First Aider trainer organisation.

Collaboration

- Working with mental health and well-being providers to deliver sessions for our workforce across the areas of emotional, physical, mental and financial well-being.
- We have worked collaboratively with our staff to continue to develop an agile approach to work to attract and retain a diverse workforce.
- Collaborating with public and private bodies across primary and social care on support systems to aid recruitment.
- Strengthening links and aligning our Sustainable Development & ISO14001 agenda, including the Decarbonisation Action Plan, working in partnership with interested parties and key stakeholders to deliver the goals.

Prevention

- Sustainability Risk Assessments undertaken for all procurement activity over £25,000 and audits of this process are carried out.
- We saw an increase of 26% take up for the Salary Sacrifice Car Scheme, where 71% of vehicles provided through the scheme were electric and 21% were hybrid.
- Agile Working Toolkit allowing staff to work flexibly in line with organisational requirements. Reducing usage of scarce and finite resources, such as paper and energy.
- Risk based approach to audit planning focuses on the key risks to organisational objectives.

Sustainability Performance

NWSSP is committed to managing its environmental impact, reducing its carbon footprint and integrating the sustainable development principle into day-to-day business. NWSSP successfully implemented ISO14001 as its Environmental Management System (EMS), in accordance with Welsh Government requirements and have successfully maintained certification since August 2014, through the operation of the Plan, Do, Check, Act model of continuous improvement.

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment.

NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy. We are committed to reducing our carbon footprint by implementing various environmental initiatives and efficiencies at our sites within the scope of our ISO14001:2015 certification. We successfully achieved recertification to the Standard in March 2024 through UKAS accredited certification body, Simply Certification Ltd.

This year, we have achieved an overall reduction of 11.1% our carbon footprint across sites. This is compared with the figures reported in our Annual Review 2022-23.

In order to achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. This investment in environmentally friendlier technologies such LED lighting and electric vehicle charging infrastructure have been a significate contributor to the organisation's reduction in Co2 emissions. The Environmental Champions and the Green Team continue to identify areas for emissions and waste savings and helping to improve data gathering. The increase in adoption of agile working arrangements, has resulted in a reduction in staff headcount on sites, and this combined with increased education and awareness of NWSSP carbon footprint aims and targets and the difference staff can make no matter how small, has made a welcome contribution to the reduction.

- Electricity usage has decreased overall by 14%, due to projects such as agile working, LED lighting installation and motion sensor technology across a number of our sites. Of which, 18.8% is Electric Vehicle Charging Units (EVCUs) across our estate. REGO (Renewable Energy Guarantees of Origin) 'green' electricity procured is carbon neutral and across 8 of our sites. Feasibility studies have been completed for the installation of Solar PVs at a number of sites including IP5 and Matrix House.

- Electric Vehicle Charging Units (EVCUs) usage increased at our sites by 8.1% overall (5,810kg of Co2e avoided). The 24/7 availability and ease of access, to charge points is encouraging their use by NHS Wales staff, even with the Health Courier Fleet having priority as "the wheels of the NHS in Wales". In terms of increased demand for the EVCUs, we see this as a positive measure for the wider community in terms of air quality, the environment and the reduction of the carbon footprint for the commute of NWSSP staff. This contributes to a Healthier and Globally Responsible Wales as there are Co2e reductions from charging electric vehicles, compared with burning fuel from petrol and diesel engines.

- Gas usage increased by 0.7% (2,621 kg of Co2e), largely due to an anomaly which was identified at Companies House with their biomass boiler which had a major fault and equated to a 137.7% increase in Co2e, when apportioned for NWSSP's footprint on the site of 18.7%. This increase was due to an unfortunate total reliance on gas for the interim period.

- Kerosene oil used to heat Westpoint Industrial Estate usage reduced by 31% (3,917 kg of CO2e) during the year. This is the only site that uses oil to heat their building and they have achieved the reduction by active temperature adjustment, measurement of usage and behavioural change.

- Water increased by 14.3% (222kg of CO2e), due to a culmination of better sources of data, increase validity, reduction of estimates used and introduction of invoices to support usage data. In addition, the natural annual variation accounts for a small percentage change and the continuation of agile working has led to a lower average staff headcount at sites.

- The total waste generated across all of our sites has reduced by 39.6% (27,046kg of Co2e). During 2023-24 we created a new baseline due to the introduction of new Waste Regulations and better segregation of waste streams, improved data collation and have benefitted from the continued reduction in staff headcount on sites, due to agile working.

- Confidential waste reduced overall by 48.4% (10,860kg of Co2e) and during the period we completed a rationalisation exercise to reduce the frequency of collections and quantity of bins on sites. All confidential waste is held in secure bins on site and taken away by accredited service providers to be repurposed into items such as notebooks, toilet paper, tissues, etc. All other waste streams are disposed of appropriately and responsibly and in accordance with relevant Regulations.

- We saw a decrease in pool vehicle usage across the organisation by 69.1% (1,073kg of Co2e). This is positive because it mitigates the use of staff vehicles to commute and encourages car sharing, where possible and the continued adoption of agile working has also contributed to this decrease. In addition, pool cars used within the organisation are eco-friendly vehicles (electric, hybrid, etc).

- Business mileage travelled decreased by 3.43% during the period. This figure is low compared to figures reported prior to March 2020, given continued agile working arrangements. We have seen the inclusion of the Single Lead Employer Model in the figures for NWSSP (see Our People Data, for further details).

Ethical Employment in Supply Chain and modern slavery

The Code of Practice was established by Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector organisations in receipt of public funds. The Code is designed to ensure that workers in public sector supply chains are employed ethically and in compliance with both the letter and spirit of UK, and International laws.

It covers employment issues such as modern slavery, human rights abuses, blacklisting, false self-employment, unfair use of umbrella schemes, zero hours contracts and paying the living wage. We have committed to ensuring that procurement activity conducted on behalf of NHS Wales is done so in an ethical way.

We will ensure that workers within the supply chains through which we source our goods and services are treated fairly. We signed up to the Code and developed an action plan to monitor our progress. We appointed our Director of People and Organisational Development and Employment Services as our Ethical Employment Champion.

Transparency in Supply Chains (TiSC) is a centralised database that gives access to Modern Slavery Statements posted by suppliers. These Statements are used during tendering exercises undertaken, as part of the Ethical Employment Code of Practice Commitments.

The site allows NWSSP to publicly declare our anti-slavery stance and associated policies. The site is sponsored by the Welsh Government and acts as a step towards eradicating modern slavery in supply chains.

To date, NWSSP has:

- Embedded the Ethical Employment Code of Practice into standard operating procedures
- Provided training to those involved in buying / procurement on modern slavery, ethical employment practices.
- Aligned the Code of Practice within our broader Sustainable Procurement Code of Practice.
- Became a signatory to the Transparency in Supply Chains (TISC) register and published the NWSSP Ethical Employment Statement.
- Encouraged suppliers to sign up to the commitments of the Ethical Employment in Supply Chains Code of Practice and also to the TISC register to publicise their commitment and their Modern Slavery / Ethical Employment statements.
- Engaged with wider NHS Scotland, NHS Northern Ireland, and NHS England colleagues to continue to develop and share best practice.

NWSSP will:

- Conduct appropriate and targeted engagement with suppliers and prospective bidders, to ensure that the way in which we work does not contribute to the use of illegal or unethical employment practices.
- Maintain and share knowledge of ethical employment issues and themes, ensuring continuing support of the fair and decent work.
- Continue to leverage our tender processes to encourage our suppliers to sign up to the commitments of the Ethical Employment in Supply Chains Code of Practice and also to the TISC register, to publicise their commitments and their Modern Slavery / Ethical Employment statements.
- Assess our expenditure and target areas of elevated risk to continue to address any potential issues of modern slavery, human rights abuses and / or unethical employment practice.

Our People

Our People

*Source: ESR 31-Mar-24

NWSSP Staff in Post Headcount and FTE Summary

Directorate	Headcount	FTE
Accounts Payable Division	150	144.77
Audit & Assurance Division	55	53.35
Corporate Division	28	23.51
Counter Fraud Division	7	7.00
Digital Workforce Division	28	27.67
E-Business Central Team Division	16	15.32
Employment Division	360	321.53
Finance Division	27	26.80
Hosted Services Division	12	10.91
Laundry Division	156	140.61
Legal & Risk Division	181	169.01
Medical Examiner Division	79	49.25
People & OD Division	17	16.80
Pharmacy Technical Services Division	44	41.06
Planning, Performance and Informatics Division	27	26.80
Primary Care Division	43	42.19
Procurement Division	305	284.42
Single Lead Employer Division	729	675.15
Specialist Estates Division	3415	3229.10
Surgical Materials Testing (SMTL) Division	53	51.96
Temporary Medicines unit Division	25	22.92
Welsh Employers Unit Division	5	4.33
Grand Total	**5762**	**5384.46**

NWSSP Assignment Category Summary

Assignment Category	Headcount	%	FTE
Fixed Term Temp	3442	59.74%	3237.76
Permanent	2320	40.26%	2146.69
Grand Total	**5762**	**100.00%**	**5384.46**

NWSSP Age Profile Summary

Age Band	Headcount	%	FTE
<20 years	15	0.26%	15.00
21-25	636	11.04%	630.62
26-30	1294	22.46%	1256.92
31-35	1342	23.29%	1242.69
36-40	731	12.69%	672.91
41-45	421	7.31%	387.36
46-50	318	5.52%	296.56
51-55	363	6.30%	338.98
56-60	367	6.37%	321.02
61-65	201	3.49%	170.39
66-70	53	0.92%	39.01
>71 years	21	0.36%	13.01
Grand Total	**5762**	**100.00%**	**5384.46**

NWSSP Gender Summary

Gender	Headcount	%	FTE
Female	3143	54.55%	2876.70
Male	2619	45.45%	2507.76
Grand Total	**5762**	**100.00%**	**5384.46**

Source: ESR 31-Mar-24

NWSSP Employee Category with Gender Split

Full Time/ Part Time	NWSSP	%NWSSP	NWSSP	%NWSSP
Gender Split	**Female**	**Female**	**Male**	**Male**
Full Time	898	16.35%	877	15.97%
Part Time	338	6.15%	140	2.55%
Grand Total	**1236**	**22.50%**	**1017**	**18.51%**

NWSSP Ethnic Group Summary

Ethnic Group	Headcount	%	FTE
White	3457	52.12%	3201.23
BME	1320	11.96%	1266.24
Not Stated	113	2.26%	104.48
No entry recorded	872	33.66%	812.51
Grand Total	**5762**	**100.00%**	**5384.46**

NWSSP Marital Status Summary

Marital Status	Headcount	%	FTE
Civil Partnership	70	1.21%	65.68
Divorced	139	2.41%	128.54
Legally Separated	12	0.21%	10.87
Married	1785	30.98%	1609.03
Single	1702	29.54%	1626.15
Unknown	967	16.78%	901.89
Widowed	24	0.42%	21.84
No entry recorded	1063	18.45%	1020.45
Grand Total	**5762**	**100.00%**	**5384.46**

NWSSP Sexual Orientation Summary

Marital Status	Headcount	%	FTE
Bisexual	104	1.80%	98.53
Gay or Lesbian	90	1.56%	85.41
Heterosexual or Straight	3000	52.07%	2790.30
Not stated (person asked but declined to provide a response)	253	4.39%	236.89
Unspecified	2309	40.07%	2167.52
Other sexual orientation not listed	4	0.07%	3.80
Undecided	2	0.03%	2.00
Grand Total	**5762**	**100.00%**	**5384.46**

NWSSP Religious Belief Summary

Religious Belief	Headcount	%	FTE
Atheism	1168	20.27%	1111.24
Buddhism	63	1.09%	60.27
Christianity	1653	28.69%	1521.80
Hinduism	117	2.03%	112.32
I do not wish to disclose my religion/belief	486	8.43%	465.08
Islam	438	7.60%	414.79
Judaism	6	0.10%	4.90
Other	297	5.15%	278.63
Sikhism	14	0.24%	13.33
Unspecified	1519	26.36%	1401.10
Jainism	1	0.02%	1.00
Grand Total	**5762**	**100.00%**	**5384.46**

A Forward Look

Overarching Principles for 2024-25

Doing the basics well

NWSSP is committed to provide a robust foundation for the Welsh NHS, by providing reliable services to our partners. A focus on excellence is integral to the overall success of our IMTP and we understand the impact this has on healthcare delivery across Wales. In 2023 NWSSP attained corporate accreditation for Customer Service Excellence, highlighting our dedication to ensuring excellence is as at the heart of our services.

Financial Sustainability

We remain committed to a balanced budget, compliance with our break-even duty and a targeted reinvestment plan for those NWSSP services that directly support our Ministerial Priorities. Within the Value and Sustainability work streams we are taking the lead in three areas: workforce, medicines and prescribing, and non-pay and procurement. Additionally, we are assessing the impact of unwarranted variation on our own services.

Duty of Quality

This is a key priority for NWSSP as it aligns with our overarching goal of delivering Value, Innovation and Excellence through Partnership. We understand the crucial role we play in supporting various aspects of healthcare delivery, including procurement, pharmacy and workforce services. Our alignment with the Duty of Quality reinforces our dedication to enhancing the overall quality and effectiveness of our services across Wales.

Staff Wellbeing

We will continue to provide support to all our staff to promote physical, mental and financial wellbeing. We will maintain the strong partnership approach we have been building with our trade unions as we navigate ongoing change, ensuring that the voices of our staff are not only heard but also addressed.

Year 1 Plan on a Page

Aligned with our strategic objectives and outcomes

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Our People

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

Implement a Learning and Development Strategy to address the learning needs of staff across the organisation.

Strengthen our Employee Value Proposition with branding, marketing, sourcing, and attraction to improve our recruitment and retention of staff.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

Work with the Welsh Government to extend the All-Wales International Recruitment Programme.

Support clinical trainees to develop and advance their Welsh Language skills training and educational programmes.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

Implement an All-Wales staff benefits programme.

Enable staff to Speak up Safely and have confidence that they will be treated with respect and empathy and concerns will be addressed.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Embed a new approach to employee relations, where our people are at the centre of everything to minimize harm when dealing with investigations.

Up skill staff to support new digital technologies and reinvigorate our Digital Champions network to maximise our investment in Microsoft 365.

Our Services

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

Support the development of a robust and sustainable All-Wales Occupational Health Service across Wales.

Scope out improvements to the Electronic Staff Record and Learning Support to align with other digital workforce systems.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

Lead the development and implementation of the People Portal Transformation Programme.

Evaluate the Recruitment and Payroll Modernisation Programmes to identify streamlining opportunities and ways to reduce time to hire.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

Our Innovation Hub will start to build on emerging partnerships across NHS Wales.

Continuing to commit to widening access by increasing our apprenticeships and exploring opportunities such as internships.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Welsh Risk Pool to work with NHS organisations to embed a culture of improved learning from clinical events across primary and secondary care.

Support Health Boards in the management of supply chain issues through quantifying volumes and complexity of medicines shortages.

Our Value

We will make bold investment decisions that drive transformation and add value.

Complete implementation project to move the Oracle Financial Management System to Oracle Cloud Infrastructure.

Build a radiopharmacy unit within IP5 and add to existing medicines unit medicines licence.

We will lead the way with the changes required to address the climate change emergency and achieve decarbonisation targets.

Delivery of Procurement contribution to the NHS Wales Decarbonisation Strategic Plan.

Explore further wastewater heat recovery and steam recovery systems to increase efficiency across our Laundry Service.

We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.

Introduction of Scan4Safety as part of the modernisation programme for Wales (5 year programme).

Lead on the introduction of the National Ophthalmic contract for Wales.

We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Delivery of agreed Foundational Economy workplan for NHS in respect of Procurement.

Grow the Welsh Language skills of our substantive workforce ensuring we are representative of the communities in which we work.

Thank you for reading our Annual Review. If you would like to find out more, please visit our website, our social media channels, or use the contact details provide below:


01443 848585


shared.services@wales.nhs.uk


www.nwssp.wales.nhs.uk


@nwssp


NHS Wales Shared Services Partnership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This document was designed by the NWSSP Communications Team.
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GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18th July 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
All Wales Recovery of Overpayments Procedure

ARWEINYDD: LEAD:	Alison Ramsey, Director of Finance & Corporate Services
AWDUR: AUTHOR:	Linsay Payne, Deputy Director of Finance & Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Linsay Payne, Deputy Director of Finance & Corporate Services

Pwrpas yr Adroddiad: Purpose of the Report:
The purpose of this report is to present the SSPC with the All Wales Recovery of Overpayments procedure for approval.

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 :
Directors & Deputy Directors of Finance Directors of Workforce & OD Trade Union Representatives NHS Wales Finance/Workforce teams

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE	√	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation	The Committee is asked to APPROVE the All Wales Recovery of Overpayments procedure.						

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:	Risk of non-recovery of overpayments and cash flow impact
Risg a Aswiriant: Risk and Assurance:	Consolidation of Financial Risk
Safonnau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	Process control issues leading to overpayments, increased consistency of process for employees, ex-employees and workers of NHS Wales.
Deddf Rhyddid Gwybodaeth/ FOIA	Open

1.0 INTRODUCTION

The issue of salary overpayments has been raised increasingly within a number of forums over the last 12-24 months including:

- NWSSP Audit reports – with the recommendation that an All-Wales overpayments process would ensure consistency across Wales and support the management and control of overpayments through payroll
- Payroll Customer Relationship meetings
- Directors of Finance
- Deputy Directors of Finance
- Counter Fraud Teams.

In 2022/23 there were more than 6,100 overpayments across NHS Wales with a total value of £12 million. In 2023/24 there was a reduction to 3,969 overpayments with a value of £10 million. Although this was an improvement on the previous year, the ongoing high volume and values of overpayments continues to re-emphasise the need for an All Wales procedure to support the recovery of these. Whilst it is recognised that the introduction of a procedure wouldn't stop the overpayments occurring, it does aim to ensure that once an overpayment is identified that it is managed in a swift, streamlined and consistent way across all NHS Wales organisations.

2.0 ALL WALES RECOVERY OF OVERPAYMENTS PROCEDURE

Further to previous presentations and updates on the progress and development of the procedure to the Committee, we have taken final feedback and made amendments to the procedure as a result.

Key changes since the last presentation to the Committee have been made in relation to:

- The tone of the procedure and letters
- Increased emphasis on affordability of repayments
- The criteria for when automatic recovery of overpayments can occur
- Counter Fraud assessment criteria including flexibility for local arrangements regarding the management of any cases
- Dispute resolution – noting this may sit within Finance or Workforce in differing Organisations.

The procedure has been shared with, and presented to, a number of forums for final comments, which have been incorporated into the final version of the procedure presented for approval, including:

17th May 2024 – Directors of Workforce
21st May 2024 – Deputy Directors of Finance
29th May 2024 – Partnership Forum Business Committee
31st May 2024 – Local Partnership Forum
21st June 2024 – Directors of Finance

If approval is received, the procedure will be presented to the NWSSP Audit Committee on 25th July 2024.

4.0 SUMMARY

An Equality Integrated Impact Assessment application has been completed and is currently awaiting an outcome from the panel.

If approved, the procedure will be translated into Welsh with a planned implementation date of 1st October 2024 to allow sufficient time for update of processes and procedures and communication of the change by Payroll Services.

5.0 RECOMMENDATION

The Committee is asked to APPROVE the All Wales Recovery of Overpayments procedure.

PROCEDURE FOR THE RECOVERY OF OVERPAYMENTS – Salary & Expenses

Procedure Status: DRAFT V13
Procedure Issued: TBC
Review Date: TBC

Procedure for the Recovery of Overpayments

Index

1. Introduction

This Procedure has been written to bring a unified approach in how an overpayment should be handled across NHS Wales. This All-Wales procedure will replace any existing local processes to ensure consistency by NHS Wales Shared Services Partnership Payroll Services and NHS Wales Organisations upon the identification of an overpayment.

An overpayment is defined as any monies incorrectly paid to a current or former employee or worker through the payroll system.

2. Procedure Statement

Everyone involved in the application of the procedure will be treated with respect and dignity throughout the process.

It is recognised that overpayments are not usually the fault of the employee or worker, and this procedure seeks to support those who have been overpaid to have the overpayment recovered in a fair and reasonable manner.

Overpayments primarily arise from a “mistake of fact” (where a payment was inconsistent with the facts e.g. due to clerical, computer input or procedural error). NHS Wales Organisations have a legal right to recover any overpayments which have arisen from a mistake of fact.

NHS Wales Organisations must pursue the recovery of all overpayments regardless of fault. NHS overpayments come out of public funds and therefore NHS Wales Organisations have an obligation to recover them although this must be done in a fair and reasonable way.

Consideration will be given to individual needs and financial circumstances.

3. Aims

This procedure aims to standardise the recovery of overpayments to ensure consistency across NHS Wales.

It also aims to ensure all overpayments are recovered efficiently and as quickly as possible without imposing hardship and to ensure that employees, ex-employees and workers are treated fairly and consistently without any needless stress or worry.

4. Equality

NHS Wales aims to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. It is recognised that equality impacts on all aspects of day-to-day operations and all policies and procedures have an Equality Integrated Impact Assessment (EqIIA) undertaken.

5. Objectives

The objectives of this procedure are to ensure:

- An equitable process for the recovery of overpayments while allowing the personal financial circumstances of those who have been overpaid to be considered.
- The recovery of the overpayment should be affordable and sustainable.
- The responsibilities of those who may be involved in the process are made clear - Appendix A.
- The potential reasons for overpayments are explained - Appendix B.
- The reduction in the frequency of overpayments through using information found in this procedure to educate and improve.

6. Scope

This procedure will apply to employees, ex-employees and workers of NHS Wales Organisations and covers both manual and electronic systems utilised across NHS Wales.

Where NHS Organisations have rolled out Manager Self-Service (MSS) in the Electronic Staff Record (ESR), the Line Manager should utilise MSS to update employees' assignments. If MSS is not fully rolled out, information should be communicated to Payroll Services using the forms available under Useful Documents through the Organisations page on the link below.

This link also details Payroll Services contact information: Payroll Services (sharepoint.com)

7. Overpayment Recovery Process

Automatic Recovery

There may be circumstances where an overpayment could be automatically recovered from future salary payments.

This will only happen if the following applies:

- The overpayment was a result of late notification of changes i.e. a change of hours, termination of employment, sickness or other absence **and**
- The change or termination of employment should have been actioned less than one month before notification was received by Payroll Services **and**
- The deduction will not amount to more than a 30% reduction in gross monthly pay.

If all these criteria are met, the overpaid salary will automatically be recovered over a maximum 3-month period. Gross monthly pay overpayments of 0-10% will be recovered over 1 month, 10-20% over 2 months and 20-30% over 3 months.

If an automatic deduction is to happen, Payroll Services will inform the individual before pay day by sending an **Adjustment to Salary Letter** (Appendix C). The letter will detail the intended recovery values per month. This is intended to provide an affordable and sustainable recovery option. Tools to help you work out what is affordable can be found at Appendix D.

If the proposed overpayment recovery timescale is not affordable, NWSSP Payroll Services can be contacted via the contact information provided on the letter. If recovery cannot be agreed over the 3-month period, the overpayment will be referred to the All Wales Overpayments Team to progress the standard recovery procedure outlined below.

If the individual terminates their employment before the overpayment is repaid in full, payroll will contact the individual with a view to recovering the outstanding amount from the final salary.

Standard Recovery

Where an overpayment is a larger sum of money and/or has occurred over a longer time period, so the criteria for automatic recovery are not met, the standard recovery process will be as follows.

This is also set out in a flow chart at Appendix E.

1. Payroll Services will send **Overpayment Letter 1** (Appendix F) to the individual who has been overpaid as soon as they are made aware of a potential overpayment. The letter will provide notice that a potential overpayment has occurred, detail the reason for the suspected overpayment and the period it relates to (if known). It will reference the follow up letter (**Overpayment Letter 2** – Appendix G) that will be sent with the detailed overpayment calculation once confirmed.
2. Payroll Services will send an email with an attached letter to the individuals Line Manager informing them of the potential overpayment (Appendix H). This may include an MS Forms link to provide details or reasons for why and how the overpayment may have occurred and a video link explaining how to reduce overpayments in future.
3. Once the overpayment has been calculated, Payroll Services will issue **Overpayment Letter 2** to the individual and their Line Manager detailing the overpayment calculation (Appendix G). The Finance Department from their Organisation will be copied into this letter.

(a) Where the individual remains in post within the Organisation:

Overpayment Letter 2 will show the calculation of the overpayment and the full value. The letter will explain that the overpayment will need to be recovered in full and the ways this can be done.

We aim to recover any overpayments over the same time frame as the overpayment occurred e.g. if you were overpaid for 3 months, this should be recovered over 3 months. There is also the option to repay the overpayment as a lump sum or to discuss the arrangement of a more affordable monthly recovery option.

Any requests to recover the overpayment in excess of 12 months will need to be agreed by the Director of Finance and/or Director of Workforce/People for that Organisation or their nominated deputies. Any requests will be reviewed with consideration of how and when the overpayment occurred and the individual's financial circumstances.

There can also be the consideration of alternative options such as undertaking additional hours to pay back the sums owed.

Overpayment recoveries should be made via salary unless you choose to repay in full separately.

Overpayment Letter 2 will mention that an invoice will be sent shortly, and this will include information on who you can contact to agree the recovery of the overpayment.

The Finance Department for your Organisation will receive a copy of this letter so that the invoice can be sent. They will note that you are a current employee or worker who may have recoveries made via salary deductions.

A copy of the salary deduction request proforma is included in Appendix I to be completed if requested.

Tools to help you work out what is affordable can be found at Appendix D.

(b) Where the individual is no longer working for the Organisation:

Overpayment Letter 2 will show the calculation of the overpayment and the full value. The letter will explain that the overpayment will need to be recovered in full and the ways this can be done.

The letter will mention that an invoice will be sent shortly, and this will include information on who you can contact to agree the recovery of the overpayment.

The Finance Department for your Organisation will receive a copy of this letter so that the invoice can be sent. As the individual is no longer an employee or worker for the Organisation, recovery via salary is not possible so payments can be made by Standing Order, Bank Transfer, Cheque or Debit/Credit Card (where Organisations have this facility).

We aim to recover any overpayments over the same time frame as the overpayment occurred e.g. if you were overpaid for 3 months, this should be recovered over 3 months. There is also the option to repay the overpayment as a lump sum or to discuss the arrangement of a more affordable monthly recovery option.

Longer recovery periods **may** be possible but will need to be agreed by the Director of Finance and/or Director of Workforce/People for that Organisation or their nominated deputies.

Tools to help you work out what is affordable can be found at Appendix D.

The Finance Department reserves the right to progress debt collection procedures through a debt collection agency once local Organisation procedures and attempts to collect the outstanding debt have been exhausted.

Counter Fraud

There may be occasions where an overpayment needs to be assessed by Counter Fraud Services.

An initial high-level assessment by Counter Fraud Services will be requested only if **all three** of the criteria below are met which indicate there may be evidence to suggest fraud may have occurred:

1. The individual has not notified the Organisation/Line Manager/Payroll Services of the overpayment; **and**
2. The overpayment has occurred for more than 3 months; **and**
3. The overpayment value is estimated at more than £5,000

If all three criteria are met, Payroll Services will send a notification to the relevant Local Counter Fraud team using the review form in Appendix J.

Local Counter Fraud teams will make an initial assessment and advise within 5 working days if an investigation is required, or if the overpayment recovery can continue with the usual recovery procedure. If no response is received from the Local Counter Fraud team within 5 working days, Payroll Services will request final confirmation to continue with recovery of the overpayment in line with this procedure and as shown in Appendix E.

Any overpayments under initial assessment by Local Counter Fraud teams are included under the Counter Fraud section of the overpayments dashboard. Senior Workforce/People and Finance colleagues within Organisations have access to this dashboard to monitor assessments being undertaken.

If Counter Fraud Services identify that further investigation is required, the overpayment recovery will be placed on hold by Payroll Services until further advice is received from the Local Counter Fraud team.

Prior to further investigations commencing, the Local Counter Fraud team will follow local Organisation procedure for informing the Director of Workforce/People and/or Director of Finance of the details of the case to be investigated. This may include obtaining any agreement to further investigation if required locally by Organisations. In the event of any local disagreement on the correct course of action, the Local Counter Fraud team will seek advice from the national NHS Counter Fraud Service Wales.

To ensure any potential criminal investigations are not compromised, it is important that no contact is made with the individual who has been overpaid until the Local Counter Fraud team has confirmed they do not need to investigate the matter further.

8. Dispute Resolution

Where an individual refuses to consent to the recovery of the overpayment and where discussions have been exhausted, the overpayment should be referred to the Director of Workforce/People and/or Director of Finance or their nominated deputies for the Organisation with the aim of reaching an agreement for the recovery of the overpayment, taking into account the individual's personal circumstances.

A meeting should be arranged between the individual who has been overpaid and the Director of Workforce/People and/or Director of Finance or their deputies. The individual has the right to be accompanied by either a Trade Union representative or a workplace colleague.

Members of the Finance team or Payroll Services along with the Line Manager or Budget Holder may also be requested to attend this meeting where it would be helpful. The proposed outcome of the meeting may require approval by the Director of Finance or other authorised budget holder if they are not present at the meeting.

Where an individual feels they have been treated unfairly, they are encouraged to use the Respect and Resolution policy. No further action should be taken on recovery during any dispute resolution process including a complaint under the Respect and Resolution process.

If you have left NHS Wales employment and have been unable to reach an agreement, you may be able to get support through:
Acas | Making working life better for everyone in Britain or
Work - Home (citizensadvice.org.uk)

Or your Trade Union if you are still a member (if you pay through your salary, you can switch to Direct Debit to maintain membership).

It is important to remember that there is a legal right for NHS Organisations to recover any overpayment. NHS Organisations reserve the right to engage a debt collection agency should it be required.

9. Training and Awareness

NHS Organisations should make employees or workers and managers aware of this procedure on commencement. A copy of the procedure should be available on the NHS Organisation's Intranet Site and referenced in any induction and/or new manager training.

Overpayments can be minimised if everyone does their part. Managers can ask for guidance on how to ensure prompt and accurate updates of employment information including new starters, changes, terminations, and employee or worker absence should they require.

Delayed submission of payroll documentation or Manager Self-Service updates can cause significant inconvenience and anxiety for staff and unnecessary additional administration for NWSSP Payroll Services. It can also lead to complexities for those affected in respect of tax and universal credit issues.

The roles and responsibilities of all parties detailed in this procedure are outlined in Appendix A.

10. Information Governance

Any personal data utilised within the application of this procedure will be processed in accordance with the relevant UK General Data Protection (UK GDPR) and records management strategic frameworks and policies.

APPENDIX A

Key responsibilities in respect of the overpayments process can be summarised as:

NHS Wales Shared Services Partnership Payroll Services will: -

- Pay staff correctly and on time in accordance with employee/worker data held on ESR at the point of payrolls being run.

- Make an itemised payslip available to the employee/worker. This will be an electronic payslip where MyESR (Employee Self Service) is in use.

- Inform relevant staff regarding cut-off dates for submission of Electronic Paperwork for example starters, changes, terminations, and variable pay data Payroll Services (sharepoint.com).

- Correct identified errors.

- Undertake an assessment of overpayments against the criteria to establish if a review by Local Counter Fraud Services is required

- Rectify any identified overpayment in line with this procedure for the recovery of overpayments of salary. This will include writing to the employees/ex-employees/workers, providing them with a detailed explanation of the overpayment.

- Inform the Line Manager that an overpayment has occurred and issue a MS Forms link for them to complete an overpayment report, which will request detail on why the overpayment has occurred and what remedial action has been taken to prevent future reoccurrence.

- Maintain a register of overpayments to share monthly/bi-monthly with nominated representatives from each Organisation. NWSSP will inform the NHS Organisation of overpayments, the reasons for them and if there is a recurrence of the manager not complying with processes and procedures relating to employee/worker data.

- Review the register of overpayments with NHS Organisations in the regular Payroll Customer Relationship Manager meetings

- Liaise with local trade union representatives where appropriate.

- Deduct monies from the employees'/workers salary in line with the agreed recovery period where appropriate.

- Upon termination, deduct any outstanding overpayments, including salary sacrifice arrangements from the final salary where possible.

- Deal with overpayment matters with compassion and understanding, noting that in the vast majority of cases the employee/worker is not at fault

- Upon termination, submit the employees/workers final payslip directly to their home address together with the P45.

- Liaise with HMRC and/or NHS Pensions if an overpayment is likely to affect tax or pension.

Employee/Ex-employee/Worker Responsibility:-

Employees/Ex-employees/Workers must:

- Verify basic pay, contracted hours and other regular payments included in their payslip to ensure they are in line with their contract.

- Where applicable, and possible, verify variable hours are correct on e-roster systems before rosters are finalised.

- Raise any payslip queries with their Line Manager in the first instance. This may be in respect of incorrect contracted salary, hours, regular payments, incorrect receipt of variable hours or receipt of any unexpected monies.

- Seek clarification from Payroll Services if their Line Manager cannot resolve any queries on their payslip.

- Immediately inform Payroll Services if an overpayment is identified so that recovery can begin. Any employee ex-employee or worker that knowingly or willingly fails to advise Payroll Services of an overpayment may be subject to referral to the Local Counter Fraud team and if necessary the Police.

- Agree terms of recovery and ensure full recovery of any overpayments.

- Be aware of payroll cut-off dates to know when to reasonably expect payment of travel, subsistence claims, shifts on e-roster systems or variable pay elements.

- Submit expense claims and additional hours worked claims for payment within 3 months. Please note that any claims older than 3 months will not be processed for payment unless circumstances prevented the submission of the claim in time.

- Ensure the NHS Organisation is aware of any change of address and contact details to be updated via MyESR (Employee Self Service).

- Access support and advice from trade union representatives where applicable.

Line Managers:

Line Managers must notify Payroll Services of any pay impacting changes as soon as they become aware of them and their responsibilities include:

- To complete the employee change notifications and submit to Payroll Services prior to employees/workers commencing new position/hours/base.

- To complete the employee termination process at the point of the employees/workers resignation.

- For employees/workers accessing NHS Pension - in line with NHS Organisations Retirement Policy a termination form must be completed a minimum of 4 months prior to termination.

- To resolve any initial queries received from employees/workers regarding variable hours paid in month or receipt of unexpected payments, advising them they must report any suspected overpayments to Payroll Services without delay.

- To open and close employee/worker sickness absence on their ESR record at the point of notification.

- To notify Payroll Services of any unpaid leave.

- To submit authorised notification of Maternity/Paternity/Adoption/Career Break. Application forms for payment under these policies must be completed and submitted to Payroll Services prior to the date the employee/worker commences the period of leave.

- To verify an employee's/worker's contract details via Manager Self Service and monthly budgets and advise Payroll Services immediately where an employee's/worker's contractual details are incorrect.

- To ensure the employee/worker rotas (where applicable) are correct in accordance with E-roster systems. Discrepancies should immediately be brought to the attention to Organisational E-Systems Teams.

- To ensure payroll workbooks (where applicable) are completed accurately in accordance with the employees/workers working pattern.

- Support individuals who have received an overpayment.

The Workforce/People Department will: -

- Act as a link between NWSSP Payroll Services, the Line Manager, the Finance team and the employee/worker where required.

- Ensure that managers are aware of their requirements to submit payroll data including employee/worker change notifications, termination forms and e-rostering data in line with published payroll submission deadlines.

- Ensure that managers are aware of the potential for overpayments and their requirement to
  see that such instances are kept to a minimum.

- Ensure that managers are aware of the Recovery of Overpayments Procedure through the inclusion on induction and Manager training programmes.

- Review overpayment data on a regular basis to identify key themes and any areas where overpayments are a regular occurrence bringing it to the attention of the respective Managers to escalate.

- In conjunction with Senior Finance staff, review and jointly agree any hardship applications with regard to extended recovery periods.

- Ensure individuals who are subject to the overpayment process are treated fairly and compassionately.

Finance/Accounts Receivable Teams will: -

- Be responsible for issuing invoices to individuals to recover overpayments.

- Agree recovery terms in line with this procedure.
- Progress debt collection procedures where recovery of overpayments is not forthcoming.

Local Counter Fraud Teams will: -

- Undertake an initial assessment of any overpayments referred to them by NWSSP Payroll Services that meet the three referral criteria
- Respond to any referrals within 5 working days and confirm to Payroll Services whether normal recovery proceedings can commence or if further investigation is required.

APPENDIX B

Reasons for Overpayments

It is important that all information relating to appointments, changes and terminations are completed promptly and accurately by the Line Manager. Forms must be submitted to NWSSP Payroll Services or updated on ESR via Manager Self-Serve (MSS) immediately after they have been agreed.

Please note that:

- Employees or workers will continue to be paid according to the details held in ESR until Payroll Services are instructed to do otherwise (i.e. via change form or termination form)
- For changes to be reflected in the next monthly salary, any changes must be notified to Payroll Services by the last day of the current month (i.e. changes to be reflected in the April salary must be notified to Payroll Services by 31st March).

- monthly salary payments cover the period to the end of the month and not only up to the pay date.
- If an employee or worker self-declares an overpayment of salary, with their agreement in writing, Payroll Services will look to suspend the relevant overpaid element of their pay to prevent any further overpayments occurring while the issue is investigated and relevant documentation is requested.

Prevention of an overpayment occurring is paramount.

NHS Wales Organisations must ensure that managers are adhering to policies and procedures that minimise the potential for overpayments.

The most frequent reasons for overpayments are: -

- Late Termination Notification – A termination form or update via Manager Self-Serve must be actioned as soon as it is known that an employee or worker is leaving their post, i.e. at the point of resignation, end of contract or on dismissal.
  Consideration must be given to whether the employee or worker has taken the correct amount of annual leave. If they have taken more leave than they have accrued, they can either work additional hours to repay the time, or they can repay the money. If they are owed annual leave, they may be able take the leave off the notice period or can be paid instead if required.
  It is important that the termination form is submitted to NWSSP Payroll Services as swiftly as possible in case a deduction needs to be made from the final salary payment.
- Late and inaccurate update of employee or worker contractual hours – as soon as the new hours are agreed, the information should be passed on via Manager Self-Serve or an employee change form, This should be prior to the date that the employee or worker begins working the new hours.
- Late and inaccurate update of an employee or worker absence (sickness, maternity, unpaid leave etc) – absences should be reported via ESR Manager Self-Serve or submission of forms to payroll as soon as possible and monitored for the duration. Managers must ensure that the absence is closed as soon as the individual reports as fit for work.
  Payroll Services will (on behalf of NHS Organisations) pay 'average sick pay' based on open sickness absence periods. If the absence is not closed, this may lead to inaccuracies.
- Late or inaccurate reporting of enhancements, overtime, on call, start date, salary, banding etc – the manager or supervisor should submit information, changes or variable pay promptly and with enough time for it to be processed by Payroll Services.
- System errors - while these errors do not happen often, once a system error is discovered, action should be taken as soon as possible in order to minimise incorrect payments. These can include ESR, E-roster and E-Expenses.

Where NHS Organisations have rolled out Manager Self-Service (MSS) in the Electronic Staff Record (ESR), the Line Manager should utilise MSS to update employees' assignments. If MSS is not fully rolled out, information should be communicated to Payroll Services using the forms available under Useful Documents through the Organisations page on the link below.

This link also details Payroll Services contact information: Payroll Services (sharepoint.com)

NWSSP Payroll Services will endeavour to keep errors to a minimum, however human error can occur due to inaccurate calculation or misinterpretation of information.

APPENDIX C – ADJUSTMENT TO SALARY LETTER

Adjustment%20to%
20Salary%20Letter%

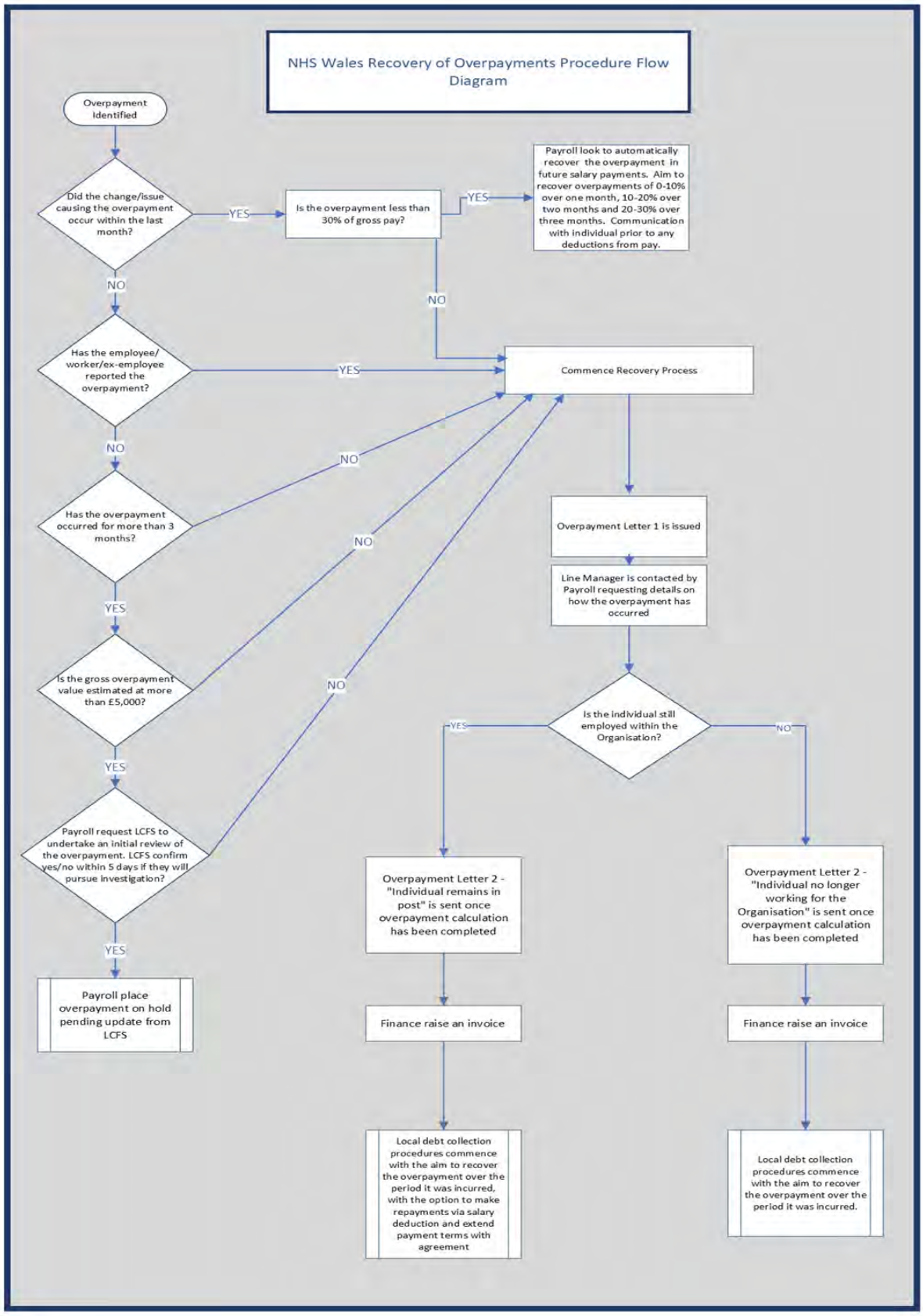
APPENDIX D – INCOME & EXPENDITURE TEMPLATE

Income%20and%20
Expenditure%20Sum

[Tools and calculators | MoneyHelper]

If you find yourself in financial hardship, there may be help or debt advice available from your Trade Union.
You can also check if you may be eligible for any benefits here:
Tackling Financial Insecurity Together | Turn2us
Debt advice from reputable sources Get free debt advice - GOV.UK (www.gov.uk)

APPENDIX E – OVERPAYMENTS PROCESS DIAGRAM



APPENDIX F – OVERPAYMENT LETTER 1

Overpayment%20Letter%201%20-%20V1

APPENDIX G - OVERPAYMENT LETTER 2

Individual remains in post

Overpayment%20Letter%202%20V12-%2

Individual no longer working for the Organisation

Overpayment%20Letter%202%20V12%2(

APPENDIX H – LINE MANAGER LETTER

Line%20Manager%20Letter%20V12.doc

APPENDIX I – SALARY OVERPAYMENT DEDUCTION

Deduction direct from Salary Payment – Authorisation Form

Name:	
Assignment Number:	
Health Board/Trust/SHA:	
Department:	

I authorise NHS Wales Shared Services Partnership Payroll Services to deduct the sum of £ _____ direct from my Salary each month.

I understand that this will be deducted as a Gross payment and that this deduction will continue until the overpayment £ _____ has been repaid in full.

I give my full consent for this deduction.

If my employment comes to an end, I agree that I will contact the Finance department to discuss options to either recover the outstanding balance of the overpayment from my final pay or agree how payment of the outstanding balance will be made.

Signed _____

Print Name _____ Date: _____

Once completed, please email to Payroll Services Department: NWSSP.AllWalesOverpayments@wales.nhs.uk and [Organisations to insert their accounts receivable teams email]

APPENDIX J – COUNTER FRAUD INITIAL ASSESSMENT - INFORMATION REQUIRED

Individuals Name		
Pay Group / Pay Number		
NHS Organisation		
Job Title		
Pay Grade /Hours **Full/Time Part time**	Grade	Hours
Workplace / Location		
Value of Overpayment Please attach O/P Breakdown	**Gross**	**Net**
Period of Overpayment	**Date From**	**Date to**
Reason for overpayment		
Dept / Manager contact name and details		
Payroll Services Contact details		
Salary Overpayment contact details		
Please confirm what checks have been made to verify whether the individual has contacted Payroll Services		**Checks made by:** **Date:**
FURTHER DETAILS OF INDIVIDUAL:		
Address		
Date of Birth		
NI Number		
Bank A/C details		
Form Completed by:		**Date:**
Please add any further details which may assist the Local Counter Fraud Team with their review: **Please do not contact individuals without consulting your Local Counter Fraud Service team.** **Please report any further contact to or from the individual to the Local Counter Fraud team immediately.**		

NWSSP All Wales Overpayment Team
NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

Name
Address 1
Address 2
Address 3
Post Code

Our Ref: JEC/Assignment number
Tel: 02921 500100

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

We are writing to let you know that we have discovered an overpayment of your salary and/or expenses.

The amount overpaid is **£XXX** and occurred due to the late submission of information to NWSSP Payroll Services relating to a change to your pay that should have been made within the last month.

The All-Wales Procedure for the Recovery of Overpayments classes such an overpayment as an 'Adjustment to Salary' and allows the automatic recovery of overpayments of up to 30% of salary, with 0-10% recoverable in one month, 10-20% over two months and 20-30% over three months. Your overpayment was **X%** of your salary so will be recovered over **X** months.

If you would like further details of the overpayment or feel the planned automatic recovery is not affordable, please contact us on 02921 500100 quoting the reference number above. The team is happy to help and support both employees and managers.

If you would like more information on how the recovery of overpayments are handled, please read the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site link Payroll Services (sharepoint.com)

Yours sincerely,

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

MONTHLY INCOME & EXPENDITURE SUMMARY

Name:
Address:

Number of adults in the household:
Number of dependents in the household:

Monthly Income	**£**	
Wages		
Partner's wages		
Benefits		
Other Income (please list)		
Total Income	£0.00	(A)

Monthly Expenses	**£**	
Mortgage/rent		
Loans		
Ground rent/service charges		
Home Insurance		
Life insurance/endowment		
Council tax		
Gas		
Electricity		
Water		
Food/housekeeping		
Travel		
Telephone		
TV licence/rental		
Other expenses (please detail)		
Total Expenses	0	(B)

Total Income (A)	£0.00	
Total Outgoings (B)	£0.00	
Income available for creditors	£0.00	(A) minus (B)

NWSSP All Wales Overpayment Team
NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

Name
Address 1
Address 2
Address 3
Post Code

Our Ref: JEC/Assignment number
Tel: 029 21 500055

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Notification of Potential Overpayment of Salary

Dear

We are writing to let you know that we have discovered a potential error that may have resulted in an overpayment of your salary and/or expenses.

The potential error was a result of ******Insert reason here******.

The payroll team are currently looking into this and will be in touch soon to confirm the overpayment, show a detailed calculation of the amount and give details of how this can be recovered.

We have also contacted your manager to advise them of the potential overpayment so they may provide any additional information which could help clarify the overpayment calculation.

You do not need to do anything at this time, but should you want to contact the **Overpayments team you can reach them on 02921 500055 quoting the reference number above [JEC/Assignment].** The team is happy to help and support both employees and managers.

Please be aware, until the calculations are complete NWSSP Payroll Services will not be able to provide you with any overpayment figures, therefore, please allow time for these to be completed before contacting us.

If you would like more information on how the recovery of overpayments are handled, please read the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site link Payroll Services (sharepoint.com). You can access support and advice from Trade Union representatives where applicable.

Yours sincerely,

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

Our Ref: JEC/Assignment
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

Following on from our previous letter dated ** [insert date] ** we can now give more details of your overpayment.

Please accept our sincere apologies for this overpayment and any upset or inconvenience it may cause you.

The overpayment is calculated as follows: -

Period of Overpayment:	
Reason for Overpayment:	

Gross Overpayment:	**£**
Less	
Pension:	£
PAYE:	£
National Insurance Contributions:	£
Student Loan:	£
Net Overpayment Due:	**£**

An invoice will be sent to you directly from your organisation's Finance Department so they can begin to recover this overpayment. Contact details for the Finance Department will be shown on the invoice should you have any queries. As you are still employed by your Organisation recovery of the overpayment is possible through monthly salary deductions.

You can arrange an affordable monthly recovery option or choose to repay the amount in full in one payment. Ideally, the recovery of the overpayment should occur over the same time period in which the overpayment occurred. Should you wish to discuss a different recovery time frame please contact the Finance Department.

If you have any queries in relation to the calculation of the overpayment please do not hesitate to contact the NWSSP All Wales Overpayments Team by emailing NWSSP.AllWalesOverpayments@wales.nhs.uk, or contact them on **02921 500055 quoting the reference number above [JEC/assignment number]**. The team are happy to help and support both employees and managers.

We do understand that overpayments are regrettable and may cause anxiety, so we aim to answer all queries swiftly to minimise any upset or distress.

Recovery of overpayments will be made in line with the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site: Payroll Services (sharepoint.com). The Procedure also includes a budgeting tool to help you work out what you can afford to pay at Appendix H. You can also access support and advice from Trade Union representatives where applicable.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

Our Ref: JEC/Assignment
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

Following on from our previous letter dated ** [insert date] ** we can now give more details of your overpayment. Please accept our sincere apologies for this overpayment and any upset or inconvenience it may cause you.

The overpayment is calculated as follows: -

Period of Overpayment:	
Reason for Overpayment:	

Gross Overpayment:	**£**
Less	
Pension:	£
PAYE:	£
National Insurance Contributions:	£
Student Loan:	£
Net Overpayment Due:	**£**

An invoice will be sent to you directly from your previous organisation's Finance Department so they can begin to recover this overpayment.

Contact details of the Finance Department will be shown on the invoice should you have any queries on how to make payment. As you are no longer employed by your previous Organisation the options to repay will be either by bank transfer, standing order, cheque or debit/credit card if the facility is available within the Organisation.

You can arrange an affordable monthly recovery option or choose to repay the amount in full in one payment. Ideally, the recovery of the overpayment should occur over the same time period in which the overpayment occurred. Should you wish to discuss a different recovery time frame please contact the Finance Department.

If you have any queries in relation to the calculation of the overpayment please do not hesitate to contact the NWSSP All Wales Overpayments Team by emailing NWSSP.AllWalesOverpayments@wales.nhs.uk, or contact them on **02921 500055 quoting the reference number above [JEC/assignment number]**. The team are happy to help and support both employees and managers.

We do understand that overpayments are regrettable and may cause anxiety, so we aim to answer all queries swiftly to minimise any upset or distress.

NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Recovery of overpayments will be made in line with the All-Wales Procedure for the Recovery of Overpayments, a copy of which can be provided if requested.

The Procedure also includes a budgeting tool to help you work out what you can afford to pay at Appendix H. You can also access support and advice from Trade Union representatives where applicable.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

NWSSP Payroll Services for All Wales Overpayments
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

Our Ref: JEC/Assignment Number
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055

Email: NWSSP.AllWalesOverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear Manager

We are writing to let you know that a potential overpayment of salary has occurred for a member of staff that you line manage.

Details of the potential overpayment of salary are noted below:

Employee Name:
Assignment Number:
Period of Overpayment:
Reason for Overpayment:

Next Steps…

Once the overpayment has been verified and processed in ESR, both you and the employee will receive a further letter which will confirm the overpayment and show a detailed calculation of the amount. It may take up to 14 days from the date of this letter.

The employee will then be issued with an invoice from your Organisation's Finance Team with instructions on how recovery of the overpayment can be made.

As the manager of the individual who has been overpaid, please could you discuss the overpayment with them and ensure they understand the need to repay the overpaid funds and that all overpayments are recoverable regardless of fault.

The employee will need to be made aware that if they do not repay the overpayment, the Organisation has the right to engage a debt collection agency or take legal action in order to recover the debt.

Please be supportive of your employee and draw their attention to the tools at Appendix D of the Procedure mentioned below if they need help to work out what is affordable.

For full details of how the overpayment will be treated, please refer to the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services SharePoint site: Payroll Services (sharepoint.com)

You will also be sent an Overpayment notification form to complete electronically. The information gathered will support your Organisation to monitor overpayments, understand how they occurred and what measures have been put in place to avoid future overpayments.

If there are any questions about the overpayment, please contact the **Overpayments Team on 02921 500055 quoting the reference number above [JEC/assignment].** The team are there to help and support employees and managers.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18 July 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
Procure to Pay Governance Update

ARWEINYDD: LEAD:	Alison Ramsey, Director of Finance & Corporate Services
AWDUR: AUTHOR:	Linsay Payne, Deputy Director of Finance & Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Linsay Payne, Deputy 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 the P2P Governance arrangements and seeks APPROVAL for the refreshed No PO No Pay policy.

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 :
Deputy Directors of Finance

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE	√	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	√
Argymhelliad/ Recommendation	The Committee is asked to NOTE the P2P Governance update and APPROVE the refreshed No PO No Pay policy.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	
Cyfreithiol: Legal:	
Iechyd Poblogaeth: Population Health:	
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	
Ariannol: Financial:	
Risg a Aswiriant: Risk and Assurance:	Improved governance regarding the P2P process.
Safonnau Iechyd a Gofal: Health & Care Standards:	
Gweithlu: Workforce:	
Deddf Rhyddid Gwybodaeth/ FOIA	

1.0 INTRODUCTION

At the November 2023 Partnership Committee meeting it was agreed that the Committee would provide the future governance forum for All Wales P2P initiatives. This was agreed following the closure of the Finance Academy All Wales P2P Forum in September 2023.

Following the update on the newly established All Wales P2P Governance group to the May 2024 Committee meeting, this report provides an update on further progress and requests approval for the refreshed No PO No Pay policy.

2.0 P2P GOVERNANCE GROUP PRIORITIES

At the initial meeting on 24th May 2024 the group agreed 7 'super' priorities to initially progress to achieve the maximum impact and target the greatest improvements across the P2P process. These 7 priorities all have a detailed agreed action plan so we can progress improvements:

1. Approval of the refreshed No PO No Pay Policy and a refreshed purchase order exemption list.
2. Explore options to improve receipting across NHS Wales.
3. Ensure there are Local P2P group meetings with attendance from Accounts Payable, Procurement and Finance as a minimum quarterly with all organisations.
4. Ensure that the Once 4 Wales principles are applied.
5. Reconsider implementing Invoice Approval Workflow for non-PO invoices.
6. Agree on what the KPIs should be and ensure improvement mechanisms are established.
7. Explore options to improve PSPP performance for NHS invoicing.

3.0 NO PO NO PAY POLICY REFRESH

To achieve the first priority identified, the P2P Governance group has reviewed the current No PO No Pay policy and PO exemptions list that was previously approved in 2018. This has been amended to reflect:

1. Changes in working practice since the initial policy was approved

2. Amendments to the PO exemption list to improve governance so that purchase orders are now required for:

    a. Medical Gases

    b. Taxis

    c. Home delivery of drugs (if not ordered through the pharmacy approval system)

This revised policy and exemptions list has been agreed by representatives from all NHS Wales Organisations on the P2P Governance Group and was also considered and endorsed by Deputy Directors of Finance at the June meeting.

Approval of the policy is now requested from the Shared Services Partnership Committee.

If approval for the policy is received, this will trigger the planned relaunch of the refreshed policy from 1st September 2024 which will include:

(i) An exercise to write to all suppliers reminding them of the need for a purchase order to be provided for orders and for this to be quoted on any invoices raised

(ii) Local organisation involvement to remind budget holders of the governance requirements when placing orders and committing expenditure – sample letter templates are being developed and shared with Organisations P2P Governance leads to progress this

4.0 SUMMARY

The Shared Services Partnership Committee is asked to:

1. NOTE the progress made by the All Wales P2P Governance Group.

2. APPROVE the refreshed No PO No Pay Policy and Exemption List.

NHS Wales Shared Services Partnership

NHS Wales No PO No Pay (No Purchase Order No Payment) Policy

To be adopted by Each Health Board, Special Health Authority and Trust in NHS Wales

Contents:

1 Introduction/Overview

The P2P - the Procure to Pay process – encompasses the end-to-end process from sourcing goods and services through to delivery and receipt of goods and payment to the supplier. A No PO No Pay policy is where invoices arriving in the system without an order number (unless on the approved exception list – see Appendix 1) are placed on hold and a weekly communication is emailed to the supplier who is instructed to seek an order number from the relevant department and manager that was supplied before payment is made. The aim is to drive up compliance with the Standing Financial Instructions as well as the standard order management process.

2 Policy Statement

The implementation of a national policy of 'No Purchase Order No Pay' is to be an essential and fundamental building block from which the efficiency and effectiveness of the P2P process can be developed.

3 Aims/Purpose

To ensure:

- That all goods and services are ordered appropriately and are supported by official Purchase Orders in line with LHB, Trust and Special Health Authority Standing Financial Instructions.
- Efficient processes are put in place so that goods are delivered when required.
- Costs are controlled by:
    - Ensuring all non-pay expenditure incurred by the organisation is valid and appropriately authorised in advance of the goods/services being received.
    - Minimising transactional costs associated with payment for goods.
    - Paying supplier invoices within deadlines set by Welsh Government.
    - Maximising financial incentives for early payment offered by suppliers.
    - Reducing the risk of late payment interest and fees being charged by suppliers.

4 Objectives

This policy seeks to ensure that NHS Wales only pays for goods, services and works which have been properly ordered and authorised in accordance with the NHS Wales Procurement rules and Standing Financial Instructions. It also ensures invoices received by the NWSSP Accounts Payable teams can be processed efficiently to minimise delay in payments to suppliers and contractors. Invoices received by the NWSSP Accounts Payable Team without a valid PO number will severely delay payment to the suppliers. Successful adoption of this policy will lead to the following benefits:

- Better control environment – the correct level of authorisation of purchase orders, in advance of expenditure being incurred.
- Catalogue compliance will be improved leading to less off catalogue purchasing and lead to revenue savings.
- More comprehensive procurement intelligence being captured through the system about what and where goods and services are purchased allowing for better sourcing decisions.
- Costs will be more accurately accrued by the system reducing management accounting and Accounts Payable (AP) team workload.
- Public Sector Payment Policy compliance will improve because processing times reduce.
- Early payment discounts can be maximised.
- Overall processing costs in NWSSP P2P will reduce, releasing resources for NHS Wales.
- Suppliers will be paid on time thus supporting the wider economy.
- Less late payment interest and fees will be charged.
- Supplies of goods / services will not be disrupted or stopped due to late payment of invoices.

5 Scope

This policy is relevant to the following groups of staff within NHS Wales Health Boards, Special Health Authorities, Trusts and NHS Wales Shared Services Partnership:

- *Requistioners*
  Those staff that process requisitions for goods and services in departments and directorates within NHS Wales.

- *Approvers/Budget Holders*
  Those staff that approve requisitions for goods and services in departments and directorates within NHS Wales.

- *Staff that Receive Goods/Services*
  Those staff that indicate within the Oracle or other ordering systems that the goods/services ordered have been received.

- *Procurement Staff*
  All NWSSP Procurement staff in the Procurement Directorate.

- *Accounts Payable Staff*
  All NWSSP Accounts Payable staff involved in the invoice payment process.

- *Finance Departments*
  All staff involved in financial management.

6 Roles and Responsibilities

6.1 All Staff with Responsibility for Ordering

It is the responsibility of all staff, designated under the local scheme of delegation, that order goods and services to ensure that a Purchase Order number is provided to a supplier in advance of the goods or services being supplied. If the goods/services being ordered are on the Exception list, then all staff must ensure they are aware of the correct payment authorisation process for those goods/services.

6.2 Requistioners

All staff that raise requisitions for goods and services must ensure a Purchase Order number is provided to a supplier in advance of the goods or services being supplied. If the goods/services being ordered are on the Exception list, then all staff must ensure they are aware of the correct payment authorisation process for those goods/services.

6.3 Requisition Approvers/Budget Holders

All managers and budget holders designated to approve requisitions for goods and services must ensure a Purchase Order number is provided to a supplier in advance of the goods or services being supplied. It is their responsibility to ensure the person raising the order has sufficient information to be able to do so, and knowledge of when the goods / services are received to be able to update the system accordingly. If the goods/services being ordered are on the Exception list, then all managers and budget holders must ensure their staff are

aware of the correct payment authorisation process for those goods/services. These invoices will come in requiring Authorisation and be put on an Awaiting Authorisation hold. Any invoice not classed as an exception and does not quote a valid PO number will be subject to a non-compliance escalation procedure.

6.4 Staff who 'Receipt' Goods and Services

All staff that work in central stores, receipt and distribution points and local departments where goods are delivered, or services are received have responsibility for recording the goods/services as being received. They must ensure that the Purchase Order is marked as 'received' as soon as possible within the Oracle system within 2 working days following delivery of goods or provision of the service.

6.5 Procurement Services Staff

All staff working within NWSSP Procurement Services will engage with Health Board/Trust/SHA accountable Budget Holders to ensure that this policy is adopted and adhered to by all HB/Trust/SHA staff and that local operational procedures for supporting the No PO No Pay Policy are observed at all times. Procurement Services will ensure training and awareness of the Policy with Key HB/Trust/SHA stakeholders.

6.6 Accounts Payable Staff

All staff that process the payment of invoices within NWSSP Accounts payable must ensure that no invoice is paid (unless it is identified as an exception in Appendix 1) if a Purchase Order number is not quoted on the invoice. All invoices received with no Purchase Order number must be recorded within the Oracle system and the supplier notified in accordance with the communications shown in Section 8. The invoice will be placed on a No PO No Pay hold and marked as disputed.

6.7 Finance Staff

The Finance P2P Lead in each Organisation must promote this policy to finance staff, requisitioners, approvers, budget holders & receipters within their Organisations.

Finance staff must ensure there are processes in place to capture data on invoices received but unpaid, that have no Purchase Order, so that expenditure can be accrued if necessary.

7 Operation of the Policy

7.1 How does No PO No Pay Work?

No PO No Pay policy operates by requiring all invoices submitted by suppliers to contain an official PO number. In all but agreed exceptional circumstances the PO number will be:

- Generated from NHS Wales Oracle Ordering system or
- Generated from other local ordering systems e.g. pharmacy; and
- Given to the supplier or contractor BEFORE making any commitment to spend NHS Wales's monies.

There are a number of categories of expenditure that are excluded from the policy which are shown in Appendix 1.

Any invoice received by the Accounts Payable Team that is not on the exception list and does not quote a valid PO number will incur processing and approval delays which could result in severe delays to supplier payment. Exceptions will be reviewed and amended from time to time and users notified of the amendments accordingly.

7.2 What constitutes a Valid PO?

An exercise will be undertaken to remind suppliers of the NHS Wales No PO No Pay Policy and reinforce that they must not, under any circumstances, accept any verbal or written order from NHS staff unless a valid PO number is given or there is an agreed exception as set out in Appendix 1.

Any invoice received that does not quote a valid PO number will be placed on hold until a valid PO number is provided.

7.3 What is a Valid PO number?

Valid PO numbers are generated from NHS Wales ordering systems as follows:-

- Oracle Financial and Procurement System
  - Oracle is the standard financial system used by NHS LHBs/ Trusts/SHAs in Wales.
- Oracle via Basware

    - This is an electronic exchange linked to Oracle for the electronic transmission of purchase orders.
- Oracle EBS via GHX
    - This is an electronic exchange linked to Oracle for the electronic transmission of purchase orders.
- The Pharmacy system used for generating pharmaceutical orders.

7.4 Submission of invoice

The Purchase Order will confirm which address invoices need to be submitted for payment. Some invoices will be submitted through the electronic exchanges or via the OCR process.

7.5 Public Sector Payment Policy

Provided a supplier has quoted a valid Purchase Order number which has been obtained in advance of supply, NHS Wales commits to paying invoices in line with the Public Sector Payment Policy i.e. within 30 days from the later of the receipt of goods or services or receipt of a valid invoice [not the invoice date].

All NHS Wales organisations are required by Welsh Government to be at least 95% compliant with this policy. Compliance is reported quarterly to Welsh Government, and annually in the Organisation's annual financial accounts.

7.6 Notification to Supplier of No PO on Invoice

If a supplier sends an Invoice without a Purchase Order number quoted and it does not sit within the agreed exception list, Accounts Payable will email the supplier weekly to inform them that their invoice has been placed on hold and that the supplier must contact the Health Organisation and request a Purchase Order number to be given to them. The supplier will be reminded of outstanding invoices awaiting confirmation of a Purchase Order every time the No PO No Pay report is run.

8 Non-Compliance

Non-compliance with this policy results in non-compliance with the Organisation's Standing Financial Instructions. The method of dealing with non-compliance will be for each organisation to determine but may include:

- Retraining of member of staff
- Escalation to senior management
- Escalation to Audit Committee (or equivalent)
- Escalation to Board

- Removal of access rights to the Oracle system

9 Training

Training resources aimed at the key staff affected by this policy have been developed and iProcurement training can be provided upon request from the NWSSP e-Enablement team.

10 Implementation

The No PO No Pay policy was implemented across NHS Wales on the 1st September 2018. In accordance with clause 12 below, the latest formal review of the Policy has been undertaken in June 2024 and the proposed changes/amendments to it will be adopted by all NHS Wales Organisations

11 Audit

The application of this policy will be subject to internal audit review as part of the NWSSP Accounts Payable audits.

12 Review

This policy was implemented in September 2018, reviewed in September 2023 with further amendments in June 2024 and is due for further review in June 2027.

APPENDIX 1

All Wales Exceptions to the No PO No Pay Policy

The following items are exceptions and do not require a valid PO number. This includes a number of areas where local ordering systems are in place with appropriate authorisation control processes that do not require an Oracle PO to be raised.

	ALL WALES EXCEPTIONS
Barrister Fees	Yes
Blue Badges	Yes
Bunkered Fuel & Fuel Cards	Yes
Capital Construction contracts (where approval outside of Oracle)	SBU only
CHC - FNC	Yes
CHC/Nursing Home Payments	Yes
Collaborative Fees (GPs)	Yes
Dental (paper based ordering)	BCU only
Estates (Grammes/Studio 3 Feed)	BCU & WAST only
Eye Tests	Yes
Fleet vehicles (Chevin Feed)	WAST only
GP Loads (Drugs)	Yes
Grants	Yes
HMRC	Yes
Hospital Car service	Yes
Lease Car repairs	Yes
Local Government/Authorities including Business Rates	Yes
Losses & Compensation including Redress	Yes
NHS Organisations excluding NHS Supply Chain	Yes
Nurse agency	Yes
Orthotics	Yes
Patient reimbursements including patients travelling	Yes
Petty Cash	Yes
Pharmacy (including home deliveries ordered through pharmacy system)	Yes
Primary Care contracts OOHRs	Yes
Primary care Low vision - HESP forms	Yes
Public Finance initiative	Yes
Purchase/Procurement Card	Yes
Telephone Landline - Line Rental, Call Charges & Maintenance	Yes
Telephone - Mobile Phone Charges	Yes
Salary deductions	Yes
Salary Sacrifice Schemes	Yes
Same day couriers	Yes
Tax, NI & Superannuation	Yes
Taxi Patient transport	WAST & NWSSP only
TV & Music Licences	Yes
Utilities (Gas, Electricity, Water and Oil heating)	Yes
Work Permits/Certificate of Sponsorship	Yes

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	SSPC Part A 18 July 2024

The report is not Exempt	
Teitl yr Adroddiad / Title of Report	
Welsh Energy Group (WEG) and Welsh Energy Operational Group (WEOG) Terms of Reference	
ARWEINYDD: LEAD:	Alison Ramsey, Director of Finance and Corporate Services
AWDUR: AUTHOR:	Emma Cavanagh, Category Manager, Procurement Services
SWYDDOG ADRODD: REPORTING OFFICER:	Emma Cavanagh, Category Manager, Procurement Services
MANYLION CYSWLLT: CONTACT DETAILS:	emma.cavanagh@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:
This paper therefore outlines the WEG recommendation to the Shared Services Partnership Committee to approve the revised Welsh Energy Group (WEG) and Welsh Energy Operational Group (WEOG) Terms of Reference attached at Appendix 1.

Llywodraethu / Governance	
Amcanion: Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
Tystiolaeth: Supporting evidence:	Current Terms of Reference for WEG and WEOG

Ymgynghoriad / Consultation :
Welsh Energy Group (WEG) and Welsh Energy Operational Group (WEOG)

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

Argymhelliad / Recommendation	The Partnership Committee is asked to APPROVE the revised Terms of Reference at Appendix 1.

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	No direct impact.
Dyletswydd Ansawdd / Duty of Quality:	No direct impact.
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth / Freedom of Information	Open

1. BACKGROUND

Within the current Welsh Energy Group (WEG) and Welsh Energy Operational Group (WEOG) Terms of Reference there is a requirement that both groups ensure that the Terms of Reference for the WEG/WEOG are reviewed each year.

In line with this requirement, a revised Terms of Reference was circulated to both groups for review. This included some minor changes which are tracked within Appendix 1 (*WEG WEOG Terms of Reference V10 TRACKED CHANGES*). The revised Terms of Reference were considered and agreed by WEG on 12 June 2024 and no additional amendments have been made.

This paper therefore outlines the WEG recommendation to the Shared Services Partnership Committee to approve the revised WEG and WEOG Terms of Reference (Appendix 1).

2. RECOMMENDATION

The Committee is asked to:

- APPROVE the revised terms of Welsh Energy Group (WEG) and Welsh Energy Operational Group (WEOG) Terms of Reference

~~Welsh~~ Wales Energy Group (WEG)
~~Welsh~~ Wales Energy Operational Group (WEOG)

~~Draft~~ Terms of Reference – ~~March 2023~~June 2024

Scope

The energy requirements of the NHS in Wales have a combined value of circa ~~in excess of £~~134m~~the region of~~ £100m per annum. The overall portfolio comprises of over five hundred sites each requiring a supply of Gas, Electricity, Fuel Oils and/or Biomass Fuel.

Given the exceptional energy prices and volatility in the energy markets, an All Wales Directors of Finance (AWDoFs) Task & Finish Group was established in 2023 to progress a review, consider options and make recommendations in regard to the governance of energy procurement for NHS Wales. The outcome of this was the recommendation for the following groups to be formed:

- Wales Energy Group (WEG) - with delegated authority to agree national purchasing decisions & report to the NHS Wales Shared Services Partnership Committee (SSPC)
- Wales Energy Operational Group (WEOG) as a sub-group to the WEG – for operational management issues

This document's purpose is to define the Terms of Reference (ToR) for both of the above groups.

WEG
The WEG shall establish a strategy for the procurement of gas and electricity which will define basket choices from the Crown Commercial Services (CCS) framework options available to NHS Wales. The strategy shall have the aim of balancing risk limitation with cost certainty to the NHS Wales energy budget. Group members will be provided with monthly energy market analysis from CCS, in order to develop expertise of group members and aid informed decision making. The group will meet quarterly – with the option to increase frequency as market volatility dictates. The WEG shall also act as the All-Wales Programme Review Board regarding the renewal, extension and ratification of Gas and Electricity contracts made on an All-Wales Basis.

WEOG
The WEOG shall establish a common model to supplier management and best working practices across all NHS Wales utility contracts. Group members will be provided with monthly energy market analysis and insight from CCS, in order to keep members well-informed of market conditions. The group will meet monthly – with the option to increase or decrease the frequency if required.

Structure

WEG
The group will consist of Directors of Finance representatives from each of the Health Boards, Special Health Authorities, NWSSP and Trusts, or their deputies who will act with the delegated authority of their respective organisation to contribute to the collective decisions of the Group. The group will also include representation from NWSSP Procurement Services and NWSSP Finance.

WEOG
The group will consist of representatives from each of the Health Boards, Special Health Authorities, NWSSP and Trusts, made up of colleagues from various departments such as (but not limited to) Estates, Facilities and Finance. Representatives should have the delegated authority of their respective

organisations to contribute to the decisions relevant to the scope of the Group. The group will also include representation from NWSSP Procurement Services and NWSSP Finance.

Membership

WEG

It is suggested that the Group consist of the following members as a minimum;

- Chair of the Group
- Vice Chair of the Group
- Health Board/ Special Health Authority /NWSSP/ Trust Directors of Finance representatives or deputies with the delegated authority of their respective organisation to contribute to the decisions of the Group
- Representative(s) from NWSSP Procurement Services ~~and NWSSP Finance~~.

The Chair of the WEG shall be the current NWSSP Director of Finance and Corporate Services.

The Group shall Co-opt an Account Manager or Market Analyst of the framework provider (CCS) for each meeting of the WEG to provide market intelligence.

It may be necessary for separate Task & Finish group(s) to be established in order to undertake specifically defined programmes of work with clear objectives and timescales. In such instances, the WEG will determine the remit and membership of such groups and the resultant groups will report progress and deliverables to the WEG and WEOG where appropriate.

Quorum – The minimum group representation required to make any decision shall be the Chair of the Group (or the Vice Chair), the Head of Sourcing from NWSSP Procurement Services (or a deputy nominated by the same) and sufficient additional members so that there are no less than seven member organisations represented at the meeting.

WEOG

It is suggested that the Group consist of the following members as a minimum;

- Chair of the Group
- Vice Chair of the Group
- Organisation representatives from various departments such as (but not limited to) Estates, Facilities, and Finance as appropriate
- Representative(s) from NWSSP Procurement Services and NWSSP Finance~~.~~

The Group shall Co-opt an Account Manager of the framework provider (CCS) for each meeting of the WEOG to provide market intelligence and discuss matters arising in relation to the Gas and Electricity contracts. Additionally, the group shall Co-opt a commodity supplier representative on a ~~bi-~~monthly basis to facilitate account management discussions.

It may be necessary for separate Task & Finish group(s) to be established in order to undertake specifically defined programmes of work with clear objectives and timescales. In such instances, the WEG will determine the remit and membership of such groups and the resultant groups will report progress and deliverables to the WEOG and WEG where appropriate.

Quorum – The minimum group representation required to make any decision shall be the Chair of the Group (or the Vice Chair), representation~~, the Head of Sourcing~~ from NWSSP Procurement Services ~~(or a deputy nominated by the same)~~ and sufficient additional members so that there are no less than seven member organisations represented at the meeting.

WEOG membership requests – Requests for additional WEOG membership must be approved by the relevant Organization's WEG representative or deputy with delegated authority.

Role of the Groups

WEG

- To ensure a consistent approach to the procurement / sourcing of Gas and Electricity throughout all aspects of the NHS in Wales.
- To input into the development of a strategic procurement model for Gas and Electricity contracts within NHS Wales.
- To provide a platform for the framework provider to share utility market intelligence with all Health Boards, Special Health Authorities, NWSSP and Trusts within NHS Wales.
- To develop, agree and manage the Purchasing Strategy for the All-Wales Gas and Electricity contracts having received market intelligence and actual price/contract performance, and agree in a timely manner national purchasing decisions (i.e. basket choice).
- To monitor contract performance with the WEOG representative/s providing an update of performance of the Gas and Electricity contracts.
- To monitor NHS Wales Gas and Electricity forecasts as provided by the supplier and supply regular financial forecasts to all member NHS organisations.
- To nominate NHS Wales member(s) as required for participation in the suppliers External Risk Management (ERM) group
- To ensure that the Terms of Reference for the WEG/WEOG are reviewed each year
- To authorise WEOG membership of their organisation~~.~~

WEOG

- To ensure a consistent approach to the contract management of the supply of all utilities (including but not limited to Gas, Electricity, Fuel Oils, and Biomass) throughout all aspects of the NHS in Wales.
- To allow all parties to discuss their respective levels of satisfaction in respect of those Services provided via all Contracts managed by the WEOG and to agree any action necessary to address areas of dissatisfaction.
- To monitor and discuss the performance of supplier(s) against the terms of the All-Wales Utilities contracts and (where necessary) agree a strategy for enforcing said contractual terms, including (but not limited to) the use of performance improvement notices, financial penalties and termination of contracts.
- To support the role of the Local Estates and Energy leads by enabling a collaborative approach to contract management.
- To agree and monitor Key Performance Indicators for All Wales Utilities contracts.
- To consider any changes required to the supply of utilities in line with national policies and strategies as they change and develop.
- To provide an update of performance of Gas and Electricity contracts to WEG, by nominated person/s.
- To nominate NHS Wales member~~(s)~~ as required for participation in the suppliers Operational Improvement Group (OPIG)

- To ensure that the Terms of Reference for the WEG/WEOG are reviewed annually
- To be granted the ability to discuss and promote matters of usefulness to NHS Wales that enhance its ability to manage and pursue its Energy agenda (e.g. energy conservation, clean energy, energy savings, carbon reduction etc.)

Market Analysis

WEG
The framework provider will provide a market overview prior to the development of a Purchasing Strategy by WEG. The framework provider will not influence the development of the strategy and decisions will be verbally agreed by NHS Wales WEG attendees.

The Purchasing Strategy will decide basket(s) for NHS Wales to join, and should multiple baskets be selected, define meter level criteria for basket participation.

The framework provider shall provide monthly/quarterly/annual market and basket analysis as required by NHS Wales, which will be distributed to the WEG and WEOG by NWSSP Procurement Services.

WEOG
The framework provider shall provide monthly/quarterly/annual market and basket analysis as required by NHS Wales, which will be distributed to the WEG and WEOG by NWSSP PS.

Authority and Accountability

NWSSP Procurement Services has the authority to conduct market engagement activity, on behalf of all Health Boards, Special Health Authorities, NWSSP and Trusts, in NHS Wales, from the governance divested in NHS Wales Shared Services Partnership.

The WEG is under the authority of NHS Wales Shared Services Partnership Committee and therefore will be required to submit an update/highlight report to each meeting of the NHS Wales Shared Services Partnership Committee as instructed.

WEG
All decisions made by the WEG should ideally be via the consensus of all member organisations in attendance at the relevant WEG meeting. In the event that consensus cannot be reached, a decision will be made by means of a vote whereby each member organisation will have a single equal vote and a decision based on the view of the majority. NWSSP Procurement Services will have no vote. In the event of a tied result, the Chair of the Group will have the casting vote.

The WEG is a sub-Committee of the Shared Services Partnership Committee. The Chair of the WEG shall be the current NWSSP Director of Finance and Corporate Services. The All-Wales Directors of Finance Group will be responsible for nominating a ~~Chair and~~ Vice Chair for the WEG from within NHS Wales once every two years or as necessitated due to the resignation of the previous Vice Chair. The Shared Services Partnership Committee will be responsible for appointing the ~~Chair and~~ Vice Chair. Individuals will not be restricted from undertaking these roles for longer than two years provided that (in the case of the Vice Chair) the Shared Services Partnership Committee approve, and All-Wales Directors of Finance Group is in favour of their continued tenure.

WEOG
All decisions made by the WEOG should ideally be via the consensus of all member organisations in attendance at the relevant WEOG meeting. In the event that consensus cannot be reached, a decision

will be made by means of a vote whereby each member organisation will have a single equal vote and a decision based on the view of the majority. NWSSP Procurement Services will have no vote. In the event of a tied result, the Chair of the Group will have the casting vote.

The WEG will be responsible for appointing a Chair for the WEOG from within NHS Wales once every two years or as necessitated due to the resignation of the previous Chair. The WEG will also appoint a Vice Chair. Individuals will not be restricted from undertaking these roles for longer than two years provided that the WEG is in favour of their continued tenure.

The WEOG shall also have the authority to agree the award and renewal of supply agreements for other utilities contracts (Fuel Oils and/or Biomass) on behalf of the Health Boards, Special Health Authorities, NWSSP and Trusts, in NHS Wales.

Performance Monitoring and Financial Forecasting

The framework provider shall be required to produce quarterly reports outlining the overall performance of trading on behalf of NHS Wales. This will include analysis of the traded periods in comparison to the average market price for each tradable period and information provided by the Department for Energy Security and Net-Zero. This report shall evidence the overall pricing activity carried out in relation to the pure energy components of each contract only. Whilst the Group will acknowledge the impact of transmission, transportation, and other industry pass through costs, no accountability will be borne by the group in this respect. This report will be provided at each quarterly meeting of the WEG and will be distributed onwards to WEOG members by NWSSP Procurement Services.

~~The framework provider shall also be required to produce an annual report each financial year providing a forecast of out-turn costs for each NHS Wales organisation for that financial year. By request, they will also be required to provide forecasts of utilities costs for future years as may be required to meet IMTP planning requirements.~~
NWSSP finance to provide the WEG and WEOG members with a monthly energy forecast (specifically gas and electricity) where possible. This should be formulated utilising data provided by suppliers and/or framework provider as appropriate. Additionally, an annual forecast is to be provided by NWSSP finance utilising data provided by suppliers and/or framework provider to meet IMTP planning requirements.

Frequency of meetings

The WEG shall meet on a quarterly basis as a minimum. The Group will, at its discretion, agree intermediate meetings if these are deemed to be warranted. The WEOG shall initially meet on a monthly basis and at its discretion, may amend the frequency of the meetings and agree intermediate meetings if required.

Content of meetings

Each of the WEG meetings will consist of the following activities.

- Brief internal pre meeting to enable discussion for NHS members prior to main meeting forum (The framework provider will not be at the pre meeting) .
- Approve the minutes of the previous WEG meeting and review agreed actions.
- Review of the energy market activity, trends and factors which influence commodity pricing (to be provided by the framework provider).
- WEG member to provide feedback from the suppliers External Risk Management (ERM)
- Review of the performance of the WEG Purchasing(baskets) as executed by the framework provider

- Review of Gas and Electricity supplier(s) performance, including any agreed KPIs and improvement actions – with summary to be provided by nominated person/s from WEOG.
- Framework provider's report of any change to pass-through costs to enable member organisations to project total energy costs.
- Updates on specific projects and activity of any separate Task & Finish group(s).

Each of the WEOG meetings will consist of the following activities.

- Brief pre internal meeting to enable discussion for NHS members prior to main meeting forum with framework provider and supplier(s) present. (The framework provider will not be at the pre meeting)
- Approve the minutes of the previous WEOG meeting and review agreed actions.
- Review of framework providers summary market report on those factors currently affecting utility pricing.
- Supplier risk (framework provider to highlight any risk of note)
- Review of supplier performance, including any agreed KPIs and improvement actions.
- Supplier's presentation of any information requested by the Group, for example billing, Complaints etc
- Framework provider and supplier's ~~'s report~~ update of any change to pass-through costs to enable member organisations to project total energy costs.
- ~~A~~NHS members update of any potential new/deleted sites affecting volumes to be flagged
- Updates on specific projects and activity of any separate Task & Finish group(s).
- WEOG member to provide feedback on the CCS Operational Improvement Group

While it is acknowledged that the WEOG will focus on Gas and Electricity contracts, the Group's meeting agenda will also include review of other Utility contracts, such as Fuel Oils and Biomass, at least once per annum. The inclusion of such contracts as part of the agenda will be notified to the Group in advance. This will enable additional personnel as may be required to be co-opted into the Group for those specific meetings where other Utility contracts will be discussed.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18 July 2024

The report is not Exempt

Teitl yr Adroddiad / Title of Report

Final Draft NWSSP Annual Governance Statement

ARWEINYDD: LEAD:	Alison Ramsey Director of Finance & Corporate Services
AWDUR: AUTHOR:	Roxann Davies Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	James Quance Assistant Director of Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	James.Quance@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:

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

Llywodraethu / Governance

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

Ymgynghoriad / Consultation:

The purpose of this report is to receive the final draft of the Annual Governance Statement (AGS) for the NHS Wales Shared Services Partnership (NWSSP). The Statement will be formally approved at the July meeting of the Audit Committee.

Adduned y Pwyllgor / Committee Resolution (insert √):

DERBYN / APPROVE		ARNODI / ENDORSE		TRAFOD / DISCUSS		NODI / NOTE	✓

Argymhelliad / Recommendation	The Committee is asked to NOTE the Statement and provide any comments ahead of formal approval by the Audit Committee on 25 July 2024.

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 governance processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
Safonnau Iechyd a Gofal: Dyletswydd Ansawdd / Duty of Quality:	Access to the new Heath and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com). These Standards drive the approach that we take to making decisions in our work.
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth / Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

FINAL DRAFT NWSSP ANNUAL GOVERNANCE STATEMENT
July 2024

1. BACKGROUND

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

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

The Statement must be signed off by the Managing Director as the accountable officer, endorsed by the Shared Services Partnership Committee (SSPC) and approved by the Audit Committee.

As a hosted organisation, NWSSP's Annual Governance Statement forms part of the Velindre University NHS Trust's Annual Report and Accounts. The external auditor will report on inconsistencies between information in the Statement and their knowledge of the governance arrangements for NWSSP.

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

For the reporting period there was one limited assurance report produced, namely decarbonisation. The challenges to deliver the decarbonisation agenda within limited resources has been recognised in a recently concluded Internal Audit review in this area for which a limited assurance rating has been provided. Internal Audit highlight the root cause of the rating is the impact of financial restraints on the ability of NWSSP to both deliver its own Decarbonisation Action Plan and to support the wider delivery in NHS Wales should be recognised.

The Final Draft Annual Governance Statement for 2023-24 is presented at Appendix 1.

2. TIMELINE FOR APPROVAL

The timeline for approving the statement is as follows:

- SLG 28 March 2024 draft for endorsement
- SLG 27 June 2024 final for endorsement
- SSPC 18 July 2024 final for endorsement and noting
- Audit Committee 25 July 2024 for approval

3. GOVERNANCE & RISK

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

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

4. RECOMMENDATION

The Committee is asked to:

- NOTE the Statement and provide any comments ahead of formal approval by the Audit Committee on 25 July 2024.

Annual Governance Statement 2023/2024

NHS Wales Shared Services Partnership

1	SLG 28 March 2024 draft for endorsement
2	SLG 27 June 2024 final draft for endorsement
3	SSPC 18 July 2024 final for noting
4	Audit Committee 25 July 2024 for approval

CONTENTS

1. SCOPE OF RESPONSIBILITY

As Accounting Officer, the Managing Director has responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which he is personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. Effective governance is paramount to the successful and safe operation of NHS Wales Shared Services Partnership's (NWSSP) services. This is achieved through a combination of "hard" systems and processes including standing orders, policies, protocols, and processes; and "soft" characteristics of effective leadership and high standards of behaviour (Nolan principles).

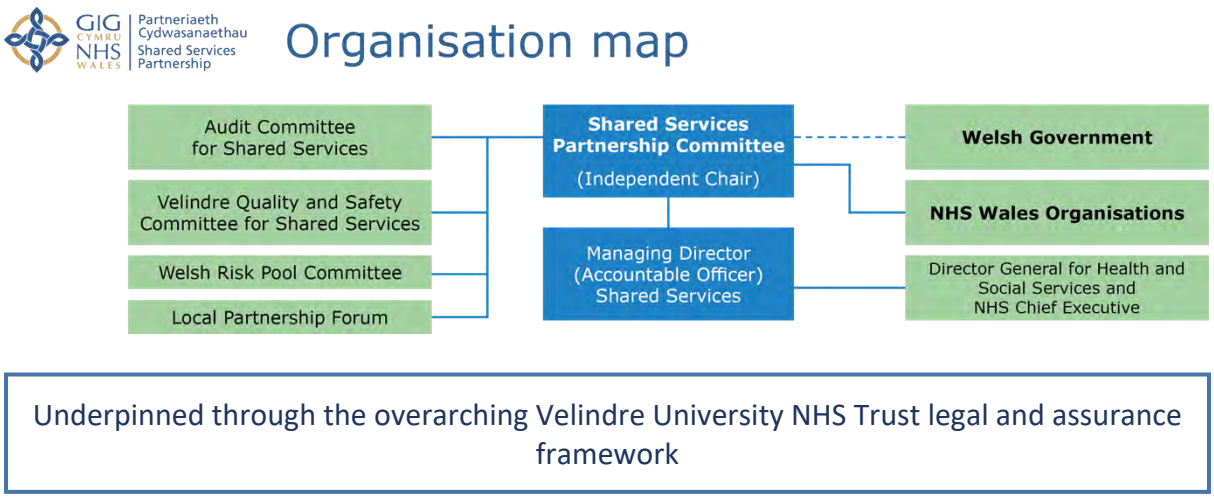
The NWSSP Managing Director is accountable to the Shared Services Partnership Committee (SSPC) in relation to those functions delegated to it. The Managing Director is also accountable to the Chief Executive of Velindre University NHS Trust (the Trust) in respect of the hosting arrangements supporting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

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

The Managing Director (as the Accountable Officer for NWSSP) and the Chief Executive of the Trust (as the Accountable Officer for the Trust) shall be responsible for meeting all the responsibilities of their roles, as set out in their respective Accountable Officer Memoranda. Both Accountable Officers co-operate with each other to ensure that full accountability for the activities of NWSSP and the Trust is afforded to the Welsh Government Ministers/Cabinet Secretary whilst minimising duplication.

The Governance Structure for NWSSP is presented in Figure 1 below:

Figure 1 –NWSSP's Governance Structure



2. GOVERNANCE FRAMEWORK

NWSSP currently has two main Committees that have key roles in relation to the Governance and Assurance Framework. Both Committees undertake scrutiny, development discussions, and assess current risks and monitor performance in relation to the diverse number of services provided by NWSSP to NHS Wales.

2.1 Shared Services Partnership Committee (SSPC)

The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

The composition of the SSPC includes an Independent Chair, the Managing Director of Shared Services, and either the Chief Executive of each partner organisation in NHS Wales or a nominated executive representative who acts on behalf of the respective Health Body.

At a local level, NHS Wales organisations must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out within the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, into day-to-day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of NWSSP and define its way of working. These documents, accompanied by relevant Trust policies and NWSSP's corporate protocols, approved by the SLG, provide NWSSP's Governance Framework.

Health Boards, NHS Trusts and the two Special Health Authorities (Health Education and Improvement Wales (HEIW) and Digital Health & Care Wales (DHCW)) have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in accordance with the policy and strategy set out above, determined by the SSPC.

Whilst the SSPC acts on behalf of all NHS organisations in undertaking its functions, the responsibility for the exercise of NWSSP functions is a shared responsibility of all NHS bodies in Wales.

NWSSP's governance arrangements are summarised below.

Figure 2: Summary of Governance Arrangements

The SSPC has in place a robust Governance and Accountability Framework for NWSSP including:

- Standing Orders;
- Hosting Agreement;
- Interface Agreement between the Chief Executive Velindre University NHS Trust and Managing Director of NWSSP; and
- Accountability Agreement between the SSPC Chair and the Managing Director of NWSSP.

These documents, together with the Memorandum of Co-operation form the basis upon which the SSPC's Governance and Accountability Framework is developed. Together with the Trust's Values and Standards of Behaviour

framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

The Membership of the SSPC during the year ended 31 March 2024 is outlined in Figure 3 below. Membership was originally designed to be the Chief Executives of each Health Board and Trust but nominated deputies are allowed to attend and vote, provided they are an Executive Director of their own organisation.

Figure 3: Table of Members of the NHS Wales Shared Services Partnership Committee during 2023/2024

Name	Position	Organisation	Full/Part Year
Tracy Myhill (Chair)	*Independent Member*	*NHS Wales Shared Services Partnership*	*Full Year*
Huw Thomas (Vice Chair)	*Director of Finance*	*Hywel Dda UHB*	*Full Year*
Neil Frow	*Managing Director of NWSSP*	*NHS Wales Shared Services Partnership*	*Full Year*
Sarah Simmonds	*Director of Workforce and OD*	*Aneurin Bevan UHB*	*Full Year*
Russell Caldicott	*Interim Director of Finance*	*Betsi Cadwaladr UHB*	*Full Year*
Catherine Phillips	*Director of Finance*	*Cardiff and Vale UHB*	*Full Year*
Hywel Daniel	*Director of Workforce & OD*	*Cwm Taf Morgannwg UHB*	*Full Year*
Claire Osmundsen-Little	*Director of Finance*	*Digital Health and Care Wales*	*Full Year*
Glyn Jones	*Director of Finance*	*Health Education and Improvement Wales*	*Full Year*
Pete Hopgood	*Director of Finance*	*Powys THB*	*Full Year*
Paul Veysey*	*Board Secretary*	*Public Health Wales NHS Trust*	*Full Year*
Debbie Eyitayo	*Director of Workforce and OD*	*Swansea Bay UHB*	*Full Year*
Steve Ham	*Chief Executive*	*Velindre University NHS Trust*	*Full Year*
Chris Turley	*Director of Finance*	*Welsh Ambulance Services NHS Trust*	*Full Year*

*Not an Executive Director

The composition of the Committee also requires the attendance of the following: Deputy Director of Finance, Welsh Government; Director of Finance & Corporate Services, NWSSP; Director of People & Organisational Development, NWSSP; Medical Director, NWSSP; Director of Planning, Performance, and Informatics, NWSSP; and Head of Finance & Business Development, NWSSP as governance support. Trade Unions are also invited to the meetings.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2023/2024

Organisation	18/05/2023	20/07/2023	21/09/2023	23/11/2023	18/01/2024	21/03/2024
Aneurin Bevan UHB	✓	✓**	✓	✓**	✓	x
Betsi Cadwaladr UHB	✓**	✓**	✓**	✓	✓	x
Cardiff and Vale UHB	✓**	✓	✓**	✓	x	✓**
Cwm Taf UHB	✓**	✓	✓**	✓**	✓	x
DHCW	✓	✓	✓	✓	✓	✓
HEIW	✓**	✓**	✓	✓	✓	✓
Hywel Dda UHB	✓**	✓**	✓	✓	✓	✓
Powys Teaching Health Board	✓**	✓	✓	✓	x	✓
Public Health Wales Trust	x	x	✓**	x	x	x
Swansea Bay UHB	✓	✓	✓**	✓**	✓	✓**
Velindre University NHS Trust	✓	✓	x	✓	x	✓
Welsh Ambulance Service Trust	✓	x	✓	x	✓**	✓
Welsh Government	✓	✓	✓	✓	✓	✓
Trade Union	✓	x	x	x	✓	x
Chair	✓	✓	✓	✓	✓	✓
Accountable Officer	✓	✓	✓	✓	✓	✓

✓ Denotes the nominated member was present

✓**Denotes the nominated member was not present and that an alternative Executive Director attended on their behalf*

✓*** Denotes that the nominated member was not present and that while a deputy did attend, they were not an Executive Member of their Board.*

X Denotes Health Body not represented

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. We did not receive any requests from the public to attend the SSPC but to ensure business was

conducted in as open and transparent manner as possible during this time the following actions were taken:

- The dates of all meetings are published on the NWSSP website prior to the start of the financial year;
- The agenda is published in English and Welsh at least seven days prior to the meeting;
- All papers are published in English on the website, and minutes are also provided in Welsh, shortly after the meeting has taken place.

The purpose of the SSPC is set out below:

- To set the policy and strategy for NWSSP;
- To monitor the delivery of shared services through the Managing Director of NWSSP;
- To seek to improve the approach to delivering shared services which are effective, efficient and provide value for money for NHS Wales and Welsh Government;
- To ensure the efficient and effective leadership, direction, and control of NWSSP; and
- To ensure a strong focus on delivering savings that can be re-invested in direct patient care.

The SSPC monitors performance monthly against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. These are presented to the SSPC by the relevant Director. Deep Dive sessions are often on the agenda to learn more about the risks and issues of directorates within NWSSP.

The SSPC ensures that NWSSP consistently followed the principles of good governance applicable to NHS organisations, including the oversight and development of systems and processes for financial control, organisational control, governance, and risk management. The SSPC assesses strategic and corporate risks through the Corporate Risk Register.

2.2 SSPC Performance

During 2023/2024, the SSPC approved an annual forward plan of business, including:

- Regular assessment and review of:
  - Finance, Workforce and Performance information;
  - Quarterly IMTP Progress reports:
  - Corporate Risk Register;
  - Welsh Risk Pool;
  - Programme Management office updates.
- Annual review and/or approval of:
  - Integrated Medium-Term Plan;
  - Annual Governance Statement;
  - Audit Wales Management Letter;

- Annual Review;
- Standing Orders;
- Service Level Agreements.

- Deep Dives into:
  - Welsh Risk Pool;
  - Duty of Quality;
  - Recruitment Modernisation Programme; and
  - Payroll Modernisation and Overpayments.

2.3 Velindre Audit Committee for NWSSP

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services (Audit Committee) has been to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This role is set out clearly in the Audit Committee's terms of reference, which were reapproved in July 2023 to ensure these key functions were embedded within the standing orders and governance arrangements.

The Audit Committee reviews the effective local operation of internal and external audit, as well as the Counter Fraud Service. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that assurance resource is effectively used.

The Audit Committee supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

The Audit Committee attendees during 2023/2024 comprised of three Independent Members of Velindre University NHS Trust, with representatives of both Internal and External Audit and Senior Officers of NWSSP and Velindre University NHS Trust in attendance.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2023/24

In Attendance	April 2023	July 2023	October 2023	January 2024	Total
Members					
Martin Veale, Chair & Independent Member*	✓	✓	-	-	2 / 2
Gareth Jones, Independent Member	✓	✓	✓	✓	4 / 4
Vicky Morris, Independent Member	✓	✓	✓	✓	4 / 4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4 / 4
NWSSP Audit Service					
Director of Audit & Assurance	✓	✓	✓	✓	4 / 4

In Attendance	April 2023	July 2023	October 2023	January 2024	Total
Head of Internal Audit	✓	✓	✓	✓	4 / 4
Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓	✓	4 / 4
NWSSP					
Tracy Myhill, Chair NWSSP	✓	✓	✓	✓	4 / 4
Neil Frow, Managing Director	✓	✓	✓	✓	4 / 4
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	4 / 4
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	4 / 4
Carly Wilce Corporate Services Manager	✓	✓	✓	✓	4 / 4
Velindre University NHS Trust					
Matthew Bunce, Director of Finance	✓	✓	✓	✓	4 / 4
Lauren Fear Director of Corporate Governance and Chief of Staff	✓	x	x	✓	2 / 4

*The October 2023 and January 2024 meetings were chaired by Gareth Jones in the absence of Martin Veale who was unable to attend.

The Audit Committee met formally on four occasions during the year with the majority of members attending regularly and all meetings were quorate. An Audit Committee Highlight Report is reported to the SSPC after each Audit Committee meeting.

2.4 Reviewing Effectiveness of Audit Committee

The Audit Committee completes an annual committee effectiveness survey evaluating the performance and effectiveness of:

- the Audit Committee members and Chair;
- the quality of the reports presented to Committee; and
- the effectiveness of the Committee secretariat.

The survey questionnaire comprises self-assessment questions intended to assist the Audit Committee in assessing their effectiveness with a view to identifying potential areas for development going forward. A survey reported to the October 2023 Committee had a 70% response rate (10 responses received) and identified the following:

- Very positive feedback received overall from participants in regard to the Chairing of the Committee. It is a common theme that members feel the Committee is very well chaired, efficient, and effective and has an encouraging effect on members when it comes to discussions and questions;

- The atmosphere at meetings is conducive to open and productive debate;
- All members and attendees' behaviour is courteous and professional;
- All respondents agreed that the Committee is provided with sufficient authority and resources in order to perform its role effectively.
- All responders agreed that there is sufficient time to deal with planned matters;
- The survey demonstrates that members find virtual meetings a very positive experience, due to flexibility to fit in with other work commitments and no travelling time. There was one comment, which stated that "The occasional face to face meeting is helpful, however business has been conducted very effectively on the virtual platform and should consider as an option even if all meetings are hybrid."

In response to the final point above, NWSSP Audit Committee members met at IP5 in Newport for the meeting held in July and we will continue to arrange at least one face to face meeting per year.

2.5 Sub-Committees and Advisory Groups

The SSPC is supported by the following:

- Welsh Risk Pool Committee
  - Formal Sub-Committee as set out in the Shared Services Partnership Committee (SSPC) Standing Orders
  - Reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
  - Provide oversight of the GP Indemnity Scheme;
  - Funded through the NWSSP allocation supplemented by a risk sharing agreement with health boards and trusts ;
  - Oversees the work and expenditure of the Welsh Risk Pool; and
  - Helps promote best clinical practice and lessons learnt from clinical incidents.

- Local Partnership Forum (LPF)
  - Formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions. The LPF facilitates an open forum in which parties can engage with each other to inform debate and seek to agree local priorities on workforce and health service issues.

- Welsh Energy Group (WEG)
  - Task and Finish Advisory Group as set out in the Shared Services Partnership Committee (SSPC) Standing Orders
  - To ensure a consistent approach to the procurement / sourcing of Gas and Electricity throughout all aspects of the NHS in Wales.

- To input into the development of a strategic procurement model for Gas and Electricity contracts within NHS Wales.
- To provide a platform for the framework provider to share utility market intelligence with all Health Boards, Special Health Authorities, NWSSP and Trusts within NHS Wales.
- To develop, agree and manage the Purchasing Strategy for the All-Wales Gas and Electricity contracts having received market intelligence and actual price/contract performance, and agree in a timely manner national purchasing decisions (i.e. basket choice).
- To monitor contract performance with the Welsh Energy Operating Group (WEOG) representative/s providing an update of performance of the Gas and Electricity contracts.
- To monitor NHS Wales Gas and Electricity forecasts as provided by the supplier and supply regular financial forecasts to all member NHS organisations.
- To nominate NHS Wales member(s) as required for participation in the suppliers External Risk Management (ERM) group.

In addition to the above, NWSSP report regularly to the Velindre Quality and Safety Committee. Quarterly reports are presented on our performance and compliance with the requirements of the Duty of Quality. Annual reports are also provided to the Committee on the work of the Welsh Infected Blood Support Scheme (WIBSS) and Medical Examiner Service.

In May 2024, we established the new All Wales P2P Governance forum to progress P2P initiatives across Wales on a Once for Wales basis to improve and streamline efficiencies and opportunities. The All Wales P2P Governance Group reports into the Deputy Directors of Finance Forum for agreement of changes proposed, with the overarching high level governance operating through the Shared Services Partnership Committee.

2.6 Senior Leadership Group (SLG)

The Managing Director leads the SLG and reports to the Chair of the SSPC on the overall performance of NWSSP. The Managing Director is the designated Accountable Officer for NWSSP and is accountable, through the leadership of the Senior Leadership Group, for:

- The performance and delivery of NWSSP through the preparation of the annually updated Integrated Medium-Term Plan (IMTP) based on the policies and strategy set by the SSPC and the preparation of Service Improvement plans;
- Leading the SLG to deliver the IMTP and Service Improvement Plans;
- Establishing an appropriate Scheme of Delegation for the SLG; and
- Ensuring that adequate internal controls and procedures are in place to ensure that delegated functions are exercised properly and prudently.

The SLG is responsible for determining NWSSP policy, setting the strategic direction and to ensure that there is effective internal control, and ensuring high standards of governance and behaviour. In addition, the SLG is responsible for ensuring that NWSSP is responsive to the needs of NHS Wales organisations.

The SLG comprises:

Figure 7 – Composition of the SLG at NWSSP during 2023/2024

Name	Designation
Neil Frow	Managing Director
Andy Butler	Director of Finance and Corporate Services
Gareth Hardacre	Director of People, Organisational Development and Employment Services
Jonathan Irvine	Director of Procurement Services
Simon Cookson	Director of Audit and Assurance
Mark Harris	Director of Legal and Risk Services
Andrew Evans	Director of Primary Care Services
Stuart Douglas	Director of Specialist Estates
Dr Ruth Alcolado	Medical Director
Alison Ramsey	Director of Planning, Performance & Informatics
Colin Powell	Director of Pharmacy Technical Services
Gavin Hughes	Director, Surgical Materials Testing Laboratory
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2024 and up to the date of approval of the Trust Annual Report and Accounts.

3.1 External Audit

NWSSP's external auditors are Audit Wales. The Audit Committee has worked constructively with Audit Wales and the areas examined in the 2023/24 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2022/23; and
- Assurance Arrangements 2023/24.

The work of external audit is monitored by the Audit Committee through regular progress reports. Their work is considered timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and in minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented.

In addition to internal NWSSP issues, the Audit Committee has been kept appraised by our external auditors of developments across NHS Wales and elsewhere in the public sector. These discussions have been helpful in extending the Audit Committee's awareness of the wider context of our work.

3.2 Internal Audit

The Audit Committee regularly reviewed and considered the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit attend meetings to discuss their work and present their findings. The Audit Committee are satisfied with the liaison and coordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having "no assurance" or "limited assurance" were issued to Welsh Government in accordance with the instruction received in July 2016. During 2023/24 no internal audit reports were rated as limited or no assurance.

For both internal and external audit, the Audit Committee have ensured that management actions agreed in response to reported weaknesses were implemented in a timely manner. Any planned revisions to agreed timescales for implementation of action plans requires Audit Committee approval. A separate report on the position with implementation of audit recommendations is monitored at each Audit Committee and is also taken for action at each monthly meeting of the SLG.

Reports were timely and enabled the Audit Committee to understand operational and financial risks. In addition, the internal auditors have provided valuable benchmarking information relating to best practice across NHS Wales.

During the year the five-year external quality assessment of Internal Audit was undertaken by the Chartered Institute of Public Finance & Accountancy and resulted in the highest possible rating being awarded to the service that is operated by NWSSP. There were no areas of either partial or non-compliance noted with the standards.

3.3 Counter Fraud

The work of the Local Counter Fraud Service (LCFS) is undertaken to help reduce and maintain the incidence of fraud (and/or corruption) within NWSSP to an absolute minimum.

The LCFS had traditionally been provided by staff from Cardiff & Vale UHB under a Service Level Agreement. This amounted to 75 days per annum. Over recent years, NWSSP has grown both in size and complexity, and it was recognised that this level of support was insufficient to address the fraud risk needs of the organisation. In June 2022, NWSSP appointed its own dedicated Local Counter Fraud Manager, with the secondment of Mark Weston from the Counter Fraud Service Wales team, for a period of three years.

Regular reports were received by the Audit Committee to monitor progress and demand against the agreed Counter Fraud Plan, including the following:

- Progress Update at each meeting
- Annual Report 2022-23
- Counter Fraud Work Plan 2023-24.

As part of its work, Counter Fraud has a regular annual programme of raising fraud awareness for which a number of days are then allocated and included as part of an agreed Work-Plan which is signed off by the Director of Finance and Corporate Services annually.

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how and to who fraud can be reported are outlined. During 2023/24, these sessions have been provided both in face-to-face sessions and virtually.

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

3.4 Integrated Governance

The Audit Committee is responsible for the maintenance and effective system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance, which include:

- The Quality Assurance and Improvement Plan arising from the 2022-23 Internal Audit self-assessment;
- Tracking of Audit Recommendations;
- Corporate Risk Register;
- Directorate Assurance Maps; and
- Governance Matters report on single tender actions, declarations of interest, gifts and hospitality received and declined.

During 2023/24, the Audit Committee reported any areas of concern to the SSPC and played a proactive role in communicating suggested amendments to governance procedures and the Corporate Risk Register.

3.5 Quality

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced the Duty of Quality which came into effect from the 1st April 2023. The new Duty applies to clinical and non-clinical NHS Services, and therefore the services and functions of NWSSP will be captured by the new legislation. There is a requirement to produce an Annual Report and the report for the 2023/24 financial year is due by June 2024.

Under the requirements of the Act, primary responsibility rests with the Managing Director as the Accountable Officer, and the Medical Director is the lead for strategic direction and oversight. Board oversight is through the Partnership Committee. The responsibility to report within is two-fold – both internally in respect of our own quality measures but also externally in terms of providing information for Health Boards and Trusts to report their own performance.

The SSPC gives attention to assuring the quality of services by including a section on "Quality, Safety and Patient Experience" as one of the core considerations on the committee report template when drafting reports for SSPC meetings.

The Velindre Quality, Safety and Performance Committee gives over part of its meetings to NWSSP issues and particularly those relating to the Temporary Medicines Unit.

In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors. With the introduction of the Duty of Quality, this has become a more prominent feature, and a number of presentations on this subject have been made to the Partnership Committee.

In addition to corporate governance arrangements for risk management and control, Procurement Services maintains compliance and certification with a number of national and international standards as appropriate to the provision of its services. They include ISO 9001 Quality Management Standard, BS ISO 45001 Occupational Health & Safety and Customer Service Excellence. Our regional warehouses and national distribution centre at Newport are also accredited to the STS Food Safety Standard for the storage and distribution of food products. The receipt, storage and distribution of pharmaceuticals and controlled drugs at designated warehouses are compliant with Good Distribution Practice and MHRA

licence conditions. Compliance with these standards and their associated audit by external bodies is supported and assured by a robust internal audit plan that highlights any areas of non-compliance and improvement opportunities. Our Quality Plan includes improvement objectives that are reviewed each year to ensure that they are aligned and continue to support strategic objectives for the Division.

Certifications

The organisation holds a number of certifications corporately that support the delivery and continual improvement of quality services, including attainment of organisational accreditation to the Corporate Health Standard (CSE) and ISO 14001 Environmental Management Standard.

Many Services within NWSSP also hold independently verified certifications and standards, including ISO27001 Information Security Management, ISO9001 Quality Management, ISO11014 Material and Safety Data Sheet, ISO45001 Health and Safety Management and ISO17025 Testing and Calibration of Laboratories Standards. External audit reviews included Carriage of Dangerous Goods Licensing, Public Sector Internal Audit Standards (PSIAS) and NWSSP also became an accredited Mental Health First Aid Trainer Organisation in 2023.

Key organisational achievements for embedding the Duty of Quality in 2023-24 included raising awareness with dedicated sessions with the Shared Services Partnership, Senior Leadership Group and staff coffee mornings, implementation of a Quality Champions Network for sharing best practice, quality driven reporting and consideration of our 'always on' performance measures, quality control and using data for quality improvement and external quality reviews, certifications and awards as a source of assurance and opportunity for further improvement.

Customer Service Excellence

In October 2023, NWSSP was accredited with an organisational level Customer Service Excellence (CSE) Award, making it the first organisation within NHS Wales to achieve the highly valued government standard.

The CSE accreditation assesses organisations and measures customer focused areas that research has identified as a priority to customers with a particular focus on; Customer Insight; Culture of the Organisation; Information and Access; Delivery and Timeliness and; Quality of Service.

Within this framework, CSE also prioritises three distinct areas; as a driver of continuous improvement; as a skills development tool and; as an independent validation of achievement.

As part of the assessment, NWSSP achieved 12 Compliance Pluses, demonstrating that the organisation exceeded the standards required. NWSSP also achieved 33 Compliances, where in each instance the standard

required is met, with only 2 Partial Compliances to consider as areas of improvement.

3.6 Looking Ahead

As a result of its work during the year the Audit Committee is satisfied that NWSSP has appropriate and robust internal controls in place and that the systems of governance incorporated in the Standing Orders are fully embedded within the Organisation.

Looking forward to 2024-25 the Audit Committee will continue to explore the financial, management, governance and quality issues that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- Continue to examine the governance and internal controls of NWSSP;
- Monitor closely risks faced by NWSSP and also by its major providers;
- Work closely with the Chairs of Audit Committee group on issues arising from financial governance matters affecting NHS Wales and the broader public sector community;
- Work closely with external and internal auditors on issues arising from both the current and future agenda for NWSSP;
- Ensure the SSPC is kept aware of its work including both positive and adverse developments; and
- Request and review a number of deep dives into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the SSPC.

4. CAPACITY TO HANDLE RISK

The Corporate Risk Register is reviewed at each meeting of the formal SLG, SSPC and Audit Committee to ensure that the key risks are aligned to delivery and are appropriately considered and scrutinised. The register is divided into two sections as follows:

- Risks for Action – this includes all risks where further action is required to achieve the target score. The focus of attention for these risks should be on ensuring timely completion of required actions; and

- Risks for Monitoring – this is for risks that have achieved their target score, but which need to remain on the Corporate Risk Register due to their potential impact on the organisation as a whole. For these risks the focus is on monitoring both any changes in the nature of the risk (e.g. due to external environmental changes) and on ensuring that existing controls and actions remain effective (e.g. through assurance mapping).

There are currently a number of red risks on the Corporate Risk Register as follows:

- The threat to services if funding is not made available to develop the TRAMs service in South-East Wales;
- The impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry; and
- The lack of capital funding available to support the delivery of key initiatives, including decarbonisation.

The SSPC has overall responsibility and authority for NWSSP's Risk Management programme through the receipt and evaluation of reports indicating the status and progress of risk management activities.

The Lead Director for risk is the Director of Finance and Corporate Services who is responsible for establishing the policy framework and systems and processes needed for the management of risks within the organisation.

The Trust has an approved strategy for risk management and NWSSP has a risk management protocol in line with its host's strategy providing a clear systematic approach to the management of risk within NWSSP.

NWSSP seeks to integrate risk management processes so that it is not seen as a separate function but rather an integral part of the day-to-day management activities of the organisation including financial, health and safety and environmental functions.

It is the responsibility of each Director and Head of Service to ensure that risk is addressed within each of the locations relevant to their Directorates. It is also important that an effective feedback mechanism operates across NWSSP so that frontline risks are escalated to the attention of Directors.

Each Director is required to provide a regular update on the status of their directorate specific risk registers during quarterly review meetings with the Managing Director. All risks categorised as red within individual directorate registers trigger a referral for review, and if deemed appropriate the risk is added to the NWSSP Corporate Risk Register.

Assurance maps are updated at least annually for each of the directorates to provide a view on how the key operational, or business-as-usual risks are being mitigated. The Audit Committee review all assurance maps annually.

A Risk Appetite statement has also been documented and approved by the Audit Committee. This was revised significantly last year, with detailed review taking place both within NWSSP and also at the SSPC Development day held in November 2022. This has resulted in both a new format for the Risk Appetite Statement and also an encouragement from SSPC members in particular, for NWSSP to be bolder in its approach to risk. The revised Risk Appetite Statement was approved at the January 2023 Audit Committee. The SLG considered the statement to remain appropriate

following review in May 2024 and has also undertaken informal sessions reviewing its approach to the Corporate Risk Register resulting in a number of revisions to be taken forward into 2024/25.

NWSSP's approach to risk management therefore ensures that:

- Leadership is given to the risk management process;
- Staff receive training on how to identify and manage risk;
- Risks are identified, assessed, and prioritised ensuring that appropriate mitigating actions are outlined on the risk register;
- The effectiveness of key controls is regularly assured; and
- There is full compliance with the Orange Book on Management of Risk.

5. THE CONTROL FRAMEWORK

NWSSP's commitment to the principle that risk is managed effectively means a continued focus to ensure that:

- There is compliance with legislative requirements where non-compliance would pose a serious risk;
- All sources and consequences of risk are identified, and risks are assessed and either eliminated or minimised; information concerning risk is shared with staff across NWSSP and with Partner organisations through the SSPC and the Audit Committee;
- Damage and injuries are minimised, and staff health and wellbeing is optimised; and
- Lessons are learnt from compliments, incidents, and claims in order to share best practice and reduce the likelihood of reoccurrence.

5.1 Corporate Risk Framework

The detailed procedures for the management of corporate risk have been outlined above. Generally, to mitigate against potential risks concerning governance, NWSSP is proactive in reviewing its governance procedures and ensuring that risk management is embedded throughout its activities, including:

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- The SSPC and Audit Committee both have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements;
- The effectiveness of governance structures is regularly reviewed including through self-effectiveness surveys;
- The front cover pro-forma for reports for the SSPC includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Wellbeing of Future Generations, Health and Care Standards and workforce;

- The Service Level Agreements in place with NHS Wales organisations set out the operational arrangements for NWSSP's services to them and are reviewed on an annual basis; and
- The responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

5.2 Policies and Procedures

NWSSP follows the policies and procedures of the Trust as the host organisation. In addition, a number of workforce policies have been developed and promulgated on a consistent all-Wales basis through the Welsh Partnership Forum and these apply to all staff within NWSSP.

All staff are aware of and have access to the internal Intranet where the policies and procedures are available. In a number of instances supplementary guidance has been provided. The Trust ensures that NWSSP have access to all the Trust's policies and procedures and that any amendments to the policies are made known as they are agreed. NWSSP participate in the development and revision of workforce policies and procedures with the host organisation and has established procedures for staff consultation.

The SSPC will where appropriate develop its own protocols or amend policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the Trust Scheme of Delegation.

5.3 Information Governance

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, when required from the Information Commissioner's Office (ICO). This includes established laws including Data Protection Legislation, Common Law Duty of Confidentiality, the Human Rights Act, the Caldicott Report, and specific Records Management Principles. The General Data Protection Regulations increased the responsibilities to ensure that the data that NWSSP collects, and its subsequent processing, is for compatible purposes, and it remains secure and confidential whilst in its custody.

The Director of Finance and Corporate Services is the designated Senior Information Risk Owner (SIRO) in relation to Information Governance for NWSSP. NWSSP has an Information Governance Manager who has the objective of facilitating the effective use of controls and mechanisms to ensure that staff comply with Information Governance fundamental principles and procedures. This work includes awareness by delivery of an online core skills training framework eLearning module on Information Governance, classroom-based training (when possible) for identified high risk staff groups, developing, and reviewing policies and protocols to safeguard information, and advising on and investigating Information Governance breaches reported on the Datix incident reporting system.

The Information Governance Manager is responsible for the continuing delivery of an enhanced culture of confidentiality. This includes the presence of a relevant section on the intranet and a dedicated contact point for any requests for advice, training, or work.

NWSSP has an Information Governance Steering Group (IGSG) that comprises representatives from each directorate who undertake the role of Information Asset Administrators for NWSSP. The IGSG discusses quarterly issues such as GDPR and Data Protection Legislation, the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, training compliance, new guidance documentation and training materials, areas of concern and latest new information and law.

NWSSP has a suite of protocols and guidance documents used in training and awareness for all staff on the importance of confidentiality and to ensure that all areas are accounted for. These include email and password good practice guides, summarised protocols, and general guidance for staff. There is also a documented Privacy Impact Assessment (or “Privacy by Design”) process in place to ensure consideration of Information Governance principles during the early stages of new projects, processes or work streams proposing to use identifiable information in some form.

NWSSP has developed an Integrated Impact Assessment process to include broader legislative and regulatory assurance requirements, and the pro-forma includes the need to consider the impact of the protected characteristics (including race, gender, and religion) on the various types of Information Governance protocols.

The Information Governance Manager attends various meetings including the Trust IG and IM&T Committee and the NHS Wales Information Governance Management Advisory Group (IGMAG) hosted by NHS Wales Informatics, attended by all NHS Wales Health Bodies.

5.4 Counter Fraud

NWSSP host the NHS Wales Counter Fraud Steering Group (CFSG), facilitated by Welsh Government, which works in collaboration with the NHS Counter Fraud Authority in NHS England to develop and strengthen counter fraud services across NHS Wales. The Director of Finance and Corporate Services chairs the group.

The Group has a documented NHS Fighting Fraud Strategy for Wales with an accompanying action plan which is reviewed at the quarterly meetings of the CFSG. Work has also been undertaken to improve and enhance the quarterly reporting of both the Local Counter Fraud Specialists, and the Counter Fraud Services Wales Team. Reports are submitted to the meetings of the CFSG and are then shared with both Welsh Government and the Directors of Finance Group for NHS Wales.

5.5 Internal Audit

The NWSSP hosting agreement provides that the SSPC will establish an effective internal audit as a key source of its internal assurance arrangements, in accordance with the Public Internal Auditing Standards.

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

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

5.6 Duty of Quality

Work around embedding the Duty of Quality (DoQ) is continuing across NWSSP. Monthly 'always on' reporting began in 2023 with divisions preparing presentations demonstrating how they embed quality across their service. These presentations are hosted on the NWSSP SharePoint site, which also serves as a learning resource across the organisation.

We have embedded DoQ into our IMTP 2024-27 demonstrating where we see the standards aligning, also, moving into 2024-25, monthly reporting will increase with all divisions highlighting how they integrate quality into their services, this will provide us with a comprehensive overview of our organisational approach to DoQ.

6. PLANNING ARRANGEMENTS

The Integrated Medium-Term Plan is approved by the SSPC and performance against the plan is monitored throughout the year. The 2023-2026 plan was submitted to Welsh Government in accordance with required timescales, and the current 2024-2027 plan has similarly met the required Welsh Government deadlines.

Significant work has been undertaken to revise the performance framework to ensure that it is fully integrated with the key priorities in the plan. The majority of performance targets for 2023/24 were achieved and progress against each of these is reported to the SLG and the SSPC. There is also regular reporting to Welsh Government requirement on progress against the plan through Joint Executive Team (JET) meetings.

The planning process includes substantial engagement with key stakeholders, both internally and across NHS Wales and the wider public sector, in both virtual team events and on a one-to-one basis.

The IMTP was submitted to Judith Paget and Welsh Government in January and there were no significant amendments to the plan following the

approval of the Committee earlier that month and the subsequent touchpoint meetings held with Welsh Government and the Finance Delivery Unit.

7. DISCLOSURE STATEMENTS

7.1 Equality, Diversity and Human Rights

NWSSP is committed to eliminating discrimination, valuing diversity, and promoting inclusion and equality of opportunity in everything it does. NWSSP's priority is to develop a culture that values each person for the contribution they can make to the services provided for NHS Wales. As a non-statutory hosted organisation within the Trust, NWSSP is required to adhere to the Trust Equality and Diversity Policy, Strategic Equality Plan and Objectives, which set out the Trust's commitment and legislative requirements to promote inclusion.

NWSSP are a core participant of the NHS Wales Equality Leadership Group (ELG), who work in partnership with colleagues across NHS Wales and the wider public sector, to collaborate on events, facilitate workshops, deliver, and undertake training sessions, issue communications and articles relating to equality, diversity, and inclusion, together with the promotion of dignity and respect for all. NWSSP is proactive in supporting NHS Wales organisations with completion of their submission for all-Wales services, such as Procurement and Recruitment. We host a range of staff networks, and we are developing our inclusion offering for our workforce.

The process for undertaking Equality Integrated Impact Assessments (EQIIA) has matured, and considers the needs of the protected characteristics identified under the Equality Act 2010, the Public Sector Equality Duty in Wales and the Human Rights Act 1998, whilst recognising the potential impacts from key enablers such as Well-being of Future Generations (Wales) Act 2015, incorporating Environmental Sustainability, Modern Slavery Act 2015 incorporating Ethical Employment in Supply Chains Code of Practice 2017, Welsh Language, Information Governance and Health and Safety.

With effect from March 31st, 2021, the Socio-Economic Duty placed a legal responsibility on NHS bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes ethnicity; nationality, country of birth, religious belief, sexual orientation, and Welsh language competencies. The NHS Jobs All-Wales recruitment service, run by NWSSP adheres to all of the practices and principles in accordance with the Equality Act and quality checks the adverts and supporting information to ensure no discriminatory elements are present.

NWSSP has a statutory and mandatory induction programme for its workforce, including the NHS Wales “Treat Me Fairly” e-learning module, which forms part of a national training package and the statistical data captured for NWSSP completion contributes to the overall figure for NHS Wales. A Core Skills for Managers Training Programme is provided, and the Managing Conflict module includes an awareness session on Dignity at Work.

In January 2024, the SLG and other senior leaders from across the organisation received training on unconscious bias, and anti-racism training to the same cohort was provided in February 2024. NWSSP also has a Diversity and Inclusion action plan in place that was approved by the SLG in July 2023.

7.2 Welsh Language

NWSSP is committed to ensuring that the Welsh and English languages are treated equally in the services provided to the public and NHS partner organisations in Wales. This is in accordance with the current Trust Welsh Language Scheme, Welsh Language Act 1993, the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards [No7.] Regulations 2018.

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Annual Performance Report. This work is largely undertaken by the Welsh Language Officer and a team of Translators.

These posts enable compliance with the current obligations under the Welsh Language Scheme and in meeting the requirements of the Welsh Language Standards. This has significantly increased the demand for translation services in the following areas:

- Service Delivery Standards;
- Policy Making Standards;
- Operational Standards;
- Record Keeping Standards; and
- Supplementary Standards.

NWSSP has made significant progress in developing and growing its Welsh language services by successfully offering all staff the opportunity to learn Welsh at work. The NWSSP website is bilingual and there has been investment in the development of a candidate interface on the TRAC recruitment system. NWSSP also offer language services to other organisations and have delivered translation and other language services to Public Health Wales, HEIW, and DHCW over recent years.

An annual report on performance with Welsh Language services is also produced and was submitted to the SLG in June and to the SSPC in July 2023.

7.3 Handling Complaints and Concerns

NWSSP is committed to the delivery of high-quality services to its customers. The NWSSP Issues and Complaints Management Protocol is reviewed annually. The Protocol aligns with the Velindre University NHS Trust Handling Concerns Policy, the Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 and Putting Things Right Guidance.

During 2023-24, 46 complaints have been received, of which:

- 41 complaints responded to within 30 working days (89%); and
- 5 complaints responded to outside of 30 working days (11%).

The total number of complaints received represents a significant and continuing decrease on the total for previous years (100 in 2021/22; 68 in 2022/23).

7.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the UK public the right of access to a variety of information held by public bodies and provides commitment to greater openness and transparency in the public sector, especially for those who are accountable for decisions made on behalf of patients and service users.

There were 112 requests received within NWSSP during 2023/24, 96% of which were responded to within the 20-day deadline for compliance. The prior year saw 91 requests received.

7.5 Data Security and Governance

In 2023/24, there were 42 (2022/23 42) information governance breaches reported within NWSSP; these included issues with mis-sending of email and records management. The majority of these were down to human error and despite education effectively provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

All breaches are recorded in the Datix risk management software and investigated in accordance with the Information Governance and Confidentiality Breach Reporting protocols, which comply with the General Data Protection Regulation (GDPR). The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes.

From this, the Information Governance Manager writes quarterly reports including relevant recommendations and any areas for improvement to minimise the possibility of further breaches. Members of the Information Governance Steering Group are required to report on any incidents in their

areas to include lessons learned and any changes that have been made since an incident was reported.

There was one Information Governance breach referred to the Information Commissioner's Office (ICO) for further investigation, but the ICO were content to close the case with no further action being taken.

7.6 ISO14001 – Environmental Management and Carbon Reduction

The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment. NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy.

In March 2024 NWSSP was subject to the annual surveillance audit of the ISO 14001:2015 standard with external independent specialists to assess the continued implementation of the organisations Environmental Management System, to ensure it remains up to date, effective and fully operational. NWSSP successfully achieved recertification of the standard and the report was very positive and demonstrates the Management System in place conforms to all requirements of the Standard.

Carbon Footprint

NWSSP is committed to managing its environmental impact, reducing its carbon footprint and integrating the sustainable development principle into day-to-day business. NWSSP successfully implemented ISO14001 as its Environmental Management System (EMS), in accordance with Welsh Government requirements and have successfully maintained certification since August 2014, through the operation of the Plan, Do, Check, Act model of continuous improvement.

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment.

NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy. We are committed to reducing our carbon footprint by implementing various environmental initiatives and efficiencies at our sites within the scope of our ISO14001:2015 certification. We successfully achieved recertification to the Standard in March 2024 through UKAS accredited certification body, Simply Certification Ltd.

This year, we have achieved an overall reduction of 11.1% our carbon footprint across sites.

In order of achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. This investment in environmentally friendlier technologies such LED lighting and electric vehicle charging infrastructure have been a significate contributor to the organisation's reduction in Co2 emissions. The Environmental Champions and the Green Team continue to identify areas for emissions and waste savings and helping to improve data gathering. The increase in adoption of agile working arrangements, has resulted in a reduction in staff headcount on sites, and this combined with increased education and awareness of NWSSP carbon footprint aims and targets and the difference staff can make no matter how small, has made a welcome contribution to the reduction.

Electricity usage has decreased overall by 14%, due to projects such as agile working, LED lighting installation and motion sensor technology across a number of our sites. Of which, 18.8% is Electric Vehicle Charging Units (EVCUs) across our estate. REGO (Renewable Energy Guarantees of Origin) 'green' electricity procured is carbon neutral and across 8 of our sites. Feasibility studies have been completed for the installation of Solar Photovoltaics (PVs) at a number of sites including IP5 and Matrix House.

Electric Vehicle Charging Units (EVCUs) usage increased at our sites by 8.1% overall (5,810kg of Co2e avoided). The 24/7 availability and ease of access, to charge points is encouraging their use by NHS Wales staff, even with the Health Courier Fleet having priority as "the wheels of the NHS in Wales". In terms of increased demand for the EVCUs, we see this as a positive measure for the wider community in terms of air quality the environment and the reduction of the carbon footprint for the commute of NWSSP staff. This contributes to a Healthier and Globally Responsible Wales as there are Co2e reductions from charging electric vehicles, compared with burning fuel from petrol and diesel engines.

Gas usage increased by 0.7% (2,621 kg of Co2e), largely due to an anomaly which was identified at Companies House with the biomass boiler which had a major fault resulting in reliance on gas which equated to a 137.7% increase in Co2e, when apportioned for NWSSP's footprint on the site of 18.7%.

Kerosene oil used to heat Westpoint Industrial Estate usage reduced by 31% (3,917 kg of CO2e) during the year. This is the only site that uses oil to heat the building and they have achieved the reduction by active temperature adjustment, measurement of usage and behavioural change.

Water increased by 14.3% (222kg of CO2e), due to a culmination of better sources of data, increase validity, reduction of estimates used and introduction of invoices to support usage data. In addition, the natural annual variation accounts for a small percentage change and the continuation of agile working has led to a lower average staff headcount at sites.

The total waste generated across all of our sites has reduced by 39.6% (27,046kg of Co2e). During 2023-24 we created a new baseline due to the introduction of new Waste Regulations and better segregation of waste streams, improved data collation and have benefitted from the continued reduction in staff headcount on sites, due to agile working.

Confidential waste reduced overall by 48.4% (10,860kg of Co2e) and during the period we completed a rationalisation exercise to reduce the frequency of collections and quantity of bins on sites. All confidential waste is held in secure bins on site and taken away by accredited service providers to be repurposed into items such as notebooks, toilet paper, tissues, etc. All other waste streams are disposed of appropriately and responsibly and in accordance with relevant Regulations.

We saw a decrease in pool vehicle usage across the organisation by 69.1% (1,073kg of Co2e). This is positive because it mitigates the use of staff vehicles to commute and encourages car sharing, where possible and the continued adoption of agile working has also contributed to this decrease. In addition, pool cars used within the organisation are eco-friendly vehicles (electric, hybrid, etc).

Business mileage travelled decreased by 3.43% during the period. This figure is low compared to figures reported prior to March 2020, given continued agile working arrangements.

Decarbonisation Action Plan

The NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) was published in March 2021 and provides a detailed road map for NHS Wales, built around 46 initiatives each of which has been assessed for the potential to help facilitate or directly reduce carbon emissions.

NWSSP led the development and publication of the Strategic Plan which sets out the NHS Wales response to the 2030 net zero ambitions. The organisation has an All-Wales lead role in Buildings, Transport, Procurement, Estates Planning and Land Use but also has responsibilities across other activity streams at both a national and local level due to our significant direct influence on key aspects of the Plan.

NWSSP has also developed its own action plan which was summarised in the IMTP for 2022-25 and progress reporting will be integrated into the IMTP monitoring process. This plan sets out how the organisation will be decarbonising our own activities. Key actions include reducing the impact of our buildings, fleet, and new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation. This was re-submitted to Welsh Government at the end of March 2024 after being signed off by the SLG and the SSPC.

7.7 Business Continuity Planning/Emergency Preparedness

NWSSP is proactive in reviewing the capability of the organisation to continue to deliver products or services at acceptable predefined levels following a disruptive incident. NWSSP recognise its contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a Category 1 responder deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

As a hosted organisation under the Trust, NWSSP is required to take note of its Business Continuity Management Policy and ensure that NWSSP has effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic;
- Premises – denial of access to normal places of work;
- Information Management and Technology and communications/ICT equipment issues; and
- Suppliers internal and external to the organisation.

NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess, and implement applicable legislation and regulation requirements related to the continuity of operations and the interests of key stakeholders.

NWSSP has a network of BCP Champions who meet bi-monthly and who represent all directorates and major teams. The Group is chaired by the Director of Planning, Performance, and Informatics.

NWSSP complete the Welsh Government Health Emergency Planning Report annually on a calendar year basis. This provides assurance over the measures in place within NWSSP to cope with and respond to major disruptive incidents and reaffirmed the robust arrangements in place within the Supply Chain and Health Courier Services who are well versed in this area. However, it identified the need to ensure that the rest of NWSSP was appropriately trained, communicated with, and engaged with key external stakeholders where appropriate. An Action Plan has been developed to address these requirements. In year we have undertaken basic emergency planning training with both the Champions and the SLG, and a significant number of relevant staff (50+) have also completed the on-line Emergency Planning training on ESR. More tailored training has also been undertaken in conjunction with DHCW and this will continue into the coming year. A BCP app has also recently been introduced which will help to promote more effective communication. Lessons learned reports are now completed after every incident and are routinely reported to both the Champions and the SLG.

An internal audit report was also commissioned which provided Reasonable Assurance and contained helpful recommendations for updating departmental action cards and updating aspects of business continuity

documentation, as well as suggesting consideration of investment in dedicated resource which will be taken forward in 2024-25.

Staff continue to work from home where possible and have been provided with the IT equipment to enable them to do so effectively. For staff who were required, or preferred to attend NWSSP sites, safe systems of working were implemented and enhanced to keep them as safe as possible, and in compliance with national guidance. Staff welfare is safeguarded, whether working from home or a NWSSP site, through employee support programmes including a network of Mental Health First Aiders across NWSSP who provide a point of contact for employees who are experiencing a mental health issue or emotional distress.

In addition, the NWSSP Mental Health Support Group is a virtual online group open to all colleagues and provides a supporting community where other individuals facing similar struggles can come together to find support, resources, and self-help tools. NWSSP has signed an employer pledge with Time to Change Wales; the first national campaign to end stigma and discrimination faced by people with mental health problems, which is delivered by two of Wales's leading mental health charities, Hafal and Mind Cymru.

Cyber Security

NWSSP continues to work towards implementing the Cyber Security Framework in order to address the specific needs of the service. This is an ongoing plan covering the areas of Identify, Protect, Detect, Respond and Recover. NWSSP have already started a number of work streams including Information Workflows and Governance, Awareness and Training, Procurement of Professional Incident Response Capability, Protective Technology through the SIEM Procurement Project and Business Continuity Planning workshops across the whole of the whole of NWSSP. NWSSP has a robust virtualised infrastructure based on the tenets of the framework in order to provide a safe and secure environment for NWSSP business systems.

The Cyber Security team continues to be strengthened with the recruitment of two more staff to take the number directly involved in cyber security to four. During the year training has been provided at a number of levels, including a desktop exercise with the SLG in March 2024, and phishing exercise campaigns continue to run. Heightened concerns over cyber security have led to action cards being updated and staff reminded of required practice when dealing with IT systems and responding to e-mails and other forms of contact. NWSSP is also represented on the all-Wales Cyber Security Network.

The SLG commissioned key performance indicators for cyber security towards the end of the financial year in order to enable greater ongoing oversight of the management of cyber security risk.

7.8 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. The Trust undertook an assessment against the main principles of the UK Corporate Governance Code as they relate to an NHS public sector organisation in Wales. This assessment was previously informed by the Trust's assessment against the "Governance, Leadership and Accountability" theme of the Health and Care Standards undertaken by the Board. The Trust is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust's wider Annual Report.

7.9 NHS Pension Scheme

As an employer hosted by the Trust and as the payroll function for NHS Wales, there are robust control measures in place to ensure that all employer obligations contained within the Scheme regulations for staff entitled to membership of the NHS Pension Scheme are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

8. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Directors and Heads of Service within NWSSP who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

As Accountable Officer I have overall responsibility for risk management and report to the SSPC regarding the effectiveness of risk management across NWSSP. My advice to the SSPC is informed by reports on internal controls received from all its committees and in particular the Audit Committee.

Each of the Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal and external audit reports and reports on professional standards from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and a potential expansion of the services provided by NWSSP. Each Committee develops an annual report of its business and the areas that it has covered during the last year, and these are reported in public to the Trust, Health Boards and Special Health Authorities.

Internal Audit Opinion

Internal Audit provide me and the SSPC through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with Public Sector Internal Audit Standards by the Audit and Assurance function within NWSSP.

The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities. The overall opinion of the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit opinion for 2023/2024 was that the Partnership Committee can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

RATING	INDICATOR	DEFINITION
Reasonable assurance	 - + Yellow	The Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance. During the year, there was one internal audit report regarding decarbonisation, issued with a rating of limited. There were zero reports with no assurance. All other reports were either substantial or reasonable assurance or were issued as advisory reports.

The challenges to deliver the decarbonisation agenda within limited resources, as noted in the Risk Management section, has been recognised in the limited assurance Internal Audit review. Internal Audit highlight the root cause of the rating is the impact of financial restraints on the ability of NWSSP to both deliver its own Decarbonisation Action Plan and to support

the wider delivery in NHS Wales should be recognised. The Internal Audit review did not highlight significant weaknesses in internal control.

Financial Control

NWSSP was established by Welsh Government to provide a range of support services to the NHS in Wales. As Managing Director and Accountable Officer, I retain overall accountability in relation to the financial management of NWSSP and report to the Chair of the SSPC.

NWSSP Financial Control Overview

There are four key elements to the Financial Control environment for NWSSP as follows:

- Governance Procedures – As a hosted organisation NWSSP operates under the Governance Framework of the Trust. These procedures include the Standing Orders for the regulation of proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating procedures covering the whole of the Trust and also local procedures specific to NWSSP.

- Budgets and Plan Objectives – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.

- Service Level Agreements (SLAs) – NWSSP has SLAs in place with all customer organisations and with certain key suppliers. This ensures clarity of expectations in terms of service delivery, mutual obligations, and an understanding of the key performance indicators. Annual review of the SLAs ensures that they remain current and take account of service developments.

- Reporting – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and associated controls can be monitored, and remedial action taken as and when required.

Through this structure NWSSP has maintained effective financial control which has been reviewed and accepted as appropriate by both the Internal and External Auditors.

9. CONCLUSION

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2023/24 and that it is further developing and embedding good governance and appropriate controls throughout the organisation. NWSSP has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads me to conclude that it has a robust system of control.

Looking forward – for the period 2024/25:

I confirm that I am aware of my on-going responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2024/25.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date:

Final Head of Internal Audit Opinion & Annual Report 2023/2024

July 2024

NHS Wales Shared Services Partnership

Contents

Report status:	Final v1
Draft report issued:	June 2024
Final report issued:	10th July 2024
Author:	Head of Internal Audit
Executive Clearance	Assistant Director Corporate Services and Director of Finance & Corporate Services
Partnership Committee	July
Audit Committee	July 2024

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.
Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY

1.1 Purpose of this Report

The Managing Director of NHS Wales Shared Services Partnership (NWSSP) is accountable to the Shared Services Partnership Committee (SSPC) for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards.

1.2 Head of Internal Audit Opinion 2023-24

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Managing Director as Accountable Officer and the SSPC which underpin the assessment of the effectiveness of the system of internal control. The approved internal audit plan is biased towards risk and therefore NWSSP will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

The overall opinion for 2023/24 is that:

Reasonable assurance		The Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

1.3 Delivery of the Audit Plan

The internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach, and with the support of management, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee (the 'Committee'). In addition, regular audit progress reports have been submitted to the Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to

be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for 2023/24 year was initially presented to the Committee in April 2023. Changes to the plan have been made during the course of the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken other NHS Wales organisations, particularly, Digital Health & Care Wales (DHCW) that support the overall opinion for NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (in March 2023), and our own annual Quality Assurance and Improvement Programme (QAIP) have both confirmed that our internal audit work 'fully conforms' to the requirements of the Public Sector Internal Audit Standards (PSIAS) for 2023/24. We are able to state that our service 'conforms to the IIA's professional standards and to PSIAS.'

1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the areas in the table below.

Where we have given Limited Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where it is appropriate to do so.

A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2023/24

Substantial Assurance	Reasonable Assurance
• Employment Services - Payroll • Energy Cost Management	• Accounts Payable • Primary Care Services Contractor Payments - General Medical Services (GMS) • Primary Care Services FPPS Reconciliation Tool • Business Continuity Planning • Performance Data Quality • Specialist Estates Services - Building for Wales Framework • Prioritisation of Estates Funding Advisory Board Monies • Student Awards • *Single Lead Employer (draft)* • *Procurement (draft)*
Limited Assurance	**Advisory/Non-Opinion**
Decarbonisation	n/a
Unsatisfactory Assurance	
N/A	

Please note that our overall opinion has also taken into account both the number and significance of any audits that have been deferred during the course of the year (see section 5.7) and also other information obtained during the year that we deem to be relevant to our work (see section 2.4.2).

2. HEAD OF INTERNAL AUDIT OPINION

2.1 Roles and Responsibilities

The Managing Director of NHS Wales Shared Services Partnership is accountable to the Shared Services Partnership Committee (SSPC) for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's risk management process and system of assurance should bring together all of the evidence required to support the Annual Governance Statement.

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board takes into account but is not intended to provide a comprehensive view.

The Managing Director, on behalf of the Partnership Committee, through the Audit Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports

issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Shares Services Partnership Committee which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist NWSSP in the completion of its Annual Governance Statement and may also be taken into account by regulators including Healthcare Inspectorate Wales in assessing compliance with the Health & Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the course of the 2023/24 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations where appropriate. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of PSIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight assurance domains that were used to frame the audit plan at its outset (see section 2.4.2).

2.4 Head of Internal Audit Opinion

2.4.1 Scope of opinion

The scope of my opinion is confined to those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Reasonable Assurance	 Yellow	The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised. Particular focus should be placed on the agreed response to any Limited Assurance opinions issued during the year and the significance of the recommendations made (of which there was one audit in 2023/24).

2.4.2 Basis for Forming the Opinion

The audit work undertaken during 2023/24 and reported to the Audit Committee has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at

either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements (see section 2.4.3).

- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the organisation has arrived at its declaration in respect of the self-assessment for the Leadership Standard.
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).
- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; observation of key meetings; meetings with Executive Directors, senior managers; the results of ad hoc work and support provided; liaison with other assurance providers and inspectors; research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the NHS Wales Shared Services Partnership.

In reaching this opinion we have identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas.

From the opinions issued during the year, two were allocated Substantial Assurance, ten were allocated Reasonable Assurance and one was allocated Limited Assurance. No reports were allocated a 'unsatisfactory assurance' opinion.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming their overall opinion.

A summary of the findings is shown below.

NATIONAL AUDITS

The assurance ratings from the national system audits are a key component of the overall NWSSP opinion.

- The audit of the FPPS Reconciliation Tool – was given a **Reasonable** Assurance rating overall with three medium priority matters identified covering variation and/or progress in completing the actions notified to health boards in December 2022 and other associated risks which at the time of reporting had not been formally communicated to health boards; lack of privacy impact assessment and access to claims data; and investigation of potential errors in paid claims.

- The audit of Primary Care Services Contractor Payments General Medical Services was given a **Reasonable** Assurance rating overall. We identified two medium priority matters arising in relation to the calculation of reckonable service and validation of enhanced services claims.

- Accounts Payable - The audit was given a **Reasonable** Assurance rating, with three medium priority matters arising relating to: Compliance with the checking and approval requirements for additions/amendments to the supplier Masterfile; Compliance with the No PO No Pay Policy and Authorisation of non-PO invoices in line with organisation approval hierarchies and approval arrangements for data loads.

- Payroll Services – The audit was given a **Substantial** Assurance rating. The design and operation of controls for the administration of Payroll Services are designed and operating effectively and this is reflected in the continued high levels of payroll accuracy figures reported in KPIs (over 99%) during 2023-24, with continued progress made in addressing the issues identified in previous audits.

- Procurement – The audit was given a **Reasonable** Assurance (draft) rating. Recommendations were made in relation to updating guidance in relation to the use of frameworks; declarations of interests and one approval to award a contract in line with scheme of delegation.

NWSSP AUDITS

The majority of these audits were given Reasonable Assurance with two given Substantial Assurance, with one non opinion audit:

- The audit of Performance Data Quality concluded with **Reasonable Assurance**, highlighting three medium priority areas for

improvements covering, the performance data collection process, verification of KPI data and supporting evidence.

- The audit of Business Continuity Planning concluded with **Reasonable** Assurance, highlighting five medium priority areas for improvements including, business continuity impact assessment scenarios, actions cards, business continuity resource and action card testing.
- The Building for Wales Framework audit concluded with **Reasonable** Assurance − The audit highlighted that lessons has been learned from previous framework exercises, however, did highlight areas of improvement relating to risk management process, a review of the evaluation process to ensure proactive monitoring and declaration of interest completion.
- Estates Funding Advisory Board Monies − **Reasonable** Assurance was given for the audit. The review did highlight a need for improved processes surrounding post award amendments to the programme. And other key matters including the need to ensure the completeness of original bid documentation, and the need to develop an enhanced evaluation tool to provide a clearer trail from initial bids through scrutiny to award.
- The audit of Energy Cost Management concluded with **Substantial** Assurance. The audit highlighted that appropriate governance arrangements were in place to monitor energy prices and support effective decision making along with appropriate arrangements to ensure that national purchasing decisions were made in line with the remit of the energy group and scheme of delegation.
- The audit of Decarbonisation concluded with **Limited** Assurance. This audit was undertaken across all NHS bodies with a consistent scope and a review on constancy of findings across audits. The audit highlighted that NWSSP had clear governance structure and reporting arrangements, that the organisation's DAP for 2024-26 accurately aligns with the Strategic Delivery Plan along with highlighting that NWSSP provided highly valued system wide leadership on various initiatives to support NHS Wales organisations in delivery of national objectives. However, the lack of available funding across NHS Wales impacts NWSSP's ability to produce a fully costed plan with potential funding strategies clearly identifiable and complete the key actions assigned to the initiatives set out in the Strategic Delivery Plan in a timely manner. This financial shortfall could result in the organisation's inability to meet national decarbonisation targets in 2025 and 2030.

- The audit of the Student Awards Service concluded with **Reasonable** Assurance. Implementation of the new GP UK system has improved automation and efficiency within the team, with students able to

upload evidence to their application and Universities having access to the system to update course information instead of submitting manual forms to SAS. Applications are promptly reviewed by bursary assessors and sample testing identified no errors in the calculation of bursary award. We have identified three medium priority matters arising requiring management attention relating to: Absence of procedural guidance for manual workarounds where system issues have been identified; Absence of a service level agreement with HEIW setting out the roles, responsibilities and limitations to the scope of the service and issues with the configuration of the application form and SAS having access to amend student bank details.

- The audit of the Single lead Employer service concluded with **Reasonable** Assurance (Draft). The matters identified during the audit requiring management attention included: SOPs are required for the processing of leavers, changes and absence management; EMAs need to be updated to clarify responsibilities in respect of statutory and mandatory training compliance, and management of sickness absence documentation; and The ESR and Intrepid systems should be reconciled more frequently to ensure the accuracy of data held in ESR, which drives payments to trainees.

2.4.3 Approach to Follow Up of Recommendations

As part of our audit work, we consider the progress made in implementing the actions agreed from our previous reports for which we were able to give only Limited Assurance. In addition, where appropriate, we also consider progress made on high priority findings in reports where we were still able to give Reasonable Assurance. We also undertake some testing on the accuracy and effectiveness of the audit recommendation tracker.

In addition, Audit Committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

We recognise that it has been more challenging for NHS organisations to implement recommendations to the timescales they had originally agreed. In addition, we also recognise that for new recommendations it may be more difficult to be precise on when exactly actions can be implemented by. However, it remains the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges. Going forward, given that it is very likely that the number of outstanding recommendations will have grown during the course

of the pandemic, audit committees will need to reflect on how best they will seek to address this position.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the PSIAS) and the level of overall assurance that we can give.

As part of the governance arrangements within NWSSP an audit recommendation tracker was in operation during 2023/24. This is monitored and reported to Audit Committee on a regular basis, providing the ongoing position of recommendations implemented and the level of recommendations still to be actioned.

2.4.4 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards, and with the agreement of senior management and the Board, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.4.5 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

The majority of audit reviews will relate to the systems and processes in operation during 2023/24 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of organisation's Annual Report and accordingly will be completed and reported to management and the Audit Committee subsequent to this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.5 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2023/24.

2.6 Statement of Conformance

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. The work of Internal Audit is also subject to an annual assessment by Audit Wales. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023. CIPFA concluded that NWSSP's Audit & Assurance Service fully conforms to the requirements of the PSIAS.'

The NWSSP Audit and Assurance Services can assure the Audit & Risk Committee that it has conducted its audit at NHS Wales Shred Services Partnership in conformance with the Public Sector Internal Audit Standards for 2023/24.

Our conformance statement for 2023/24 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2023/24 which will be reported formally in the Summer of 2024; and
- the results of the External Quality Assessment.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2023/24 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other member of NWSSP's Audit & Assurance Service who undertook work on the NWSSP audit programme for 2023/24.

2.7 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the SSPC need to take into account other assurances and risks when preparing their statement. These sources of assurances will have been identified within the SSPC's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;
- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales and Healthcare Inspectorate Wales.

3. OTHER WORK RELEVANT TO NWSSP

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other Health bodies. These are set about below, with relevant comments and opinions attached, and relate to work at Digital Health & Care Wales.

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to NWSSP. These audits derived the following opinion ratings:

Audit	Opinion	Objective
Benefits Realisation	Reasonable	To determine if the principles of an appropriate benefits realisation framework have been implemented to support decision making.
Programme Management	Reasonable	To provide an opinion of the project management being operated over the Digital Services for Patients and Public (DSPP) programme.
Business Continuity (Ransomware)	Reasonable	To assess the adequacy and effectiveness of business continuity arrangements, including in the event of a cyber-attack (including ransomware).
Legacy Software Modernisation	Reasonable	To review the management of risks associated with older technology.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

4. DELIVERY OF THE INTERNAL AUDIT PLAN

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Audits that remain to be reported but are reflected within this Annual Report will be reported alongside audits from the 2024/25 operational audit plan.

The audit plan approved by the Committee in April 2023 contained sixteen planned reviews. Changes have been made to the plan with three audits deferred. All these changes have been reported to and approved by the Audit Committee. As a result of these agreed changes, we have delivered thirteen reviews.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the organisation. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk

management and control. This activity is reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed. The key performance indicators are summarised in the table below.

Indicator Reported to NWSSP Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2023/24	G	April	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported to at least draft against adjusted plan for 2023/24	*G*	100%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	85%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 working days]	G	83%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%

5. RISK BASED AUDIT ASSIGNMENTS

The overall opinion provided in Section 1 and our conclusions on individual assurance domains is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total 13 audit reviews were reported during the year. Figure 2 below presents the assurance ratings and the number of audits derived for each.

Figure 2

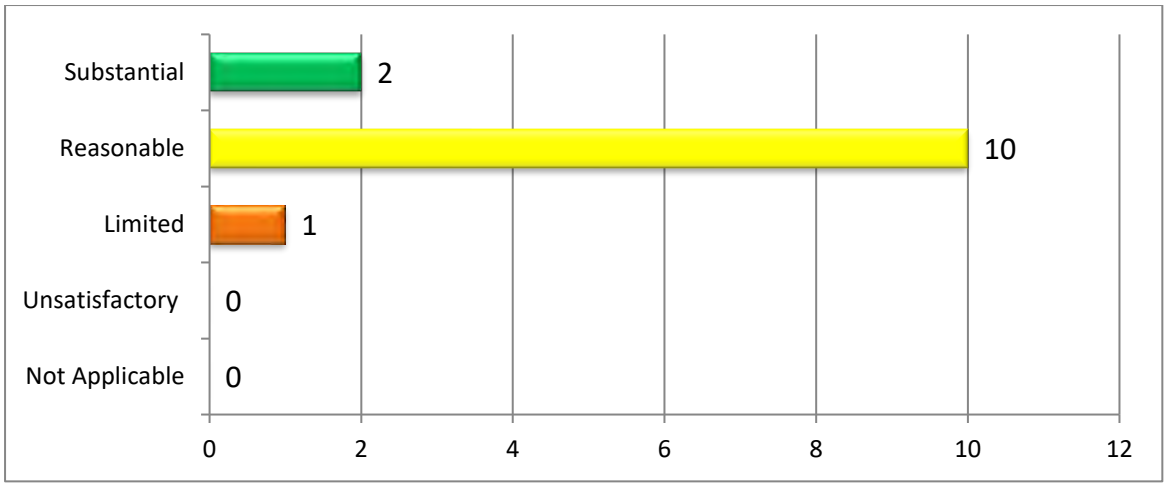


Figure 2 above does not include the audit ratings for the reviews undertaken at DHCW.

In addition to the above, the report considers any audits which did not proceed following preliminary planning and agreement with management. In some cases, organisational pressures was the reason for the deferral or cancellation and in other cases, it was recognised that there was action required to address issues and/or risks already known to management and an audit review at that time would not add additional value. These audits are documented in section 5.7.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Green)

In the following review areas the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Employment Services - Payroll	The overall objective of this audit was to evaluate the design and operation of the systems and controls in place within Payroll Services.
Energy Cost Management	The overall objective of this audit was to review the arrangements for energy cost management and All-Wales purchasing.

5.3 Reasonable Assurance (Yellow)

In the following review areas, the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Accounts Payable	The purpose of the audit review was to evaluate and determine the adequacy of the systems and controls in place for the NWSSP Accounts Payable service.
Primary Care Contractor Payments - GMS	The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place for the management of primacy Care Contractor Payments – General Medical Services (GMS)
Primary Care Contractor Payments – GMS – FPPS Reconciliation Tool	The objective of this audit was to review the newly developed reconciliation tool to determine whether it addressed the control gap between the former Open Exeter and new FPPS systems, for the validation of enhanced services claims by GPs.
Performance Data Quality	The overall objective of this audit was to review the processes in place for ensuring the completeness and accuracy of performance data reporting against existing performance measures.

Review Title	Objective
Business Continuity Planning	The overall objective of this audit was to assess the adequacy and effectiveness of systems and controls in place across NWSSP for the Business Continuity Planning.
Specialist Estates Services – Building for Wales Framework	The purpose of the audit was to evaluate the processes and procedures put in place by NHS Wales Shared Services Partnership: Specialist Estates Services (NWSSP: SES) for the next generation of the NHS Building for Wales framework arrangements. This review focused on the systems and controls in place in respect of the Pre-Qualification Questionnaire (PQQ) stage of the renewal process.
Specialist Estates Services – Estates Funding Advisory Board Monies	The purpose of the audit was to evaluate the processes and procedures put in place by NHS Wales Shared Services Partnership: Specialist Estates Services (NWSSP: SES) to coordinate the prioritisation and allocation of funds through the Estates Funding Advisory Board (EFAB for 2023/24 & 2024/25).
Student Awards	The overall objective of this audit was to review the new system implementation and compliance with policies and procedures covering bursary applications, eligibility and service performance.
Single Lead Employer (draft)	The overall objective of this audit was to test compliance with a range of policies and procedures, key aspects of risk and governance within the Service, including new starters, leavers and changes; absence is management; and that invoices and payments in respect of trainees are promptly and accurately processed
Procurement (draft)	To review the adequacy of the systems and controls in place for procurement of contracts above OJEU thresholds.

5.4 Limited Assurance (Amber)

In the following review areas the Board can take only **limited assurance** that arrangements to secure governance, risk management and internal

control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Decarbonisation	To consider progress against the NHS Wales Decarbonisation Strategic Delivery Plan and the Health Board's Decarbonisation Action Plan, demonstrating how they will implement the Strategic Delivery Plan initiatives. Following on from the advisory review delivered in 2022/23, the proposed scope included governance, strategy progress and implementation.

5.5 Unsatisfactory Assurance (Red)

No reviews were assigned an 'unsatisfactory assurance' opinion.

5.6 Assurance Not Applicable (Grey)

The following reviews were undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for these reviews are deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
n/a	n/a

5.7 Deferred Audits

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion. As there were audits deferred during the year, two audits were added to the plan as

a result of discussion with Management. These adjustment to the plan were subject to approval at the Audit Committee during the year.

Review Title	
IT /Digital - Infrastructure upgrade /Azure environment	Discussion with management and IT Audit. Programme not progressing as originally planned. No significant impact on opinion anticipated. To be considered as part of future audit planning.
Central E Business Team – Oracle System	Other work being undertaken and a change in control arrangements. No significant impact on opinion anticipated. Additional time put into other audit work. To be considered as part of future audit planning.
CIVAS/Medicines Unit	Deferred as part of reprioritisation of plan. Additional time put into other audit work. No significant impact on opinion anticipated. Included in 24/25 plan.

6. ACKNOWLEDGEMENT

In closing I would like to acknowledge the time and co-operation given by Directors and staff of the NHS Wales Shared Services Partnership to support delivery of the Internal Audit assignments undertaken within the 2023/24 plan.

James Johns
Pennaeth yr Archwiliad Mewnol/Head of Internal Audit
Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services
Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership
July 2024

Appendix A

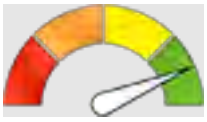
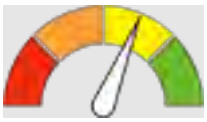
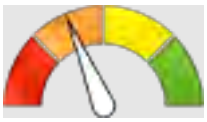
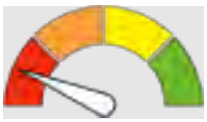
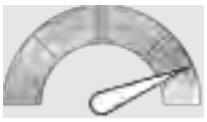
ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive / Managing Director and Audit Committee chair. There have been no impairments to our independence during 2023/24.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. An EQA was undertaken in 2023.
PERFORMANCE STANDARDS	
2000 Managing the internal audit activity	The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of

	specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee. Policies and procedures which guide the Internal Audit activity are set out in an Audit Quality Manual. There is structured liaison with Audit Wales and LCFS.
2100 Nature of work	The risk based plan is developed and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
2300 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee. An annual report and opinion is produced for the Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition, audit reports are followed-up by Internal Audit on a selective basis as part of the operational plan.

2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management, it would be discussed and will be escalated to Board level for resolution.

Appendix B - Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

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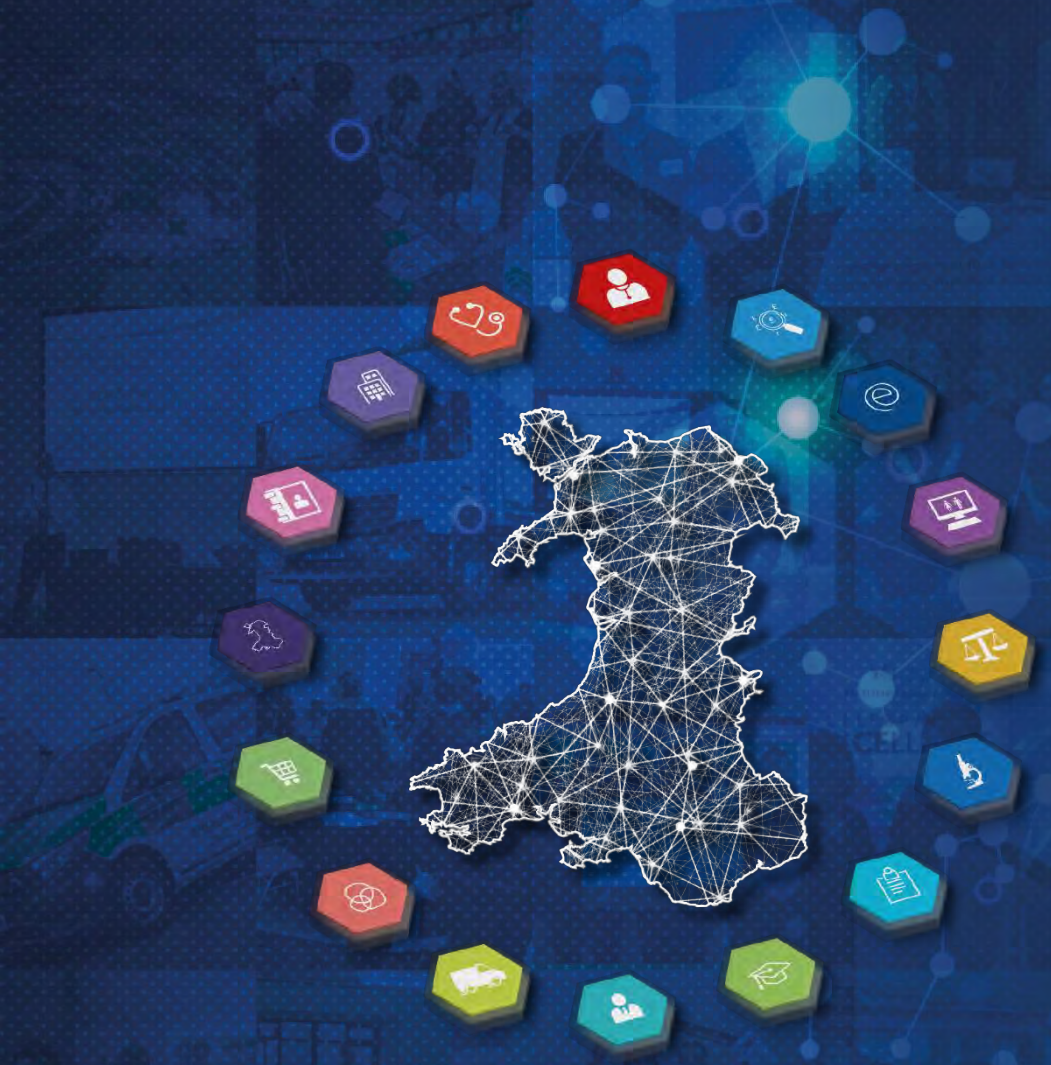
CF15 7QZ
Website: Audit & Assurance Services - NHS Wales Shared Services Partnership



GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

NWSSP Finance Report July 2024

As at 30th June 2024

Delivering Value, Innovation and Excellence through Partnership

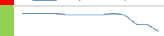
The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 30th June 2024.

Any detailed queries please contact:
linsay.payne@wales.nhs.uk

Financial Position and Key Targets

KPI	Target	2023/24 June	July	August	September	October	November	December	January	February	March	2024/25 April	May	June	Trend
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	-£12k	Breakeven	Breakeven	Breakeven	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
Distribution	0 Annually	On Target	On Target	On Target	£1.6m	£1.6m	£1.6m	£1.6m	£2.1m	£3m	£3m	On Target	On Target	On Target	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	96.55%	97.51%	97.14%	98.57%	96.72%	98.10%	97.87%	97.47%	97.11%	98.10%	97.43%	97.58%	97.28%	
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.84%	97.76%	97.57%	97.78%	97.61%	97.68%	97.70%	97.59%	97.54%	97.60%	97.43%	97.51%	97.43%	
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	99.17%	94.64%	94.50%	95.10%	71.72%	87.78%	97.06%	94.33%	94.44%	96.75%	97.27%	91.03%	94.35%	
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.89%	97.15%	96.67%	96.45%	92.23%	91.81%	92.47%	92.69%	94.56%	94.74%	97.27%	95.40%	95.06%	

Corporate

KPI	Target	2023/24 June	July	August	September	October	November	December	January	February	March	2024/25 April	May	June	Trend
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	12	11	18	6	0	3	4	4	5	1	4	5	2	
Variable Pay – Overtime	<£100k Monthly	£109k	£105k	£122k	£100k	£102k	120k	£73k	£90k	£90k	£137k	£112k	£87k	£108k	
Agency % to date	<0.8% Cumulative	0.32%	0.33%	0.32%	0.32%	0.30%	0.31%	0.31%	0.31%	0.32%	0.31%	0.19%	0.19%	0.12%	
Agency % Adjusted to exclude SLE	<1% Cumulative	1.03%	1.02%	1.03%	1.07%	1.04%	1.06%	1.07%	1.10%	1.11%	1.06%	0.69%	0.65%	0.23%	

Financial Position Update to 30th June 2024

Revenue

	Annual Budget £'000	YTD Budget £'000	YTD Expend £'000	YTD Variance £'000
Income	-720,969	-185,452	-184,896	556
Pay	349,633	85,482	83,736	-1,747
Non Pay	231,423	80,989	81,026	37
WRP – DEL	139,913	18,981	18,981	0
Year to date underspend	0	0	1,153	1,153
	0	**0**	**0**	**0**

NWSSP reported a year-to-date surplus of **£1.153m** at Month 3. This was reported as a surplus of **£0.846m** within our core operational budgets and **£0.307m** against our recurrent COVID allocation.

The £0.846m surplus against core operational budgets is due to ongoing turnover and delays with recruitment to vacancies.

The current £0.307m underspend against the COVID allocation is due to the seasonal variations in workload with vacancies that have not yet been appointed to. The decision regarding the type of vaccine to be administered will impact our forecast as there are varying transport and consumable requirements depending upon the chosen vaccine. At Month 3 we are forecasting a full year underspend against the covid funding allocation of £0.524m.

We are continuing to support increased activity levels above pre-COVID volumes that we are funded for in our Accounts Payable and Recruitment teams.

Capital

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	**£000**	**£000**
IP5 PV scheme	26	14	-12
Primary Care Workforce Intelligence System	114	-3	-117
Dupont 1 racking and IT infrastructure	26	1	-25
Improvements to NHS Wales Cyber Security	11	11	0
Matrix House EVCP	36	0	-36
Unallocated	387	-1	-388
Discretionary Capital Total	**600**	**22**	**-578**
IP5 Discretionary	250	0	-250
Laundry Discretionary	200	0	-200
All-Wales Laundry Programme	713	94	-619
Radiopharmacy Facility at Imperial Park 5	400	122	-278
Radiopharmacy isolators	1,500	0	-1,500
Additional Capital Total	**3,063**	**216**	**-2,847**
IFRS16 Capital	**0**	**0**	**0**
TOTAL CAPITAL ALLOCATION	**3,663**	**238**	**-3,425**

We have incurred **£0.238m** capital expenditure to date against our current **£3.663m** Capital Expenditure Limit.

We are continuing work on a capital prioritisation exercise to inform the allocation of the remaining £0.387m of discretionary capital funding.

Welsh Risk Pool

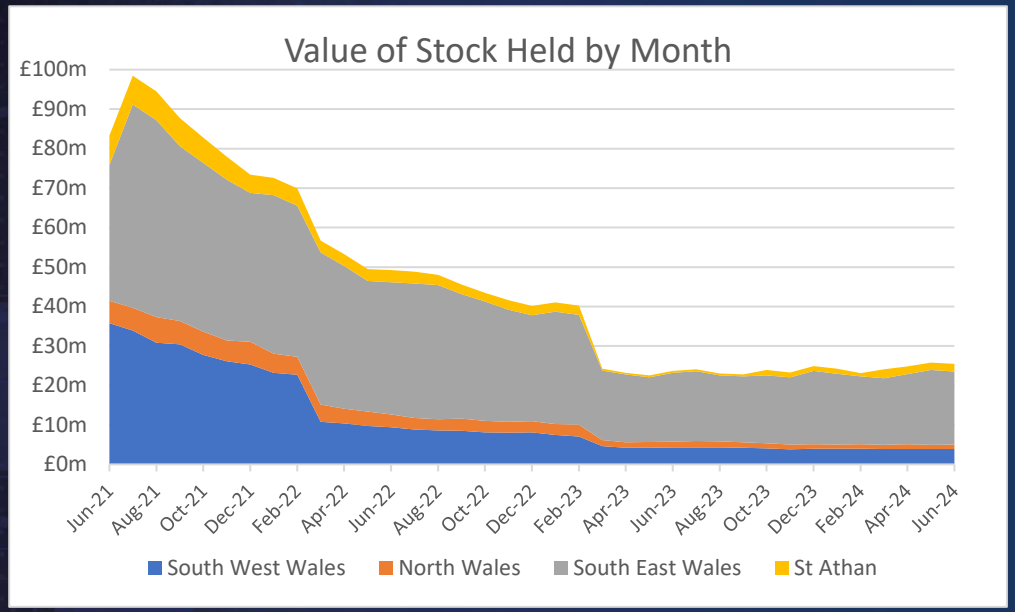
WRP DEL expenditure to **Month 3 is £18.981m** compared to £6.456m at this point last year.

A review of the WRP forecast in early July has indicated that our IMTP forecast of **£139.913m** continues to reflect the expected outturn expenditure for 2024/25. This requires a contribution from NHS Wales Organisations under the Risk Share Agreement of **£30.478m**.

The risk share apportionment will be subject to the annual update exercise based on final 2023/24 outturn data during August. The updated apportionment percentages and values will be reported to the Welsh Risk Pool Committee and Shared Services Partnership Committee meetings in September.

Expenditure type	Position as at M3 2023/24 £m	Position as at M3 2024/25 £m
Claims reimbursed & WRP Managed Expenditure	20.934	19.744
Periodical Payments made to date	1.132	0.573
Redress Reimbursements	0.215	0.283
EIDO – Patient consent	0.000	0.000
Clinical Negligence Salary Subsidy	0.137	0.083
WRP Transfers, Consent, Prompt, CTG	0.055	0.105
Movement on Claims Creditor	-16.017	-1.807
Year to date expenditure	**6.456**	**18.981**

Stock



The value of stock held in Stores at 30th June 2024 was **£25.5m**.

In June we received confirmation from Welsh Government of the updated required PPE stock holding volumes and we have responded with a number of points that require clarification.

Energy

	2024/25 IMTP Forecast (Feb 24)	Updated 2024/25 Forecast (June 24)	Movement 2024/25
	£m	£m	£m
Gas	38.270	37.976	**-0.294**
Power	64.365	59.075	**-5.290**
TOTAL	**102.635**	**97.051**	**-5.584**

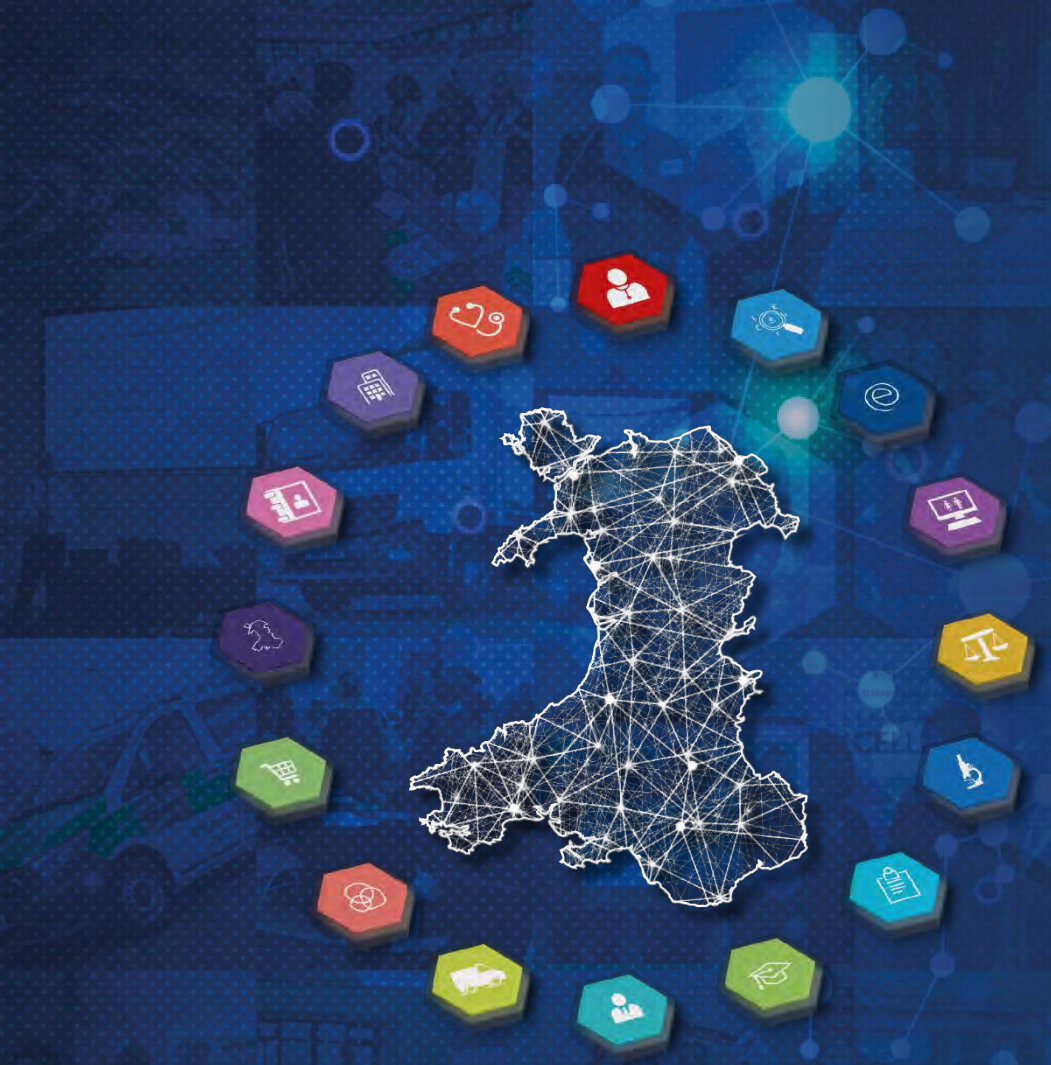
During Quarter 1 we have received updated 2024/25 forecasts from our CCS contract energy suppliers. We have worked with NHS Wales Organisations to validate the revised energy forecasts which identify net overall savings of **£5.584m** against the forecasts that were included in IMTPs. As we are in a locked energy basket for 2024/25 this forecast will not change during the financial year and will now be used locally by Organisations to track against actual costs being incurred.

	2024/25 IMTP Forecast (Feb 24)	Updated 2024/25 Forecast (June 24)	Movement 2024/25
	£m	£m	£m
Aneurin Bevan	18.962	17.305	**-1.657**
Betsi Cadwaladr University	21.663	19.813	**-1.850**
Cardiff and Vale	17.482	15.978	**-1.504**
Cwm Taf Morgannwg	12.425	14.520	**2.095**
Digital Health and Care Wales	0.189	0.146	**-0.043**
Health Education and Improvement Wales	0.139	0.128	**-0.011**
Hywel Dda	10.335	8.980	**-1.355**
NHS Wales Shared Services Partnership	0.496	0.436	**-0.060**
Powys	2.163	2.008	**-0.154**
Public Health Wales	0.295	0.397	**0.103**
Swansea Bay	15.376	14.580	**-0.796**
Velindre	1.922	1.745	**-0.177**
Welsh Ambulance Service	1.188	1.014	**-0.175**
TOTAL	**102.635**	**97.051**	**-5.584**

Recommendations

The Shared Services Partnership Committee is asked to note the content of the report including:

1. Achievement against key financial targets
2. The Month 3 revenue outturn
3. The Capital funding and expenditure update
4. The Month 3 Welsh Risk Pool update
5. The energy update



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Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

PEOPLE & OD WORKFORCE SUMMARY

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

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	4th July 2024
REPORT AUTHOR	Sarah Evans, Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	
The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31st May 2024. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity ongoing throughout June 2024. The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP employees and to encourage open and honest conversations to take place, in relation to our People Objective – Working together to be the best we can be.	

PEOPLE & OD WORKFORCE SUMMARY

Full Dashboard

Once opened, please click 'Editing' to open in desktop

Top 3 reasons for absence by FTE days Lost

1. Anxiety/stress/depression/other psychiatric illness

2. Cold, cough, Flu – influenza

3. Gastrointestinal problems

Welsh Language Awareness

A small decrease in compliance for Welsh Language Awareness can be seen in May at **91.81%** when excluding Single Lead Employer Division.

Including Single Lead Employer Division compliance decreases to **49.42%**

Headcount

The May employee headcount (5765) has increased from the April position (5764).

May headcount is higher than for the same period last year.

Turnover

Including Single Lead Employer Division Turnover is at **23.45%** which has decreased by **-1.54%** when compared against the same period last year.

Excluding Single Lead Employer Division turnover is at **11.47%** which remains higher than the NHS Wales figure of 7.1%

PEOPLE & OD WORKFORCE SUMMARY

SICKNESS ABSENCE

In-month Sickness	12 Month Sickness	NHS Wales Sickness (Mar 24)
2.61%	3.09% (0.2% ▲)	6.1%
Previous Month: 3.08%	Previous Year: 2.91%	

Last 2 Months in-month Variance	Sickness % Target
-0.47%	3.30%

Sickness Absence by Division

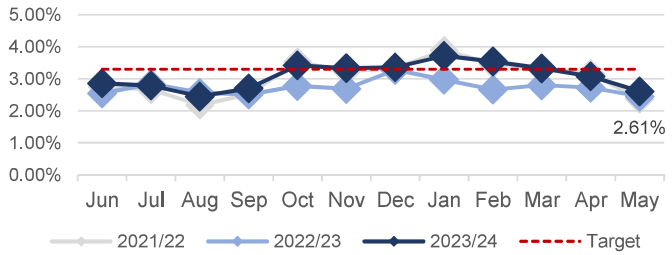
Division	%	Target
Laundry Division	7.74%	5.55%
Welsh Employers Unit Division	6.43%	2.00%
Procurement Division	5.70%	4.03%
Medical Examiner Division	5.69%	4.15%
Employment Division	4.82%	4.15%
Primary Care Division	4.60%	4.15%
E-Business Central Team Division	4.57%	2.00%
People & OD Division	4.01%	2.00%
Digital Workforce Division	3.56%	2.00%
Accounts Payable Division	3.47%	4.15%
Legal & Risk Division	2.97%	2.00%
Pharmacy Technical Services Division	2.81%	2.00%
Audit & Assurance Division	2.47%	2.00%
Corporate Division	2.36%	2.00%
Medical Workforce Division	2.22%	2.00%
Planning, Performance and Informatics Division	2.10%	2.00%
Single Lead Employer Division	2.10%	1.60%
Surgical Materials Testing (SMTL) Division	1.59%	2.00%
Specialist Estates Division	1.44%	2.00%
Counter Fraud Division	1.41%	2.00%
Finance Division	0.94%	2.00%
Hosted Services Division	0.76%	2.00%

- NWSSP's sickness absence for the period of **1 June 2023 – 31 May 2024 is 3.09%** which has increased from 2.91% when compared to the same period last year.
- NWSSP sickness absence remains below target of 3.30% and is below NHS Wales (6.1% Mar 24).
- **Anxiety/stress/depression/other psychiatric illnesses** is the top reason for absence within NWSSP.

Recommendation: to help reduce sickness absence linked to **anxiety/stress/depression/other psychiatric illnesses**:

- Promoting return to work discussions
- Sign post managers and employees to the Health and Wellbeing Support Centre available through the NWSSP intranet site.
- Offer of flexible working
- Continued promotion of future health and wellbeing workshops
- Sign post managers to available training to better support staff

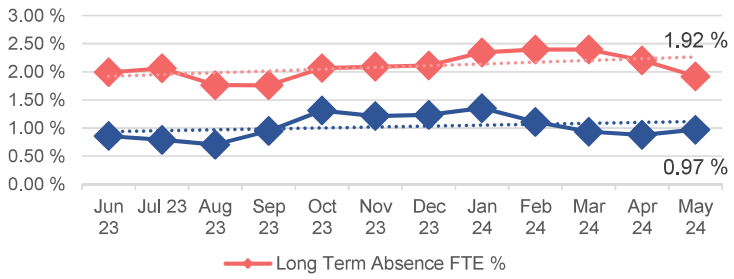
NWSSP Overall Sickness Absence % Monthly Comparison over 3 Years



Data Source: ESR

Sickness Absence was at its highest in January 24 (3.72%) and January 22. Sickness absence has continued to decrease since January 24 and is below target of 3.30%.

NWSSP Overall - Long Term / Short Term Sickness Absence FTE % Over Time

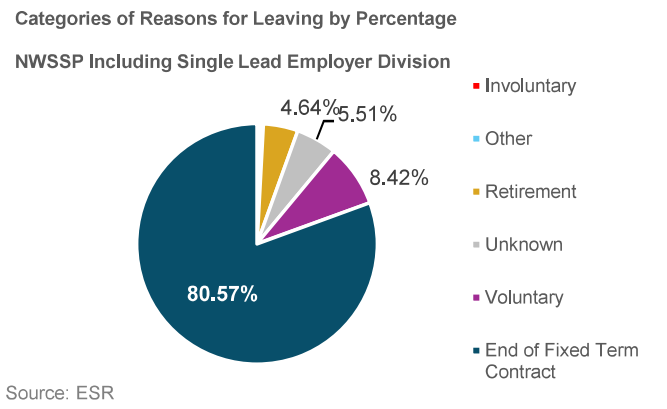


Data Source: ESR

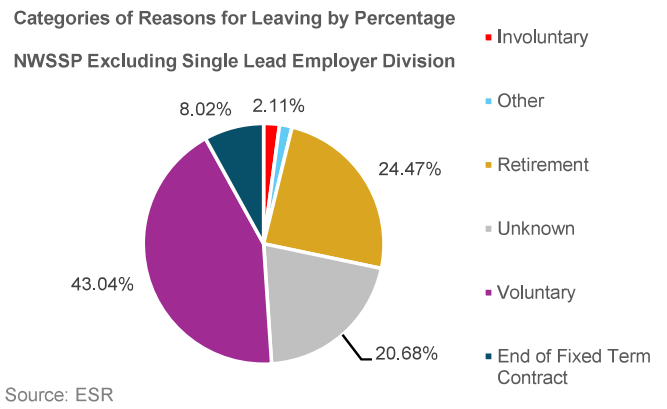
Long term absence has decreased from last month and is at 1.92% in May. The top reason for long term absence being **Anxiety/stress/depression/other psychiatric illnesses**

EMPLOYEE TURNOVER

Employee Turnover (with SLE)	Employee Turnover (excluding SLE)	Employee Turnover NHS Wales (Feb 24)
23.45%	11.47%	7.1%

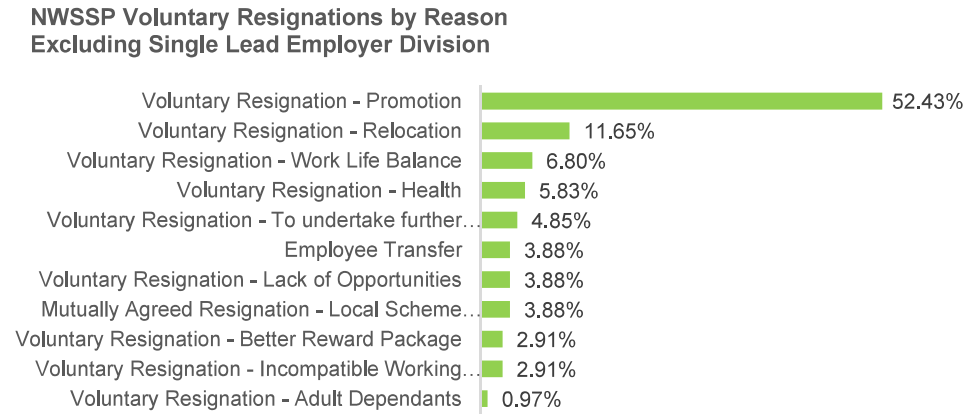


Source: ESR



Source: ESR

- Including Single Lead Employer Division, the main reason for leaving is **end of fixed term contract** at **80.57%.**
- Excluding Single Lead Employer Division **voluntary resignation** accounts for **43.04%** of leavers



Source: ESR

- NWSSP turnover (**23.45%** including SLE), (**11.47%** excluding SLE) remains high in comparison to the NHS Wales turnover of **7.1%**
- 52.43% of staff leaving the organisation citing voluntary resignation – due to promotion opportunities.

Recommendation to improve this:-
- **Promotion of staff** benefits – New portal to be built aligning to EVP project
- **Retention Program –** invest in employee development and further promotion of flexible working and work-life balance
- **Succession Planning –** prepare for transitions in event employees leave.

E-LEARNING COMPLIANCE

Division	NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	NHS|CSTF|Fire Safety - 2 Years|	NHS|CSTF|Health, Safety and Welfare - 3 Years|	NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	NHS|CSTF|Information Governance (Wales) - 2 Years|	NHS|CSTF|Moving and Handling - Level 1 - 2 Years|	NHS|CSTF|Resuscitation - Level 1 - 3 Years|	NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	NHS|CSTF|Safeguarding Children - Level 1 - 3 Years|	NHS|CSTF|Violence and Aggression (Wales) - Module A - No Specified Renewal|
Accounts Payable Division	99.33%	94.67%	99.33%	98.67%	93.33%	96.00%	98.67%	96.67%	96.67%	99.33%
Audit & Assurance Division	92.86%	89.29%	98.21%	92.86%	83.93%	92.86%	94.64%	92.86%	92.86%	98.21%
Corporate Division	96.43%	89.29%	96.43%	96.43%	92.86%	92.86%	96.43%	96.43%	96.43%	100.00%
Counter Fraud Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Digital Workforce Division	93.10%	93.10%	100.00%	100.00%	96.55%	93.10%	100.00%	96.55%	93.10%	100.00%
E-Business Central Team Division	100.00%	100.00%	100.00%	93.33%	93.33%	100.00%	93.33%	93.33%	93.33%	100.00%
Employment Division	97.77%	95.54%	98.05%	96.10%	93.04%	94.71%	96.94%	95.26%	95.54%	99.16%
Finance Division	100.00%	92.31%	100.00%	92.31%	88.46%	88.46%	100.00%	100.00%	100.00%	92.31%
Hosted Services Division	100.00%	90.91%	90.91%	90.91%	90.91%	90.91%	100.00%	81.82%	90.91%	100.00%
Laundry Division	79.11%	83.54%	81.65%	79.75%	60.13%	72.15%	83.54%	74.68%	73.42%	76.58%
Legal & Risk Division	93.41%	89.56%	92.86%	91.21%	89.56%	91.21%	95.05%	90.11%	90.11%	95.60%
Medical Examiner Division	94.87%	96.15%	96.15%	87.18%	92.31%	93.59%	92.31%	85.90%	87.18%	94.87%
Medical Workforce Division	100.00%	88.89%	94.44%	83.33%	88.89%	88.89%	88.89%	77.78%	77.78%	94.44%
People & OD Division	97.73%	90.91%	97.73%	95.45%	86.36%	93.18%	97.73%	90.91%	90.91%	93.18%
Pharmacy Technical Services Division	89.29%	96.43%	96.43%	89.29%	85.71%	85.71%	85.71%	89.29%	89.29%	89.29%
Planning, Performance and Informatics Division	95.24%	97.62%	95.24%	90.48%	97.62%	97.62%	92.86%	90.48%	90.48%	92.86%
Primary Care Division	97.40%	96.75%	97.40%	96.75%	96.10%	97.08%	97.73%	97.40%	97.40%	98.05%
Procurement Division	94.25%	90.83%	94.25%	91.66%	89.06%	88.65%	94.25%	91.93%	91.66%	94.53%
Specialist Estates Division	96.23%	92.45%	98.11%	98.11%	88.68%	92.45%	100.00%	98.11%	98.11%	100.00%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Welsh Employers Unit Division	60.00%	60.00%	40.00%	40.00%	60.00%	60.00%	60.00%	40.00%	40.00%	80.00%
NHS Wales Shared Services Partnership	94.69%	92.48%	95.11%	92.73%	89.25%	91.03%	94.86%	92.05%	91.97%	95.16%

Source: ESR

Note: compliance excludes Single Lead Employer Division

EMPLOYEE VALUE PROPOSITION

What we mean by Employee Value Proposition:

"An Employee Value Proposition (EVP) is our core benefits that make up our wider employer brand. It is a promise between us as an employer and a potential applicant; what can NWSSP and our culture offer them, in exchange for their talent, skills, and experience."

In this section we look at key developments and activities in relation to attraction, resourcing and onboarding, including our internal Bank service.

Recruitment & Attraction Activity including Widening Access

NHS Retirement Fellowship

- The launch of the Retirement Fellowship has been delayed and we now expect to launch in September after the summer holiday period.
- All retired staff will be written to and advised of the partnership and the opportunities and benefits it brings.

Work Placements

- 1 work placement took place in NWSSP throughout the month of May. This work placement was within our Legal and Risk Services.

Careers Events

- Ambassadors from NWSSP's Early Careers Network attended 2 career events in May. These events were in South Wales and were targeted at Construction students.
- NWSSP is currently committed to attending one career event in June in Cardiff. This event is targeted at Welsh Language speakers.

Network 75

- The University of South Wales will be releasing student applications for shortlisting to NWSSP recruiting managers in June.

Graduate Management Programme

- NWSSP's graduate is currently carrying out their third placement within our Legal and Risk Service. They are planned to remain in this placement until the end of June. At the end of June, they will start their fourth placement with Welsh Government. This placement is for a duration of 4 weeks. Conversations are underway between our graduate lead, graduate and services of interest to finalise where our graduate's fifth placement will take place.
- HEIW are continuing the recruitment process for 2024 NHS Wales General Management graduates. Assessment centres are scheduled to take place in June, with final stage interviews to commence thereafter.

PEOPLE & OD MOMENTS THAT MATTER

RESOURCE BANK AND AGENCY

General Bank – Monthly Use

185 staff actively engaged on the Bank in May (39 removed from collab bank)

Total spend of £217,639, £203,154 excluding Collaborative Bank which compares to £194,305 in April (excluding Collaborative Bank and Reserves adjustments).

There was a significant increase in Laundry Services of 17k. There was also an increase in Finance and Corporate Services and Collaborative Bank (10k and 5k respectively). There was also a decrease in Procurement Services of 6k.

Row Labels	Sum of Cur Month Actual	Sum of WTE Actual
Accounts Payable & e-Enablement	8,910.82	3.36
Audit & Assurance Services	1,299.67	0.40
Central Team eBusiness Services	1,567.21	1.00
Collaborative Bank Partnership	14,484.78	2.59
Digital Workforce Solutions	0.00	0.00
Employment Services	8,309.11	3.11
Finance and Corporate Services	21,943.07	2.67
Health Courier Services	42,408.45	16.01
Laundry Services	76,153.36	27.82
Legal & Risk Services	1,278.83	0.55
Medical Examiner Service	-129.19	-0.06
People & Organisational Development	1,872.73	1.21
Planning, Performance & Informatics	2,315.84	0.98
Primary Care Services	6,881.01	1.49
Procurement Services	27,842.55	10.39
Surgical Materials Testing Laboratory	-56.73	0.01
Welsh Employers Unit	1,106.50	0.10
Welsh Risk Pool	1,450.62	0.82
Grand Total	**217,638.63**	**72.45**

	Values	
Service Area	**Sum of Total Assignees**	**Sum of May2**
Audit	2	11302
HCS	6	12012
Laundry	15	24858
PPI	0	0
Total	**23**	**48171**

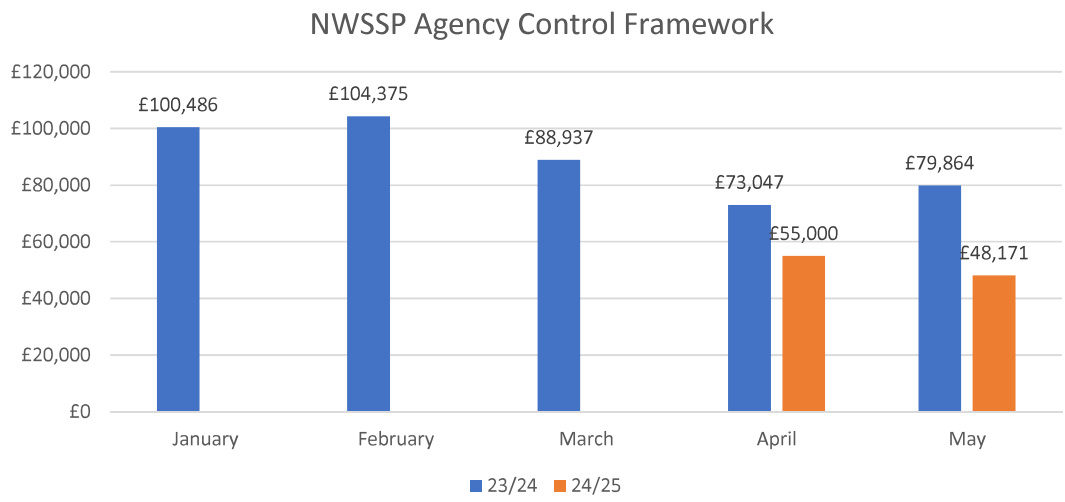
Agency Use

Agency spend has decreased to £48,171 from £55,000 in April.

Reduction continues to be seen in Laundry with engagements reducing from 33 in April to 15 in May and work continues to reduce this further by onboarding Agency workers onto Bank and utilising newly onboarded Bank workers.

The substantive posts should be filled in the next six weeks, via external recruitment and Flexible Recruitment Business Cases.

A review was undertaken of all Agency workers to understand the continued need and discuss options.



RESOURCE - VACANCY CONTROL & TIME TO HIRE

Vacancy Control	May 2024		
Row Labels	Vacancy	Business Case	Grand Total
Approved	30	13	43
Further info required	6	2	8
Declined	1	1	2
Grand Total	37	16	53

2024	Approved	Declined	Total
April	37	3	40
May	43	2	53
Total	80	5	93

Trac Report Code	Trac Recruitment Health Check	Average Time in Working Days: Target	Average Time in Working Days: May-24
T0a	Notice Date to Authorisation Start Date	5	46.2
T1a	Time to Approve Vacancy Request	10	9.2
T4	Time to Shortlist	3	12.6
T5b	Time to Update Interview Outcomes	3	7.8
T9b	Time to Approve References	2	6.4
T13	Vacancy Creation to Conditional Offer	44	40.8
T14	Vacancy Creation to Unconditional Offer	71	55.0
T23	Conditional offer to Ready for start date	27	16.5

Key Themes for TRAC & Flexible Business Cases

May figures show we have been non-compliant in several areas, while our overall Time to Hire has remained under target at 55 days (target 71 days)

The areas in red are Recruiting Manager actions, work continues to educate managers on planning their recruitment and the timescales.

For recruitment and flexible recruitment business cases consideration must be given around the appropriate talent pool – for example there should be opportunities for whole services to be considered, not just local teams, especially services who work in an agile way.

Consideration should also be given around location on adverts – vacancies should be clear that some roles can be agile and be based in any location not a certain office.

Vacancy Control Approval

As demonstrated by the T1a KPI the vacancy approval process is proving successful and doesn't slow the process down.

We have seen an increase in declined posts due to not enough information for the reason for vacancy or the talent pool being too limited – e.g. just within the local team not the service or NWSSP wide.

EMPLOYEE EXPERIENCE

Corporate Engagement

What we mean by Employee Experience:

"Employee Experience is how we provide personalisation to our staff about their experience with us an organisation. Understanding how we can provide staff with an experience that makes them want to keep working for us or to become advocates of us as an organisation when they leave. A truly positive employee experience is one where the employee feels special and appreciated for their individual contribution and talents, not simply a cog in a machine".

In this section we look at key developments and activities in relation to induction, relationships, recognition, key projects and talent management.

People Development

Leading for Excellence and Innovation

- A virtual celebration event took place in May for those who have completed cohort two of the Leading for Excellence and Innovation programme. We reflected back on the 7 modules and delegates heard from Gareth Hardacre and Ruth Alcolado on their personal learning journeys.
- Planning commenced for the 2024 cohort, which will begin on the 19th of September 2024. Applications will be opening for the September cohort in June 2024.

Learning at Work Week

- This year's theme was 'Learning Power.' To celebrate, we released a short survey to the organization via various communication channels to allow staff to share what learning they had undertaken over the last year, and the impact. The survey also asked staff what additional learning would like to undertake this year.

Training Needs Analysis

- Feedback from services about how they have found the 2023-2024 Training Needs cycle has been reviewed and analyzed.
- A report, which will be shared for note at Informal SLG, is in development. The report will provide an overview of this year's submissions, the feedback received from services and next steps ahead of the 2024-2025 cycle.

Training Opportunities delivered by People and OD

- 30 staff completed training offered by People and OD throughout May. They include:
    - Managers Induction x 7
    - Recruitment Training x 9
    - Welcome to NHS Wales Shared Services Partnership x 14

Diversity, Well-being and Inclusion

- NHS Wales Equality Week took place in May with speakers throughout the week. All sessions were recorded and are available on the Diversity and Inclusion intranet pages
- The recording of May's Dementia awareness session is available on the health and well-being pages of the staff intranet.
- During Mental Health Awareness Week a talk was held by inspirational speaker Luke Rees and was attended by 179 members of staff. This was also recorded for staff to access.
- The Health and Well-being conference date had been set and will be on 6th November 2024. This date will shortly be communicated to the organisation and managers are encouraged to enable as many staff as possible to access the event. There will be videos available via the intranet after the event had taken place,
- Following on from last year's successful Sign Language introductory session, the organisation has purchased a number of licenses for staff to learn British Sign Language via on online course. Information on accessing the learning and the application process will be made available to staff during July.
- NWSSP colleagues will be marching at Pride Cymru in Cardiff on 22nd June alongside other NHS Wales organisations to demonstrate support for our LGBTQ+ communities across Wales. Other regional Pride events have been advertised to staff via the People and OD Monthly Bulletin

EMPLOYEE EXPERIENCE

Corporate Engagement

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In this section we look at key developments and activities in relation to induction, relationships, recognition, key projects and talent management.

Culture and Engagement

Move from Companies House and Charnwood Court

- A Virtual Coffee Morning took place on 20th June. A general update will be given and plans shared in relation to lease options at Charnwood Court. This will also be followed by a Q&A session .

Staff Survey

- HEIW released the All-Wales Data dashboard to Staff Survey leads across NHS Wales. Access to the dashboards was given to our Senior People and OD Business Partners and Senior People Planning and Analytics Manager.
- Our Senior People and OD Business Partners will analyse the data with their services and will work closely with local SMTs to create and implement service specific action plans.
- Our staff survey leads are working on an organisation-wide action plan, capturing actions to target key themes, timescales and forms of measurement. An NWSSP communications plan is being created to ensure we can communicate the NWSSP action plan in a meaningful and timely way, accessible to our staff.
- Free-text responses have been released, to further aid our efforts in creating meaningful action plans. A meeting is scheduled for the 24th June, hosted by HEIW, to discuss plans and timescales for the 2024 Staff Survey.

Staff Recognition Awards

- The South West Wales Staff Awards Winner Event took place on the 1st May.
- Planning is underway to prepare for the final winners' event in Alder House on the 27th June.

PADR

- The PADR staff feedback data has been analysed to understand what staff find valuable in the current PADR process, and areas of improvement. The analysis will be shared with stakeholders in June and next steps will be agreed based on the findings.

Speaking up Safely

- The Speaking Up Safely Policy is currently being drafted and staff will shortly be asked to engage in a short questionnaire and/or conversation about the processes they would like to see in relation to speaking up and to find out more about barriers they perceive to raising concerns. Outputs from thus will be fed into the development of the policy and associated processes.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18th July 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
NWSSP Performance Information Report

ARWEINYDD: LEAD:	Alison Ramsey, Director of Planning, Performance, and Informatics
AWDUR: AUTHOR:	Richard Phillips, Business and Performance Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey, Director of Planning, Performance, and Informatics

Pwrpas yr Adroddiad: Purpose of the Report:
The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for February – May 2024.

Llywodraethu / Governance	
Amcanion: Objectives:	Value for Money - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. Staff - To have an appropriately skilled, productive, engaged and healthy workforce.
Tystiolaeth: Supporting evidence:	NWSSP IMTP 2024-27

Ymgynghoriad / Consultation :
Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	√
Argymhelliad/ Recommendation	The Shared Services Partnership Committee is requested to NOTE: 1. The significant level of professional influence benefits generated by NWSSP to 31st May 2024. 2. The performance against the high-level key performance indicators to 31st May 2024. 3. The improvement in recruitment Time to Hire in recent months.						

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

NWSSP Performance Information Report

June 2024

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for February – May 2024.

Health Organisations will receive their individual performance reports for Quarter at the end of July 2024.

Organisational 1:1 performance meetings are being held currently to discuss performance.

Key Messages

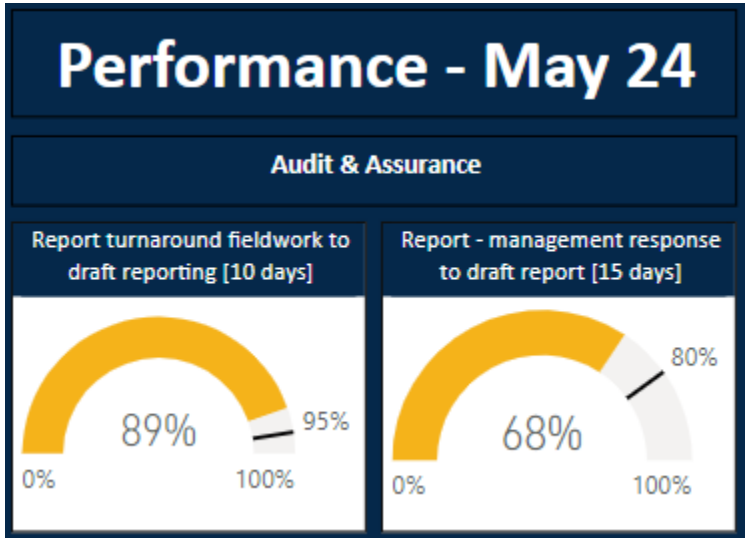
The in-month March performance was generally good with 36 KPIs achieving the target against the total of 38 KPIs.

Time to Hire target within Recruitment has been achieved the last few months.

However, 2 KPIs relating to Internal Audit did not achieve the target and are considered Red/Amber. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £67M at end of May. This is further broken down on Page 12 of this report.

Summary Position by exception – 2 KPIs off Target



Of the 2 KPIs that did not achieve the targets for May

- 1 is solely the responsibility of the health organisation.
- 1 is within our gift to influence as a service provider.

Summary of KPIS

KFA	KPIs	Target		23/24 February	23/24 March	24/25 April	24/25 May	Trend
Audit & Assurance								
Our Services	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
Our Services	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Cumulative	Y	Y	Y	Y	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	89%	88%	89%	89%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Cumulative	68%	71%	68%	68%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	99%	99%	99%	99%	
Procurement Services								
Our Value	Procurement savings *Current Year	£9m	Cumulative	£27,787,162	£28,926,922	£10,450,534	£12,182,487	
Accounts Payable								
Our Value	Savings and Successes		Monthly	£2,376,953	£3,779,318	£1,799,594	£1,444,530	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	96.10%	Reported Quarterly	Reported Quarterly	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	87.40%	Reported Quarterly	Reported Quarterly	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	95.50%	96.90%	96.90%	97.40%	
Employment Services Payroll								
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.73%	99.80%	99.72%	99.77%	
Our Services	Payroll % Calls Handled	95%	Monthly	96.52%	95.76%	98.02%	98.52%	
Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	63.9%	69.1%	71.1%	69.5%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	65.70	61.50	59.40	61.00	
Recruitment Responsibility								
Our Services	Recruitment - % of Vacancies advertised within 2 working days of receipt	95%	Monthly	99.7%	99.8%	100.0%	100.0%	
Our Services	Recruitment - % of conditional offer letters sent within 4 working days	95%	Monthly	99.3%	99.0%	99.5%	99.4%	
Our Services	Recruitment % Calls Handled	95%	Monthly	98.9%	98.5%	99.4%	98.6%	

Summary of KPIS

KFA	KPIs	Target		23/24 February	23/24 March	24/25 April	24/25 May	Trend
Student Awards								
Our Services	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	95.71%	96.94%	96.73%	97.51%	
Primary Care								
Our Services	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
Our Services	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.73%	99.68%	99.77%	99.70%	
Our Services	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
Our Services	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
Our Services	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	100%	100%	100%	
Legal & Risk								
Our Value	Savings and Successes	£65m annual target	Monthly	£25,490,149	£24,883,957	£31,197,161	£18,713,405	
Our Services	Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	100%	100%	100%	100%	
Our Services	Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	100%	100%	100%	100%	
Welsh Risk Pool								
Our Services	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
Our Services	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
Our Services	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
Specialist Estates Services								
Our Value	Professional Influence	£16m annual	Monthly	£179,369	£322,639	£1,420,969	£398,731	
Our Services	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	Not Applicable	
Our Services	Issues and Complaints	0	Monthly	0	0	0	0	
CTES								
Our Services	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	100%	100%	100%	
Our Services	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	100%	100%	100%	100%	

Summary of KPIS

KFA	KPIs	Target		23/24 February	23/24 March	24/25 April	24/25 May	Trend
Digital Workforce								
Our Services	DWS % Calls Handled	85%	Monthly	91.41%	95.51%	91.37%	93.88%	
Our Services	Customer Satisfaction	90%	Monthly	92.00%	92.30%	93.90%	93.80%	
SMTL								
Our Services	% of Monitoring reports completed within 14 days from receipt into the laboratory	90%			0%	100%	100%	
Our Services	% delivery of audited reports on time (Commercial)	87%	Monthly	91%	98%	96%	100%	
Our Services	% delivery of audited reports on time (NHS)	87%	Monthly	100%	Not Applicable	Not Applicable	Not Applicable	
Our Services	% delivery of Technical assurance evaluations on time	87%	Monthly	100%	100%	Not Applicable	Not Applicable	
Pharmacy Services								
Our Services	Complaints						0	
Medical Examiners Service								
Our Services	Deaths Scrutinised	60%	Monthly	100%	100%	100%	100%	
Our Services	Never Events	0	Monthly	0	0	0	0	
All Wales Laundry								
Our Services	Orders dispatched meeting customer standing orders	90%	Monthly	92%	94%	99%	106%	
Our Services	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly				0%	
Our Services	Microbiological contact failure points	90%	Monthly	94%	95%	96%	96%	

Audit & Assurance

Division	KPIs	Target		June	July	August	September	October	November	December	January	February	March	April	May	Trend	Lead KPI
Our Services																	
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Cumulative	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	→	K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	89%	95%	98%	97%	94%	88%	91%	89%	89%	88%	89%	89%	→	
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Cumulative	67%	100%	93%	93%	81%	68%	70%	71%	68%	71%	68%	68%	→	

What is happening?

Audits delivered for each Audit committee within agreed plan - Audits reports to agreed Audit Committee has been highlighted overall as “Yes” 11 of the 13 health organisations achieving the target (The 2 organisations missing the target are highlighted. The reasons highlighted for the target to be missed were either fully or partly down to delays in carrying out field work due to sickness and resource issues within Audit but also delays in receipt of information.

Report turnaround fieldwork to draft reporting (10 days) - Fieldwork to draft reporting turnaround times was missed in May. The target for 10-day turnaround is 95%, 89% of reports were completed within that time frame.

Report turnaround management response to draft report (15 days) - Management Response to draft reporting turnaround times was missed in May. The target for 15-day turnaround is 80% ,68% of reports were completed within that time frame.

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

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

Audit & Assurance Org	
AB	Y
BCU	Y
CV	N
CTM	Y
HD	Y
HEIW	Y
DHCW	Y
NWSSP	Y
PTHB	N
PHW	Y
SBU	Y
VEL	Y
WAST	Y

Areas of continued success

Employment Services – Recruitment

Division	KPIs	Target	23/24 Performance		23/24 June	July	August	September	October	November	December	January	24/25 February	March	April	May	Trend	Lead KPI
Our Services																		
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC		Monthly	59.6%	57.3%	53.7%	55.8%	55.8%	53.7%	58.8%	58.7%	63.9%	69.1%	71.1%	69.5%		
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	73	Monthly	73.9	78.4	76.4	76.7	79.6	77.3	71.3	71.2	65.7	61.5	59.4	61.0		K

What is happening?

The average time to hire (TTH) across NHS Wales for May 2024 is 61 days and the target is 71 days. During May activity volumes have increased slightly in posts advertised (1,758 to 1,814) and number of conditional offers sent (1,798 to 1,840) compared to April. A slight decrease in WTE advertised (2,370 to 2,254) during May 2024.

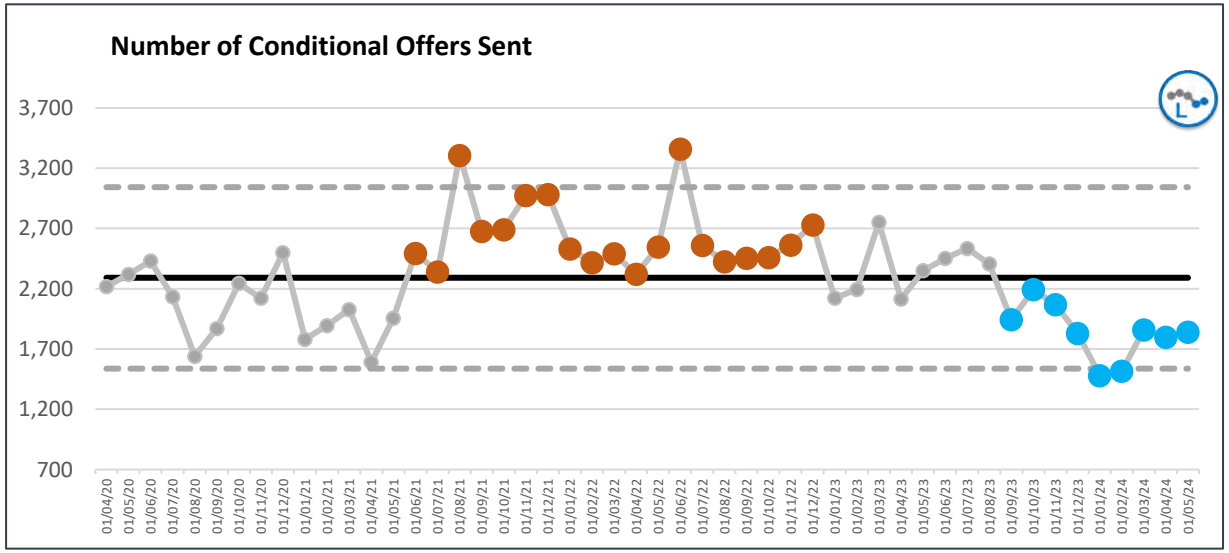
What we continue to do?

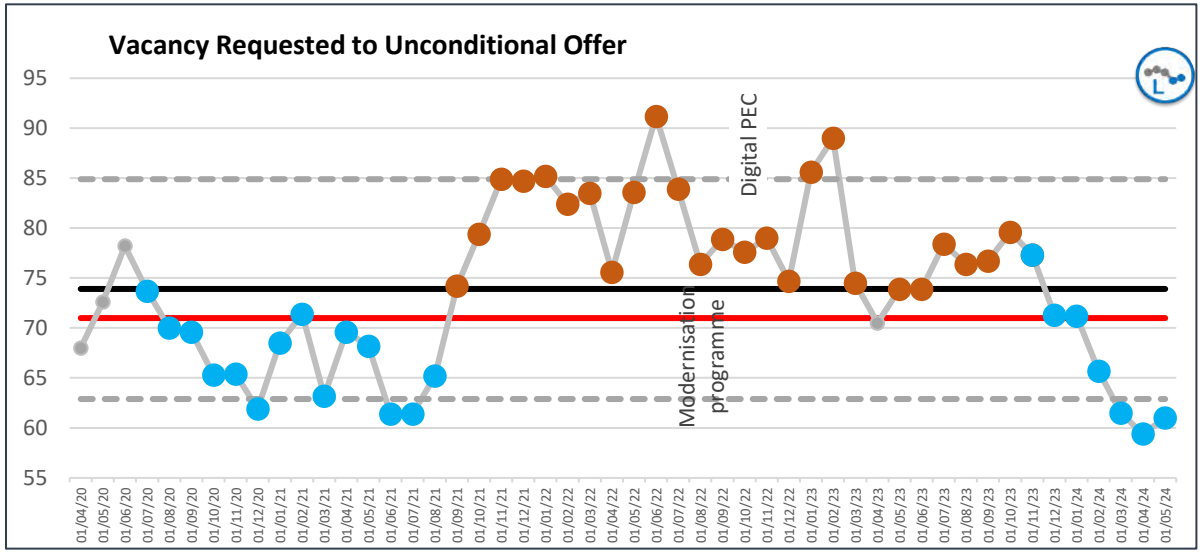
Although good progress has been made on the older records in the system, 10.4% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days, despite targeted focus by the organisations and the NWSSP Recruitment team. These applicant journeys will continue to impact on the time to hire.

This activity is being supported by a commitment from the NWSSP Partnership Committee through the second phase of Recruitment Modernisation, “Owning The Recruitment Journey”. The Recruitment team continue to work with managers in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

Employment Services – Recruitment

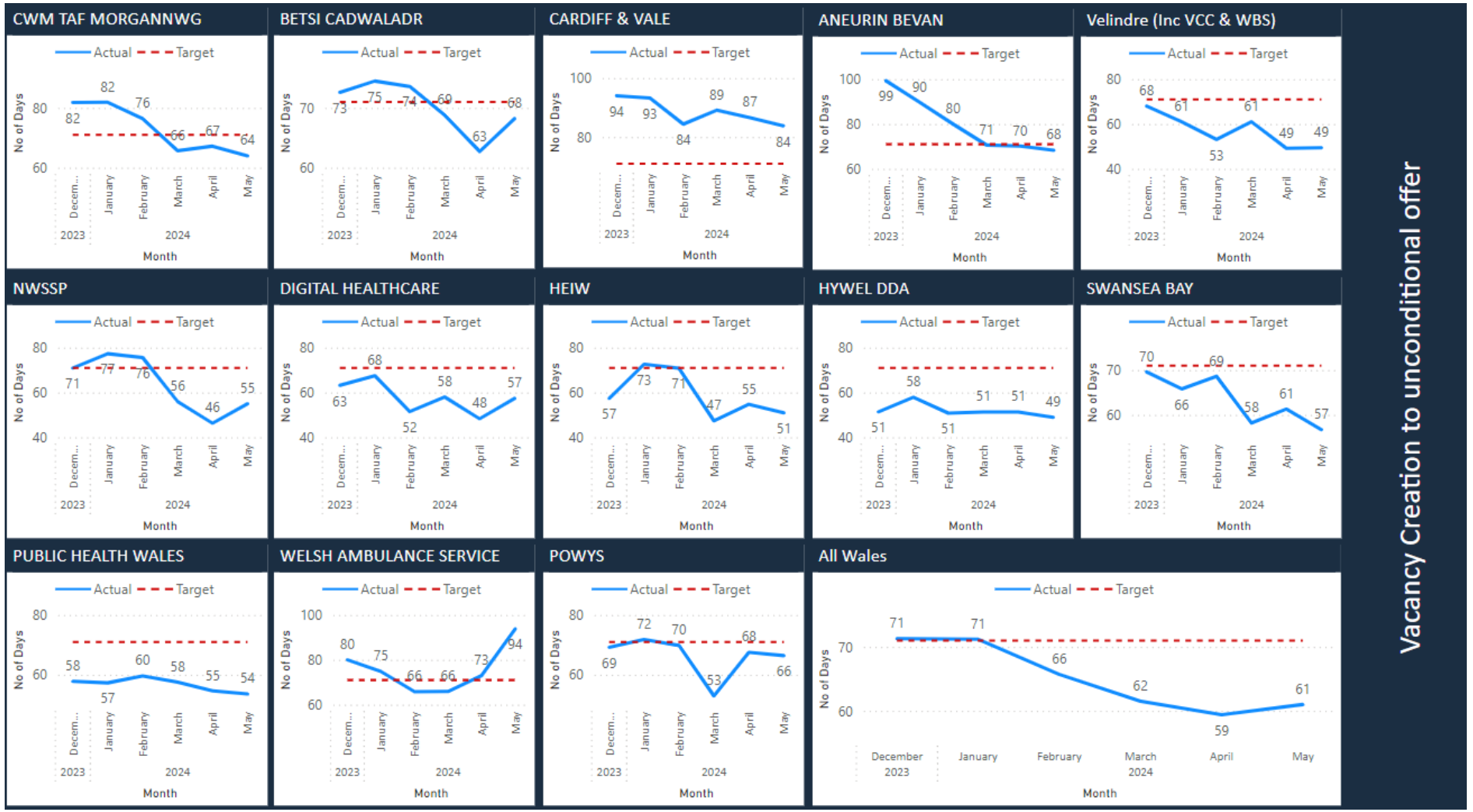
Recruitment	Vacancy Creation to Unconditional Offer												
Org	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Trend
AB	71	87	84	95	83	103	102	99	90	80	71	70	68	
BCU	71	73	74	75	73	69	74	73	75	74	69	63	68	
CV	71	81	86	88	97	95	88	94	93	84	89	87	84	
CTM	71	93	93	93	94	106	94	82	82	76	66	67	64	
HD	71	60	54	65	67	65	58	51	58	51	51	51	49	
HEIW	71	64	76	50	62	89	101	57	73	71	47	55	51	
DHCW	71	59	69	72	76	64	60	63	68	52	58	48	57	
NWSSP	71	62	78	76	87	76	88	71	77	76	56	46	55	
PTHB	71	70	80	82	72	70	74	69	72	70	53	68	66	
PHW	71	57	61	60	56	58	57	58	57	60	58	55	54	
SBU	71	76	79	74	79	72	68	70	66	69	58	61	57	
VEL	71	78	77	65	66	73	66	68	61	53	61	49	49	
WAST	71	92	113	121	110	109	96	80	75	66	66	73	94	
All Wales	71	74	78	76	77	80	77	71	71	66	62	59	61	





Employment Services – Recruitment

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations December – May 24.



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.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits across NHS Wales arising in the period April - May 2024 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	1.8
Procurement Services	12.1
Legal & Risk Services	49.9
Accounts Payable	3.1
Oxygen Finance – PSP	0.08
Counter Fraud Services	Reported Quarterly
Total	67.1

Recommendations

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

- The significant level of professional influence benefits generated by NWSSP to 31st May 2024.
- The performance against the high-level key performance indicators to 31st May 2024.
- The improvement in recruitment Time to Hire in recent months.

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18th July 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
NWSSP Outcome Measures Performance Report

ARWEINYDD: LEAD:	Alison Ramsey, Director of Planning, Performance, and Informatics
AWDUR: AUTHOR:	Richard Phillips, Business and Performance Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey, Director of Planning, Performance, and Informatics

Pwrpas yr Adroddiad: Purpose of the Report:
The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on the agreed Outcome Measures for May 2024 or the most recent annual information.

Llywodraethu / Governance	
Amcanion: Objectives:	Value for Money - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. Staff - To have an appropriately skilled, productive, engaged and healthy workforce.
Tystiolaeth: Supporting evidence:	NWSSP IMTP 2024-27

Ymgynghoriad / Consultation :
Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	√
Argymhelliad/ Recommendation	The Shared Services Partnership Committee is requested to NOTE: • The first draft Performance against NWSSP Outcomes report. • That Outcome Reporting is a work in progress which we are actively developing and refining our approach to provide more comprehensive information in the future. • Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.						

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

NWSSP Outcome Measures Performance Report

June 2024

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose of the Report

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on the agreed Outcome Measures for May 2024 or the most recent annual information.

With a bigger focus on Outcomes in the IMTP 24-27 we need to highlight and report the impact and importance of what we do which the Outcome measures aim to demonstrate.

A workshop session was held with NWSSP Leadership Team on 13 June 2024 and agreement that more work needed on customer experience and benchmarking needs to be developed.

Key Messages

NWSSP demonstrates strong performance across key areas, especially customer satisfaction and employee well-being. However, there is room for improvement in employee turnover.

There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Our Services

Customer Satisfaction

- Most divisions met or exceeded their customer satisfaction targets.
- Legal & Risk Services (April 24) and Specialist Estates (Annual) achieved 100% and 99% satisfaction, respectively.
- Central Team was the only division to fall short of the target (89% vs 90%).
    - Comments from respondents related to having too much communication in relation to systems and the possibility of improving documentation. Site visits are in the process of being undertaken where specific issues will be discussed.

Call Handling

- Call Handling achieved the target in May for all reported areas. A new system was implemented in 23/24 with one of the key benefits managing calls more effectively.

Customer Service Excellence (CSE)

- In the first organisational wide CSE assessment the organisation demonstrated a strong commitment to customer service by achieving 12 Compliance Plus, 43 compliance met and 2 partial compliance.

Website Hits & Robotic Processes

- Website Users and Page views were down in May compared to April (14,243 & 45,481) potentially attributed to Half Term Holidays. The top 3 page views were Student Awards, Bursaries and Vacancies.
- Website Bounce Rate (Land on a page and Leave) in May increased by 8% to 31.2%, the industry standard is thought to be 44%.
- NWSSP currently has 36 processes undertaken by Robotic Process Automation (RPA) 34 undertaken by Blue Prism Software and 2 using Power Automate.
    - Employment Services have 13 Robotic processes with a further 9 in Accounts Payable as part of the Procurement to Pay (P2P) process.

Our People


Our People
Working together to be the best that we can be
Outcomes
We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.
We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.
We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.
We will listen and learn from our staff to co-produce innovative solutions with our partners.
Our Services
Our People
Our Value
Sickness
Sum of Act... Sum of Tar...
4%
2%
0%
April
May
2024
Annual Turnover (Excluding SLE)
11%
Reasons For Leaving (Excluding SLE) (Top 3)
1. Voluntary Resignation - Promotion 52.4%
2. Voluntary Resignation - Relocation 11.7%
3. Voluntary Resignation - Work Life Balance 6.8%
NHS Wales Staff Survey
NWSSP All Wales
100%
50%
0%
Engage... Score
I am able to make improve... in my ar...
I am proud to tell people I...
I get recognit... for good work.
I have a choice in deciding how to ...
I have opportu... to improve...
In the last 12 months, have yo...
In the last 12 months, have yo...
In the last three months have yo...
My organisa... takes positive ...
The organisa... values my work.
There are frequent opportu... for me t...
There are opportu... for me to develop...
Website Bounce Rate
Engagement Score - 2023
Sum of Actual
80% 79% 76% 76% 76% 75% 73% 73% 72% 72% 72% 71% 67%
50%
0%
DHCW HEIW NWSSP POW VEL PHW C&V SBU AB BCU HDU CTM WAST
Division
Response Rate
Sum of Actual
75% 61% 54% 34% 28% 23% 21% 20% 20% 19% 18% 18% 12%
50%
0%
HEIW DHCW PHW VEL POW WAST C&V NWSSP BCU SBU AB CTM HDU
Division
Total Registered Innovations through Hub
11
Registered Innovations through Hub
Division
Primary ...
Finance ...
People ...
Procure...
1
1
2
7

Employee Satisfaction

- There seems to be a positive trend in employee sentiment within NWSSP compared to the All-Wales position.
  - NWSSP team performed well in engagement, ranking among the top 3 health organisations. However, their response rate was lower, ranking 8th out of 13 health organisations. This suggests that while employees at NWSSP are engaged, they may be less likely to participate in the survey.

- Communication has been prepared and will be released to share the high-level data with staff.

Sickness

- Staff sickness rate (3%) is lower than the target (3.3%) for May.

Turnover and Reasons for Leaving

Annual turnover for the rolling 12 months (11%) is higher than All Wales position (7%). Turnover does not include internal churn.

- Majority of employees who left are seeking promotions. This suggests that employees may feel there are limited promotional opportunities within the organisation. The data on relocation and work-life balance suggests that some employees may be leaving for personal reasons.

Innovations

- NWSSP currently has 11 registered innovations through the Hub.
  - Primary Care Services have 7 Robotic processes with a further 4 in other divisions.

Our Value


Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners
Outcomes
We will make bold investment decisions that drive transformation and add value.
We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.
Our Services
Our People
Our Value
Professional Influence Benefits
2023
£19M
£13M
£23M
£29M
£176M
Division
Legal & Risk Services
Procurement Services
Counter Fraud
Specialist Estates
Accounts Payable
Procurement Savings - Full year
2023
£42M
£0M
£33M
Procurement Savings - In Year
2023
£29M
£0M
£16M
Professional Influence Benefits
2024 YTD
£3M
£2M
£12M
£50M
Division
Legal & Risk Services
Procurement Services
Accounts Payable
Specialist Estates
Procurement Savings - Full year
2024
£12M
£0M
£10M
Procurement Savings - In Year
2024
£12M
£0M
£9M
Travel & Subsistence (Excluding SLE)
(£'s)
30K
20K
21K
24K
17K
20K
26K
20K
26K
Nov 2023
Jan 2024
Mar 2024
May 2024
Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
Amber
Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the deliv...
Green
£ Spend in Wales
£2.1bn
£2.1bn
£2bn
£1bn
£0bn
2023
2024
Year
% Spend in Wales
44%
43%
40%
20%
0%
2023
2024
Year

Our Value

Professional Influence Benefits

- Data for financial year 23/24 shows significant benefits specifically from Legal & Risk Services (£176m) and Procurement Savings – in year (£29m).
- Data for April – May 24 shows significant benefits (£62m).

Procurement Savings & Spend In Wales

- Procurement Savings exceeded the target for 23/24 and on track for 24/25 for both in year and full year at the end of May. Regular discussions are ongoing with Health Organisations to identify further savings.
- The percentage of spend in Wales slightly decreased from 44% to 43% in the financial year 23/24, this has been attributed to the reduction of NHS Budgets which have a disproportionate impact on spend with Welsh suppliers.

Travel & Subsistence (T&S) Expenditure (Excluding SLE)

- During May £26k of T&S was claimed which is an increase on the April position (£20k). The expenditure is measured to demonstrate decarbonisation through less travel.

Qualitative Assurance (Policy Assurance)

- Self-Assessment for the annual Decarbonisation assurance return was classed as amber at the end of March 24.
- Self-Assessment for the annual Foundational Economy assurance return was classed as Green at the end of September 23 and the next report is likely to be September 24.

Planned Improvements

Planned improvements for next month
- Carbon Emissions
- Electric Vehicle Mileage

Planned improvements for future months (medium/longer term)
- Customer experience
- Benchmarking

Recommendations

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

- The first draft Performance against NWSSP Outcomes report.
- That Outcome Reporting is a work in progress which we are actively developing and refining our approach to provide more comprehensive information in the future.
- Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	July 18th, 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
NWSSP Integrated Medium Term Plan Progress Report – Quarter 1 2024-25

ARWEINYDD: LEAD:	Alison Ramsey, Director of Planning, Performance, and Informatics
AWDUR: AUTHOR:	Georgia Keegan, Assistant Planning Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Georgia Keegan, Assistant Planning Manager
MANYLION CYSWLLT: CONTACT DETAILS:	georgia.keegan@wales.nhs.uk / MS Teams

Pwrpas yr Adroddiad: Purpose of the Report:
The purpose of this report is to provide the Partnership Committee with an update on the progress of our Integrated Medium-Term Plan (IMTP) for Quarter 1 2024-25. This report will also be shared with Welsh Government.

Llywodraethu / Governance	
Amcanion: Objectives:	Our Services – Driving the pace of innovation and consistently providing high quality services. Our Value – maximising the benefit, efficiency. And social impact of what we do for our partners. Our People - Working together to be the best that we can be.
Tystiolaeth: Supporting evidence:	The NWSSP IMTP 2024/2027, as approved by the Partnership Committee and submitted to Welsh Government.

Ymgynghoriad / Consultation :
Supporting evidence provided by NWSSP Divisions.

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation	The committee is asked to note the content of the paper and provide feedback to inform future reports.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Not applicable
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	Not applicable
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	Assurance that NWSSP are on track to achieve the 2024/25 IMTP objectives.
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 Governance, Leadership and Accountability
Gweithlu: Workforce:	Not applicable.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open.

NWSSP IMTP 2024-27

2024-25 Quarter 1 Report

Georgia Keegan

July 2024

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose

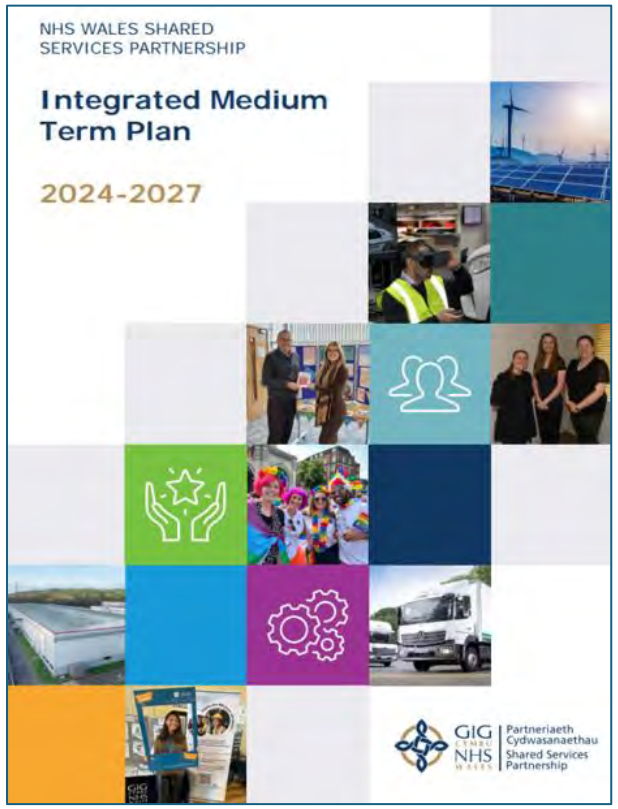
The purpose of this report is to provide the Senior Leadership Group, the Partnership Committee and Welsh Government with progress on a quarterly basis, that we are on track to deliver our IMTP objectives for 2024-25.

The report will cover:

- Key messages
- Quarterly overview
- Divisional progress and areas of challenge
- Areas of focus
- Recommendations

As highlighted in our IMTP our overarching principles for 2024-25 are:

- Doing the basics well
- Financial Sustainability
- Duty of Quality
- Staff Wellbeing



Key Messages

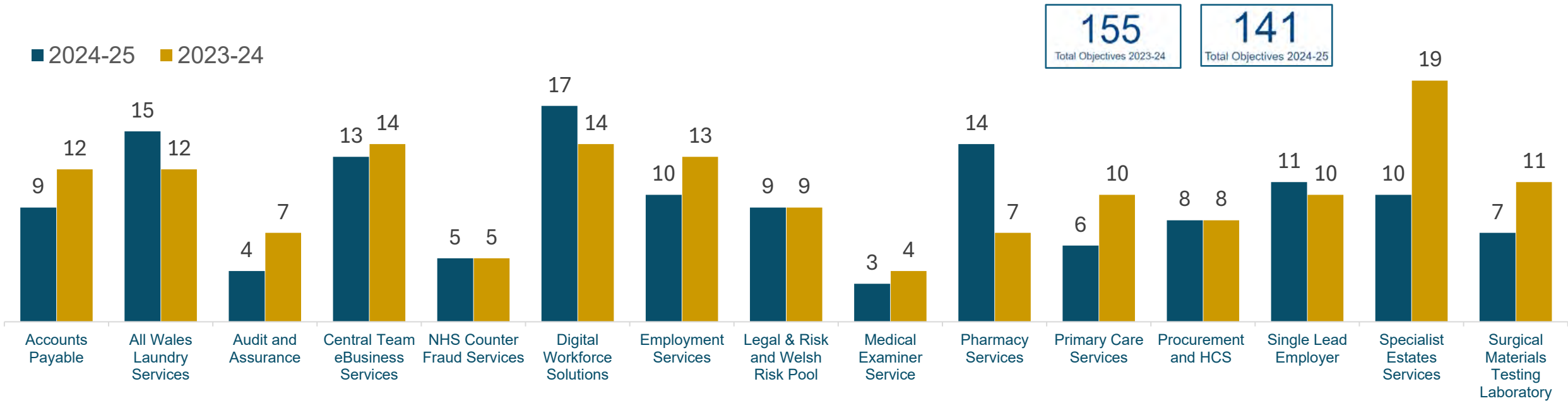
- We are looking to turn challenges into opportunities that align with or strengths in supporting NHS Wales. These key opportunities include:
    - Increasing the uptake of self-service functionality.
    - Reducing unwarranted variation and moving towards common operating models and standardisation.
    - Implementing key policy initiatives including Anti-Racist Wales Action Plan, Diversity and Inclusion Action Plan and Speaking up Safely arrangements, alongside the Duty of Quality.
    - Adopting agile working principles to employ people from across Wales within their communities.
    - Maximising the return on investment made in new digital systems and applications.
- Whilst the Ministerial priorities laid out in the Planning Framework are primarily directed at Local Health Boards, we have considered how our plans contribute and provide support to these priorities which include:
    - Speaking up Safely
    - International Recruitment
    - National Ophthalmic Contract for Wales
    - Electronic Prescribing Service
- We will report progress against the areas throughout the year.

Key Messages

- We have a smaller number of divisional objectives to complete through the year in comparison to 2023-24. However, that reflects feedback from last year that objectives need to be more focused, realistic and achievable.

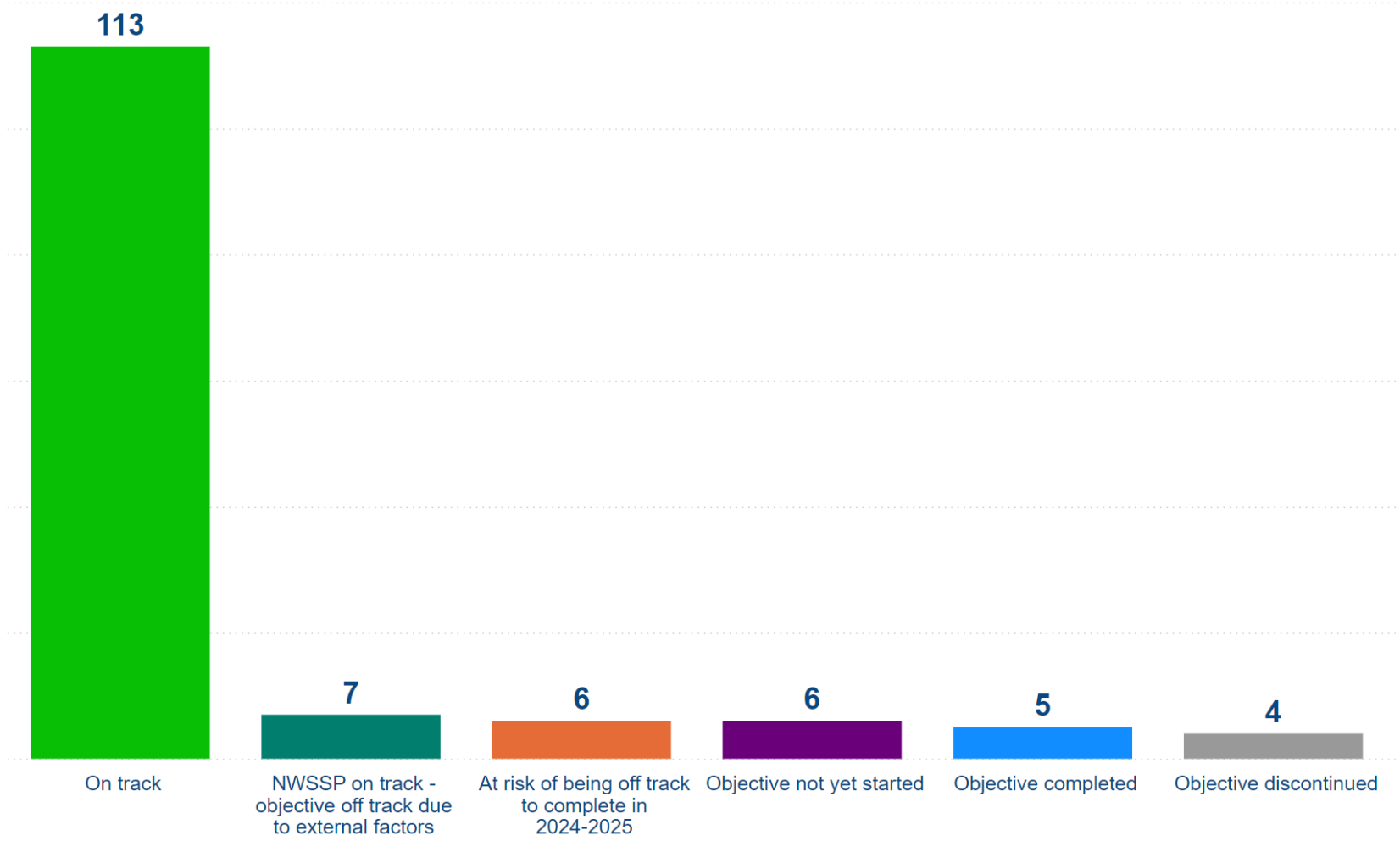
- The distribution of objectives across the divisions for 2024-25 in comparison to 2023-24 is shown in the bar chart below and can be summarised as follows:

    - **8** divisions have reduced the number of objectives to be delivered, **4** divisions have increased their number of deliverable objectives and **3** divisions have maintained the same number of objectives as previous years.



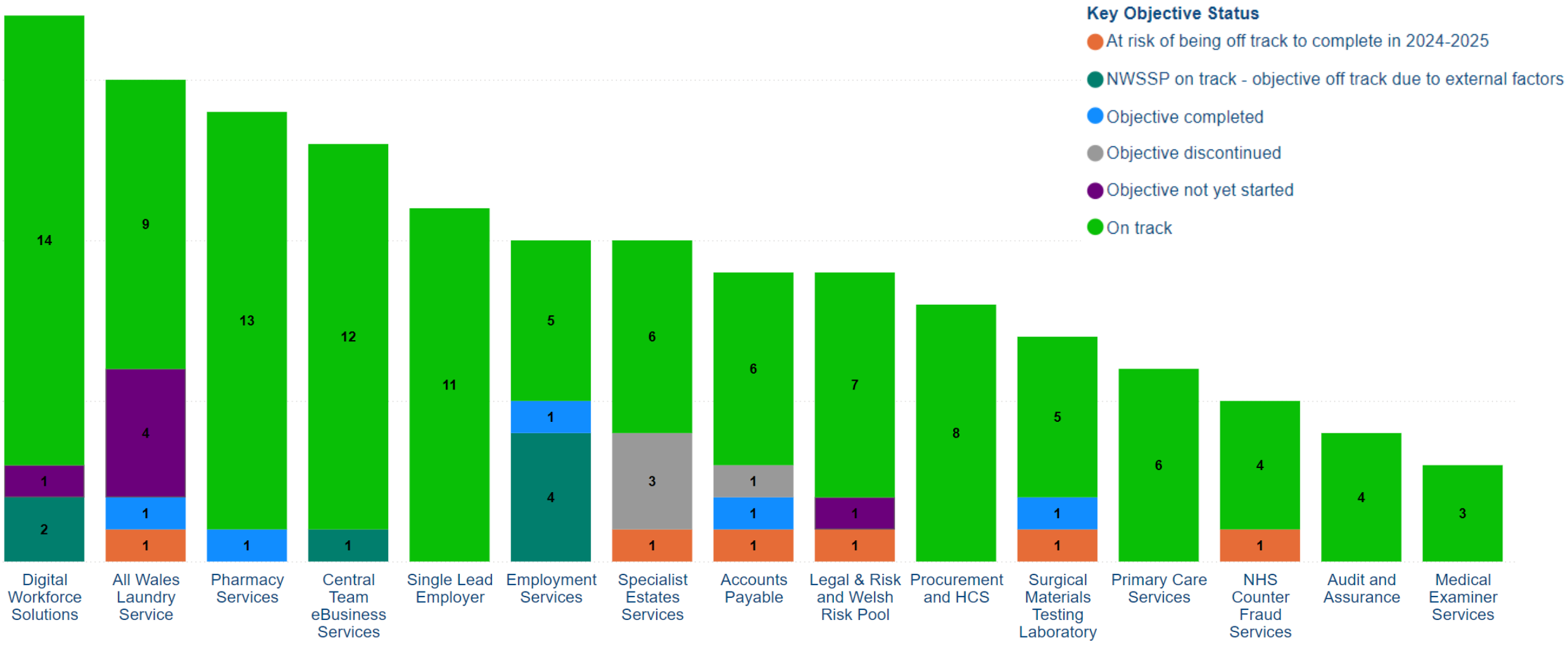
Quarter 1 Overview

- In Quarter 1 we are reporting that **80%** of our objectives are on track to be delivered in year.
- Reporting on objectives remains on a self-assessment basis by the divisional heads of service, scrutinised through the Quarterly Review process.
- Quarter 1 reviews commences in July 2024.



Divisional Progress

- This bar chart illustrates the distribution of objective statuses across the divisions.



Divisional challenge areas

- **6** objectives are at risk of being off track to complete in 2024-2025.

Division	Status in Q4	Desired Objective	Targeted Action
Accounts Payable	Objective not completed- carry over to IMTP 2024-2025	Increase the number of invoices processed via e-trading by 10%.	Progress with three suppliers has been slow due to engagement issues with Basware. Accounts Payable has been informed that it will be unlikely to have a 'Smart PDF' solution in place until Q1 2025/26. These issues have been escalated and Accounts Payable will continue to progress with key suppliers to adopt Basware.
All Wales Laundry Services	Objective not completed- carry over to IMTP 2024-2025	Removal of single use plastic from within the production process.	Laundry Services are still awaiting the installation of the pre-sort monorail in North Wales to enable discussions to start. The conversations with ABUHB will begin in September, which was delayed due to the decommissioning of the Carmarthen laundry site and its conversion to a distribution hub.
Legal & Risk and Welsh Risk Pool	Objective completed - Planned Carry over to IMTP 2024-2025	Welsh Risk Pool to work with NHS organisations to embed a culture of improved learning from clinical events across primary and secondary care.	Funding for local champions has not been secured and this is under review. The review of Putting Things Right (PTR) Legislation is ongoing and the Welsh Risk Pool has been instrumental in supporting Welsh Government with engagement and process design. Competences for staff responsible for PTR have been drafted and will be included in the guidance when published by Welsh Government (anticipated Oct-Nov 2024). Discussions with the NWSSP Director of Finance & Corporate Services are planned about potential funding options.
NHS Counter Fraud Services	Objective not completed due to external factors - carry over to IMTP 2024-2025	Obtain Government Counter Fraud Membership (GCFP) membership via Continuous Professional Development work and data submission.	The collective application to the Government Counter Fraud Profession (GCFP) is no longer available, and individual applications are to be submitted. Therefore, NHS Counter Fraud Services will re-engage with GCFP to establish the merits of obtaining membership status.
Specialist Estates Services	Objective not completed due to external factors - carry over to IMTP 2024-2025	Lobby to retain, or extend the closure of, the ePIMS property/asset database. Failing that, identify a suitable replacement system, obtain funding, procure it and commission it before ePIMS is closed down in March 2025. Electronic Property Information Mapping Service (ePIMS)	The project team has been established with regular meetings held. Future meetings have been set up and a Terms of Reference agreed. Market engagement has been held with 6 companies but, to date, none have demonstrated that they can provide the full functionality required at a capital/revenue cost considered reasonable. Additionally, an in-house prototype (using Office 365 Power Platform) has been developed by the PPI team with a workshop arranged for the 7th of August to go through a range of test scenarios to understand whether the Power Platform solution is a viable option. Lobbying to delay the decommissioning and turning off of the current ePIMS system is not gaining traction, so the working assumption is that ePIMS will not be available post-March 2025. Specialist Estates Services will continue market engagement and the development of a potential in-house solution as well as produce a business case to justify the most suitable system and obtain funding. They will continue to progress the procurement process if a market option is selected and lobby to delay the decommissioning and turning off of the current ePIMS system.
Surgical Materials Testing Laboratory	Objective not completed- carry over to IMTP 2024-2025	Completion of Biological test method development.	No validation work has taken place due to loss of key staff. The staff vacancy is currently out for recruitment. Targeted work has been adjusted with one operator to perform material compatibility testing with control materials.

Divisional challenge areas

- **7** objectives are off track due to external factors.

Division	Status in Q4	Desired Objective	Targeted Action
Central Team eBusiness Services	New objective in 2024-25	Business Intelligence (BI) review of all systems, tools and reports to produce recommendations on the future delivery of Financial Management System information with current resources.	Due to different roll-out plans for QlikSense and keep Qlikview operational across NHS organisations, resources have had to be re-allocated to support them in the Sense roll out plans. However, once all Organisations are using Sense, it will free up time to document the current reporting tools and commence the review.
Digital Workforce Solutions	Objective completed - Planned Carry over to IMTP 2024-2025	Support the continued implementation and deployment of Establishment Control across NHS Wales organisations.	Following presentations to Directors of Workforce/ Finance in February 2024 it has not been possible to reach consensus on the Target Operating Model (Establishment Reporting/ Establishment Control). Several organisations have commenced the implementation of Establishment Reporting independently. This poses an inherent risk of process divergence in the context of the later adoption of an All-Wales operating model and reporting solution. There is a need to improve engagement with the Finance community. A paper will be drafted for Deputy/ Directors of Finance using BCUHB as a Case Study of financial savings secured through full adoption of Establishment Control in facilitating real time decision making and budgetary management. This will also be incorporated into a Strategic Outline Case for the implementation of Establishment Control in a refreshed proposal to Directors of Workforce and Directors of Finance.
Digital Workforce Solutions	New objective in 2024-25	Scope out improvements to the Electronic Staff Record (ESR) and Learning Support to align with other digital workforce systems.	There continue to be many barriers, such as engagement from organisations to agree standardisation of processes, which have impacted the ability to deliver the programme at pace. Following discussion with the Deputy Directors of Workforce, a revised approach to implementation has now been agreed upon. Implementation questionnaires are being developed in the key functional areas (Annual Leave, Professional User Responsibility Profiles /Manager Self Service/Supervisor Self Service) to be cascaded to Workforce Information Managers in July 2024. The outputs of this process in terms of an agreed All-Wales process will then be presented to Deputy Directors of Workforce with a recommendation to mandate. An updated paper is being prepared for Deputy Directors of Workforce seeking endorsement of the revised approach. A go-live date for the implementation of Phase 2 Digital Learning support has been agreed for the 8th July 2024.
Employment Services	Objective not completed due to external factors - carry over to IMTP 2024-2025	Implement a pre-employment check process for Non Executive Directors for non NHS organisations on behalf of Welsh Government.	Recruitment Services has had no confirmation of Funding and no contact from Welsh Government during Quarter One. Employment Services will continue to engage with Welsh Government and follow up on the funding arrangements.

Divisional challenge areas

Continued - objectives off track due to external factors

Division	Status in Q4	Desired Objective	Targeted Action
Employment Services	Objective completed - Planned Carry over to IMTP 2024-2025	Advancing workforce sustainability and transformation strategies for Primary Care by providing visibility and understanding of the roles, skills and capacity of staff working in the community, building our bi-lingual capacity which is essential for planning how care is delivered in the community.	There has been continued work with the new supplier to resolve the specification scope under contract to identify a new go-live date for system launch and deployment to Community Pharmacy and General Ophthalmic Services. Employment Services will continue to engage to confirm a new system development go-live date.
Employment Services	Objective not completed due to external factors - carry over to IMTP 2024-2025	Implement the Recruitment element and process in relation to the new Occupational Health (OH) system.	System development is required for organisations that use multiple OH services such as SLE, NWSSP and PHW and is in the planning stage with Civica awaiting an implementation date, with the aim of the beginning of December at the latest. Recruitment Services will continue with the agreed work around until development is complete and work with OH and Civica to develop the system for Organisations that use multiple OH services.
Employment Services	Objective not completed due to external factors - carry over to IMTP 2024-2025	A workforce system that supports the Primary Care Model for Wales.	The team has collectively worked with the new supplier and builder to deliver a go-live of 17 July 2024. Despite daily progress meetings and technical resolution sessions during this reset period, there remains a lack of transparency on build progress. Because of this, there is a deferred go-live deadline. We have put in place contingency arrangements with existing supplier.

- Objectives have targeted actions to bring back on track; and these factors will be discussed in Quarter 1 review meetings scheduled for mid/late July.

Divisional challenge areas

- **4** objectives were discontinued.

Division	Desired Objective	Targeted Action
Accounts Payable	Working with the newly established Planning & Performance Service Improvement Team to identify improvement opportunities in relation to the Purchase to Pay arrangements for a) Reducing the number of invoices on Hold older than 30 days. b) Reducing the number of invoices on a No PO No Pay hold. c) Straight through processing improvement.	This objective will be picked up under objective AP2302.
Specialist Estates Services	Oversee delivery of Primary Care pipeline Post Project Evaluations (PPE).	This objective is now business as usual.
Specialist Estates Services	Promote Welsh Government requirements incorporated within the Social Partnership and Public Procurement Bill through the NHS Buildings for Wales (BfW) frameworks.	This objective is now business as usual.
Specialist Estates Services	Complete update of Fire Safety Improvement Programme: Deliver modules 2 and 3 of the on line Fire Safety reporting system.	This objective has been merged with objective SES11.

Divisional challenge areas

- **5** objectives were completed and closed.

Division	Desired Objective	Targeted Action
Accounts Payable	Develop a Salary Sacrifice Dashboard if portal rejected.	An in-house dashboard has been developed.
Employment Services	Advance our service efficiencies through innovation and digital automation of legacy and new systems to better support a shared service model.	The Digital Overpayments Portal has been deployed to all Health Organisations.
Pharmacy	Implement the All Wales stock control system to replace current obsolete system (EDS).	The All Wales stock control system went live in April.
Surgical Materials Testing Laboratory	Requirement to migrate Surgical Materials Testing Laboratory (SMTL) digital provision to NHS Wales Digital support provided by Digital Health and Care Wales (DHCW) Client services.	All Network points, appropriate documentation and Firewall migrated to DHCW systems.
All Wales Laundry Services	Roll out of action point system across the laundries in Wales and investigate having service point calls.	An In house system has been developed based on Microsoft lists and is in operation across 4 Laundry Production Unit sites for tracking customer calls.

Divisional challenge areas

- **6** new objectives for 2024-25 have not yet started.

Division	Desired Objective	Targeted Action
All Wales Laundry Services	Look to further develop our engineering team by investigating part time engineering degrees alongside work.	These objectives have been delayed due to the decommissioning of the Carmarthen laundry site and its conversion to a distribution hub, which has taken additional resources. Work for these objectives will begin in September.
	Further develop our multi lingual training for all our production staff to ensure it can be made available in required languages.	
	Roll out of laundry staff forums across all laundries. This will include all staff from production, maintenance and management and will allow staff the ability to feed back and provide suggestions on production management and maintenance management.	
	Ensuring we continue to work closely with procurement on our purchasing of linen. Ensuring these are purchased from ethical and sustainable suppliers.	
Digital Workforce Solutions	Manage and Extend Collaborative Bank Partnership (CBP).	Objective on hold pending National discussions and the Pay Modernisation Programme.
Legal & Risk and Welsh Risk Pool	Review and enhance our divisional staff wellbeing approach.	Awaiting survey results for L&R/WRP to begin this piece of work.

Progress against key focus areas

- **Decarbonisation – We will report in Q2 and Q4 in line with WG reporting.**

- **Digital -** *Maximising the return on investment in new digital systems and applications.*

Digital is a key enabler within our plans for 2024-25 and plays a pivotal role in achieving our corporate objectives and delivering value to our customers. We will continue to build on the progress made in 2023-24 outlining our digital goals optimising digital investment and streamlining our solution portfolio to ensure we implement customer-centric solutions to deliver value and improve user experience.

We will continue to strengthen our partnership and collaborative work with the Welsh Government, DHCW and NHS Wales Health Boards and Trusts.

8 digital objectives have been developed/carried over from 2023-24. All objectives are currently on track in Quarter 1 and are detailed below.

- Establish a robust hosting platform for NWSSP digital services.
- Deliver remediation actions to support the recommendations of the CRU Cyber Assessment Framework (CAF) report.
- Deliver phase 2 of the Digital Resourcing plan.
- The implementation of the Digital Strategy.
- Deliver phase 3 of the Service Catalogue to provide holistic service-based views for service leads and divisional representatives.
- Deliver phase 3 of the Digital Resourcing plan to align functions and resources to the Target Operating Model proposed in the Digital Strategy.
- Deliver phase 1 of the DHCW SLA restructure to support the proposed Target Operating Model in the Digital Strategy.
- Embed the digital gateway process and review outputs to ensure that the enhance/buy/build objective in the digital strategy is realised to enable the streamlining of operational systems.

Progress against key focus areas

- **Foundational Economy -** *Spearhead opportunities to grow investment in the foundational economy across Wales.*

Throughout Quarter 4 of 2023-24 and Quarter 1 of the 2024-25 financial year, our efforts have continued to be focused on enhancing the quality of data related to our expenditure with Welsh headquartered organisations as well as the carbon footprint of our supply chain.

Quarter 4 saw the collation of further “Multi-Quote” foundational economy contract data. Enabling quantification of contracts awarded to Welsh organisations at a value of between five and twenty-five thousand pounds. Furthermore, Quarter 4 saw engagement with national procurement colleagues to collate a list of priority national contracts with foundational economy or decarbonisation opportunities.

Quarter 4 also saw further engagement with Cwmpas and wider Public Sector colleagues on the Social Partnership and Public Procurement (Wales) Act 2024. With specific engagement on the statutory guidance of the Act which will set the reporting expectations and measures of each Public Sector organisation, in relation to socially responsible procurement.

Spend in Wales	***Q1***	***Q2***	***Q3***	***Q4***	***23/24***
Non-Welsh Spend	*£662,934,961*	*£671,097,695*	*£668,520,976*	*£782,958,170*	*£2,785,511,802*
Welsh Spend	*£485,662,954*	*£490,892,093*	*£534,057,528*	*£595,338,731*	*£2,105,951,305*
Total Spend	*£1,148,597,915*	*£1,161,989,788*	*£1,202,578,504*	*£1,378,296,901*	*£4,891,463,107*
% Spend with Welsh Suppliers	***42.283%***	***42.246%***	***44.41%***	***43.19%***	***43.05%***

NB: Data excludes spend within NHS organisations, between NHS organisations, with Welsh Government and the Inland Revenue. Q1 Data will be available and shared during Q2 of the 24-25 FY

During 2024-25 we will continue to commit to the principles of the Foundational Economy and as such our agenda continues to focus on;

- Increasing spend within Wales.
- Shortening supply chains.
- Increasing supply chain resilience.
- Nurturing individuals from our communities to meet our future workforce needs.

- **People and Organisational Development** - *To ensure that our people can be the best they can be.*

During 2023-24 progress was made in all key focus areas. We will build on this in 2024-25 in our continued strategic priorities within People and Organisation Development, which are;

º Organisational Design
º Organisational Development
º Resourcing
º People Analytics
º Employee Relations
º Welsh Language
º People and OD Excellence

10 objectives have been developed for 2024-25 as part of the People and Organisational Plan. These are focussed objectives, built upon the foundations from previous years.

Quarter 1 Progress

- **Diversity and Inclusion**
  - There has been continued work in diversity and inclusion with discussions taking place to ensure inclusion is a key element of the new PADR process.
  - A Diversity and inclusion awareness session has been delivered to Supply Chain staff.
  - Diversity and Inclusion Ambassadors have been recruited and have commenced a learning programme to enable them to support the Safe Inclusivity Campaign.

Progress against key focus areas

- **People and Organisational Development** - *To ensure that our people can be the best they can be.*

Quarter 1 Progress

- **Speaking up Safely**
  - A new Speaking Up Safely Lead started on the 3rd of June.
  - The Work In Confidence Platform is being considered as an option to allow staff to speak up safely in an anonymous manner.
  - We will be Developing a Speaking Up Safely Policy and firming up processes for reporting, as well as developing learning materials to support the implementation of the policy.

- **Staff Wellbeing**
  - We have recruited and trained a new cohort of mental health first aid trainers, who have now passed their accreditation through our newly accredited centre.
  - During Mental Health Awareness Week, we celebrated with a motivational speaker via a webinar which was recorded and made available for all staff.
  - Work has begun on the development of Menopause Guidance with the formation of a working group.
  - We have arranged stress management sessions which were provided to staff within our Supply Chain.

- **Staff Survey**
  - The staff survey results have been received and Business Partners are working on developing local action plans with services. An organisation-wide action plan is being developed and communications have been sent to all staff highlighting what we heard from the survey and what we are doing to make the improvements.

Progress against key focus areas

- **International recruitment -** *delivering an ethical, sustainable supply of Healthcare professionals into the NHS Wales workforce.*

  In 2024-25 we will continue to work with Welsh Government to extend the All Wales Recruitment Programme.

  - In June 2024 delegation to Kochi, India was the most successful Nursing recruitment event to date with 180 conditional offers of employment being made.
  - We will re-focus on hard-to-fill specialities including Mental Health, Paediatrics and Midwifery.
  - The June 2024 Medical recruitment event resulted in 8 firm offers across mental health, ED & Medicine. A further 10 individuals were marked as appointable and will be offered across Wales to Health Organisations for consideration.
  - We are working with the General Medical Council (GMC) to obtain sponsorship status for locum consultant grades.
  - A meeting between CDO/Welsh Government/NWSSP and representatives from the Indian Dental Council Association was held in early June. Work will begin on a roadmap to plan the recruitment activity in July/August 2024.

- **National Ophthalmic Contract for Wales -** *Enhanced Eye care services available within Primary Care setting.*

  In 2024-25 we will continue to lead the introduction of the National Ophthalmic Contract for Wales.

  - A Service Management Committee has been established, with NWSSP as the vice chair.

- **Electronic Prescribing Service -** *supporting sustainable service delivery within community pharmacies.*

  In 2024-25 we will continue to implement the NHS Wales Shared Services Partnership (NWSSP) components of the national e-prescribing programme with Digital Health Care Wales.

  - Two system suppliers (Invatech and Boots) have passed assurance at the supplier level. All remaining pharmacies under the two suppliers can move over to Electronic Prescribing Service when convenient.

Conclusion and Recommendations

- We have made good progress in Quarter 1 and will continue to work on the targeted actions going into Quarter 2, with further scrutiny on those objectives marked as off track or at risk of being off track in the Quarterly Review process, which starts on the 18th July.

- We ask SSPC to note the contents of the report.

- SSPC are asked to feedback on any improvements/comments relating to the new report to Georgia Keegan by July 26th 2024.

Contact details

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The report is not Exempt
Teitl yr Adroddiad / Title of Report
Project Management Office and Service Improvement Update Report

ARWEINYDD: LEAD:	**Alison Ramsey, Director of Planning, Performance, and Informatics**
AWDUR: AUTHOR:	**Gill Bailey, Assistant Head of Project Management Office**
SWYDDOG ADRODD: REPORTING OFFICER:	**Ian Rose, Head of Project Management Office & Service Improvement**

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

Llywodraethu / Governance	
Amcanion: Objectives:	**Value for Money -** To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. **Excellence** - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. **Staff** - To have an appropriately skilled, productive, engaged and healthy workforce.
Tystiolaeth: Supporting evidence:	NWSSP IMTP 2024-27 approved in principle by SSPC in Jan-24.

Ymgynghoriad / Consultation :
Senior Leadership Group

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
yfreithiol: Legal:	Compliance with procurement regulations where applicable
Iechyd Poblogaeth: Population Health:	No direct Impact

Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct Impact

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

GIG Cymru Partneriaeth Cydwasnaethau NHS Wales Shared Services Partnership PMO Report

PMO Dashboard Report

NWSSP PMO Monthly Update - 08 July 2024

Prepared by Gill Bailey

Monthly Summary

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

Projects	21
Programmes	1
SI Initiatives	5

The schemes have different SRO/Project Executive Leads across a number of NWSSP directorates and Health boards.

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

- **41% (9 Schemes) All Wales** – Typically where the scheme covers multiple health boards, and the schemes seek to implement products utilised on a multi health board or all Wales basis
- **36% (8 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

A number of initiatives are in the pipeline for onboarding which will increase the number of ongoing supported activities.

There are specific Programme Board or Steering Group arrangements in place for Laundry, TRAMs, Decarbonisation and Agile estates, that involve PMs from the PMO, but performance is reported separately.

SSPC recommendation

SSPC to note contents.

PMO Dashboard Report

Key Trend information and Initiative Overview

Initiatives – 17

Scheme Scale								
All Wales	**SRO**	**Previous RAG**	**Current RAG**	**SIZE**	**Start Date**	**Original Completion**	**Revised Completion**	**% Completion**
Demographic Transformation	Ceri Evans	Amber	Amber	Large	21/06/2021	31/07/2023	31/10/2024	89%
Medical Examiner	Neil Frow	Green	Green	Medium	31/03/2021	31/10/2023	31/12/2024	95%
Expansion of Legal Services to Primary Care	Daniela Mahapatra	Green	Green	Medium	02/02/2023	29/03/2024	30/08/2024	90%
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Andrew Evans	Red	Red	Large	13/04/2021	29/03/2024	31/03/2025	33%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	Large	01/10/2022	31/03/2024	31/03/2025	82%
ESR Manager Self Service (MSS) Implementation	Rebecca Jarvis	Green	Green	Large	01/03/2024	31/03/2025	N/A	3%
Implementation of AW Translation Memory Software	Non Richards	Green	Green	Large	04/12/2023	31/03/2026	N/A	10%
Medicines Delivery Service	Colin Powell	Green	Green	Large	03/06/2024	31/03/2026	N/A	0%
TRAMS Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%

NWSSP	**SRO**	**Previous RAG**	**Current RAG**	**SIZE**	**Start Date**	**Original Completion**	**Revised Completion**	**% Completion**
Patient Medical Records and (Scanning) Service Accommodation Review	Scott Lavender	Amber	Amber	Large	16/08/2021	31/08/2023	31/10/2024	65%
Data Management	Nicola Phillips	Amber	Amber	Large	04/04/2022	30/09/2024	31/03/2025	55%
Employee Investigations	Michelle Thomas	Green	Green	Medium	13/11/2023	31/12/2024	N/A	20%
Laundry Memorandum of Terms of Occupancy (MOTO)	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	N/A	25%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	03/03/2025	N/A	10%
L&R Case Management System implementation phase	Mark Harris	Green	Green	LargeXOrg	01/09/2020	31/03/2025	31/03/2025	47%
Charnwood & Companies House Accommodation	Mark Roscrow	Amber	Amber	Medium	01/09/2023	31/03/2025	N/A	14%
Leaders of the Future for NWSSP rising Stars	Julia Denyer	Green	Green	Medium	02/10/2023	01/04/2026	N/A	40%

PMO Dashboard Report

Service Improvement Key Trend information and Initiative Overview

Initiatives – 5

Scheme Scale							
	Sponsor	**Previous RAG**	**Current RAG**	**DMAIC Stage**	**Start Date**	**Original Completion**	**Revised Completion**
Variable Pay Initiative	Neil Frow	Green	Green	Define	01/09/2023		30/06/2024
Customer Service Excellence Year 2	Neil Frow	Green	Green	Work Package	01/12/2023		N/A
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Green	Green	Analyse	06/12/2023	31/07/2024	31/07/2024
Staff Movement Advice (SMA) RPA	Stephen Withers	Green	Green	Work Package	01/02/2024	30/09/2024	N/A
Invoice on hold (IOH) Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Improve	22/06/2023	31/10/2024	N/A

PMO Dashboard Report

Key Individual Project/Programme Updates		
Project Name	**Project Manager**	**Project Exec/SRO**
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Bethan Rees, Abi Shackson, Lisa Williams	Andrew Evans

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

Status **Red** (Overall) **Red** (Time) **Red** (Cost) **Red** (Quality)

Recent Gateway Review? No

Objective

To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).

Progress Update

Project Status

The Primary Care Workforce Intelligence System (PCWIS) project remains at a RAG status of red for Jun-24. The contractor has not provided assurance of delivery during the last month. Therefore, the position has been discussed with Legal & Risk and the advice received is to instigate the contract escalation process.

All project activity is currently on hold until the contractual position has been resolved. The project end date will be updated once the future position has been confirmed.

Main Issues, Risks & Blockers

Risks

- There is a risk to continuity of service for Employment Services. Contingency arrangements have been put in place and there is no impact to stakeholders.

Project Name	Project Manager	Project Exec/SRO
TRAMS Programme	Peter Elliott	Neil Frow

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

Status **Red** (Overall) **Red** (Time) **Amber** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.

Progress Update

- Programme Board have directed to focus costing work for the South East Hub on the IP5 site.
- Design work has now verified that the South East Hub scope will fit on the IP5 site, and that there is sufficient electrical power.
- Proposed elevation drawings of the development are now to hand. Environmental surveys have been commissioned and are to hand. Planning pre-engagement letter was submitted on 23 May 2024 and a response is awaited. In line with professional advice, we will submit the planning application on 12 July 2024 whether the pre-engagement response has been received or not.
- Funding is in place to complete detailed design of Radiopharmacy, following which two Business Cases will be submitted.
- BJC for Radiopharmacy, expected to be submitted to government by the end of Jul-24
- OBC for the remainder of the hub, expected in Sept-24, followed by and FBC expected in Mar-25
- Revenue and funding assumptions BJC have been reviewed, pending approval of the case at SSPC on 18 July 2024. Revenue assumptions for the SE Hub OBC are currently being prepared. SSPC will be invited to re-commit to revenue funding of the service before the Business Cases are submitted.
- Provisional locality selections for South West and North regions have been made by representative scoring panels. The South West selection has been endorsed by Programme Board. The North selection is being reviewed, in the context of emergent changes to the clinical Nuclear Medicine service in BCUHB. The programme has opened an interface with BCUHB to remain sighted on this issue.
- Space has been secured for the TRAMS Quality Control Lab and office space in IP5, and lab equipment purchased. The lab will be brought into use during 2024, to support the commissioning of the new production facilities.

- The TRAMS Digital Project, to procure and deploy a workflow and stock management application, continues. A Prioritised Requirements List and Conceptual Data Map have been produced. DHCW are engaging positively and have agreed to support a discovery phase and Supplier Engagement event. The NWSSP Chief Digital Officer is sighted.
- Validation of the proposed product catalogue with clinical groups is ongoing. A pack describing the proposed Service Model was issued to Chief Pharmacists at the end of May-24.
- Planning of Organisational Change Project 2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues. Resource maps were updated in Mar-24 to support this process. Proposed Staffing Establishments in both the new service and the Health Boards and Trusts will be finalised by the end of Jun-24.
- Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.
- The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and meets quarterly, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives. A separate project is now operating to support clinical streamlining of Radiopharmacy demand, to support the service during the transition.
- Finance Subgroup of Health Board and Trust representatives is meeting monthly to work on detailed identification of the revenue budgets that support the existing services, and validating capital cost option estimates.
-

Main Issues, Risks & Blockers

- Time taken to deliver production capacity to the service remains a major concern for the Programme.
  - We must have new aseptic cleanroom capacity for Cancer Therapies open before the new Velindre Cancer Centre opens, and their legacy aseptic unit closes.
  - Other units across Wales remain very fragile, and immediate investments are needed just to secure continuity of service with no increase in capacity. We are aware of at least 4 Health Boards in this position.
  - The Swansea Radiopharmacy currently represents a single point of failure for 12 major hospitals and cancer centres in South and West Wales, with significant constraint on ability to resource patient scans when requested.
- The Welsh Government investor has indicated that capital approvals will only be sought from the Cabinet Secretary once planning permission is in place. While scrutiny and other preparatory steps can be undertaken while planning permission is being sought, this has the potential to delay the project, if a decision is not received by the end of Sept 2024. The risk is considered justified based on the level or urgency to meet patient care needs. A robust pre-planning engagement is being carried out with the aid of a planning consultant, and the planning variation application will be submitted as soon as the drawings are available. The Committee, Programme Board, and the Welsh Government Investor will be kept fully sighted on this risk as the Investment Decision approaches.
- Current staffing pressures throughout the service threaten the ability of Health Boards and Trusts to release staff time to the extent needed to achieve the transformational change. The proposed level of staffing to operate the TRAMs service model is also being actively reviewed to ensure the project as a whole remains affordable.
- The selected isolator supplier for the SE Wales Radiopharmacy has yet to sign the contract and has now notified us of a change of ownership. This also has the potential to delay the project owing to the long lead time for isolators. Contingency plans are in place to procure an interim isolator from an alternative source.
- Based on current position, the programme is rated **"Red".**

Project Name	Project Manager	Project Exec/SRO
Demographic Transformation	Gill Bailey	Ceri Evans

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

Status	**Amber** (Overall)	**Green** (Time)	**Amber** (Cost)	**Amber** (Overall)

Recent Gateway Review? No

Objective

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

Implementation of replacement functionality such as:

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

Progress Update

NHS England Update:
The transition to PCRM in England and Wales is dependent upon the implementation of Cervical Screening Management System (CSMS) in England which was launched on 24 June 2024. PHW have confirmed that reliance on NHAIS (existing system) for the electronic transfer of cervical screening histories will cease from 24 June 2024. PHW have implemented a manual work around until the 22 July 2024 from when all information will be available.

The planned transition date to implement PCRM for NHS Wales has been delayed by one week to week commencing 22 July 2024 with no impact to stakeholders - see Issue below.

NWSSP Project Update:

Data: DHCW have instigated a parallel run since 29 May 2024, comparing the live data generated from Personal Demographics Service fed into Welsh Demographic Service against the existing NHAIS system. Results have been positive although an issue has recently been identified - see below. Daily scrum meetings are being held with PCS and PHW to discuss and address any data anomalies identified.

MRTransfer (Notify): The application (App) development has been completed by PCS. User Acceptance Testing completed. Comparison of data is being undertaken on a regular basis to provide assurance of data. MRTransfer will go live in tandem with PCRM implementation.

Patient Care Registration System: PCS team are content with the Core Patient Registration functionality. PCS Quality & Assurance team are content with the reporting functionality. Access to PCRM has been completed. GP System suppliers are required to undertake some changes to accommodate PCRM for Wales:

- Cegedym have activated PCRM for their Welsh Practices
- EMIS have commenced activation and are on target to be ready for the PCRM transition in Wales.

To note, PCRM has been implemented for two border English Trusts enabling the PCS team to work in the live system to aide training and readiness for transition.

Main Issues, Risks & Blockers

Risks:
No risks to report above the threshold. To note, all risks are being monitored.

Issues:

Data Feeds: Additional data requested from NHSE to enable NHS Wales screening services to track patient movement across Scotland, Northern Ireland and Wales was received on 10 June 2024. DHCW has processed the new data which has identified different behaviours that were not expected and are a cause for concern. Whilst investigation and resolution is ongoing, the Demographic Project Board have requested that PCRM is delayed by 1 week to provide assurance of data quality prior to transition. This was approved by NHSE with no impact to stakeholders in Wales.

Confirmed costs not available for the management of PCRM. Following a proposal by NHS England, DHCW are exploring the potential to include PCRM costs in DHCW's Spine Work Package with NHSE. The costs will be re-charged to NWSSP via the SLA. DHCW discussions are ongoing.

Project Name	Project Manager	Project Exec/SRO
Data Management	Alison Lewis	Nicola Phillips

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

Status **Amber** (Overall) **Amber** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? Yes

Objective

The main project objective is to create solutions that enable data driven service development and performance management and consistent views of Primary Care Services (PCS) data which is accessible through streamlined channels.

This will be achieved by the following project objectives in the discover phase which will inform the next phases of the project.

To catalogue: -

- Existing delivery mechanisms and solutions.
- Current arrangements for the supply of regular reports.

To review: -

- Data request / response processes including IG review processes
- Existing technical infrastructure

To identify: -

- Opportunities to streamline request / response processes including IG review processes.
- Duplication / inconsistency in the provision of regular reporting.
- Opportunities to drive Statistical Process Control and performance management using existing data sets.
- Opportunities to add value to data provision through the application of domain knowledge.
- Recurring themes in existing data provision and opportunities to consolidate information delivery around these themes.
- Stakeholder groups that have requirements beyond existing information provision
- Inconsistencies in existing data models.
- Potential "quick wins"

Progress Update

Project is making good progress with the development of Ophthalmic Dashboard in Power Business Intelligence (BI) completed. The data is currently being validated before seeking sign-off. The Project Board agreed project extension until 31 March 2025, and agreed priority order of developing the four contracted services into workstreams: 1st Ophthalmic, 2nd General Practitioners (GP'S), 3rd Pharmacy and 4th Dental Services, in a phased approach. Where possible the Primary Care Business Intelligence Team may work on developing the dashboards concurrently.

Internal stakeholder engagement has commenced, with Project Leads presenting Ophthalmic Dashboard to obtain initial stakeholder feedback.

The Project Board agreed to use existing stakeholder groups such as IT Data and Digital Group and agreed a roadshow approach in show casing the developed dashboards.

A review of administrative members who have access to the data is currently underway with the aim to reduce these.

Full support from the Data Analysts/Subject matter experts needs to be in place to develop the views prior to their development in line with the phased priority approach.

Main Issues, Risks & Blockers

The project is now making good progress, the main risk is resource availability and capacity to meet the end of year timeframe due to staff movement and commitments to other projects/business as usual. Whilst undertaking data validation, an issue with the data accuracy was identified. A data validation process is now being put in place to resolve this.

Project Name	Project Manager	Project Exec/SRO
Patient Medical Records and (Scanning) Service Accommodation Review	Rachel Pember	Scott Lavender
Monthly Update (key/issues (blockages)/risks)		

Status **Amber** (Overall) **Amber** (Time) **Amber** (Cost) **Amber** (Overall)

Recent Gateway Review? No

Objective

The responsibility of the Medical Records Accommodation review Group is to find suitable alternative accommodation for all staff, equipment and medical records currently residing in Brecon House. The scope has been expanded to include the relocation of the Document Scanning Team and equipment based in Companies House.

Background

An initial business case sought funding to secure additional space to expand the Patient Medical Record (PMR) Service to GP Practices across NHS Wales. The business case was submitted and approved by NWSSP Senior Leadership Group in Aug-22 and subsequently Velindre Trust Board. As the investment was to purchase a capital asset, the business case was submitted to Welsh Government for ratification. Welsh Government responded requesting additional information on the fire suppression requirement for the new building. Whilst a report was obtained, a critical issue arose.

The business case was prepared on the basis that Primary Care Services (PCS) would be able to extend the lease of Brecon House, Mamhilad Park Estate. Since then, it was discovered that the building contains Reinforced Autoclaved Aerated Concrete (RAAC) Panels in the roofing Structure. The landlord initiated a monitoring and remedial works program for the RAAC panels but failed to provide a plan, risk assessment or work schedule. Some interventions, such as steel fixings and nettings, have been implemented but only cover a small portion of the necessary actions. As a result, the requirement for an exit strategy and plan to remove items from the affected areas of Brecon House is now crucial and a refresh version of the Business Case was submitted in Apr-23.

In addition, the PCS Document Scanning team (DST) is currently split over two sites: Companies House and Cwmbran House, Mamhilad Estate, Pontypool. Following a review of NWSSP Estates strategy and the decision taken not to renew the Companies House lease, relocation to the CP2 building is not a suitable option for the Document Scanning service and it is prudent to consider merging the Document Scanning team onto one, although options are being explored.

Progress Update

Medical records from Brecon House to DuPont, Mamhilad (new accommodation)
The lease for the new premises, DuPont, has been approved. The Landlord, Johnseys, have moved the handover of keys from Jun-24 to Jul-24 as works are outstanding to meet the operational requirements of PCS. Waiting for an official hand over date to be confirmed. Following delivery of the racking in Mar-24, installation will commence upon handover of the keys. An exit plan for Brecon House has been established working with the racking company and the removal company appointed.

Sub work groups are in place for Office, IT, Fire, Facilities, H&S, Procurement and Finance to ensure progress of identified tasks.

Communication updates are being provided to staff on a monthly basis to keep them informed of progress. The review of the current situation within Brecon House for RAAC, is being monitored and assessed on a regular basis.

To note, the rolling lease for the C2 premises has now ceased. The Landlords, Johnseys requested that the premises be vacated before the end of Jun-24 as they had permanent tenants from Jul-24. All Medical Records have been moved early into the Dupont building with weekly checks to ensure confidentiality is maintained whilst awaiting handover of the building.

Medical Records Culling of Notes relating to Infected Blood Enquiry
A workstream has been setup at the beginning of Jul-24 to establish how the culling of notes from 2018 to date will be completed following guidance from Welsh Government that these notes can now be destroyed. The workstream are working on the project plan to identify the scope, resource and funding required to facilitate the culling of notes from 2018.

Main Issues, Risks & Blockers

Medical records from Brecon House to DuPont (new accommodation)
Risks:
With the current RAAC issues there are measures in place for the warehouse space within Brecon House to be monitored regularly with any new or worsening areas of damage to be reported via Datix. The landlord, Johnsey's, have appointed contractors to repair current damage and any new damage that may occur. In the event of a large ingress of water or further significant deterioration is identified, the whole building will be closed and access restricted until assessment of the risk has been undertaken with advice from structural engineers and the Specialist Estates Service

As an interim measure, it has been agreed that the lease for Brecon House will be renewed to allow sufficient time for records and staff to be relocated but this will be undertaken on a short-term basis with a 3 month break clause that can only be activated by PCS.

NWSSP have identified a potential risk to the timely installation of IT software, if there is a further to delay to the handover keys expected in Jul-24.

Issues:
It has been identified that DuPont does not have the sufficient lighting requirements needed once the new racking has been installed. A quotation has been received from the Landlord, Johnseys. As the funding for the lighting was not included within the original business case, advice has been sought from NWSSP finance on how to proceed.

The new racking to be installed has an increased shelf level from 3 to 4 shelves high to enable all existing medical records to be stored. This has required a new method of retrieving notes from the 4th shelf. Health & Safety have identified additional equipment, the cost of which was not included in the original business case. Discussions are ongoing with Health & Safety and Finance to develop options to resolve. If the 4th shelf cannot be used, this will affect the number of records that can be held. No impact to stakeholders.

Medical Records Culling of notes for the Infected Blood Enquiry
Early risks have been identified relating to time constraints, costs, staffing resources, health and safety which will be fleshed out as the workstream progresses.

Project Name	Project Manager	Project Exec/SRO
Charnwood & Companies House Accommodation	Abi Shackson	Mark Roscrow
Monthly Update (key/issues (blockages)/risks)		

Status **Amber** (Overall) **Amber** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

The objective of the project is to move from our current accommodation within Companies House and our existing Headquarters in Charnwood Court, to new accommodation located at Unit 5-7 Cefn Coed, Treforest Industrial Estate, Nantgarw.

The move provides an opportunity to consolidate existing accommodation and also seek to improve the agile working environment for staff.

Progress Update

Following the rescoping of the project to include the additional requirements of Charnwood Court, the new proposed location has been confirmed and plans are being established to support the relocation of both Companies House and Charnwood Court to Unit 5-7 Cefn Coed, Treforest Industrial Estate, Nantgarw on a lease basis.

Nantgarw 2 (NG2)

- The landlord of NG2 is yet to formally appoint the design team (Architect and M&E consultant). The Project Team are chasing the landlord for this as they will not carry out further work until they have formally been appointed.
- Furniture is currently being held in IP5 in readiness for the move to NG2.

Decommissioning of Companies House

- Meetings have been held with the Government Property Agency (GPA) to discuss the ongoing occupation of floor four in Companies House.
- Currently no pressure for NWSSP to vacate Companies House.
- Staff have now moved from the third floor in Companies House to the fourth floor.
- A furniture inventory has been completed which details what furniture is kept at Companies house. This has been sectioned into furniture that will be moved to NG2, furniture that will be moved to NG2 at a later date and furniture that will not be required.

Decommissioning of Charnwood Court (Nantgarw 1 NG1)

- Notice has been served on NG1.
- The Project Team are liaising with the NG1 landlord regarding the possibility of occupying NG1 until the move to Nantgarw 2 (NG2).
- A furniture inventory has been completed which details what furniture is kept at Nantgarw 1. This has been sectioned into furniture that will be moved to NG2, furniture that will be moved to NG2 at a later date and furniture that will not be required.

Communications

- Coffee morning held for staff on 20 June 2024.
- The NG2 move website is updated continually with FAQs.
- Floorplans have been added to the website which provide staff with a visualisation of the allocation of wings to departments.

IT

- The PSBA was ordered on the 06 June 2024 and will take 90 days from then to arrive.

The current move in dates according to the Project Plan will be the end of Jan-25 going into early Feb-25.

Main Issues, Risks & Blockers

A number of risks exist, those deemed critical include;

- Site attendance numbers exceed available space. This can be mitigated through the use of booking apps to control space selection and usage and reduce the likelihood. Current combined attendance rates at Charnwood Court and Companies House are lower than the maximum number of planned available desks and the organisational approach to agile working remains a key focus area.
- Car Parking for 80 vehicles - Parking is available directly adjacent to the property but wider parking would need to be used as it currently is for visitors to Charnwood Court.
- Site Layout and design - This needs to be determined and finalised to allow formal proceeding to commence which support the timescales which have been revised to Q4 2024. This will mean consideration to existing lease terms in Charnwood Court will need to be evaluated and decisions on a possible short term extension, or vacation to a temporary headquarters which will maintain key services such as Pre Employment Checks. This risk will be monitored as the location redevelopment plan is established alongside other lease terms in Companies House to determine the appropriate mitigation.
- Workforce Demographics - With over 867 staff impacted by the potential move it is imperative that consultation and impact to the workforce is modelled and understood. Consultation has been carried out throughout February and follow on 1-2-1s are being conducted where required.

Project Name	Project Manager	Project Exec/SRO
Laundry Memorandum of Terms of Occupancy (MOTO)	Paul Thomas	Stuart Douglas
Monthly Update (key/issues (blockages)/risks)		

Status **Amber** (Overall) **Amber** (Time) **Amber** (Cost) **Amber** (Overall)

Recent Gateway Review? No

Objective

On 01 April 2021 NWSSP took over the responsibility for delivery of Laundry Services to NHS Wales operating from the following locations:

- Ysbyty Glan Clwyd (Betsi Cadwaladr University Health Board - BCUHB)
- Llansamlet (Swansea Bay University Health Board - SBUHB)
- Green Vale (Aneurin Bevan University Health Board - ABUHB)
- Church Village (Cwm Taf Morgannwg University Health Board - CTMUHB)
- Glangwili (Hywel Dda University Health Board - HDUHB)

Originally, services from Church Village and Glangwili were part of the All-Wales Laundry Service. The staff however are managed by the respective Health Board and their transfer is subject to a different programme (Shift East).

The 'Shift East' NWSSP Project was initiated in 2023 to deliver the following changes:

1. Transfer of staff from CTMUHB (Church Village) to NWSSP (delivered Apr-24)
2. Transfer some Laundry staff from HDDUHB (Glangwili) to NWSSP to deliver a hub base service model (delivered Apr-24)
3. Conversion of the Glangwili Laundry to provide a hub for NWSSP services (in progress)

As a result of the changes in service profile, it has been necessary to create workstreams to formalise the basis of NWSSP's occupation at Church Village and Glangwili through a Memorandum of Terms of Occupancy (MOTO) agreement.

Progress Update

Work Stream 1 (Church Village)

In Dec-23, whilst initiating tasks to put the MOTO in place, CTMUHB expressed a preference to transfer the Building to NWSSP. Two surveys were commissioned (Building and Mechanical & Electrical Service (M&E)) and undertaken with the output shared with NWSSP and CTMUHB stakeholders on 08 May 2024. These surveys indicate a combined maintenance backlog of £1.4m exc VAT and fees etc).

Given that NWSSP has no funds to address the backlog, nor resource to manage it, this is not a viable proposition. In light of the situation, NWSSP are yet to make a decision on the future direction of travel.

Work Stream 2 (Glangwili)

To assist with establishing a MOTO agreement, a survey was completed in Apr-24 indicating that there is a building maintenance backlog of £0.28m (exc. VAT and fees etc.) It should be also noted that the building and engineering installation is dated.

The output was discussed with NWSSP and HDDUHB on 02 May 24.

Alongside this, NWSSP have identified the need to re-purpose the building into a hub rather than a laundry processing unit. Current NWSSP budget for the conversion is £100,000. This information was shared with HDDUHB who subsequently produced a design to meet the new requirements of NWSSP, however, a cost of £1,000,000 was provided to re-fit the building. Discussions are ongoing with NWSSP and HDDUHB to see if a solution can be identified due to the disparity of budget against cost.

Main Issues, Risks & Blockers

Issues

Work Stream 2 - An issue has occurred where the refit costs outweigh the NWSSP budget. Further meetings are taking place to find a resolution.

Risks

Work Stream 1 - If CTMUHB and NWSSP cannot reach agreement on Tenure arrangements working relationships could become strained and increased risk of destabilising the revised operating model.

Work Stream 2 – If the refit cost does not meet the budget, NWSSP may need to look at other options including leasing a new site for this operation.

Buy-in Risk

If Health Boards do not buy-in to the process, there is a risk of failure to secure a signed MOTO. Communication has begun between all parties to mitigate any risk.

Project Name	Project Manager	Project Exec/SRO
Medical Examiner	Bethan Rees	Neil Frow

Monthly Update (key/issues (blockages)/risks)				
Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)

Recent Gateway Review? No

Objective

To create a Medical Examiner Service model for Wales that:

-
  - Is fit for purpose
  - Complies with standards set by the National Medical Examiner
  - Is sustainable and resilient
  - Represents value for money for NHS Wales
  - Meets the requirements of the Coroners & Justice Act 2009.
  - Provides independence

Progress Update

Implementation
The Medical Examiner Service (MES) is ready to double capacity to scrutinise Primary Care deaths in preparation for legislation coming into force in the latter half of 2024. The Workforce and processes are in place; however the Service will need to adjust to the new workload when the service is at full capacity.

Regulations
Welsh Government have confirmed that the regulations were published in Dec-23. The Welsh Government Minister also made a statement for Wales in Dec-23, and interested parties can now view the regulations prior to Apr-24.

Main Issues, Risks & Blockers

Risks

1. The inability to retain staff could jeopardise service continuity.

Issues

1. There has been a low take up of GP Practices allowing the Medical Examiner Service (MES) to scrutinise Primary Care Deaths to date. GP Practices will be legislated for the Medical Examiner Service to scrutinise deaths from Apr-24. Action: Additional communications will be issued to GP Practices.
2. GP Practices have not allowed the Medical Examiner Service (MES) access to GP systems to enable the service access to medical records for scrutiny of cases. Action: Combined communications to be issued from service and DHCW (Digital Healthcare Wales).
3. Welsh Government have advised that new paper Medical Certificate Cause of Death (MCCD) forms will be implemented in Apr-24. This could create issues for the Medical Examiner Service (MES) who will be implementing the service within Primary Care at the same time. Welsh Government to meet with NWSSP Primary Care Service to discuss further.

Project Name	Project Manager	Project Exec/SRO
L&R Case Management System implementation phase	Daniel Sinderby	Mark Harris

Monthly Update (key/issues (blockages)/risks)				
Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)

Recent Gateway Review? No

Objective

The Legal & Risk Service (L&RS) current case management system is outdated and requires upgrading in tandem with an integrated document storage solution that replaces our current Commercial Off The Shelf (COTS) solution.

Progress Update

Legal and Risk Services (L&RS) have been working with Procurement, Finance and Informatics to undertake a procurement tender exercise.
The tender documentation was released on the 13 March 2024 and closed on the 17 April 2024, with one bidder. An evaluation and clarification process was undertaken, with the decision being made at Project Board on 02 May 2024 to proceed with internal governance.

A ratification paper was approved by the Head of Procurement Services and papers were submitted to Shared Services Partnership Committee and Velindre Trust Board, both of which were approved. Contract Award notification has been submitted to Welsh Government for approval which is pending.

Negotiations with the previous supplier have progressed regarding the refunding of capital money and will continue to be managed closely. Consequently, a paper has been prepared to submit to Welsh Government to approve the reuse of the refunded capital money.

Main Issues, Risks & Blockers

Risk
The contract for the current system that is in use is due to expire in Mar-25. There is a risk that the limited timeframe may not allow sufficient time to procure and implement a new system by the required date.

Issue
Discussions are ongoing with current supplier to bring the outstanding contract issues to a close.

Project Name	Project Manager	Project Exec/SRO
NWSSP Electronic Prescription Service-EPS	Rhiann Iles	Nicola Phillips

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

Digital Health and Care Wales (DHCW) launched the Digital Medicines Transformation Portfolio to deliver a fully digital prescribing approach in all care settings in Wales. The portfolio brings together the programmes and projects to make the prescribing, dispensing and administration of medicines everywhere in Wales easier, safer, more efficient and effective, through digital. Primary Care Electronic Prescription Service (EPS) is a project focusing on implementing the electronic signing and transfer of prescriptions from GPs and non-medical prescribers to the community pharmacy or appliance dispense of a person's choice.

In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also send paper prescriptions monthly to NHSBSA.

As NWSSP Primary Care Services (PCS) is the reimbursement agency for NHS Wales, modifications will need to be made to both NHS Spine and NWSSP system to enable the HL7 message to be re-routed to NWSSP for the reimbursement to be processed. PCS were originally tasked with providing Technical Proof of Concept (TPOC) by Mar-23, this was delayed on 3 separate occasions by the Programme before being realised in November 2023.

Progress Update

To note the percentage completion is based on an average of both Reimbursement and Smartcards workstreams: 73% Reimbursement, 91% Smartcards. Overall project completion 82%.

The focus of plan remains on completing new and residual tasks to enable rollout to GP and Pharmacy System suppliers.

Progress Update

The following progress can be reported against the deliverables of the project plan:

Integration/Development of Internal Applications: Archiving of MESH data has been completed and deployed. The team are continuing to work towards automating the identification of paid English prescriptions and making changes to the scanner job to recognise dispensing tokens.

Assurance: Assurance timescales for each supplier (where known) are incorporated into the project plan. Positive Solutions have met the Deployment Verification Criteria (DVC) and DHCW are seeking out of Programme Board approval for Positive Solutions to have full authority to release nationally. Clanwilliam entered Live in Live on the 18 June 2024 and Programme are monitoring through DVC. EMIS Health have undertaken Witness Testing and planning on going through WIAG on 15 July 2024.

Service Management: Conversations are ongoing. NWSSP is part of a wider group of stakeholders who are continuing to refine the EPS Service Management approach. NWSSP are working with DHCW Service Management to log test calls using the agreed pre-defined criteria.

Communication Approach: Work is ongoing on NWSSP external and internal websites to ensure both are updated with relevant information. NWSSP and DHCW have been working through an options appraisal paper regarding information being available on the external websites. Once an agreement has been made, the PCS team can progress this.

Funding: Agreed with Finance to raise an invoice for only the staff costs now, and re-charge the non-pay elements at a later date when these are clearer. The funding letter for the EPS Posts has been signed and sent to DHCW Head of Portfolio Management Office. Staff resource will continue to be recorded and discussions are still ongoing regarding Business-as-usual

costs when the programme team withdraws. NWSSP will work with DHCW to provide costings to any funding bids made to Welsh Government.

Smart Cards:

- PCS are continuing to support the current live First of Type (FOT) sites in Rhyl, Llanfairfechan and Llanbradach.
- Numerous sites are now independently coming on board with EPS and the team are recieving multiple Registration Authority (RA) Agent nominations per day.
- FOT 4 sites (Clanwilliam):
  - Sully Surgery, Sully Pharmacy and M W Phillips Chemists in Cadaxton are now Live and are in progress to meet the DVC.
- FOT 5 sites (EMIS Health):
  - The New Surgery, Sheppards Coychurch Road and Sheppards Penybont Road anticipated Live date is 12 August 2024
  - Nantymoel Surgery, Nantymoel Pharmacy & Ogmore Vale Pharmacy have been brought forward in the rollout plan and have joined the FOT 5 sites rollout.
- Work is continuing regarding finalising processes for FOT, Locums and Dispensing Appliances Contractors (DACs).
- Working with NHSE regarding training materials approach.
- NWSSP are working with Programme and Health Courier Services (HCS) to plan deliveries to sites that are part of Group 5 on the DHCW rollout plan.

Main Issues, Risks & Blockers

Risks

The previously highlighted risk around resource remains:

The introduction of ePrescribing could have an impact on the workforce due to the anticipated processing efficiencies. A draft implementation plan has been received from DHCW with proposed timescales. Ongoing, regular communication with DHCW is reducing this risk. In addition, the project team is linking in with the Business Change Team within DHCW as well as continually assessing the impact that EPS is having on current business practices. A Business Impact Assessment is being completed to support this.

An additional risk has also been highlighted (replicated from PCS Divisional Log) regarding funding for BAU costs post 2025. Discussions have commenced with DHCW to ensure inclusion of costs for NWSSP to be included in any funding bids to Welsh Government. This is currently being reviewed as NWSSP progress through the implementation process to ensure an accurate number.

Issues

More visibility is needed when test claims are being sent by supplier via DHCW. This issue has been flagged to DHCW to ensure that information is sent through detailing what NWSSP should be able to see within the test claim. A test plan from DHCW has been shared with the project team.

Tesco previously raised that they will submit physical Welsh tokens to NWSSP to process/destroy regardless of what is stated in the drug tariff and have suggested that they will pay the financial penalty. Discussions have taken place between NWSSP, DHCW Programme, Community Pharmacy Wales (CPW) so that they are aware of the risk. In recent discussion with Tesco, they suggested that their processes will be reviewed to fit the Welsh EPS processes. Programme and Project will continue to monitor this.

Incorrect codes were set up on clinical system at Plas Menai Surgery by Locum Dr not using Prescriber numbers. A resolution is being looked into by NWSSP and Programme.

Current issue with the Golden Prescription process resulting in Clanwilliam unable to submit a Golden Prescription. Options are being explored by NWSSP, DHCW Programme, NHSE and Clanwiliam.

Project Name	Project Manager	Project Exec/SRO
Expansion of Legal Services to Primary Care	Gill Bailey	Daniela Mahapatra

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

Background:
In November 2019, the Solicitors Regulation Authority (SRA) introduced the Standards and Regulations (STARS) which has afforded Legal & Risk Services the opportunity to consider expanding the services they provide to primary care providers eg General Practices. This aligns to the Welsh Government Primary Care sustainability agenda by extending support to GPs for these services. This project will also complement the support already being provided by NWSSP for primary care.

Objective:

Design and implement a new legal service providing commercial, and employment law advice to GP Practices within NHS Wales.

Progress Update

Service offering defined and processes for the new service are in place. Client Care Letter created and awaiting formal sign-off. Referral form developed.

Development of Legal & Risk web site is underway with the anticipation that this will be ready towards the end of Aug-24. 'Soft' launch event with GP Clusters that have expressed an interest in the new service has been delayed to Sept-24 whilst completion of the final tasks is undertaken.

Main Issues, Risks & Blockers

Main risk identified:
Limited appetite from GP Practices to utilise new service could result in reputational damage to NWSSP and waste of investment in resource and time. Market research and stakeholder engagement will mitigate this risk.

Project Name	Project Manager	Project Exec/SRO
Leaders of the Future for NWSSP rising Stars	Rachel Pember	Julia Denyer

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) None (Quality)

Recent Gateway Review?

Objective

The purpose of the project is to create and manage a Leadership development programme for Leaders of the Future For NWSSP' Rising Stars. Looking to develop & grow staff within NWSSP, giving them the opportunity to step outside their current roles and take on a new initiative to develop their leadership skills.

Progress Update

Following a review of project progress, the project team membership has been renewed and next steps are in place.

NWSSP People and Organisational Development Senior Leadership Team have agreed for the project to progress at pace with a view to bringing forward the launch to within 24/25. The project plan and timelines are in the process of being updated to reflect the revised position.

Main Issues, Risks & Blockers

Issue identified -

- How will cross divisional movement of staff work, does this need to remain within division for first phase of implementation, as no funding available.

Project Name	Project Manager	Project Exec/SRO
Employee Investigations	Myra Jones	Michelle Thomas

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review?

Objective

Implementing a revised approach to ensure employees are supported during investigations, essentially ensuring that there is minimal harm caused.

Progress Update

Due to staff changes, new Project Executive appointed, Michelle Thomas.

Aneurin Bevan University Health Board have shared an approach to supporting staff managing Employees Investigations with the Project team. This is being adapted to suite NWSSP.

A review of the project team has been completed following staff changes. The project plan is being revised and updated with initial staff training dates identified for the first phase for mid Sept-24. A task and finish group is being established to support delivery of tasks identified within the revised project plan.

Main Issues, Risks & Blockers

None over the threshold identified

PMO Dashboard Report

Project Name	Project Manager	Project Exec/SRO
Implementation of AW Translation Memory Software	Rhiann Iles	Non Richards

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

The procurement and implementation of Welsh Translation memory software for all participating Health Boards.

Background:
NWSSP currently has a contract with Phrase Translation Memory software and supports the following organisations with translation services through a Service Level Agreement:

- NWSSP and hosted programmes
- VNHST
- PHW
- DHCW

The project purpose is to address the inconsistent approach to the use of Welsh Translation memory software across NHS Wales in line with 'More than just words' (Welsh Government Strategy).

Progress Update

To inform scoping of a potential multi organisation solution, a questionnaire was issued to Welsh Services Managers within all NHS Wales Organisations to ascertain feasibility and current usage. Following receipt of twelve responses, further meetings are taking place to confirm the information provided. A report is being prepared noting the findings and highlighting interested stakeholders in moving forward on a collaborative basis.

Once the position is established a project team and plan will be created along with all relevant project documentation.

Main Issues, Risks & Blockers

No issues presented at this stage of the project.

Project Name	Project Manager	Project Exec/SRO
ESR Manager Self Service (MSS) Implementation	Rhiann Iles, Will Brown	Rebecca Jarvis

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? In Progress

Objective

To optimise use of Self Service functionality with ESR across all NHS Wales organisations in preparation for the future workforce solution, identified through the ESR Transformation Programme.

Background:
The ESR Transformation Programme is led by the NHS Business Service Authority (NHSBSA). The programme is currently progressing through procurement processes before entering proof of concept. The goal of 'enabling readiness' for the future solution is to support organisations in reaching an optimal state of digitalisation through the utilisation of Manager Self Service (MSS). This will support a fast and safe adoption of the new solution to organisations for maximum benefit.

MSS is partially rolled out across organisations, but the replacement for ESR in 2026 will require 100% uptake of MSS.

In Apr-24, the scope of the project was amended to include the implementation of Staff Movement Advice (SMA).

Progress Update

The project is continuing to progress.

Establishment of baseline position: The project team has broadly established the baseline position, laying the groundwork for further monitoring and assessment. Scheduled wider monitoring meetings with organisations via NHSBSA Functional Account Manager and Digital Workforce colleagues will provide additional insights and opportunities for refinement.

Agreement on MSS Functionalities: MSS functionalities have been agreed upon, signifying an important milestone in the project's progression. This consensus ensures clarity and consistency in the implementation process, facilitating smoother adoption by managers and their teams.

Finalisation of Process Maps: Process maps for MSS have been finalised, indicating proactive steps towards operationalising the agreed-upon functionalities. These maps will serve as invaluable guides for stakeholders involved in the implementation process, streamlining workflows and enhancing efficiency.

Collaboration with SMA: Collaboration between MSS and SMA has been successfully established, underscoring the project team's commitment to minimizing confusion and optimising processes for organisations and their management teams. By aligning roll-out plans, we aim to provide a seamless approach.

Communications have been developed and shared detailing the collaboration between the MSS and SMA systems.

Main Issues, Risks & Blockers

None over the threshold to report.

Project Name	Project Manager	Project Exec/SRO
Lease Management Solution	Daniel Sinderby	Clive Ball

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review?

Objective

Procure and implement an alternative system to Electronic Property Information Mapping Service (ePIMS) that meets the requirements of the Specialist Estates Services (SES) Property Team

Progress Update

The Specialist Estates Services (SES) Lease Management System project is to procure an alternative system for the Property Team to manage leases across NHS Wales. The UK Cabinet Office has been working with stakeholders to develop a new system for property management as the current system, Electronic Property Information Mapping Service (ePIMS), is due to be phased out by Mar-25. SES colleagues who have participated in this process, have recently been informed that the new software would not be a replacement of ePIMS. This would not satisfy SES's needs as it does not contain the functionality required to undertake the Lease Management role for all NHS Wales organisations.
A two-step approach has been identified where an interim solution will need to be implemented whilst simultaneously preparing for a potential procurement exercise.

SES have reflected on a previous unsuccessful attempt to procure a solution that took place years prior to this, and 3 initial options have now been identified:

1. Enter into discussion with the current ePIMS provider (CDS) and the Cabinet Office (who hold the contract) to find out if ePIMS can be supplied to us directly as a permanent solution.
2. Investigate delivering a solution via the Office 365 Power Platform
3. Undertake a procurement exercise.

SES Property Team have continued discussions with the current supplier of ePIMS (CDS) who have provided indicative costs. There are current Intellectual Property (IP) discussions ongoing between CDS and the UK Cabinet Office that need to be resolved for the contract to be novated. Investigation into this option is ongoing.

Work has progressed with NWSSP Informatics team regarding the option of an Office 365 solution using the Power Platform, where a prototype has been developed based on the data modelling work initially undertaken. The prototype is reflective of a minimum viable product (MVP) and test scenarios are being created to ensure that the solution can perform the correct functionality.

The SES Property Team have continued market research to support a potential procurement exercise. Procurement have provided advice regarding utilising a procurement framework approach and SES have been analysing the GCLOUD framework as many of the providers that have been engaged with during market research utilise this framework. Discussions are ongoing as to whether this would be the best approach for a procurement exercise.

Main Issues, Risks & Blockers

Risks
R1 - The current ePIMS system is shut down before SES is able to procure an alternative solution. Engagement with NWSSP/DHCW to ascertain whether they can develop an alternative system in the timescale available.

R2 - SES is unable to source an alternative system to enable SES Property team to deliver its function. Engagement with NWSSP Procurement to ascertain what alternative procurement options exist in the timescale available.

R3 - Funding (capital and revenue) is unavailable to procure and run an alternative system. Engagement with NWSSP Finance to ascertain whether funding is available to support the procurement and running of an alternative system.

If the risks materialise, there is an impact on all NHS organisations due to the inability to manage leases effectively. The options identified above will look to mitigate these risks and all efforts will be made to ensure a replacement Lease Management Service is in place.

Project Name	Project Manager	Project Exec/SRO
Medicines Delivery Service	Rachel Pember	Colin Powell

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

Status **Green** (Overall)

Recent Gateway Review?

Objective

Create a new service to purchase, store, dispense and deliver selected medicines to patients at home.

Progress Update

PMO Request for Support received on 24 April 2024. 09 May 2024 support agreed with Project Manager allocated from 03 June 2024.

Initial scoping has been completed with Project Governance established. Review of initial business case undertaken with additional information identified. Mapping of existing processes has commenced to inform the business case and development of new service.

Main Issues, Risks & Blockers

Initial risks have been captured but need to be formerly assessed and documented.

Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Variable Pay Initiative	Tim Knight	Neil Frow

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

Status **Green** (Overall)

Objective

The NWSSP Service Improvement Team were asked to lead an initiative looking into variable pay spend across NWSSP and excluding laundry services. The primary goals of this initiative were to:

- Explore which variable pay options are the most cost effective.
- Identify the key root causes to variable pay.
- Identify improvements and countermeasures to established points of failure and root causes.

Progress Update

Through our findings it was determined that 89% of variable pay is worked across bands 2, 3 and 4 and the use of bank staff offered the most cost-effective solution to bridging gaps in resource, followed by overtime and then agency. The bank pay hourly rate is on average 7% less than Agency or Overtime.

Following the principles of pareto analysis, the root causes were identified, taking the biggest contributors to the problem and working with these cost centres to obtain and stratify relevant data.

A report has been written and submitted to the relevant service leads, which demonstrates any correlation of factors which contribute to variable pay. This report suggests improvements within the following areas:

- Data Management
- People & Organisational Development
- Within the specific services
- and at an Organisational level.

The Service Improvement Team has begun to meet with leads from People & Organisational Development and are starting to cocreate and implement solutions to identified points of failure where possible. The initiatives in progress are outlined under the following titles:

- Talent Pool
- Absence Management
- Standardisation and centralisation of data

The improvement group are aiming to see progress with these through Jul-24 and Aug-24.

Main Issues, Risks & Blockers

That the process owners and managers are not fully transparent (though there has been no sign of this happening)

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Customer Service Excellence Year 2	Kim Eley	Neil Frow

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

Status **Green** (Overall)

Objective

Following the successful completion of the year one customer service excellence (CSE) assessment in 2023/2024, the objective of this initiative is to maintain these standards and report back any improvements to the accreditation body accordingly in order to maintain and build on the standard achieved.

Progress Update

In readiness for the year 2 assessment, NWSSP need to demonstrate how they are improving on those areas of partial compliance or improvement.

The Service Improvement Team has been collaborating with the relevant divisions in the development of 57 individual action plans. These action plans outline a pathway to improvement whilst capturing the baseline position to monitor performance uplift and providing us with the relevant evidence required for the year 2 submission.

Of the 57 Action Plans in motion, 13 sit at an Organisational level and are now being managed centrally through the Service Improvement Team in collaboration with relevant colleagues.

Next Steps

Community of Practice (COP) are responsible for identifying and measuring benefits again each service improvement recommendation.

One to one development sessions are continuing if divisions request support.

The schedule has been approved for the CSE assessment period and COP are currently identifying suitable customers who will be interviewed by the assessor.

Main Issues, Risks & Blockers

Not all divisions have completed and/or submitted action plans to SIT.

Not all action plans will be fully implemented before year two assessment.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Staff Movement Advice (SMA) RPA	Niall Quilton	Stephen Withers

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

Status **Green** (Overall)

Objective

To review the workstreams that feed into the Starters Movers and Advice App and automate processes where possible.

Progress Update

Termination is the first stage of this collaborative improvement process, with Payroll, NWSSP Service Improvement and RPA working through the SMA App workstreams in due course. There are currently 19 further scripts to work with varying benefits to be confirmed.

SMA App Terminations RPA has been developed and live testing commenced on 15 May 2024 starting with CVUHB. Live testing on BCUHB started on 10 June 2024 and the remaining NHS organisations using the SMA App will join the live testing in early Jul-24.

Benefits: Conservative benefits forecasts indicate a 10 minute reduction to the handling time of 9000 items that go through the SMA and are currently handled by the relevant Payroll teams. Equating to 0.76 WTE or £26,000

In conjunction with the Termination RPA, pre-development planning on the Single Lead Employer (SLE) New Starters RPA commenced in early May-24 and the RPA framework documents were submitted to the NWSSP RPA Team on 26 June 2024 to commence development.

This development is timebound with the priority to develop, testing and implement for the SLE new starter intake for Aug-24 and Sept-24, with the majority of starters commencing in Aug-24.

Benefits: Conservative benefits forecasts indicate a 20 minute reduction to the handling time of 1200 (Approx. No. of new starters) items that currently handled by NWSSP Payroll. Equating to potential 400 hours of work.

Risks: The process is reliant on the SLE Service initiating the sending of the SMA App starter forms to the appointees on completion of their pre-employment checks, plus the successful interface of appointee data from the HEIW Intrepid system to ESR. Issues have arisen with both of the above and we are working with the SLE Service, Payroll, Digital Workforce Solution and the RPA Team to mitigate for constraints and issues to ensure we can develop, test and deploy the RPA to maximum effect.

The SMA App RPA Improvement Group continue to meet weekly to go through the development planning for all on going developments. The Service Improvement Teams also continue to work with the subject matter experts to complete relevant documents, process mapping and collate items for the group to discuss and provide decision on and actions for development.

The next development after SLE New Starters is for General New Starters, which has commenced pre-development planning and is anticipated to be ready to submit for development by the end of Jul-24. The constraint for this development is the capacity within the RPA Team to process the volumes with the current Virtual Machines (VMs) licensed. This has led to a request for NWSSP Employment Service to fund the purchase of extra licences to manage this constraint and plan for further developments.

Main Issues, Risks & Blockers

Risks & Issues:

- RPA Team delays
- RPA virtual machine capacity issues - need more licenses - cost
- Payroll delays with data, support, collective Payroll management decision making
- Payroll not investing in updating their business continuity planning and disaster recovery
- Payroll not developing a comprehensive RPA admin SWI/SOP for post implementation RPA management
- Competing interests with the ESR Management Self Service roll-out
- The SLE New Starters process is reliant on the SLE Service initiating the sending of the SMA App starter forms to the appointees on completion of their pre-employment checks, plus the successful interface of appointee data from the

HEIW Intrepid system to ESR. Issues have arisen with both of the above and we are working with the SLE Service, Payroll, Digital Workforce Solution and the RPA Team to mitigate for constraints and issues to ensure we can develop, test and deploy the RPA to maximum effect.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Invoice on hold (IOH) Review	Tim Knight	Neil Frow, Alison Ramsey, Linsay Payne

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

Status **Green** (Overall)

Objective

The key deliverable of this project will be to reduce the total number of unpaid invoices that are outstanding over 30 days whilst improving the overall process.

Some of the indirect benefits of this project will come from an improved reputation that encourages other businesses to compete for our business, increased staff availability/capacity, reduced cost to serve and improved supplier (process customer) and customer HB/Trust satisfaction.

In parallel, we will review the "No Purchase Order No Pay" invoices being reported, looking to reduce this figure also. It is hoped that these will reduce naturally as we look at the 30 day plus figure, though depending on where the data takes us, we might need to switch this to the primary focus.

Progress Update

The steering group are meeting fortnightly to review progress and provide further direction, its members include service leads from Finance, Procurement, Accounts Payable and the Service Improvement team only, with the numbers deliberately kept small to allow the sessions to be progressive, setting actions to be completed between meetings and the findings /results fed back in.

The steering group currently have the following improvements in flight:

Improvement	Activity	Benefit Type
Governance Framework	Develop all Wales and NWSSP governance groups (Live)	Improve Governance
ActionPoint Review	Streamline ActionPoint process, improve CSAT.	Process Improvement
Off Statement Clearance	Cancel invoices marked as off statement from IOH	Problem Reduction
Account Management	Move temp resource to e-Enablement	Problem Reduction
PO to Invoice Matching	Match No PO invoices to POs in System & release	Problem Reduction
Receipting Reminder Automation	Improve, increase and automate reminder process	Process Improvement
No PO No Pay Update	Updating policy, enabling further improvement	Process Improvement
Statement Reconciliation	Outsourcing the reconciliation process	Process Improvement

Improvements labelled under problem reduction in the matrix above started on the 13 May 2024, though the resource allocated to the account management approach was pulled a week later. These initiatives should deliver a tangible benefit through the clearance of 675 invoices per week, which would force a downward trend in the IOH over 30 day figure, aiming for a reduction of between 362 and 450 invoices per week.

Procurement have now set up a sperate, more focussed approach to the Account Management suggestion and this should start to take shape through July, and beginning to deliver results in August.

Resource has been provided by both Procurement and Planning Performance & Informatics to focus on No PO No Pay, looking to work with suppliers to identify invoices that have been submitted without a purchase order number but where one exists in the system. Through this work, the improvement group have forced a year low in the No PO No Pay numbers and delivered a 9% reduction since commencement.

PMO Dashboard Report

Additionally, the All Wales Procure to Pay Governance Group (AWP2PGG) has been re-established, with the first two meetings having taken place in May-24 and Jun-24. The group has representatives from all Health Boards and are currently focussing on the following initiatives, with the aim of implementing all Wales solutions as and where possible:

- Approval of the refreshed No PO No Pay Policy and a refreshed purchase order exemption list
- Reviewing and establishing improvements to the end-to-end receipting process.
- Ensure there are Local P2P group meetings with attendance from Accounts Payable, Procurement and Finance as a minimum quarterly with all organisations.
- Ensure that the Once 4 Wales principles are applied.
- Agree on what the KPIs should be and ensure improvement mechanisms are established
- Explore options to improve PSPP performance for NHS invoicing.

Main Issues, Risks & Blockers

The continued availability of resource is essential to the successful delivery of the clearance plan.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
L&R Matters Invoicing Process	Niall Quinton, Tim Knight	Stefan Dakovic, Sue Saunders

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

Status **Green** (Overall)

Objective

We aim to apply an RPA/M365 Power Apps solution to parts of the NWSSP Finance Legal & Risk Matters approval process to reduce resource time spent on obtaining, sorting and reporting data, and time spent emailing and chasing approvers.

Automate parts of the process that will release resource for associated value-added duties, improve consistency and timeliness of requesting and chasing approvals, and provide a Power BI reporting dashboard and output. Additional opportunities for continuous improvement will be identified and listed for review.

Outcomes to be achieved:

- Timely automated process
- Increase in matters approved.
- Improved chasing outcomes, including no matters for payment being written-off.
- Resource freed for query resolution and relevant value-added tasks.
- Improve escalation process.
- BI reporting dashboard and output

What other indirect benefits may arise from this work?

- Continuous improvement opportunities identified within the wider process and in other work NWSSP Finance complete. Issues with stakeholders identified, monitored and reported using Business Intelligence, which will support problem resolution and escalation.

Progress Update

Work has started on the completion of the Process Definition Document which is due for completion during Jul-24 prior to being reviewed and sent to RPA for RPA/M365 for development.

The improvement group are currently working to identify and improve the data coming from the Legal & Risk QBS system to make it suitable for RPA before developing and testing the process following submission, likely to be in Aug-24.

Main Issues, Risks & Blockers

Risks:

- Availability of NWSSP Finance staff to support the development as subject matter experts and decisions makers.
- Availability of RPA/M365 Power Apps Team to develop, test and implement within timescales set.
- Functionality of the RPA/M365 Power Apps to complete the ask. For example, the potential to move the Matters Database to MS Lists would still need to retain the ability to provide summary info as per the summary page on the matters database - using look ups to aged debtor balances and No. of matters o/s per HB etc

NON PMO Managed Initiatives

Key Individual Project/Programme Updates		
Project Name	**Project Manager**	**Project Exec/SRO**
Radio Pharmacy	Peter Elliott	Neil Frow

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

Status **Amber** (Overall) **Amber** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

To provide a new Radiopharmacy facility serving the South East region of Wales

Progress Update

The project has been established within the TRAMS Programme, managed by the South East Wales Project Board. An initial Business Case was prepared that analysed the investment options and recommended the IP5 Warehouse as the preferred site. This was submitted to Welsh Government in Nov-23, and fees have been awarded to develop the design. Outline design work for the South East Wales Hub will be carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available.

A tender process has been carried out for the cleanroom contractor, the contract awarded, the outline design phase has been completed, and the detailed design phase is underway.

A Project Surveyor and other key advisors and internal resources have also been appointed. User Requirements Documents have been prepared. Scoping for enabling works to be carried out by different contractors is underway with the support of the Surveyor and Principal Designer. These will include:

- Decant of stores and racking from the work area
- Rectification of the dividing wall for fire compartmentation
- Refurbishment of staff toilet and locker room facilities
- Connection of new drains for the production area
- Any short-term repairs needed to the roof that have not already been instructed by the IP5 Programme
- Modification of the Fire and Security Alarms consequent on the changes to the building
- Final Electrical Connections
- Protection of Wireless and Data networks during the build.

Around £330k of Production Equipment has been purchased using year end capital and will be securely stored until needed. The Tender for the Isolators closed on 07 March 2024 and is being assessed. Welsh Government has agreed in principle that this order can be placed in advance of the main investment decision, because of the lead time for these items. The isolator contract has not yet been signed by the preferred bidder, and this issue is being closely managed.

Operational Planning for the new service is underway with workshops held on process standardisation, documentation, and the repurposing of existing digital systems.

Planning for the staffing establishment is being considered on a phased basis:

1. The TUPE transfer of those staff within Cardiff and Vale University Health Board. Where TUPE applies, they will be transferred as soon as possible and put to work supporting the design, build, and commissioning of the facility.
2. The identification of an interim standalone structure for Radiopharmacy in NWSSP and recruitment to the vacancies.
3. The full TRAMs OCP2 structure integrating Radiopharmacy with other supporting capabilities

The Business Justification Case v2 has been prepared and will be submitted to SSPC on 18 July 2024, and to Welsh Government by the end of Jul-24. Key dependencies including planning permission are expected to be resolved by early Sept-24, leading to the government Investment Decision, and orders placed with suppliers by 30 September 2024.

Main building activity is expected to be during Quarters 3 and 4 of 2024/5.

Testing, validation, and regulatory approvals will follow in Quarter 1 of 2025/6.

A Detailed capital cashflow will be confirmed with government investor at the time of the Investment Decision.

Depending on progress with validation and licensing, we are aiming to open the unit by the end of Quarter 1 2025/6.

Proceeding at this pace requires acceptance of certain risks, as set out in the following section. These are considered to be justified by urgent patient need and will be carefully managed and reported on.

Project is rated Amber overall due to the time constraint, and the impact of this on risk management.

Main Issues, Risks & Blockers

- **Planning Permission** Welsh Government have indicated that the Investment Decision will not be presented to the Cabinet Secretary until Planning Permission has been obtained. Permission will need to be sought both for the change of use of the floor footprint, and for changes to the elevations for air intakes and vents, and for one additional external door. A Planning Consultant has been appointed. Environmental surveys have been commissioned and are to hand. Drawings have been prepared. The pre-engagement letter was sent on 23 May 2024, but Council has yet to respond. Based on professional advice it is intended to submit the planning application anyway on 12 July 2024. If the application is handled in accordance with timelines, this would lead to a planning decision by 6 Sept 2024.
- **The IP5 Roof** remains a concern, with sporadic water leaks continuing to occur despite the recent remediation work. The project has made cost provision for over cladding works to the roof over the project area.
- **Staffing** is probably the biggest risk to the project. The current staff at Cardiff & Vale University Health Board are in a precarious position with their unit closed. Once the capital investment decision is made it is proposed to begin the TUPE process. There remains a risk that before that can happen, the staff will seek alternative employments elsewhere, or be redeployed within the service to manage urgent pressures of one kind or another. When the new unit is ready to open, existing staff may not be available, and a recruitment and training process would then be needed.
- **Isolators** The preferred bidder for the isolators has yet to sign the contract, and delay to this item could risk delaying the whole project timeline. The root cause appears to be a change of ownership by the supplier's holding company and due diligence work by the incoming group. The supplier is pushing hard their side to resolve any due diligence queries by the new owners to minimise any potential delay. The project team is developing a contingency plan to consider an interim short-term solution to maintain the targeted go live date.

Streamlining of clinical demand is needed to ensure service resilience over the next 15 months. To emphasise: this is not about limiting the number of patients scanned, but about clustering demand for similar scans on particular days of the week. The aim is to ensure three patients can be scanned from every one vial of radioactive product produced, which can be done on the same day in the same place, but not on separate days or in different places. This will also lay the foundations for a successful introduction of the new service for the South East when the new unit opens. An NWSSP Project to support this activity has started work, within the governance of the TRAMs Programme. This project is nearing completion and may close within the next 2 month period.

Project Name	Project Manager	Project Exec/SRO
ESR Transformation Programme		Gareth Hardacre

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

Lead on the development and implementation of the Electronic Staff Record (ESR) Transformation Programme for Wales

Progress Update

The ESR Transformation Programme led by the NHS Business Service Authority (NHSBSA) continues through its procurement stage against the following timeline:

- Proof of Concept (POC) commenced on 16 April 2024 with the Service Concepts and Technical Capabilities. This will run in parallel with the negotiation stage. Feedback has been provided to the bidders.
- Invite to Submit Final Tender (ISFT) development is underway.
- Early planning in preparation for the development of the Full Business Case (FBC).
- End of POC, close negotiation and inform suppliers and invite final tenders scheduled for end of Aug-2424
- Usability Assurance Sessions commenced 24 June 2024 and will run for 5 weeks.

The strategic narrative was officially launched for Wales to Directors of Workforce and Deputy Directors in May-24/Jun-24. Webinars aimed at strategic leaders are scheduled for Jul-24/Aug-24 on the 3 key pillars - Transformation, Unlocking your Digital Capability (Optimisation) and The Power of Good Data.

Advisory Board and CEO Board led by the NHSBSA established with Wales representation.

The next phase which is Enabling Readiness has commenced with 4 test sites within Wales. This will involve engagement as part of the people component along with a detailed data collection exercise being undertaken. Initial meetings are currently taking place to provide an overview of the process.

Within Wales work continues on the optimisation of ESR. A defined programme of work for Data Quality has been agreed. Self Service project has commenced with 4 early adopter organisations been identified. A detailed strategic outline case will be developed for Establishment Control over the next few months following discussions held at Directors of Workforce & Finance.

Wales Governance Board - New Future NHS Workforce Solution Steering Group held it's inaugural meeting in May-24 with wide representation from across organisations and professionals. The group will meet quarterly in the first instance.

Main Issues, Risks & Blockers

Significant culture and process change
Consideration to existing processes including payroll to ensure no disruption to service
No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register.

Project Name	Project Manager	Project Exec/SRO
Scan 4 Safety	Andrew Smallwood	Andy Smallwood

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

Progress Update

Initial Programme delays due to central server implementation and cyber resilience measures were all addressed and system is now live to some extent in all Health Boards and WAST.

The team continue the roll-out of the Inventory Management System across NHS Wales with All Health Boards now extending the coverage of scanning. The majority of work is currently within Theatres and Cardiac Cath Labs where the system will have greatest benefit both financially and more importantly patient safety wise.

The success with the patient link information feed from Welsh Patient Administration System (WPAS) being able to send information to Omnicell to allow products to be scanned to patients with Hywel Dda University Health Board (HDUHB) has allowed Digital Health and Care Wales (DHCW) to test its extended use to other health organisations. The test environment has proved successful with links ready for all remaining Health Boards.

Cardiff and Vale University Health Board (C&VUHB) does not use WPAS and as such a separate feed has been developed with C&VUHB that is now live following the go live of Cardiac Catheter Labs and shortly within its Surgical Short Stay Unit..

Following successful live testing of the patient link in CTMUHB a revised programme of rollout across Cardiology and Theatres is being implemented.

Main Issues, Risks & Blockers

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW is respect of developing a Welsh Health Circular to be issued. A series of workshops are underway and draft documents are currently being reviewed.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. This is being worked around with each organisation based on local pressure, but impacting the speed of rollout.

Whilst the WPAS patient feed introduced successfully for HDUHB allows patient id to be brought up on the SupplyX handset, the barcode printed on the wristband is the hospital number not the NHS Number as required by the Programme. However, the feed from WPAS does allow SupplyX to use the hospital number so scanning product and patient is now live. Whilst this is good from a local efficiency perspective WHC (2015) 049 states that the NHS number should be the primary identifier for patients.

NWSSP will continue to work with DHCW in order to push for improved patient identifier direction from Welsh Government and aim for a new Welsh Circular to be issued in 2024.

Project Name	Project Manager	Project Exec/SRO
Health Roster Implementation	Vicki Harris	Rebecca Jarvis

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

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

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

Progress Update

NWSSP Roll Out:

-
  - 18 units/ services are currently live to payroll across NWSSP
  - 23 planned for 24/25.
    - 4 live.
    - 14 declined due to minimal variable pay.
    - 10 additional added to plan (see point 3 below)
  - Roll out plan:
    a. Bridgend and Newport Admin unit were scheduled for training in Jun-24, but this has been postponed. Units currently putting staff on correct cost centres prior to implementation. Further data gathering is required and further training dates to be agreed.
    b. Medical Examiner service have been in contact and would like a further demonstration of the system. This meeting is scheduled for the 20 July 2024.
    c. Receipt & Distribution in Procurement Division have agreed for the 10 units to go on Health Roster. Data Gathering information has been received. Training dates have been offered and awaiting confirmation of these.

Duty of Quality:

There have been 7 rostering actions completed on the Digital Workforce and Productivity (DWPS) Quality Improvement Action Log (QIAL):

- Development of an Internal Audit scheduled for live units re Access/Activity.
- Merged annual leave and bank holiday in Health Roster
- Translated all Health Roster templates/notifications within the system into Welsh.
- Built budgets onto roster template for establishment control.
- Implemented a single Customer Service Platform.
- Created a Teams channel for one way communication for information only.
- Implemented a Change of Cost code process.

Other updates:

Ongoing discussions with People and OD and Unit leads with regards to pay elements that have been set up for units that aren't in line with agenda for change. This is in relation to pre-existing and new units on roster. Further meetings scheduled.

Implementation plan is underway for 'Loop' which is replacing Employee on Line (EOL) the current application used to view and book shifts etc. The aim is to fully implement by Sept/Oct 2024 at the latest as support for EOL is being withdrawn by the supplier in Dec-24. There are varying levels of access within the system and therefore a paper has been submitted to NWSSP E-Rostering Project Board seeking approval on the Rostering Teams recommendations regarding the appropriate level(s) across NWSSP.

NWSSP currently fund 1,100 licenses. As of the Mar-24, via Health roster and Bank we are utilising circa 600 licenses.

PHW Roll out

Implementation

5 units are now live on Health Roster. The implementation plan for 2024-2025 has been agreed at Project Board. 5 hot lab areas are due to go live in Jul-24.

Evaluations

Evaluations undertaken for Cardiff Virology and Cardiff Bacteriology were very positive.

Main Issues, Risks & Blockers

No risks to report above the threshold.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	18 July 2024

The report is not Exempt
Teitl yr Adroddiad / Title of Report
NWSSP Corporate Risk Update – July 2024

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
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Pwrpas yr Adroddiad: **Purpose of the Report:**
To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

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

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

Adduned y Pylori/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
July 2024

1. INTRODUCTION

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

2. RISKS FOR ACTION

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

Current Risk Rating	July 2024
Red Risk	4
Amber Risk	8
Yellow Risk	0
Green Risk	0
Total	12

2.1 Red-rated Risks

The detailed review of the Corporate Risk Register by the Senior Leadership Team in its informal workshop sessions has been concluded. This has been an engaging exercise which included consideration of the continued application of the SSPC Risk Appetite Statement. The revised Register is appended to this cover paper for the Committee to note.

The following red risks remain on the register as follows:

- the impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry remains rated red due to ongoing and expected further requests from the Inquiry (A6);
- the threat to the TRAMs programme and the consequent impact in South-East Wales if funding is not made available. The risk score has previously reduced from 20 to 15 following confirmation of funding for radiotherapy isolators (A10); and
- the availability of capital funding remains a significant risk (A12).

In addition, the risk of financial restraints preventing the ability of NWSSP to meet the expectations of Welsh Government and stakeholders in playing a leading role in delivering the Decarbonisation Action Plan (A5) has been increased from 12 to 16 as the ongoing financial outlook increases the likelihood of this risk being realised. In order to avoid confusion, this risk has also been split to show the risk in respect of NWSSP's leading role nationally (A5a) and the risk to the delivery of its own Decarbonisation Action Plan (A5b).

2.2 Risks for Monitoring

A number of risks in the Risks for Monitoring section have been removed because either:

i) the risk score has reduced to a consistently very low level;
ii) there was either duplication with another risk; or
iii) they arose from incidents, the learning from which is now integrated into the day-to-day management of our business.

The risks removed are:

- M1 - Disruption to services and threats to staff due to unauthorised access to NWSSP sites.
- M2 - Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters.
- M3 - The threat of industrial action (both within the NHS and across other sectors) is likely to lead to staff shortages in both NWSSP and across NHS Wales impacting delivery of services.
- M8 - The industrial action by Junior Doctors and Consultants and the resulting impact that this may have on the Single Lead Employer team and Payroll teams.
- M9 - Adverse publicity arising from the regulatory report into financial matters at a Health Board have potential for adverse reputational impact on NWSSP.
- M11 - The lack of capital for the laundry transformation programme has led to the development of a short to medium solution, this generates an inherent risk in the form of operating ageing equipment / infrastructure and plant for the foreseeable future resulting in increased breakdowns.
- M13 - Threat to services within IP5 following a fire incident resulting in the loss of the sprinkler pump system.
- M15 - Leaks to the roof at IP5 threaten the operation of services and are extremely expensive to repair.

3. RISKS FOR MONITORING

There are eight risks that have reached their target score, and which are retained on the Register to be monitored rated as follows:

Current Risk Rating	March 2024
Red Risk	0
Amber Risk	2
Yellow Risk	5
Green Risk	0
Total	7

4. RECOMMENDATION

The Committee is asked to:

- NOTE the update to the Corporate Risk Register as at July 2024.

Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. **Strategic Objective - Service Development**	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learn Internal Audit review BCP Action Cards CAF completed and report received from CRU CAF remediation project established with support from PMO. Exercise in a box launch event held with SLG (face to face) on 12 May. Phishing testing has been running since February 2022 alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team.	2	5	10	Complete Impact Assessment of all major systems (Nick Lewis - 31/05/2024) Update session for SSPC to be provided in Q3.	Heightened state of alert. Recent attack on Home Electronics System - although this is not hosted by NWSSP. Presentation to September SLG and October 2023 Audit Committee. Two additional staff at Band 6 recruited. Cyber KPIs developed and reported to SLG for approval and will be reported on a quarterly basis for ongoing assurance. **Risk Lead: Director of Planning, Performance & Informatics**	→	At target
A2	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part. **Strategic Objective - Staff**	3	5	15	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis. Bi-monthly Recruitment Modernisation Project Boards 19 additional staff recruited within Employment Services (fixed term) Regular reporting to SLG and SSPC.	3	3	9	Detailed update on modernisation plan to be presented to SLG and SSPC in May 2024.	Good progress being made with the Recruitment Modernisation Programme. Update provided to Sept, Nov 23 and May 24 SSPC. Not carrying significant vacancies and recent recruitment campaigns have been successful. **Risk Lead: Director People & OD**	→	At target
A3	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services. **Strategic Objective - Services**	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews.	2	5	10	Continue to pursue links into Local Resilience Forum. Covid-19 SLG lessons learned exercise New post fo Head of Emergency Preparedness to be advertised in Q2 to oversee forward look workplan in this area.	Covid-19 Lessons Learned underaken with SLG June 2024 and business continuity exercises continue to be planned. **Risk Lead: Director Planning, Performance & Informatics**	→	31/03/2025
A4	There is a risk that disruption in the supply chain caused by external factors or supplier failure results in significant restriction in service provision. **Strategic Objective - Services**	4	4	16	4 Nations approach provides resilience and NWSSP are active partners. Learning from Covid pandemic and any disruption incidents has been implemented wherever possible.	3	3	9	Ensure clarity in contracting arrangements regarding out of hours arrangements with suppliers.	Additional stockholding where required of PPE and essential stock being agreed. **Risk Lead: Director Finance & Corporate Services**	→	31/03/2025
A5a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan.Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency. **Strategic Objective - Service Development**	4	4	16	Regular liaison with Welsh Government Attendance at National Programme Board	4	4	16	The financial position across NHS Wales is leading to increasing demand from HBs/Trusts on the NWSSP team. Progress with re-appointments following resource loss (LW).	The financial position across NHS Wales has raised questions around deliverability of DAPs across all organisations and this has been raised at the National Programme Board. Expiring best fit resource for Decarbonisation Coordination Reporting Team. **Risk Lead: Director, Specialist Estates Services**	↑	31/12/2024
A5b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, hindering the ability of Welsh Government to achieve its ambition to responde to the declared Climate Emergency. **Strategic Objective - Service Development**	4	4	16	Decarbonisation Programme Board Project Execution Plan PMO Support	4	4	16	Submitted updated Action Plan to Welsh Government. Response to Internal Audit review of Decarbonisation.	NWSSP DCR are issuing periodic status updates and reporting into Decarbonisation Programme Board. Costed plan being developed as directed by A&A. Target completion 30 Sept, although it should be noted that this will be a high level strategic guide and will be maintained as a live document. **Risk Lead: Director, Specialist Estates Services**	*	
A6	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services. **Strategic Objective - Services**	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents Central Store of relevant documents	4	4	16	Ongoing requirement to respond to requests from Inquiry.	Core Participant status confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team. Further requests have been received and require considerable detail and others are to be expected. **Risk Lead: Director, Finance & Corporate Services**	→	31/03/2026
A7	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2024/27 IMTP. **Strategic Objective - Services**	5	4	20	Monthly Finance Reports to SLG Finance Reports to SSPC and Audit Committee Value and Sustainability Group Vacancy Control Arrangements implemented	3	4	12	Directorates to develop savings programme by start of new financial year. Submitted balanced IMTP to WG and await formal feedback. Service Improvement workshop with SLG in June with further follow up planned for July.	Value and Sustainability Group established and Vacancy Control arrangements implemented and savings plans monitored. Service Improvement session for SLG undertaken in June 2024. **Risk Lead: Director, Finance & Corporate Services**	→	31/03/2025
A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulations. **Strategic Objective - Services**	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, ie medicines have systemic and operational compliance processes in place which are tested regularly. Professional routes into WG and UK government to shape and plan for changes.	3	4	12	Map of all regulatory requirements to be developed.	3 areas of procurement legislation this year are likely to have significant impact. **Risk Lead: Responsible Directors**	→	At target
A9	There is a risk due to the volume of data that NWSSP handle that a significant data breach causes significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP. **Strategic Objective: Services**	3	5	15	IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice Regular communications Accountability through breach reporting	2	4	8	Continue to monitor e-learn training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. **Risk Lead: Director, Finance & Corporate Services**	→	At target
A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TRAMs service is not allowed to progress due to funding or planning limitations. **Strategic Objective - Services**	5	5	25	TRAMs Programme Board Formal project managed by PMO. Use of Outsourced Suppliers Task & Finish Group established. Update to July SSPC.	3	5	15	Progress development of Radiopharmacy service in IP5 (CP 31/03/25)	Risk assessments completed with Chief Pharmacists. Update provided to September SSPC. Funding for Radio Pharmacy Unit at IP5 in SE Wales agreed in principle by WG and business case approved at November SSPC. Radiopharmacy funding confirmed and business case developed for approval. **Service Director TRAMs**	→	31/03/2025
A11	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services. **Strategic Objective: Services**	5	5	25	Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App	2	5	10	Continue to implement recommendations from Internal Audit Report (30 Jun 24) Plans to appoint Head of Emergency Preparedness.	Recent training with DHCW and training session undertaken at Informal SLG in March 2024 **Risk Lead: Director Planning, Performance & Informatics**	→	At target
A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities. **Strategic Objective - Service Development**	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources	4	5	20	Refinement of Estates risk assessment in preparation for funding announcements including ready to go projects. Consideration of Head of Estates/Facilities role underway.	Continue to monitor and report into WG and prioritise discretionary capital to areas of greatest need. **Risk Lead: Director Planning, Performance & Informatics**	→	31/03/2025

Risks for Monitoring

M1	Suppliers, Staff or the general public committing fraud against NWSSP. **Strategic Objective - Value For Money**	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	Produce review of 1st year activity for NWSSP LCFS (PS/MW 30 June 2023) - COMPLETE	C&V UHB have withdrawn their 75 days p.a. support due to limited resource. Structure of NHS Wales Counter Fraud resource has been the subject of a recent independent review on behalf of DoFs (Nov 23) **Risk Lead: Director of Finance & Corporate Services**	→	
M2	An issue with the supplier of the replacement Legal & Risk Case Management System threatens financial loss and the delivery of the service **Escalated Divisional Risk**	4	4	16	Formal project managed through PMO	1	4	4	Project Team to review alternative options (MH 31 Oct 23) Continue negotiations with original supplier for refund of monies paid (MH 31 Oct 23)	The project team has commenced a review of alternative options for the software solution for 25/26 and beyond. The loss with the previous supplier has been provided for although efforts continue to reach a settlement. **Risk Lead: Director, Legal & Risk Services**	→	
M3	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 **Strategic Objective - Service Development**	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation	2	4	8	Review options for relocation from Companies House (Complete) Paper to December SLG on accommodation options (Complete) Discussion with WG regarding PPE stockholding and TrAMS footprint to be finalised.	Additional racking has been added in IP5 and will soon be installed in Denbigh Stores, increasing storage capacity. The move from Brecon House to Dupont will also increase storage space. **Risk Lead: Programme Director**	→	
M4	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing dicussions with WG	2	3	6	Confirm WG required stock holding for PPE - currently 16 weeks (AB 31 Jan 2024) -	SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment We are still awaiting the formal Ministerial advice on required stock levels but interim figures have been shared. Workshop to be hosted by WG before the end of January. Stock levels and shelf life continue to be actively monitored. **Risk Lead: Director of Finance & Corporate Services**	→	
M5	The planned development of the Clinical Pharmacy Service is adversely impacted due to financial and staffing challenges **Escalated Divisional Risk**	4	4	16	CIVAS Board National QA Pharmacist	3	4	12	Undertake Organisational Change Process 2 (Colin Powell - 31/03/24)	Update to July & September 2023 SSPC - the Radiopharmacy element is now progressing well but there remains concerns over TRAMs. **Risk Lead: Service Director**	→	
M6	The presence of Reinforced Autoclaved Aerated Concrete in the Brecon House building in Mamhilad has contributed to the unsafe state of repair of the roof, and similarly in the Repository in Companies House. **Escalated Divisional Risk**	5	5	25	Majority of staff working from home. Health & Safety Reviews Structural Engineers appointed Temporary safety measures in place e.g. netting SSPC approved revised Business Case	2	3	6	Plan to vacate Companies House by 31/03/2024 - RAAC in self-contained area. SSPC and Trust Board approval of revised business case and for signing of Du Pont lease (AE complete) Lease for Du Pont agreed - signed by Velindre and now only requires signature of landlord (AE complete)	Ove Arup in place for monitoring RAAC condition Cook & Arkwright appointed to mobilise contractors to intervene directly if required Revised Business Case approved by SSPC and Trust Board Nov 23. Planned timescale for exit from Brecon House slipping due to lengthy contract negotiation. **Director, Primary Care Services**	→	
M7	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships. **Strategic Objective - Service Development**	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites	2	3	6	Appoint additional H&S resource to address problems and maintain progress in Laundry sites - recruitment in progress. Laundry stock holding hub at Carmarthen. Memoranda of Terms of Occupation.	Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks. An update is provide to each meeting of the Laundry Programme Board **Risk Lead: Director of Procurement Services**	→	

Key to Impact and Likelihood Scores

Likelihood		Impact: Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
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