

# Shared Services Partnership Committee - Part A

Thu 19 September 2024, 10:00 - 12:00

Teams Meeting

## Agenda

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**10:00 - 10:10** **1. Agenda**  
10 min

**1.1. Welcome**

*Tracy Myhill, Chair*

**1.2. Declaration of Interest**

*Tracy Myhill, Chair*

**1.3. Minutes of the Meeting 18th July 2024**

*Tracy Myhill, Chair*

 1.3 Draft NWSSP Partnership Cttee Minutes Part A July 2024.pdf (9 pages)

**1.4. Action Log**

*James Quance, Assistant Director of Corporate Services*

 1.4 SSPC Action Log September 2024.pdf (5 pages)

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**10:10 - 10:30** **2. Chair/Managing Director's Report**  
20 min

**2.1. Chair's Report**

*Verbal* *Tracy Myhill, Chair*

**2.2. Managing Director's Report**

*Neil Frow, Managing Director*

 2.2 SSPC Managing Director Update September 24\_.pdf (7 pages)

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**10:30 - 10:50** **3. Deep Dive**  
20 min

**3.1. Developments in Audit & Assurance**

*Verbal* *Simon Cookson, Director of Audit & Assurance*

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**10:50 - 11:00** **4. Items for Approval/Endorsement**  
10 min

**4.1. Audit Committee Terms of Reference**

*Alison Ramsey, Director of Finance & Corporate Services*

- 📄 4.1 Audit Committee Terms of Reference CP.pdf (3 pages)
- 📄 4.1 NWSSP Audit Committee Review Terms of Reference 2024.pdf (11 pages)

## 4.2. Armed Forces Covenant

*Gareth Hardacre, Director of People & Organisational Development*

- 📄 4.2 NWSSP SSPC Armed Force Covenant Report CP final.pdf (3 pages)
- 📄 4.2 NWSSP - Armed Forces Covenant SSPC Paper.pdf (2 pages)
- 📄 4.2 Appendix 1 NWSSP\_Armed\_Forces\_Covenant.pdf (3 pages)
- 📄 4.2 Appendix 2 What is Armed Forces Covenant.pdf (5 pages)
- 📄 4.2 Appendix 3 NWSSP Employer Recognition Scheme.pdf (3 pages)

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11:00 - 11:20  
20 min

## 5. Items for Noting

### 5.1. Customer Service Excellence Organisational Action Plans

*Verbal Update*      *Rebecca Nelson, Director Planning, Performance & IT*

### 5.2. Wales Infected Blood Support Scheme Annual Review

*Rebecca Nelson, Director Planning, Performance & IT*

- 📄 5.2 WIBBS Cover Paper.pdf (3 pages)
- 📄 5.2 WIBBS Annual Report.pdf (27 pages)

### 5.3. 2023/2024 Audit Committee Annual Report

*Alison Ramsey, Director of Finance & Corporate Services*

- 📄 5.3 Audit Committee Annual Report 2023-24.pdf (3 pages)
- 📄 5.3 NWSSP Audit Committee Annual Report 2023-24.pdf (11 pages)

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11:20 - 11:50  
30 min

## 6. Governance, Performance and Assurance

### 6.1. Finance Report

*Alison Ramsey, Director of Finance & Corporate Services*

- 📄 6.1 SSPC Finance Report September 2024 - Copy.pdf (7 pages)

### 6.2. People & Organisational Development Report

*Gareth Hardacre, Director of People & Organisational Development*

- 📄 6.2 SSPC People OD Report August 2024 .pdf (15 pages)

### 6.3. Performance Report

*Rebecca Nelson, Director of Planning, Performance & IT*

- 📄 6.3 SSPC Performance Report CP Sept 24 .pdf (2 pages)
- 📄 6.3 SSPC Performance Report Sept 24.pdf (14 pages)

### 6.4. Outcome Measures Performance Report

*Rebecca Nelson, Director of Planning, Performance & IT*

- 📄 6.4 SSPC Outcome Performance Report Cover Sept 2024.pdf (2 pages)
- 📄 6.4 SSPC Outcome Performance Report Sept 24.pdf (10 pages)

### 6.5. Project Management Office and Service Improvement Update Report

*Rebecca Nelson, Director of Planning, Performance & IT*

 6.5 PMO Bi Monthly Report sith SI - SSPC Sept 20 - Copy.pdf (29 pages)

## **6.6. Corporate Risk Register**

*James Quance, Assistant Director of Corporate Services*

 6.6 Corporate Risk Register Sept 2024 CP.pdf (4 pages)

 6.6 Corporate Risk Register SSPC September 2024.pdf (4 pages)

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## **11:50 - 11:55 7. Items for Information**

5 min

### **7.1. Personal Protection Equipment Report**

*Alison Ramsey, Director of Finance & Corporate Services*

 7.1 NWSSP PPE Dashboard v 19-08-24.pdf (1 pages)

### **7.2. Finance Monitoring Returns (Month 4 2024/25 and Month 5 2024/25)**


*Alison Ramsey, Director of Finance & Corporate Services*

 7.2 Monitoring Return Commentary Month 4 NWSSP 2024-25.pdf (9 pages)

 7.2 Monitoring Return Commentary Month 5 NWSSP 2024-25.pdf (10 pages)

### **7.3. NWSSP Audit Committee Assurance Report**

*James Quance, Assistant Director of Corporate Services*

 7.3 SSPC Audit Committee Assurance Report 202407.pdf (8 pages)


### **7.4. Draft Agenda October Shared Services Partnership Committee Development Session**

*James Quance*

 7.4 October 2024 Shared Services Committee Development Session.pdf (2 pages)

### **7.5. Shared Services Partnership Committee Forward Plan**

*James Quance, Assistant Director of Corporate Services*

 7.5 SSPC Forward Plan of Business 2024-2025.pdf (5 pages)

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## **11:55 - 11:55 8. Any Other Business**

0 min

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## **11:55 - 11:55 9. Next Meeting - 21st November 2024**

0 min

## NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

**MINUTES OF MEETING HELD ON THURSDAY 18<sup>th</sup> July 2024**

**10:00 – 11.30**

**Meeting held on Microsoft Teams.**

**Part A - Public**

ATTENDANCE	DESIGNATION	ORGANISATION
<b>MEMBERS:</b>		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Claire Osmundsen-Little (COL)	Director of Finance	DHCW
Hywel Daniel (HD)	Executive Director for People	CTMUHB
Huw Thomas (HT)	Director of Finance (Vice Chair)	HDUHB
Glyn Jones (GJ)	Director of Finance, Planning & Performance	HEIW
Pete Hopgood (PH)	Director of Finance	PTHB
Sarah Jenkins (SJ)	Interim Director of Workforce & Organisational Development	SBUHB
Sarah Simmonds (SS)	Director of Workforce & Organisational Development	ABUHB
Lauren Fear (LF)	Interim Executive Director of Strategic Planning, Transformation & Digital	Velindre
Glyn Jones (GJ) <i>From 10.30am</i>	Director of Finance	HEIW
Pete Hopgood (PH) <i>From 10.30am</i>	Director of Finance	PTHB
Sarah Jenkins (SJ) <i>From 10.30am</i>	Interim Director of Workforce & Organisational Development	SBUHB
<b>OTHER ATTENDEES:</b>		
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Rebeka Warren (RW)	Assistant 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
James Quance (JQ)	Assistant Director of Corporate Services	NWSSP
Anamaria Carvajal-Illanes (ACI)	Corporate Support Officer - Minutes	NWSSP

Item		Action
<b>1.1</b>	<p><b>Welcome and Opening Remarks</b></p> <p>The Chair welcomed members to the July 2024 Shared Services Partnership Committee (SSPC) meeting.</p>	
<b>1.2</b>	<p><b>Apologies Received From:</b></p> <ul style="list-style-type: none"> <li>- Chris Turley – Director of Finance - WAST</li> <li>- Catherine Phillips – Director of Finance – C&amp;VUHB</li> <li>- Russell Caldicot – Interim Director of Finance – BCUHB</li> <li>- Paul Veysey – Director of Corporate Governance - PHW</li> </ul>	
<b>1.3</b>	<p><b>Declarations of Interest</b></p> <p>There were no Declarations of Interest.</p>	
<b>1.4</b>	<p><b>Minutes of Previous Meeting</b></p> <p>The Minutes of the meeting held in May were <b>REVIEWED</b> and <b>APPROVED</b>, subject to the following amendments.</p> <ul style="list-style-type: none"> <li>• 2.1 Welsh Risk Pool. Update meeting date which took place in July 2024 and not June 2024.</li> </ul> <p>Update on Matters Arising:</p> <ul style="list-style-type: none"> <li>• The Scheme of Delegation was updated and would be taken to the Velindre University NHS Trust Board at the end of July 2024.</li> <li>• Ratification of the Chair’s action to support the purchasing of the three isolators required for the RadioPharmacy has been included on the agenda.</li> </ul>	
<b>1.5</b>	<p><b>Action Log</b></p> <p>JQ presented an update on the Action Log:</p> <ol style="list-style-type: none"> <li>1. Llais Service Level Agreement - TM stated that she had raised the issue of the ongoing delay with the Chief Executive of Llais. TM noted that progress had been made as set out in the Action Log and the agreement was in the final stages with Legal and Risk, prior to being brought to the next Committee in September 2024.</li> <li>2. All Wales Overpayments Procedure - Complete and on agenda.</li> <li>3. Managing Director Update – RadioPharmacy – Complete.</li> <li>4. Recruitment Modernisation Plan - A verbal update was provided by GH. The plan would be addressed at the next Recruitment Modernisation Board in September.</li> <li>5. People &amp; Organisational Development Report – GH provided a verbal update. A review of long sickness absence in People &amp; Organisational Development Services has commenced and remained ongoing.</li> <li>6. Autumn Development Day - Reminder issued – Complete.</li> </ol> <p>The Committee <b>NOTED</b> the Update.</p>	
<b>2.</b>	<b>Chair/Managing Directors Update</b>	
<b>2.1</b>	<p><b>Chair’s Report</b></p> <p>TM provided a verbal update on recent activities, including:</p>	

	<ul style="list-style-type: none"> <li>• Since the last SSPC meeting in May 2024, TM attended two Welsh Risk Pool (WRP) Committee meetings. A paper reminding members of the Scheme of Delegation and the functioning of the Committee itself was taken to the July 2024 meeting. The reporting of the WRP Committee as a sub-committee of the SSPC was considered and it was agreed that the Managing Director as the Accountable Officer of the WRP Committee would report the main highlights to the SSPC in his update report;</li> <li>• There had been two Chairs' Peer Group meetings in May and June 2024, attended by TM and Judith Paget;</li> <li>• A collaboration meeting took place on 30<sup>th</sup> May 2024 with Police Commissioners, the Crown Prosecution Services, Welsh Government members and NHS organisations' representatives to refresh the Obligatory Responses to Violence in Healthcare; and</li> <li>• Met with the new Chair of the Joint Commissioning Committee.</li> </ul> <p>TM reminded Committee members of the Development Session scheduled for October 2024, thanking those that had provided suggestions for items to cover and encouraged any further recommendations.</p> <p>The Chair asked members for any particular areas the Committee would benefit from Deep Dive sessions in future meetings during the year.</p> <p>The Committee <b>NOTED</b> the Update.</p>	<b>All/JQ</b>
<b>2.2</b>	<p><b>Ratification of Chair's Action</b></p> <p>The Chair asked the Committee to ratify the Chair's Action taken between the May and July meetings, regarding the purchase of three isolators for RadioPharmacy to deliver the safe preparation of radioactive medicines in sterile conditions as set out in the ratification paper.</p> <p>The Committee <b>RATIFIED</b> the Chair's Action.</p>	
<b>2.3</b>	<p><b>Managing Director Update</b></p> <p>NF presented the update report, highlighting the following:</p> <ul style="list-style-type: none"> <li>• the Managing Director attended the collaboration meeting that took place on 30<sup>th</sup> May 2024 to refresh the Obligatory Responses to Violence in Healthcare. Highlights from the meeting would be taken to the NHS Leadership Board in July 2024;</li> <li>• the financial position at the end of quarter 1 is a surplus of just over £1 million. There were challenges in the Covid allocation, which are currently being discussed with Welsh Government;</li> <li>• NF was pleased to note that there were no issues raised by Audit Wales;</li> <li>• around 80% of IMTP objectives are being met at present;</li> <li>• the Radiopharmacy Business Justification Case was on the agenda for approval. NF thanked all colleagues for their hard work and support to date. The purchase of isolators was in progress, noting that it is likely that the selected supplier is unable to deliver as anticipated and therefore discussions were ongoing regarding an alternative solution;</li> <li>• Laundry Services continued to develop well and NWSSP continued to work with Health Boards on the transition of service;</li> <li>• Regulations for the Death Certification Reforms were laid in parliament, including the introduction of a statutory Medical Examiner system on the 15 April 2024. The legislation will come into force on Monday 9 September 2024, meaning independent scrutiny by a Medical Examiner would become</li> </ul>	

	<p>a statutory requirement prior to the registration of all non-coronial deaths in England and Wales from this date;</p> <ul style="list-style-type: none"> <li>• the New ESR system was being worked on with NHS England in a joint endeavour;</li> <li>• Primary Care Services continue to work closely with Digital Health and Care Wales regarding the implementation of the new prescribing service;</li> <li>• the National Health Application and Infrastructure Services (NHAIS) system decommissioning would take place and was being worked with Digital Health and Care Wales and colleagues in NHS England;</li> <li>• contingency plans for the Primary Care Workforce Intelligence Tool have been implemented to ensure resilience;</li> <li>• quantities of Personal Protective Equipment to be kept in storage and amounts to be purchased are being discussed with Welsh Government;</li> <li>• Welsh Government had outlined a new approach for the Flu Vaccination Program for the whole of Wales. NWSSP would acquire and store the vaccines to roll-out throughout Wales;</li> <li>• an agreement regarding the new Medicine Buffer Stock had been finalised; and</li> <li>• reimbursement of medical negligence claims, circa of £6 million had been approved at the last Welsh Risk Pool meeting. Services had seen an increase in claims, such as maternity, radiology and cancer units.</li> </ul> <p>HD commended the positive work undertaken by the Anti-Violence Collaborative Wales and offered to link in directly with them outside the meeting for further partnership working.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>3.</b>	<b>Items for Approval/Endorsement</b>	
<b>3.1</b>	<p><b>Transforming Access to Medicines South-East Wales RadioPharmacy Business Justification Case</b></p> <p>NF presented the Business Justification case for the RadioPharmacy Service covering the South East of Wales. This service is part of the overall TrAMS programme and its urgency to be started is due to the forced closure of the C&amp;VUHB RadioPharmacy unit. As a result the NWSSP RadioPharmacy unit will be established to provide a safe regulatory compliant facility to meet the future expected clinical demand of the South East. The preferred location is IP5 in Newport. The case recommends a capital investment of £9.2 million with no additional capital contribution required from health boards. £2.3 million funding from Welsh Government as base investment has already been approved by the Cabinet Secretary and has been received, which leaves a further £6.9 million of additional capital which will need to be agreed through Welsh Government. A new revenue model has been set out in the business case following in depth discussions with finance colleagues. LP highlighted the potential additional costs that would impact on the commissioner discussions with regard to Velindre’s share of any revenue implications. AP noted that this has been noted in the business case. NWSSP has submitted a Planning Permission application to Newport Council covering the proposed area in IP5 where the new TRAMs unit is to be situated. Given the lead in times the purchase of radio pharmacy Isolators had been subject to the previously ratified Chair’s Action and is in progress.</p> <p>HT indicated that the case shows investigations that took place in the South of England and asked if there is enough provision for the South East of Wales and is there any opportunity to provide for areas in England that could have an interest and therefore creating income without jeopardizing internal provision.</p>	

	<p>CP replied indicating that the main objective to keep in sight was the support of short and long term internal demands to reduce waiting list and internal requirements. However, the opportunity has been discussed and once the system fully operative, it could be revisited in the future.</p> <p>CO agreed with HT's comments and suggested this point to be discussed in the October Development session. CO congratulated NWSSP for acting proactively and creating an opportunity for the benefit of the NHS in Wales.</p> <p>SS supported the general view of a future commercial opportunity adding value to the project should be looked at once up and running.</p> <p>NF agreed with the comments and mentioned that the TrAMS programme is precisely to support the needs of the patients and Health board and Trust pressures at the moment. RadioPharmacy as the first part is meant to support the this need and TrAMS in the longer term will also provide more jobs as well in the area.</p> <p>TM summarised that there will be no hesitation to first continue with the commitment to make this a solution for the backlog and the waiting list in South East Wales. It is important to capture the comments expressed by the Committee members regarding the financial opportunities in the future. All members of the Committee were content to support the Business Justification Case.</p> <p>The Committee <b>APPROVED</b> the Business Justification Case.</p>	
<p><b>3.2</b></p>	<p><b>Annual Review 2023/24</b></p> <p>AR presented the NWSSP Annual Report to the Committee for approval. The Report is a positive reflection of staff going the extra mile during last year to fulfil the objectives set out in the Integrated Medium-Term Plan. AR particularly acknowledged the efforts of the Corporate Team responsible for developing the document and the Communications Team for their design support.</p> <p>HT agreed it was a good document that showcased the good work that NWSSP does to support NHS Wales. In developing the approach going forward, there should be reflection in areas where NWSSP identified any needs for improvement.</p> <p>AR confirmed that an action plan would be developed during the year to reflect areas where improvement was needed, and where applicable lessons have been learned. Action</p> <p>TM echoed the feedback of members, highlighting the importance of providing a balanced view of the positive impact that NWSSP has on NHS Wales. It was recommended that the areas for improvement and lessons learned be included in the report, going forward.</p> <p>The Committee <b>ENDORSED</b> and <b>NOTED</b> the Report.</p>	
<p><b>3.3</b></p>	<p><b>All Wales Overpayments Procedure</b></p> <p>LP presented the revised Procedure, following further engagement with Trade Unions and Peer groups based on feedback received. It was revisited in terms of narrative and tone for both the Procedure and template letters. The Procedure gives more emphasis on repayments, affordability and avoiding unnecessary hardship to staff. The wording regarding Counter Fraud had also been reviewed in order to allow local flexibility for colleagues to address a dispute locally. The Procedure had been through the Directors of Finance Peer group, including Trade Union and it was endorsed by all parties.</p>	

	<p>It has also been to the Local Partnership Forum and through the NWSSP Equality Integrated Impact Assessment process. Following SSPC approval, it would become operational from 1 October 2024, to allow time to translate all correspondence and to communicate the changes to all stakeholders.</p> <p>COL congratulated LP and the Finance team for finalising the Procedure and the focus on indicating accurately when the overpayment occurs, the reason for its occurrence, and the root cause, as to prevent reoccurrence.</p> <p>Other members of the Committee expressed their positive feedback for the Procedure and thanked LP for adopting feedback.</p> <p>The Committee <b>APPROVED</b> the Procedure.</p>	
<b>3.4</b>	<p><b>Procure to Pay Governance Update</b></p> <p>LP explained that the new All Wales Governance Group has met on two occasions and seven priorities had been identified, to include the Procure to Pay (P2P) Policy, which required refreshing and updating. The Policy emphasised how payments should only be made against an approved purchase order that already exists in the system, subject to certain agreed exceptions.</p> <p>The revised Policy had been approved by the Deputy Directors of Finance in each organisation. To provide context, the number of invoices on hold due to not having a purchase order was around 7,000 with a value of £14.5 million. Under the current governance arrangements, SSPC was asked to approve the revised Policy for relaunch. The Group would share the Policy with suppliers and the Directors of Finance in each organisation to sign and distribute to staff internally.</p> <p>The Committee <b>APPROVED</b> the Policy.</p>	
<b>3.5</b>	<p><b>Welsh Energy Group and Welsh Energy Operational Group Terms of Reference</b></p> <p>AR explained that both the Welsh Energy Group and the Welsh Energy Operational Group had a requirement to review their Terms of Reference annually and therefore met to carry out a review. There were minor amendments, detailed in tracked changes for ease of review at Appendix 1. The SSPC was asked to approve the changes of the sub-groups' Terms of Reference.</p> <p>The Committee <b>APPROVED</b> the updated Terms of Reference.</p>	
<b>4.</b>	<p><b>Items for Noting</b></p>	
<b>4.1</b>	<p><b>2023/24 Annual Governance Statement</b></p> <p>JQ reminded the Committee that the Annual Governance Statement was not a requirement of NWSSP, but it remains best practice to produce one. It is a helpful document, which provides assurance that NWSSP has a sound system of internal controls that supports the achievement of its policies, aims and objectives. A particular highlight to note is the achievement of NWSSP's organisational Customer Service Excellence. The Committee's attention was drawn to the Limited Assurance review of Decarbonisation, but there were no further control issues reflected in the report.</p> <p>HT agreed that this was a really good document in respect of providing assurance and transparency. He noted that the attendance at SSPC meetings during the year could be improved, with some of the organisations not regularly being represented by a voting member. It was important that each organisation remains properly represented</p>	

	<p>in the discussion and agreement of important issues, which support the work of NWSSP to benefit organisations.</p> <p>TM requested that JQ review and facilitate the necessary conversations on how to improve this particular aspect in the SSPC meetings, as well as any other areas identified for the operation of the Committee.</p> <p>The Committee <b>NOTED</b> the Report.</p>	<b>JQ</b>
<b>4.2</b>	<p><b>2023/24 Head of Internal Audit Opinion</b></p> <p>JQ presented the item for noting, explaining that the report was a vital source of assurance and the opinion for the year was Reasonable Assurance overall. The report would be presented to the Audit Committee, by the Head of Internal Audit on 25 July 2024. All reports from the 2023-24 Internal Audit Plan were almost complete with the exception of two, which were expected to be completed in the next few days.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>5.</b>	<b>Governance, Performance &amp; Assurance</b>	
<b>5.1</b>	<p><b>Finance Report</b></p> <p>AR introduced the main messages from the report including a surplus of £1.153m at the end of month 3. This was made up of a reported surplus of £0.846m against core operational budgets and £0.307m against the Covid allocation, which was currently under review. Work was ongoing on the arrangements for the vaccination campaign as well as the PPE stockholding, logistics, distribution and storage. The Welsh Risk Pool was on forecast at month 3. There had been a saving of £5.5 million on energy that had been communicated to NHS organisations for cascading.</p> <p>LP added that the WRP cost drivers for 2024 and 2025 were being reviewed and updated ready for reporting in September 2024.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>5.2</b>	<p><b>People &amp; Organisational Development Report</b></p> <p>GH advised that PADR remained marginally below target at 83.6%. Work continued with Divisions to target areas to improve. Reported sickness was consistent and within target and expectations. Turnover had been an area to monitor, trying to accurately capture the reasons people leave, with exception of Single Lead Employer. NWSSP was benchmarking its turnover with the rest of Wales to understand its performance. In terms of agency and bank staff, the numbers were expected to reduce in the next cycle.</p> <p>May 2024 figures show NWSSP has been non-compliant in several areas, while our overall Time to Hire remained under target at 55 days (target 71 days). However, positive progress to improve these statistics had been made, internally and across the board.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>5.3</b>	<p><b>Performance Report</b></p> <p>AR highlighted the position at the end of May, due to timing of the reporting cycle and that there were no significant performance concerns to bring to the attention of the Committee. The Procurement Team was working with Finance colleagues to identify savings in the organisation. The performance review meetings had been completed</p>	

	<p>with colleagues from Health Boards and Trusts to discuss further collaboration and areas of improvement.</p> <p>The Outcome Measures Report was introduced by AR. The purpose of the report was to provide the Shared Services Partnership Committee (SSPC) with an update on the agreed Outcome Measures, with a focus on outcomes as per the IMTP 2024-27. A workshop session was held with NWSSP Senior Leadership Group on 13 June 2024, and it was agreed that more work was needed on customer experience and benchmarking.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>5.4</b>	<p><b>IMTP Update Report (Q1)</b></p> <p>AR highlighted that IMTP performance, at the end of Quarter 1, was on track. The report was presented to Senior Leadership Group for scrutiny prior to the SSPC. In this quarter, due to the timing of meetings it came to SSPC first. Performance against divisional IMTPs would be scrutinised in upcoming quarterly performance reviews.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>5.5</b>	<p><b>Project Management Office &amp; Service Improvement Update Report</b></p> <p>AR explained that the current position of all projects was fully detailed in the report and there were controls in place to ensure monitoring. Updates regarding higher risk projects would continue to be reported as a matter of course to SSPC and it was noted that the Audit Committee would be receiving further information on the TrAMS programme at its July 2024 meeting.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>5.6</b>	<p><b>Corporate Risk Update</b></p> <p>JQ highlighted that after working with the Senior Leadership Group on the Risk Register, it was refreshed and reframed and would develop further through review and scrutiny. The Decarbonisation risk had been split to show where NWSSP has a role both in delivering the organisation's targets and where it supports across NHS Wales.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>6.</b>	<p><b>Items for Information</b></p>	
<b>6.1 – 6.8</b>	<p>The following items were received for information:</p> <ul style="list-style-type: none"> <li>• NWSSP Annual Report on Conflict of Interests Declarations and Gifts, Hospitality &amp; Sponsorship 2023-24;</li> <li>• Annual Performance Review on Welsh Language 2023-24;</li> <li>• Health and Safety Annual Report 2023-24;</li> <li>• Counter Fraud Annual Report 2023-24;</li> <li>• Annual Report on Information Governance 2023;</li> <li>• Finance Monitoring Returns Month 3;</li> <li>• PPE Dashboard Report; and</li> <li>• SSPC Forward Plan 2024-25.</li> </ul> <p>LF noted how important the assurance that each of the Annual Reports gives to the Committee and to Velindre University NHS Trust as NWSSP's hosting body and all the work that goes into producing them is appreciated.</p>	

	The Committee <b>NOTED</b> the Information Reports.	
<b>8.</b>	<p><b>Part B Section</b>  <i>Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960</i></p>	
	<p>The Minutes of the meeting dated 16<sup>th</sup> May 2024 (Part B) were <b>APPROVED</b>.  The following members gave apologies as they were unable to attend the SSPC Meeting Part B:</p> <ul style="list-style-type: none"> <li>- Hywel Daniel, Executive Director for People, CTMUHB</li> <li>- Rebeka Warren, Assistant Director of Finance, C&amp;VUHB</li> </ul> <p>The following NWSSP officer joined the meeting to present item number 2.4:</p> <ul style="list-style-type: none"> <li>- Jonathan Webb, Head of Safety &amp; Learning.</li> </ul> <p>The Committee <b>NOTED</b> the following Items discussed in Part B:</p> <ul style="list-style-type: none"> <li>2.1 Wales Energy Operational Group Decision Outcome.</li> <li>2.2 All Wales Costing System Commitment of Expenditure.</li> <li>2.3 All Wales Junior Doctors E-Rota Monitoring Solutions.</li> <li>2.4 Welsh Risk Pool and Legal &amp; Risk Services Annual Review 2023 – 2024.</li> </ul>	
<b>9.</b>	<p><b>Date of Next Meeting</b>  Thursday, 18<sup>th</sup> September 2024 from 10.00 – 12.00 hrs, held via Microsoft Teams.</p>	

Item 1.5

**ACTION LOG**

**SHARED SERVICES PARTNERSHIP COMMITTEE**

**UPDATE FOR 19 SEPTEMBER 2024 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2024
1.	2023/05/02	May 2023	<p><b>Llais Service Level Agreement</b></p> <p>The final version of the Service Level Agreement (SLA) to be brought back to the Committee for final approval.</p>	JQ	Expected conclusion end of September 2024	<p><b>In Progress</b></p> <p>The new Strategic Director of Operations &amp; Corporate Services has taken the lead for Llais and a final version discussion is scheduled for Friday 20 September.</p> <p>There are no concerns currently regarding the provision of services or payments for them.</p>
2.	2024/05/02	May 2024	<p><b>Recruitment Modernisation Plan</b></p> <p>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.</p>	GH	July 2024	<p><b>Complete</b></p> <p>The Recruitment Service has a number of surveys in place currently;</p> <ul style="list-style-type: none"> <li>• Manager survey at the Advert to Offer stage</li> <li>• Applicant survey at the Advert to Offer stage</li> <li>• Manager survey at the onboarding stage</li> <li>• Applicant survey at the</li> </ul>

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2024
						<p>onboarding stage</p> <p>However, the response rates are low, therefore a Task and Finish Group was established to review the survey questions and methods of distribution, the first meeting took place on 9<sup>th</sup> August, where other requirements were also discussed such as Candidate forums/Focus Groups as options. The next meeting of the T&amp;F group will be held in October.</p> <p>Any negative responses to surveys are followed up with the individuals if they have agreed to be contacted. Recruitment Services have now implemented a Helpdesk survey since having new licences in August, feedback will be reported following the 3 month review of the new functionality the licenses bring. Surveys are also issued as part of the engagement sessions with</p>

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2024
						<p>Managers on owning the Recruitment Journey. The Modernisation Programme Board is on 10<sup>th</sup> September, the last one was 23<sup>rd</sup> May after SSPC where we agreed to set the survey/customer/candidate T&amp;F group up.</p> <p>The pastoral approach in Hywel Dda is possibly due to the resources available internally. However, we have this on the Recruitment Modernisation Programme Board Agenda going forward to continue to share best practice.</p>
3.	2024/05/03	May 2024	<p><b>People &amp; Organisational Development Report</b> Sickness absence within People and OD should be investigated further due to it being higher than other Services.</p>	GH	July 2024	<p><b>Complete</b> In February and May sickness rates in POD peaked at circa 6% – which is significantly higher than historical performance for the division. This has included a few long term cases, surgery and cases of Flu / COVID. We have seen a drop in the data in June /</p>

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2024
						July – where performance was around the 2% mark. This has upturned in August with a few new LTS cases - but our 12 monthly trend is at a more normal level of 3.8%. Cases are being managed by the senior team in line with our policy framework and health & wellbeing support.
4.	2024/05/04	May 2024	<b>Autumn Development Day</b> 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	<b>Complete</b> Suggestions have been received and the draft programme is on the agenda for this meeting.
5.	2024/07/01	July 2024	<b>Chair's Report</b> The Chair asked members for any particular areas the Committee would benefit from Deep Dive sessions in future meetings during the year.	All/JQ	September 2024	<b>Complete</b> Developments in Audit & Assurance included in the September meeting. No further areas identified by members of the Committee at this stage. Sessions on TrAMs and Welsh Risk Pool included in the programme for the October development session in which further

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2024
						areas for future meetings may also be identified.
6.	2024/07/02	July 2024	<p><b>2023/24 Annual Governance Statement</b></p> <p>Review and facilitate the necessary conversations to improve attendance from voting members at the Committee as well as any other areas for improvement identified for the operation of the Committee.</p>	JQ	October 2024	<p><b>In progress</b></p> <p>Discussion held with PHW as the organisation with least attendance confirmed that the Board Secretary remains the representative nominated by the Chief Executive. It was agreed if unable to attend that the Board Secretary would seek to ensure that an alternative Director would attend to ensure attendance from PHW. Further discussions to be undertaken to feed into the October development session.</p>



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**19 September 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Managing Director's Report**

<b>ARWEINYDD: LEAD:</b>	Neil Frow – Managing Director
<b>AWDUR: AUTHOR:</b>	James Quance, Assistant Director of Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Neil Frow – Managing Director
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:Neil.frow@wales.nhs.uk">Neil.frow@wales.nhs.uk</a>

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

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

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

Shared Services Partnership Committee

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

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

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

## **Introduction**

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

As agreed at the previous meeting, a summary of the business of the Welsh Risk Pool Committee will be include in my report at each meeting going forward.

## **Welsh Risk Pool Committee**

The Welsh Risk Pool Committee last met on 17 July 2024. There were 19 attendees, 227 cases ratified and the value of reimbursement was £6.424m. Eight penalties were authorised. The main areas of business were:

### *Financial Report Update*

LP shared the Finance Report with committee members, highlighting key points, to provide an update on year to date expenditure and to highlight any significant risks to the outturn forecast. The Committee noted the DEL forecast update for 2024/25 as at Month 3, and the year-to-date expenditure to Month 3.

### *NWSSP Governance Documents – WRP Scheme of Delegation*

The Committee previously asked for a review of the arrangements in place to ensure clarity and understanding on which items it should be approving and which it should be noting. Jonathan Webb (JW) considered the NHS Wales Shared Services Partnership Committee (NWSSPC) Standing Orders, the WRPC Terms of Reference and the NWSSPC Scheme of Delegation and produced a paper to outline the arrangements in place. The committee noted this information and appreciated the clarity. There was discussion about how the SSPC could receive updates on WRPC matters and a simple “1-page” summary would be trialled.

### *WRP & LARS Annual Review 2023/24*

The WRP & LARS Annual Review 2023/24 final draft was shared with committee members to approve, outlining the content, translation and publication process, and JW delivered a presentation highlighting the salient points. Following approval, typesetting and translation, the review would be shared with health bodies and partner organisations by the 1st September 2024, with local data included as a supplement for each Health Board, Trust and Special Health Authority. The committee approved the draft content and publication timescale and also the exploration of methodology to ensure case related data is collected centrally. Additionally, members agreed that there

would be benefit in producing a shorter easy read summary document which could be used for wider circulation.

### *Radiology (Unexpected Findings) Review – Next Steps*

JW reminded committee members of the background of the Radiology (Unexpected Findings) Reviews, highlighting the risks, findings, and recommendations made from the previous reviews carried out in 2019, 2021, and 2023. The progress with electronic solutions has been slow and JW recommended that an update of the position in each health body is collated and presented to a future WRPC meeting, by carrying out a further review in September – October 2024. The committee supported a further information gathering exercise and to scope the usage of the available electronic tools with departments and DHCW.

### *MoNET Wales – A Progress Update*

JW delivered a presentation outlining the scoping work carried out, team recruitment, programme development, and the stakeholder day, with a timeline for the implementation of a pilot programme. A further update would be provided later in the year, as the implementation of the pilot programme progresses.

## **Finance**

We reported a year-to-date surplus of £1.831m at Month 5. This was reported as a surplus of £1.414m within our core operational budgets and £0.417m against our recurrent covid allocation. The £1.414m surplus against core operational budgets is primarily due to ongoing turnover and delays with recruitment to vacancies.

We have incurred £0.300m capital expenditure to date against our current £6.611m Capital Expenditure Limit (CEL). We are continuing work on a capital prioritisation exercise to inform the allocation of our remaining £0.218m of discretionary capital funding. We are also reviewing our prioritisation in readiness for any opportunities to bid for year-end capital slippage funding.

## **IMTP Planning**

We have launched our IMTP process for this year with a launch event facilitated by our new Director of Planning, Performance and Informatics, Rebecca Nelson.

We look forward to members of the SSPC contributing to its development at the October Development Session, a proposed agenda for which is included in the papers for this meeting.

## **South East Radiopharmacy**

Following submission of the Business Justification Case in August we are working on resolving three main dependencies to unlock the investment decision:

- detailed design reviews, which will take place during September 2024, to confirm that the design meets expectations.
- receipt of planning permission, which is also expected during September 2024, but is not in our control; and
- final commercial close with contractors, which will confirm the level of contingency still uncommitted. The project is within the capital budget as presented to SSPC in July and expects to remain so.

Considering a time allowance for investment approval, the earliest date for building works to begin is now November 2024. We are aiming for service Go Live in July 2025.

## **South East Hub**

Work is focussed around agreeing the revenue baseline, preferred option operating costs and benefits, and overall revenue funding profile and organisational shares. Once this is agreed, and Outline Business Case will be presented to SSPC. We are aiming to bring this to the November 2024 meeting of the Committee, for review and approval in January 2024.

## **Laundry Service**

The four laundry production model has now been successfully operational for the last 4 months, during this time the service has successfully onboarded the staff from Church Village laundry into NWSSP. This onboarding has seen the complete removal of agency staff by offering staff substantive positions within the service.

Work continues with the conversion of the Carmarthen laundry into a hub with the recent removal of the laundry equipment some of which has been repurposed in the other 4 laundries further improving their resilience.

In July 2024, the North Wales laundry production unit successfully achieved accreditation the Decontamination standard BS14065 which demonstrates the linen produced meets the required biological standard of cleanliness. Both Swansea and Greenvale will be assessed this financial year while work continues in Church Village.

The service has recently experienced a series of major equipment failures in multiple sites, these failures were rectified with little or no impact to its customers demonstrating the value of the four units working together.

## **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 came 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. We are currently working with partners to ensure that data disclosure agreements are updated to reflect the change.

## **Accommodation Update**

With regards to the move to the New HQ & Regional Hub, 'NG2', the current phase of NG2 has not moved along as quickly as anticipated, with the current approximate timeframe now being Spring 2025. An extension of the current Nantgarw contract is being worked on and we also have the lease at Companies House to ensure it is business as usual whilst NG2 is being pursued.

## **Personal Protective Equipment (PPE)**

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.

Work continues to respond to extensive requests from Module 5 of the Covid-19 Public Inquiry with challenging timescales and we continue to support the Director of Procurement and Health Courier Services.

## **Medicines Buffer Stock**

NWSSP procurement staff are currently discussing purchasing plans with suppliers with a view to establishing the required stockpile as quickly as possible without creating any shortages in the market. These medicines are all purchased through existing all Wales contracts.

## **All Wales Energy Contract**

The Committee has previously been made aware of the intention of Crown Commercial Services to move all suppliers to a new framework. It was confirmed to Procurement Services on 3 July 2024 that all energy customers including NHS Wales have now transitioned from RM6011 to RM6251 from 1st April 2024.

Wales Energy Group members have confirmed they are content with the recommendation made for NWSSP Procurement Services to progress with

the arrangements to sign two contracts (electricity and gas) via the new CCS framework RM6251 on behalf of all participating NHS Wales Health Boards & Trusts.

## **Supporting our staff**

The safety of our staff, along with all service users who access its care and support, is of paramount importance. The work of Anti-Violence Collaborative Wales supports all our colleagues and service users to respond when an incident happens. Launch events for Employee Investigations: Putting our People at the Heart of our Processes are coming up in North and South Wales which further demonstrates our commitment to continuing to evolve how we put our people at the heart of what we do.

## **Corporate Parenting Charter**

As an organisation NWSSP has signed up to become one of Wales' "corporate parents" which is a commitment to working with Welsh Government to ensure that care-experienced children and young people have the same life chances and experiences as all other children and young people in Wales.

## **Armed forces covenant**

I am pleased that NWSSP became a fully-fledged Armed Forces Covenant employer in August 2024 and that we are now looking to become a Silver Award recognised Armed Forces employer in Wales, showing our commitment to support for the armed forces community across a number of different areas.

## **Staff Awards**

After a successful run of regional events in 2023/24 we are now seeking nominations for this year's awards which are a great opportunity to shine a spotlight on those who go above and beyond and show our appreciation for the exceptional efforts that make our workplace thrive.

## **2024/25 Pay Award**

Following the announcement by the First Minister, arrangements are being made with IBM to process the updates to the ESR system in order to process back pay and update salary information for the uplift.

**Neil Frow OBE**  
**Managing Director, NWSSP**  
**September 2024**



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**AGENDA ITEM:**

19 September 2024

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Terms of Reference**

**ARWEINYDD:  
LEAD:**

Alison Ramsey, Director of Finance & Corporate Services

**AWDUR:  
AUTHOR:**

Carly Wilce, Corporate Services Manager

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

Alison Ramsey, Director of Finance & Corporate Services

**MANYLION  
CYSWLLT:  
CONTACT DETAILS:**

[Alison.Ramsey@wales.nhs.uk](mailto:Alison.Ramsey@wales.nhs.uk)

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

To obtain annual approval of the SSPC for the Audit Committee Terms of Reference.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Tystiolaeth:  
Supporting  
evidence:**

Terms of Reference.

**Ymgynghoriad/Consultation :**

Approved at NWSSP Audit Committee on 25 July 2024.

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

**DERBYN/  
APPROVE**

✓

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

**NODI/  
NOTE**

<b>Argymhelliad/ Recommendation</b>	The Committee is asked to approve the attached terms of reference for the NWSSP Audit Committee. The only change to report is the job title change, from the Head of Finance and Business Development to, the Assistant Director of Corporate Services.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	No direct impact.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	No direct impact.
<b>Risg a Aswiriant: Risk and Assurance:</b>	Terms of Reference support and assist NWSSP to discharge its Governance responsibilities .
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	No direct impact.
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. BACKGROUND

The Audit Committee Terms of Reference are subject to annual review and approval by the Shared Services Partnership Committee in accordance with the Shared Services Partnership Standing Orders. The Terms of Reference have been reviewed in line with the requirements and some minor changes have been made and were approved by the Audit Committee at its July 2024 meeting. The only change to report is the job title change from the Head of Finance and Business Development to the Assistant Director of Corporate Services.

## 2. RECOMMENDATION

The Committee is asked to **APPROVE** the attached terms of reference for the NWSSP Audit Committee.



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

## **Terms of Reference & Operating Arrangements**

### **July 2024**

Shared Services Partnership Committee  
19 September 2024

## 1. BACKGROUND

1.1 In May 2012, all Health Boards and Trusts approved the Standing Orders for Shared Services Partnership Committee. Section 4.0.3 of the Standing Orders (as amended 1 March 2019) states:

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

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

### ORGANISATIONAL STRUCTURE

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

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

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

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

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

## 2. INTRODUCTION

2.1 Velindre University NHS Trust’s Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work*

*carried out on its behalf by Committees”.*

- 2.2 In line with Standing Orders and NWSSP’s scheme of delegation, the SSPC shall nominate, annually, a Committee to be known as the Velindre University NHS Trust Audit Committee for NWSSP. The detailed Terms of Reference and Operating Arrangements in respect of this Committee are set out below.
- 2.3 These Terms of Reference and Operating Arrangements are based on the model Terms of Reference, as detailed in the NHS Wales Audit Committee Handbook, June 2012.

### 3 PURPOSE

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

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

### 4 DELEGATED POWERS AND AUTHORITY

- 4.1 With regard to its role in providing advice to both Velindre University NHS Trust Board and the SSPC, the Audit Committee will comment specifically upon:
- The adequacy of NWSSP’s strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation’s activities, designed to support the public disclosure statements that flow from the assurance processes (including the Annual Governance Statement) and providing reasonable assurance on:
    - NWSSP’s ability to achieve its objectives;
    - Compliance with relevant regulatory requirements, standards, quality and service delivery requirements, other directions and requirements set by the Welsh Government and others;

- The reliability, integrity, safety and security of the information collected and used by the organisation;
- The efficiency, effectiveness and economic use of resources; and
- The extent to which NWSSP safeguards and protects all of its assets, including its people.

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

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

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

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

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

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

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

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

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

## **Authority**

- 4.6 The Audit Committee is authorised by the SSPC to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Audit Committee shall have the right to inspect any books, records or documents of NWSSP, relevant to the Audit Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- Employee (and all employees are directed to co-operate with any reasonable request made by the Audit Committee); and
  - Any other Committee, Sub Committee or Group set up by the SSPC to assist it in the delivery of its functions.
- 4.7 The Audit Committee is authorised by the SSPC to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the SSPC's procurement, budgetary and other requirements.

## **Access**

- 4.8 The Head of Internal Audit and the Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee at any time and the Chair of the Audit Committee will seek to gain reciprocal access as necessary.
- 4.9 The Audit Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist, without the presence of officials, on at least one occasion each year.
- 4.10 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## **Sub Committees**

- 4.11 The Audit Committee may, subject to the approval of the SSPC, establish Sub Committees or Task and Finish Groups to carry out on its behalf specific aspects of Committee business. Currently, there are no Sub Committees of the Audit Committee.

# **5 MEMBERSHIP**

## **Members**

- 5.1 A minimum of 3 members, comprising:

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

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

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

### **Attendees**

#### 5.2 In attendance:

NWSSP Managing Director, as Accountable Officer  
 NWSSP Chair  
 NWSSP Director of Finance & Corporate Services  
 NWSSP Director of Audit & Assurance  
 NWSSP Head of Internal Audit  
 NWSSP Audit Manager  
 NWSSP Assistant Director of Corporate Services  
 NWSSP Corporate Services Manager  
 Representative of Velindre University NHS Trust  
 Local Counter Fraud Specialist  
 Representative of the Auditor General for Wales  
 Other Executive Directors will attend as required by the Committee Chair

By invitation The Committee Chair may invite:

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

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

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

### **Secretariat**

Secretary As determined by the Accountable Officer

### **Member Appointments**

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

### **Support to Audit Committee Members**

- 5.6 The NWSSP Assistant Director of Corporate Services and NWSSP Corporate Services Manager, on behalf of the Audit Committee Chair, shall:
- Arrange the provision of advice and support to Audit Committee members on any aspect related to the conduct of their role;
  - Ensure that Committee agenda and supporting papers are issued five working days in advance of the meeting taking place; and
  - Ensure the provision of a programme of organisational development for Audit Committee members as part of the Trust's overall Organisational Development programme developed by the Velindre Executive Director of Workforce & Organisational Development.

## **6 AUDIT COMMITTEE MEETINGS**

### **Quorum**

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

### **Frequency of Meetings**

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

### **Withdrawal of Individuals in Attendance**

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

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

- 7.1 Although the Velindre University Trust Board, with the SSPC and its Sub Committees, has delegated authority to the Audit Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 7.2 The Audit Committee is directly accountable to the Velindre University Trust Board for its performance in exercising the functions set out in these Terms of Reference.
- 7.3 The Audit Committee, through its Chair and members, shall work closely with NWSSP and its other sub-Committees to provide advice and assurance to the SSPC by taking into account:
- Joint planning and co-ordination of the SSPC business; and
  - Sharing of information

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

- 7.4 The Audit Committee will consider the assurance provided through the work of the SSPC's other Committees and sub-Committees to meet its responsibilities for advising the SSPC on the adequacy of the organisation's overall system of assurance by receipt of their annual work plans.
- 7.5 The Audit Committee shall embed the SSPC's and Trust's corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

## **8 REPORTING AND ASSURANCE ARRANGEMENTS**

8.1 The Audit Committee Chair shall:

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

8.2 The Audit Committee shall provide a written Annual Report to the SSPC and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Audit Committee's self-assessment and evaluation.

8.3 The Velindre University Trust Board and SSPC may also require the Audit Committee Chair to report upon the Audit Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Audit Committee's assurance role relates to a joint or shared responsibility.

8.4 The Assistant Director of Corporate Services and Corporate Services Manager, on behalf of the Partnership, shall oversee a process of regular and rigorous self-assessment and evaluation of the Audit Committee's performance and operation, including that of any sub- Committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## **9 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

1.1 The requirements for the conduct of business as set out in the NWSSP's Standing Orders are equally applicable to the operation of the Audit Committee, except in the following areas:

- Quorum (*as per section on Committee meetings*)
- Notice of meetings
- Notifying the public of meetings
- Admission of the public, the press and other observers

## **10 REVIEW**

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



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**19th Sept 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Armed Forces Covenant Pledge**

**ARWEINYDD:  
LEAD:**

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

**AWDUR:  
AUTHOR:**

**James Green, Senior People Planning and Analytics Manager**

**SWYDDOG ADRODD:  
REPORTING OFFICER:**

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

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

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) notice that NWSSP have signed the Armed Forces Covenant Pledge to become a recognised Ministry of Defence forces friendly employer and to ask for SSPC to endorse the approach.

**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 from a range of differing, diverse and skilled backgrounds.

**Tystiolaeth:  
Supporting evidence:**

Appendices attached

**Ymgynghoriad/Consultation :**

Senior Leadership Group / SSPC

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	✓
<b>Argymhelliad/ Recommendation</b>		<p>The Shared Services Partnership Committee is requested to <b>note</b>:</p> <ul style="list-style-type: none"> <li>• The NWSSP Armed Forces Covenant Pledge</li> <li>• NWSSP being recognised under the Armed Forces Employer Recognition Scheme (ERS) under the Bronze Award category</li> <li>• NWSSP putting steps in place to work towards the next steps of the ERS Silver Scheme over the next 12-24 months.</li> </ul> <p>The Shared Services Partnership Committee is requested to <b>endorse</b> the approach.</p> <p>For any feedback or amendments required please email: James.green3@wales.nhs.uk</p>					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Promotion of Diversity and Inclusion - Enhance Organisational Culture
<b>Cyfreithiol: Legal:</b>	No direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	No direct Impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct Impact
<b>Ariannol: Financial:</b>	No direct Impact – No cost implications for NWSSP
<b>Risg a Aswariant: Risk and Assurance:</b>	No direct Impact
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No direct Impact
<b>Gweithlu: Workforce:</b>	<u>Access to Talent</u> - Opportunity to gain access to a pool of highly skilled and disciplined individuals, with diverse skillsets and experiences

	<p><u>Productivity and Performance</u> – These individuals will bring skillsets such as leadership, teamworking, problem solving skills</p> <p><u>Opened Support Networks</u> – Opportunity to gain access to resources, support networks, training opportunities that can benefit new and existing employees and the organisation overall</p>
<p><b>Deddf Rhyddid Gwybodaeth/FOIA</b></p>	<p>Open</p>



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Shared Services  
Partnership

### **Situation**

As part of the Employee Value Proposition, NWSSP became a fully-fledged Armed Forces Covenant employer in August 2024 (*see appendix 1*). NWSSP is now looking to become a Silver Award recognised Armed Forces employer in Wales, showing our commitment to support for the armed forces community across several different areas.

### **Background**

NWSSP have already met with the Armed Forces Regional Employment Engagement Director and signed the Armed Forces Covenant Pledge Based on NWSSP's existing processes and policies, this has meant we automatically qualify for the Armed Forces Bronze award under their Employer Recognition Scheme. We will be arranging for an official signing of NWSSP's covenant pledge with our Armed Forces community, which we will then publicise our commitments across our website and social media channels in October 2024.

### **Assessment**

There are several benefits to become an armed forced recognised employer (*please see appendix 2 for full detail*).

#### **A snapshot of some of the benefits of becoming a Silver Pledge Armed Forces Employer are:-**

- Enhanced Reputation - Opportunity for NWSSP to be recognised as a supportive employer of the armed forces community
- Access to Talent - Opportunity to gain access to a pool of highly skilled and disciplined individuals, with diverse skillsets and experiences
- Promotion of Diversity and Inclusion - Enhance Organisational Culture
- Productivity and Performance – These individuals will bring skillsets such as leadership, teamworking, problem solving skills
- Opened Support Networks – Opportunity to gain access to resources, support networks, training opportunities that can benefit new and existing employees and the organisation overall
- Employer Recognition Scheme - By signing the Armed Forces Covenant, an organisation demonstrates its commitment to support the Armed Forces community, and this provides the signatory with the opportunity to be recognised by the Employer Recognition Scheme award. Through a 3-tier approach of bronze, silver and gold awards, the scheme recognises the various levels of commitment provided by employers. This allows the Ministry of Defence to publicly thank and honour those organisations for their support.

## **Recommendation**

SSPC to note the wider commitments of the Silver Employee Recognition Scheme outlined in [Appendix 3](#).

## **Appendices**

Appendix 1 – Armed Forces Covenant Pledge

[NHS Wales Shared Services Partnership Armed Forces Covenant 20240729.pdf](#)

Appendix 2 – Armed Forces Covenant - Overview



Armed Forces  
Covenant - Overview

Appendix 3 – NWSSP Employer Recognition Scheme



NWSSP Employer  
Recognition Scheme (



## **NHS Wales Shared Services Partnership**

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**We, the undersigned, commit to honour the  
Armed Forces Covenant and support the Armed Forces Community.**

**We recognise the value Serving Personnel,  
both Regular and Reservists, Veterans and military families  
contribute to our business and our country.**

Signed on behalf of:

**NHS Wales Shared Services Partnership**

Signed: 

Name: Gareth Hardacre

Position: Director of People and Organisational Development  
and Employment Services

Date: 29<sup>th</sup> July 2024

## The Armed Forces Covenant

An Enduring Covenant Between

The People of the United Kingdom  
His Majesty's Government

– and –

All those who serve or have served in the Armed Forces of the Crown  
And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

## Section 1: Principles of The Armed Forces Covenant

1.1 We **NHS Wales Shared Services Partnership** will endeavour in our business dealings to uphold the key principles of the Armed Forces Covenant, which are:

- *no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen*
- *in some circumstances special treatment may be appropriate especially for the injured or bereaved.*

## Section 2: Demonstrating our Commitment

2.1 We recognise the value serving personnel, reservists, veterans and military families bring to our business and to our country. We will seek to uphold the principles of the Armed Forces Covenant, by:

- **Promoting the Armed Forces:** promoting the fact that we are an Armed Forces-friendly organisation, to our staff, customers, suppliers, contractors and wider public.
- **Veterans:** supporting the employment of veterans, recognising military skills and qualifications in our recruitment and selection process; working with the [Career Transition Partnership](#) (CTP) to support the employment of Service leavers;
- **Service Spouses & Partners:** supporting the employment of Service spouses and partners; partnering with the [Forces Families Jobs Forum](#); and providing flexibility in granting leave for Service spouses and partners before, during and after a partner's deployment.
- **Reserves:** supporting our employees who are members of the Reserve Forces; granting additional paid/unpaid leave for annual Reserve Forces training; supporting any mobilisations and deployment; actively encouraging members of staff to become Reservists; working with the [Defence Relationship Management](#) (DRM) to further Partner with Defence.
- **Cadet Organisations:** supporting our employees who are volunteer leaders in military cadet organisations, granting additional leave to attend annual training camps and courses; actively encouraging members of staff to become volunteer leaders in cadet organisations; supporting local military cadet units; recognising the benefits of employing cadets/ex-cadets within the workforce. [RFCA Wales](#)
- **National Events:** supporting Armed Forces Day, Reserves Day, the Poppy Appeal Day and Remembrance activities;
- **Armed Forces Charities:** supporting Armed Forces charities with fundraising and supporting staff who volunteer to assist;

2.2 We will publicise these commitments through our literature and/or on our website, setting out how we will seek to honour them and inviting feedback from the Service community and our customers on how we are doing. This will all be published as part of our Employer Recognition Submission.

## What is Armed Forces Covenant

The Armed Forces Covenant is a promise by the nation ensuring that those who serve or have served in the Armed Forces, and their families, are treated fairly. The new Covenant Legal Duty means that local authorities, NHS Trusts, and other local bodies across the UK will have to consciously consider the principles of the Armed Forces Covenant when delivering key healthcare, housing, and education services. The covenant aims to bring together the armed forces community on a local level, nurturing mutual understanding and raising awareness of issues faced by the armed forces. By signing the armed forces covenant, an organisation demonstrates its commitment to support the Armed Forces community, and this provides the signatory with the opportunity to be recognised by the employer recognition scheme award.

## How businesses can support the employment of Veterans and Armed Forces Community?

- Work with the Career Transition Partnership (a high quality, no cost recruitment service for organisations looking for highly motivated and experienced veterans, who are leaving the forces).
- Implement guaranteed interviews schemes for veterans
- Support the employment of wounded, injured or sick veterans where possible.
- Recognise military skills and qualifications when interviewing for new positions
- Hold briefing days specially for those leaving the armed forces to raise awareness of the opportunities for employment in your business

## Statistical Employer Benefits

- 1 in 25 people are veterans
- 47% of veterans are of working age
- 14% of veterans are women
- 4% identify as having a non-white background
- 92% of veterans have qualifications
- 53% of employers say that the veterans they employ are promoted faster in comparison to their other colleagues.

## Other Employer Benefits?

Enhanced Reputation - Opportunity for NWSSP to be recognised as a supportive employer of the armed forces community, which can enhance reputation.

Access to Talent - Opportunity to gain access to a pool of highly skilled and disciplined individuals, with diverse skillsets and experiences

Promotion of Diversity and Inclusion - Enhance Organisational Culture

Improved Employee Morale and Loyalty

Productivity and Performance – These individuals will bring skillsets such as leadership, teamworking, problem solving skills

Opened Support Networks – Opportunity to gain access to resources, support networks, training opportunities that can benefit new and existing employees and the organisation overall

Employer Recognition Scheme - By signing the Armed Forces Covenant, an organisation demonstrates its commitment to support the Armed Forces community, and this provides the signatory with the opportunity to be recognised by the Employer Recognition Scheme award. Through a 3-tier approach of bronze, silver and gold awards, the scheme recognises the various levels of commitment provided by employers. This allows the Ministry of Defence to publicly thank and honour those organisations for their support. You can nominate yourself for a bronze award.

[Defence Employer Recognition Scheme - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Defence Relationship Management - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

### **Tips for Attracting and Hiring Veterans and Members of the Armed Forces Community**

- Offer tailored training and recruitment programmes
  - Secure an intake of those who have relevant skills (placement opportunities, qualifications)
  - Accommodate reservist training commitments by offering additional annual leave and other support.
- Outreach and Engagement
  - Charities, social media promotion
- Be Forces Friendly
  - Promote what our organisation does and benefits and opportunities
- Application, CV, and Interviews
  - Provide opportunities during interview and recruitment
  - Offer guaranteed interviews to veterans and other members of the armed forces community who meet the minimum selected criteria
- Flexible working arrangements
- Promoting business in public areas
- Away days, promotion at events
- Accommodate the mobilisation of reservists if they are required to deploy.
- Commit to finding alternative employment within the business in another location or on a remote working basis if an employee is forced to relocate owing to a partner or family member's military service.
- Look sympathetically on requests for holidays before, during or after a partner or family member's overseas deployment.

### **How can NWSSP become an accredited employer to the Armed Forces Covenant**

- Evaluate the businesses policies, how do these align with the covenants values?
- Identify areas where support can be provided – Employment Opportunities, Flexible Working
- Identify areas where improvements can be made, develop initiatives
- Increase awareness of the Armed forces covenant across the organisation, provide training

### **Bronze award**

- are self-nominated by employers who pledge to support the armed forces, including existing or prospective employees who are members of the community
- must have signed the Armed Forces Covenant
- promote being armed forces-friendly and are open to employing reservists, armed forces veterans (including the wounded, injured and sick), cadet instructors and military spouses/partners
- receive an electronic certificate and logos to display on their website, stationery, and other collateral

### **Silver award**

- must have signed the Armed Forces Covenant
- the employer must already be accredited as a holder of ERS Bronze Award and held it with sufficient time to develop suitable plans and policies and evidence to support the ERS Silver application. The employer must proactively demonstrate that service personnel and the armed forces community are fairly disadvantaged as part of their recruiting and selection processes
- the employer must actively ensure that their workforce is aware of their positive policies towards defence people issues. For example, an employer nominated for support to the Reserves must have an internally publicised and positive HR policy on Reserves
- within the context of Reserves the employer must have demonstrated support to mobilisations or have a framework in place. They must demonstrate support to training by providing at least 5 days' additional unpaid/paid leave (wherever possible not to Reservist employees' financial disadvantage)
- the employer must not have been the subject of any negative PR or media activity
- the employer should demonstrate support to the Cadet movement by providing proactive support to individual cadets and/or to local cadet units

### **Gold award**

- must have signed the Armed Forces Covenant
- employers must have an existing relationship with their National Account Manager/Regional Employer Engagement Director/appropriate defence representative
- the employer must already be accredited as a holder of ERS Silver Award and held it with sufficient time to develop suitable plans and policies and evidence to support the ERS Gold application
- the employer must proactively demonstrate their forces-friendly credentials as part of their recruiting and selection processes. Where possible, they should be engaged with Career Transition Partnership (CTP) in the recruitment of service leavers and have registered for the Forces Families Jobs (FFJ) portal
- the employer must actively ensure that their workforce is aware of their positive policies towards defence people issues. For example, an employer nominated for support to the Reserves must have an internally publicised and positive human resources policy on Reserves
- the employer must be an exemplar within their market sector, advocating support to defence people issues to partner organisations, suppliers, and customers with tangible positive results
- within the context of Reserves the employer must have demonstrated support to mobilisations or have a framework in place. They must provide at least 10 days' additional leave for training, fully paid, to the Reservist employee
- the employer must actively encourage a positive environment for Reservists by ensuring that positive policies in support of Reservists within the workforce are communicated to line managers
- the employer must not have been the subject of any negative public relations or media activity

- the employer should be an exemplar in demonstrating support to the Cadet movement. This could, for example, be through mentoring cadets in key employment skills, by providing guaranteed interviews for cadets, by direct investment in equipment and infrastructure for a local cadet unit, or by funding and sponsoring competitions, events, and specific activities for cadets such as overseas expeditions
- the employer promotes volunteering with the cadet forces from their workforce, by providing additional leave for employees who are Cadet Force Adult Volunteers (CFAVs)

Employers can sign up themselves for each award.

Nominations will be validated to determine the level of defence personnel employment within the nominated organisation and to check that the organisation has signed the Armed Forces Covenant.

Once the nomination has been validated it will be considered by a selection board at national level for gold awards and regional level for silver awards. The selection boards will be a panel chaired by a senior military officer and they will consider each nomination against the award criteria. Organisations selected for gold and silver awards will be formally notified in writing and invited to the relevant award event.

### Next Steps

1. Becoming a leading 'forced friendly employer' by maximising the value and benefits that the armed forced community have to offer your business
2. Drop in call with Lauren and Phil, to review and tweak our Pledge
3. Change or tweak based on feedback and agreed actions from SLG
4. Submit the signed the Armed Forces Covenant and become one of the 10,000+ signatories including leading employers
5. Join the 'Defence Employer Recognition Scheme' - Achieve bronze, silver, and gold recognition by pledging to advocate, demonstrate and support defence, veterans, and the Armed Forces Community
6. Review Covenant Actions and Submit to SLG for Silver recognition
7. Change or tweak based on feedback and agreed actions from SLG
8. Work with the Career Transition Partnership, a high quality, no cost recruitment service for organisations seeking highly motivated and experienced veterans, who are leaving the Armed Forces.
  - Implement guaranteed interviews schemes for veterans.
  - Support the employment, where appropriate, of wounded, injured or sick veterans.
  - Recognise military skills and qualifications when interviewing for new positions.
  - Hold briefing days specifically for those leaving the Armed Forces, as a way to raise awareness of the opportunities for employment in your business
9. Advocate, champion, and Promote – Build a community of best practice, display the value of veterans' employment, and support other employers to do the same
10. Group planning for next 24 months

- a. Set up Armed Forces Community Network - Lauren and Phil to host with James
- b. Review Covenant
- c. Cobseo & Veterans Gateway
- d. Insight days
- e. Career fayres / recruitment sessions
- f. Armed force day celebration
- g. Review Reservist Policy on behalf of NWSSP

## NWSSP Employer Recognition Scheme

### (Silver Award)

At NWSSP (NHS Wales Shared Services Partnership), we are committed to offering fair and inclusive employment opportunities to everyone. This is why we have decided to sign the armed forces covenant. We recognise the sacrifices made by reserves, veterans', and their families, and we pledge to work towards the following stages of the Silver Recognition Scheme over the next 12 – 24 months.

#### **1. Employment Opportunities:**

Within this organisation, we are actively seeking ways to be a more inclusive employer. We will look to give fair employment opportunities to members of the armed forces and their families, and will offer tailored training, development, and recruitment programs to help with their transition from the service, or during off-deployment periods. Guaranteed interviews will be offered to veterans and other members of the armed forces community who meet the minimum selected criteria to ensure they get a fair chance of employment. NWSSP advocates fair and inclusive hiring practices, recognising Military qualifications, skills and experiences during the recruitment process.

NWSSP pledge to Work with the Career Transition Partnership, seeking highly motivated and experienced veterans, who are leaving the Armed Forces. We plan to do so through by holding briefing days specifically for those leaving the Armed Forces, as a way to raise awareness of the opportunities for employment in your business, whilst recognising their military skills and qualifications when interviewing for new positions.

#### [Resettlement for Ex-Service Personnel | Ex Armed Forces Recruitment from CTP](#)

[uk\\_military\\_rank\\_comparison\\_chart.pdf \(nhsemployers.org\)](#)

#### **2. Flexible Working Arrangements:**

Our agile approach to work, our flexible working arrangements and our Working Abroad arrangements should accommodate the needs of reservists and support employees with partners or family members in the military during deployment periods. Requests for holidays will be sympathetically considered before, during and after a family members deployment. Additionally, if a reservist is forced to relocate, we will work with them to consider redeployment opportunities across the business to another location and where operational requirements allow, consider remote working if an employee is forced to relocate owing to a partner or family member's military service.

### 3. Recognition and Support:

We will support the employment of wounded, injured or sick veterans where possible, utilising our strength as the NHS in Wales to provide appropriate reasonable adjustments including agile working arrangements for suitable roles. We will recognise the value of military service and the skills gained throughout, actively publicising our Armed Forces Covenant commitments through our website and literature. By displaying the Armed Forces Covenant logo, we want to show that members of the Armed Forces community we wish to support them, and plan to create an Armed Forces Community Network whilst celebrating events like the Armed Forces Day,

### 4. Raising Awareness:

We will increase awareness of the Armed Forces Covenant across our organisation through training, e-learning and educational initiatives. We will advocate this at external events and across the organisation to ensure employees are on board with the covenant. We will hold a minimum of four lunch and learn sessions a year to positively and proactively raise awareness of our Armed Forces Pledge.

### 5. Engagement:

NWSSP will support and engage with local Armed forces charities, and the organisation will promote itself as 'forces friendly.' We will actively participate in events and outreach activities aimed at attracting members of the armed forces community, forming part of our 4 Pillar Approach of our Employee Value Proposition.



### 6. Support:

We will collaborate with organisations such as the career transition partnership to effectively support and guide those who are leaving the armed forces and invite those leaving the armed forces to our careers days to offer additional support for those within the armed forces, as well as educating them on the employment opportunities available within the organisation. We will advocate and champion the benefits of working with and hiring employees from the armed forces community in our literature and when we attend relevant networking events such as careers fayres.

## 7. Continuous Improvement:

Within NWSSP, we are continually looking to improve the services we provide based on the effectiveness of our initiatives and feedback. We will regularly seek feedback from those in the armed forces community to evaluate our support and identify areas of potential improvement. We are committed to continuously enhancing our support to those that have served us.



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**19 September 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

Wales Infected Blood Support Scheme Annual Report 2023 – 2024.

**ARWEINYDD:**

Rebecca Nelson, Director of Planning,  
Performance & Informatics

**LEAD:**

**AWDUR:**

Mary Swiffen-Walker, WIBSS Service Manager

**AUTHOR:**

**SWYDDOG ADRODD:**

Rebecca Nelson, Director of Planning,  
Performance & Informatics

**REPORTING**

**OFFICER:**

**MANYLION**

[Rebecca.Nelson2@wales.nhs.uk](mailto:Rebecca.Nelson2@wales.nhs.uk)

**CYSWLLT:**

**CONTACT DETAILS:**

**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

To present the Wales Infected Blood Support Scheme (WIBSS) Annual Report for the 2023-24 to the Shared Services Partnership Committee, for noting. The report is also being presented to the Velindre University NHS Trust Quality and Safety Committee.

**Llywodraethu/Governance**

**Amcanion:**  
**Objectives:**

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

**Tystiolaeth:**  
**Supporting evidence:**

Wales Infected Blood Support Scheme Annual Report 2023 – 2024

**Ymgynghoriad/Consultation :**

Approved by the WIBSS Governance Group on 6th June 2024

**Attuned y Pwyll or/Committee Resolution (insert √):**

DERBYN/ APPROVE	ARNODI/ ENDORSE	TRAFOD/ DISCUSS	NODI/ NOTE	✓
<b>Argymhelliad/ Recommendation</b>		For the Committee to note the report		

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Established in October 2017, the Wales Infected Blood Support Scheme provides support to people infected with contaminated blood products or tissue.
<b>Cyfreithiol: Legal:</b>	As above.
<b>Iechyd Poblogaeth: Population Health:</b>	As above.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	As above
<b>Ariannol: Financial:</b>	Scheme provides a streamlined financial payment service and personalised support for Welsh beneficiaries.
<b>Risg a Aswiriant: Risk and Assurance:</b>	Annual Report details the proactive work carried out by WIBBS during the period.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Dedicated Welfare Rights Service and a Psychology and well-being services.
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Closed.

## 1. BACKGROUND

The purpose of the report is to provide an update on the finance and support schemes during the reporting period of the Wales Infected Blood Support Scheme. The Annual Report details the proactive work carried out by WIBSS during the period and looks ahead to priorities relating to 2024-25. The Annual Report 2023–2024 was approved by the WIBSS Governance Group on 6th June 2024.

## 2. RECOMMENDATION

The Committee is asked to **NOTE** the Wales Infected Blood Support Scheme Annual Report for 2023 – 2024.



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Wales Infected Blood  
Support Scheme

# Wales Infected Blood Support Scheme

Annual Report 2023-24



Cynllun Cymorth Gwaed  
Heintiedig Cymru

Wales Infected Blood  
Support Scheme



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# Wales Infected Blood Support Scheme (WIBSS)

VELINDRE UNIVERSITY NHS TRUST

THROUGH

NHS WALES SHARED SERVICES  
PARTNERSHIP (NWSSP)

AND

VELINDRE CANCER CENTRE (VCC)

ANNUAL REPORT 2023/2024

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# Introduction

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

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

As at 31 March 2024, WIBSS supports 225 beneficiaries, including bereaved spouses and partners. However, the welfare and psychological support is also provided to wider family members of our beneficiaries.

## The Purpose of the Report



To provide an update on the finance and support services during 2023-24 as part of the Wales Infected Blood Support Scheme.



To detail the proactive work carried out by WIBSS during 2023-24; and



To look ahead to WIBSS priorities relating to 2024-25.

# Key matters arising during 2023-24

The way in which WIBSS services are provided returned to normal during 2023-24 following some required adjustments, resulting from the COVID-19 pandemic. Home visits and face-to-face appointments were reinstated. There were no major changes to the service and no action required as a result of any announcements from the Infected Blood Inquiry, therefore, it was business as usual during this year.

## Public Inquiry - The Infected Blood Inquiry

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

### **In 2023-2024 we responded to two Rule 9 requests from the Infected Blood Inquiry.**

- ✦ The first request sought information regarding number of beneficiaries registered with the scheme, and what category they were in; the number of infected persons who had deceased; and the number of interim compensation payments that were made to infected and bereaved partners. .
- ✦ The second request concentrated on how many interim compensation payments had been paid to infected and bereaved persons since July 2022. It also queried what proportion of the total number of people infected and bereaved to whom payment was made in the first year of operation to 28 October 2023, have registered since 29 July 2022.

WIBSS co-operated fully with the inquiry and responded to all Rule 9 requests within the required timeframe.

On 5 April 2023 the Chair published an interim report on compensation. The UK Government and devolved administrations stated that they would consider the recommendations in this report, alongside the recommendations made in the final report.

### [Second Interim Report | Infected Blood Inquiry](#)

On 3 February 2023, the Inquiry Chair closed the Inquiry's public hearings, explaining that he would now be focused on writing his report. Some additional hearings were held in July 2023.



The Inquiry's final report was due to be published in the Autumn of 2023.

However, due to the additional hearings in July, together with Rule 13, which says that the Inquiry must inform anyone criticised in the report, of the nature of the criticism and the facts this is based on, it was not possible to publish the final report in the Autumn.

The Rule 13 warning letters issued about the final report are complex documents with detailed references to evidence. The person criticised is not obliged to respond, but the Inquiry must give them reasonable time to do that if they choose to.

The final report was published on 20 May 2024. [The Inquiry Report | Infected Blood Inquiry](#)

This WIBSS Annual Report will not go into any detail of the findings in the Final Report as it captures information relevant to 2023-2024 only.





# Governance Group

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

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

Investigate or have investigated any activity within its Terms of Reference, and in performing these duties, shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust, relevant to the Governance teams' remit, subject to any restrictions imposed by General Data Protection Regulations (GDPR).

It can seek any relevant information it requires from any employee, and all employees are directed to co-operate with any reasonable request made by the Board.

**It is empowered with the responsibility for:**

Reviewing and advising on the management of the WIBSS budgets, including running costs, the annual beneficiaries' budgets and provisions.

Advising Welsh Government on rate changes and the potential financial and service implications of policy changes, both within Wales and other areas within the UK.

Implementation of Welsh Government policy.

Ongoing negotiation and partnership with Welsh Government to ensure the smooth running of the service.

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



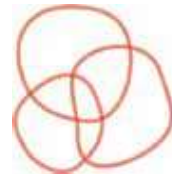
Director of Corporate Governance  
Velindre University NHS Trust (Chair)



Welsh Government Finance Representative



Head of Nursing, Quality, Patient Experience and Integrated Care  
Velindre Cancer Centre



Welsh Government Policy Representative



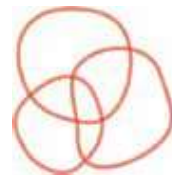
Director of Planning, Performance and Informatics  
NWSSP



Senior Welfare Rights Manager



WIBSS Service Manager



Consultant Psychologist

During 2023-24 the Governance Group met three times on 16 June 2023, 19 September 2023 and 24 January 2024.





## Financial Support

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

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

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

These are set out in the Finance Section of this report and are also published on our [website](#).





## Appeals Process

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

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

During 2023-24, two appeals were submitted, and an appeals panel was convened on 9 June 2023. The panel considered all the documentation received by WIBSS from the applicants and scrutinised the decision-making process of WIBSS. The panel then considered all the evidence. In the first case the panel determined that although the evidence was not clear, leading to WIBSS rejecting the application, they felt that the application could be approved based on a “balance of probability”.

In the second case, the panel upheld the original decision made by WIBSS to reject the application but stated that if evidence of the injury which resulted in the blood transfusion was submitted, this appeal could also be approved on a “balance of probability” basis. The appellant was notified of the panel’s decision.

## Beneficiaries' activity 2023-24

There are 225 beneficiaries & bereaved partners registered for support through the scheme. This is broken down into the following groups. (Valid as at 31 March 2024).

Beneficiary Group	Number of registered Beneficiaries
Hepatitis C Stage 1	31
Hepatitis C Enhanced Stage 1+	91
Hepatitis C Stage 2	38
HIV	2
HIV & Hep C Stage 1 (Co-infected)	1
HIV & Enhanced Stage 1+ (Co-infected)	13
HIV & Hep C Stage 2	2
Bereaved Spouse/Partner	47*
Child Payments	17

\*2 beneficiaries are classified as both existing beneficiaries and as bereaved spouse/partners.

## Payment Rates

The levels of payments available to beneficiaries in 2023/24 are set out in the table below.

Beneficiary Group	Annual Payments
Hepatitis C Stage 1	<b>£21,467</b>
Hepatitis C Enhanced Stage 1+	<b>£32,555</b>
Hepatitis C Stage 2	<b>£32,555</b>
HIV	<b>£32,555</b>
HIV & Hep C Stage 1 (Co-infected)	<b>£44,189</b>
HIV & Enhanced Stage 1+ (Co-infected)	<b>£51,162</b>
HIV & Hep C Stage 2 (Co-infected)	<b>£51,162</b>
Child Payment; 1st Child	<b>£3,000</b>
Child Payment; 2nd & Subsequent Children	<b>£1,200</b>

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

One-off non-discretionary lump sum payments are also paid to successful new applicants to the scheme. Under Parity, a new applicant who is Hep C Stage 1 would be entitled to a £50,000 lump sum payment.

A beneficiary who moves from Hep C Stage 1 to Hep C Stage 2 would receive an additional £20,000 lump sum payment. A new applicant who has already progressed to Hepatitis C Stage 2 would receive a £70,000 lump sum payment.

A new applicant who has HIV would be entitled to a lump sum payment of £80,500. If they were co-infected HIV and Hep C Stage 1, the lump sum would be  $£80,500 + £50,000 = £130,500$  and Stage 2 would be  $£80,500 + £70,000 = £150,500$ .

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

WIBSS also make regular payments to bereaved spouses/partners/dependant relatives, of an infected beneficiary who has passed away. These payments are equal to 100% of the rate the deceased beneficiary was on at time of death for one year and 75% of the rate thereafter.



## Child Payments 2023-24

Child payments were introduced to WIBSS with effect from 1 January 2023. The payment is intended for the care and support of a child/children, up to the age of 18 or 21, if in full-time education, who are either the biological child or form part of the household of an infected beneficiary.

WIBSS child payments are £3,000 for the first child, and £1,200 for the second and subsequent children.

As at 31 March 2024, the total cost of child payments is £65,400. This relates to 29 children paid to 17 beneficiaries. Payments are being paid monthly or quarterly.



# WIBSS Structure



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Wales Infected Blood  
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# Financial Report

The table below summarises the claims expenditure for 2023-24, the comparative 2022-23 figures include the Interim Compensation payments announced in July 2022 and processed in October 2022.

The announcement confirmed that an interim compensation payment of £100,000 would be paid to registered infected and bereaved partner beneficiaries of the UK Infected Blood Support Schemes.

These costs include widows and small grants payments.

<b>WIBSS Claims Expenditure</b>	<b>2023 -24</b>	<b>2022-23 Comparative</b>
No. of Beneficiaries	225	223
Regular Payments	£7,789,344	£7,484,327
Interim Compensation Payments	£700,000	£22,200,000
<b>Total Payments to Beneficiaries</b>	<b>£8,489,334</b>	<b>£29,684,327</b>

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

NWSSP provide the Health and Social Services Finance Team within Welsh Government with regular updates on forecasts throughout the year. The administration of the scheme i.e., claims expenditure, is cost neutral to both NWSSP and Velindre Cancer Centre, with Welsh Government funding the scheme in full.

## Running Costs for 2023-24

A summary of the running costs for 2023-24 is set out below with a 2022-23 comparative:

<b>WIBSS Running Costs</b>	<b>2023 -24</b>	<b>2022-23 Comparative</b>
Pay	£223,918*	£244,417*
Expenditure	£13,880	£11,160
<b>Total</b>	<b>£237,799</b>	<b>£255,577</b>

\*The decrease in pay costs is due savings from vacant posts and maternity leave in 2023-24.



# Performance Report

*WIBSS performance against Key Performance Indicators is set out below.*

Descriptor of Key Performance Indicator	2023-24 Target	Status
Responding to Welsh Government & General correspondence within set time limits	Within 4 working days	100%
Responding to Freedom of Information Requests within required deadlines	In-line with Trust Policy	100%
Dealing with applications within required timescales	Within 28 days from receipt of complete information	100%
Dealing with appeals within set time limits	1 appeal was lodged. The appeal was heard within the required timescale.	100%
Payments made on a timely basis	100% of payments to be made 0-2 days before the due date.	100%



Description of Key Welfare Rights Incidents	Status
Total Welfare Rights Cases opened in previous 12 monts	» 62
Income generated for beneficiaries (1 April 2023 - 31 March 2024)	» £39,175.29
Outstanding outcomes March 2024	<ul style="list-style-type: none"> <li>» 2 Personal Independence Payment (PIP) Renewals</li> <li>» 1 Attendance Allowance</li> <li>» 1 WIBSS Grant Application</li> <li>» 1 Pension Credit application</li> </ul>
Onward Referrals	<ul style="list-style-type: none"> <li>» 1 Occupational Therapy</li> <li>» 3 External Grants</li> <li>» 7 Internal Grants</li> </ul>
Appeals and Reconsiderations	<ul style="list-style-type: none"> <li>» 1 Successful Attendance Allowance Mandatory reconsideration</li> <li>» 9 Referrals to WIBSS Wellbeing Service</li> <li>» 7 Mortgage Support letters</li> <li>» 3 WIBSS Grants</li> <li>» Cardiff Social Services</li> </ul>

## New Applications for Financial Support

WIBSS received 23 applications in 2023-24.

Application Type	Applications Received	Outcome
Hepatitis C Stage 1	2	1 Accepted, 1 Awaiting additional information
Hepatitis C Stage 2	0	N/A
HIV	1	1 Declined
Bereaved Partner	0	N/A
Hep C Stage 1+	19	19 Accepted
Move from Stage 1 to Stage 2	1	1 Accepted
<b>Total</b>	<b>23</b>	<b>21 Accepted, 1 Awaiting Confirmation, 1 Declined</b>

Where an application is declined, it will be because it does not meet the criteria set in Wales Infected Blood Support Scheme Directions, or insufficient evidence has been provided to support the application.

To access the Directions, please visit the WIBSS [Website](#).

The announcement regarding the interim compensation payments and the media coverage surrounding it, led to an increase in the number of queries about the service and new beneficiaries, who had been registered with one of the legacy schemes, but had not transferred to WIBSS in 2017 when the scheme was established.

## Support and Assistance Grants Scheme

In 2023-24 we received 6 applications for support compared to 5 applications in 2022-23.

The level of small grant applications has remained consistent across both years. However, this is a decrease compared to the 12 applications received in 2021-22. We believe this decrease may be partly due to the Interim Compensation payments that were paid in October 2022.



# Welfare Rights Service

**There have been some changes in terms of the staff within the welfare rights team during 2023-2024. Despite a reduced number of staff in the team, for a short period of time, the service continued to offer exceptional support and assistance to our beneficiaries. Training and support were provided to new members joining the team in year.**

**The team work closely with both the finance team and the wellbeing service. The welfare team is often the first point of contact for those making enquires to the scheme. The team provide holistic support, offering a full service to our beneficiaries. We will continue to promote the exceptional service that is provided to our beneficiaries and ensure that all are aware of the available services we offer.**

**The WIBSS welfare rights service is Advice Quality Standard (AQS) accredited and bespoke to the needs of the individual and their family. In September 2023 a two-yearly monitoring assessment was carried out by the AQS. The WIBSS welfare rights service maintained its accreditation, with many areas of good practice highlighted.**

Although not exhaustive, below is a list of services we may be able to assist with:

- Consulting with social services to ensure complex beneficiary needs are met, such as support from a social worker/occupational therapist/Community Psychiatric Nurse (CPN). This may include help with adaptations to home to ensure our beneficiaries safety or mental health support.
- Signposting free NHS dental care and prescription services for those eligible due to the new benefit entitlement.
- Assisting with applying to join WIBSS including completing paperwork, requesting or chasing medical professionals seeking evidence to support applications.
- Completing benefit and welfare checks, applying for benefits, debt signposting, budgeting advice, navigating financial products etc.
- Applying for a parking badge (Blue Badge), free bus travel and concessions.
- Accessing health services, such as additional care requirements and health care transportation.
- Advice around external schemes- such as NEST part of Welsh Government's Warm Home Scheme. NEST offers financial support for insulating homes or new boilers to reduce bills and increase energy efficiency. (A new scheme is due to be introduced soon).
- SureWater schemes to reduce water bills for those using higher amount of water for medical reasons.



Our welfare rights advisors can also consider the circumstances of family and carers to check their entitlement to benefits. Caring for someone can impact emotionally and financially. We can apply for benefits to support carers if eligible.

Additional support we can provide, as a result of being an in-house service may include things such as:

- Liaising with beneficiaries and wider family members to establish a trusting relationship and provide emotional support, outside of formal psychology and wellbeing referrals.
- Providing regular outbound check-ins with beneficiaries considered as vulnerable.
- Completion of paperwork and help to sort affairs for those unable to do so themselves.
- Completion of personalised letters confirming WIBSS payments to support with mortgage applications/renewals.



## Energy Campaign – April 2023

As a result of the significant increase of UK-wide home energy costs during 2022-23, the welfare team produced an outbound energy campaign, which was rolled out to all our beneficiaries and was specific to the area in which they lived. The campaign provided personalised advice on available energy efficiency grants, water supplier discounted tariffs and comprehensive assistance to apply to such schemes.

Expected improvements, for eligible beneficiaries, included free boilers, improved home insulation and central heating systems. Water schemes include discount on water tariffs for those using high volumes of water due to medical need. We promoted the campaign via the WIBSS newsletter.

## Possible group forums

The welfare team has canvassed opinion on whether there is any interest in holding a group style meet up sessions for WIBSS beneficiaries. The group sessions would be offered either in person or online, or a hybrid of both, depending on preference. They would provide beneficiaries with the opportunity to discuss any issues with members of WIBSS staff and amongst each other. The wellbeing team are looking to offer a similar forum, and it might be that these are combined our held at the same time.

## Newsletters

Newsletters are sent out quarterly to all beneficiaries unless they have opted not to receive them. These are sent out electronically or by post, depending on preference.

They are also available on the WIBSS [website](#).

## Newsletters this year provided information on the following:

- Infected Blood Inquiry (IBI) updates
- Reminder of the WIBSS Services
- Benefit updates and reminders (Highlighted unclaimed benefits) well-being service
- Promotion of group sessions
- Energy Campaign
- Update of WIBSS Staff
- WIBSS Payment rate notifications
- 2nd Interim Report – IBI
- Proof of WIBSS Income



## Case Study A

### **Beneficiary A contacted WIBSS about applying for Attendance Allowance and queried Tax payment**

We supported the client to complete the Attendance Allowance application form.

Beneficiary A's application was turned down by the Department for Work and Pensions (DWP) and they were not awarded any rate of Attendance Allowance. The welfare team submitted a mandatory reconsideration form with a supporting letter to the DWP to allow them to reconsider the decision.

As a result, the application was awarded at the higher rate.

The beneficiary was also supported to complete a P50Z tax repayment form to claim back overpaid tax on a private pension flexible payment.



## Case Study B

### **Beneficiary B contacted WIBSS to seek financial help towards private dental costs**

We attended Beneficiary B's home to assist with completing the grant application for help towards private dental costs. Beneficiary B explained the dental treatment was needed due to not being seen by an NHS dental practice for many years, due initially to stigma around his diagnosis.

We also assisted with another grant form for a respite break, following recent surgery. A supporting letter was provided by his GP stating a respite break would benefit recovery.

Both grants were approved, and the maximum grant was awarded for the specific criteria.

# Psychology and Emotional Well-being Service

The team consists of a consultant clinical psychologist and a specialist counsellor who are highly experienced at working with those infected and affected by contaminated blood products.

Since the scheme was established, they have worked hard to engage with as many beneficiaries as possible of WIBSS, and those close to them, to access the psychology and counselling options that the service provides.

The team continue to receive self-referrals for emotional help and enquiries from external services and health care providers, regarding referral criteria and to discuss collaborative working. We have easy to access referral routes and respond in a timely way. Post referral, beneficiaries and those close to them, are offered an initial appointment to assess current emotional need and appropriateness for the service. We currently offer open ended intervention which is offered in a collaborative way, either in person, by telephone or video call.

During this year, the specialist counsellor resigned and left post in June. As the specialist counsellor delivers the bulk of the clinical time, this inevitably affected service delivery.

The recruitment process for the post was challenging due to the level of specialist, clinical experience needed for the post and the importance of the style of practitioner. The client group, understandably, can be difficult to engage with due to issues of trust and feelings of vulnerability within an NHS context. The ethos of the team has focused on attempting to heal such issues and build a strong rapport with clients (beneficiaries).



Despite the reduction in available clinical time due to the vacant post, the well-being service continued to receive referrals. The consultant clinical psychologist (0.2WTE) for WIBSS screened and prioritised referrals at this time and remained in contact with beneficiaries as much as possible and offered ongoing appointments to those with higher levels of emotional need. Regular check in calls were also made to those who were able to wait until recruitment was successful.

The clinical priority during this year has been to support clients emotionally and psychologically through the conclusion of the Infected Blood Inquiry, and also, to highlight what the service can offer clients, on a wider scale, and on an individual, group and community level if required. WIBSS recognises that the peer support that the process of the Inquiry has provided for some has been highly valued.

We are currently considering how we can best capture ideas and thoughts from those infected and affected about the next steps regarding their emotional needs, taking into account the proposed recommendations from the Infected Blood Inquiry, plans for compensation and the establishment of the Infected Blood Compensation Authority (IBCA).

# Things we will do in 2024-25

*The workplan for 2024-2025 will include the following:*



➤ Continue to deliver a responsive WIBSS service to existing beneficiaries and those seeking to apply.

➤ Keep beneficiaries informed of any decisions arising from the Inquiry recommendations that may impact on them.

➤ Consider how we can best capture ideas and thoughts from those infected and affected about the next steps regarding their emotional needs, considering the proposed recommendations from the Infected Blood Inquiry, plans for compensation and the establishment of the Infected Blood Compensation Authority (IBCA).

➤ Work with the Welsh Government to respond promptly to any future decisions arising from the final report of the Infected Blood Inquiry and the setting up of the Infected Blood Compensation Authority (IBCA). This may include making further interim payments.



Cynllun Cymorth Gwaed  
Heintiedig Cymru

Wales Infected Blood  
Support Scheme

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



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**Email**

wibss@wales.nhs.uk



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**Phone**

02921 500 900

**Mary Swiffen-Walker**

07970 601561



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Crown Way,  
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CF14 3UB



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

19 September 2024

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Annual Report 2023-24**

**ARWEINYDD:  
LEAD:**

Alison Ramsey, Director of Finance and Corporate Services

**AWDUR:  
AUTHOR:**

Carly Wilce, Corporate Services Manager

**SWYDDOG ADRODD:  
REPORTING  
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**MANYLION  
CYSWLLT:  
CONTACT DETAILS:**

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

The NWSSP Audit Committee Annual Report 2023-24 is presented to the Shared Services Partnership Committee, for **NOTING**.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Tystiolaeth:  
Supporting  
evidence:**

Audit Committee Annual Report 2023-24.

**Ymgynghoriad/Consultation :**

Approved at NWSSP Audit Committee on 25 July 2024.

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

**DERBYN/  
APPROVE**

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

**NODI/  
NOTE**

✓

<b>Argymhelliad/ Recommendation</b>	The Audit Committee is asked to <b>NOTE</b> the Annual Report.
---	--

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct Impact
<b>Cyfreithiol: Legal:</b>	No direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct Impact
<b>Ariannol: Financial:</b>	No direct Impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides Assurance to the Shared Services Partnership Committee that effective governance arrangements are in place.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	No direct Impact
<b>Gweithlu: Workforce:</b>	No direct Impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. BACKGROUND

In accordance with the Audit Committee Terms of Reference, the Audit Committee produces a written Annual Report to inform Shared Services Partnership Committee and the accountable officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of NWSSP's assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report also records the results of the Audit Committee's self-assessment and evaluation.

The Annual Report of the NWSSP Audit Committee, for the reporting period 2023-24, highlights the activities and details the performance of the Committee. The purpose of the Audit Committee is to review the establishment and maintenance of the effective systems of internal control and risk management. In achieving this aim, the Committee assesses the work undertaken by Internal Audit, External Audit and Local Counter Fraud Specialists, together with management in areas of governance, risk and control.

The Committee shall endeavour to continue to develop its functions and effectiveness and intends to seek further assurance, throughout 2024-25.

## **2. RECOMMENDATION**

The Committee is asked to **NOTE** the 2023-24 Annual Report.



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

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

## **Annual Report 2023-2024**

## 1. FOREWORD

I am pleased to present the Annual Report of the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership ('the Audit Committee' or 'the Committee'). It outlines the coverage and results of the Committee's work for the year ending 31 March 2024.

Martin Veale was appointed as an Independent Member of the Velindre University NHS Trust in April 2017 and chaired the Audit Committee of NWSSP since that time with great expertise, knowledge and diligence and provided assurance around NWSSP's systems of governance, risk management and internal control. Martin was supported by independent members Vicky Morris and myself. Since Martin's absence from October 2023 and the end of his tenure on 31 January 2024, I have been acting Chair of the Audit Committee and took on that role on 1 February 2024. I would like to take this opportunity to put on record my sincere thanks to Martin for his leadership as Chair of the Audit Committee and his and Vicky's significant contributions made during the year.

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

During 2023-24 NWSSP has continued to grow both in terms of size and complexity. The total revenue spend for the year was £856m, compared to less than £50m when NWSSP was first established in 2011. Total staff numbers are now in excess of 5,762. The wide range of services provided by NWSSP significantly changes its risk profile and requires the Committee to work with its auditors in particular, in ensuring that appropriate assurances are in place.

Most meetings continue to be held virtually and have worked well, albeit that we have reintroduced one face-to-face meeting annually. A characteristic of the Committee's work and its related meetings has been the willingness of all parties to raise issues, acknowledge shortcomings and put forward positive suggestions to help bring about meaningful improvements to services, systems, and day-to-day working practices. This approach is to be welcomed and is very much appreciated by the Committee.



I am keen to foster and promote a culture of continual improvement and, as a Committee, we continued to conduct a brief effectiveness review session at the end of each meeting and introduced topical service presentations to the agenda in order to strengthen and engage in a meaningful way with this process. Looking forward, the Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long-term aim to help further strengthen the governance arrangements of NWSSP, in order to achieve better value for money and high quality, sustainable outcomes for NHS Wales.

**Mr Gareth Jones**  
**Chair of the Velindre University NHS Trust Audit Committee for NWSSP**

## **2. INTRODUCTION**

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

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

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

### **3.1 Role**

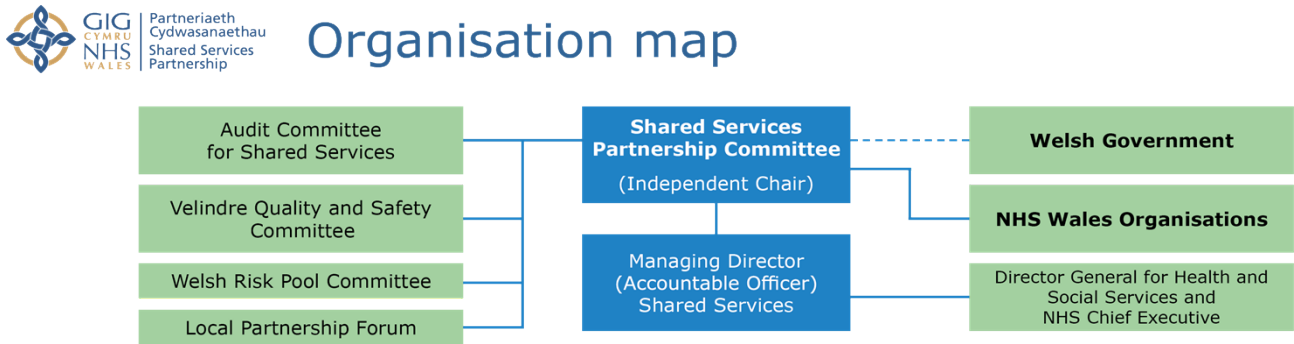
The Audit Committee advises and assures the Shared Services Partnership Committee (SSPC) on whether effective governance arrangements are in place through the design and operation of the SSPC Assurance Framework. This framework supports the SSPC in its decision-making and in discharging its accountabilities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

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

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

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

**Figure 1: Overall Assurance Framework**



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

**3.2 Membership**

The Audit Committee for NWSSP is a sub-committee of Velindre University NHS Trust and sits alongside Velindre’s own Audit Committee. The same two Independent Members sit on both Audit Committees, with one being the Chair.

**3.3 Attendees**

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

**3.4 Attendance at Audit Committee 2023-24**

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

**Figure 2: Meetings and Member Attendance 2023-24**

In Attendance	April 2023	July 2023	Oct 2023	Jan 2024	Total
<b>Committee Members</b>					
Martin Veale, Chair & Independent Member	✓	✓	x	x	<b>2/4</b>
Gareth Jones, Independent Member	✓	✓	✓	✓	<b>4/4</b>
Vicky Morris, Independent Member	✓	✓	✓	✓	<b>4/4</b>
<b>Audit Wales</b>					

<b>In Attendance</b>	<b>April 2023</b>	<b>July 2023</b>	<b>Oct 2023</b>	<b>Jan 2024</b>	<b>Total</b>
Audit Team Representative	✓	✓	✓	✓	<b>4/4</b>
<b>NWSSP Audit Service</b>					
Director of Audit & Assurance	✓	✓	✓	✓	<b>4/4</b>
Head of Internal Audit	✓	✓	✓	✓	<b>4/4</b>
<b>Counter Fraud Services</b>					
Local Counter Fraud Specialist	✓	✓	✓	✓	<b>4/4</b>
<b>NWSSP</b>					
Tracy Myhill, Chair NWSSP	✓	✓	✓	x	<b>3/4</b>
Neil Frow, Managing Director	✓	✓	✓	✓	<b>4/4</b>
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	<b>4/4</b>
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	<b>4/4</b>
Carly Wilce Corporate Services Manager	✓	✓	✓	✓	<b>4/4</b>
<b>Velindre University NHS Trust</b>					
Matthew Bunce Director of Finance	✓	✓	✓	✓	<b>4/4</b>
Lauren Fear, Director of Corporate Governance	✓	x	x	✓	<b>2/4</b>

### **3.5 AUDIT COMMITTEE BUSINESS**

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

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

#### **3.5.1 EXTERNAL AUDIT (AUDIT WALES)**

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

- Audit Wales Nationally Hosted NHS IT Systems Assurance Report
- Audit Wales Management Letter
- Audit Assurance Arrangements

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

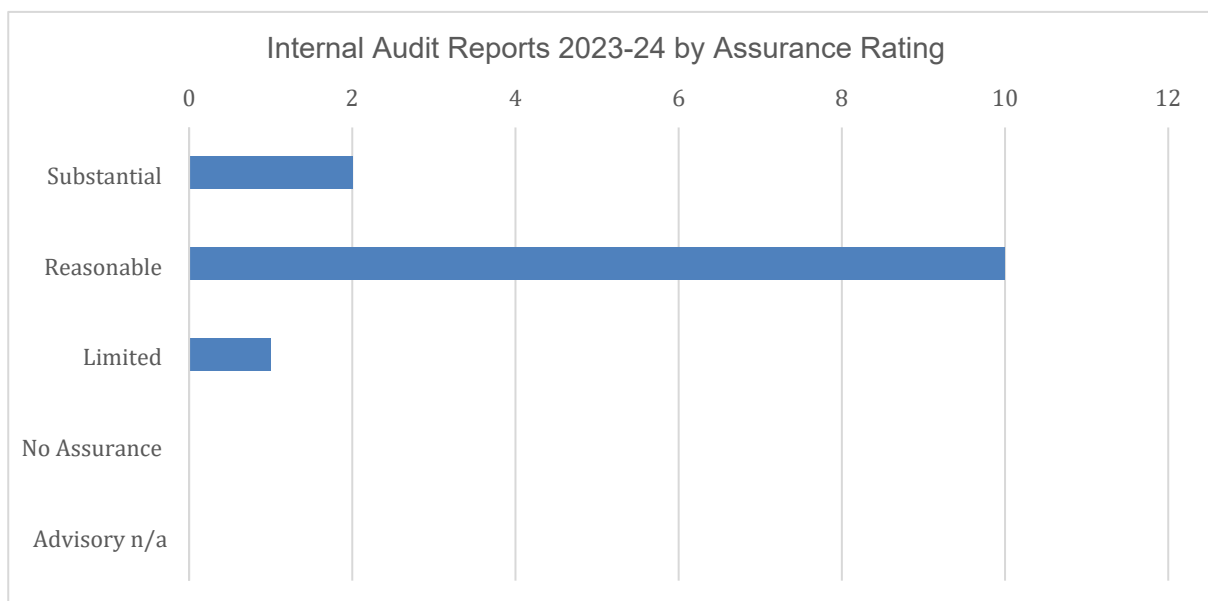
### 3.5.2 INTERNAL AUDIT

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

13 Internal Audit reports were generated during 2023-24 and they achieved assurances as follows:

- Two reports achieved Substantial Assurance;
- Ten reports achieved a Reasonable Assurance;
- One achieved Limited Assurance; and
- None were rated as No Assurance.

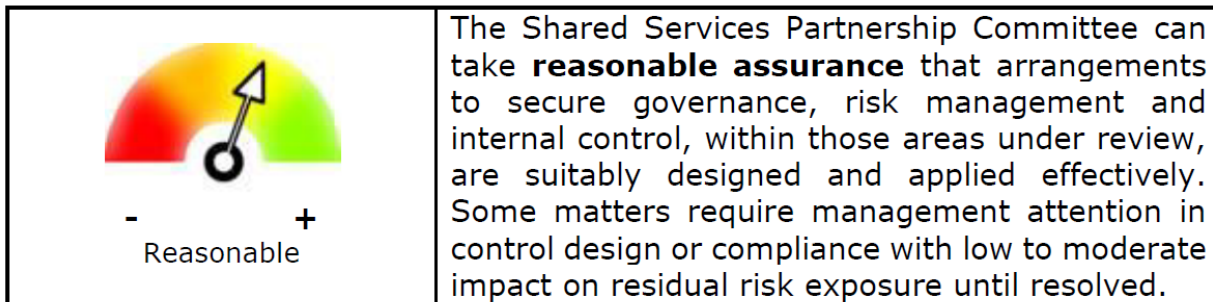
**Figure 3: Internal Audit Reports 2023-24 by Assurance Rating**



During 2023-24, the reports to Committee on Internal Audit's programme of work included:

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

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



### 3.5.3 LOCAL COUNTER FRAUD SERVICES

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

- Counter Fraud Work Plan 2023/24
- Counter Fraud Progress Update at each meeting;
- Counter Fraud Annual Report 2023/24; and
- Counter Fraud Functional Standard Return (CFFSR) 2023/2024.

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

### 3.5.4 INTERNAL CONTROL AND RISK MANAGEMENT

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

**Annual Governance Statement:** During 2023-24, the NWSSP produced its Annual Governance Statement which explains the processes and procedures in place to enable NWSSP to carry out its functions effectively. The Statement was produced following a review of NWSSP’s governance arrangements undertaken by the NWSSP Senior Leadership Group and the Head of Finance and Business Development. The Statement brings together all disclosures relating to governance, risk, and control for the organisation.

**Tracking of Audit Recommendations:** The Committee has continued focus on the timely implementation of audit recommendations. The overall position with this is very positive but occasionally requests are made to extend the

date of an agreed action due to a change in circumstance. All such requests have to be approved by the Committee.

***Audit Committee Effectiveness Survey:*** In August 2023 an anonymised Committee Effectiveness Survey was undertaken to obtain feedback from Committee members on performance and potential areas for development. The statements used in the survey were devised in accordance with the guidance outlined within the NHS Audit Committee Handbook and aligned with the statements used by Velindre University NHS Trust for its Effectiveness Survey. The results of the survey were very positive and highlighted that the majority of respondents agreed that their experience of remote meetings continue to be effective and 100% agreed that the content of the organisations system of assurance are robust.

The survey identified that members expressed an interest of having the occasional face to face meeting, this has now been introduced, the Audit Committee met in person in July 2023 and at least one face to face meeting per year will be arranged going forward. Operating an e-board software system continues to allow us to significantly reduce our paper/printing usage reducing our carbon footprint and impact on the Environment, supporting our commitments to ISO 14001 certification and Wellbeing of Future Generations goals.

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

In line with recognised good practice, an annual private meeting was held in January 2024 between Audit Committee members, Internal Audit, External Audit, and the Local Counter Fraud Specialist. This provided an opportunity for any matters of concern to be raised without the involvement of Directors. No issues of concern arose from the meeting. All auditors are also aware that they can directly approach the Chair at any time with any matters that concerns them.

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

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

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

The work of the Audit Committee in 2023-24 has been varied and wide-ranging. The Committee has sought to play its part in helping to develop and maintain a more effective assurance framework in a constantly changing and developing organisation, and improvements have been evidenced by the findings of internal and external audit.

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;
- Work 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;
- Work with the Local Counter Fraud Specialist for NWSSP to develop an appropriate work plan;
- Ensure that the SSPC and Velindre's Board 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.

**APPENDIX A**  
**List of Internal Audits Undertaken and Assurance Ratings**

<b>Internal Audit Assignment</b>	<b>Assurance Rating 2023-24</b>	<b>Date Presented To Audit Committee</b>
Employment Services - Payroll	Substantial	16 April 2024
Energy Cost Management	Substantial	23 January 2024
Accounts Payable	Reasonable	16 April 2024
Primary Care Services Contractor Payments - General Medical Services (GMS)	Reasonable	16 April 2024
Primary Care Services FPPS Reconciliation Tool	Reasonable	10 October 2024
Business Continuity Planning	Reasonable	23 January 2024
Performance Data Quality	Reasonable	23 January 2024
Specialist Estates Services - Building for Wales Framework	Reasonable	23 January 2024
Prioritisation of Estates Funding Advisory Board Monies	Reasonable	16 April 2024
Student Awards	Reasonable	25 July 2024
Single Lead Employer	Reasonable	25 July 2024
Procurement	Reasonable	25 July 2024
Decarbonisation	Limited	25 July 2024
<i>Substantial Assurance Rating</i>	2	
<i>Reasonable Assurance Rating</i>	10	
<i>Limited Assurance Rating</i>	1	
<i>No Assurance Rating</i>	0	
<i>Assurance Not Applicable</i>	0	
<b>Total</b>	<b>13</b>	

**APPENDIX B****Internally Generated Assurance Reports/Papers**

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

# NWSSP Finance Report September 2024

Reporting on the period to 31<sup>st</sup> August 2024

*Delivering Value, Innovation and  
Excellence through Partnership*








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The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 31<sup>st</sup> August 2024.

Any detailed queries please contact:  
[linsay.payne@wales.nhs.uk](mailto:linsay.payne@wales.nhs.uk)

# Financial Position and Key Targets

KPI	Target	2023/24						2024/25						Trend			
		August	September	October	November	December	January	February	March	April	May	June	July		August		
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	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	On Target	On Target	
Distribution	0 Annually	On Target	£1.6m	£1.6m	£1.6m	£1.6m	£2.1m	£3m	£3m	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	97.14%	98.57%	96.72%	98.10%	97.87%	97.47%	97.11%	98.10%	97.43%	97.58%	97.28%	98.26%	97.66%			
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.57%	97.78%	97.61%	97.68%	97.70%	97.59%	97.54%	97.60%	97.43%	97.51%	97.43%	97.64%	97.64%			
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	94.50%	95.10%	71.72%	87.78%	97.06%	94.33%	94.44%	96.75%	97.27%	91.03%	94.35%	93.81%	97.25%			
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	96.67%	96.45%	92.23%	91.81%	92.47%	92.69%	94.56%	94.74%	97.27%	95.40%	95.06%	94.78%	95.22%			
Retrospective Purchase Orders	0 Monthly	71	56	74	76	49	79	85	72	77	81	52	65	62			

## Corporate

KPI	Target	2023/24						2024/25						Trend		
		August	September	October	November	December	January	February	March	April	May	June	July		August	
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	18	6	0	3	4	4	5	1	4	5	2	6	9		
Variable Pay – Overtime	<£100k Monthly	£122k	£100k	£102k	120k	£73k	£90k	£90k	£137k	£112k	£87k	£108k	£117k	£107k		
Agency % to date	<0.8% Cumulative	0.32%	0.32%	0.30%	0.31%	0.31%	0.31%	0.32%	0.31%	0.19%	0.19%	0.12%	0.16%	0.13%		
Agency % Adjusted to exclude SLE	<1% Cumulative	1.03%	1.07%	1.04%	1.06%	1.07%	1.10%	1.11%	1.06%	0.69%	0.65%	0.23%	0.55%	0.47%		

## Revenue

	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£'000	£'000	£'000	£'000
Income	-764,417	-290,427	-289,639	788
Pay	390,890	144,803	142,110	-2,693
Non Pay	233,614	113,932	114,006	74
WRP – DEL	139,913	31,692	31,692	0
Year to date underspend	0	0	1,414	1,414
	<b>0</b>	<b>0</b>	<b>-417</b>	<b>-417</b>

NWSSP reported a year-to-date surplus of **£1.831m** at Month 5. This was reported as a surplus of **£1.414m** within our core operational budgets and **£0.417m** against our recurrent covid allocation.

The **£1.414m** surplus against core operational budgets is primarily due to ongoing turnover and delays with recruitment to vacancies.

The current **£0.417m** underspend against the covid allocation is due to the seasonal variations in workload with vacancies that have not yet been appointed to. At Month 5 we are forecasting a full year underspend against the covid funding allocation of **£0.524m**, although this is prior to consideration of any consequences from revised PPE stock holding volumes that we await confirmation of and movements on provisions for expiry of PPE. We continue to meet with Welsh Government colleagues to progress discussions on PPE stocks and our covid forecast.

We are continuing to support increased activity levels above pre-covid volumes that continues to be a cost pressure within our Accounts Payable and Recruitment teams.

## Capital

We have incurred **£0.300m** capital expenditure to date against our current **£6.611m** Capital Expenditure Limit (CEL).

We submitted the Radiopharmacy BJC to Welsh Government in August and await any further queries or approval to proceed.

We are continuing work on a capital prioritisation exercise to inform the allocation of the remaining **£0.218m** of discretionary capital funding. We are also reviewing our prioritisation in readiness for any opportunities to bid for year-end capital slippage funding.

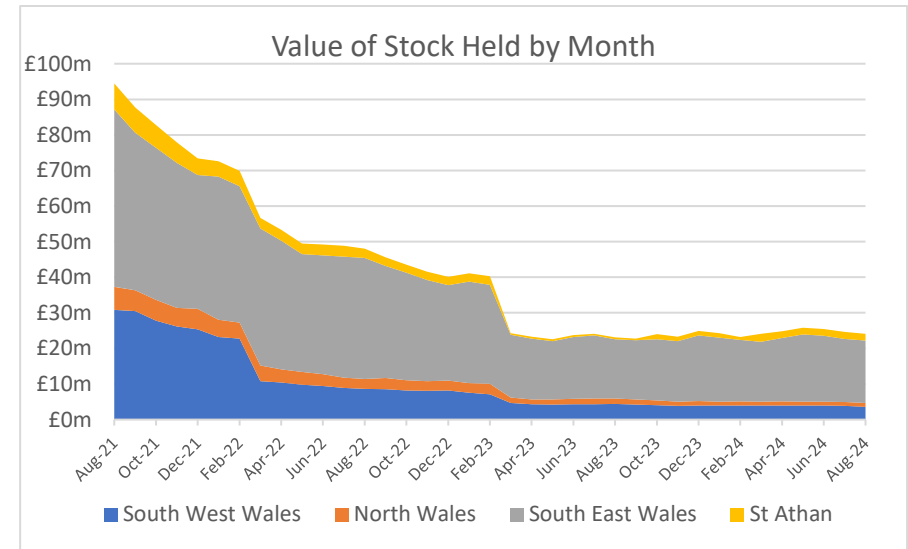
Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Corporate	47	47	0
Primary Care Services	323	0	-323
Procurement	12	0	-12
Unallocated	218	-6	-224
<b>Discretionary Capital Total</b>	<b>600</b>	<b>41</b>	<b>-559</b>
IP5 discretionary	250	0	-250
Laundry Services	913	55	-858
Radiopharmacy	1,900	187	-1,713
IP5 PV	340	17	-323
<b>Additional Capital Total</b>	<b>3,403</b>	<b>259</b>	<b>-3,144</b>
<b>IFRS16 Capital</b>	<b>2,608</b>	<b>0</b>	<b>-2,608</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>6,611</b>	<b>300</b>	<b>-6,311</b>

# Welsh Risk Pool

DEL expenditure to Month 5 is **£31.692m** compared to £13.637m at this point last year.

Our IMTP indicated a 2024/25 DEL forecast of **£139.913m** which we remain on track to achieve. This requires **£30.478m** to be funded under the Risk Sharing agreement.

We provided indicative risk share apportionment costs to Organisations as part of the IMTP planning process. We have just completed the 2024/25 Risk share apportionment update based on final 2023/24 outturn data, which amends the apportionment of costs by Organisations. The revised risk share charges are being presented to the Welsh Risk Pool Committee for approval on 24<sup>th</sup> September and will be circulated via Directors and Deputy Directors of Finance following the meeting.



The value of stock held in Stores at 31st August 2024 was £24.1m.

In June Welsh Government shared anticipated revised interim stockholding volumes. A formal response has been submitted to Welsh Government challenging some of the requirements and NWSSP has arranged a meeting on 18<sup>th</sup> September to further discuss the implications of these arrangements.

Expenditure type	Position as at	Position as at
	M5 2023/24	M5 2024/25
	£m	£m
Claims reimbursed & WRP Managed Expenditure	32.854	26.150
Periodical Payments made to date	1.152	0.952
Redress Reimbursements	0.372	0.416
EIDO – Patient consent	0.086	0.000
Clinical Negligence Salary Subsidy	0.229	0.138
WRP Transfers, Consent, Prompt, CTG	0.108	0.168
Movement on Claims Creditor	-21.164	3.868
<b>Year to date expenditure</b>	<b>13.637</b>	<b>31.692</b>

## No PO No Pay

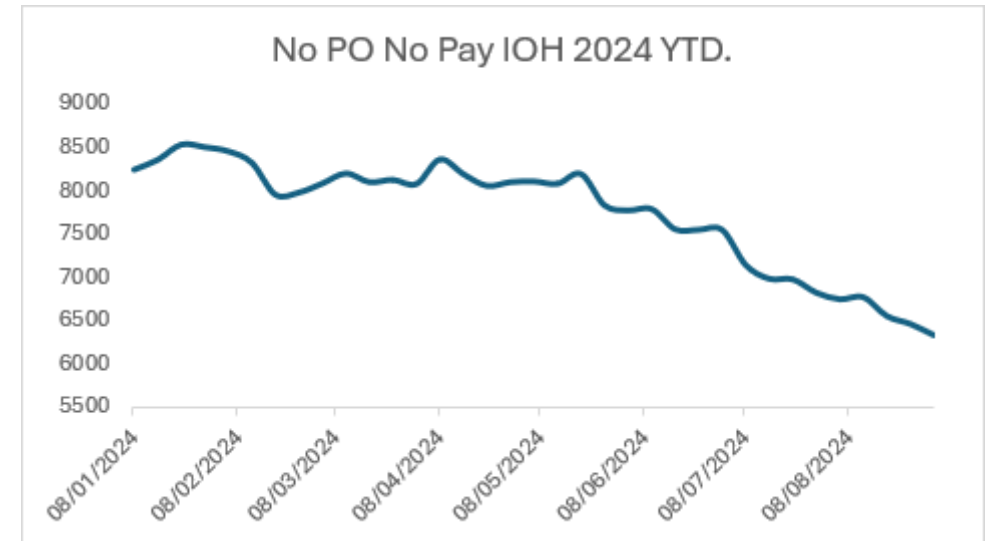
Following SSPC approval of the refreshed No PO No Pay policy and exceptions list in July, we have progressed actions and relaunched the policy from 1<sup>st</sup> September 2024.

We have:

- Written to all suppliers reiterating their responsibilities to request POs in advance of goods/services being provided
- Provided a letter template for Organisations to circulate locally to all Oracle users reminding them of their governance responsibilities to raise POs and ensure no unauthorised expenditure is incurred
- Established a rolling training offering for Organisations

Since increasing our focus on the No PO No Pay volumes from January 2024, we have seen a significant reduction in the value and volume of invoices on hold due to not having a purchase order number. There were still however 6,322 invoices with a value of £12.6m on hold at the beginning of September which we need to reduce further.

We have agreed additional procurement resource for October 24 to March 25 to embed the refreshed policy and work with suppliers and Organisations to improve their practices to reduce the volumes on hold further.



# Contact details

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Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ

**website:** [nwssp.nhs.wales](http://nwssp.nhs.wales)

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

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	31 <sup>st</sup> August 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	
<p>The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31<sup>st</sup> July 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 August 2024.</p> <p>The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP 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.</p>	

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

An increase in compliance for Welsh Language Awareness can be seen in July at 91.87% an increase of 0.20% when excluding Single Lead Employer Division.

Including Single Lead Employer Division compliance decreases to 50.17%



Key

- Meeting or exceeding target
- On course for target
- Off target
- Positive change
- Negative change
- Change not measured

Headcount

The July employee headcount (5820) has increased from the June position (5785)

July headcount is lower than for the same period last year (5947). This is largely due to a decrease in headcount in the Single lead Employer division

Turnover

Including Single Lead Employer Division Turnover is at 21.92% which has decreased by -1.53% when compared against the same period last year.

Excluding Single Lead Employer Division turnover is at 10.57%

## SICKNESS ABSENCE



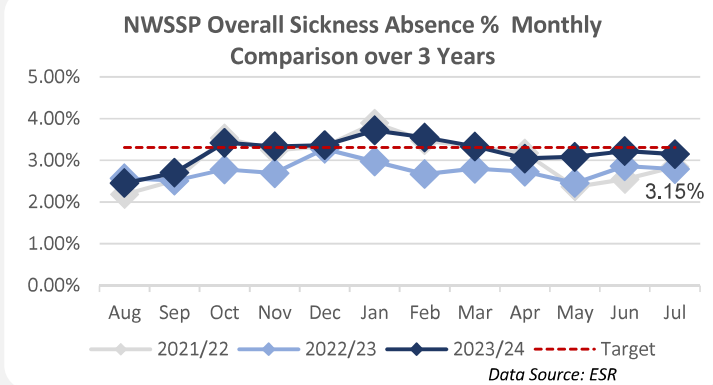
### Sickness Absence by Division

Division	%	Target
Accounts Payable Division	3.81%	4.15%
Audit & Assurance Division	2.79%	2.00%
Corporate Division	1.84%	2.00%
Counter Fraud Division	1.33%	2.00%
Digital Workforce Division	4.06%	2.00%
E-Business Central Team Division	3.66%	2.00%
Employment Division	4.77%	4.15%
Finance Division	1.20%	2.00%
Hosted Services Division	0.92%	2.00%
Laundry Division	8.23%	5.55%
Legal & Risk Division	3.42%	2.00%
Medical Examiner Division	5.92%	4.15%
Medical Workforce Division	2.21%	2.00%
People & OD Division	4.05%	2.00%
Pharmacy Technical Services Division	2.79%	2.00%
Planning, Performance and Informatics Division	2.70%	2.00%
Primary Care Division	4.86%	4.15%
Procurement Division	5.64%	4.03%
Single Lead Employer Division	2.16%	1.60%
Specialist Estates Division	1.35%	2.00%
Surgical Materials Testing (SMTL) Division	1.70%	2.00%
Welsh Employers Unit Division	4.59%	2.00%

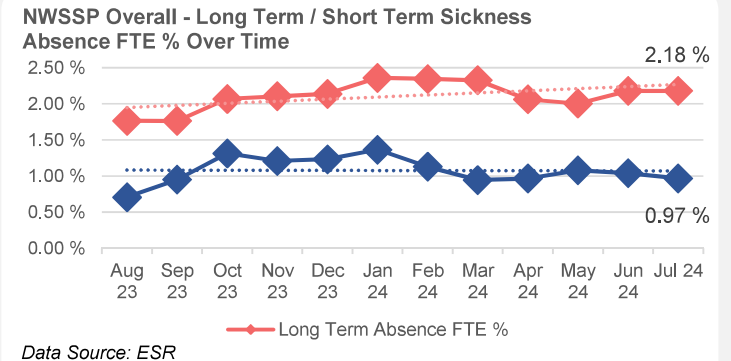
- NWSSP's sickness absence for the period of **1 August 2023 – 31 July 2024 is 3.18%** which has increased from 2.89% when compared to the same period last year.
- NWSSP sickness absence remains below target of 3.30% and is below NHS Wales (6.1% Apr 24).
- Anxiety/stress/depression/other psychiatric 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



Sickness Absence was at its highest in January 24 (3.72%) and January 22. Sickness absence has decreased from the June 24 position and is below target of 3.30%.



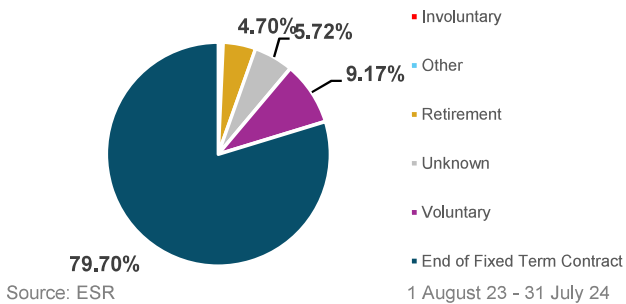
Long term absence has remained the same as the June position and is at 2.18% in July. The top reason for long term absence being **Anxiety/stress/depression/other psychiatric illnesses**

EMPLOYEE TURNOVER



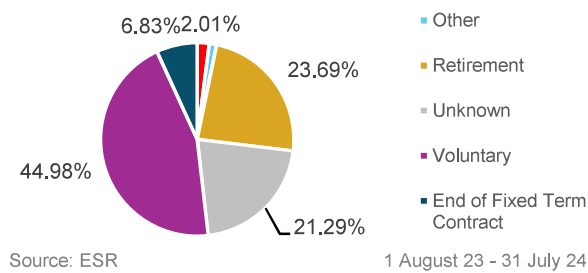
Categories of Reasons for Leaving by Percentage

NWSSP Including Single Lead Employer Division



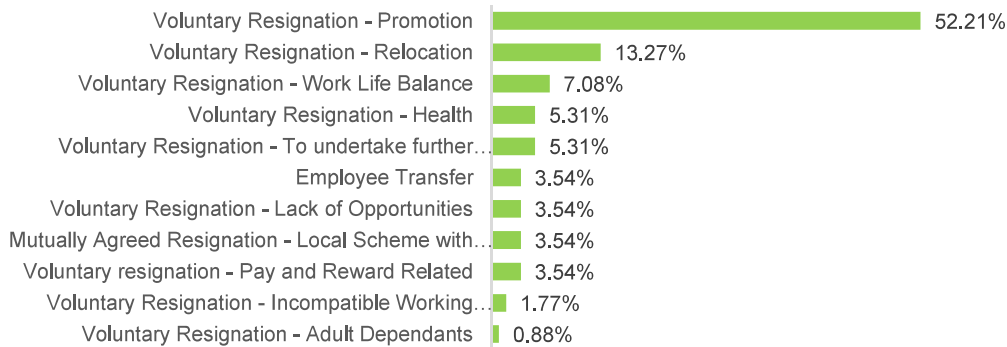
Categories of Reasons for Leaving by Percentage

NWSSP Excluding Single Lead Employer Division



- Including Single Lead Employer Division, the main reason for leaving is **end of fixed term contract** at **79.70%**.
- Excluding Single Lead Employer Division **voluntary resignation** accounts for **44.98%** of leavers

NWSSP Voluntary Resignations by Reason Excluding Single Lead Employer Division



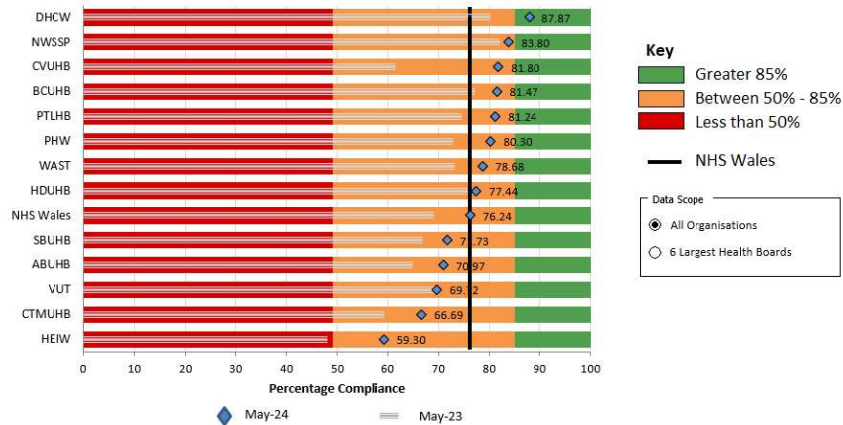
- NWSSP turnover (**21.92%** including SLE), (**10.57%** excluding SLE) remains high in comparison to the NHS Wales turnover of **7.2%**
- **52.21%** of staff leaving the organisation citing voluntary resignation – due to promotion opportunities of which **57.63%** leave to obtain a promotion from another NHS organisation .

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.

## NWSSP Comparison to NHS Wales

Annual Appraisal compliance rate by Organisation for All Staff Groups



### Appraisal Compliance

During **May 2024**, NWSSP had the second highest Appraisal Review compliance at **83.80%** when compared with the other NHS Wales organisations and remains higher than the overall NHS Wales figure of **76.24%**

Statutory & Mandatory Training by Organisation for All Staff Groups

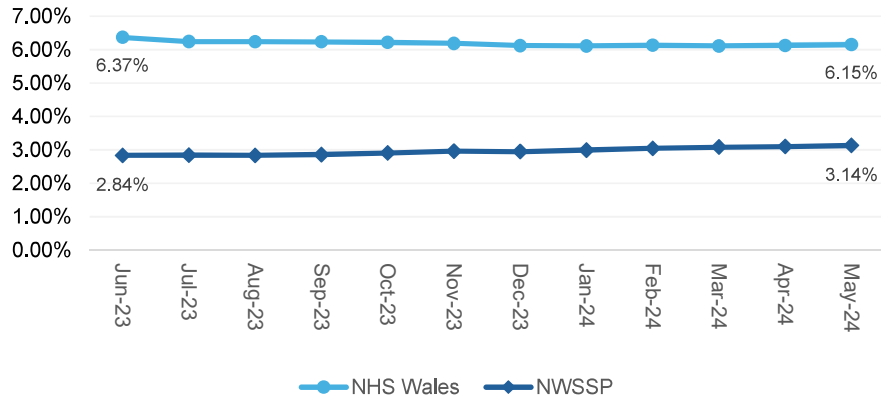


### Statutory & Mandatory Training Compliance

During **May 2024**, NWSSP had the second highest Statutory & Mandatory training compliance at **92.24%** when compared with the other NHS Wales organisations and remains higher than the overall NHS Wales average of **84.33%**

## NWSSP Comparison to NHS Wales

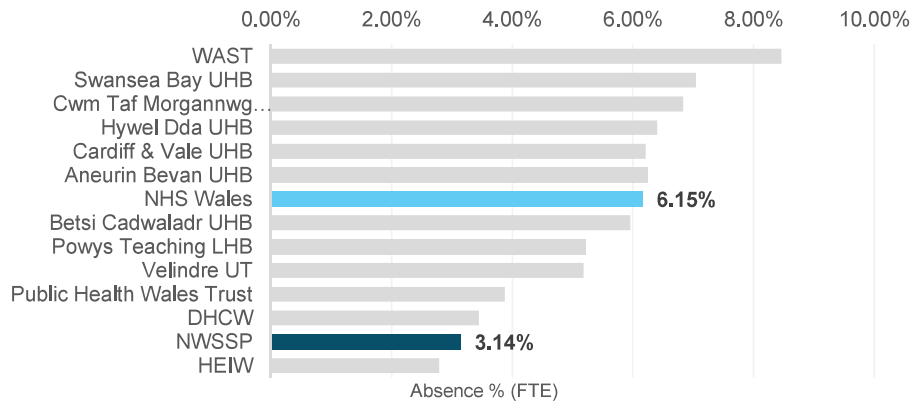
NWSSP Vs NHS Wales 12 Month Sickness Absence Timeline



### 12 Month Sickness Absence Timeline

NWSSP has remained consistently below the NHS Wales Sickness Absence % for the period 1 June 2023 – 31st May 2024

NWSSP had 2nd lowest sickness % of NHS Wales Organisations during May 2024



### Sickness % (FTE) During May 2024

During May 2024, NWSSP had the second lowest sickness absence % of all the NHS Wales organisations

## 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	98,00%	94,00%	98,67%	98,00%	94,67%	97,33%	98,67%	97,33%	97,33%	99,33%
Audit & Assurance Division	96,36%	94,55%	100,00%	96,36%	87,27%	92,73%	96,36%	96,36%	96,36%	98,18%
Corporate Division	93,33%	90,00%	96,67%	96,67%	96,67%	93,33%	96,67%	96,67%	96,67%	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	92,86%	96,43%	100,00%	100,00%	92,86%	96,43%	100,00%	100,00%	100,00%	100,00%
E-Business Central Team Division	100,00%	93,75%	100,00%	100,00%	87,50%	93,75%	100,00%	93,75%	93,75%	100,00%
Employment Division	97,23%	95,29%	97,23%	96,12%	92,80%	93,63%	98,34%	96,40%	96,95%	99,45%
Finance Division	100,00%	92,59%	100,00%	92,59%	85,19%	92,59%	100,00%	100,00%	100,00%	96,30%
Hosted Services Division	100,00%	90,91%	90,91%	90,91%	90,91%	100,00%	100,00%	90,91%	90,91%	100,00%
Laundry Division	76,14%	78,41%	80,68%	73,86%	59,66%	71,02%	80,11%	71,02%	69,32%	73,86%
Legal & Risk Division	94,15%	93,62%	92,02%	92,02%	88,30%	92,02%	94,15%	88,83%	88,30%	94,15%
Medical Examiner Division	95,24%	94,05%	96,43%	91,67%	89,29%	91,67%	92,86%	88,10%	89,29%	94,05%
Medical Workforce Division	90,00%	75,00%	90,00%	80,00%	80,00%	80,00%	85,00%	75,00%	75,00%	90,00%
People & OD Division	97,87%	89,36%	97,87%	97,87%	89,36%	93,62%	97,87%	91,49%	93,62%	95,74%
Pharmacy Technical Services Division	89,66%	93,10%	96,55%	89,66%	82,76%	86,21%	89,66%	89,66%	89,66%	89,66%
Planning, Performance and Informatics Division	95,45%	93,18%	93,18%	88,64%	93,18%	95,45%	90,91%	88,64%	88,64%	90,91%
Primary Care Division	98,70%	98,38%	98,70%	98,05%	99,35%	97,73%	99,03%	99,35%	99,68%	99,03%
Procurement Division	93,13%	89,38%	94,30%	90,54%	87,05%	87,69%	94,17%	91,19%	90,93%	92,88%
Specialist Estates Division	98,11%	94,34%	96,23%	98,11%	92,45%	96,23%	100,00%	96,23%	94,34%	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	75,00%	87,50%	62,50%	62,50%	62,50%	75,00%	75,00%	62,50%	62,50%	87,50%
NHS Wales Shared Services Partnership	94,09%	91,88%	94,83%	92,33%	88,56%	90,61%	94,91%	91,96%	91,88%	94,38%

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 & Widening Access Activity

#### Armed Forces Covenant

- NWSSP met with the Regional Employment Engagement Director for Wales in July and finalised our submission for the Armed Forces Covenant Pledge. The pledge has been reviewed with a paper going to formal Senior Leadership Group (SLG) at the end of August 2024. NWSSP already have the relevant policies and processes in place (such as a reservist policy, Armed forces recognition confirmation on TRAC etc) which means we would automatically achieve the bronze level award and be an armed forces friendly and recognised employer.
- The next steps, are what is called the Employer Recognition Scheme (ERS). This will outline the steps we are proposing under the Employee Value Proposition, for NWSSP to work towards its silver accreditation.

#### NWSSP About Us Video

- Work is underway with the Corporate Communications team to design, develop and create an NWSSP organisational “About Us” video. The aim of the video is to create a visual concept for our external recruitment and marketing campaigns, focused on providing candidates with a better understanding of who we are, our core mission and our values.

#### Widening Access

##### Work Placements

The following work placements took place during the month of July.

Work Placement	Directorate	Start Date	End Date
1	Procurement, HCS and Supply Chain	9 <sup>th</sup> July	10 <sup>th</sup> July
2	Legal and Risk	28 <sup>th</sup> June	3 <sup>rd</sup> July

#### NHS Wales General Graduate Management Programme.

The recruitment process concluded for the 2024 cycle. NWSSP will welcome our new graduate, Thomas Cotter in September this year. Planning for their organisational safari is underway.

Our second-year graduate commenced her 5<sup>th</sup> placement, taking place in our Corporate Services between July and December.

#### Network 75

Following a successful interview process, the following individuals have been notified of their successful application process and will be starting with NWSSP on the 9<sup>th</sup> September.

Student	Directorate	Student name	Supervisor
1	Audit and Assurance	Louis Adam Davies	Emma Samways / Lucy Jugessur
1	Finance	Jenni Lloyd	Dana Purnell

## RESOURCE BANK AND AGENCY

### General Bank – Monthly Use

Total spend of £231,219 excluding Collaborative Bank which compares to £206,021 in June (excluding Collaborative Bank).

There was a decrease of £22k in Laundry Services.

With increases in Finance and Corporate Services (£17k) and Procurement Services (£18k).

Division	P02-25		P03-25		P04-25
	Sum of Cur Month Actual	Sum of WTE Actual	Sum of Cur Month Actual	Sum of WTE Actual	Sum of Cur Month Actual
Accounts Payable & e-Enablement	8,911	3	10,009	4	9,370
Audit & Assurance Services	1,300	0	1,681	0	8,515
Central Team eBusiness Services	1,567	1	2,121	1	0
Collaborative Bank Partnership	14,485	3	431	0	14,204
Digital Workforce Solutions	0	0	0	0	0
Employment Services	8,309	3	11,022	4	14,561
Finance and Corporate Services	21,943	3	30,862	4	48,271
Health Courier Services	42,408	16	31,316	11	26,279
Laundry Services	76,153	28	79,740	26	57,349
Legal & Risk Services	1,279	1	2,229	1	4,951
Medical Examiner Service	-129	-0	1,961	1	2,757
People & Organisational Development	1,873	1	6,907	3	7,868
Planning, Performance & Informatics	2,316	1	1,735	1	-118
Primary Care Services	6,881	1	2,634	1	8,897
Procurement Services	27,843	10	18,006	6	36,590
Surgical Materials Testing Laboratory	-57	0	789	0	2,141
Welsh Employers Unit	1,107	0	3,932	0	0
Welsh Risk Pool	1,451	1	1,078	1	3,790
<b>Grand Total</b>	<b>217,639</b>	<b>72</b>	<b>206,452</b>	<b>63</b>	<b>245,423</b>

### Agency Spend by Service

Service Area	Act £	Act WTE	Act £	Act WTE	Act £	Act WTE
	P02-25	P02-25	P03-25	P03-25	P04-25	P04-25
Audit	11,302	2	16,166	2	14,827	2
HCS	12,012	6	6,650	4	2,475	1
Laundry	24,858	15	18,100	9	15,320	11
PPI	0	0	0	0	0	0
<b>Total</b>	<b>48,171</b>	<b>23</b>	<b>40,916</b>	<b>15</b>	<b>32,622</b>	<b>14</b>

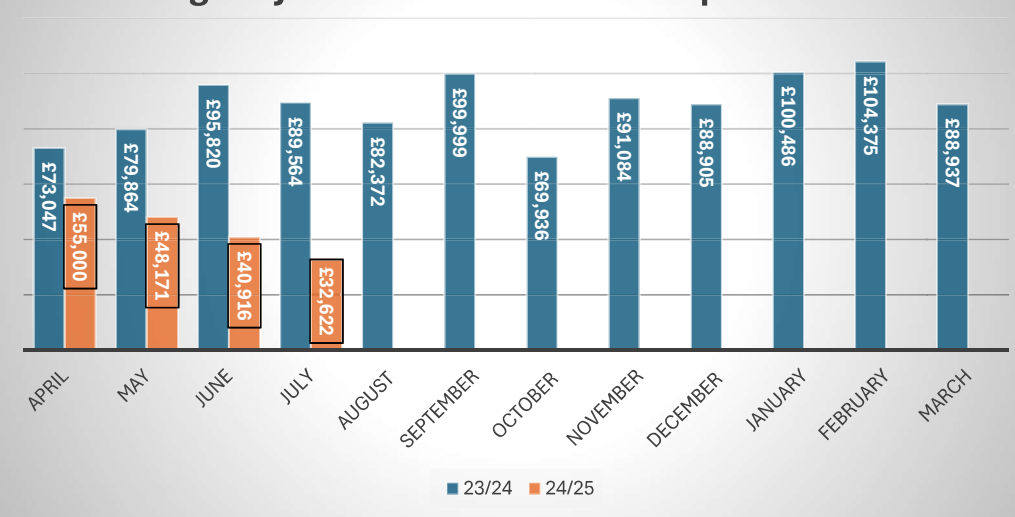
### Agency Use

Spend for July decreased to £32,622 (from £40,916 in June), with a reduction of £4k in Health Courier Services. 14x staff engaged via Agency in July

Since implementation stage of the Agency control framework, we are seeing clear positive year on year reduction.

The Welsh Government set a target of a 15% reduction January 2024 over the next 12 months. At that time NWSSP had a total spend £100,486, which we have now reduced by 87% to £32,622

### Agency Control Framework - Expenditure



RESOURCE - VACANCY CONTROL & TIME TO HIRE

2024	Approved	Declined	Total	Further Info
April	37	3	40	0
May	43	2	53	8
June	49	0	57	8
July	32	1	40	7
August			0	
September			0	
October			0	
November			0	
December			0	
January			0	
February			0	
March			0	
<b>Total</b>	<b>161</b>	<b>6</b>	<b>129</b>	<b>23</b>

Key Themes for Vacancy Control Process

July saw a total of 32 cases approved, 1 declined and 7 where further information was required

The feedback from the 8 cases that either required further information or were declined, was that the panel needed more detailed supporting narrative around where the funding or position had originated in line with IMTP planning.

**Time to Hire** - NWSSP sit at 62 days against a KPI of 71 (Up from 55.7 in July)

**T1a Time to approve** - has come down significantly since implementation of the process and at 6.0 days is best NWSSP performance in over a year in this area

**T4 Time to Shortlist** – This has reduced from June but at an average of 14.2 days remains significantly above the 3 day expected KPI. This action is a core area Divisional Service Managers own and are reminded to shortlist within 3 days once an advert is closed

**T5b Time to update interview outcomes** – Increased month on month and remains a core area Divisional Service Managers own in line with the 3 day KPI

For further support and guidance P&OD have create a support page to help simplify the process for all recruiting managers [Recruiting Managers Guide](#)

Trac Report Code	Trac Recruitment Health Check	Target	Average Time in Working Days		
			Aug-24	Jul-24	Jun-24
T0a	Notice Date to Authorisation Start Date	5	17.7	50.5	20.8
T1a	Time to Approve Vacancy Request	10	6.0	7.4	11.6
T4	Time to Shortlist	3	8.5	14.2	17.8
T5b	Time to Update Interview Outcomes	3	6.1	5.2	4.5
T9b	Time to Approve References	2	2.7	2.8	2.4
T13	Vacancy Creation to Conditional Offer	44	38.3	42.0	38.2
T14	Vacancy Creation to Unconditional Offer	71	62.0	55.7	56.4
T23	Conditional Offer to Ready for Start date notification	27	10.9	18.8	18.3

## DIVISIONAL TIME TO HIRE

- We are developing Divisional Time to Hire Data as it is a key metric within NWSSP to identify areas we need hiring managers to focus on.
- This month, we have included the elements that are within the responsibility of NWSSP Recruiting Managers, highlighting the target timescales in days vs divisional performance. NB. The table below only includes services with TRAC data for that Month so may vary month on month who is included.
- Guidance is available within [Recruiting Managers Guide](#) to support bringing the Time to Hire timescales down in line with KPI's
- For further support and guidance, please speak to your Business Partnering team directly

Recruitment Stage	Target	Accounts Payable & E-Enablement	Corporate & Finance	Employment Services	Legal and Risk	Laundry services	People and OD	Pharmacy	Planning Performance and Infomatics	Primary Care Services	Procurement Services	SMTL	Welsh Employers Unit
T0a Notice Date to Authorisation Start Date	5	12		12.5	36						75		
T1 Time to Approve Vacancy Request	10	4	5	8	3	12		6	3	10	8.4	9	
T4 Time to Shortlist	3	0	3	2		0.5			5	23.25	7	2.5	
T5b Time to Update Interview Outcomes	3		3	1		6.25			1	12	4		
T9b Time to Approve References	2		2.5	0	10.5	6		1	4	1	3		
T14 Time to Hire	71		63	41	73		44	51	41.5	54.5	60		54

*\*\*Blanks are where there are no data - some of these records may not have finished in that process, completed in previous month or not needed e.g. appointing from previous talent pool*

[July Recruitment Divisional Data.xlsx](#)

**EMPLOYEE EXPERIENCE**

**What we mean by Employee Experience:**

“Employee Experience is how we provide personalisation to our staff about their experience with us an organisation. Understanding how we can provide staff with an experience that makes them want to keep working for us or to become advocates of us as an organisation when they leave. A truly positive employee experience is one where the employee feels special and appreciated for their individual contribution and talents, not simply a cog in a machine”.

In this section we look at key developments and activities in relation to induction, relationships, recognition, key projects and talent management.

**People Development**

**Leading for Excellence and Innovation Programme**

Applications for NWSSP's Leading for Excellence and Innovation Programme Cohort 3 starting in September closed in July with a total of 44 applications received. In total 32 staff were accepted onto the programme 18 for our Leadership Essentials cohort and 14 onto the Strategic cohort. Shown to the right is the breakdown by division.

**Retirement and Pensions Workshop**

Working in collaboration with Velindre University NHS Trust, communications were sent to all staff in July offering both Retirement and Pensions workshops hosted by either Velindre or NWSSP, giving staff from both organisations a wider range of dates and opportunities to choose and enrol.

**Training Opportunities**

27 staff completed training offered by People and OD throughout July. They include:

- Managers Induction x 6
- Stress Management Training with Optima Health x 9
- Welcome to NHS Wales Shared Services Partnership x 12.

Shown to the right is a breakdown by division.

**Training Needs Analysis (TNA)**

Communications are underway to be circulated to TNA Stakeholders, sharing the changes that will be made to the process following feedback received from the 2023/4 cycle. Engagement will commence regarding planning and timescales for the 2024/5 cycle.

**Leaders of the Future ... For NWSSP's Rising Stars**

In September, Service Directors and key stakeholders from across the organisation will be contacted by People and OD and asked to put forward any objectives that they would like Leaders of the Future participants to work on as part of this forthcoming development programme. In November, staff from across the organisation will then have an opportunity to apply for a place on this programme which will involve them working on one of these key objectives alongside completion of a leadership qualification.

Essential Cohort	Numbers	Strategic Cohort	Numbers
Accounts Payable	1	Audit and Assurance	2
Audit and Assurance	1	Employment Services	3
Employment Services	1	Pharmacy	1
HCS	1	PPI	1
Legal and Risk	3	Primary Care Services	2
NHS Wales Employers	1	Procurement	4
Pharmacy	1	Specialist Estates Services	1
Primary Care Services	2		
Procurement	7		
<b>Total</b>	<b>18</b>	<b>Total</b>	<b>14</b>

Division	Numbers	Division	Numbers
Accounts Payable Division	2	Legal & Risk Division	2
Corporate Division	1	Medical Examiner Division	1
E-Business Central Team Division	2	Medical Workforce Division	1
Employment Division	7	People & OD Division	1
Hosted Services Division	1	Primary Care Division	1
Laundry Division	1	Procurement Division	5
Welsh Employers Unit	2		
<b>Total</b>	<b>27</b>		

## EMPLOYEE EXPERIENCE

### What we mean by Employee Experience:

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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

#### Staff Survey

- An organisation-wide action plan is in draft and will be weaved into a wider inclusive culture plan which outlines the actions needed in alignment with a number of other national pieces of work.
- HEIW has confirmed that that the next survey will be launched on the 1<sup>st</sup> October and close on the 29<sup>th</sup> November.
- It is intended that there will be no printed copies due to the low usage last year, although this is still under review. A free phone line will be provided for those who cannot undertake the survey online.
- Following engagement with key stakeholders across our services, NWSSP’s hierarchy structure has been submitted to HEIW in preparation for launch.
- A new intranet page for staff has been created to provide more information on the NHS Wales Staff Survey and NWSSP’s Staff Survey leads are currently developing a 2024 Staff Survey communication plan. HEIW has requested that communication plans are returned by the 22<sup>nd</sup> August.

#### Staff Recognition Awards

- The planning team is preparing for the 2024 Staff Awards with nominations opening in August. The nomination window will remain open until the **9<sup>th</sup> September**.
- Key dates for the awards have been identified and diary holds circulated to key stakeholders.

#### PADR Review

- New PADR documentation is in development following the recent review, along with new associated intranet pages with accompanying resources and support to enable staff to get the most out of their PADR.

#### This is Our NWSSP

- A group of new Culture Change Champions are set to join the current network in September and will look at the Staff Survey action plan. This brings the number of champions to 18. The new members will then undertake a learning programme to enable them to fulfill their roles

#### Move from Charnwood Court and Companies House

- This has not moved along as quickly as anticipated. Approximate timeframe for the move is now Spring 2025. The project group are working on an extension of the Charnwood Court lease, and we can also remain in Companies House, so it will be business as usual. We will update the affected staff as soon as there is further information available
- We are looking at testing a pilot of the desk booking app in both offices in preparation of the move and will engage with staff in due course.
- The revised FAQs , following the Teams Live event, are currently with unions to review. They will then be made available on the dedicated webpage.

## EMPLOYEE EXPERIENCE

### What we mean by Employee Experience:

“Employee Experience is how we provide personalisation to our staff about their experience with us an organisation. Understanding how we can provide staff with an experience that makes them want to keep working for us or to become advocates of us as an organisation when they leave. A truly positive employee experience is one where the employee feels special and appreciated for their individual contribution and talents, not simply a cog in a machine”.

In this section we look at key developments and activities in relation to induction, relationships, recognition, key projects and talent management.

### Culture and Engagement

#### Speaking up Safely

- A questionnaire has been distributed to staff to find out more about their views and experiences on speaking up. The questionnaire for Trainees closes on 21<sup>st</sup> August and has received over 50 responses. The questionnaire for core staff received 168 responses and was open for 2 and a half weeks from 11<sup>th</sup> – 30<sup>th</sup> July. The responses are being analysed and will feed into the policy and processes which are being mapped out by a working group including Corporate Services, People and OD, Medical Director and Trade union colleagues. The first mapping session will take place on 28<sup>th</sup>

#### Diversity, Well-being and Inclusion

- The Diversity and Inclusion Ambassadors are almost at the end of their learning programme and will shortly receive 1-1 readiness assessments in preparation for the launch of the Safe Inclusivity Campaign. The launch date has been postponed until later in the year to ensure the confidence levels and availability of ambassadors is appropriate.
- Race Council Cymru have shared their film "Windrush Cymru @ 75" for showcasing in NHS Wales, and HEIW are screening this for all to join on Thursday 19 – Friday 20 September between 12.30pm and 1.30pm on Microsoft Teams. All staff will be invited to sign up to view the film.
- A series of Menopause learning sessions for managers have been made available to staff over recent months with good attendance levels. The next session is running in October and managers are advised to sign up to this session to help support those experiencing menopause within their teams.
- 2024’s Health and Well-being conference will be postponed to 16<sup>th</sup> January due to competing events and priorities in November. Communications will be sent out in the coming weeks along with information on the theme and the agenda for the day.

## PEOPLE – EMPLOYEE RELATIONS

### 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.

### October 2024 Employment Law Updates

#### Sexual Harassment

The Worker Protection (Amendment of Equality Act 2010) Act 2023 will come into force in October 2024 and introduces a new duty for employers to take reasonable steps to prevent sexual harassment at work. NWSSP already face liability for any harassment at work unless we can show that we have taken all reasonable steps to prevent this from happening. This includes having the right policies in place, training everyone on these policies and ensuring incidents are addressed in an appropriate manner.

We are currently reviewing policies in this area and discussing how best to introduce the key changes to the legislation across NWSSP, to ensure all staff understand the duty imposed on them. This is extremely important for us to get right because, if we are found to be in breach, tribunals will be able to increase compensation by up to 25 per cent.

#### Predictable working patterns

The Workers (Predictable Terms and Conditions) Act 2023 will give a statutory right to workers to request a more predictable working pattern where their working pattern is unpredictable (which will include those on a fixed-term contract for less than 12 months). Similar to flexible working requests, employers will have the right to refuse the request on a number of grounds.

We are currently reviewing our Resource Bank arrangements, and a separate paper will be presented to SLG in September 2024.

### Coming soon, likely to be in 2025

#### Neonatal care

Employees will soon have a day-one right to take up to 12 weeks’ leave where a neonate (a child who is 28 days old or younger) is admitted to hospital for care for a continuous period of seven days or more. If employees meet the length of service and minimum earnings criteria (which are expected to be 26 weeks and the lower earnings threshold), they will be entitled to statutory neonatal care pay.

Once introduced across Wales, the Policy Group will be involved in implementing this change.



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Shared Services  
Partnership

**19th Sept 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Performance Information Report**

<b>ARWEINYDD: LEAD:</b>	<b>Rebecca Nelson, Director of Planning, Performance, and Informatics</b>
<b>AWDUR: AUTHOR:</b>	<b>Richard Phillips, Head of Performance &amp; Outcome Reporting</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Rebecca Nelson, Director of Planning, Performance, and Informatics</b>

**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 April – July 2024.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	<p><b>Value for Money</b> - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.</p> <p><b>Excellence</b> - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p><b>Staff</b> - To have an appropriately skilled, productive, engaged and healthy workforce.</p>
<b>Tystiolaeth: Supporting evidence:</b>	NWSSP IMTP 2024-27

**Ymgynghoriad/Consultation :**

Senior Leadership Group

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>		<p>The Shared Services Partnership Committee is requested to NOTE:</p> <ol style="list-style-type: none"> <li>1. The significant level of professional influence benefits generated by NWSSP to 30th July 2024.</li> <li>2. The performance against the high-level key performance indicators to 30th July 2024.</li> <li>3. The continued achievement of the recruitment Time to Hire target in recent months.</li> </ol>				

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

# NWSSP Performance Information Report

Sept 2024

*Delivering Value, Innovation  
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## Purpose

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The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for April – July 2024.

Health Organisations will receive their individual performance reports for Quarter at the end of October 2024.

Organisational 1:1 performance meetings are being held currently to discuss performance.

## Key Messages

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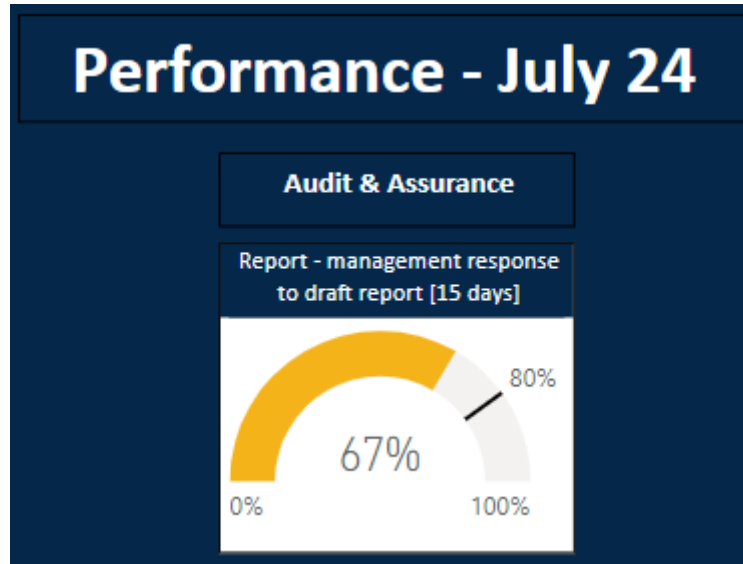
The in-month July performance was generally good with 38 KPIs achieving the target against the total of 39 KPIs.

Time to Hire target within Recruitment has been achieved the last few months.

However, 1 KPI relating to Audit & Assurance did not achieve the target and is considered Amber. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £111M at end of July. This is further broken down on Page 12 of this report.






# Summary Position by exception – 2 KPIs off Target





















Of the 1 KPI that did not achieve the targets for July

- 1 is solely the responsibility of the health organisation.








# Summary of KPIS

				24/25				
KFA	KPIs	Target		April	May	June	July	Trend
<b>Audit &amp; Assurance</b>								
<b>Our Services</b>	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
<b>Our Services</b>	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Cumulative	Y	Y	Y	Y	
<b>Our Services</b>	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	89%	89%	100%	100%	
<b>Our Services</b>	Report turnaround management response to draft report [15 days]	75%	Cumulative	68%	68%	Not Applicable	67%	
<b>Our Services</b>	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	99%	99%	Not Applicable	100%	
<b>Procurement Services</b>								
<b>Our Value</b>	Procurement savings *Current Year	£16m	Cumulative	£10,450,534	£12,182,487	£16,665,659	£18,923,948	
<b>Accounts Payable</b>								
<b>Our Value</b>	Savings and Successes		Monthly	£1,249,481	£1,444,530	£929,691	£1,148,280	
<b>Our Services</b>	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	96%	Reported Quarterly	
<b>Our Services</b>	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	89.00%	Reported Quarterly	
<b>Our Services</b>	Accounts Payable % Calls Handled (South)	95%	Monthly	96.90%	97.40%	96.40%	96.70%	
<b>Employment Services</b>								
<b>Payroll</b>								
<b>Our Services</b>	Overall Payroll Accuracy	99.60%	Monthly	99.72%	99.77%	99.80%	99.71%	
<b>Our Services</b>	Payroll % Calls Handled	95%	Monthly	98.02%	98.52%	97.93%	98.91%	
<b>Recruitment</b>								
<b>All Wales</b>								
<b>Our Services</b>	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	71.1%	69.5%	73.1%	69.6%	
<b>Our Services</b>	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	59.40	61.00	57.70	59.20	
<b>Recruitment Responsibility</b>								
<b>Our Services</b>	Recruitment - % of Vacancies advertised within 2 working days of receipt	95%	Monthly	100%	100%	100%	99%	
<b>Our Services</b>	Recruitment - % of conditional offer letters sent within 4 working days	95%	Monthly	99.5%	99.4%	99.9%	99.9%	
<b>Our Services</b>	Recruitment % Calls Handled	95%	Monthly	99.4%	98.6%	98.3%	98.5%	

# Summary of KPIS

		24/25						
KFA	KPIs	Target		April	May	June	July	Trend
<b>Student Awards</b>								
<b>Our Services</b>	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Student Awards % Calls Handled	95%	Monthly	96.73%	97.51%	96.39%	97.91%	
<b>Primary Care</b>								
<b>Our Services</b>	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.77%	99.70%	99.70%	99.63%	
<b>Our Services</b>	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	100%	100%	100%	
<b>Legal &amp; Risk</b>								
<b>Our Value</b>	Savings and Successes	£65m annual target	Monthly	£31,197,161	£18,713,405	£9,423,831	£17,889,943	
<b>Our Services</b>	Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Timeliness of advice response - within 3 days or agreed timescale	90%	Monthly	100%	100%	100%	100%	
<b>Welsh Risk Pool</b>								
<b>Our Services</b>	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
<b>Specialist Estates Services</b>								
<b>Our Value</b>	Professional Influence	£16m annual	Monthly	£1,420,969	£398,731	£913,425	£6,706,116	
<b>Our Services</b>	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	Not Applicable	
<b>Our Services</b>	Issues and Complaints	0	Monthly	0	0	0	0	
<b>CTES</b>								
<b>Our Services</b>	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	100%	100%	100%	
<b>Our Services</b>	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	100%	100%	99%	100%	

# Summary of KPIS

				24/25				
KFA	KPIs	Target		April	May	June	July	Trend
<b>Digital Workforce</b>								
<b>Our Services</b>	DWS % Calls Handled	85%	Monthly	91.37%	93.88%	94.35%	94.99%	
<b>Our Services</b>	Customer Satisfaction	90%	Monthly	93.90%	93.80%	94.90%	93.50%	
<b>SMTL</b>								
<b>Our Services</b>	% of Monitoring reports completed within 14 days from receipt into the laboratory	90%		0%	100%	100%	100%	
<b>Our Services</b>	% delivery of audited reports on time (Commercial)	87%	Monthly	98%	96%	100%	100%	
<b>Our Services</b>	% delivery of audited reports on time (NHS)	87%	Monthly	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
<b>Our Services</b>	% delivery of Technical assurance evaluations on time	87%	Monthly	Not Applicable	Not Applicable	Not Applicable	100%	
<b>Pharmacy Services</b>								
<b>Our Services</b>	Complaints				0	0	0	
<b>Medical Examiners Service</b>								
<b>Our Services</b>	Deaths Scrutinised	60%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Never Events	0	Monthly	0	0	0	0	
<b>All Wales Laundry</b>								
<b>Our Services</b>	Orders dispatched meeting customer standing orders	90%	Monthly	99%	106%	89%	102%	
<b>Our Services</b>	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly		0%	0%	0%	
<b>Our Services</b>	Microbiological contact failure points	90%	Monthly	96%	96%	97%	97%	

Division	KPIs	Target		August	September	October	23/24		December	January	February	March	April	24/25		June	July	Trend	Lead KPI
<b>Our Services</b>																			
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Cumulative	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y		K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	98%	97%	94%	88%	91%	89%	89%	88%	89%	89%	100%	100%				
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Cumulative	93%	93%	81%	68%	70%	71%	68%	71%	68%	68%	Not Applicable	67%				

## 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 in the table). 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, in addition to delays in the receipt of information.

*Report turnaround management response to draft report (15 days)* - Management Response to draft reporting turnaround times was missed in July. The target for 15-day turnaround is 80%, 67% 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	Y
PHW	Y
SBU	Y
VEL	Y
WAST	N

# Areas of continued success


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8/14



127/217


# Employment Services – Recruitment

Division	KPIs	Target	23/24 Performance	Frequency	23/24												Trend	Lead KPI
					August	September	October	November	December	January	February	March	April	24/25 May	June	July		
<b>Our Services</b>																		
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC		Monthly	53.7%	55.8%	55.8%	53.7%	58.8%	58.7%	63.9%	69.1%	71.1%	69.5%	73.1%	69.6%	↓	
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	73	Monthly	76.4	76.7	79.6	77.3	71.3	71.2	65.7	61.5	59.4	61.0	57.7	59.2	↓	 K

## What is happening?

The average time to hire (TTH) across NHS Wales for July 2024 is 59 days and the target is 71 days. During July activity volumes have increased, posts advertised (1,619 to 2,063) and number of conditional offers sent increased (2,247 to 2,444) compared to June. WTE advertised (2,133 to 2,557) has also increased during July 2024.

The chart below highlights the Number of Conditional Offers sent over the last 12 months with a further breakdown of activity on Slide 10.

Division	Activity	Frequency	23/24												Trend
			August	September	October	November	December	January	February	March	April	24/25 May	June	July	
ES - Recruitment	Number of Conditional Offers Sent	Monthly	2,405	1,944	2,193	2,068	1,831	1,481	1,516	1,858	1,798	1,840	2,247	2,444	

## What we continue to do?

Although good progress has been made on the older records in the system, **8.3%** of applicants across Wales have 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.

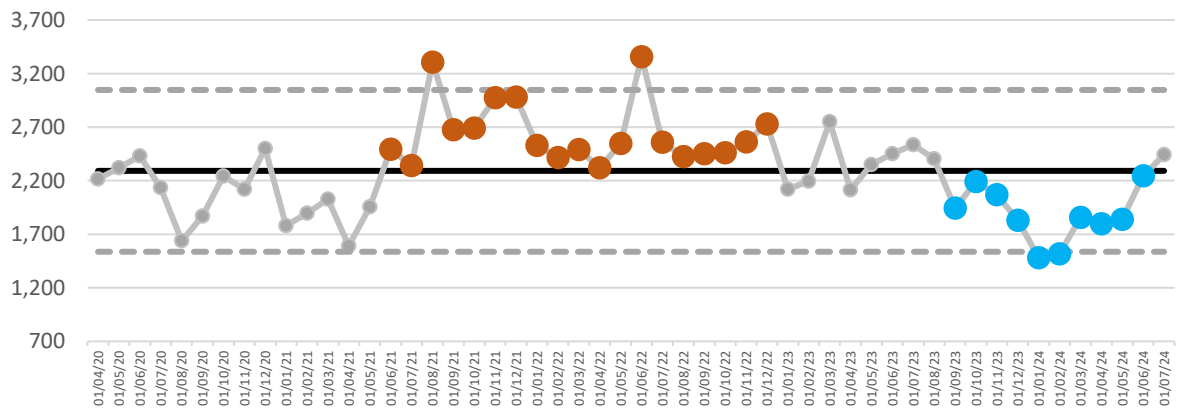
# Employment Services – Recruitment

## Recruitment

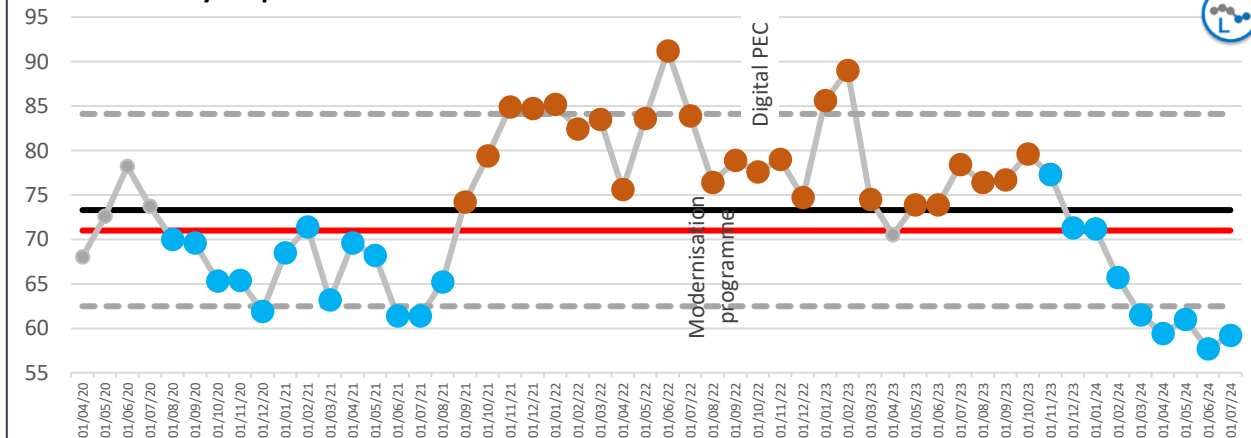
## Vacancy Creation to Unconditional Offer

Org	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trend
AB	71	95	83	103	102	99	90	80	71	70	68	69	72	↓
BCU	71	75	73	69	74	73	75	74	69	63	68	65	69	↓
CV	71	88	97	95	88	94	93	84	89	87	84	76	78	↓
CTM	71	93	94	106	94	82	82	76	66	67	64	66	70	↓
HD	71	65	67	65	58	51	58	51	51	51	49	50	51	↓
HEIW	71	50	62	89	101	57	73	71	47	55	51	52	50	↑
DHCW	71	72	76	64	60	63	68	52	58	48	57	37	45	↓
NWSSP	71	76	87	76	88	71	77	76	56	46	55	56	56	↑
PTHB	71	82	72	70	74	69	72	70	53	68	66	59	59	↓
PHW	71	60	56	58	57	58	57	60	58	55	54	47	48	↓
SBU	71	74	79	72	68	70	66	69	58	61	57	57	58	↓
VEL	71	65	66	73	66	68	61	53	61	49	49	56	56	↑
WAST	71	121	110	109	96	80	75	66	66	73	94	65	65	↑
All Wales	71	76	77	80	77	71	71	66	62	59	61	58	59	↓

Number of Conditional Offers Sent



Vacancy Requested to Unconditional Offer



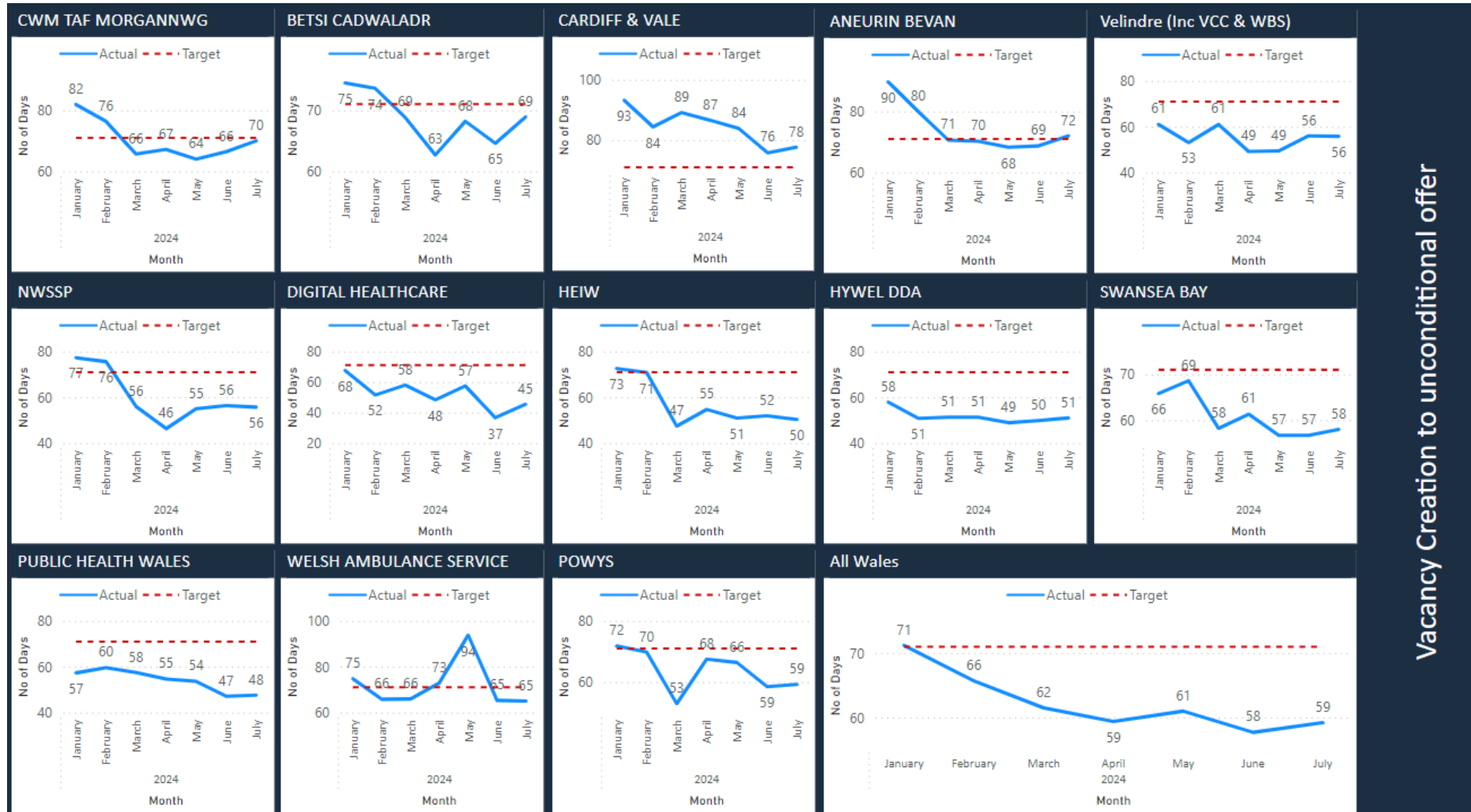
# Employment Services – Recruitment



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The charts below show the Vacancy creation to unconditional offer performance for the individual organisations January – July 24.



Vacancy Creation to unconditional offer

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 - July 2024 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	9.4
Procurement Services	18.9
Legal & Risk Services	77.2
Accounts Payable	4.5
Oxygen Finance – PSP	0.2
Counter Fraud Services	0.3
<b>Total</b>	<b>111</b>

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

- The significant level of professional influence benefits generated by NWSSP to 31st July 2024.
- The performance against the high-level key performance indicators to 31st July 2024.
- The continued achievement of the recruitment Time to Hire target in recent months.





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WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**19th Sept 2024**

**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**NWSSP Outcome Measures Performance Report**

<b>ARWEINYDD: LEAD:</b>	<b>Rebecca Nelson, Director of Planning, Performance, and Informatics</b>
<b>AWDUR: AUTHOR:</b>	<b>Richard Phillips, Head of Performance &amp; Outcome Reporting</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Rebecca Nelson, Director of Planning, Performance, and Informatics</b>

**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 July 2024 or the most recent annual information.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	<p><b>Value for Money</b> - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.</p> <p><b>Excellence</b> - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p><b>Staff</b> - To have an appropriately skilled, productive, engaged and healthy workforce.</p>
<b>Tystiolaeth: Supporting evidence:</b>	NWSSP IMTP 2024-27

**Ymgynghoriad/Consultation :**

Senior Leadership Group

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>
						✓
<b>Argymhelliad/ Recommendation</b>		<p>The Shared Services Partnership Committee is requested to NOTE:</p> <ul style="list-style-type: none"> <li>• The Outcome measures in the report.</li> <li>• 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.</li> <li>• Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.</li> </ul>				

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

# NWSSP Outcome Measures Performance Report

September 2024

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## Purpose of the Report

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The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on the agreed Outcome Measures for July 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.

## Key Messages

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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

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 Services

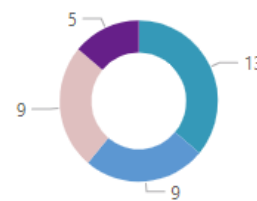
Our People

Our Value

#### RPA Processes

Division

- Employm...
- Accounts ...
- Other
- Primary C...



#### Legal & Risk Services

Case Closure Client Satisfaction

#### DWS

Customer Satisfaction

#### Central Team

Annual Customer Satisfaction

#### Specialist Estates

Annual Customer Satisfaction

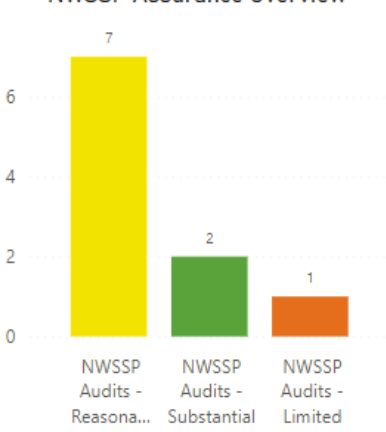
#### Website Bounce Rate

31%

#### Customer Service Excellence



#### NWSSP Assurance Overview



#### Calls Answered



#### Website Users

13K

#### Website Page Views

39K

#### Website Pages - July 24 (Top 3)

1. Student award services - 3,499
2. How do I apply for a bursary - 3,128
3. Current Vacancies - 2,318

## Customer Satisfaction

- Most divisions met or exceeded their customer satisfaction targets.
- Central Team was the only division to fall short of the target in their Annual Satisfaction survey (89% vs 90%).
  - Comments from respondents related to having too much communication in relation to systems and the possibility of improving documentation. Site visits have been undertaken where specific issues were discussed.

## Call Handling

- Call Handling achieved the target in July 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 slightly increased in July compared to June (12k and 36k). The top 3 page views were Student Awards, Bursaries and Vacancies.
- Website Bounce Rate (Land on a page and Leave) in June stayed the same at 31%, 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

Working together to be the best that we can be



Our Services

Our People

Our Value

---

### 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.

### Annual Turnover (Excluding SLE)

# 11%

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### Sickness

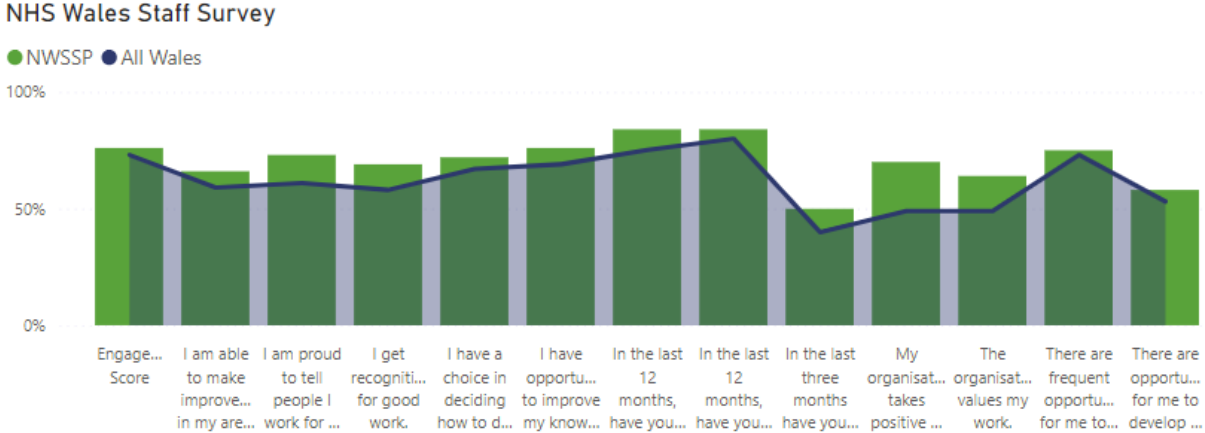
● Sum of Act... ● Sum of Tar...



3.2%  
3.0%  
Apr... Ma... Jun... Jul ...

### NHS Wales Staff Survey

● NWSSP ● All Wales



Engage... Score | I am able to make improve... in my are... | I am proud to tell people I work for ... | I get recogniti... for good work. | I have a choice in deciding how to d... | I have opportu... to improve my know... | In the last 12 months, have you... | In the last 12 months, have you... | In the last three months, have you... | My organisat... takes positive ... | The organisat... values my work. | There are frequent opportu... for me to... | There are opportu... for me to develop ...

### Reasons For Leaving (Excluding SLE) (Top 3)

1. Voluntary Resignation - Promotion 52.2%
2. Voluntary Resignation - Relocation 13.3%
3. Voluntary Resignation - Work Life Balance 7.1%

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### Top 3 reasons for absence by FTE Days Lost

1. Anxiety/ stress/ depression/ other psychiatric illness
2. Cold, Cough, Flu - Influenza
3. Gastrointestinal problems

### Engagement Score - 2023



Division	Score
DHCW	80%
HEIW	79%
NWSSP	76%
POW	76%
VEL	76%
PHW	75%
C&V	73%
SBU	73%
AB	72%
BCU	72%
HDU	72%
CTM	71%
WAST	67%

### Response Rate



Division	Response Rate
HEIW	75%
DHCW	61%
PHW	54%
VEL	34%
POW	28%
WAST	23%
C&V	21%
NWSSP	20%
BCU	20%
SBU	19%
AB	18%
CTM	18%
HDU	12%

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### Total Registered Innovations through Hub

# 11

Registered Innovations through Hub

Division

- Primary ...
- Finance ...
- People ...
- Procure...



## 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.

## Sickness

- Staff sickness rate (3%) is lower than the target (3.3%) for July.
- The top reasons for absence is through anxiety, stress, depression, colds and Coughs or Gastrointestinal problems.

## 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 voluntarily are seeking promotions. This suggests that employees may feel there are limited promotional opportunities within the organisation. The data on relocation and health 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 registered innovations with a further 4 in other divisions.

### Our Value

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



Our Services

Our People

**Our Value**

#### 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.

#### Professional Influence Benefits

2024 YTD



Division	Value
Legal & Risk Ser...	£77M
Procurement Ser...	£19M
Specialist Estates	£9M
Accounts Payable	£4M
Counter Fraud	£0M

#### Procurement Savings - Full year

2024



£23M

£0M to £17M

Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Service...

### Green

#### Procurement Savings - In Year

2024



£19M

£0M to £16M

#### £ Spend in Wales



Year	£ Spend
2023	£2.1bn
2024	£2.1bn

#### % Spend in Wales



Year	% Spend
2023	44%
2024	43%

#### Supply Chain Logistics - Electric Miles % (Quarter 1 24/25)

6%

Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan

### Amber

#### Travel & Subsistence (Excluding SLE)

(£'s)



Month	Value (£'s)
Nov 2023	21K
Jan 2024	17K
Mar 2024	24K
May 2024	18K
Jul 2024	23K

#### Supply Chain Logistics - Electric Miles Number



Month	Value
Apr 2024	22K
May 2024	17K
Jun 2024	20K

#### NWSSP properties converted to LED Lighting

90%

#### Electric Vehicle Chargers

37

## Professional Influence Benefits

- Data for financial year 24/25 shows significant benefits specifically from Legal & Risk Services (£77m) and Procurement Savings – in year (£19m).
- Data for April – July 24 shows significant benefits (£111m).

## 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 July. 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 July £23k of T&S was claimed which is a decrease on the June position (£28k). The expenditure is measured to demonstrate decarbonisation through less travel.

## Qualitative Assurance (Policy Assurance)

- Self-Assessment for the annual Decarbonisation return was classed as amber at the end of March 24. The Programme Team in WG also assessed our submission and provided an amber rating with a feedback letter.
- Self-Assessment for the annual Foundational Economy assurance return was classed as Green at the end of September 23 and the next report will be for the reporting period October 23 – September 24.

## Supply Chain Logistics

- In the first quarter of 24/25 6% (58k miles) of Supply Chain Logistics Transport (SCLT) was undertaken by electric vehicles.

## Planned Improvements

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Planned improvements for next month

- Carbon Emissions

Planned improvements for future months (medium/longer term)

- Customer experience
- Benchmarking

## Recommendations

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

- The Outcome measures in the 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](mailto:Richard.Phillips@wales.nhs.uk).



06/09/2024



Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**Project Management Office and Service Improvement Update Report**

**ARWEINYDD:** Rebecca Nelson, Director of Planning, Performance & Informatics

**LEAD:**

**AWDUR:** Gill Bailey, Assistant Head of Project Management Office

**AUTHOR:**

**SWYDDOG ADRODD:** Ian Rose, Head of Project Management Office

**REPORTING OFFICER:**

**MANYLION CYSWLLT:** [Gill.bailey@wales.nhs.uk](mailto:Gill.bailey@wales.nhs.uk)

**CONTACT DETAILS:** [Ian.rose@wales.nhs.uk](mailto:Ian.rose@wales.nhs.uk)

**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

To provide the Shared Services Partnership Committee with an update on progress with key projects and initiatives undertaken by NWSSP.

**Llywodraethu/Governance**

**Amcanion:** **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.  
**Objectives:** **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:** NWSSP IMTP 2024-27 approved in principle by SSPC in Jan-24.

**Supporting evidence:**

**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 and programmes undertaken by NWSSP.

**Crynodeb Dadansoddiad Effaith:**

**Summary Impact Analysis:**

**Cydraddoldeb ac amrywiaeth:** No direct Impact

<b>Equality and diversity:</b>	
<b>Cyfreithiol:</b> <b>Legal:</b>	Compliance with procurement regulations where applicable
<b>Iechyd Poblogaeth:</b> <b>Population Health:</b>	No direct Impact
<b>Ansawdd, Diogelwch a Profiad y Claf:</b> <b>Quality, Safety &amp; Patient Experience:</b>	No direct Impact
<b>Ariannol:</b> <b>Financial:</b>	Compliance with financial instructions and processes where applicable
<b>Risg a Aswiriant:</b> <b>Risk and Assurance:</b>	Assessed, monitored and managed within each project
<b>Safonau Iechyd a Gofal:</b> <b>Dyletswydd Ansawdd / Duty of Quality:</b>	Duty of Quality assessed within each project
<b>Gweithlu:</b> <b>Workforce:</b>	Capacity constraints are highlighted against each project where applicable
<b>Deddf Rhyddid Gwybodaeth / Freedom of Information</b>	Open



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

## **GIG Cymru Partneriaeth Cydwasaethau NHS Wales Shared Services Partnership PMO Report**

## NWSSP PMO Monthly Update - 06 September 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.

<b>Projects</b>	17
<b>Programmes</b>	1
<b>SI Initiatives</b>	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:

- **55% (10 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
- **45% (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

## Key Trend information and Initiative Overview

### Initiatives – 18

Scheme Scale								
All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Demographic Transformation	Ceri Evans	Green	Green	Large	21/06/2021	31/07/2023	31/10/2024	42%
Medical Examiner	Neil Frow	Green	Green	Medium	31/03/2021	31/10/2023	31/12/2024	95%
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%
Expansion of Legal Services to Primary Care	Daniela Mahapatra	Green	Green	Medium	02/02/2023	29/03/2024	31/10/2024	90%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	Large	01/10/2022	31/03/2024	31/03/2025	77%
Optimising Workforce Transactions (OWT) - Previously named: ESR Manager Self Service (MSS) Implementation	Rebecca Jarvis	Green	Green	Large	01/03/2024	31/03/2025	N/A	15%
Influenza Vaccine programme 2025	Jonathan Irvine	Green	Green	Large	05/02/2024	30/09/2025	N/A	43%
Medicines Delivery Service	Colin Powell	Green	Green	Large	03/06/2024	31/03/2026	N/A	38%
Implementation of AW Translation Memory Software	Non Richards	Green	Green	Large	04/12/2023	31/03/2027	N/A	10%
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	31/01/2025	78%
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%
L&R Case Management System implementation phase	Mark Harris	Green	Green	LargeXOrg	01/09/2020	31/03/2025	31/03/2025	49%
Data Management	Nicola Phillips	Amber	Amber	Large	04/04/2022	31/03/2025	31/03/2025	40%
Charnwood & Companies House Accommodation	Mark Roscrow	Amber	Amber	Medium	01/09/2023	31/03/2025	N/A	14%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	31/03/2025	N/A	29%
Leaders of the Future for NWSSP rising Stars	Julia Denyer	Green	Green	Medium	02/10/2023	01/04/2025	N/A	56%

## Service Improvement Key Trend information and Initiative Overview

### Initiatives – 5

Scheme Scale							
NWSSP	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023		01/04/2025
Customer Service Excellence Year 2	Neil Frow	Green	Green	Work Package	01/12/2023	01/10/2024	N/A
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Green	Green	Measure	06/12/2023	02/12/2024	N/A
Invoice On Hold (IOH) Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Improve	22/06/2023	01/02/2025	N/A
Staff Movement Advice (SMA) RPA	Stephen Withers	Green	Green	Work Package	01/02/2024	28/02/2025	N/A

Key Individual Project/Programme Updates				
Project Name	Project Manager		Project Exec/SRO	
<b>Primary Care Workforce Intelligence System (Including Reporting and Performers List)</b>	Bethan Rees, Abbie Shackson, Lisa Williams		Andrew Evans	
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Red</b> (Overall)	<b>Red</b> (Time)	<b>Red</b> (Cost)	<b>Red</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).				
<b>Progress Update</b>				
The Primary Care Workforce Intelligence System (PCWIS) project remains at a RAG status of red for August. The project has been paused since Jun-24 in order to establish a way forward in terms of the contractual position, payments and build progress.				
The sub-contractor, Credera has agreed to hold a two-day Super Show & Tell which will demonstrate build progress. The Super Show & Tell is scheduled for 01 October 2024 and 02 October 2024, and this will be followed by access to the Sandbox to enable a full assessment of the build progress to date. A decision will subsequently be required on payments and how to achieve a solution that is able to manage both services as business as usual.				
The project end date has been extended to the end of Mar-25, however this is subject to change when a way forward has been agreed following the Show & Tell and Sandbox assessment.				
<b>Main Issues, Risks &amp; Blockers</b>				
<b>Risks</b>				
<ul style="list-style-type: none"> <li>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.</li> </ul>				

Project Name	Project Manager		Project Exec/SRO	
<b>TRAMS Programme</b>	Peter Elliott		Neil Frow	
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Red</b> (Overall)	<b>Red</b> (Time)	<b>Amber</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.				
<b>Progress Update</b>				
<ul style="list-style-type: none"> <li>Concept design work has verified that the South East Hub scope will fit on the IP5 site, and that there is sufficient electrical power.</li> <li>Planning application has been submitted covering both the South East Radio pharmacy and the South East Hub. Queries from the planning authority have been answered. A Sec 106 agreement will be needed to part-fund a pedestrian footpath on Celtic Way. The planning approval may therefore come in two stages: first and 'intention to approve' letter; then the final approval once the Sec 106 agreement is concluded.</li> <li>Detailed design of the Radio pharmacy is drawing to conclusion, with all deliverables expected during Sept-24.</li> <li>The tender for the enabling works is live, closing on 30 September 2024.</li> <li>Once all these dependencies are met, a final confirmation will be sent to Welsh Government to unlock the Investment Decision.</li> <li>Outline Business Case (OBC) for the remainder of the hub is being prepared. The capital costings are stable. Work is currently focussed on agreeing with Health Boards and Trusts the Revenue Baseline, Preferred Option, Benefits profile, and revenue funding model. Current plans are to circulate the mature draft of the OBC for the November meeting of SSPC, and seek formal approval in Jan-25, allowing time for scrutiny and internal governance processes around approval.</li> <li>The South West Hub project is now re-mobilising. Initial phases will focus on confirmation of scope; site search and provisional selection; concept design leading to OBC preparation. It is not expected to incur any significant fee expenditure on the is project until the 2025/6 financial year.</li> <li>The programme continued to interface with BCUHB to understand their plans for clinical transformation of their Nuclear Medicine service, and to understand the implications for the future North Medicines Hub.</li> </ul>				

- Lab space in IP5 is being brought into use as staffing and funds permit. The data network in the labs is being commissioned.
- The TRAMS Digital Project has carried a market engagement over the summer. Five responses were received of whom four were invited to demonstration days in Sept-24. Financial illustrations from the bidders have been used to assess the likely capital and revenue costs of the digital service, and these are being incorporated as provisional sums within the South East Hub OBC. A tender competition is being planned supported by NWSSP Procurement. A New Service Request has been submitted to DHCW to ensure they are fully sighted on the wider implications for medicines software and data flows and are prepared to support integration where required. Central Team eBusiness Services are also sighted on the likely need for Oracle integration. 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 v1.0 was issued to Chief Pharmacists at the end of May-24. The model was updated following discussion to v1.1 in Aug-24. This model will underpin the revenue costings to be used in the Hub OBC Preferred Option.
- 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 are currently being finalised.
- 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.
- 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.
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.

### **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 four Health Boards in this position.
  - The Swansea Radiopharmacy currently represents a single point of failure for twelve 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-24.
- 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 project has now expended the fees allocated to cover radio pharmacy detailed design. In the event that the Investment Decision is delayed beyond the end of Sept-24, no further fee funded work will be able to be undertaken, and some NHS capital funded roles may become a cost pressure, until the next capital funding tranche is released.
- The previously notified issue with supply of Radio pharmacy isolators has now been resolved, and an order placed with an alternative supplier for delivery in early Apr-25, which meets project timelines for cleanroom commissioning. Some of the funding allocated for isolators may be released as a result.
- Based on current position, the programme is rated "**Red**".

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**

The project is making good progress and has moved into the delivery phase but currently remains at amber overall. This will be reviewed at the next Project Board due in Oct-24.

Ophthalmic Power BI dashboard has been reconfigured due to data discrepancy issue. Currently waiting for review and sign off in Oct-24.

General Medical Services (GMS) workstream has commenced although an issue with access of data has caused a delay in creating the views.

Two full time equivalent (FTE) additional resource have been agreed to support the Business Information Team.

The access review for Ophthalmic service users was approved in last Project Board meeting held on 04 September 2024.

Meeting has been arranged on 10 September 2024 to draft the stakeholder feedback scoping document for process of agreeing backlog of development requests.

Meeting has been arranged on 18 September 2024 to draft the Data Privacy Impact Assessment.

**Main Issues, Risks & Blockers**

The project is now making good progress. Mitigating action has been agreed for support in the Business Information Team for the main risk of resource availability and capacity to meet the end of year timeframe due to staff movement and commitments to other projects/business as usual. Progress is being made to resolve the issue with the data accuracy, a data validation process is now being put in place and the dashboard has been reconfigured and is waiting sign-off. There is an issue with access to the data from GMS which has caused a delay in creating the views, the Business Information Manager will follow this up to ensure it doesn't further impact the project delivery timescales. No impact to stakeholders.

Project Name	Project Manager	Project Exec/SRO
Patient Medical Records and (Scanning) Service Accommodation Review	Rachel Pember, Julian Bowen-Sargent	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**

### **Accommodation move from Brecon House to DuPont, Mamhilad**

The lease for the new premises, DuPont, has been signed off and The Landlord, Johnseys, handed over of keys on the 06 August 2024.

An exit plan for Brecon House has been established working with the Lighting company, racking company and the removal company appointed.

Following approval of additional capital monies for Lighting, the Lighting company has been appointed and installation commenced on the 12 August 2024 with the racking installation commencing on the 27 August 2024. The removals company appointed to transfer the records will start work on the 10 September 2024.

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.

### **Culling of Medical Records relating to Infected Blood Enquiry**

A workstream has been setup as 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. An SBAR has been prepared and will be presented to Project Board Mid Sept-24 for guidance on how the culling process can proceed at pace.

## **Main Issues, Risks & Blockers**

### **Accommodation move from Brecon House to DuPont, Mamhilad**

#### **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.

#### **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. Issue has now been resolved as funding has been secured.

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.

### **Culling of Medical records related to 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
<b>Charnwood &amp; Companies House Accommodation</b>	Abi Shackson, Ian Rose	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 (NG2) on a lease basis.

### Nantgarw 2 (NG2)

- The landlord of NG2 is yet to formally appoint the design team (Architect and Mechanical & Electrical (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 in 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 in 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

- The NG2 move website is updated continually with FAQ's.
- Floorplans have been added to the website which provide staff with a visualisation of the allocation of wings to departments.

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 current timescales. Failure to do so will mean the likelihood of a move in date on or before Nov-24 is currently at risk. This will mean consideration to existing lease terms in Charnwood Court will need to be evaluated and decisions on possible a short term extension, or vacation to a temporary head quarters 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 Feb-24 and follow on 1-2-1s have been conducted where required with this offer continually available.

Project Name	Project Manager	Project Exec/SRO		
<b>Laundry Memorandum of Terms of Occupancy (MOTO)</b>	Paul Thomas	Stuart Douglas		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Amber</b> (Overall)	<b>Amber</b> (Time)	<b>Amber</b> (Cost)	<b>Amber</b> (Overall)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				

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 2024.

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.

A Work Stream 2 update is expected Oct-24.

## **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)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (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**

The Medical Examiner Service (MES) has been preparing over the past few months to scrutinise Primary Care deaths in line with the legislation coming into force on 09 September 2024. All processes and resources are in place ready for the roll out and increase in cases. In addition to that, the service has completed extensive stakeholder engagement ready for the move to operating at full capacity to incorporate the scrutiny of Community deaths.

**Main Issues, Risks & Blockers**

There are no risk & issues to report.

Project Name	Project Manager	Project Exec/SRO
Demographic Transformation	Gill Bailey	Ceri Evans

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

**Status**                      **Green** (Overall)                      **Green** (Time)                      **Amber** (Cost)                      **Green** (Quality)

**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 - complete
- Implementation of Primary Care Registration Management System (PCRM) provided by NHS England (previously NHS Digital) - complete
- De-commission NHAIS local boxes

**Progress Update**

**NHS England Update:**

All Trusts in NHS England and Isle of Man have completed the transition to PCRM.

NHS England (NHSE) facilitated the successful transition of all five NHAIS boxes to PCRM successfully at the end of Jul-24.

Defence Medical Services is on track to transition on 17 September 2024 which will complete the roll-out of PCRM.

To note, Public Health Wales have completed the successful implementation of the new Cervical and Breast Screening solutions.

**NWSSP Project Update:**

The % completion has reduced as a new post transition plan has been developed which focuses on de-commissioning tasks.

MRTransfer: The application (App) is now live with some teething problems being experienced by PCS staff. These will need to be worked through over the coming weeks, namely label printing and scanning, additional record movement activity outside of PCRM and system settings.

Patient Care Registration System: Following a concerted effort by NHSE and PCS, the transition to PCRM was completed at the end of Jul-24. The feedback from staff is overall positive as they get to grips with using the new system. There are a number of post transition developments that are scheduled to take place by NHSE over the coming months with the position being monitored by the use of a tracker.

De-commissioning: De-commissioning tasks are focused on ensuring historical data is downloaded and available prior to NHAIS being powered down. The tasks identified are dependent upon NHSE either providing a solution or the data. For historical registration and medical records data, NHSE made a development to PCRM which should be live by the end of Sept-24.

### Main Issues, Risks & Blockers

#### **Risks:**

No risks to report above the threshold. To note, all risks are being monitored.

#### **Issues:**

Data Feeds:

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. Negotiations are ongoing with NHSE and DHCW to confirm these costs but likely to be protracted due to the additional services they are looking to include such as EPS.

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 successfully completed the procurement process and have awarded the contract to a supplier to deliver a configured commercial off the shelf solution. All call-off/joint schedules have been finalised and the contract was signed by NWSSP on the 30 August 2024.

A project kick-off meeting has been scheduled with the supplier on 05 September 2024, where the approach to the project, milestones within the set deadline and roles & responsibilities will be agreed.

The capital cost has been funded with the agreement of Welsh Government, by utilising the refund of costs negotiated with the previous supplier.

### 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.

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: 74% Reimbursement, 80% Smartcards. Overall project completion lowered to 77% due to the introduction of new Smartcards tasks.

The following progress can be reported against the deliverables of the project plan:

**Integration/Development of Internal Applications:** Archiving of the EPS PROD SQL data is nearing completion. Development of the identification of paid English prescriptions and the changes to the scanner job to recognise dispensing tokens has been completed and deployed.

**Assurance:** Assurance timescales for each supplier (where known) are incorporated into the project plan. Clanwilliam have now been granted authority to release nationally. Pharmacy X is the next supplier planned to onboard however there is a two-week delay with the assurance process that Programme are working through with them.

**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:** Programme (managed by DHCW) have procured a consultant to establish an investment case for business as usual funding. PCS are currently measuring the resource impact of EPS and investigating what the ongoing Smartcards costs will be when the rollout is complete, based on figures provided by the Programme. NWSSP are working with DHCW to provide costings to inform the funding bids made to Welsh Government.

## **Smart Cards:**

- PCS are continuing to support the current live First of Type (FOT) sites in Rhyl, Llanfairfechan, Llanbradach and Penarth
- Numerous sites are now independently coming on board with EPS and the team are receiving multiple Registration Authority (RA) Agent nominations per day.
- Multiple RA Agent training sessions take place each week for sites that are part of the rollout and onboarding independently.
- FOT 5 sites (Pharmacy X):
  - Pharmacy X is now anticipated to be the fifth supplier to be assured due to the delays with EMIS Health with FOT sites identified in Blaenavon
- FOT 6 (EMIS Health):
  - Due to delays, EMIS Health has now moved to FOT 6
  - FOT sites have been identified in Nantymoel and Ogmere Vale
- FOT 7 (Apotec):
  - FOT sites have been identified in Swansea
- FOT 8 (Cedegim):
  - FOT sites have been identified in Blaenau Gwent and Tregear
- Work is continuing regarding finalising processes for FOT, Locums and Dispensing Appliances Contractors (DACs)
- Working with NHSE regarding training materials approach.
- Health Courier Services (HCS) have collected and delivered all of the Group 5 pharmacies' materials across Wales

## **Main Issues, Risks & Blockers**

### **Risks**

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 working 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.

More visibility is needed when test claims are being sent by supplier via DHCW. This has been flagged to DHCW as a risk when new suppliers are onboarding 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.

### **Issues**

Business as usual funding (post 2025) has not yet been agreed. Discussions have commenced with DHCW to ensure inclusion of costs for NWSSP to be included in any funding bids to Welsh Government. Programme have procured consultancy to aid with the development of the BAU investment case which NWSSP are feeding into.

Tesco raised that they may submit physical Welsh tokens for 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 discussions 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 the correct Prescriber numbers. A resolution is being worked on by NWSSP and Programme.

Currently no alternative storage for the EPS materials currently in Dupont as they need to be relocated by mid-Sept-24. NWSSP working with Programme to source alternative storage.

English nominations are not showing Welsh Pharmacies in some suppliers' drop-down lists, potentially caused by the version of EPS a supplier is using. NWSSP investigating with Programme.

Project Name	Project Manager	Project Exec/SRO		
<b>Expansion of Legal Services to Primary Care</b>	Gill Bailey	Daniela Mahapatra		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
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.				
<b>Progress Update</b>				
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 mid Sept-24. 'Soft' launch event with GP Clusters that have expressed an interest in the new service has been delayed to Oct-24 whilst completion of the final tasks is undertaken.				
<b>Main Issues, Risks &amp; Blockers</b>				
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		
<b>Leaders of the Future for NWSSP rising Stars</b>	Rachel Pember	Julia Denyer		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>None</b> (Quality)
<b>Recent Gateway Review?</b>				
<b>Objective</b>				
The purpose of the project is to create and manage a Leadership development programme for Leaders of the Future For NWSSP' Rising Stars. The aim is to develop and grow staff within NWSSP, giving them the opportunity to step outside their current roles and take on new initiative to develop their leadership skills.				
<b>Progress Update</b>				
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.				
<b>Main Issues, Risks &amp; Blockers</b>				

## Issue

- 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		
<b>Employee Investigations</b>	Rachel Pember, Myra Jones	Michelle Thomas		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>				
<b>Objective</b>				
Implementing a revised approach to ensure employees are supported during investigations, essentially ensuring that there is minimal harm caused.				
<b>Progress Update</b>				
Work is underway with the Project Manager, Project Executive and the Task and Finish Group. Actions are being completed in line with the revised project plan.				
A full Project Team meeting, to discuss and confirm next steps, has been arranged for Tuesday, 10 September 2024 which includes colleagues from NWSSP, HEIW and Trade Unions				
Dates have now been identified and confirmed for Events on Friday 13 September 2024 for North Wales and Wednesday, 18 September 2024 for South Wales.				
<b>Main Issues, Risks &amp; Blockers</b>				
None over the threshold identified				

Project Name	Project Manager	Project Exec/SRO		
<b>Implementation of AW Translation Memory Software</b>	Rhiann Iles	Non Richards		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Amber</b> (Time)	<b>Amber</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b> No				
<b>Objective</b>				
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:				
<ul style="list-style-type: none"> <li>NWSSP and hosted programmes</li> <li>VNHST</li> <li>PHW</li> <li>DHCW</li> </ul>				
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).				
<b>Progress Update</b>				
The current position in terms of project progress remains unchanged from the last reporting period. This is due to operational challenges faced over the last 6 months which have limited resource availability within the Welsh Language Unit. The status of the project in terms of both time and cost have been changed from green to amber to reflect changes described below.				
The report continues to be compiled utilising the results of a questionnaire issued to Welsh Language Services Managers within all NHS Wales Organisations to ascertain feasibility of a multi organisation solution and capture current organisational usage. Responses were received from 12 NHS Organisations. The report will also detail the findings and highlight stakeholders interested in developing a collaborative solution for future use. The report will be presented to NWSSP Senior Leadership Group on 28 November 2024 and to NWSSP Partnership Committee on 21 January 2025.				
To mitigate the impact of the delay in the production of the report on the project, it is now anticipated that a Voluntary Ex ante Transparency (VEAT) Notice will be sought to extend the current contract between NWSSP and the current provider,				

Phrase. This will be sought prior to the end of the current contract in Mar-26. The VEAT will cover the period from 01 April 2026 to 31 March 2027. This will ensure business continuity and retain the reliable reputation of the Welsh Language Unit and NWSSP. However, any savings due to be made as a result of a collaborative solution will be delayed.

Approval for the VEAT will be sought in Quarter 4 of 2024/25, to ensure that business continuity and to decrease disruption to the service. The project end date has been changed to 31 March 2027 to reflect the changes above.

### **Main Issues, Risks & Blockers**

No other risks or issues noted at this stage of the project.

Project Name	Project Manager	Project Exec/SRO
<b>Optimising Workforce Transactions (OWT) - Previously named: ESR Manager Self Service (MSS) Implementation</b>	Rhiann Iles, Will Brown	Rebecca Jarvis

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

**Status**      **Green** (Overall)      **Amber** (Time)      **Green** (Cost)      **Green** (Quality)

**Recent Gateway Review?**    In Progress

### **Objective**

To optimise use of Self-Service functionality with Electronic Staff Record (ESR) (or other digital tools) 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 digital self-service software.

In Apr-24, the scope of the project was amended to include the implementation of Staff Movement Advice (SMA).

### **Progress Update**

The project paused over the last period due to issues found within the ESR MSS New Hires functionality. These issues caused the Project Team to analyse the functionality further and assess other delivery methods such as SMA.

The Project Team have reviewed the functionality of scope for MSS and SMA systems, whilst also undertaking work reviewing NHS England roll-out. Digital Workforce & Productivity Solutions have undertaken a review of the functionality list for assignment fields in ESR and met with the team from Employment Services to discuss the possible scoping changes to the delivery of Manager Self Service.

A recommendation paper was presented to the Project Board on 03 September 2024, with a change of scope focusing more on SMA roll-out where possible. Instead of rolling out MSS, the functionality will be split between full SMA transactions, SMA with assurance, Overlap of Usage, and Independent Self-Service Functionalities.

This recommendation focuses on saving management time and providing managers with the best user experience that avoid confusion for end users.

The recommendation was agreed by the Project Board as although the delivery method approach has changed, the overall project scope remains achievable. The delivery still focuses on ensuring as close to 100% uptake of Self-Service tools across NHS Wales, however this will not only be done through ESR MSS, but with the assistance of other tools such as SMA. The project will now review the next steps with the clear scope now set, and the Project Board expect the Time Status to be set to GREEN in the next few weeks.

### **Main Issues, Risks & Blockers**

None over the threshold to report due to the recent agreement and changes made within the project environment.

Project Name	Project Manager	Project Exec/SRO
<b>Influenza Vaccine programme 2025</b>	Rachel Pember	Jonathan Irvine

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

**Status**      **Green** (Overall)      **Green** (Time)      **Green** (Cost)      **Green** (Quality)

## Recent Gateway Review?

### Objective

NWSSP to provide a centralised Flu Programme for 2025.

To centrally procure, store and distribute the Influenza vaccine for the vaccination programme commencing in autumn 2025 and future Influenza vaccination programmes going forward to all General Practice, Community, and Local Health Boards (LHBs) Trusts.

### Background:

NWSSP were tasked with submitting a proposal to Welsh Government outlining how NWSSP could support the purchase, storage, and delivery of Influenza Vaccines to Secondary and Primary Care Services. The Paper was submitted in Mar-24 and approved by Welsh Government Jul-24.

### Progress Update

Start-up stage completed with Governance and project team established. The project has progressed to initiation stage. A project plan has been drawn up with tasks commencing to allow for the project to remain on target.

Procurement activity has commenced to secure pricing for the supply and delivery of the vaccines. The tender responses are due to be returned and analysed during Sept-24.

### Main Issues, Risks & Blockers

None above 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

### Background:

The project has been established to support the purchase of an alternative system for the SES 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, were 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.

### Progress Update

A two-step approach has been identified where an interim solution will need to be implemented whilst simultaneously preparing for a potential procurement exercise.

Following discussions to identify options to allow progress at pace, 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 cases have been created to ensure that the functionality performs correctly. The solution has undergone a round of testing following the test case scenarios, that highlighted minor changes needed to be made. The solution is currently in an initial phase of User Acceptance Testing (UAT) with the Property Team and feedback is due to be given. Once testing has been completed, a decision will be made whether to progress with the Power Platform solution and take the next steps to deploy.

SES Property Team have continued discussions with the current supplier of ePIMS (CDS) as there are current Intellectual Property (IP) discussions ongoing between CDS and the UK Cabinet Office. Discussions have taken place with CDS regarding the cleansing and migrating of the data currently in ePIMS, should the decision be made to progress with the Power Platform solution.

### 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.

Project Name	Project Manager	Project Exec/SRO
Medicines Delivery Service	Gill Bailey, Rachel Pember	Colin Powell

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

**Status**                      **Green** (Overall)                      **Green** (Time)                      **Green** (Cost)                      **Green** (Quality)

**Recent Gateway Review?**

**Objective**

Create a new service to purchase, store, dispense and deliver selected medicines to patients at home.

**Progress Update**

The project team are tasked with submitting a proposal to the Senior Leadership Group outlining how NWSSP could support the purchase, store, dispense and deliver selected Medicines to patients at home.

Project Team members have prepared a high-level project plan to capture and monitor all tasks required to complete the Business Case and are commencing with tasks to allow for the completion of the paper to be submitted to SLG Dec-24/Jan-25.

**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
<b>Invoice On Hold (IOH) Review</b>	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.

#### All Wales Procure to Pay Governance Group (AWP2PGG) -

The Steering Group have reinstated the All Wales P2P Governance Group which meets every month to review progress against key objectives and actions, to include Receipting, No Purchase Order No Pay and Tolerance thresholds relating to the Invoices on Hold report.

The group also offers an opportunity for wider scrutiny of improvements from partners aiming to deliver all Wales adoption of improvements and processes where possible.

The steering group currently have the following improvements in flight:

Improvement	Activity	Benefit Type
ActionPoint Review	Streamline ActionPoint process, improve CSAT.	Process Improvement
Receipting Reminder Automation	Improve, increase and automate reminder process	Process Improvement
No PO No Pay	Clearance Initiative focussed on driving down the numbers within No PO No Pay whilst educating suppliers	Problem reduction
No PO No Pay	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.

The above figures are dependent on the Account Management approach also. Since pulling the resource (1 WTE), Procurement have now set up a separate, more focussed approach to the Account Management suggestion and this should start to take shape through Jul-24, beginning to deliver results in Aug-24.

Some key call outs from the last two months are as follows:

#### Not on Statement Clearance -

Within the Invoices on Hold (IOH) report there are a number of Invoices that are marked as "not on statement" and this is typically because the supplier does not recognise the invoice and does not believe the funds are owed to them.

Over the last few months, the steering group has stood up an improvement to this process. Health Boards and Trusts are now contacted on the 1st of each month and informed of the number of invoices that they have marked as not on statement within the IOH, at this time the Health Boards and trusts are also informed that these invoices will be cancelled in 15 working days unless they contact us to advise that they should not be.

As a result of this process there are currently 157 invoices classed as Not on Statement within the IOH (excluding those added in August) and this is down from 530 invoices in June, equating to a 70% reduction with the difference being removed from the system completely.

#### No Purchase Order No Pay -

Resource has been provided by both Procurement and Planning Performance & Informatics to focus on the reduction of invoices that sit under No PO No Pay holds, 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 22% reduction since commencement on the 20 May 2024, taking the figure from 8187 down to 6323.

Following the above proof of concept, an additional 4 WTE have been secured to work in this space until January, which should continue the downward trend.

## **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
<b>Variable Pay Initiative</b>	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 the 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.

Some of the improvements being explored and managed by the relevant service areas are as follows:

- To improve access to data that demonstrates the number of employees within a specific service together with their anticipated output.
- Review line manager training, consider how more work can be done to support areas of higher absence.
- Standardisation of training, use of skills matrix, establishing a multiskilled workforce that is more capable, adaptable, and resilient to the impact of short-term losses of resource.
- Consider the creation of a talent pool to allow for the more timely recruitment of candidates.
- Assist/support/consider impact of communications around leave against all aspects of workforce.
- Develop and implement a more structured approach to both demand and resource capacity planning potentially developed around an organisational framework

The Service Improvement Team regularly meets with service leads from both Finance & People & Organisational Development to receive updates on the initiatives which are currently in flight, with the head of PMO & Sit reporting progress into the Director of Finance on a bi-monthly basis.

## **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
<b>L&amp;R Matters Invoicing Process</b>	Niall Quilton, Tim Knight, Rebecca Bowen	Stefan Dakovic, Sue Saunders

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

**Status** Green (Overall)

### **Objective**

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, reporting data, and then both emailing and chasing approvers.

### **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
- Improved 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 that NWSSP Finance complete.
- Issues with stakeholders identified, monitored and reported using Business Intelligence, which will support problem resolution and escalation.

**Progress Update**

The Process Definition Document is now complete and has been and sent to RPA for RPA/M365 for development.

This automation has been mapped out and is now in the early stages of the build process and is due to be delivered by Nov-24, although there may be a 3-month delay due to capacity issues within the Robotics team. The improvement is expected to deliver tangible non-cash releasing benefits through the reduction of processing time and the increased availability of resource.

Benefits assessment: Equating to a saving of 8 days per month across both bands 3 and 4. These non-cash releasing benefits will be released through the following:

- Automating the initial email chasers for 297 QBS matters will save an average of 14.86 hours of time, based on the timing of the process taking 3 minutes for creating the email, attaching the invoice etc. This equates to an initial saving of approx. 2 days.
- Automating the saving of each individual PDF from the remote desktop to SharePoint will save 3 days.
- Automating the QBS day 1 process will save 3.7 hours which equates to 0.5 days
- Setting up an automated reminder system should see an average saving of 2.6 days per month.

In parallel, the improvement group are currently working to identify and improve the data coming from the system to make it suitable for automation, which need to happen before testing the developed process following submission.

**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 outstanding per HB etc
- Issues:
- The previously identified Subject Matter Expert left the division in the last few weeks, though they are continuing to support at a distance and alternative colleagues are now working with the improvement group.

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**

The year two assessment is taking place between Wednesday 04 September 2024 to Friday 06 September 2024 and will be completed by Assessment Services.

The Community of Practice (COP) representatives have submitted their divisional evidence to SIT lead. As of the 28 August 2024 the divisional evidence has been uploaded to and submitted on the Assessment Services CSE portal for assessors to access and review in readiness for the year two assessment. 456 pieces of evidence have been used for the year two assessment.

Assessment Services will meet with all NWSSP Directors or delegates over the course of the first day of the assessment and spread across two separate meetings. Helping the assessors to gain an understanding of any relevant activities taken over the last 12 months.

Additionally, all Divisions are required to meet with the assessor to evidence how they are maintaining divisional compliance pluses and improving partial compliances. To do this, they will be asked to provide updated information against 11 elements determined by the assessor. All divisions created action plans against their own partial compliances following the year one assessment, which lay out a pathway to improvement whilst demonstrating progress, and these have been used as part of the evidence submission mentioned above.

Divisions are continuing to report benefits from the changes made throughout the CSE process, helping us to understand and articulate the impact of the Customer Service Assessment on both our Organisation and from the customers perspective.

By the time this report is published, it is likely that NWSSP will be aware of the results of Customer Service Assessment and waiting for the official report to be received prior to commencing the year 3 cycle. These results will be communicated in the next update.

### **Main Issues, Risks & Blockers**

That not all divisions have demonstrated the current progress against their action plans in readiness for the year two submission.

That not all actions plans will be fully implemented before the year two assessment, though this is not essential, it does represent a risk because we would not be able to demonstrate an improvement in the respective area and this could cause us to score the same as the previous year against that specific criterion.

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**

##### **Terminations RPA:**

The Terminations RPA is fully live for all NHS organisations. This has eliminated the need for Payroll staff to complete this daily manual task, which demonstrates the end-to-end RPA process can be fully automated adding additional benefits to NWSSP Payroll.

**Benefits:** Conservative benefits forecasts indicate a 9-minute reduction to the handling time of 9000 (2023-2024 data) yearly items that go through the SMA and are currently handled by the relevant Payroll teams\*. Equating to 0.76 WTE or £25,000 using a Band 3 salary costing.

##### **SLE Hires RPA:**

In conjunction with the Termination RPA, the Single Lead Employer (SLE) New Starters RPA development was completed, tested and implemented into the live RPA environment in Jul-24. The RPA was developed using the previous RPA New Appointment Form (NAF) hires development, but the process was streamlined to move SLE hires onto the SMA App. This proved successful in reducing the delays in issuing starter forms, chasing completion, dealing with queries, having format errors and missing data, and reduced the overall cycle time.

The Payroll hiring tasks were incorporated into the development to complete an end-to-end hire process, that would only require Payroll to follow their new hires checking process and only require manual handing for RPA exceptions.

**Benefits:** The RPA completed over 900 of the expected 1200 hires, which saved the Payroll team 330 hours of manual input for the Aug-24 and Sept-24 SLE intake.

The yearly benefits forecast indicates a 22-minute reduction to the handling time of 1323 hires (2023-2024 SLE Hires data) that are currently handled by NWSSP Payroll. This equates to a potential 485 hours of work, costed as £7,440 using a Band 3 salary.

##### **General New Starters RPA:**

The SMA App RPA Improvement Group continue to meet weekly to go through the development and RPA management planning for existing and potential developments. The New Starters (general hires) RPA is the next development, with pre-development work started in Aug-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. This is yet to be confirmed and purchased, which poses a risk. The RPA Improvement Group have provided Payroll with the potential savings forecast together with an outline of the additional cost, requesting that a decision is made regarding the continuation of this initiative based on the additional expenditure.

**Benefits:** The yearly benefits forecast indicates a 22-minute reduction on each new hire. If all NHS organisations were to join the SMA App, then 20,000 annual new hires (excluding SLE Hires data) could be processed by the RPA, which equates to a potential 7333 hours of work, costed as £110,000 using a Band 3 salary.

The NHS organisations using the SMA App are CVUHB, BCUHB, DHCW, HEIW and Velindre UNT. There are two more NHS organisations joining the SMA App in Sept-24, Powys THB and WAST. Planning arrangements are being made with remaining organisations (CTMUHB, HDUHB, SBUHB, ABUHB and PHW) to join thereafter.

### **Main Issues, Risks & Blockers**

## Risks & Issues:

### Risks:

1. RPA Team delays
2. Payroll delays with data, support, collective Payroll management decision making
3. Payroll not investing in updating their business continuity planning and disaster recovery
4. Payroll not developing a comprehensive RPA admin SWI/SOP for post implementation RPA management
5. Competing interests with the ESR Management Self Service roll-out
6. Reliance on SLE New Starters process and data management. 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. Plus there is still a risk that changes in process related data is not also communicated or updated in the SLE tri-partite arrangement.

### Issues:

1. 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. This is yet to be confirmed and purchased, which poses a risk to this development and potential benefits. We have provided Payroll with the potential savings forecast and asked for their decision on proceeding.
2. 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.

## 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 was 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, concept and detailed design for the radio pharmacy completed, with all deliverable due for receipt by the end of Sept-24.

A Project Surveyor and other key advisors and internal resources have also been appointed.

Designs and specifications for enabling works has been prepared and a tender is live, closing on 30 September 2024, covering:

- 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
- Over cladding the roof above the pharmacy production area
- 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.

Funding for isolators was awarded in May-24. Although the suppliers initially selected by the tender process withdrew, an alternative supplier has been identified and an order place, recovering the project timeline. The new solution is actually better value than the one initially selected, so some of the allocated funding will be able to be released once all documentation is completed.

Operational Planning for the new service is underway with workshops held on process standardisation, documentation, and digital systems. We are engaging directly with Nuclear Medicine departments and Chief Pharmacists to ensure that the future model for ordering, delivering, and receipting product is both compliant with the Medicines Act and financially transparent and robust.

Planning for the staffing establishment is being considered on a phased basis:

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. 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 stand alone structure for Radio pharmacy in NWSSP and recruitment to the vacancies.
3. The full TRAMs OCP2 structure integrating Radio pharmacy with other supporting capabilities

The TUPE transfer will be able to be confirmed once the main Investment Decision has been made, now expected in early Oct-24, and recruitment to vacant roles can then begin.

Total Project capital costs are currently estimated at £9.1m

Enabling Works will be immediately following the Investment Decision, expected to be during Quarter 3 of 2024/5.

Cleanroom Build will follow, expected to be in Quarter 4 of 2024/5

Testing, validation, and regulatory approvals will follow in Quarter 1 of 2025/6.

The best case for the new unit to be opened is Jul-25.

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**

The main risks and issues to the project are as follows:

- **Power supply** within IP5 is known to be a constraint. An assessment by NWSSP Specialist Estates has concluded that there is available margin of 1.0MVA for work. Current estimates are that the Radio pharmacy requires 0.4 MVA.
- **Planning Permission** has been 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 Sec 106 Agreement will be needed, which may delay receipt of the approval letter. An "intention to award" letter may however be available earlier.
- **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 the roof over the production 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 carry out a TUPE transfer of these staff to NWSSP, accompanied by their budget allocation, and the non pay budget for the service. 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

Project Name	Project Manager	Project Exec/SRO
ESR Transformation Programme	Rebecca Jarvis	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:

- 3rd and final part of the Proof of Concept (POC) phase which comprised of exercises for usability heuristic analysis and deep die now concluded and lessons learnt document being drafted which will then complete the POC phase.
- Invite to Submit Final Tender (ISFT) development is progressing. Bidders issued with an early ISFT
- Planning in preparation for the development of the Full Business Case (FBC) continues

Strategic webinars series scheduled for Sept-24 - Transformation, Unlocking your Digital Capability (Optimisation) and The Power of Good Data.

Next Advisory Board and CEO Board led by the NHSBSA scheduled for 13 September 2024 and 04 October 2024 respectively.

Optimisation Levels of Attainment and Standards launched for 24/25. Meetings being arranged with organisations in Wales to analyse levels of functionality.

Enabling Readiness has continued with the people component element for the 3 test sites. All interviews have now taken place and analysis is being undertaken. The data set for Wales has been finalised and will be shared with the 3 test sites in September.

Within Wales work continues on the optimisation of ESR. A defined programme of work for Data Quality has agreed and is currently being finalised for approval at Workforce Directors. A detailed strategic outline case will be developed for Establishment Reporting over the next few months following discussions held at Directors of Workforce & Finance. Further internal discussions have taken place regarding the implementation of Manager Self Service with a reviewed scoping taking place which will be approved in September.

Wales Governance Board - New Future NHS Workforce Solution Steering Group 2nd meeting scheduled for 12 September 2024.

### **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 (H DUHB) 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 live in Cardiac Catheter Labs and shortly will be extended to its Surgical Short Stay Unit.

The most recent quarter has seen BCUHB successfully migrate over to the central servers in order to upgrade their SupplyX system. This will allow the national support team to ensure support is in place and software stays up to date. Planning is now underway with SBUHB to do similar as the final Health Org left to migrate over.

### **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
  - 16 planned for 24/25.
    - 4 live
  - Roll out plan:
    - a. Bridgend and Newport Admin Unit have split cost centres to align correctly with roster. Re engagement required as further data gathering needed for new cost centres.
    - b. Medical Examiner service have received demonstration on system and now considering an implementation date.
    - c. Receipt & Distribution in Procurement Division have received training in Jul-24 and Aug-24t and 10 rosters planned to go live from Aug-24

#### Duty of Quality:

1 rostering action has been completed on the Digital Workforce and Productivity (DWPS) Quality Improvement Action Log (QIAL):

- - Aligned Pay weekly bank staff and substantive staff.

#### Other updates:

Discussions are ongoing with People and OD and Service 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. Awaiting a decision from the service on how to proceed.

Implementation plan is underway for 'Loop' which is replacing Employee On Line (EOL) NWSSP E-Rostering Project Board approved the Rostering Teams recommendations regarding the appropriate level(s) across NWSSP. Communication materials have been translated and issued. Implementation will be a staged approach. Support for EOL is being withdrawn by the supplier in Dec-24.

Bank staff shifts are being reviewed on adding a restriction on over 12 weeks working.

- Roster Efficiency meetings have commenced with areas live to enhance rostering in the service.
- Currently going through E-Rostering engagement sessions for procurement of rostering system
- NWSSP currently fund 1,100 licenses. As of the July-24, via Health roster and Bank we are utilising circa 630 licenses.

### PHW Roll out

#### Implementation

- 10 units are now live on Health Roster.
- 1 unit has received training and awaiting go live
- 2 units are scheduled to receive training in September.
- 12 units have confirmed training dates.
- 5 units reviewing suitable training dates.

#### Other updates:

- Bilingual notifications have been set up in the system in preparation for Loop implementation.
- Roster Perform Training will be delivered to Rostering team on the 23 September 2024.

### Main Issues, Risks & Blockers

# PMO Dashboard Report

None above threshold to be reported.



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**19 September 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Update – September 2024**

<b>ARWEINYDD: LEAD:</b>	James Quance Assistant Director of Corporate Services
<b>AWDUR: AUTHOR:</b>	James Quance Assistant Director of Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alison Ramsey Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Alison Ramsey Director of Finance & Corporate Services <a href="mailto:Alison.Ramsey@wales.nhs.uk">Alison.Ramsey@wales.nhs.uk</a>

**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**

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

**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
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the report.				

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

# NWSSP CORPORATE RISK REGISTER UPDATE September 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:

<b>Current Risk Rating</b>	<b>September 2024</b>
Red Risk	6
Amber Risk	8
Yellow Risk	0
Green Risk	0
<b>Total</b>	<b>14</b>

### 2.1 Red-rated Risks

The following red risks remain on the register as follows:

- the Decarbonisation Action Plan risk (A5), 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);
- 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).

An escalated risk has been added (A13) in respect of the Primary Care Workforce Information System supplier dispute causing delayed go-live date and build specification uncertainty. This has been under review by SLG during Q1 and Q2 as concerns began to escalate and a further update was provided to the August SLG meeting.

## 3. RISKS FOR MONITORING

There are five risks which are retained on the Register to be monitored rated as follows:

<b>Current Risk Rating</b>	<b>September 2024</b>
Red Risk	0
Amber Risk	2
Yellow Risk	3
Green Risk	0
<b>Total</b>	<b>5</b>

The risk regarding the supply of the replacement Legal and Risk Case Management System (M2) has been removed with the new system in place and the financial position agreed with Welsh Government.

The risk for monitoring regarding the presence of Reinforced Autoclaved Aerated Concrete in the Brecon House building in Mamhilad (M6) has now been closed and removed from the service risk register as keys to the new building are now in our possession and we have taken possession of the new Du Pont building. This is now a live issue on the accommodation workstream as part of the overall project and will be managed as an ongoing issue until the move is completed.

#### **4. RECOMMENDATION**

The Committee is asked to:

- **NOTE** the update to the Corporate Risk Register as at September 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				
<b>Risks for Action</b>												
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.	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.	➔	At target
	<b>Strategic Objective - Service Development</b>									<b>Risk Lead: Director of Planning, Performance &amp; Informatics</b>		
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.	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	Complete further resource and activity re-modelling activity for recruitment.	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.	➔	At target
	<b>Strategic Objective - Staff</b>									<b>Risk Lead: Director People &amp; OD</b>		
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.	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 for Head of Emergency Preparedness to be advertised in Q2 to oversee forward look workplan in this area.	Covid-19 Lessons Learned undertaken with SLG June 2024 and business continuity exercises continue to be planned.	➔	31/03/2025
	<b>Strategic Objective - Services</b>									<b>Risk Lead: Director Planning, Performance &amp; Informatics</b>		
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.	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 with Welsh Government. Regular reports continue to be provided from NWSSP to Welsh Government on stockholding levels compared to Wave 2 and current usage levels.	➔	31/03/2025
	<b>Strategic Objective - Services</b>									<b>Risk Lead: Director Finance &amp; Corporate Services</b>		
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.	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. Exploring best fit resource for Decarbonisation Coordination Reporting Team.	➔	31/12/2024
	<b>Strategic Objective - Service Development</b>									<b>Risk Lead: Director, Specialist Estates Services</b>		

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				
<b>Risks for Action</b>												
<b>A5b</b>	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 respond to the declared Climate Emergency.	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.	➔	31/12/2024
	<b>Strategic Objective - Service Development</b>									<b>Risk Lead: Director, Specialist Estates Services</b>		
<b>A6</b>	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual 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 Core Participant status confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	4	4	16	Focus now is on meeting the challenging requirements to respond to requests from Inquiry by the due dates.	Time needing to be prioritised by key staff. Some success in obtaining a revised timeframe for submission of evidence to allow more time for collation. Dates in diary to seek Counsel guidance before submission.	➔	31/10/2024
	<b>Strategic Objective - Services</b>									<b>Risk Lead: Director, Finance &amp; Corporate Services</b>		
<b>A7</b>	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.	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. Three Service Improvement workshops with SLG over the summer sharing tools and techniques to develop plans. 2024/25 Financial Plan remains on track. Key priorities identified for Non-recurrent investment bids launched in August. Decision on successful bids will be made in September.	Summary of Grip and Control arrangements discussed with SLG in August and presented to DoFs in July. Programme of work established including variable pay controls, vacancy management, non-pay expenditure good practice including No PO No Pay and presentation from Procurement planned for Sept SLG.	➔	31/03/2025
	<b>Strategic Objective - Services</b>									<b>Risk Lead: Director, Finance &amp; Corporate Services</b>		
<b>A8</b>	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulations.	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. New role of Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1. Interviews planned 3 October.	3 areas of procurement legislation this year are likely to have significant impact.	➔	At target
	<b>Strategic Objective - Services</b>									<b>Risk Lead: Responsible Directors</b>		
<b>A9</b>	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.	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-learning 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.	➔	At target
	<b>Strategic Objective: Services</b>									<b>Risk Lead: Director, Finance &amp; Corporate Services</b>		
<b>A10</b>	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.	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.	➔	31/03/2025
	<b>Strategic Objective - Services</b>									<b>Service Director TRAMs</b>		

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				
<b>Risks for Action</b>												
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.  <b>Strategic Objective: Services</b>	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  <b>Risk Lead: Director Planning, Performance &amp; Informatics</b>	➔	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.  <b>Strategic Objective - Service Development</b>	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.  <b>Risk Lead: Director Planning, Performance &amp; Informatics</b>	➔	31/03/2025
A13	Primary Care Workforce Information System supplier dispute causing delayed go-live date and build specification uncertainty  <b>Escalated Divisional Risk</b>	5	3	15	Legacy system contract extended to 31.03.25 Build assessment plan established Invoices on Hold pending build assessment outcome	5	4	20	Project Board to complete build assessment following release of Sandbox by Supplier (no confirmed release date)	Supplier indicated 90.7% build complete 01.07.24. This cannot be confirmed by NWSSP. Project Team to complete build assessment via supplier 'show & tell' 1/2.10.24 and release of Sandbox.  <b>Risk Lead: Director People &amp; OD</b>	⬆	31/10/2024
M1	Suppliers, Staff or the general public committing fraud against NWSSP.  <b>Strategic Objective - Value For Money</b>	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)  <b>Risk Lead: Director of Finance &amp; Corporate Services</b>	➔	
M3	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5  <b>Strategic Objective - Service Development</b>	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.  <b>Risk Lead: Programme Director</b>	➔	
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 discussions 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.  <b>Risk Lead: Director of Finance &amp; Corporate Services</b>	➔	
M5	The planned development of the Clinical Pharmacy Service is adversely impacted due to financial and staffing challenges  <b>Escalated Divisional Risk</b>	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.  <b>Risk Lead: Service Director</b>	➔	

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				
<b>Risks for Action</b>												
M7	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	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	➔	
Strategic Objective - Service Development										Risk Lead: Director of Procurement Services		

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

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

**NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 18/08/2024 (Updated 19/08/2024)**

Product Type	Units Issued since 09/03/2020 (Inc Social Care)	Units Issued in last 7 days	Units in Stock	Orders Placed (Units)
Aprons	261,552,300	176,825	23,582,850	152,000
Body Bags	16,420	12	10,157	0
Eye Protector	1,646,522	0	592,331	0
Type I & Type II Masks	2,376,700	1,350	84,150	0
Type IIR Masks	282,432,388	16,032	8,804,415	900
FFP2 Masks	127,144	0	201,120	0
FFP3 Masks (3M)	4,929,347	330	2,499,635	0
FFP3 Masks (Other)	191,100	0	0	0
Face Visors	7,553,876	220	274,749	0
Fit Test Kits & Spares	6,683	0	397	0
Gloves	1,366,840,430	2,079,150	140,592,200	217,915,000
Gloves Cuff	2,051,200	5,400	415,350	29,500
Gowns (Fluid-Resistant)	5,092,783	2,744	744,003	22,400
Gowns (Other)	1,259,511	1,244	67,658	0
Hand Sanitizer	1,131,031	2,385	170,210	720
Wipes (Universal)	190,936,400	1,406,000	5,496,600	0
Wipes (Other)	131,856,202	230,525	1,306,325	201,800
Respirator Hoods	157	0	442	0
Respirator Filters	35,273	0	42,600	0
<b>Total</b>	<b>2,260,035,467</b>	<b>3,922,217</b>	<b>184,885,192</b>	<b>218,322,320</b>

**Key Notes & Assumptions**

- a) The reported stock holding does not include stock physically held within the receiving organisations.
- b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- d) The reporting of stock is based on individual units, except for:
  - Gloves where a unit is reported based on the unit size of a pack (single or pair)
  - Hand sanitiser where a unit is a bottle regardless of the size
- e) The dashboard output is a snapshot at a point in time of a dynamic position

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 4 – JULY 2024**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for July 2024 and should be read in conjunction with the Monitoring Return tables submitted for Month 4.

Thank you for your letter of 29<sup>th</sup> July 2024 responding to the Month 3 submission. The action points raised have been addressed in this return and supplementary information provided where requested.

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

NWSSP's financial outturn to Month 4 reported a £0.379m surplus. As was reported in previous months this is entirely due to lower actual expenditure to date against the forecast profile of the £3.752m covid funding allocation received. We continue to monitor forecasts of expenditure we estimate we will incur to provide the covid support service. As agreed with Matthew Denham-Jones we will continue to review this and amend our forecast expenditure against this funding allocation as we progress throughout the financial year.

Our balanced financial plan, excluding the impact of any variance in covid funding, continues to be based on the assumptions included in our IMTP, which include a number of income streams which are still to be confirmed.

#### **1. Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)**

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

The lower section of the table has been populated with the full year updated forecast of Covid expenditure against our £3.752m allocation. This continues to identify a £0.524m full year forecast surplus in line with our previous submissions, although this is subject to change as we identify additional covid related costs this financial year. The in year forecast surplus against the allocation provided continues to be due to a combination of vacancies, the

provision of funding at top of pay scales and seasonal variations in the covid support workload. The decision to not utilise a frozen vaccine for the autumn campaign reduces the number of staff required to support the distribution, however the savings resulting from this have been offset by the identification of additional one-off covid support and PPE related costs that we anticipate will materialise in 2024/25.

Additional year to date non-recurrent savings of £1.194m are reported which are negated by the establishment of a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales.

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

- The full year income forecast for 2024/25 has increased from £720.969m as forecast in our Month 3 return to £721.268m. This increase is due to the net impact of SLE expenditure in excess of forecast in July, a reduction in the GMPI forecast and an increase in the pharmacy rebates income forecast.
- The SLE pay and non pay forecast totals £263.148m (£262.865m Month 3) as detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	20.293	19.275	20.125	20.496	20.842	20.842	20.842	20.842	20.842	20.842	20.842	20.842	<b>246.922</b>
NON PAY	0.990	1.537	1.332	1.221	1.393	1.393	1.393	1.393	1.393	1.393	1.393	1.393	<b>16.226</b>
<b>TOTAL</b>	<b>21.284</b>	<b>20.812</b>	<b>21.457</b>	<b>21.718</b>	<b>22.235</b>	<b>22.235</b>	<b>22.235</b>	<b>22.235</b>	<b>22.235</b>	<b>22.235</b>	<b>22.235</b>	<b>22.235</b>	<b>263.148</b>

This forecast includes our IMTP estimate of expenditure from August, however with increased training places, rotations and vacancies we will need to review this again in September and amend the forecast if required. The forecast doesn't yet include any assessment of the agreed backdated medical & dental pay award arrears which are expected to be paid in September as we haven't yet received confirmation of the arrears values. We are liaising with UHBs/Trusts regarding additional SLA payments in September to ensure sufficient cash coverage to pay the arrears to the SLE trainees.

- Funding for the 2022/23 and 2023/24 pay awards is anticipated in Table E1. Following confirmation in June of the funding to be provided we received confirmation to invoice for this in early August so this will be removed from Table E1 next month.
- We continue to anticipate income in respect of the Real Living Wage (RLW) pay uplift for 2024/25. This has been left on row 20 in table E1 as the description for row 13 relates to RLW impact for Care Homes and our

RLW pay award relates to the increase to £12 per hour for our staff who are not linked to care homes (**Action Point 3.3**)

- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears. The Month 12 increase is larger due to two quarters being included as part of the year end accruals.
- Forecast non-cash charges of £5.732m have been included which is a reduction from last month due to the exclusion of unapproved IFRS16 DEL depreciation charges as requested (**Action Point 3.1**). The value of this adjustment is £0.634m and we continue to work with Welsh Government capital finance colleagues on finalising the required returns.
- £25.836m income and expenditure is included to Month 4 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast balances to the £139.913m as included in our IMTP and is phased on a straight-line basis over remaining months. This continues to assume that the WRP risk share agreement will be invoked for £30.478m.

A high level review of our forecast undertaken at the beginning of August confirms that the £139.913m forecast continues to be the best estimate at this early point in the financial year. This will continue to be monitored on a monthly basis to ensure any material deviation from forecast can be highlighted at the earliest opportunity.

- Our 2024/25 energy costs continue to be forecast at £3.878m in line with the 2023/24 outturn position whilst we validate the updated forecasts from our energy suppliers and await forecasts for the laundry energy recharges from UHBs. In line with our IMTP we continue to anticipate that £1.000m of energy costs will need to be recharged back to UHBs in respect of the excess laundry costs over the values included in our SLAs.

Table B1 identifies key movements in our plan – the variances highlighted can be explained as follows:

- Welsh NHS LHBs & Trusts income – the in month and full year forecast movements are primarily due to the increased SLE costs we incurred in July above forecast.
- Welsh Government income – the in month reduction is due to the reprofile of the year to date pay award funding from July to August and the revised profile of the WRP income in line with claims. The full year forecast reduction primarily relates to a reduction in the GMPI forecast.
- Other income – the in month and full year forecast movements are due to anticipated additional income from pharmacy rebates.

- Provider Services – Non Pay – the increase is due to the pharmacy rebates income forecast which will be repatriated back to NHS Wales.
- Welsh Risk Pool – the in month reduction is a reprofile of expenditure to match actual expenditure incurred and there is no impact on the full year forecast
- Depreciation – the full year reduction is due to the removal of unapproved IFRS16 DEL charges

Table B3 details the in month and forecast Covid19 additional expenditure against our £3.752m allocation.

This identifies a £0.379m surplus to Month 4, with a full year forecast surplus of £0.524m. Due to the profile of vaccination support phased towards the autumn/winter months and variations in PPE demand this forecast will be reviewed as we progress throughout the financial year.

We have received a further update from Welsh Government with regard to the required PPE stockholding levels and await a further update after the summer when full assessment of the impact on Wales of the DHSC's OBC for PPE stockpiles has been completed. We will need to review the level of funding required to support any amended stockholding particularly if the volumes are expected to increase as indicated in the latest correspondence from Welsh Government.

The provision of PPE to Primary & Social Care ceased on 31<sup>st</sup> March 2024 – Table B3 includes a £0.011m credit due to the return of some PPE items in April. There have been no issues or returns of PPE since then to report and we will not issue any further PPE so no additional costs or funding requirements are anticipated. There may however be further credits later in the year if any more PPE is returned from the Primary & Social Care issue points.

At the end of 2023/24 we accrued a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We will continue to review this monthly to identify if any further cash can be returned to Welsh Government, although this is dependent upon overall stock balances reducing.

## **2. Underlying Position (Table A1)**

Table A1 has been completed to detail the £0.605m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We have mitigated this pressure in 2024/25 through planned recharges to UHBs, together with service improvement reviews, if we are unable to cover these costs from NWSSP savings.

### 3. Risk Management (Table A2)

This table has been reviewed at the end of July and no amendments to the value of risks and opportunities have been identified this month but the risk descriptions have been updated where there has been any change. It should be noted that whilst there may be opportunities to mitigate some of these risks, there will be a limit to this if a number of these risks materialise (**Action Point 1.3**). Further details of the risks included in Table A2 are:

- Increased activity support cannot be agreed with UHBs/Trusts - £0.605m – this links to our assumption that if we cannot generate additional savings internally, we will need to recharge the additional activity support costs to UHBs/Trusts, which we may not be able to agree, despite including this in our IMTP planning assumptions and represents a risk to our forecast outturn. Our IMTP planning assumptions noted that we would review activity levels and savings achievement in October and invoice 50% of the £0.605m if required, with a further review at the end of January 2025 regarding the other 50%. We continue to monitor this prior to the October trigger point.
- Laundry energy recharges cannot be agreed with UHBs - £1.000m – Welsh Government confirmed that additional energy funding for the laundries has been provided to UHBs in their recurrent energy funding allocation – agreement to fund the additional energy costs from the laundries may still be met with challenge from UHBs. Given we have moved activity across our laundries following the closure of Glangwili laundry on 31<sup>st</sup> March 2024, we can no longer justify recharging excess energy costs back to the UHB where the laundry is located. We are therefore planning to invoice UHBs for the additional energy support costs in line with the 2023/24 additional charges which Welsh Government recurrently funded to UHBs and then maintaining an All Wales reconciliation of energy costs across all laundries to determine any additional charges or repatriation of savings required.
- Income Targets cannot be achieved - £0.250m – we increased a number of our income targets for 2024/25 and at this early stage in the financial year there does remain the risk that we may not achieve all the targets
- Inflation is more than budgeted - £0.250m – this risk remains as contracts expire and new ones commence during the financial year and is outside of our control

- Storage Costs retention of records funding - £0.103m – this cost pressure remains at present whilst we review our plan to cull any medical records now that the Infected Blood Inquiry has reported. Welsh Government funded this cost pressure non-recurrently in 2022/23 and 2023/24 and we continue to incur additional costs that we cannot avoid due to previous limitations on the destruction of medical records. We do not have funding confirmed for 2024/25. This issue was discussed with Matthew Denham-Jones in a meeting held on 2<sup>nd</sup> July 2024.
- TRAMS/Radiopharmacy transitional funding - £0.172m – our IMTP assumed that Welsh Government would provide funding for additional posts to support the establishment of the Radiopharmacy unit during the transition phase before we become operational and can recover our costs. The value of this risk will need to be reviewed in light of pending decisions regarding the radiopharmacy unit and slippage of appointments within the financial year. This issue was discussed with Matthew Denham-Jones in a meeting held on 2<sup>nd</sup> July 2024.
- Accommodation Strategy Delays - £0.100m – this risk remains until we have confirmed lease extension dates, lease renewal costs and lease commencement dates for the sites included in our estates rationalisation plan for 2024/25 – there is a risk that slippage on dates will impact the level of savings we have included within our financial plan.
- Glangwili Laundry Transfer Delay - £0.105m – the laundry transfer occurred on 1<sup>st</sup> April 2024 as planned, however there are a number of staff who await redeployment and ill health retirement who we are dependent upon Hywel Dda workforce teams to facilitate which may impact 2024/25 costs that we have agreed to support.

Opportunities included within our financial plan include:

- NWSSP Share of all Wales energy forecast is less than anticipated - £0.100m – this opportunity may crystallise as we update our NWSSP (excluding laundry) energy forecast now that the all Wales forecast costs have reduced and also may be impacted dependent upon when the IP5 solar farm becomes operational during the financial year.
- Turnover/Vacancy rates are higher than budgeted - £1.000m – this opportunity exists due to the additional non-recurrent savings we are reporting to date
- Activity reduces and additional support costs are no longer required - £0.303m – this opportunity is linked to the risk regarding agreeing increased transactional costs with other Organisations and recognises the

potential saving if activity reduces so that additional resource is no longer required in quarters 3 and 4.

- Inflationary pressures are less than budgeted - £0.250m – this recognises the potential opportunity if inflationary costs we have budgeted for do not occur at the expected levels during the financial year.

#### 4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to report against.

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

£0.033m of agency expenditure was reported in Month 4 which continues the trend of month on month reduction in agency costs. We continue to deploy controls regarding engagement of agency staff and also review agency expenditure in detail to minimise usage and a number of agency staff have been transferred to bank or fixed term contracts in support of this.

Due to the success of our enhanced controls we have reduced our forecast agency expenditure for future months, although we do aim to reduce this forecast further again as we progress throughout the financial year (**Action Point 3.2**).

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

#### 6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B2 Section D)

We are reporting variable pay expenditure of £0.315m in April, £0.303m in May, £0.312m in June and £0.344m in July against the £0.409m monthly forecast included in our IMTP. The increase in July is reported due to this being a 5 week month for our weekly paid staff which does cause a variation in reported costs during the financial year. We have reduced our monthly forecast expenditure from August and continue to strengthen our controls and monitoring of variable pay expenditure across NWSSP with the aim of this reducing further in future months (**Action Point 3.2**).

**7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 & C3)**

The savings tracker has been populated per our IMTP. In month 4 we are reporting a non-recurrent overachievement of savings of £1.193m against our planned vacancy factor due to the number of vacancies we are in the process of recruiting to.

**8. Income Assumptions (Tables D, E & E1)**

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-24 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation and which were highlighted as income assumptions in our IMTP.

**9. Health Care Agreements and Major Contracts**

No further updates to report.

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

At 31<sup>st</sup> July 2024 there were six NHS invoices outstanding over 17 weeks. All of these have been paid or credited in early August.

**11. Cash Flow Forecast (Table G)**

Not required for completion by NWSSP.

**12. Public Sector Payment Policy Compliance (Table H)**

This table is not required for NWSSP.

**13. Capital Schemes and Other Developments (Tables I, J & K)**

Tables I & J have been populated with the year to date and forecast expenditure against our current Capital Expenditure Limit of £4.003m.

We are developing our plans to ensure our capital funding is fully utilised during the financial year.

The Radiopharmacy business case draft has been approved by the Shared Services Partnership Committee in July and submission to Welsh Government is imminent.

**14. IFRS 16 & CAME (Table Q)**

This table has been updated with changes that we reflected in our July IFRS16 submission.

**15. Other Issues**

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

The Shared Services Partnership Committee will receive the Month 4 and 5 monitoring return submissions at the September meeting.

**16. Authorisation of Return**



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



.....  
**ALISON RAMSEY**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**  
**NWSSP**

**12<sup>th</sup> August 2024**

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 5 – AUGUST 2024**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for August 2024 and should be read in conjunction with the Monitoring Return tables submitted for Month 5.

Thank you for your letter of 29<sup>th</sup> August 2024 responding to the Month 4 submission. The action points raised have been addressed in this return and supplementary information provided where requested.

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

NWSSP's financial outturn to Month 5 reported a £0.417m surplus. As was reported in previous months this is entirely due to lower actual expenditure to date against the forecast profile of the £3.752m covid funding allocation received. We continue to monitor forecasts of expenditure we estimate we will incur to provide the covid support service. As agreed with Matthew Denham-Jones we will continue to review this and amend our forecast expenditure against this funding allocation as we progress throughout the financial year. We will also need to factor in any forecast movement on PPE stock provisions that will be required at 31<sup>st</sup> March 2025.

Our balanced financial plan, excluding the impact of any variance in covid funding, continues to be based on the assumptions included in our IMTP, which include a number of income streams which are still to be confirmed.

#### **1. Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)**

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

The lower section of the table has been populated with the full year updated forecast of Covid expenditure against our £3.752m allocation. This continues to identify a £0.524m full year forecast surplus in line with our previous submissions, although this is subject to change as we identify additional covid related costs this financial year. The in year forecast surplus against the

allocation provided continues to be due to a combination of vacancies, the provision of funding at top of pay scales and seasonal variations in the covid support workload. The decision to not utilise a frozen vaccine for the autumn campaign reduces the number of staff required to support the distribution this year, however the savings resulting from this have been offset by the identification of additional one-off covid support and PPE related costs that we anticipate will materialise in 2024/25. These additional covid support costs were previously factored into the forecast to be incurred in Month 12, however we have reviewed these in more detail and revised the forecast expenditure profiles based on our current expectations (**Action Point 4.2**).

Additional year to date non-recurrent savings of £1.413m are reported which are negated by the establishment of a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales. We are undertaking a detailed forecasting exercise during September and also reviewing our emerging pressures, capacity and resourcing issues, so will provide an update on further forecast savings in our Month 6 return (**Action Point 4.3**). We will also discuss the key issues within our financial position with Matthew Denham-Jones when we next meet on 2<sup>nd</sup> October. During October we will also seek to confirm if there will be any additional savings available for distribution to NHS Wales and Welsh Government.

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

- The full year income forecast for 2024/25 has increased from £721.268m as forecast in our Month 4 return to £764.417m. Of this increase, £40.910m is due to the impact of the backdated 2023/24 Medical & Dental pay award that will be paid in September and the additional SLE income forecast following the August intake and rotations. There are also smaller increases in forecast income due to the WIBSS estates payments that are scheduled to be made in October, an increase in the GMPI forecast and increases in the stores and pharmacy rebate income above the level previously budgeted.
- The updated SLE pay and non pay forecast including the 2023/24 backdated pay award totals £304.058m (£263.148m Month 4) as detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	20.293	19.275	20.125	20.496	21.655	49.381	22.872	22.872	22.872	22.872	22.872	22.872	<b>288.456</b>
NON PAY	0.990	1.537	1.332	1.221	1.368	1.308	1.308	1.308	1.308	1.308	1.308	1.308	<b>15.602</b>
<b>TOTAL</b>	<b>21.284</b>	<b>20.812</b>	<b>21.457</b>	<b>21.718</b>	<b>23.023</b>	<b>50.688</b>	<b>24.180</b>	<b>24.180</b>	<b>24.180</b>	<b>24.180</b>	<b>24.180</b>	<b>24.180</b>	<b>304.058</b>

This forecast does not include any uplift estimates for the 2024/25 Medical & Dental pay award. The forecast has extrapolated the new SLE intake

costs for August and has also factored in the estimated impact of the backdated 2023/24 pay award. Given the volumes of trainees, the large rotation in August and the impact of the pay award, we will need to review the forecast on a monthly basis in comparison to actual monthly costs over the next few months and review this as required. The forecast also includes estimates of the additional locum shifts that we will pay through the SLE which will vary on a monthly basis.

- The WIBSS compensation scheme for the Alliance House applications (legacy schemes) is planned to open during October. There are approximately 400 eligible applicants to the scheme, although these will be received on a piecemeal basis as they are submitted with a long application window. At this stage we are uncertain how many applications will be received during 2024/25 or the total quantum of potential payments so no income or expenditure in respect of these applications have been included in the forecast. Consideration will also need to be given to the potential value and funding of provisions to account for at 31<sup>st</sup> March 2025.
- We continue to anticipate income in respect of the Real Living Wage (RLW) pay uplift for 2024/25. This has been left on row 20 in table E1 as the description for row 13 relates to RLW impact for Care Homes and our RLW pay award relates to the increase to £12 per hour for our staff who are not linked to care homes.
- The forecast does not include any estimate of the 2024/25 A4C pay award
- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears. The Month 12 increase is larger due to two quarters being included as part of the year end accruals.
- Forecast non-cash charges total £5.897m which reconcile back to the August non-cash submission. This is an increase from last month due to the approval of IFRS16 funding for Quarter 1 which is now included in the forecast depreciation costs in Table B.
- £31.692m income and expenditure is included to Month 5 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast balances to the £139.913m as included in our IMTP and is phased on a straight-line basis over remaining months. This continues to assume that the WRP risk share agreement will be invoked for £30.478m.

A high level review of our forecast undertaken at the beginning of September confirms that the £139.913m forecast continues to be the best

estimate at this early point in the financial year. This will continue to be monitored on a monthly basis to ensure any material deviation from forecast can be highlighted at the earliest opportunity.

- Our 2024/25 energy costs continue to be forecast at £3.878m in line with the 2023/24 outturn position whilst we undertake an ongoing review of our energy costs and continue to await forecasts for the laundry energy recharges from UHBs. In line with our IMTP we continue to anticipate that £1.000m of energy costs will need to be recharged back to UHBs in respect of the excess laundry costs over the values included in our SLAs.

Table B1 identifies key movements in our plan – the variances highlighted can be explained as follows:

- Welsh NHS LHBs & Trusts income – the increase in the full year forecast is due to the impact of the Medical and Dental 2023/24 pay award and arrears incorporated into the forecast from September.
- Welsh Government income – the in month reduction is due to the revised profile of the WRP income in line with claims expenditure. The full year forecast increase is due to the forecast future WIBSS estates payments and increased GMPI forecast.
- Provider Services – Pay – the full year forecast increase is due to the Medical and Dental 2023/24 pay award and arrears.
- Provider Services – Non Pay – the full year forecast increase is due to the future WIBSS estates payments and increased GMPI forecast.
- Welsh Risk Pool – the in month reduction is a reprofile of expenditure to match actual expenditure incurred and there is no impact on the full year forecast

Table B3 details the in month and forecast Covid19 additional expenditure against our £3.752m allocation.

This identifies a £0.417m surplus to Month 5, with a full year forecast surplus of £0.524m. Due to the profile of vaccination support phased towards the autumn/winter months and variations in PPE demand this forecast will be reviewed as we progress throughout the financial year.

We have a further meeting scheduled with Welsh Government colleagues on 18<sup>th</sup> September 2024 to discuss the required PPE stockholding levels. We will need to review the level of funding required to support any amended stockholding particularly if the volumes are expected to increase as indicated in more recent correspondence from Welsh Government. We will also need to assess the impact on our PPE stock provisions for 2024/25.

The provision of PPE to Primary & Social Care ceased on 31<sup>st</sup> March 2024 – Table B3 includes a £0.011m credit due to the return of some PPE items in April. There have

been no issues or returns of PPE since then to report and we will not issue any further PPE so no additional costs or funding requirements are anticipated. There may however be further credits later in the year if any more PPE is returned from the Primary & Social Care issue points.

At the end of 2023/24 we accrued a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We will continue to review this monthly to identify if any further cash can be returned to Welsh Government, although this is dependent upon overall stock balances reducing.

## 2. Underlying Position (Table A1)

Table A1 has been completed to detail the £0.605m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We have mitigated this pressure in 2024/25 through planned recharges to UHBs, together with service improvement reviews, if we are unable to cover these costs from NWSSP savings.

## 3. Risk Management (Table A2)

This table has been reviewed at the end of August and a number of amendments to the value of risks and opportunities reported this month. It should be noted that whilst there may be opportunities to mitigate some of these risks, there will be a limit to this if a number of these risks materialise (**Action Point 1.3**). Further details of the risks included in Table A2 are:

- Increased activity support cannot be agreed with UHBs/Trusts - £0.605m – as part of our detailed forecasting exercise we will undertake an assessment of whether we will need to charge NHS Wales Organisations for this increased activity or if we can cover this from any additional savings achievement in 2024/25.
- Laundry energy recharges cannot be agreed with UHBs - £1.000m – This risk remains whilst we await energy forecasts from UHBs for the laundries.
- Income Targets cannot be achieved - £0.250m – we will review this risk when we have completed our detailed forecasting exercise and update this in Month 6

- Inflation is more than budgeted - £0.250m – we will review this risk when we have completed our detailed forecasting exercise and update this in Month 6
- Storage Costs retention of records funding - £0.103m – this cost pressure remains at present whilst we review our plan to cull any medical records now that the Infected Blood Inquiry has reported. Welsh Government funded this cost pressure non-recurrently in 2022/23 and 2023/24 and we continue to incur additional costs that we cannot avoid due to previous limitations on the destruction of medical records. We do not have funding confirmed for 2024/25. This issue was discussed with Matthew Denham-Jones in a meeting held on 2<sup>nd</sup> July 2024 and will be further discussed at our next meeting scheduled for 2<sup>nd</sup> October 2024 and will also consider the additional cost pressure to complete a backdated destruction exercise.
- TRAMS/Radiopharmacy transitional funding - £0.172m – our IMTP assumed that Welsh Government would provide funding for additional posts to support the establishment of the Radiopharmacy unit during the transition phase before we become operational and can recover our costs. The value of this risk will need to be reviewed in light of pending decisions regarding the radiopharmacy unit and slippage of appointments within the financial year. This issue was discussed with Matthew Denham-Jones in a meeting held on 2<sup>nd</sup> July 2024.
- Accommodation Strategy Delays - £0.100m – this risk has been removed as whilst we do envisage some delays, we have achieved additional savings so that this is no longer a risk to our outturn position.
- Glangwili Laundry Transfer Delay - £0.105m – this risk has been removed following the transfer of the laundry in April 2024 and a review of the associated provisions made so that this is no longer considered a risk to our outturn position.

Any risks with a residual value of zero have been removed from Table A2 as requested **(Action Point 4.1)**

Opportunities included within our financial plan include:

- NWSSP Share of all Wales energy forecast is less than anticipated - £0.100m – this opportunity may crystallise as we update our NWSSP (excluding laundry) energy forecast now that the all Wales forecast costs have reduced and also may be impacted dependent upon when the IP5 solar farm becomes operational during the financial year.

- Turnover/Vacancy rates are higher than budgeted - £1.500m – this opportunity has been increased due to the additional non-recurrent savings we are reporting to date.
- Activity reduces and additional support costs are no longer required - £0.303m – this opportunity is linked to the risk regarding agreeing increased transactional costs with other Organisations and recognises the potential saving if activity reduces so that additional resource is no longer required in quarters 3 and 4.
- Inflationary pressures are less than budgeted - £0.250m – this opportunity will be reviewed as part of our detailed forecasting exercise.

#### **4. Ring Fenced Allocations (Tables B, N, O & P)**

NWSSP does not have any ring fenced allocations to report against.

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

£0.012m of agency expenditure was reported in Month 5 which continues the trend of month on month reduction in agency costs. We continue to deploy controls regarding engagement of agency staff and also review agency expenditure in detail to minimise usage and a number of agency staff have been transferred to bank or fixed term contracts in support of this.

The forecast agency expenditure for future months remains at £0.040m per month to reflect the risk that we may have to engage agency staff to provide continuity of services over the winter months if alternative options cannot be found.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

#### **6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B2 Section D)**

We are reporting variable pay expenditure of £0.288m for August which is our lowest month to date. We will review the expenditure further during September and look to update the forecast in our Month 6 return with the aim of reducing this below the monthly £0.352m currently forecast.

We continue to strengthen our controls and monitoring of variable pay expenditure across NWSSP with the aim of minimising this as far as possible.

**7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 & C3)**

The savings tracker has been populated per our IMTP. In month 5 we are reporting a non-recurrent overachievement of savings of £1.413m against our planned vacancy factor due to the number of vacancies we are in the process of recruiting to.

**8. Income Assumptions (Tables D, E & E1)**

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values amended for the backdated 2023/24 Medical & Dental pay award. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-22 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation and which were highlighted as income assumptions in our IMTP.

The non-cash depreciation charges have been updated to reconcile to the August non-cash submission. The GMPI claims anticipated income has been increased in line with the most recent forecast.

We have included a line for anticipated income for the 2023/24 NWSSP (non SLE) Medical & Dental pay award. We are unable to include a value at present until we can quantify the impact of the revised pay scale points and pay award, and also whether the funding for the Medical Examiner Medical staff pay award will be funded from Welsh Government or form part of the overall recharge arrangements for the Medical Examiner service. We will update this in our Month 6 return.

**9. Health Care Agreements and Major Contracts**

No further updates to report.

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

At 31<sup>st</sup> August 2024 there were four NHS invoices and one NHS credit note outstanding over 17 weeks. All of these are for Cwm Taf Morgannwg and the four outstanding invoices are in relation to a query raised with Velindre over the late addition of items to the Agreement of Balances exercise at year end. A compromise was agreed between CTM and Velindre regarding the value of the debtors/creditors outstanding without NWSSP involvement. We are liaising with both parties to understand what was agreed and how to transact this to enable payment of the outstanding invoices (**Action Point 4.4**).

**11. Cash Flow Forecast (Table G)**

Not required for completion by NWSSP.

**12. Public Sector Payment Policy Compliance (Table H)**

This table is not required for NWSSP.

**13. Capital Schemes and Other Developments (Tables I, J & K)**

Tables I & J have been populated with the year to date and forecast expenditure against our current Capital Expenditure Limit of £6.611m.

We are developing our plans to ensure our capital funding is fully utilised during the financial year. We are also reviewing our capital prioritisation plans to identify what schemes we could progress in 2024/25 if additional capital funding becomes available.

**14. IFRS 16 & CAME (Table Q)**

This table has been updated with changes that we reflected in our August non-cash submission and our September IFRS16 submission.

**15. Other Issues**

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

The Shared Services Partnership Committee will receive the Month 4 and 5 monitoring return submissions at the September meeting.

**16. Authorisation of Return**



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



.....  
**ALISON RAMSEY**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**  
**NWSSP**

**11<sup>th</sup> September 2024**



**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Assurance Report – September 2024**

<b>ARWEINYDD: LEAD:</b>	James Quance Assistant Director of Corporate Services, NWSSP
<b>AWDUR: AUTHOR:</b>	Carly Wilce Corporate Services Manager, NWSSP
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alison Ramsey Director of Finance & Corporate Services, NWSSP
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Alison Ramsey Director of Finance & Corporate Services, NWSSP 02921 501500 / <a href="mailto:Alison.ramsey@wales.nhs.uk">Alison.ramsey@wales.nhs.uk</a>

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

The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on 25 July 2024.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

Who has been consulted on the details of the report?  

- NWSSP Audit Committee

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

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

**Crynodeb Dadansoddiad Effaith:  
Summary Impact Analysis:**

<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	No direct impact
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact
<b>Ansawdd, Diogelwch a Profiad y Clef:</b>	No direct impact

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	No direct impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Dyletswydd Ansawdd/ Duty of Quality:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## **VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT**

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

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 25 July 2024, is outlined below:

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	No matters to advise.
<b>ASURE</b>	<p><b>Managing Directors Update</b></p> <p>The Managing Director presented the Committee with an extensive update as to key developments within NWSSP. The main highlights discussed are as follows:</p> <ul style="list-style-type: none"> <li>• at the end of month 3, there was a cumulative surplus of £1.153m recorded, mainly due to ongoing turnover and delays in recruitment and £0.307m against the Covid-19 allocation;</li> <li>• there were no matters to raise in respect of NWSSP in the Audit Wales ISA260 report regarding the 2023-24 Annual Accounts;</li> <li>• 80% of IMTP objectives were on track for the year;</li> <li>• the Radiopharmacy business justification case had been approved by the Shared Services Partnership Committee at its meeting in July 2024;</li> <li>• positive progress had been made in terms of Laundry Services. A Memorandum of Terms of Occupation (MOTO) had been developed in conjunction with Hywel Dda in relation to the ongoing occupation at the Glangwili site, regarding it's use as a Laundry hub;</li> <li>• Regulations for the Death Certification Reforms were laid in Parliament, including the introduction of a Statutory Medical Examiner system on the 15 April 2024. The Legislation would come into force on Monday 9 September 2024, meaning independent scrutiny by a Medical Examiner would become</li> </ul>

	<p>a Statutory requirement prior to the registration of all on-coronial deaths in England and Wales from this date;</p> <ul style="list-style-type: none"> <li>• The procurement phase of the enhancement to the ESR system was nearing completion and it was hoped that a contract would be awarded to the successful bidder by spring 2025 and costs would be known in the next few months;</li> <li>• the National Health Application and Infrastructure Services (NHAIS) system was being decommissioned;</li> <li>• NWSSP continue to work with Welsh Government in relation to Covid stock requirements for Personal Protective Equipment;</li> <li>• NWSSP continues to respond to requests for information from the Covid-19 Public Inquiry and are receiving disclosures as they are available as core participants for module 5 of the Covid-19 Inquiry;</li> <li>• Welsh Government approved the stock holding of medicines on 20 March 2024 to increase the resilience of Wales;</li> <li>• NWSSP received formal instruction from Welsh Government in June 2024 to make second interim compensation payments to beneficiaries of the Infected Blood Inquiry;</li> <li>• planning arrangements for the Shared Services Partnership Committee autumn development session was progressing;</li> <li>• the Senior Leadership Group would attend a service improvement workshop in August 2024 to further develop the approach and specific projects; and</li> <li>• there were no changes to Senior Management staffing to report.</li> </ul>
<b>ASSURE</b>	<p><b>External Audit Position Statement</b></p> <p>Audit Wales provided an update as to current and planned audit work. The audit and assurance work at NWSSP had been completed and conclusions had been shared with NHS audit teams in June 2024. Findings from the audit of IT systems hosted by NWSSP would be shared with the NWSSP Audit Committee in October 2024. There were no issues to report for NWSSP and the audit of 2023-24 Velindre Annual Accounts had been signed off in July 2024.</p>
<b>ASSURE</b>	<p><b>Internal Audit Position Statement</b></p> <p>The Head of Internal Audit presented the Position Statement together with an overview of other activity undertaken since the previous meeting. Key points to highlight were:</p> <ul style="list-style-type: none"> <li>• four Internal Audit reports from the 2023-24 annual plan had been finalised; and</li> </ul>

	<ul style="list-style-type: none"> <li>• progress had made regarding the commencement of the 2024-25 Audit Plan.</li> </ul>
<b>ASSURE</b>	<p><b>Internal Audit Reports</b></p> <p>The following reports were presented to the Committee for consideration:</p> <p><b><u>Decarbonisation</u></b>  Due to the risk to achievement of National targets due to the lack of Capital funding the review received an assurance opinion rating of Limited Assurance, with <b>three</b> recommendations for action, including a high priority recommendation for the development of a fully costed implementation plan. All recommendations were either implemented or in progress.</p> <p><b><u>Student Awards</u></b>  The audit achieved Reasonable Assurance with <b>three</b> medium priority recommendations for action. Implementation of the new GP UK system had improved automation, efficiency and sample testing identified no errors in the calculation of bursary awards.</p> <p><b><u>Single Lead Employer</u></b>  The review tested compliance with a range of Policies and Procedures, key aspects of risk and governance within the service. The audit achieved Reasonable Assurance, with <b>four</b> recommendations raised.</p> <p><b><u>Procurement Services</u></b>  The audit reviewed the adequacy of the systems and controls in place for procurement of contracts above OJEU thresholds. The allocated assurance rating was Reasonable Assurance, with <b>four</b> recommendations for action.</p> <p><b><u>Head of Internal Audit Opinion &amp; Annual Report 2023-24</u></b>  The Head of Internal Audit presented the 2023-24 Audit Opinion and Annual Report to the Committee, which achieved an overall rating of Reasonable Assurance. The report was positive and demonstrated the significant amount of work performed throughout the year. Regular audit progress reports are submitted to each NWSSP Audit Committee throughout the 2023-24 reporting period. The report summarised key findings and outcomes of systems that NWSSP provided to NHS Wales.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Annual Report and Standard Return 2023-2024</b></p>

The Counter Fraud Manager presented the 2023-24 Counter Fraud Annual Report to the Committee, which detailed the anti-fraud, bribery and corruption, measures implemented during the period. Key points to note were:

- **206** days of Counter Fraud work had been completed against the agreed **210** days, as per the 2023-24 Counter Fraud Annual Work Plan;
- the remaining **5** of the **206** days were provided to Llais;
- **18** training sessions had been delivered to **432** staff and new starters are enrolled automatically;
- the Counter Fraud Plan objectives fully align to the NHS Counter Fraud Authority requirements;
- all **12** standards of the Annual Counter Fraud Functional Standards Return were rated green with one exception: the fraud, bribery and corruption risk assessment;
- over £62k had been recovered/prevented from being lost in the year 2023-24; and
- all Corporate and Finance staff would be encouraged to complete the Fraud Awareness training in ESR.

**ASSURE**

**Counter Fraud Position Statement, Q1 of 2024-25**

The Q1 Counter Fraud Position Statement was presented to the Committee, with an overview of other activity. As of 30 June 2024, a total of **48.75** days of Counter Fraud work has been completed against the agreed full year **210** days, as detailed in the Counter Fraud Annual Work Plan for the 2024/25 financial year. The statement summarised the following activity in the last quarter:

- fraud awareness sessions for new starters commenced in November 2023 via Microsoft Teams with **108** staff attending up to 31<sup>st</sup> March 2024. A further **45** staff attended over **3** sessions during Q1 2024/25;
- **2** fraud awareness sessions were delivered in person to **27** staff;
- the NWSSP Local Counter Fraud Service intranet page continues to be updated;
- the LCFS Manager and NHS CFS Wales developed an All-Wales Counter Fraud Awareness E-learning module launched on 18/04/2023;
- **16** new fraud referrals have been made;
- there are **7** ongoing investigations, these are as follows -
  - **3** relate to overpayment of salary;
  - **2** relate to working on sick leave;

	<ul style="list-style-type: none"> <li>○ <b>1</b> false representation on application for employment; and</li> <li>○ <b>1</b> allegation relating to overstating annual leave entitlement; and</li> <li>○ no Fraud Prevention Notices (FPN) have been issued by the NHS Counter Fraud Authority during Q1 of 2024-25.</li> </ul>
<b>ASSURE</b>	<p><b>Annual Governance Statement 2023-24</b></p> <p>The Annual Governance Statement was presented to the Committee for final approval. It is not a formal requirement for NWSSP to produce the Statement. However, it is best practice to do so. The Statement is a positive assessment of the governance of NWSSP during 2023-24 financial year and it had been presented to the Senior Leadership Group and the Shared Services Partnership Committee for endorsement. The Audit Committee approved the Annual Governance Statement.</p>
<b>ASSURE</b>	<p><b>Governance Matters</b></p> <p>The <b>Governance Matters</b> paper detailed the contracting activity for the last quarter. <b>26</b> contracts had been let for NWSSP and <b>40</b> further contracts for NHS Wales. There had been <b>2</b> further declarations made as to gifts, hospitality or sponsorship since the last meeting and no internal audits reports have received limited or no assurance. However, as noted above there would be <b>1</b> Limited Assurance Internal Audit Report relating to Decarbonisation to be reported to Welsh Government.</p> <p>Of <b>252</b> audit recommendations, <b>245</b> have been implemented, <b>5</b> are not yet due, <b>2</b> are overdue, but <b>1</b> is not in the control of NWSSP to fully implement and a revised deadline was brought to the Audit Committee for consideration and was approved.</p> <p>The <b>Corporate Risk Register</b> contains <b>4</b> red risks, <b>8</b> amber and no yellow or green risks.</p>
<b>ASSURE</b>	<p><b>Annual Report of Conflicts of Interest</b></p> <p>The Committee received the Annual Conflicts of Interest Report. Overall compliance with recording declarations on ESR was generally good at nearly 80% of all staff, but it was noted that some areas do require some attention. These services are hard to reach areas, such as Laundry Services but it is acknowledged that the risk is lower. Compliance would continue to be managed and</p>

	monitored and it was agreed that progress would be reported regularly to the Audit Committee.
<b>ASSURE</b>	<p><b>Annual Report on Gifts, Hospitality &amp; Sponsorship 2023-24</b></p> <p>The Annual report for Gifts, Hospitality and Sponsorship for 2023-24 financial period was presented and provided a full list of all accepted and/or declined declarations offered to NWSSP staff during the financial period.</p>
<b>ASSURE</b>	<p><b>Audit Committee Annual Report 2023-24</b></p> <p>The Audit Committee Chair presented the Annual Report for 2023-24 to the Committee for approval. In accordance with the Audit Committee Terms of Reference, an Annual Report is produced each year to inform the Shared Services Partnership Committee and the accountable officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of NWSSP's assurance arrangements.</p>
<b>ASSURE</b>	<p><b>Audit Committee Terms of Reference 2023-24</b></p> <p>The Audit Committee received the Annual Terms of Reference Report, highlighting that a change of job title was the only change made, since it's last review in July 2023 and the document remained fit for purpose.</p>
<b>ASSURE</b>	<p><b>Audit Committee Forward Plan for 2023-24</b></p> <p>Members received the Audit Committee Forward Plan of business for the 2024-25 period, for information.</p>
<b>INFORM</b>	<p><b>Items for Information</b></p> <p>The following items were provided for information:</p> <ul style="list-style-type: none"> <li>• Welsh Language Annual Report 2023-24; and</li> <li>• Information Governance Annual Report 2023-24.</li> </ul>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- **NOTE** the Assurance Report

## Shared Services Committee Development Session

11 October 2024

Public Health Wales HQ Office in Cardiff

### Purpose

To come together in an informal session to discuss some of the key issues and opportunities that NWSSP and our partners face in the medium and longer term.

Timings	Activity	Lead
9:30	<b>Arrival and Coffee</b>	
10:00	<b>Welcome and Purpose of the Day</b>	Tracy Myhill Chair NWSSP
10:15	<b>Review of our Risk Appetite</b>  Two years since we last did this ... and a lot has changed across NHS Wales and wider operating environment	James Quance Asst Director of Corporate Services
10.30	<b>Operation of the Committee</b>  Are we striking the right balance?	James Quance Asst Director of Corporate Services
11:00	<b>Transforming Access to Medicines</b>  What impact will this change deliver for NHS Wales	Colin Powell Director of Pharmacy Services
11:45	<b>Comfort break</b>	
12:00	<b>Welsh Risk Pool – more than just payments</b>  An overview of the role of the Welsh Risk Pool <ul style="list-style-type: none"> <li>• Prevention and learning programmes</li> <li>• Lifecycle of a claim through to reimbursement</li> </ul>	Mark Harris Director of Legal and Risk Services  Jonathan Webb Head of Welsh Risk Pool
12:45	<b>Lunch</b>	
13:30	<b>Great on the basics – what do we mean?</b>  How do we reflect this in our IMTP and Performance reporting?  Discussion on identifying key areas we need to address together in partnership.	Rebecca Nelson Director of Planning, Performance and Informatics

	<b>High level overview of approach to IMTP</b> <ul style="list-style-type: none"> <li>• Indicative timeline</li> <li>• Emerging priority areas</li> <li>• Customer service excellence</li> <li>• How we plan to involve our partners and end users</li> </ul>	
15:15	<b>Reflections on the day</b>	Neil Frow Managing Director
15:30	<b>Close</b>	

# Shared Services Partnership Committee

## Forward Plan of Business

2024-2025

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
11 October 2024	Autumn Development Workshop			
21 November 2024	Minutes & Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report	Deep dive session Q2 IMTP Update Draft IMTP – 2025-28	Corporate Risk Register Audit Committee Highlight Report	IMTP - discussion key themes and priorities; overview of emerging finance and workforce plans.
30 January 2025	Minutes & Action log	Deep dive session	Corporate Risk Register	IMTP – Approval

	Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report	Q3 IMTP Update		
<b>26 March 2025</b>	Minutes & Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report	Deep dive session	Corporate Risk Register Audit Committee Highlight Report	

	<p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Returns</p> <p>PPE Report</p>			
<p><b>22 May 2025</b></p>	<p>Minutes &amp; Action log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Returns</p> <p>PPE Report</p>	<p>Deep dive session</p> <p>Review of SLAs</p> <p>IMTP Q4 Update</p>	<p>Corporate Risk Register</p> <p>Audit Committee Highlight Report</p>	<p>Annual Report on Complaints</p> <p>Internal Audit Plan</p> <p>Audit Wales Plan</p> <p>Duty of Quality Annual Report Update</p>

<b>17 July 2025</b>	Minutes & Action log	Deep dive session	Corporate Risk Register	Health and Safety Annual Report
	Declarations of Interest	Q1 IMTP Update	Declarations of Interest	Annual Governance Statement
	Chair's Report		Report on Gifts and Hospitality	Annual Review
	Managing Director's Report		Approve Annual update of Audit Committee Terms of Reference	Audit Committee Annual Report
	Finance Report		Annual Governance Statement	Annual Report on Welsh Language
	Performance Update Report			WIBSS Annual Report
	Project Management Office and Service Improvement Update Report			Counter Fraud Service Annual Report
	People and Organisational Development Update			
	Monthly Monitoring Returns			
	PPE Report			