

# Case Studies

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## Welsh Language Hub

(Progress the welsh language hub has made throughout 2019)



## Legal and Risk Services Excellence



## Accounts Payable agile working



## Development and implementation of Welsh Language TRAC (Recruitment facing application form)



## Scheme for General Medical Practice Indemnity (GMPI)



## NWSSP Procurement Services show case to Government of Sri Lanka



## Publication of Usability assessment of medical devices



## Automating supplier's statement reconciliations



## Embracing Innovation & collaboration in public sector Wales through Learning@Wales national learning



## Single Lead Employer



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## All Wales Catering IT System – Project Management Office



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# Welsh Language



The Welsh Language (Wales) Measure 2011 modernised the previous legal framework regarding the use of the Welsh language and the delivery of public services. The Welsh Language Standards (No7.) 2018 were created for Health and Social Care organisations because of the aforementioned Measure, which was passed by the Welsh Assembly in 2011.

Key areas that involved in-depth policy deliberations included the proposals on clinical consultation and the approach to primary care.

The Standards are divided into 5 categories:

- Service Delivery Standards
- Policy Making Standards
- Operational Standards
- Record Keeping Standards
- Supplementary Standards

The NWSSP's aim is to position the organisation and the staff who work within the NWSSP to be confident and consistent in the way that the Welsh Language is integrated into service planning and delivery, to avoid duplication of effort, to share good practice and to lead to improvements in service delivery through the medium of Welsh.

The NWSSP Welsh Language Unit works in collaboration with other NHS organisations to promote a 'Once for Wales' approach.

**Cymraeg**

During 2019/20 The Welsh Language Unit has invested in further resources to grow the provision of translation services to ensure that the NWSSP is fully compliant with the Welsh language standards but also to support other NHS organisations with a series of specific projects including:



### **All Wales NHS Job Description Collaborative**

Leading on the development, delivery and co-ordination of an all Wales Job Description Collaborative in order to make efficiencies in the cost of translation of Job Descriptions across the NHS in Wales. This is a collaborative of all 7 Health Boards and the 3 Trusts and hosted organisations as well as the Special Health Authorities to be compliant with Standards 106A and 107A. The project is also supported by NHS Employers Wales.

In 2018/19 over 14,600 jobs were advertised on NHS Jobs. There are over 5,500 unique job descriptions that require translating so that a library of generic job descriptions will be available to NHS Organisations to be able to publish job descriptions in both Welsh and English without delay over the next 3 years.



### **A Welsh Language Interface on the TRAC recruitment system**

The NWSSP have ensured that development work to the TRAC recruitment system enables prospective candidates are able to apply for vacancies in Welsh or English. The Recruitment Services Team and the Welsh Language Unit have provided all Workforce and Organisational Development with support and guidance throughout the process of switching this functionality on.







## All Wales Workforce and Organisational Development Policies

The NWSSP worked with the NHS Confederation to translate and review current Workforce and OD policies with regards to the Welsh language in order to enable all NHS organisations to be compliant with Workforce Policies.



## National Workforce Reporting System for Primary Care

Introduction of the National Workforce Reporting System in Wales and single platform for primary care workforce advertising. The reporting system will enable the collection of Welsh language skills of GPs and practice staff as part of the data collection. The NWSSP has been working in collaboration with Welsh Government to ensure that the platform is translated to meet national standards.



## Service Level Agreements to support NHS Organisations

The NWSSP has invested in more resources to be able to support smaller NHS organisations with translation services due to unprecedented increase in demand for translation services in order for those organisations to be able to comply with the Welsh language standards. The NWSSP is currently supporting Public Health Wales NHS Trust and NHS Wales Informatics Service with translation services through formal service level agreements and supporting other smaller organisations as resources allow.



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# Legal and Risk Services EXCELLENCE

## EB v Cardiff & Vale University Health Board

The Claimant suffered a perforation to his sigmoid colon following a polypectomy and colonoscopy requiring re-admission to hospital, laparotomy and Hartmann's procedure.

A claim was brought against the Health Board alleging that there was unreasonable delay in undertaking the index procedure and it was not undertaken to a reasonable standard. The Health Board's defence was that there was no unreasonable delay and the procedure was undertaken to a reasonable standard with the Claimant suffering a recognised complication which he was warned of, and consented to.

The Claimant's case in respect of causation was that the statistical risk of perforation from polypectomy was low (1 in 600) and, had the procedure taken place earlier, on the balance of probabilities, the perforation would not have occurred. In support of this the Claimant sought to rely on the judgment in a previous case, Crossman 2016.



The Claimant's claim was dismissed.

In respect of causation, the Judge found that the decision in Crossman 2016 was wrongly decided. The risk of perforation was liable to occur at random. Therefore, even if the polypectomy had been carried out earlier, it would have been the same surgery albeit on a different date and, on the balance probabilities, the perforation would still have occurred.

The Health Board is recovering its costs of defending the claim from the Claimant which are approximately £180,000. The case has been published in the Medical Law Reports in order to publicise the fact that the Judge found the law the Claimant was seeking to rely on was wrong. This judgement will be able to be relied upon by the NHS when defending future cases.



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# How “Working from Home” can benefit our Business

## Background

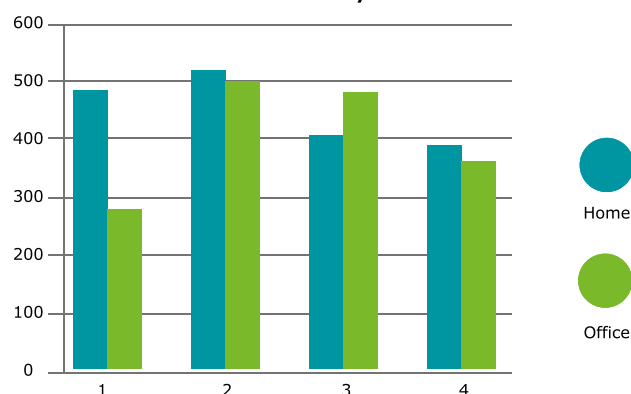
Every day, staff spend time travelling at great expense, to get to the office where they will do work that could just as easily have been done at home. NWSSP can benefit from allowing some staff to work from home at least some of the time.

Due to a number of factors, the Accounts Payable (AP) Division were finding it increasingly difficult to attract and retain staff at a Band 2 and Band 3 level. Initially, as Companies House is open 24/7 a split shift system was considered but there was no interest from staff in working a late shift i.e 2pm to 10pm. Therefore, home working was explored and consultation began with Workforce, IT, Trade Unions, H&S and staff, resulting in an initial trial involving two staff commencing. Following the success of the trial, a core group of six staff were selected for home working. This has now increased to 13 staff, and we are looking to extend further. The 13 staff are split between Optical Character Recognition (OCR) processing and other Electronic processing. Both are areas that we can measure.

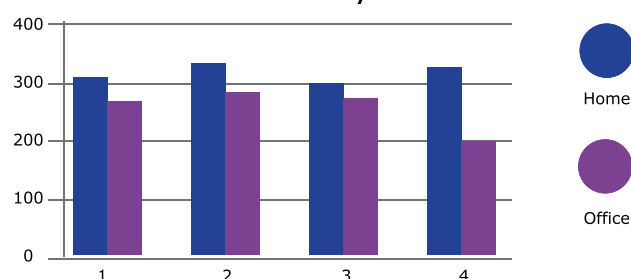
## Benefits

**Increased productivity** – Evidence to date indicates that all staff working from home are more productive when compared to working in the office, typically up to 20%. This is predominately down to fewer distractions and allowing staff flexible working arrangements. The charts below bar illustrate this increased productivity for 4 staff.

OCR Process May **2019**

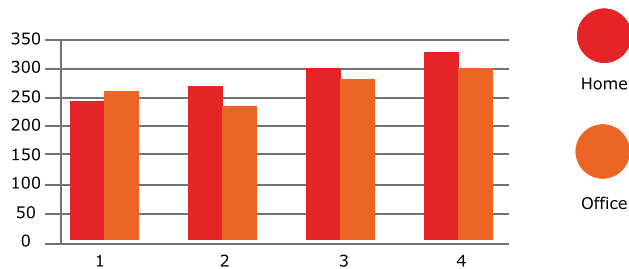


OCR Process May **2019**

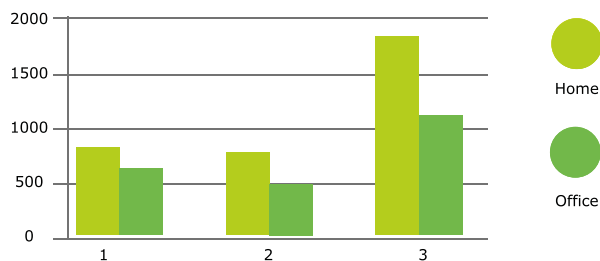


## Benefits (Continued)

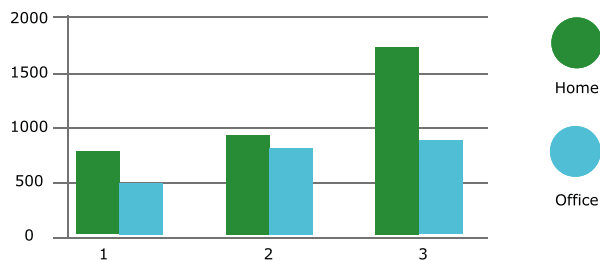
OCR Process May **2019**



Electronic Processing May **2019**



Electronic Data Processing May **2019**



**Staff retention** – Since offering homeworking, we have not lost a single person with feedback from the homeworkers being extremely positive as it allows them increased flexibility in their working hours.

**Helps attract Staff** - By indicating that we are willing to let staff work from home, we add an attractive benefit at very little cost to the business.

**Improved disaster recovery** – When Companies House was closed due to snow, there was no impact on paying suppliers as all of this was undertaken at home.

**More efficient use of office space** – Because of homeworking, we have been able to release six desks in Companies House, plus in one of our Data Entry pods, we have three desks for full time staff and two desks for four members of staff that combine home working and office working.

**Reduced Sickness and Absenteeism** - From the initial six core staff there have been zero day's sickness. Sometimes staff are well enough to work, but not well enough to come into the office. Eg sports injury, minor cold etc. Homeworking has allowed these staff to work from home, instead of having a day off sick, which again increases productivity.

**Budget saving** – In 2020/21 we are planning to initially offer up one post as a consequence of productivity improvements.

**Carbon footprint** – The 13 staff currently working from home have a combined home to office mileage of 353 miles per day. By allowing them to work from home this has a carbon footprint benefit of 0.09 tonnes of CO2 emissions per day ie 18.9 tonnes per annum.



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# Implementation of the Welsh Language Standards into NHS Wales Recruitment – a 4-year journey



In 2015, following the publication of the Welsh Language Standards a review of the Recruitment service and processes was undertaken to identify improvements necessary in order to ensure compliance with the standards. At the time, NHS Jobs was the main recruitment platform used, supplemented by the in house Database of Recruitment Activity (DORA) System. Some improvements identified were implemented immediately, such as a bilingual reference request form, whilst others such as a bilingual Conditional Offer Letter, Contract of Employment and Applicant Guidance were created as templates available on request.

A skills review was also undertaken to assess the Welsh Language capability of the staff within the service, with a contact list of Welsh Language speakers then created should a customer wish to converse in Welsh.

Whilst this was positive and it could be evidenced that the service was taking steps to 'work towards' compliance, in order to offer a 'fully bilingual' service to our customers a recruitment system that would offer full bilingual functionality to applicants without causing delays to the Recruitment Process was needed.

In 2016 Trac Recruitment System was implemented. The system offered automation in terms of chasing employment checks and communication messages. It also improved the applicant journey, provided full visibility to Recruiting Managers at each part of the process which helped to reduce the time to hire for NHS Wales. The specification included bilingual functionality for applicants, however, unfortunately organisations were not in a position to agree to pilot the Welsh functionality.



With organisations being required to comply with the standards by 30th November 2019, a decision was made in conjunction with Organisations to switch the functionality on for NHS Wales to support them to work towards full compliance with the Welsh Language Standards. In order to do this a substantial amount of work has been undertaken by NHS Wales Recruitment, the NWSSP Welsh Translation hub and Trac Systems;

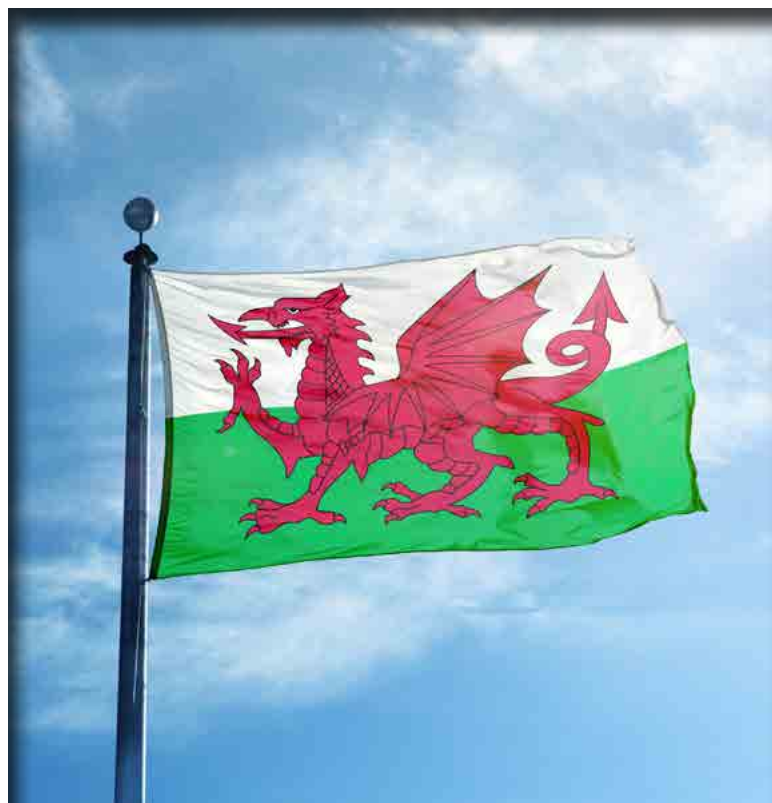
- Translation of the entire applicant facing system has been completed including any system and template updates that have taken place since 2016.
- System Testing across Wales has been undertaken.
- Trac shared a data download of over 3500 communication templates held in the system for NHS Wales (emails and letters).
- A review of over 3000 templates was undertaken and Health Board/Trust Templates were separated and shared with the Medical and Bank Recruitment Teams.
- NWSSP templates have been reviewed, streamlined and translation obtained. The Welsh text has been uploaded to Trac for use.
- A robust communication strategy was implemented including bespoke messages for Health Board managers ensuring they had the correct information on how to access translation services for their Health Board/Trust.

➤ The face-to-face Trac Training package has been updated to ensure managers know their responsibilities in terms of Welsh Language and Recruitment.

➤ Guidance documents and training has been implemented specifically relating to the Welsh Language

The functionality was switched on for NHS Wales on 27th November 2019, and at least three organisations are translating their adverts into Welsh, with others making plans to do so in the near future.

The Recruitment Team were recently nominated for the Welsh Language Culture Champion Award for the NWSSP Staff Awards and were winners of the category. Whilst it is recognised there is still lots to be done, the service is extremely proud to be able to offer a bilingual Recruitment Service to applicants.



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# Scheme for General Medical Practice Indemnity (GMPI)



On 14 May 2018 the Cabinet Secretary for Health and Social Services announced that Welsh Government would introduce a state-backed scheme to provide clinical negligence indemnity for providers of GP services in Wales from April 2019. The intention being to provide a more stable and affordable indemnity system for General Practice and to help to ensure that GP recruitment and cross border activity will not be adversely affected by different Schemes operating in England and Wales.

In February 2019, Welsh Government announced NWSSP - Legal & Risk Services (LARs) as the confirmed operator of the new scheme. NWSSP worked closely with Welsh Government, Health Boards, GPs and the Welsh Risk Pool to develop the way in which the scheme would operate. The scheme was successfully launched on 1 April 2019.

The new scheme is a major change in how medical negligence claims against GPs and their Practice staff are managed. In relation to incidents occurring on or after 1 April 2019, the Health Boards in Wales provide an indemnity arrangement and are the named Defendant for clinical negligence litigation rather than the General Medical Practices.

The Scheme covers General Medical Practices in Wales and their employed or contracted staff for actual, or potential, clinical negligence litigation arising from the provision of NHS Medical Primary Care Services. Some aspects of GP work are not covered by the Scheme, for which membership of a medical defence organisation will remain necessary e.g. private work, inquests, disciplinary issues, issues with the GMC.



LARs operation of the new scheme is aligned with NWSSP's strategic aims and objectives by providing a central point of contact for a general medical practice when a clinical matter arises that could proceed to litigation, offering:

- a dedicated team of solicitors to deal with GMPI queries and manage claims.
- a GMPI telephone helpline service manned by c. 20 legal staff trained to deal with GMPI queries.
- a dedicated GMPI email inbox monitored during business hours
- a dedicated bilingual website with detailed guidance on the scheme and FAQs.
- support, training and guidance across Wales to GPs and their practice staff on how the scheme will work in practice.

The service embodies NWSSP's core values, for example, through listening to the Health Boards and General Practices, being responsive and providing a quality service.

As with any claim, Legal & Risk Services aim to:

- resolve any claim for compensation as fairly and as quickly as possible.
- robustly defend claims where appropriate.
- ensure the protection of GPs, their staff and their reputations.
- identify and feedback risk issues for learning and safety improvement.

NWSP's GMPI [website page](#) sets out full details of the scheme and guidelines for Health Boards, GPs and their General Medical Practice staff.

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# NWSSP Procurement Services show case to Government of Sri Lanka

On the 8th August 2019, NWSSP Procurement Services were delighted to host the Sri Lanka Miloda Academy of Financial Studies as part of their UK Civil Service College training programme on Procurement and Contract Management.

The UK Civil Service College was founded in 2012 following the closure of the National School of Government in 2010. Civil Service College acquired many of the training programmes that were previously offered by the school and since then has increased the number of programmes on offer, ensuring that the available training reflects the current needs of those working in the Public Sector. The Civil Service College offers innovative training courses across subjects, from accountability and governance to leadership training, finance management, project management and personal development, and they have a strong International Training Programmes for Foreign Senior Civil Servants.

They are currently running a course on “Procurement and Contract Management” for the Sri Lankan Government, and reached out to well-developed public sector Procurement organisations across the UK to take part in delivering a field study element of the course, so that delegates could compare and contrast different ways of working, to see what opportunities there are for their own services.



38 delegates visited NWSSP's new warehouse in Newport, and were delivered an agenda that included:

- an introduction & overview of the training programme objectives.
- a strategic overview of NHS Wales Procurement & Health Courier Services.
- a tour of the Warehouse and site.
- an update on the future vision for NHS Wales Procurement Services linked to new Warehouse facility.
- an overview of Value Based Healthcare & Value Based Procurement.





The session was well received, with Andrea Davis (International Programme Manager, UK Civil Service College) thanking NWSSP for the contribution to learning.

Graham Davies (NWSSP Interim Director of Procurement & Health Courier Services), commented:

*"NWSSP are delighted to collaborate with both the UK Civil Service College and the delegates from the various departments of the Government of Sri Lanka. We are pleased to be able to share our improvement journey, and hope that by establishing these links we will also be able to learn from others in the future. Such events are always of benefit to all involved, and assist in our contribution to the well-being of future generations of Wales in terms of increased collaboration, and in terms of increased global sharing of the good work that takes place within the Welsh public sector."*

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# 2019 Publication of Usability assessment of medical devices

Surgical Materials Testing Laboratory (SMTL) undertook a multicentre simulation of the (at the time) proposed ISO 80369-6 connector for the neuraxial route in 2014 (the standard was published in 2016, and the connectors are now known as NRFit connectors).

The standard was produced to help mitigate the risk of wrong route injections, such as the case of Wayne Jowett in 2001 where intravenous chemotherapy was accidentally injected spinally, resulting in Wayne Jowett's death.

Thirty-eight doctors and 17 nurses performed simulated clinical procedures on manikins, using devices fitted with either Luer connectors or draft ISO 80369-6 'non-Luer' connectors. The procedures included spinal anaesthesia; intrathecal chemotherapy; lumbar puncture, cerebrospinal fluid collection and pressure measurement; epidural catheter placement with bolus injection and critical care use. Participants attempted cross connection between neuraxial connectors and a range of other medical device connectors to check that the design achieved the desired level of non-connectability.

This data was used to validate the usability of the connector by ISO, the International Standards Organisation. Subsequently SMTL and the other participants have written up the usability protocol and the results of the study, and this was published this year in *Anaesthesia*:

*Cook, TM, Wilkes A, Bickford Smith P, Dorn L, Stacey M, Kinsella SM, Sharpe P, Phillips P.*

*Multicentre clinical simulation evaluation of the ISO 80369-6 neuraxial non-Luer connector. Anaesthesia. 2019 May;74(5):619-629.*



Most cross-connection attempts failed, even using higher than normal clinical forces and, when successful, were judged of low clinical risk potential, demonstrating that the connector had achieved the intention of mitigating cross-connection risks. The exception was a mal-aligned connection between the non-Luer slip and female Luer connectors, which led to a revision of the dimensional tolerances in the standard to reduce this risk, before publication of the final specification in 2016.

The authors concluded that the ISO 80369-6 neuraxial non-Luer connector was suitable for clinical use, and the work was published in the peer reviewed literature in May 2019.

SMTL staff managed this project and undertook the data and statistical analysis for both ISO and for the Anaesthesia publication. The work aligns with Prudent healthcare principle 3 - SMTL assessed these devices once on a global basis for their usability, so that an international standard could be published. Not only Wales but dozens of countries worldwide have benefited from this work. The work is also focused on doing no harm - the key intent is to reduce the risks of wrong route injection which has lead to deaths and harm.

It also aligns with Prudent Healthcare principle 4 - the study provided evidence to enable clinicians in Wales (and worldwide) to accept that the new devices were appropriate substitutes for the traditional Luer devices. It also justified the Welsh decision to avoid adopting the short lived Surety devices therefore reducing unnecessary variation across Wales.





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# Accounts Payable -Statement Reconciliations



In all well managed business organisations, there are many business tasks that are critical. One primary task is the of the payment of invoices as this ensures that goods and services continue to flow and that suppliers continue to supply its goods and services and that relationships remain strong.

The NHS in Wales is no different, but in some respects, this business relationship with suppliers to the NHS is paramount, as the NHS is reliant on receiving critical medical and surgical products as well as day to day goods and services which may be needed at short notice.

In order to maintain these strong relationships and to ensure that both the NHS businesses and that of the Suppliers' remain stable, certain controls are vital to not only maintain financial control but to ensure good cashflow.

In order to ensure this, one obviously critical task is actually paying the invoices on time when all goods and services have been received and invoiced by the suppliers.

However, what is as important at all times for any Accounts Payable team, is being aware of how much is owed to the suppliers and when this is due.

The statement reconciliation control is achieved on a monthly basis currently for the top 100 suppliers to the NHS in Wales but this consumes an inordinate amount of time, as the NHS in Wales may at various times, have dealings with in excess of 20,000 Suppliers and potentially, a volume of many thousands of statements.

The Statement Reconciliation exercise is a critical task as it ensures that financial control is maintained and confirms the NHS Wales indebtedness to Suppliers. This task is understandably one that causes pressures in the department because of its high volumes, as these may exceed perhaps 20,000 lines of statement per month at certain times. However, it is not a task that can be relinquished or reduced in frequency therefore; a solution needed to be found to ensure the control was streamlined and perhaps automated.



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# Embracing Innovation & Collaboration in Public Sector Wales through Learning@Wales national eLearning for NHS Health Boards and Trusts and Local authorities



## E-LEARNING

Welsh Local Government Association (WLGA) represents 22 Local Authorities (LAs) in Wales and in 2015 launched a National e-learning platform. This platform/e-learning was externally commissioned, accessed by licensed subscriptions from a grant of £850,000. Significant costs were incurred when e-learning required updating to remain current. The vision was to introduce new ways of working by up-skilling/increasing staff employability. Platform usage was limited due to licences restrictions. Working groups were established with representation from Human Resources, Learning and Development (L&D), Directors from LAs and Digital Learning Wales (DLW) to discuss collaboration. This project has been recognised as an area for expansion, in the Parliamentary Review of Health and Social Care in Wales 2018, with recommendations for one seamless system for public sector Wales.

The goal of the project was to up-skill the LAs to manage their own microsite, users, e-learning development on Learning@Wales by:

- Train the Trainer programmes
- E-Learning development skills
- Quality Assurance
- E-Learning platform Administration/management training
- Local audits/support
- Conferences the success of the project has been based on collaboration, engaging 22 LAs.

This has been further enhanced by updating the Service Management Board (SMB) Chaired by Welsh Government (WG) and now Vice Chaired by the Director of the WLGA. The SMB has a rotation of representatives from the LAs.

At no cost 22 LAs are supported to migrate onto Learning@Wales with 17/22 completed. Available 24 hours a day/7 days per week via PCs/mobile devices was rebranded for public sector enabling a significant cost avoidance from externally hosted arrangements/contracts.

The project provides access to National courses reporting to Welsh Government (WG) on compliance and one system for Wales approach enabling a collaborative approach for e-learning across Public sectors Wales. The challenges prior to this were variation in e-learning platforms/IT solutions which made it impossible to accurately report compliance nationally. Maximising existing/creating new 'all Wales' networks enabled role redesign, up-skilling/improved capacity. Leadership/team working through partnership/engagement was critical to enable organisations 'adopt or justify' Due to unrestricted access to the platform, compliance for mandatory modules e.g. Domestic Abuse has significantly increased.

Evaluations were extremely positive and will be used to influence e-learning development 'Once for Public Sector Wales'. A commitment to utilise Learning@Wales is extending to the wider public sector through to the emergence of health and social care agendas and now recurrent funding from WG.



The Digital Learning Wales team have an All Wales Helpdesk to support users from the LAs in accessing and use of the site. Dashboards are produced and provided to the WLGA on quarterly basis. Reports highlight calls logged by each LA and reasons The use of the site has increased from **150,000** users to **295,000** users accessing a mixture of their own local courses to All Wales approved courses. Due to the confidence in the site the LA Administrators have increased the amount of courses available to staff. Regular reports are provided to LAs on course usage which is uploaded into the HR systems so that each LA can report locally on statutory/mandatory compliance. Using the platform has allowed a more flexible approach for staff to undertake e-learning.

To share experiences and lessons learnt have included:

- NHS sharing their migration experiences, at the outset with LAs. This included deep, embedded culturally barriers.
- The LAs that have fully migrated sharing their journey with LAs who are beginning their migration.
- Both the NHS and LAs will be working with further areas across public e.g. fire and police Updating the e-learning framework for NHS Wales to an All Public Sector Wales E-learning Digital Learning Strategy.

E-Learning is widespread across NHS Wales, used significantly providing c84,000 employees with flexible means of meeting required statutory/mandatory compliance. Learning@Wales is a Wales-wide digital learning platform, managed by Digital Learning Wales (DLW), NHS Wales Shared Services Partnership.

This is a repository for e-learning materials/competence assessments. With significant numbers of e-learning programmes, including national statutory/mandatory/professional development courses (clinical and non-clinical).

Content is developed in-house and available to Primary care, Nursing/ Residential homes and Universities with a 'Once for Wales' philosophy - e-learning developed once and shared across NHS Wales health organisations. With the ability to agilely develop/host e-learning to meet policy requirements, interest was raised by the wider public sector to access the platform. DLW collaborated with the Welsh Local Government Association (WLGA) to support **22** Local Authorities (LAs) to migrate users/resources to Learning@Wales enabling one system for Wales.

This innovative approach to digital learning extracts greater value from existing resources and helps reshape public services on things that matter most. As a result of the one system for Wales approach, there has been a reported significant cost saving of circa **£660,000** per year by LAs.





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# Single Lead Employer

An innovative service currently provided by NHS Wales Shared Service Partnership (hosted by Velindre NHS Trust) managing the employment of all GP Trainees, providing a consistent employment arrangement for the duration of the GPs Training. The service plays a fundamental role in the All Wales Primary Care agenda.

NWSSP provides a dedicated HR resource to support the GP trainees and their host organisations. There is a dedicated team, which ensures that all matters related to GP Trainees employment are managed effectively. The team works collaboratively with Health Boards, GP Training Practices in Wales and Health Education and Improvement Wales (HEIW) (who continue to oversee the delivery and provision of training and education to Trainee GPs).

The model is underpinned by a Governance structure which includes a Memorandum of Understanding outlining the Single Lead Employer Arrangements, separate Service level Agreements between NWSSP and the host organisations for GP placements, training and educational contracts between HEIW, trainees and educational providers and the trainees.

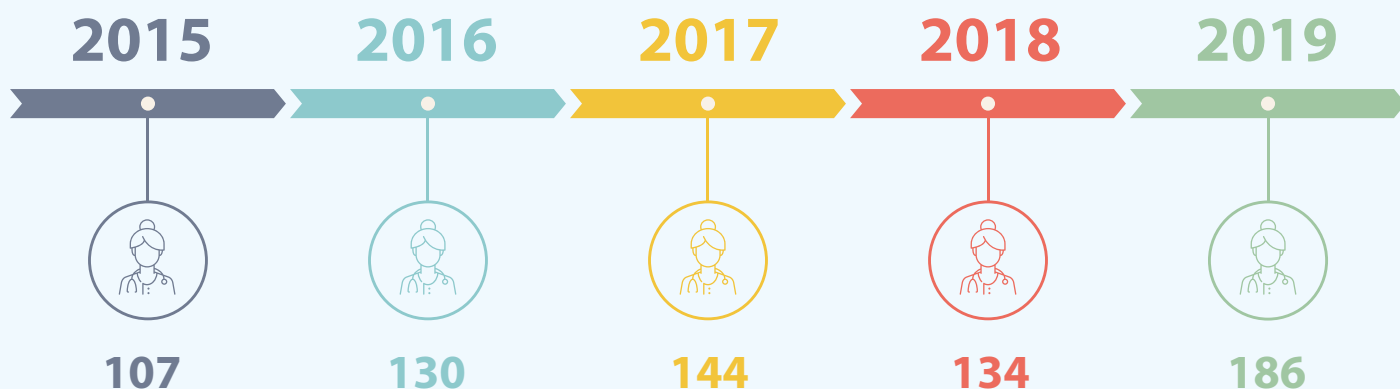
Other trainees and staff organisations have heard about the benefits of the Single Lead Employer arrangement. A recent survey undertaken by HEIW confirmed that approx.



68% trainees felt frustrated with regard to employment checks being needed when rotating from Health Board to Health Board, being enrolled with different NHS organisations within months and having contracts ended on multiple occasions. This impacts on their ability to obtain a mortgage and their eligibility for maternity/paternity leave etc.



The below shows the increase of GP Trainees from 2015 until present



GP returners are still coming into Wales, since 2015 there has been between 4-5 Returners each year.

Train, Live, Work Campaign: 2 recruited through RCGP event, both commenced in 2018.

The Single Lead Employer model is now being explored for the following other training Groups:-



Pre-registration pharmacists (**160**)



Dental foundation trainees (**76**)



Core medical trainees (circa **2200**)

If core trainees/pre-reg/dental foundation trainees come under a single lead employer, arrangement it will mean consistency across Wales for all trainee schemes in Wales (currently 58 different training programmes in place). This will hopefully attract more trainees to Wales as a key factor for trainees is having one employer.

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# Community Dressings Project: Helping to Enable Care in the Home



NWSSP's Community Dressings Project comprises of a new delivery model for the issuing of dressings to patients in the primary care setting.

In 2017, a review of the management and supply of dressings to patients in the community was commissioned by Hywel Dda University Health Board. This review identified that there were multiple systems being used to generate orders and supply wound care products, including:

- Prescription.
- Direct supply via Community Pharmacies to Community Services.
- Direct supply to Community Services.

District Nurses obtained dressings via Independent Prescribers and Community Pharmacies, which led to delays to patient treatment due to clinical staff of all levels being involved in the ordering process.

There was a lack of control of expenditure because of the volume of staff involved in the ordering process, and the openness of drug tariff pricing and prescription usage. Furthermore, there was product wastage as a result of limited stock rotation.

An opportunity presented itself, initially as a pilot at Hywel Dda University Health Board using existing NHS infrastructure with support from NWSSP.

NWSSP Supply Chain, based at the Princess of Wales Hospital in Bridgend, purchased and stored dressings in bulk using NWSSP Procurement Services' centrally managed All Wales Contracts. Community Services ordered products using the Oracle system, and NWSSP Health Courier Services then delivered the products alongside their existing logistical support services.

The pilot practice reported the following benefits:

- Easier access to dressings and better availability of appropriate items.
- Reduction in product wastage.
- Fewer errors and reduced duplication (due to few incorrect or multiple prescriptions).
- Time saving (removing prescription element freed up clinical time).
- Quicker treatment for patients.
- Nursing and product standardisation.
- Cost saving and a reduction in the prescribing expenditure utilised by GPs.

Since the initial pilot at Hywel Dda University Health Board, the service has grown substantially, including full rollout across the Health Board in 2018 and more recently the expansion of the service to cover Swansea Bay University Health Board and Aneurin Bevan University Health Board .

Furthermore, while working alongside Swansea Bay University Health Board and Aneurin Bevan University Health Board in developing continuously improving solutions, the service itself was able to evolve and now NWSSP is able to offer a Total Inventory Management solution. For these Health Boards NWSSP undertakes the entire stock management process, with stock levels being maintained via the use of electronic barcode systems, and ordering and stock rotation being handled entirely by NWSSP.



Now the delivery model overcomes all of the issues identified earlier, delivers additional efficiencies in terms of clinical time and stock management, all while continuing to deliver significant savings against traditional Drug Tariff dressings costs.

It is estimated that the work so far will result in cumulative savings to these three Health Boards in excess of £700K per annum, all while delivering a wealth of benefits that truly align to NHS Wales' commitments under the Well-being of Future Generations Act. Work continues towards the ambition of being able to provide a 'Once for Wales' service where cost savings along would be expected to exceed £1.5M.

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# All Wales Catering IT System

Catering is provided to patients & non-patients within the NHS in Wales as part of the overall service provision and has been for many years.

Following a report by The National Audit Office in 2011 and subsequent reviews in Sept 2016 and March 2017, it was reported that non-patient catering service accumulated an annual loss of £2.5m, despite the service being heavily subsidised.

In addition to that, there is a considerable amount of food waste, which has been reported to be approximately 6% (£1m). Other studies carried out have concluded that the cost of plate waste accounts for 20 – 25% of food waste. This is estimated to be circa £4m.

To overcome the problems outlined above, the NWSSP Project Management Office undertook the project on behalf of NHS Wales and Welsh Government, sponsored by the Shared Services Partnership Committee with the aim of developing the business case and implementing a solution for the provision of Catering Services, which could be utilised across NHS Wales.

This will help standardise the provision of catering across NHS Wales, enable cost control, and generate savings for the service and support the reduction on food waste.



The Shared Services Partnership Committee initiated the project in November 2017, and it was successfully completed in January 2019.

The project adopted the Welsh Government's business case process using the five case model methodology and through a series of workshops, site visits, demonstration days and stakeholder engagement events involving Health boards, Dieticians, Procurement and Patient Experience the business case was developed from which a preferred option was identified.

The project team also visited NHS England locations where systems were in place to further inform the process being undertaken such as Bristol Royal Infirmary and Children's Hospital.



The Preferred option is expected to deliver significant financial and non-financial benefits including where implemented such as but not limited too:

- Net savings of up to **£1m** per annum (NHS Wales as a whole).
- Reduced levels of catering waste at a Health board level.
- Consistent management of catering services data across NHS Wales.
- Improved Patient Experience.
- Improved Hospital Food through service improvements.

The project was successfully closed with the preferred option being approved by the Shared Services Partnership Committee and the system has been implemented in a number of Health boards successfully since project closure including Aneurin Bevan University Health Board and Cardiff & Vale University Health Board.



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# Electronic Transfer of Claims (ETC)

ETC delivers an electronic dispensing message from the Pharmacies to us in Primary Care Services. The message will provide an electronic version of endorsing information with the paper prescription form remaining the legal claim for payment.

We have been working in partnership with colleagues in Community Pharmacy Wales, Patient Medical Records (PMR) System Suppliers and the NHS Wales Informatics service to define what that message will contain and how it will be transmitted.

On receiving the message, we process it using what we call our Rules Engine. This rules engine is used to interpret the data in the prescription 2D bar code. The addition of the ETC dispensing message will increase the amount of pre-populated items that are fed through to our data capture system.

The following diagram shows how the ETC service is aligned to the relevant components of Informed Health and Care and the NWSSP strategic objectives.



## Benefits of (ETC)

Once ETC is fully operational, sorting and submission arrangements will be simplified.

ETC increases the number of prescriptions that PCS can automatically process. This reduces the amount of manual processing and the scope for human error. By reducing manual processing we can now divert resource into providing help and advice to contractors and to continuously review and improve the submission, claim and payment experience.

Once ETC is fully rolled out, the time taken to process pharmacy accounts will be shortened. NWSSP will then work with Welsh Government to agree the resource costs required to manually process the remaining prescriptions and assess whether the payment cycle can be shortened and earlier payment of accounts can be achieved.

## The Building Blocks of a Fully Electronic Prescription Service (EPS)

ETC has been designed to ensure that it can fully integrate with any future development of an EPS. This means that, as soon as an electronic prescriber to dispenser prescription message is implemented, the full benefits of a paperless service can be realised. For pharmacy contractors this will mean minimal paper handling, storage and submission and improved information governance and security through secure electronic messaging.





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# Three NHS Managers Jailed for £822,000 NHS Fraud



**T**hree NHS Wales managers were sentenced on 2nd Nov 2018 at Merthyr Tydfil Crown Court to a combined total of 14 years imprisonment (for defrauding Powys Teaching Health Board (PTHB) of £822,000) following a complex and prolonged investigation by NHS Counter Fraud Service Wales (NHS CFS Wales), who are hosted by NWSSP. Mark Evill was sentenced to 7 years imprisonment, Robert Howells to 4 years imprisonment and Michael Cope to 3 years. Mark Evill organised the fraud, assisted by Robert Howells and Michael Cope. Mr Evill and Mr Howells were both employed through Resourcing Group Agency as project managers for the Health Board's Estates department, while Cope was employed directly by the board as a Senior Estate Manager.

The investigation revealed that Evill and Howells knew each other prior to joining the agency at PTHB. An anonymous allegation was received via the NHS Fraud & Corruption Reporting Line, which stated that Evill and Howells had misappropriated NHS money by receiving "pay-offs" from external contractors.

Evill's responsibilities included sourcing external contractors, approving tenders and quotes, authorising payments of invoices and verifying work completed. A water supplies and electrical supply project was allocated £342,000 by PTHB, and Evill directed that a specific contractor George Morgan Ltd should be used.

An investigation conducted by NHS CFS Wales confirmed that George Morgan Ltd was actually set up and run by Evill, with the intention of paying himself for the work he was supposed to be contracting out on behalf of PTHB. Under the guise of George Morgan Ltd, Evill invoiced the Health Board using false names "Paul Hewson" and "David Evans", making over £822,000. Paul Hewson and David Evans are better known as Bono and The Edge from the rock band U2. The investigation established that Evill spent approximately £300,000 of the defrauded monies on a number of properties in and around Aberdare, South Wales, and went on luxury holidays which included flying business class to Dubai.



He also bought expensive watches and motor vehicles. Howells knew from the outset of Evill's connection to George Morgan Ltd, with Cope finding out some time later. Both became complicit in the fraud by accepting bribes from Evill, who gave them envelopes containing cash or cheques which he posted to their home addresses.

The Judge commended lead investigator Cheryl Hill, Deputy Manager of NHS CFS Wales, noting that her investigation and case preparation had greatly assisted the judicial process.

A Proceeds of Crime Act 2002 hearing took place at Swansea Crown Court on 19th September 2019. At the conclusion of the hearing the Judge made three confiscations orders which ordered:

Mark Evill to repay a Confiscation Order in the amount of £549,688.75 which was to be paid as compensation to PTHB by 19 December 2019. Default of the Compensation Order would result in a further 65 months imprisonment.

Robert Howells to repay a Confiscation Order in the amount of £13,248.24 which was to be paid as compensation to PTHB by 19th December 2019. Default of the Compensation Order would result in a further 7 months imprisonment.

Michael Cope to repay a Confiscation Order in the amount of £559.96 which was to be paid as compensation to PTHB by 19th December 2019. Default of the Compensation Order would result in a further 14 days imprisonment.



**Cheryl Hill, Deputy Operational Fraud Manager at NHS CFS Wales:**

*"This result sends out a clear message that those found to have defrauded NHS Wales will not only face dismissal and prosecution, but that the money stolen will be pursued to ensure that it goes back where it belongs. Evill, Howells and Cope were greedy in their bid to re-direct NHS funds into their own pockets, so it is good to see NHS money being recovered so that it can be used for what it was intended for - patient care."*



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# Equality, Diversity & Inclusion Initiatives

## Gender Agenda

We joined Velindre University NHS Trust in holding monthly events and awareness sessions exploring our understanding of what is gender and how can gender bias impact on our staff and the services we provide.

The feedback from staff was positive in realising the impact of gender bias, ranging from career choices to attitudes and behaviours. It is only when we pause to look at our behaviour and listen to other people's experiences that we can learn and change as an organisation, starting those important conversations for change. The sessions were well received and varied from a workplace survey, gender film festival and the screening of a BBC documentary, to workshops based on hubris, emotional intelligence and domestic abuse awareness.

We were delighted to be joined by guest speakers throughout the year, such as Dr Alison Parken (How Gender Roles Are Changing), Norena Shopland (Welsh Women's History), Alex Drummond (What Is Gender?) and the popular 'How Not To Be A Boy' Interview and Book Club with Robert Webb.

## International Women's Day

The range of themed events held, culminated in a celebration #BalanceForBetter in March, being the global recognised day for celebrating the social, economic, cultural and political achievements of women. The day also marks a call to action for accelerating gender parity.

The day included an opportunity to attend a Menopause Café, Book Club or Young Member Activity. In addition to speakers and workshops, there were information stalls and an exhibition of the Women's Equality Network's project #LegendaryWomen



## Interfaith Tour

Working in partnership with Public Health Wales and Women Connect First, we were delighted to attend an Interfaith visit, to gain insight into our diverse community and religions within Cardiff. We visited Sikh Gurdwara, Tibetan Buddhist Centre, Sanatan Dharma Mandal, Hindu Temple and the DarUI Isra Mosque.

It was an honour to be welcomed into the places of worship with open arms, to learn and improve our understanding as a group.



Feedback reflected that all attendees built on their existing knowledge of other faiths and cultures in Wales and that the day was valuable in terms of recognising the similarities across the faiths, as well as respecting the differences.

The tour helped to frame the importance of engaging with the communities we serve, in order to improve our public facing services and to understand how we, as an organisation, can influence inclusion and embrace equality for the benefit and well-being of future generations.

## Celebrating Diversity at PRIDE Cymru

An annual tradition and celebration of equality, diversity and inclusion for NHS Wales got a revamp this year, with t-shirts, a choreographed dance routine, hospital bed push and NHS 70th birthday celebrations in the mix! We asked staff, patients and volunteers to craft colourful pom-poms for the bed and danced our way through the streets to Velindre's Hospital of Hope theme, Hold My Hand (Jess Glynne).

We were also joined for the first time by our emergency blue light vehicle fleet, Health Courier Services, who pride themselves as the wheels of our NHS. The event was very well attended by NWSSP colleagues and staff members from across NHS Wales, who were all very excited to join in with the celebrations. The atmosphere was absolutely fantastic, the sun was shining, everyone was enjoying themselves and wishing each other a "Happy Pride or Pride Hapus"; Cardiff really was a rainbow of colour!







## Show Your Rainbow!

February was LGBT History Month and at its heart was an opportunity to celebrate life, culture and to recognise the achievements of LGBT people and communities. The aim of the initiative was to recognise and raise awareness, promote equality, diversity and, most importantly, inclusion. Rainbow lanyards were made available, as we joined Velindre in asking staff to show their rainbows!

The rainbow is a universal symbol of LGBT identity and solidarity; whether you identify as straight or LGBT, together we can recognise the diversity in our community and help to create a more inclusive society, by wearing a rainbow to show our support for each other, being a role model or ally.

Wearing a rainbow lanyard was completely optional; staff could choose to wear the rainbow to highlight their support for LGBT colleagues and to get people talking about the topic in a confident and open manner and we are pleased to share that over 500 lanyards are being worn across the organisation as a result of the initiative, which is in its second successful year. This is equal to around 25% of staff wearing their rainbow, proudly!

