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 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM 1.4
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The report is/is not Exempt

Teitl yr Adroddiad/Title of Report

All Wales Laundry Facilities Review

ARWEINYDD: LEAD:	Neil Davies – Director, Specialist Estates Services
AWDUR: AUTHOR:	Anthony Hayward – Project Director
SWYDDOG ADRODD: REPORTING OFFICER:	Neil Frow – Managing Director, Shared Services Partnership.
MANYLION CYSWLLT: CONTACT DETAILS:	Neil.frow@wales.nhs.uk

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

To provide an update on current progress of the All Wales Laundry Facilities review project and the implementation of BS EN14065.

Llywodraethu/Governance

Amcanion: Objectives:	Excellence - to develop an organisation that delivers a process excellence through a focus on continuous service improvement. Service Development – standardise laundry facilities to meet new standards increasing service quality to NHS Wales. Value for money – To develop a highly efficient laundry facility to increase quality and provide consistent laundry costs to NHS Wales.
Tystiolaeth: Supporting evidence:	All Wales Laundry Review PID New Standard BS EN 14065

Ymgynghoriad/Consultation :

1. The Shared Services Partnership Committee approved the development of an NHS Wales Laundry Production Units Service Review project at its meeting on 17th May 2016.

2. The Committee approved the final Outline Business Case at its November 2018 meeting, providing for three laundry sites across Wales, subject to further discussion on the management arrangements.

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		The NWSSP Partnership Committee is asked to approve Part 1 – Workshop 5 Outputs and Part 2 The All Wales Service Provider					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	An Equality assessment is contained within the project plan for delivery as part of the report in Sept 2017
Cyfreithiol: Legal:	Not applicable.
Iechyd Poblogaeth: Population Health:	Unknown until completion of spending objectives and OBC production in Nov 2017.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Not applicable.
Ariannol: Financial:	The financial consequences arising from the plan are set out in the outline business case in November 2018.
Risg a Aswiriant: Risk and Assurance:	Risks are being captured within the Project Risk Log and reviewed on a periodic basis in the schedule project board meetings.
Safonau Iechyd a Gofal: Health & Care Standards:	Not applicable.
Gweithlu: Workforce:	Any workforce implications will be detailed when we progress to the FBC in April 2019.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

ALL-WALES LAUNDRY FACILITIES REVIEW

1. CEFNDIR/BACKGROUND

The Shared Services Partnership Committee approved the development of an NHS Wales Laundry Production Units Service Review project at its meeting on 17th May 2016.

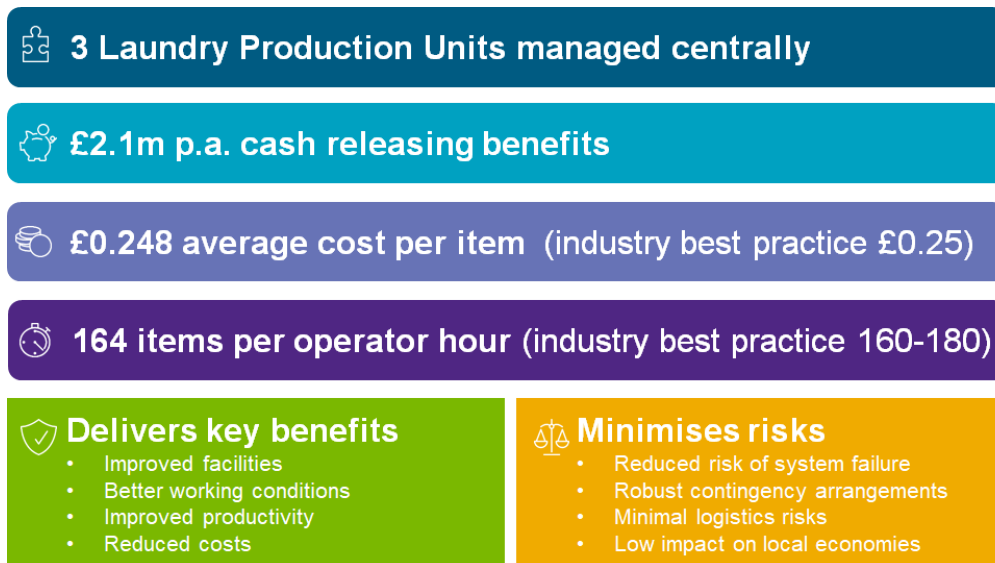
A draft OBC was present to the Shared Services Partnership Committee in November 2017 as a progress update. The Committee noted the work to date and requested the further refining of the case including concluding on a preferred option.

Following the request to further refine the draft OBC a final draft OBC was presented to the Committee on 15 November 2018, identifying a preferred option which it recommended exploring further at Full Business Case (FBC). This preferred option involved:

1. Reconfiguring from five to three Laundry Production Units (LPU).
2. Centralised management function through Shared Services in order to improve collaboration and ensure delivery of benefits, while releasing NHS Wales Health Boards to focus on core functions.
3. Locating LPUs appropriately, based on the results of a comprehensive site selection process to ensure the best use is made of existing assets while providing adequate resilience.
4. Investing in the replacement, upgrading, and extending of the three facilities to meet current standards and provide appropriate levels of resilience and sufficient capacity to meet demand.
5. Standardisation of the service model to deliver productivity improvements supported by the re-engineering of plant production flows and the procurement of plant and equipment with greater throughput per hour.

An overview of the features of the preferred option is provided in the diagram below.

Figure 1 Features of the preferred option



Following the presentation of the final draft OBC the committee **approved** in principle the reduction of the number of LPUs from five to three.

In respect of the centralised management arrangements, a number of Health Boards requested exploring further work on the management model.

2. CRYNODEB/SUMMARY

2.1. WORKSHOP 5 – MANAGEMENT MODEL

In response to the request for further exploratory work on the management model, a workshop was held on the 30th January 2019. This was chaired by Jan Williams, OBE, Chair of Public Health Wales and facilitated by Capita.

The workshop was attended by Executive or Senior representatives from Health Boards, Trusts and Shared Services. The aim of the workshop was to:

1. Identify criteria that describe the key components of a successful management arrangements model, specifically in relation to NHS Wales LPUs;
2. Determine potential models for centralised and decentralised management arrangements in relation to NHS Wales LPUs; and
3. Assess the advantages and disadvantages of each potential model with consideration for the assessment criteria.

The workshop identified three potential models for the future governance and management arrangements for NHS Wales LPUs.

- **Model A** - Single provider for governance and management: Provides the greatest opportunity to deliver standardisation and realise the benefits of the preferred option most quickly, while ensuring that there is more of a focus in the future on continuing to invest in facilities and develop the workforce. It will also allow more resources to be released at a Health Board level to focus on other priorities. However, there will be a perceived reduction in the control at Health Board level for those operating production units and as a result, there is a potential that the service will lose some of its agility and be less responsive to local needs.
- **Model B** - Central governance and Health Board delivery: While this is likely to support delivery of many of the improvements outlined in Model A, it will not easily enable increased focus on continuing investment and development in the future. It is likely to be the least agile way of working with increased levels of bureaucracy and conflicting priorities.
- **Model C** – Health Board hosted providers: Maintains local control for those organisation operating production units, as well as enabling the service to be more responsive to local needs. However, it does not release resource at a Health Board level to focus on other priorities and increases the risk that the service is unable to deliver the scale of change required to achieve standardisation, implement the preferred option successfully and realise the related benefits at pace. There is a potential risk that the existing service model will be replicated and the status quo will apply, therefore not delivering the benefits outlined in the OBC.

The results of the Workshop concluded that the model which could deliver the greatest benefit of the OBC would be **Model A Single provider for Governance and Management** and this concurred with the previous workshop held on the 2nd October 2018.

2.2. ALL WALES LAUNDRY SERVICE – SERVICE PROVIDER

The aim of the management model workshop was to determine the most appropriate management model for the provision of the laundry services for Wales. The workshop did not consider the “**who**” in relation to the service provider for the function.

Based on the recommendation of the management model workshop i.e. **A Single Provider for and All Wales Laundry Service** this has resulted in two possible options either:

- A single Health Board / Trust providing laundry services to all of Wales

Or

- Shared Services Partnership providing laundry services to all of Wales

At this point in the report it is worth refreshing the Committee of the agreed and mandated founding principles, aims and strategic objectives of the Shared Services Partnership and how they align with the current policy direction of Welsh Government; namely, Once for Wales and The Parliamentary Review.

The principle of NHS Wales Shared Services Partnership (NWSSP) is to be an independent organisation, owned and directed by NHS Wales. NWSSP supports NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.

The aim of the NHS Wales Shared Services Partnership is to create a dedicated Shared Services organisation with a distinct identity, which:

- Shares common operating standards in line with best practice;
- Has sufficient scale to optimise economies of scale and purchasing power;
- Has an excellent customer care ethos and focus on service quality.

Thereby acting in support of the statutory Health Boards and NHS Trusts in Wales, so that they may in turn, focus on more effective local delivery of front-line services. In addition, the organisation provides professional advice and support to Welsh Government.

NHS Wales Shared Services Partnership has five agreed Strategic Objectives covering Value for Money, Customers, Excellence, Staff and Service Development. These are broken down further into eight overarching goals as follows:

- We will promote a **consistency of service** across Wales by engagement with our partners whilst respecting local needs and requirements;
- We will **extend the scope of our services, embracing sustainability**, within NHS Wales and into the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales;

- We will continue to add value by **standardising, innovating and modernising** our service delivery models to achieve the well-being goals and the benefits of prudent healthcare;
- We will be an **employer of choice** for today and future generations by attracting, training and retaining a highly skilled and resilient workforce who are developed to meet their maximum potential;
- We will maintain a **balanced financial plan** whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into the economy;
- We will provide **excellent customer service** ensuring that our services maximise efficiency, effectiveness and value for money, through system leadership and a 'Once for Wales';
- We will **work in partnership** to deliver world-class service that will help NHS Wales tackle key issues, lead to a healthier Wales and supports sustainable Primary Care; and
- We will support NHS Wales **meet their challenges** by being a catalyst for learning lessons and **sharing good practice**. Identifying further opportunities to deliver high quality services.

The provision of an All Wales Laundry Services aligns with the creation and purpose of the NHS Wales Shared Services Partnership and has strategic fit with the founding principles, aim and strategic objectives of the organisations in particular streamlining back office functions and supporting Health Boards and NHS Trusts, so that they may in turn, focus on more effective local delivery of front-line services.

The synergy with the policy direction of Welsh Government in particular the Parliamentary Review, which states "*The NHS Wales Shared Services Partnership (NWSSP) should have greater national presence*" should be acknowledged as a guiding force.

In considering the founding principles, aims strategic objectives and the Welsh Government Policy direction raised this paper recommends the single service provider for an All Wales Laundry Service should be the Shared Services Partnership.

3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK

Compliance with :

Decontamination of linen for health and social care Guidance for linen processors implementing BS EN 14065

Financial Savings:

The OBC set out the potential cash releasing opportunities of circa £2.1m. This report asks the committee to note the lost financial opportunities through delays in the approval process.

4. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

Part 1

ENDORSE the output of the workshop for a Single Provider for an All Wales Laundry Service.

Part 2

Approve the Shared Services becoming the Single Provider for an All Wales Laundry Service



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

NHS Wales Laundry Production Units Service Review

Management Arrangements
Workshop
30 January 2019

1 INTRODUCTION

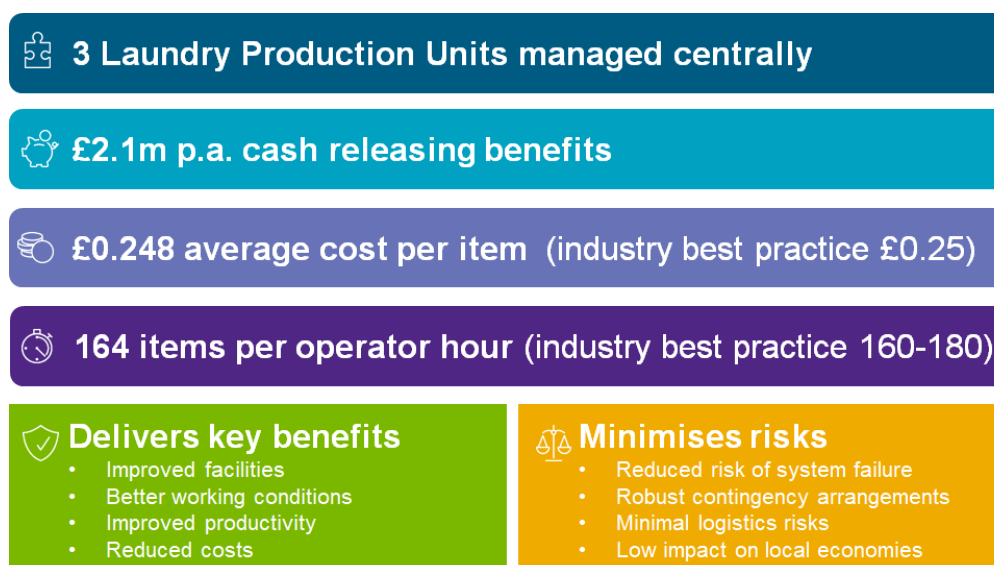
1.1 Purpose

- 1.1.1 The purpose of this paper is to present the results of the workshop held on 30 January 2019 to review options for the future management arrangements of NHS Wales Laundry Production Units (LPUs).

1.2 Context

- 1.2.1 The workshop was held following presentation of the NHS Wales Laundry Production Units Service Review Outline Business Case (OBC) to the NHS Wales Shared Services Partnership Committee meeting in November 2018.
- 1.2.2 The purpose of the OBC was to review existing LPUs in NHS Wales against best practice guidance, specifically *BS EN 14065 Textiles, Laundry Processed Textiles, Bio contamination Control System*, and determine the optimal solution for the delivery of the future service model.
- 1.2.3 Following a series of stakeholder workshops and a robust options appraisal process, including a review by an independent panel of Health Board Executive Directors, the OBC identified a preferred option, which it recommended exploring further at Full Business Case (FBC). This preferred option involves:
- Reconfiguring from five to three LPUs.
 - Centralised management function through Shared Services in order to improve collaboration and ensure delivery of benefits, while releasing NHS Wales Health Boards to focus on core functions.
 - Locating LPUs appropriately based on the results of a comprehensive site selection process to ensure the best use is made of existing assets while providing adequate resilience.
 - Investing in the replacement, upgrading, and extending of the three facilities to meet current standards and provide appropriate levels of resilience and sufficient capacity to meet demand.
 - Standardisation of the service model to deliver productivity improvements supported by the re-engineering of plant production flows and the procurement of plant and equipment with greater throughput per hour.
- 1.2.4 An overview of the preferred option is provided in the diagram below.

Figure 1-1 Features of the preferred option



1.2.5 Initial feedback from Health Boards suggested that while most were largely supportive of the preferred option - namely the features outlined in paragraphs 1.2.3 and 1.2.4 - there were concerns about the recommendations for future management arrangements.

1.2.6 As a result, the OBC was endorsed in principle at the NHS Wales Shared Services Partnership Committee meeting in November 2018 on the understanding that further work is undertaken to assess the management arrangements in advance of progressing to FBC.

1.3 The Management Arrangements Workshop

1.3.1 A workshop was held on 30 January 2019 to progress the review of management arrangements. To ensure an appropriate level of independence the workshop, facilitated by Capita, was chaired by Jan Williams, Chair of Public Health Wales, and included senior representation from across Health Boards. The attendance list is provided in Appendix A.

2 OUTPUTS OF THE WORKSHOP

2.1 Workshop aims

2.1.1 The purpose of the workshop was to assess the options for the future management arrangements of NHS Wales LPUs. Attendees agreed an approach to do this which involved the following steps:

1. Identify criteria that describe the key components of a successful management arrangements model, specifically in relation to NHS Wales LPUs;
2. Determine potential models for centralised and decentralised management arrangements in relation to NHS Wales LPUs; and
3. Assess the advantages and disadvantages of each potential model with consideration for the assessment criteria.

2.1.2 The outputs of the workshop in relation to each of these steps is provided in sections 2.2 to 2.4 below.

2.2 Step 1: Key components of a successful model

2.2.1 Following group discussions, workshop attendees collectively identified the main components of a successful management arrangements model. It was agreed that these criteria should be stated in relation to the future arrangements for NHS Wales LPUs for both

- Governance: Setting overall direction and monitoring progress against strategic goals; and
- Management: Day to day oversight and operation of the laundries.

2.2.2 The resulting criteria are described in the table below.

Figure 2-1 Key components of a successful management arrangements model

Criteria	Features
Achieve standards	<ul style="list-style-type: none">• Ensure compliance against current and new standards• Effectively manage standards, costs, and quality
Maximise benefits	<ul style="list-style-type: none">• Enables benefits of the preferred option to be maximised
Equitable	<ul style="list-style-type: none">• Ensure efficiencies are delivered on an all Wales basis• Ensure service quality and pricing is consistent across Wales
Open and transparent ways of working	<ul style="list-style-type: none">• Ensure accuracy and transparency of costing information / prices• Provide regular and accurate quality and performance reporting• Provide assurance through appropriate governance and management of services
Maintain relationships with front line services	<ul style="list-style-type: none">• Continue to build relationships with customers to ensure the service understands their needs• Deliver services that meet local needs• Provides an on-site presence
Enable changing behaviours	<ul style="list-style-type: none">• Ensure LPU's collaborate effectively• Deliver savings and benefits of the preferred option• Maintain and improve quality of the service
Maintain levels of investment in LPU's	<ul style="list-style-type: none">• Ensure that LPU's continue to be maintained at the appropriate standard
Investment in workforce	<ul style="list-style-type: none">• Enable a sustainable workforce through training and development and by providing an appropriate and attractive career path
Credibility	<ul style="list-style-type: none">• Led by a team with a track record of successfully managing change and delivering laundry services
Support Wellbeing of Future Generations and Parliamentary Review	<ul style="list-style-type: none">• Supports development of sustainable services• Supports environmental improvements• Supports integrated ways of working

2.3 Step 2: Potential models

2.3.1 Following an initial discussion about the types of centralised and decentralised management arrangements available, workshop attendees collectively identified three potential models appropriate for the future governance and management arrangements for NHS Wales LPU's. These are:

- **Model A** – Single provider for governance and management: Single body with the sole purpose of delivering laundry services to NHS Wales from three LPU's.
- **Model B** – Central governance and Health Board delivery: One body responsible for governance, with three providers each responsible for managing delivery of laundry services to NHS Wales from their respective LPU's.

- **Model C** – Health Board hosted providers: Three Health Boards responsible for governance and managing delivery of laundry services to NHS Wales from their respective LPUs.

2.3.2 The main features of each of these models are outlined in the table below.

Figure 2-2 Potential models

Model	Main features
A – Single provider for governance and management	<ul style="list-style-type: none"> • Single body that's sole purpose is to deliver laundry services to NHS Wales • Body both provides governance and manages the process • Health Boards are customers • Every Health Board has an equal stake in the body • Each of the three LPUs have local management with links to the local Health Board but as part of an overarching management structure across Wales • Performance managed through common KPIs, quality standards, and customer quality measures • Relationships in place across Wales, with individual Health Boards and local customer engagement • Body has ownership of the transport • Body has a consistent approach to charging Health Boards • Similar to the existing Procurement model
B – Central governance and Health Board delivery	<ul style="list-style-type: none"> • Hybrid model: <ul style="list-style-type: none"> ➢ Body in place to oversee governance, commissioning, charging mechanism and compliance with standards ➢ 3 x providers responsible for delivering laundry services with a common operating model and consistent management arrangements, standard, framework and structure • May have some similarities to the framework in place for Emergency Ambulance Services Committee (EASC) to commission services from Welsh Ambulance Services NHS Trust (WAST).
C – Health Board hosted providers	<ul style="list-style-type: none"> • Each Health Board that hosts a LPU it is responsible for the management of laundry services from it and related decision-making. • It will deliver laundry services within a defined geographical boundary.

2.4 Step 3: Assessment of models

2.4.1 Attendees collectively assessed the advantages and disadvantages of each of the three potential models. The results of this are provided overleaf.

Figure 2-3 Advantages and disadvantages of the potential models

Model	Advantages	Disadvantages
A – Single provider for governance and management	<ul style="list-style-type: none"> • Greater ability to prioritise continued investment in LPU facilities and a more co-ordinated approach to accessing capital • Greater consistency around standards • Easier to manage a consistent costing model • Most likely to accelerate pace for delivering benefits • Greater economies of scale • Increased opportunities to develop the workforce with a defined career path and improved ability to recruit • High levels of resilience • More robust business continuity arrangements • Quicker decision making • Easier synergies with transport networks • Release more local resource to focus on other priorities • ‘Once for Wales’ • Can be more easily created than Model B by replicating the existing frameworks Procurement model • Aligned with Welsh Government Policy Direction i.e. Parliamentary Review • Access to Capital • Standardised approach • Common approach to policy implementation • Financial transparency • Governance transparency 	<ul style="list-style-type: none"> • Perceived loss of control at Health Board level for current providers • Risk that services will be less responsive to local needs • Risk that services will be less agile with reduced local decision making • Increased workforce uncertainty in the first instance • Increased management costs
B – Central governance and Health Board delivery	<ul style="list-style-type: none"> • Aligned with regional working • In common with Model A it is likely to help deliver: <ul style="list-style-type: none"> • Greater consistency around standards • A more consistent costing model • Accelerated pace for delivering benefits • Greater economies of scale • Increased opportunities to develop the workforce with a defined career path and improved ability to recruit • Better resilience • More robust business continuity arrangements 	<ul style="list-style-type: none"> • The framework will need to be developed from scratch • Challenges will continue in terms of ability to prioritise future investment in LPU facilities • Is likely to result in conflicting priorities between Health Boards and the governing body • Reflects outdated ways of working and so may not be aligned with the current strategic direction of NHS Wales. • Likely to be the least agile way of working. • Increased workforce uncertainty in the first instance

C – Health Board hosted providers	<ul style="list-style-type: none"> • Maintains some local control LPU providers • Maintains more local knowledge • Provides regional agility 	<ul style="list-style-type: none"> • Replication of the same service model with 3 not 5 units i.e. status quo • Lack of independent levels of external challenge and scrutiny • Challenges will continue in terms of ability to prioritise future investment in LPU facilities • Complex governance required to ensure consistent standards • Uncertainty around ability to deliver the scale of change required to deliver the preferred option and related benefits • Does not release Health Boards to focus on other priorities • Increased workforce uncertainty in the first instance • Risk of repeated lack of investment • Lacks cost transparency • Potential of creating an internal market • Less resilience
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3 SUMMARY

3.1 Conclusions

3.1.1 The workshop identified three potential models for the future governance and management arrangements for NHS Wales LPUs. Attendees assessed the advantages and disadvantages of each in relation to the key components of a successful model.

- **Model A - Single provider for governance and management:** Provides the greatest opportunity to deliver standardisation and realise the benefits of the preferred option most quickly, while ensuring that there is more of a focus in the future on continuing to invest in facilities and develop the workforce. It will also allow more resources to be released at a Health Board level to focus on other priorities. However, there will be a perceived reduction in the control at Health Board level for those operating production units and as a result there is a potential that the service will lose some of its agility and be less responsive to local needs.
- **Model B - Central governance and Health Board delivery:** While this is likely to support delivery of many of the improvements outlined in Model A, it will not easily enable increased focus on continuing investment and development in the future. It is likely to be the least agile way of working with increased levels of bureaucracy and conflicting priorities.
- **Model C – Health Board hosted providers:** Maintains local control for those organisation operating production units, as well as enabling the service to be more responsive to local needs. However, it does not release resource at a Health Board level to focus on other priorities and increases the risk that the service is unable to deliver the scale of change required to achieve standardisation, implement the preferred option successfully and realise the related benefits at pace. There is a potential risk with model C that the existing service model will be replicated and the status quo will apply therefore not delivering the benefits outlined in the OBC.

3.1.2 The results of the Workshop suggest that the model which could deliver the greatest benefit of the OBC would be **Model A** and this concurs with the previous workshop held on 2nd October 2018.

LAUNDRY WORKSHOP ATTENDEES - 30TH JANUARY 2019

Area	Name	Role
ABUHB	Geraint Evans	Director of Workforce & OD
ABMU	Joanne Jones	Head of Support Services
BCUHB	Paul Clarke	Head of Facilities Management
Cardiff & Vale	Peter Cockburn	Head of Commercial Services
CTUHB	Russell Hoare	Assistant Director of Facilities
HUHB	Rob Elliott	Director of Estates & Facilities
Powys	Duncan Crawley	Head of Facilities Management
Velindre	Mark David	Operational Services Manager
NCCU	Anthony Hayward	Assistant Director of NCCU
NWSSP	Neil Davies	Director of Specialist Estate Services
NWSSP	Neil Frow	Managing Director
NWSSP	Andy Butler	Director of Finance & Corporate
NWSSP	Bethan Rees	Project Manager
Public Health Wales	Jan Williams	Chair of PHW
NWSSP	Ian Rose	Head of PMO
Cwm Taf	Sue Holdroyd	Finance Lead
ABMU	Hazel Robinson	Director of Workforce & OD
Capita	Anouska Huggins	Facilitator
Capita	Niall Thomson	Facilitator



MINUTES OF THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

THURSDAY 17TH JANUARY 2019

10:00 – 13:00

NWSSP HQ, BOARDROOM

Present:

Attendance	Designation	Health Board / Trust
Margaret Foster (MF)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Hazel Robinson (HR)	Director of Workforce and OD	ABMUHB
Chris Lewis (CL)	Acting Director of Finance	Cardiff & Vale UHB
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Phil Bushby (PB)	Director of People & OD	PHW
Eifion Williams (EW)	Director of Finance	PTHB
Huw Thomas (HT)	Director of Finance	Hywel Dda
Geraint Evans (GE)	Director of Workforce & OD	ABUHB
Gareth Hardacre (GH)	Director of Workforce & OD	NWSSP
Joanna Davies (JD)	Director of Workforce & OD	CTUHB
Other Attendees		
Dafydd Bebb (DB)	Board Secretary	HEIW
Denise Roberts (DR)	Financial Accountant (VC)	BCUHB
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Iain Hardcastle (IH)	Head of Planning (IMTP) (Item 4.1 only)	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance (Item 6.2 only)	NWSSP
Neil Davies (ND)	Director of Specialist Estates (for SES Deep Dive only)	NWSSP
Clive Ball (CB)	SES (for SES Deep Dive only)	NWSSP

Ian Warby (IW)	SES (for SES Deep Dive only)	NWSSP
Martin Cooper (MC)	SES (for SES Deep Dive only)	NWSSP
Stuart Douglas (SD)	SES (for SES Deep Dive only)	NWSSP

1. PRELIMINARY MATTERS		
WELCOME AND INTRODUCTIONS		
No.	Minute	Action
1.1	The Chair welcomed everyone to the January 2019 Shared Services Partnership Committee (SSPC) meeting.	
APOLOGIES FOR ABSENCE		
1.2	Apologies of absence were received from the following: Steve Ham – CEO Velindre University NHS Trust Chris Turley - Interim Director of Finance – WAST Steve Elliott - Deputy Director of Finance – Welsh Government Danielle Neale – Director of Finance – HEIW Robert Williams – Committee Governance Support	
DECLARATIONS OF INTEREST		
1.3	There were no additional declarations of interest to those already declared.	
UNCONFIRMED MINUTES OF THE MEETING HELD ON 15th NOVEMBER 2018		
1.4	The unconfirmed minutes of the meeting held on 15 th November 2018 were agreed as a true and accurate record of the meeting.	
ACTION LOG		
1.5	Members NOTED the updates provided and ENDORSED the Action Log. All actions were either complete or were on the agenda.	
MATTERS ARISING		
1.6	No further matters were raised.	
2. SERVICE REVIEW		
Deep Dive		
2.1	Specialist Estates Services ND and his team gave a comprehensive review on the work of Specialist Estate Services, and the range of services they undertake and can provide to NHS Wales organisations and	

	<p>other bodies.</p> <p>The presentation was well received and the team were congratulated on the quality of their services.</p>	
3. CHAIR AND MANAGING DIRECTOR'S REPORT		
3.1	<p>Chairman's Report</p> <p>MF advised that due to her continuing recovery from injury that she had not been able to attend many meetings and therefore the Managing Director had attended a number of Boards meetings since the previous Committee meeting.</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update</p>	
3.2	<p>Managing Director's Report</p> <p>NF presented his report and noted that:</p> <p>BREXIT</p> <p>NWSSP continue to work with Welsh Government around BREXIT. The amount of work required "around no deal preparations" is now proving a major distraction for frontline teams and is starting to impact on taking forward other areas of work.</p> <p>In particular, WG have asked NWSSP to look at storage options with regard to medical consumables and devices. NF advised that NWSSP have looked at a number of warehouses but unfortunately, options are very limited as there is not much available at this moment in time within the current market place. However, one potential site has been identified, which will meet the basic requirements and possibly give a flexible approach going forward.</p> <p>All options are being explored including the NHS England planned approach and discussions continue on this. An exercise has been undertaken to match NHS Wales's stock lines to NHS England and there is current only a 50% match. Therefore, if we were to be supplied by NHS England there are likely to be issues for end users in that many of their preferred stock lines may not be available. The Procurement team had input into a briefing setting out the options being prepared by Government officials and we were awaiting a decision. It was emphasised that the situation is now becoming a major distraction and time is running out to put in place an appropriate solution.</p> <p>EW asked that we communicate with HBs as to what they should or should not do with regards to plans for Brexit, as they are not getting any information from WG. NF stated that he was surprised, as he had seen correspondence</p>	

from Andrew Goodall to all HBs CEOs telling them not to stockpile resources; however, they needed to make sure that their own contingency plans were in place.

The NHS Confederation are holding the reins on the communications of the project and each SRO meets on a fortnightly basis to discuss plans, so there should be some form of communication being sent to all Health Boards and Trusts.

Procurement are currently establishing a call centre (NSDR) based on the NHSE model, so if there are shortages then there will be a central point of contact.

NF further explained that the teams were working through the contracts that we hold at present to decide if they felt there were any risks with supply and looking at all options to maintain supplier buy in which could include looking at the possibility of whether we can roll over any these contracts or put in short extensions if they were due to expire shortly. This is particularly an issue in respect of some food contracts and a separate paper is being prepared to be discussed at the Audit Committee on this.

GP Indemnity

It was noted that NWSSP had been identified as the preferred partner to take this forward and as a result, the NWSSP legal team had been working with WG colleagues on putting together a firm proposal on how the scheme could work within Wales. As it currently stands there were still a number of issues that needed to be worked through and NWSSP were not at this stage involved in a number of the ongoing discussions that WG were having. NF was hopeful that NWSSP would be confirmed as the provider of the service going forward but we needed to wait for the Minister to make the final decision. NF further pointed out that we were only working on the future liability scheme. Dr Lewis had been seconded from HEIW to help take this work forward and he was having positive conversations with relevant stakeholders. Once a final decision had been made on the scheme provider then a number of papers and protocols outlining the service offering would be brought to the NWSSP Committee and Welsh Risk Pool for approval and endorsement.

Laundry Outline Business Case - The Laundry OBC was discussed at the last Committee meeting. While the Committee endorsed and approved a three-site option within the OBC, it requested further work on management arrangements. As a result, a workshop has been arranged for 30 January to facilitate this. The workshop is to be chaired by Jan Williams OBE, Chair, Public Health Wales. In the meantime, to ensure that momentum is not lost, the

	<p>OBC has been submitted to Welsh Government for consideration but with the explicit message that any comments on management arrangements need to be deferred to await the outcome of the workshop.</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update</p>	
4. ITEMS FOR APPROVAL/ENDORSEMENT		
4.1	<p>IMTP</p> <p>IH presented an update on the Final Draft of the IMTP.</p> <p>It was noted that the previous version of the IMTP had been refreshed to include any new priorities and objectives. All feedback received from discussions with health bodies and Committee members had now been taken into account and incorporated into the plan. IH thanked members for their contribution and explained that hopefully it now covered what our partners wanted within the plan. Feedback had been also incorporated from the regular update meetings that had been held with WG officials as part of this year's process.</p> <p>Members of the Committee reviewed the potential risks and enablers to delivering the plan and also the potential impact of Brexit.</p> <p>IH further explained that the six key themes/priorities had been highlighted and brought together from the feedback that had been received. All high level divisional plans were included as part of the plan.</p> <p>Given the size of the document, it had been decided that the IMTP document had also been designed to be used interactively in an on-line format, which would help reduce the need to print the document and make it more accessible.</p> <p>AB stated that it is an ambitious plan, Welsh Government asked us to be bolder in our plan, which we have tried to do. We have a draft budget, it is hoped that will generate a surplus of £750k to be distributed back to the Health Organisations. There are a number of areas that will require investment, which we will redirect from monies saved from our efficiencies and divisional plans.</p> <p>There would continue to be a strong focus on continuous quality / efficiency improvement within current services as well as investment in project areas such Legal & Risk - GP</p>	

	<p>Indemnity, Laundry, TRAMS and workforce areas such as nurse banks etc. NF stated that one of the main costs this year will be on the new NHAIS system. Early indications are that NWIS will not be able to support the system, but Northern Ireland have said that they will do this. The potential cost of the Northern Ireland solution had not yet been received and will need to be incorporated into the business case.</p> <p>WRP – level of provision is exceeding £1bn due to the change in the personal injury discount rate. It is estimated for 2019/20 that expenditure on settled cases will exceed the annual budget of £105million by £3.2m.</p> <p>IH then gave a demonstration on the interactive version of the IMTP that is on the website and this was very well received.</p> <p>The progress of the IMTP will be reviewed on a quarterly basis and the case studies can be updated as and when required.</p> <p>Following further discussion and consideration the Committee RESOLVED to:</p> <p>APPROVE the 2019/2022 NWSSP IMTP</p>	
4.2	<p>Review of Standing Orders</p> <p>PS introduced the report on the Review of Standing Orders. The report sets out what the amendments are and reflects on the establishment of HEIW and the changes required by the letter from the Cabinet Secretary in November 2018 on voting rights. There were also some minor changes to the Schedule of Delegation.</p> <p>The Committee RESOLVED to:</p> <p>APPROVE the update</p>	
4.3	<p>Updated Service Level Agreements</p> <p>PS introduced the report on the Review of Updated Service Level Agreements.</p> <p>The SLAs have been updated for GDPR purposes and recognises HEIW where relevant. There has also been amendments in the Legal & Risk fees.</p> <p>It was noted that going forward the format of the directorate appendices needs to be standardised.</p> <p>The Committee RESOLVED to:</p> <p>APPROVE the update</p>	

5. PROJECT UPDATES		
5.1	<p>PMO Highlight Report</p> <p>AB introduced the PMO Highlight Report.</p> <p>It was noted that we set up the PMO office a few years ago and they now run the large projects within NWSSP.</p> <p>At present, there are 21 projects running, within the report, most of the areas are green or amber and actions have been taken in respect of the reds to bring them back on track shortly.</p> <p>It was requested that this information is brought to all SSPC meetings going forward. PS to include on the agenda.</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update</p>	
5.2	<p>Medical Examiner Service</p> <p>GH tabled and introduced the papers on the Medical Examiner Service.</p> <p>GH apologised for the lateness of the papers but these were only completed yesterday following a meeting with Welsh Government.</p> <p>The service is scheduled to start at the beginning of April 2019 and therefore it was important for the Committee to be aware of this service now.</p> <p>NWSSP has been requested to support the establishment of the Medical Examiner Service, which includes undertaking to host the new service. The lack of time between now and the 1st of April means that the service will not be fully up and running immediately but we need to have something in place.</p> <p>Medical Examiners will be appointed within the NHS in both England and Wales. There are various options for the service with the most extreme requiring the appointment of 150 examiners for Wales and the ME-lite version requiring only 10. Each examiner will need to complete 26 e-learning packages before they can start work. There is a conference in Birmingham on the 30th January, where more details on the service should be forthcoming.</p> <p>Welsh Government has established an implementation group; however, there is need to drive the project forward at pace.</p> <p>The system will probably be statutory from 2021. The initial focus will be in secondary care with an intention to roll out in primary care before it goes to the statutory basis.</p>	

	<p>The Committee RESOLVED to:</p> <p>NOTE the update and ENDORSED the proposal for NWSSP to take this service forward</p>	
5.3	<p>Transforming Access to Medicines</p> <p>NF presented the update report. It was noted that Andrew Evans Chief Pharmacy Officer in WG had taken an update on the project to a recent WG Efficiency Board. The feedback from that meeting had been very supportive and they wanted to see progress being made as soon as possible as the potential benefits outlined were encouraging.</p> <p>The outline programme business case should be ready in a few weeks. NF advised that Health Boards have been linked in to the process via their Chief Pharmacists and Andrew Evans has written to Health Boards to keep them updated.</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update and AGREED to support the TRAMS project as first call on any surplus generated by NWSSP.</p>	
6. GOVERNANCE, PERFORMANCE AND ASSURANCE		
6.1	<p>Finance Report</p> <p>AB introduced the Finance report to the Committee. It sets out the position at month 8. NWSSP is scheduled to breakeven even with a dividend of £2m, which will be distributed as stated on page 4.</p> <p>KPIs are generally green at the end of November, with one red KPI regarding time taken to shortlist by managers. AB highlighted that the regular quarterly performance reports would be issued to Health Boards shortly</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update</p> <p>Workforce Report</p> <p>GH introduced the Workforce report to the Committee.</p> <p>Sickness levels are improving but still above our set target.</p> <p>Statutory and mandatory compliance is good at present.</p> <p>Reporting of absence within 7 days remains an issue.</p> <p>The headcount decreased in October due to the transfer of staff to HEIW. MF stated that the transfers should not be included in the turnover as they transferred to another service. GH will look at amending the figures to reflect this.</p> <p>It was highlighted that by JD that the biggest reason for</p>	

	<p>leaving NWSSP is “not known”, JD advised that Cwm Taf has taken this off the response form so that staff must give a specific reason. GH will looking to the same process here in NWSSP.</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update</p>	
6.2	<p>Internal Audit Strategy</p> <p>SC advised the Committee that the Strategy document is now in draft.</p> <p>The key themes within the strategy centre around people/skills, technology driven audit, maximising the benefits of the all-Wales service, and future development/markets are all progressing and underpin A&A’s IMTP submission – which is a part of the IMTP that has been presented to you today.</p> <p>There is some further work around methodology to work through with Board secretaries, such as whether the focus on the ‘domain’ approach will be right for the future.</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update</p>	
6.3	<p>Corporate Risk Register</p> <p>There are currently two red risks on the register which have already been discussed (NHAIS and Brexit), and four risks now have reduced scores following investigation work.</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update</p>	
7. ITEMS FOR INFORMATION		
Any Other Urgent Business		
7.1	<p>Primary Care Workforce Tool</p> <p>NF updated the Committee on the work that had been underway with regard to purchasing a workforce tool from NHS Digital, which would help provide workforce information at a practice level. Further updates would be provided at the next meeting.</p> <p>The Committee RESOLVED to:</p> <p>NOTE the update</p>	
8. OTHER MATTERS		

8.1	Date of Next Meeting: March 14, 2019	
8.2	The unconfirmed minutes of the Part B Meeting held on 15 th November 2018 were agreed as a true and accurate record of the meeting.	

Item 1.5

ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

UPDATE FOR 14 MARCH 2019 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS MAR 2019
1.	SSPC/3/18	27 March 2018	National Health Applications and Infrastructure Services (NHAIS) – replacement Business Case on the options for replacing the NHAIS system to be considered by Committee.	NF/DH	March 2019	On-going Included in MD update



GIG
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WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:3.2

14 March 2019

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Managing Director's Report

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

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

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

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

Shared Services Partnership Committee

Adduned y Pwyllgor/Committee Resolution (insert √):

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

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

Introduction

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

Brexit

The risk to NWSSP of a no-deal Brexit relates primarily to the procurement services that we provide to NHS Wales. This risk is a red-rated risk on our Corporate Risk Register, and there is significant activity on going to manage this risk and to respond to the requirements of Welsh Government and other key stakeholders. Positive progress is being made but this is causing distractions to the day job, particularly for procurement staff, and this is a situation that is likely to continue for some time.

Bridgend Transfer

NWSSP teams continue to work with both Health Boards on preparation for the transfer of the Bridgend Locality into Cwm Taf from ABMUHB. Alison Phillips, Transition Director for the programme, attended the NWSSP SMT on 31 January, to provide an update on progress and to address any specific issues and concerns.

Laundry Outline Business Case

There is a separate agenda item on this issue but I would like to record my thanks to Jan Williams OBE, Chair, Public Health Wales, for chairing the workshop at the end of January to discuss the management arrangements options for this service.

All-Wales Catering Project

The Framework has now gone live and both Aneurin Bevan UHB, and Cardiff & Vale UHB, are shortly to commence using it.

NHAIS

Further discussions have taken place with Northern Ireland following receipt of their detailed proposal. This was delayed due to staff sickness on their side and concerns over the legal framework for providing the service. The costing contained within the proposal are significantly higher than our current level of payments, and we are currently challenging a number of these costs. Although continuing delays to the implementation of the Capita model in England reduce the pressure, this remains a high risk.

GP Indemnity Scheme

There is again a separate paper on the SSPC agenda, but the Minister has now announced that following a comprehensive engagement programme, NWSSP will be providing this service with effect from 1 April 2019, which present a challenging timescale. A number of new roles will be required to deliver this service, and jobs are currently out to advert to recruit to these positions.

TRAMS

The project remains on track and the Project Board has endorsed in principle the selection of a Preferred Way Forward to establish an All Wales Hosted Service for Pharmacy Technical Services.

Before moving to a formal Approval Process for this recommendation, the Project Board also requested an Outline Business Case (OBC) for this service to be produced with more detail on:

- Mapping the Business Process of the new service;
- Assessment of the staffing impacts;
- Revenue costing;
- Further work on the planned benefits; and
- Proposed revenue funding model

Work on re-organising and mobilising the Project Team to carry out this work is underway.

NWIS

I am participating in the governance review currently being led by Frances Duffy from Welsh Government.

**Neil Frow,
Managing Director, NWSSP,
March 2019**

 GIG Cymru NHS Wales Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 14th March 2019
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Development of a state-backed Clinical Negligence Discretionary Scheme for General Medical Practice Indemnity (referred to as GMPI) to commence Service delivery 1st April 2019

ARWEINYDD: LEAD:	Anne-Louise Ferguson, Director of Legal & Risk Services and the Welsh Risk Pool
AWDUR: AUTHOR:	Martin Riley, Head of Finance Mark Harris, Solicitor Team Leader Professor Mal Lewis, Clinical Lead Heather Grimbaldston, CN Solicitor
SWYDDOG ADRODD: REPORTING OFFICER:	Martin Riley, Head of Finance Mark Harris, Solicitor Team Leader
MANYLION CYSWLLT: CONTACT DETAILS:	Martin.Riley@wales.nhs.uk Mark.Harris@wales.nhs.uk

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

The purpose of this report is to update the Committee on the need for change, the status of scheme development and approval of the Scheme for commencement of Service Delivery on 1st April 2019.

Llywodraethu/Governance

**Amcanion:
Objectives:**

**Tystiolaeth:
Supporting evidence:**

Ymgynghoriad/Consultation:

Who has been consulted on the details of the report?

- Welsh Government
- GPC Wales

- Medical Defence Organisations
- Welsh Risk Pool
- Directors of Primary Care
- Board Secretaries
- Heads of Primary Care
- Assistant Medical Directors
- Health Board Legal Teams
- GP Practice Managers

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE	•	TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		Outline the recommendation of the report <ul style="list-style-type: none"> • The Committee is asked to APPROVE the scheme 					

**Crynodeb Dadansoddiad Effaith:
Summary Impact Analysis:**

Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	WG leading on legislative work supported by NWSSP Legal and Risk Services
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Scheme drives closer links between Secondary Care and Primary Care and Good Practice and Lessons Learned is a key component of the scheme
Ariannol: Financial:	Increased Allocation for the Welsh Risk Pool and funding for the operation of the scheme within NWSSP agreed
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link; http://gov.wales/docs/dhss/publications/150402standardsen.pdf

Gweithlu: Workforce:	Provides assurance and cover for clinical negligence cases for all staff employed within GP practices
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

STRATEGIC OVERVIEW

The Welsh Government's recent Parliamentary Review of the Long Term Future of Health and Social Care, called for a "revolution from within", to drive change in our health and social care system, to meet the needs of current and future generations in Wales.

The Cabinet Secretary's plan "A Healthier Wales: Our Plan for Health and Social Care" identifies a number of key themes to which the plans of NWSSP, Legal & Risk Services (LARS) align closely. In particular:

- Using evidence, sharing experiences and accelerating learning to drive good practice,
- Investing in digital technologies as a key enabler of change, with improved and better connected data, including machine learning and artificial intelligence,
- Enabling agile responses to emerging technologies,
- Utilising specialist advisory functions hosted by national services, such as LARS, as key enablers to strategic change; transformation and consolidation of national activity, clarifying governance and accountability.

Due to a combination of the increased propensity of NHS users to make clinical negligence claims and the increasing costs of compensating individuals, the cost to General Medical Practitioners (GPs) of purchasing indemnity has risen substantially in recent years. The reduction in the Personal Injury Discount Rate (PIDR) has also increased significantly the value of claims and the associated indemnity cost. The British Medical Association (BMA) has been expressing the view for some time that this increased cost is already having an adverse impact on GP service provision at a time when the requirement for a comprehensive primary care service is paramount to achieving the goals set out in A Healthier Wales.

On the 14th May 2018 Vaughan Gething, Cabinet Secretary for Health and Social Services, announced that the Welsh Government will introduce a state

backed scheme to provide clinical negligence indemnity for providers of GP services in Wales. The scheme, which is planned to come into force from April 2019, will cover all contracted GPs and other health professionals working in NHS general practice.

The scheme, will be aligned as far as possible to the state backed scheme announced for GPs in England and will ensure that GPs in Wales are not at a disadvantage relative to GPs in England. It will also help to ensure that GP recruitment and cross-border activity will not be adversely affected by different schemes operating in England and Wales.

The announcement of a state backed scheme for providers of GP services in Wales will help address the concerns of GPs about the affordability of professional indemnity premiums and its potential impact on services and wider GP recruitment and retention.

The scheme will deliver a sustainable, longer term, solution to address the increasing costs of GP professional indemnity.

The state backed scheme will indemnify individuals against claims arising from clinical negligence for NHS work, but will not cover private work, complaints, involvement in coroners' cases, GMC hearings and other matters relating to professional regulation. GPs will be expected to take out indemnity insurance to cover private work and the other aspects not covered by the state.

The scheme will cover the activity of all contractors who provide primary medical services in the delivery of general medical services. This will include clinical negligence liabilities arising from the activities of GP practice staff and other medical professionals working for the GP practice in the provision of these contracted services.

Following subsequent engagement with Medical Defence Organisations (MDO) and other stakeholders, it was announced on 6th February 2019 that NHS Wales Shared Service Partnership - Legal and Risk Services will operate the Future Liability (FLS) state backed scheme for GPs in Wales in relation to clinical negligence claims arising from 1 April 2019. The Ministerial Written Statement is attached at **appendix 1**.

This paper sets out the processes, funding arrangements, stakeholder engagement and protocols developed to deliver this scheme from 1st April 2019.

Project Management

This was established as a project within NWSSP in November 2018. A PID was written and project management principles and processes have been implemented. The key staff leading this work within NWSSP are:

Anne-Louise Ferguson (ALF)	Director of Legal & Risk Services and Welsh Risk Pool	Legal and Risk Services
Mark Harris (MH)	Solicitor Team Leader	Legal and Risk Services
Martin Riley (MGR)	Head of Finance	Finance and Corporate Services
Professor Mal Lewis (ML)	Interim Medical Director	
Heather Grimbaldston (HG)	Clinical Negligence Solicitor	Legal and Risk Services
Jonathan Webb (JW)	Head of Safety and Learning	Welsh Risk Pool Services
Gill Bailey (GB)	Project Manager	Finance and Corporate Services

The Welsh Government established a GP Indemnity Project Board. This meets every two weeks. This is, in essence, a WG policy and Finance Board, however NWSSP are invited to present updates on the FLS scheme development for 30 minutes at the end of every meeting. This meeting has always been supported by two of the NWSSP staff named above (ALF, MH, MGR), however, this has been exclusively for scheme development updates and NWSSP staff have not been present during the core business discussions.

The latest NWSSP Project Highlight Report is attached at **appendix 2**.

Name of Scheme

Advice received from the Welsh Government legal advisors via the GP Indemnity Project Board states that the official name of the Scheme must be the same as set out in the legislation (Regulation 3) which is the Clinical Negligence Scheme for NHS Trusts and LHBs.

The indemnity inserted into the GMS Regulations by regulation 21 of the 2019 Regulations allows reference to the scheme as the Scheme for General Medical Practice Indemnity as this focuses specifically on primary medical services providers.

It has been agreed with the Welsh Government Project Board that the operating name, below the umbrella Clinical Negligence Scheme for NHS

Trusts and LHBs will be the “**Scheme for General Medical Practice Indemnity**” and will be referred to as “**GMPI**”.

Stakeholder Engagement

The Welsh Government have created and chair a group entitled “The Wales State Backed GP Professional Indemnity Scheme Stakeholder Reference Group”. (SRG). The SRG reports to the WG GP Indemnity Project Board. The SRG was established to provide informed opinion and expertise to support the Scheme’s development and implementation in Wales. It also supports communication to GMS contract holders, NHS Wales and other stakeholders. The SRG consists of members from across Welsh Government, NHS Wales, GPC Wales, and other key organisations. Members are empowered to present consensus positions or opinions of the role/organisation they represent. The SRG is chaired by Karin Phillips, Deputy Director for Primary Care, Welsh Government. The Terms of Reference are attached at **Appendix 3**. Full membership and organisations / groups represented are:

Name	Organisation/Roles
Karin Phillips (Chair of SRG) , Deputy Director of Primary Care	WG
Andrew Havers, Senior Medical Officer for Primary Care	WG
Alex Slade, Head of Contract Reform	WG
Gemma Nye, Primary Care Contract Workforce Lead,	WG
Charlotte Jones, Chair GPC Wales	GPC Wales
Martin Riley, Head of Finance	NWSSP
Mark Harris, Solicitor Team Leader	NWSSP
Professor Mal Lewis, Interim Medical Director	NWSSP
Pete Hopgood	Directors of Finance, NHS (DoF)
Chris Stockport, Exec Director of Primary Care, BCUHB	Director of Primary Care and Mental Health (DPCMH)
Lynne Joannou, HoPC, BCUHB	Heads of Primary Care, NHS (HoPC)
Richard Bevan, Board Secretary, ABUHB	Board Secretaries

Stuart Hackwell, AMD Cwm Taf UHB	Assistant Medical Directors (AMD's)
Gareth Thomas, RISCA Surgery	Practice Managers

Until the Ministers Written Statement on 6th February 2019, there was, as directed by WG, little direct stakeholder engagement between NWSSP and key NHS Organisations. Since 6th February, when NWSSP were announced as the provider, there has been extensive stakeholder engagement. The table below highlights the main communication:

Date	Event / Communication	NWSSP	Target Audience
16 th Jan	Sharing draft process with GPC		Chair of GPC Wales
31 st Jan	GPC Wales Committee	ML MGR	GPs
7 th Feb	WG GP Indemnity Project Board	ALF MGR MH	WG
7 th Feb	NWSSP Stakeholder Engagement Event	MGR MH ML JW HG SS	HB AMD's, HoPC, Legal Teams
11 th Feb	MPS	ALF MH ML HG MGR	MDO's
11 th Feb	MDDUS	ALF MH ML HG MGR	MDO's
14 th Feb	WG GP Indemnity Stakeholder Reference Group	MH ML	WG / HB's
15 th Feb	Joint AMD & HoPC Meeting	ML HG	AMD's / HoPC
20 th Feb	MDU	MH	MDO's
21 st Feb	WG GP Indemnity Project Board	MH	WG
21 st Feb	WRP Technical Accounting Group	MGR JW SS	HB WRPS Finance Leads
28 th Feb	Draft Processes and Protocols shared with WG	MH	WG Policy Leads
1 st Mar	Directors of Primary and Community Care	ALF	HB DoPCC
6 th March	Final Processes and Protocols shared with WG	MH ML MGR	WG GP Indemnity Board WG SRG DoPCC / HoPC / AMDs
13 th Mar	WRPS Committee for endorsement	ALF MGR JW	HB's / WG
14 th Mar	Shared Services Partnership Committee for approval	NWSSP MD & DoF	HB's / WG

The Scheme

The main change for General Medical Practice Providers is that in relation to incidents occurring after 1 April 2019, the Health Boards in Wales will provide an indemnity arrangement and will be the named Defendant for clinical negligence litigation rather than the Primary Care Providers. L&RS will act on behalf of, and seek instructions from, the Health Boards in relation to the litigation and will seek evidence and views on strategy from GPs and Practice staff.

Following the development of the L&RS business map, the main policies and protocols for delivering the scheme have been developed. **Appendix 4** describes L&RS main policy and related processes for delivering the scheme for GMPI. It must be read in the context of, and subject to, the legislative provisions and policy that are being issued by the Welsh Ministers in the exercise of their powers to create the scheme under the Government of Wales Acts and under NHS Wales Act 2006. It includes operational protocols outlining the relationships between L&R and key stakeholder groups. These include Primary Care Providers, Health Boards, Medical Defence Organisations and Welsh Government.

The scheme will include the provision of advice, guidance and support for General Medical Practice Providers 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 will not be covered by the scheme, for which membership of a Medical Defence Organisation will remain necessary. Examples of such 'out-of-scope' activity will include private work, inquests, disciplinary issues, issues with the GMC or other Regulators and any non-clinical elements of Ombudsman referrals.

The processes and protocols outlined within appendix 4 are:

- 1. First contact and triage**
- 2. Managing complaints under PTR**
- 3. Managing claims under PTR**
- 4. Managing Litigation**
- 5. The Reimbursement Process**
- 6. Lessons learned**
- 7. Health Board Process Map**
- 8. Summary of Process for Primary Care Providers**

Processes 9 to 11 describe the main L&RS processes developed in collaboration with GPC Wales, Welsh Government and Health Boards. It is entitled "Clinical Negligence Scheme for General Medical Practice Providers in Wales, L&RS Process Map" and is split into three sections:

9. Referrals Process

10. Scheme Decisions Process

11. Litigation Process

Process 12 describes the interaction with Medical Defence Organisations.

12. Interaction with Defence Organisations

Appendix A is a **guidance note for GP Practices** regarding the Clinical Negligence Discretionary Scheme for General Medical Practice Indemnity (GMPI).

Appendix B is the **GMPI Contact Form**.

Appendix C is the **Putting Things Right Handbook (May 2016)**

All processes, protocols and guidance notes will be regularly reviewed, particularly as the scheme develops and embeds in NWSSP, Health Boards and Primary Care. Stakeholders will be fully engaged in this process. All amendments and the reasons for amendments will be reported to the WRP Committee for consideration and approval.

Key Principles and Advantages of the Scheme for GMPI

- Health Board is the defendant
- No excess for GPs or Health Boards
- All staff employed within GP Practice are covered
- Recorded on Health Board "books" for Financial Purposes
- HB Executive sign-off / authorisation
- Planned use of redress
- Guaranteed reimbursement
- Standardised approach across Wales
- Minimises impact in terms of workload for NHS Organisations
- Quality of Service and KPI's around engagement standardised
- Closer links between Solicitors and GPs
- Simpler approach for analysing trends
- Huge synergies with access to all L&RS teams

- Develop expert claims handlers for Primary Care whilst maintaining links with Secondary Care
- Disseminating information and best practice on a timely and consistent basis
- Stronger links with the WRP ensures a more efficient system

Finances

The operation of the GMPI scheme will be on a similar basis to the Welsh Risk Pool, whereby GPs and practice staff will be entitled to state indemnity cover as a consequence of their GMS contract through the contract-holder.

Claims will be settled by the contract-holding Health Board, with reimbursement from the Welsh Risk Pool. The Welsh Risk Pool will be provided with an allocation from Welsh Government for the cost of claims settlement and management of the scheme. GPs benefitting from scheme cover will contribute towards the funding of the scheme through the GMS contract.

There will be no excess payable on GMPI claims by Health Boards. For the duration of the current IMTP planning period, there is no expectation of a risk sharing mechanism for Health Boards to contribute to the costs of the scheme, given the expected FLS claims volume and costs in the early years of the scheme.

As the scheme embeds and develops, it will be integrated with concerns and complaints management, putting things right and patient safety developments. Levers for cost management will be better identified and further discussions will be held with Health Boards and other stakeholders on any potential risk sharing mechanism for claim cost growth.

The Team structure and costs of running the scheme are detailed below. The costs are £371k, £545k and £607k for 2019/20, 2020/21 and 2021/22 respectively. A funding letter has been received from Welsh Government confirming the level of funding identified for 2019/20. This enables NWSSP to advertise posts and commit resources to the scheme delivery from 1st April 2019. However, the scheme “ramps up” in years 2 and 3 and the full operational costs are identified below. Confirmation must be sought from the Welsh Government to fully fund the management and delivery of the scheme beyond March 2020.

GP PROFESSIONAL INDEMNITY TEAM PROFILED BUDGET 2019-2022

	Band	WTE	Est. Start	19/20	20/21	21/22	19/20	20/21	21/22
LARS									
Team Leader	8c	1	April '19	1	1	1	81,731	81,731	81,731
Senior Solicitor	8b	1	Oct '20		0.5	1	-	34,813	69,626
Newly Qualified Solicitor	7	1	Oct '19	0.5	1	1	24,263	48,526	48,526
Paralegals	4	1	Oct '19	0.5	1	1	13,403	26,805	26,805
Claims Manager (senior)	7	1	April '19	1	1	1	48,526	48,526	48,526
Claims Manager	6	1	April '20		1	1	-	40,528	40,528
Team Support	4	1	Oct '19	0.5	1	1	13,403	26,805	26,805
Medico-Legal Advisors							155,740	175,740	200,740
WRP									
Clinical Assessor	7	1	Oct '19	0.5	1	1	24,263	48,526	48,526
				4	7.5	8	361,328	532,000	591,813
Contribution to running costs	1.2k	per staff					8,400	10,800	12,000
T & S	300	per staff					2,100	2,700	3,000
							371,828	545,500	606,813

Potential Future Developments

Currently NWSSP will be responsible for delivering Future Liabilities only. However, internal plans should be put in place to develop protocols for the transfer of existing matters from MDO's should the Welsh Government choose to adopt this route. If a transfer of ELS cases occurs then the profiling of costs to deliver the scheme will need to be revisited.

Welsh Language

Following scheme approval on 14th March all documents, processes, protocols and forms will be translated into Welsh and will be available on the website by the "go-live" of 1st April 2019. In addition Legal and Risk Services will ensure that a Welsh speaking solicitor will be available to communicate with GPs and their staff in Welsh should this be required.

Changes to the Constitution of the Welsh Risk Pool Committee

All GMPI related claims will be presented to the Welsh Risk Pool for consideration, discussions surrounding lessons learned and for reimbursement to the Health Boards. As the GMPI will only involve incidents that occur from 1st April 2019 it is highly unlikely that any claims will be presented to the Committee in the 6 months of 2019/20. However, it is

important that the Committee reviews the membership, format of the meeting and its' Terms of Reference in the early part of 2019/20.

Governance surrounding Scheme Approval

The Scheme for GMPI went to the Welsh Risk Pool Committee for endorsement on 13th March 2019. The scheme is presented to the SSP Committee for "sign-off" and approval prior to the scheme going live on 1st April 2019.

Recommendations

The Committee are asked to,

1. **approve** the scheme for GMPI

Written Statement: GP Professional Indemnity – 6th February 2019

Vaughan Gething Minister for Health and Social Services

In May 2018, I announced the Welsh Government will be establishing a state backed scheme from April 2019 to provide clinical negligence indemnity for providers of GP services in Wales. In November 2018 I announced Shared Service Partnership - Legal and Risk Services as the preferred partner to operate the state backed scheme for GPs in Wales in relation to clinical negligence claims arising from April 2019 (known as the Future Liabilities Scheme). I confirmed that a final decision on the delivery of the scheme would be made following further engagement with medical defence organisations and our other stakeholders.

Following subsequent engagement with medical defence organisations and our other stakeholders, I have decided that NHS Wales Shared Service Partnership - Legal and Risk Services will operate the state backed scheme for GPs in Wales in relation to clinical negligence claims arising from 1 April 2019.

NHS Wales Shared Service Partnership - Legal and Risk Services is best placed to support the strategic primary models of care in Wales that align with the vision set out in A Healthier Wales: our Plan for Health and Social Care, and the national primary care plan for Wales. NHS Wales Shared Service Partnership - Legal and Risk Services will identify shared learning in relation to GP clinical negligence claims which will build on the shared learning process currently embedded in the Wales secondary care scheme aimed at reducing the frequency of claims and improving the quality of care and patient safety. The decision for NHS Wales Shared Service Partnership - Legal and Risk Services to operate the state backed scheme for GPs in Wales has strong support from GPC Wales and NHS Wales.

Our engagement with the medical defence organisations and GPs has identified where collaboration and coordination with medical defence organisations is required given the indemnity cover medical defence organisations will continue to provide for GPs. These include a single point of contact, cross border claims, GMC hearing issues; GP guidance and support, including medico-legal advice. NHS Wales Shared Service Partnership - Legal and Risk Services are engaging with the medical defence organisations and GPs on these important issues to ensure GPs will continue to have a high quality service, with a strong and clear interface with medical defence organisations.

Welsh Government remains committed to working closely with the medical defence organisations and key stakeholders to ensure that GPs in Wales have a scheme which protects their professional reputation and delivers sustainable and accessible healthcare.

I will provide a further Written Statement on progress made in relation to discussions with the medical defence organisations covering clinical negligence claims which have arisen before April 2019 (known as the Existing Liabilities Scheme) in due course.

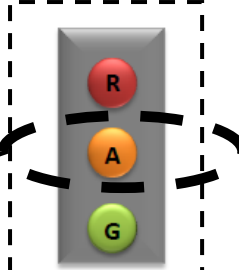

Appendix 2

NWSSP: PMO - Project Highlight Report

PROJECT STATUS

Prepared by: Gill Bailey

Product Title: GP Indemnity Scheme

Last Status Status	Trend Since Last Report	Overall Project
 <p>Last status: Amber</p>		<ul style="list-style-type: none"> • Schedule (<i>Is project on time?</i>): Yes • Risks (<i>How big are the threats?</i>): Risks are manageable • Issues (<i>Are they under control?</i>): Yes • Quality (<i>Are outputs fit for purpose?</i>): Yes

R	A	G
Red	- Delivery behind schedule against the plan, and not presently expected to recover against the plan	
Amber	- Delivery behind schedule against the plan, however, is expected to get back on track	
Green	- Delivery going according to the plan and within expected tolerances	

Project ID:	C.PMO.18/19.009		
Report Date	4.3.19		
NWSSP Function:	Legal & Risk / Finance		
Project Manager:	Gill Bailey		
Project initiation date:	29.10.18	Due for completion:	31.3.19

Achievements since previous report/update:
1. NWSSP L&R appointed to operate FLS with effect from 1 st April 2019
2. Several stakeholder events attended to run through draft overarching L&R business process: <ul style="list-style-type: none"> • Health Board Legal & Complaints Managers 7/2 • Joint Assistant Medical Directors & Head of Primary Care 15/2

- Heads of Service, NHS Concerns/Patient Experience 13/2
- WRP Finance group 21/2
- Directors of Primary and Community Care 1/3
- MDOs – MPS/MDDUS/MDU

3. Revised Project Plan drafted and approved
4. Draft L&R policy and protocols completed
5. Recruitment: B7 x 2 advert placed on TRAC, B8c awaiting job match
6. Generic email account established
7. Call place with NWSSP-IT to establish central telephone helpline, 029 2090 5454 number allocated
8. Office space allocated, furniture ordered for delivery by end of March
9. Establishment of cost centre for finances
10. New Project Manager: Gill Bailey

Achievements planned for this period but not completed:	Forecast completion
1. Mailshot to GPs – awaiting communication from MPS	15/3/19
2. Budget approval – Recurring budget approved, clarification required on increasing budget for year 2 and year 3	15/3/19
3.	

Achievements planned for next period: 5/3/19 to 31/3/19 (in addition to activities planned but not completed)
1. Welsh Government to confirm regulatory changes by 1.4.19
2. Attendance at three of Regional LMC meetings
3. Approval of Operational policy and protocols <ul style="list-style-type: none"> a. Welsh Government b. WRP 13.3.19 c. NWSSP Committee 14.3.19
4. Appointment of B7 x2 and B8c
5. Central telephone helpline fully operational
6. Contingency plan instigated if resource not in place
7. L&R policy and protocol translated into Welsh
8. NWSSP Web page created with link to NWSSP L&R site
9. Web page for NWSSP L&R fully operational

Project Risks (top 4) (the full list of risks are captured in the risk register section of the RAID log)

Risk	Action
1. Dedicated resource not in place	Existing staff to be trained and will provide support until new staff in place
2. Governance sign off not obtained	Papers prepared and on agenda for Governance Committees
3. Welsh Government legislation not in place by 1.4.19	Regular communication

Project Issues (top 3) (the full list of issues are captured in the issues log section of the RAID log)

Issue	Action
1. Aneurin Bevan concern raised; impact on Health Board Resource and escalated to CEOs	MR/MH met Sue Morgan who produced a briefing note for CEOs ALF wrote to Judith Paget to alleviate concerns
2. Clarification of Scheme name required: GP Indemnity doesn't capture target audience / Primary Care Indemnity too broad	Recommendation for Welsh Government to consider
3. Loss of expertise (MR)	To be picked up by successor

Project Delivery Milestones:	Current Forecast Completion Date	Confidence (High, Medium or Low)	Forecast Date from last report
Operational policy and protocol approval	14.3.19	High	
Budget approval	14.3.19	High	
Resource in place	31.3.19	High	
Helpline/email operational	31.3.19	High	

**(Draft) Terms of Reference of the Wales
State Backed GP Professional Indemnity Scheme
Stakeholder Reference Group.**

1. Purpose

The GP Professional Indemnity Stakeholder Reference Group (SRG) has been established to provide informed opinion and expertise to support the Scheme's development and implementation in Wales. It will also shape support communication to GMS contract holders, NHS Wales and other stakeholders as the Scheme develops towards launch on 6 April 2019.

2. Confidentiality

All papers and minutes must be regarded as confidential unless advised otherwise by the Chair / document owners

3. Membership

The SRG will consist of members from across Welsh Government, NHS Wales, GPC Wales, and other key organisations. Members should be empowered to present consensus positions or opinions of the role/organisation they represent. Changes to membership can be put forward by the respective party at any time. Deputies can attend but the secretariat should be informed in advance.

The SRG will be chaired by Karin Phillips, Deputy Director for Primary Care, Welsh Government. Should the Chair be unavailable an alternative Welsh Government official will Chair. Other attendees may be co-opted in at any time for specific issues. This should be confirmed in advance of the meeting. Prior to the commencement of a meeting, any declarations of interest will be made and minuted.

4. Objectives

The Stakeholder Reference Group will contribute to the Schemes development by:

- Feedback and discussing the Schemes proposals;
- suggesting risks and issues that may not already have been considered;
- providing advice on all relevant matters, including those relating to communication with stakeholders;
- suggesting ideas for consideration by the programme team and/or the programme board.

5. Meeting Arrangements

The SRG will meet at monthly intervals between November 2018 and April 2019. Any temporary extension to the lifetime of the group will be agreed in advance.

Meetings will be held at a mutually agreed location and time. Welsh Government Primary Care Division will provide the group with secretariat support and will coordinate meetings; agenda; draft minutes and take forward actions between meetings. Papers will be issued five working days before the scheduled meeting. Minutes of the meeting will be circulated for comment within five working days of the meeting.

6. Reporting

The SRG Chair will report back to the Project Board. Members (subject to the requirements of confidentiality) will provide updates to the organisations / forums that they represent as appropriate. Agreement on what can/cannot be shared will be agreed at the end of each meeting.

NWSSP Legal and Risk Services

Clinical Negligence Scheme for

General Medical Practice Indemnity (GMPI)

for Liabilities Arising from 1st April 2019

Legal and Risk Services Policy and Processes

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1.Introduction

In 2018 the Wales Government decided to establish a discretionary state-backed scheme of indemnity provision for General Practitioners on Welsh Medical Performers Lists and their staff (hereafter “Primary Care Providers”) from 1 April 2019. The scheme will be known as the scheme for General Medical Practice Indemnity (GMPI). Please see **Appendix A – Guidance Note for Clinical Negligence Discretionary Scheme for General Medical Practice Indemnity (GMPI)**.

NHS Wales Shared Services Partnership Legal and Risk Services (NWSSP L&R) has been commissioned to manage the scheme, utilising and expanding upon the existing skills of the L&R team within NWSSP in managing secondary care related clinical negligence claims.

The main change for Primary Care Providers is that in relation to incidents occurring on or after 1 April 2019, the Health Boards in Wales will provide an indemnity arrangement and will be the named Defendant for clinical negligence litigation rather than the Primary Care Providers. L&R will act on behalf of and seek instructions from the Health Boards in relation to the litigation and will seek evidence and views on strategy from Primary Care Providers.

This document describes L&R’s main policy and related processes for delivering the scheme. It must be read in the context of and subject to the legislative provisions and policy that are being issued by the Welsh Ministers in the exercise of their powers to create the scheme under the Governments of Wales Acts and under NHS Wales Act 2006. It includes operational protocols which outline the relationships between L&R and key stakeholder groups. These include Primary Care Providers, Health Boards, Medical Defence Organisations and Welsh Government.

The scheme will include the provision of advice, guidance and support for GP Primary Care Providers 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 will not be covered by the scheme, for which membership of a Medical Defence Organisation will remain necessary. Examples of such 'out-of-scope' activity will include private work, inquests, disciplinary issues, issues with the GMC or other Regulators and any non-clinical elements of Ombudsman referrals.

Who is covered?

It is intended that there will be an All Wales Locum Register for Wales and that all GP Locums registered with and working to the terms of that Register will be covered by this scheme.

1. First contact and triage

L&R will be the first point of contact for a Primary Care Provider when a complaint is received that could proceed to litigation. This may be obvious from the outset, for example receiving a formal solicitor's Pre-action Protocol Letter or the service of court proceedings. It may be less obvious, such as a request from solicitors for medical records, the occurrence of a significant adverse event, an unexpected outcome, or a delayed diagnosis. Complaints about the attitude or conduct of staff, disciplinary or regulatory issues are less likely to be 'in scope'.

Box A identifies issues that would be in scope.

Box B identifies issues that are unlikely to be in scope

Box A

In Scope

NHS Medical Primary Care Services involving:

- Clinical Negligence Claim
- Possible Clinical Negligence Claim
- Putting Things Right clinical concern
- PSOW (Ombudsman) clinical issue

Box B

Out of Scope

- PSOW (Ombudsman) Issues (non-clinical)
- Acting for GPs as interested parties in inquests
- Employers, Occupiers or Public Liability
- Non GMS Contract clinical work
- GPs working in prisons who are employed by a Health Board
- Complaint that is not clinical negligence/PTR related
- Regulator (e.g. GMC/NMC/HCP) Referrals and Hearings
- Regulatory disputes (e.g. medical performers list)
- Criminal Proceedings
- Range of non-clinical legal problems that GP's face in practice (e.g. staff issues which BMA may support)

Triage

Primary Care Providers who become aware of an issue that may be in scope should contact L&R's dedicated Primary Care Indemnity Team.

Web pages about the scheme can be accessed via our main website here:
<http://www.nwssp.wales.nhs.uk/legal-risk>

L&R will provide support to the Primary Care Provider through the process and where appropriate will advise of the need to contact a medical defence organisation for out of scope or matters, which in some cases may overlap with in scope matters. See **Interaction with Defence Organisations** for more information.

L&R's process for managing clinical negligence claims is set out below:

- Step 1: Primary Care Provider (or the Health Board) informs L&R of a potential clinical negligence claim
 - **Telephone** – 029 2090 5454 during office hours 9.00am – 5.00pm
 - **Email** – GMPI@wales.nhs.uk
 - **Online** via a secure contact form [\[insert web page link\]](#)

Appendix A - Clinical Negligence Discretionary Scheme for General Medical Practice Indemnity (GMPI) sets out detailed guidance as to when and how a matter should be reported to L&R and what happens next.

There are specific timeframes for Primary Care Providers to report to L&R depending on the situation. For example, a demand for compensation should be reported to L&R within 24 hours of receipt with completed documentation to follow within 2 weeks. This gives L&R the best possible opportunity to protect the Primary Care Providers position and ensure that deadlines are met.

When reporting a matter to L&R, Primary Care Providers should not include any personal sensitive data in the emails sent to L&R. Detailed guidance as to this is set out in Appendix A.

L&R will complete a pro forma **GMPI Contact Form** completing the information so far as possible, see Appendix B. Or if preferred the person requesting support may complete the form and email it to us using the above email address.

L&R will verify that the matter reported falls within the scope of the scheme and subsequently contact the Primary Care Provider by email or telephone within 72 hours to confirm the position.

- Step 2: L&R informs the Local Health Board Patient Experience/Putting Things Right Team of a claim or potential claim.
- Step 3: L&R staff liaise with the Primary Care Provider and the Local Health Board Patient Experience/Putting Things Right Team for assistance in obtaining relevant details.
- Step 4: L&R assigns the matter internally to a Solicitor for investigation and claims management

During the process, L&R will need to obtain all information necessary from the Primary Care Provider to make the decision about indemnity and to assign the claim to the correct process. This will be done in liaison with the Health Board.

L&R will aim to inform the Primary Care Provider and the Health Board within 10 working days of:

- L&R file reference and case handler
- The decision on indemnity*

- The next steps.

*The process is discretionary and therefore a decision about indemnity is required in every case. Circumstances where a decision may be made not to indemnify might include:

1. A significant history of the Primary Care Provider failing to learn lessons from previous incidents, complaints or claims;
 2. A significant and costly previous claims history on the part of the Primary Care Provider;
 3. An unacceptably long period of delay by the Primary Care Provider in notifying L&R or the Health Board of a claim, that prejudices the ability to manage claims effectively and efficiently;
 4. A previous history or current failure by the Primary Care Provider to engage with the Health Board or L&R in the litigation process which prejudices the ability to manage claims effectively and efficiently.
- Step 5: L&R Solicitor advises the Health Board and the Primary Care Provider whether complaint only or claim that can be dealt with under Putting Things Right or via litigation.

Where a claim is managed via the Putting Things Right process or the litigation claim process, L&R will aim to keep the Primary Care Provider and the Health Board informed of progress at least every 3 months and whenever there are key developments.

- Step 6: L&R will liaise with the Primary Care Provider and will seek instructions from the Health Board before any admissions of liability are made.

- Step 7: L&R submits claim to WRPC for scrutiny and authority to reimburse.

2. Managing complaints under PTR

In Wales all concerns (any complaint or notification of an incident concerning patient safety) are managed under Putting Things Right (PTR).

Primary Care Providers will already have procedures and processes in place for dealing with a PTR Concern. Those procedures will be based upon The National Health Service (Concerns, Complaints and Redress Arrangements) Wales Regulations 2011 and the "Putting Things Right" Guidance Version 3 (November 2013).

From 1 April 2019 GP Practices are expected to continue to deal with and investigate concerns in accordance with the PTR process. The GP Practice may continue to ask the Health Board for assistance.

L&R may be contacted by Primary Care Providers for guidance and assistance about complaints that are likely to fall in scope. For example, L&R may review a draft complaint response. L&R do not require the GP Practice to contact L&R in relation to routine complaints, however where the patient or relative is complaining that the treatment received from the General Practitioner has caused harm or death, this should be notified to L&R early in the process.

The Primary Care Provider **must** contact L&R before issuing any complaint response letter which could reasonably be interpreted as making an admission of liability (including any admission of breach of duty alone).

If a complaint is particularly complex or significant harm is alleged the Primary Care Provider is encouraged to contact L&R for guidance at the outset.

See **First contact and triage** for L&R contact details and the process to follow to seek assistance from L&R.

The Primary Care Provider may require advice from their relevant Medical Defence Organisation (MDO) at the same time. For example, if there is an inquest in addition to a complaint or if there are potential regulatory issues. L&R and the MDOs have agreed a protocol for managing multiple issues. See **Interaction with Defence Organisations**.

Non clinical complaints (for example a complaint that a staff member was rude to a patient) are not included within the Scheme for General Medical Practice Indemnity (GMPI).

If a complaint or claim relates to the provision of NHS Services for General Practice in England on or after 1st April 2019, the Primary Care Provider will need to seek advice from NHS Resolution (NHSR) who operate the state-backed indemnity scheme for General Practice in England.

If a complaint or claim relates to treatment provided in connection with GP Services provided in both England and Wales, the Primary Care provider should inform both L&R and NHSR. L&R and NHSR will liaise with each other as necessary and the Primary Care Provider will be advised when to contact L&R or NHSR in those circumstances.

A statutory Duty of Candour is planned to be enacted to accompany the provisions under PTR. This document will be updated once the statutory wording is published.

3. Managing claims under PTR

Where a claim for financial compensation relates to alleged harm suffered and is valued at £25,000 or less (excluding CRU, NHS Charges and costs) L&R will offer to engage in the PTR/Redress Process which is currently in place for secondary care claims.

The process is based upon The National Health Service (Concerns, Complaints and Redress Arrangements) Wales Regulations 2011 and the Putting Things Right Guidance Version 3 (November 2013).

The full details of the process are set out in the Guidance as summarised in the Putting Things Right Handbook (May 2016) **Appendix C**.

The main advantages of engaging the PTR/Redress Process is that the claim can be resolved more quickly and Claimant's costs are limited to fixed costs (as opposed to costs on the standard basis if a civil claim is pursued).

A Claimant is not obliged to engage in the PTR/Redress process.

Fixed recoverable costs are currently being considered for clinical negligence litigation in England and Wales. This document will be updated once regime is published.

4. Managing Litigation

This protocol applies to claims for financial compensation relating to alleged harm suffered where:

- The claim is valued at over £25,000 (excluding CRU, NHS Charges and costs); or
- The claim is valued at less than £25,000 but the claimant will not engage in the PTR/Redress Process.

The L&R Solicitor will seek evidence and views on strategy for claims management from the Primary Care Provider (e.g. witness statement, health records and trial prospects).

L&R will advise the Health Board as to whether there is no claim or whether the claim is to be settled or defended via litigation.

L&R will seek instructions from the Local Health Board Putting Things Right Lead (e.g. defend or settle?).

Where a claim is to be settled or defended via the Putting Things Right process or the litigation claim process, L&R will aim to keep the Primary Care Provider and the Health Board informed of progress at least every 3 months and when there are key developments.

L&R will liaise with the Primary Care Provider and seek instructions from the Health Board before any admission of liability is made. This will take into account any statutory Duty of Candour which is planned to be enacted to accompany the provisions under PTR (TBC).

If a payment of over £1million is required at any stage of a claim (including damages, CRU, NHS charges and costs) L&R is required to seek consent from Welsh Government (as well as the Health Board).

5. The Reimbursement Process

Where a settlement is negotiated or an adverse judgment is handed down at Trial, the Health Board will pay the damages and costs due to the claimant.

The Health Board will seek reimbursement of the monies paid from the Welsh Risk Pool (WRP).

To do this, L&R will gain relevant information from the Primary Care Provider and/or the Health Board and/or another relevant source to complete a **Case Management Report (Checklist S23)** within 4 calendar months and submit to WRP in accordance with WRP procedures.

6. Lessons learned

Learning is a key feature of the scheme and should be considered from the outset of a claim through to conclusion. Even where there is no liability the process itself can lead to valuable learning such as responding constructively and maintaining ongoing relationships with patients and families.

Where there is an error of clinical management or systems, learning should be identified and shared in order to ensure changes in knowledge, behaviour and understanding.

There are numerous methodologies for recognising learning needs and addressing these as individuals and teams. Significant event analysis appears in various guises such as significant incidents, critical incidents or never events. The principles of shared learning and the demonstration of change are common to each. Audit and case review may also be appropriate.

Where there are wider concerns about individuals, existing processes may be employed by Health Boards. For example, for General Practitioners use of the annual Appraisal/CPD cycle is commonly used to address low level concerns where learning is indicated. At a more serious level, PMCAT and NCAS reviews are available to HBs as options to restrict practice or remove from practice under the Medical Performers List Wales regulations.

The Health Board approach to some of these issues can be found in the recently updated (2018) 'Framework for the Management of Performance Concerns in General Medical Practitioners (GPs) on the Medical Performers List Wales'. Box C identifies options currently available depending on level of concern.

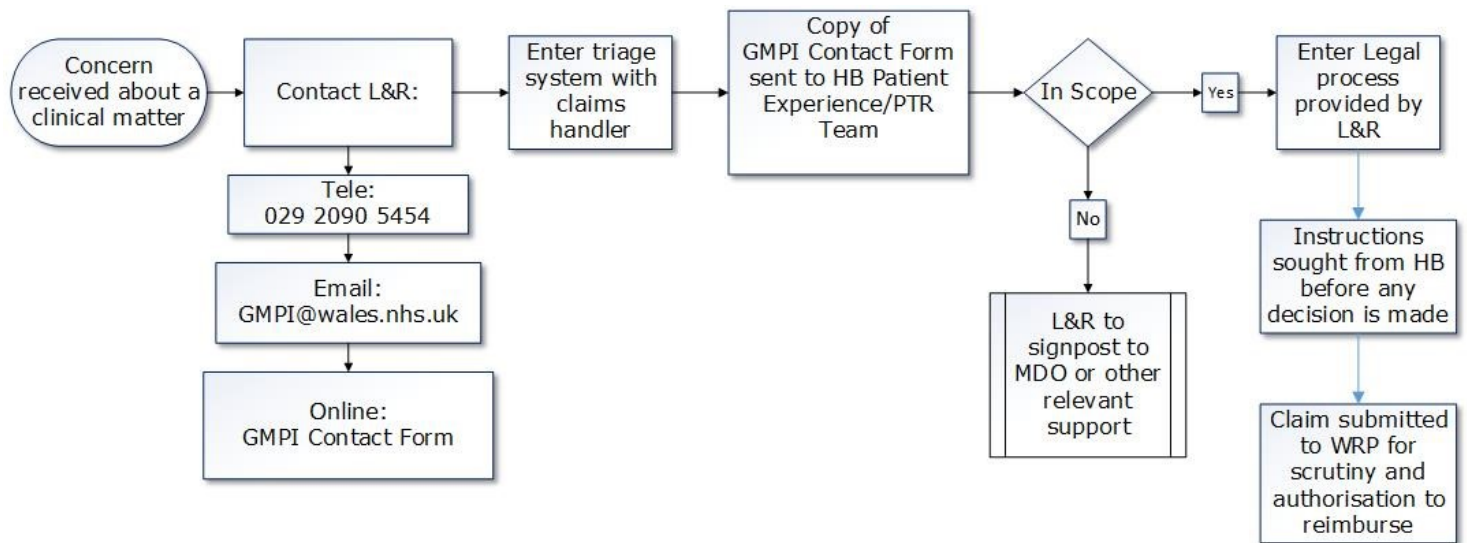
Box C

Feedback on lessons learned and referrals may occur through the following routes at any point of this process, such as:

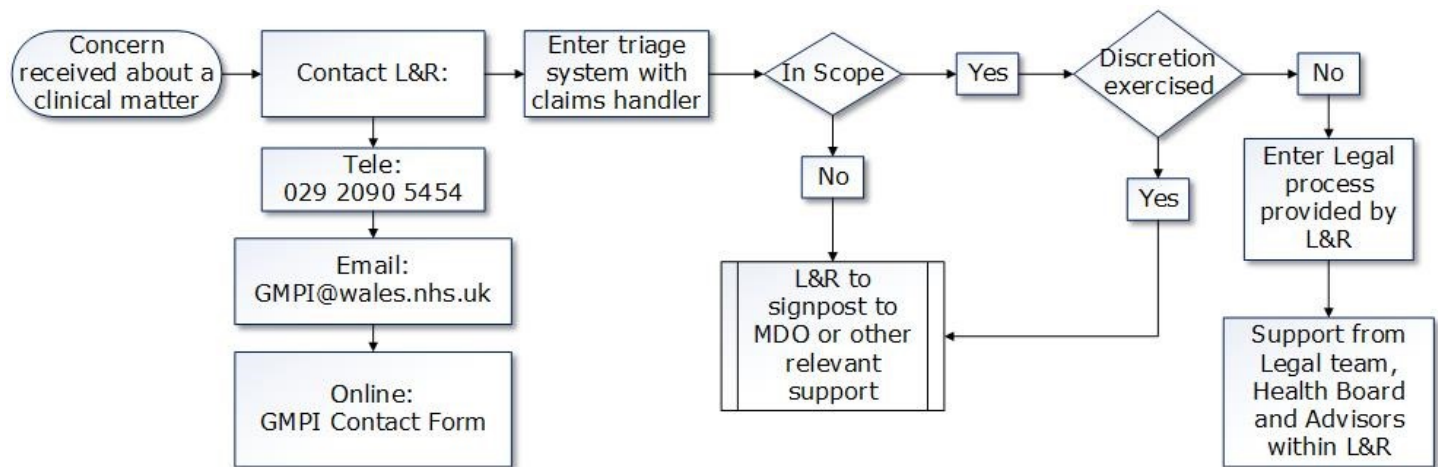
- GMS Contract Management / Monitoring
- Medical Performance List Management
- Clinician Appraisal CPD Cycle (monitoring process managed by HB)
 - e.g. Significant event reviews
- NCAS Assessments
- PMCAT advice
- GP Further training practice network (HEIW)
- WRP Team Review
- GP cluster networks
- Possible referral to regulators
- Case Feedback Publications

When damages are recouped by a Health Board from the Welsh Risk Pool, its process requires clear evidence of effective learning from any mistakes or omissions that gave rise to the complaint, whether or not liability has been admitted. Once a decision to settle a case is reached, a **Learning from Events Report (Checklist S1C)** must be completed and forwarded to the Welsh Risk Pool within 60 working days.

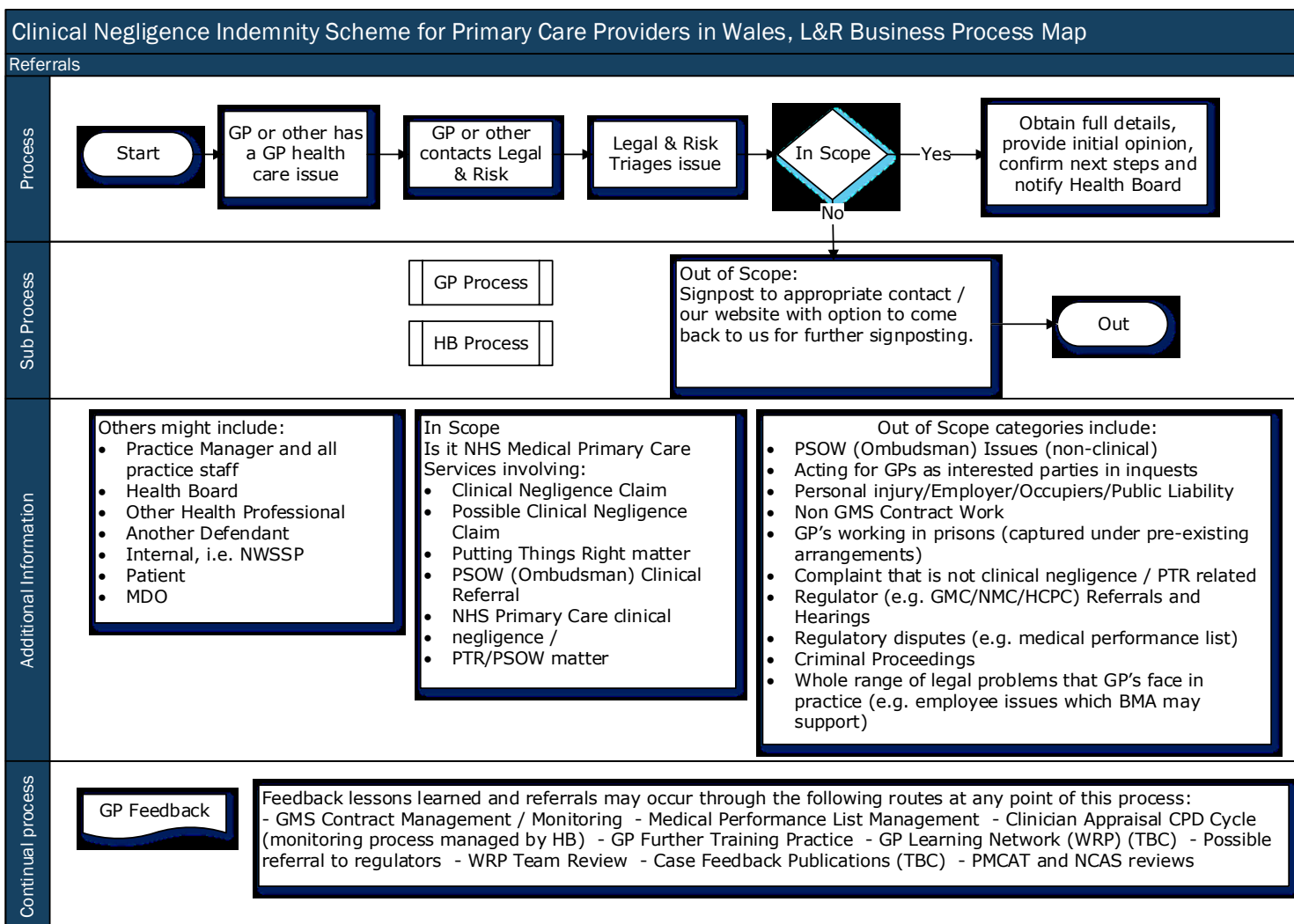
7. Health Board Process Map



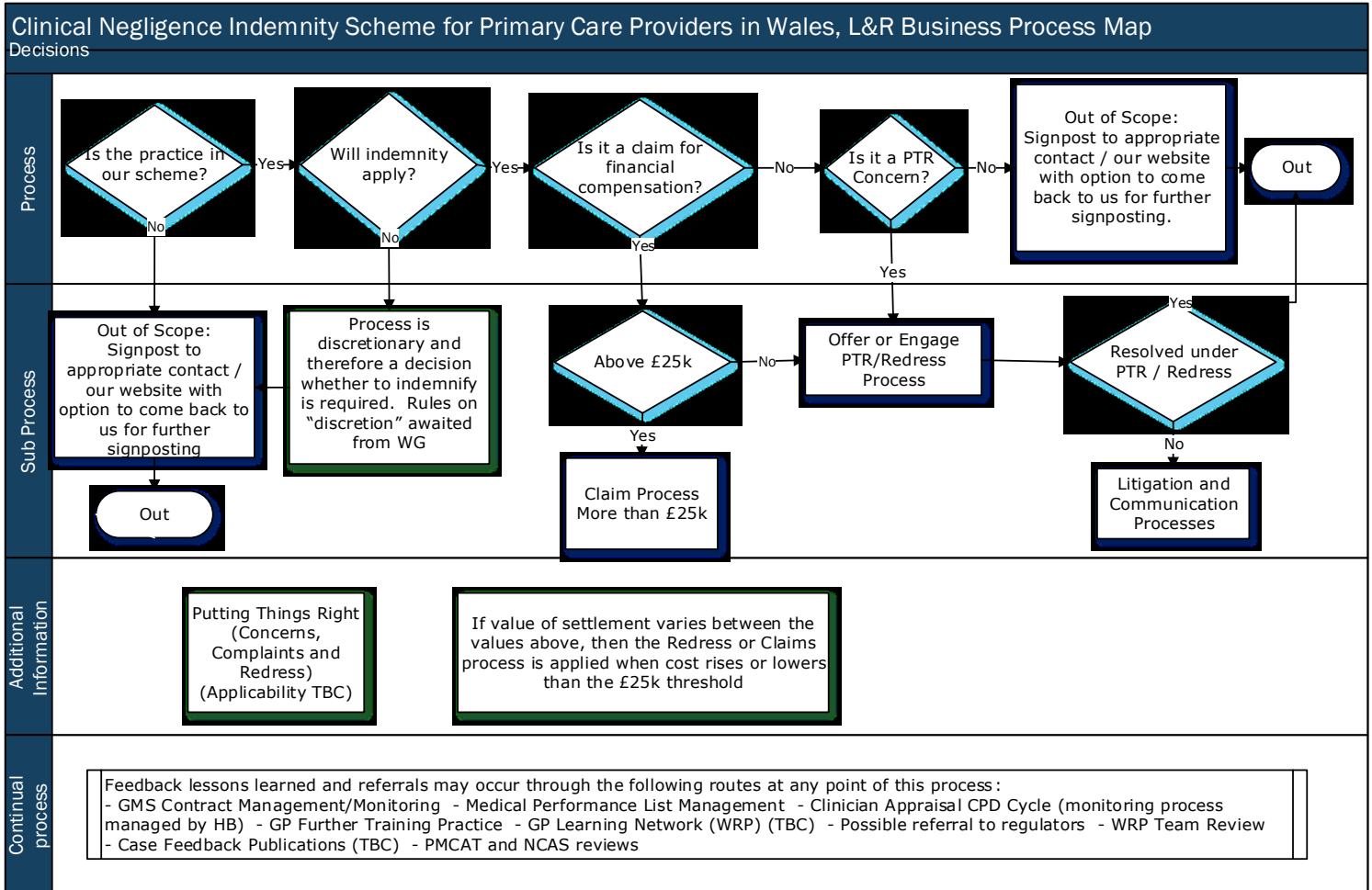
8. Summary of Process for Primary Care Providers



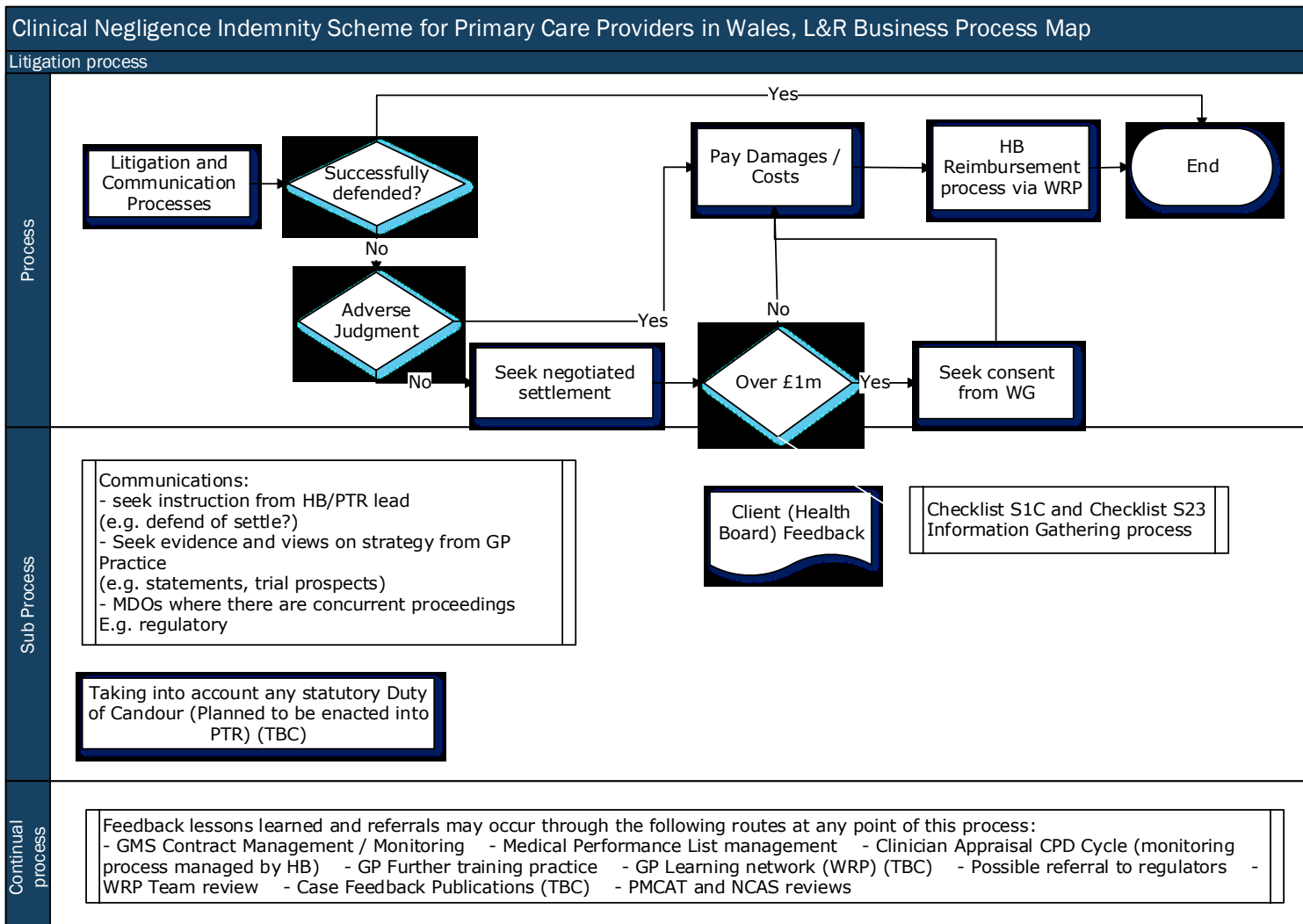
9. L&R Business process – Referrals



10. L&R Business process – Decisions



11. L&R Business Process – Litigation process



12. Interaction with Defence Organisations

When a Primary Care Provider contacts his/her Medical Defence Organisation (MDO) with an issue that is in scope the MDO will advise the Primary Care Provider to contact L&R Primary Care Indemnity Team and will provide contact details for L&R if required.

When a GP contacts L&R with an issue that is out of scope L&R will advise the GP to contact his/her MDO for advice and will offer the option to come back to L&R for further signposting if needed. If necessary, L&R can contact the MDO direct to request the MDO contact their GP member.

There may be a scenario where a claim or complaint has multiple issues arising that are both in scope and out of scope (e.g. a claim and an inquest running concurrently and possible regulatory issues). The MDO and L&R will liaise with each other as necessary and the Primary Care Provider will be advised when to contact L&R or their MDO in those circumstances.

It may be appropriate for L&R and the MDO to share information such as statements, experts' reports, notes of an inquest etc. L&R will contact the relevant MDO or vice versa to discuss and agree the level of interaction required on a case by case basis to protect the interests of the Primary Care Provider. In such circumstances L&R will act under the instructions of the Health Board.

Appendix A: Guidance Note for Clinical Negligence Discretionary Scheme for General Medical Practice Indemnity (GMPI)

Introduction

On the 14th May 2018, the Minister for Health and Social Services announced that The Welsh Government will introduce a state backed scheme to provide clinical negligence indemnity for providers of GP services in Wales.

On the 6 February 2019, the Minister for Health and Social Services confirmed NHS Wales Shared Services Partnership as the partner to operate the Scheme for General Medical Practise Indemnity (GMPI) from 1 April 2019. The GMPI covers claims for compensation arising from the care, diagnosis and treatment of a patient following incidents which happen on or after 1st April)

The GMPI will be aligned, as far as possible, with the state backed scheme to be introduced for GPs in England.

This guidance is intended to explain the scope / coverage of the GMPI and when and how to report a claim.

Scope of the Scheme

The GMPI covers claims for compensation arising from the care, diagnosis and treatment of a patient following incidents which happen on or after 1st April 2019 for NHS Work.

For claims which concern incidents which happen before 1st April 2019, until further notice, you should go to your Medical Defence Organisation (MDO) or insurer which provided your cover at that time for advice.

GMPI will provide unlimited and comprehensive cover arising from the care, diagnosis and treatment of a patient. All compensation costs and legal costs will be met by the Local Health Board (and then reimbursed to the Health Board by NWSSP L&R WRP) on your behalf, subject to compliance with GMPI rules. Although like all of the MDO schemes, this scheme is discretionary, you do not have to worry about excesses, exclusions or limits of indemnity, which do not apply to the state scheme where a liability arises from the care, diagnosis and treatment of a patient.

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical advice. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements.

The delivery of General Medical Services in prisons will be covered within the GMPI. In addition, the GMPI will indemnify practitioners performing primary General Medical Services delivered through an Alternative Provider Medical Services (APMS) contract. In relation to Wales, APMS covers social enterprises in the delivery of NHS Primary Care Services.

The GMPI does not cover the following. This is not an exhaustive list and so if in doubt you should contact us to describe the particular circumstances or issue:

- Non-NHS work
- Disclosure of record requests from patients (unless there is a claim for compensation as well)
- Complaints (unless there is a claim for compensation as well)
- GMC inquiries and representation
- Healthcare Inspectorate Wales (HIW) investigations

- Inquest Representation
- Disciplinary proceedings against you or your staff
- Awards made by the Public Services Ombudsman for Wales (unless there is an overlap with compensation payable for an injury resulting from clinical negligence)
- Ex-gratia payments
- Defamation claims
- Breach of Data Protection Regulations
- Employers' liability claims
- Public liability claims
- Property or Occupiers' liability claims
- Cyber liabilities (e.g. costs resulting from system shut down as a result of a cyber-attack)

You will need to take out an appropriate level of professional indemnity cover with a Medical Defence Organisation (MDO) for those elements of your practice not covered by the Scheme. You will also require insurance to cover the liability for employers', public liability and property claims and liability for non-NHS and other activities not covered under the scheme.

Locum GPs who are not members of the All Wales Locum Register will need to continue to purchase their own indemnity via an MDO.

Membership of the scheme

All GP and Health Professionals employed in GP practices (please refer to scope for wider definition) and/or through Primary Care cluster arrangements, other than locum GPs (see below), delivering NHS General Medical Services will automatically be covered.

A contractor is able to opt-out of the Scheme for a membership year should they wish to do so. In those circumstances, the contractor will need to obtain commensurate cover from one of the MDOs for that year. The contractor must also notify their Local Health Board that they do not wish to be covered by the Scheme for that year so that the Health Board can then notify NWSSP.

The proposed arrangements through which Locum GPs are able to access the GMPI will be through membership of the All Wales Locum Register. Membership of the proposed All Wales Locum Register is voluntary. Where a Locum GP elects not to become a member of the All Wales Locum Register, the Locum GP will need to obtain commensurate cover from one of the MDOs.

L&R will be able to identify those GPs and Health Professionals employed in GP practices who are covered by the scheme through the National Workforce Reporting System which is subject to ongoing discussions with GPC Wales.

When a claim should be reported

The aim of NWSSP Legal and Risk (L&R), in association with NWSSP Welsh Risk Pool (WRP), is to resolve any claim for compensation brought by a patient in relation to their clinical care under the NHS as fairly and as quickly as possible.

Claims will be investigated thoroughly, with instructions obtained from Local Health Boards and evidence and views on strategy from Primary Care Providers.

Compensation will be paid where L&R investigation confirms that this is appropriate. Where that is not the case, L&R will defend the case under the instructions of the Health Board, calling upon the very best expertise to do so. In all cases, we will do all that we can to keep the matter out of formal court proceedings.

Your input will be crucial to the outcome and L&R will work hand in hand with you from start to finish.

Where there is a sequence of events which straddles both the pre and post 1st April 2019 period, the scheme for GMPI will be relevant only to the element which relates to the 'post' 1st April 2019 period. L&R is working collaboratively with MDO to agree the coordination of any claims which may straddle the pre and post 1st April 2019 period.

For incidents where multiple issues may arise e.g. where there is both a claim and GMC involvement, we will work closely with your MDO. As claims tend to have a time-lag between an incident occurring and a claim being made, it is likely that in most cases, your first contact will be with your MDO.

If you receive a claim, it is important that you contact L&R as early as possible as this will give us the best possible opportunity to protect your position and ensure that deadlines are met. You may also wish to contact your MDO. This should not stop you providing an early apology and explanation to the patient if you think that is merited and we will never turn away a claim because you have taken steps to provide an honest and transparent response. We would encourage you to be candid and indeed that is what the regulators require. However, if you are about to make what amounts to an admission of breach of duty or liability, or need advice, you should contact us first.

Depending on the period of time to which the claim relates you must either report the claim to L&R or to your MDO.

- Incidents occurring **before 1st April 2019** - report the claim to your MDO
- Incidents occurring **on or after 1st April 2019** - report the claim to L&R

- Incidents occurring during both periods, or where it is unclear – report to L&R and to your MDO

You or your MDO should contact L&R as soon as you become aware of a claim relating to an incident that occurs on or after 1st April 2019. The table below sets out some guidance on this:

No.	Situation	Action Required	Timescale
1.	<p>A notifiable patient safety incident which has or may have resulted in severe harm</p> <p>Severe harm could include the following resulting from any care, diagnosis and treatment:</p> <ul style="list-style-type: none"> • the death of a patient • shortening of a patient's life expectancy • impairment of a patient's sensory, motor or intellectual functions which is likely to last for a continuous period • Prolonged psychological injury 	Report to L&R irrespective of whether or not a claim has been made or a disclosure request for patient records received	As soon as possible but no later than 1 month from when you become aware of the notifiable patient safety incident
2.	<p>A request for disclosure of patient records which indicates a claim will be pursued</p> <p>A request for disclosure of patient records from the patient's solicitor rather than the patient direct</p> <p>Some other indication that a claim is being considered – e.g. patient or patient's solicitor requests a limitation extension</p>	Report to L&R	As soon as possible but no later than 1 week from receipt of the disclosure or similar request
3.	Any demand for compensation including but not limited to Letter of Claim, Claim Form, Particulars of Claim, Claim Notification Form, Settlement Offer, Part 36 Offer	Report to L&R	Within 24 hours of receipt with completed documentation to follow within 2 weeks

4.	Any communication received from the Parliamentary Health Service Ombudsman	Report to L&R and your MDO	Within 1 week of receipt of any communication
5.	Any Putting Things Right/complaint response which amounts to an admission of breach of duty or acknowledges errors in the care, diagnosis and treatment of a patient. However, this should in no way be taken to stand in the way of the need to be completely open and transparent with the patient at the time and NWSSP L&R's permission is not needed in order for errors to be acknowledged. If in doubt, please contact us for guidance	Report to L&R	As soon as possible
6.	Any intended offer of compensation or other redress (under Putting Things Right or otherwise)	Report to L&R	Not less than 4 weeks before the offer or similar is due to be sent to the patient
7.	Group Action – i.e. any adverse issue which has the potential to involve a number of patients	Report to L&R irrespective of whether or not claim(s) have been notified	As soon as possible but no later than 2 weeks from when you become aware of the matter

If a Primary Care Provider receives or is involved in any of the above reportable incidents, on behalf of a retired GP or other Healthcare Professional who is no longer working in Primary Care, the Primary Care Provider should notify L&R, on behalf of that individual, and provide L&R with their details so L&R can contact them for assistance with any potential claim.

Reporting the above to L&R will allow early involvement, which can often potentially avoid a claim or allow for early investigations which limit unnecessary delay and legal costs.

How to contact L&R?

If you have any concerns regarding whether a claim falls within scheme or whether a matter should be reported please contact L&R by:

1. Email – GMPI@wales.nhs.uk - setting out the basis of your enquiry and L&R will either respond by email or telephone to discuss the issue further.
 - a. Do not send any documents via email as they may contain patient sensitive data. Do not include any patient sensitive data in your email. We have a secure web portal that will enable you to send such documents to us securely. We will send you an email link for any matter, which you will be able to use to access the portal
2. Telephone - call L&R Claims Helpline on 029 2090 5454 during weekday office hours 9.00am – 5.00pm to speak to a legal advisor on any scheme coverage issues. This is only to deal with any matters covered by the scheme and not medico-legal matters that will be handled by your MDO (or any other provider).

Reporting a claim to L&R and what we need from you

It is essential when reporting a claim to L&R and providing documents that you do so securely to ensure a patient's personal data is protected.

When reporting a claim to L&R, complete the GMPI Contact Form – see Appendix B ([available on our website – insert link](#)) and, where available, send us the following documents (see above re our secure web portal):

1. Patient's complete set of GP records;
2. Letter of Claim or some other request for compensation from the patient or their solicitors;
3. Claim Form, Particulars of Claim – court documents commencing a clinical negligence claim;

4. All correspondence with the patient or their solicitors;
5. All correspondence relating to any complaint that may have been made by the patient;
6. Written comments, witness statements and reports you may have previously prepared, for example in preparation for a complaint response, inquest or regulatory hearing that relates to the relevant incident that is, or may be, the subject of a claim;
7. Any independent expert evidence that may have previously been obtained, for example in preparation for an inquest or regulatory hearing (if provided to you by your MDO);
8. Notes or associated documents from any inquest, including the details of the Coroner's conclusion (if provided to you by your MDO); and
9. Any Serious Incident Investigation Report or any other report into a patient safety incident;
10. Any documentation generated under Putting Things Right.

The documents listed 2 – 9 above should not be included in a patient's GP notes and should be kept separately.

What will happen after a claim has been reported?

Once a claim is reported to L&R, it will need to be verified that it falls within the scope of the scheme. L&R will contact you by email or telephone within 72 hours to confirm the position.

Once it is confirmed that a claim falls within the scope of the scheme, you will be allocated a dedicated solicitor who will contact you at a time convenient to you to set the investigation in motion.

If court proceedings are served and you are named as Defendant in the action, we will need to liaise with the solicitors acting for the Claimant to explain the proceedings will need to be amended to name the Health Board as Defendant. L&R will aim to avoid formal court proceedings wherever possible. Your timely input to the investigation and resolution of the claim is critical. We may consider the option of mediation with the patient which can be a way of resolving matters informally in a neutral space.

Once an outcome has been reached, L&R will use the anonymised learning from the incident and others like it for safety improvement in Primary Care. The scheme is the first occasion on which claims arising in Primary Care have been brought under one roof and L&R will work with the Primary Care community and others to ensure that this is put to good use for the benefit of all patients and those who care for them.

Appendix B – GMPI Contact Form



L&R Reference:

Scheme for General Medical Practice Indemnity Contact Form

Name of Caller:			
Role:			
Name of Practice:			
Address:			
Telephone Number:	Mobile:	Practice:	
Email address:			
Preferred method of contact:	<input type="checkbox"/> Phon	<input type="checkbox"/>	<input type="checkbox"/> Emai
Medical Defence Organisation:			
Is MDO providing advice on any issues relating to this patient?			
Reason for Call/Contact:			
Name of Patient (if Req'd)			

L&R Reference:

To be completed by L&R

L&R Call handler				
Date received				
Length of call				
In Scope?	If not, signposted to:			
Is Indemnity Recommended?				
Category	<input type="checkbox"/> PTR	<input type="checkbox"/>	<input type="checkbox"/> PTR	<input type="checkbox"/>
	<input type="checkbox"/> Litigated	<input type="checkbox"/>	<input type="checkbox"/> Medico-legal query	<input type="checkbox"/>

Advice / Follow- up Action


Appendix C - Putting Things Right Handbook (May 2016)



PTR Handbook May
2016.pdf

Content:

1. Grading of Concerns
2. Qualifying Liabilities
3. Redress Flowchart
4. Time Limits
5. Conducting an Investigation
6. Regulation 24 Response
7. Regulation 26 Response
8. Regulation 33 Response
9. Offer of Redress
10. Quantum
11. Expert Reports
12. Limitation
13. Legal Costs
14. Red Flags
15. Top Tips

 <div>Partneriaeth Cydwasaethau Shared Services Partnership</div>		AGENDA ITEM:4.2 14 March 2019			
The report is not Exempt					
Teitl yr Adroddiad / Title of Report:					
Update to NHS Wales Shared Services Partnership Committee Standing Orders (SSPC SOs)					
ARWEINYDD: LEAD:		Andy Butler Director of Finance & Corporate Services			
AWDUR: AUTHOR:		Roxann Davies Compliance Officer			
SWYDDOG ADRODD: REPORTING OFFICER:		Peter Stephenson Head of Finance & Business Development			
MANYLION CYSWLLT: CONTACT DETAILS:		Andy Butler Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk			
Pwrpas yr Adroddiad / Purpose of the Report:					
To provide the Committee with an update on the revised SSPC SO's following amendments to the scheme of Delegation on page 73, to cover expenditure for Corporate Areas.					
Llywodraethu / Governance:					
Amcanion / Objectives:		Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.			
Tystiolaet / Supporting evidence:		NHS Governance e-Manual ; NHS Trust Model Standing Orders Reservation & Delegation of Powers (March 2014); NHS Trust Model Standing Orders, Reservation & Delegation of Powers, Glossary of Terms; Schedule 5.1 LHB Local Partnership Forum Advisory Group – Terms of Reference and Operating Arrangements; Velindre University NHS Trust Standing Financial Instructions (SFIs) and Standards of Behaviour Framework.			
Ymgynghoriad / Consultation:					
Engagement with NWSSP Managing Director, Director of Finance & Corporate Services, Head of Finance and Business Improvement, Head of Financial Management and Velindre's Director of Finance to update the SSPC SOs. The update will also be taken to Velindre Trust Board.					
Adduned y Pwyllgor / Committee Resolution (insert ✓):					
DERBYN / APPROVE	✓	ARNODI / ENDORSE		TRAFOD / DISCUSS	NODI / NOTE

Argymhelliad / Recommendation:	The Committee are asked to APPROVE the amendments to the SSPC SOs.
Crynodeb Dadansoddiad Effaith / Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth / Equality and diversity:	No adverse impacts or implications identified.
Cyfreithiol / Legal:	SSPC SOs are based on the Model Standing Orders issued by Welsh Government to NHS Trusts using powers of direction as provided in Section 19 (1) of the National Health Service (Wales) Act 2006, which states that NHS Trusts in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business.
Iechyd Poblogaeth / Population Health:	No adverse impacts or implications identified.
Ansawdd, Diogelwch a Profiad y Claf / Quality, Safety & Patient Experience:	Ensuring the SSPC and its Sub-Committee(s) are empowered to make informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Ariannol / Financial:	No adverse impacts or implications identified.
Risg a Aswiriant / Risk and Assurance:	The adoption of SOs and SFIs is a key element of the corporate governance arrangements of the SSPC. The adoption of the model in place ensures compliance with Welsh Government directives and guidance and ensures consistency across NHS Wales.
Safonau Iechyd a Gofal / Health and Care Standards:	The SOs ensure effective procedures are in place and demonstrate compliance with the overarching principles of governance, leadership and accountability of the quality themes outlined in the Health and Care Standards .
Gweithlu / Workforce:	No adverse impacts or implications identified.
Deddf Rhyddid Gwybodaeth / Freedom of Information:	Open - the information is disclosable under the Freedom of Information Act 2000.

REVIEW OF SSPC STANDING ORDERS

1. AMENDMENTS PROPOSED

Following the annual review of the SSPC SOs, which was approved by the Committee on 17 January 2019, two further amendments have been made.

The proposed amendments update the Scheme of Delegation to include a limit for NWSSP Managing Director and Director of Corporate Services to approve expenditure up to £750k for ESR invoices and £500k for intra-NHS invoices (to include, but not limited to pharmacy rebates, distribution and brokerage).

The extract below outlines the amendments, for **APPROVAL** by the Committee.

Corporate Areas		
Scheme Designation	Area	Limits
Managing Director/Director of Finance and Corporate Services	ESR Recharges	Up to £750k
Managing Director/Director of Finance and Corporate Services	Intra-NHS Invoices and Payments (included but not limited to Pharmacy rebates, NWSSP distribution)	Up to £500k

2. GOVERNANCE AND ASSURANCE

Ensuring the document is fit for purpose and up to date is essential in terms of corporate governance arrangements for the SSPC. It provides assurance that the SOs are compliant with Welsh Government directives and Model Standing Orders, up to date with emerging legislation and regulatory guidance and ensures consistency in managing the business of Committee.

The updated SOs will be presented to the Velindre University NHS Trust Board and the NWSSP Audit Committee, once approved by the Committee and published on our staff intranet and public website.

In accordance with our local environmental sustainability commitments, A5 bounded hard copies of the SSPC SOs will be provided upon request only.

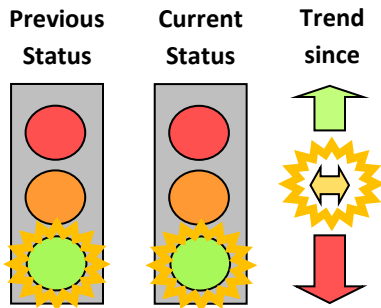
3. RECOMMENDATION

- The Committee are asked to **APPROVE** the update to the Scheme of Delegation on page 73 of the SSPC SOs.



Reporting Period	Jan 2019 – Feb 2019	Date Completed	13/02/2019
Summary	The purpose of this report is to provide a progress update to the Shared Service Partnership Committee	Completed By	Ian Rose

Status Update



23 projects in progress or closed during January, with new projects in Start Up for WIBBS.

New Member – Rhys Owen will join NWSSP on an 18 month secondment to cover two projects for the Ystadau Cymru Wales and Welsh Government reporting to the Corporate PMO. Rhys joins from Public Health Wales and starts on March 4th.

Projects at closure in January :

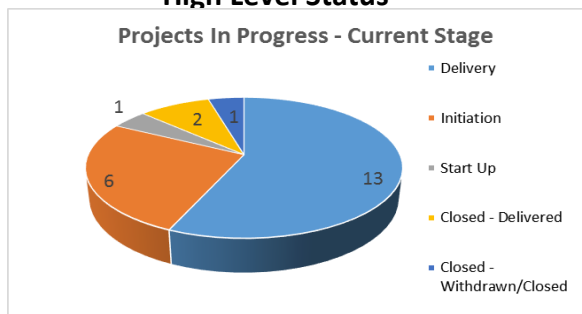
Stoma – Support ended as agreed by SRO

Catering IT – Project delivered ahead of time.

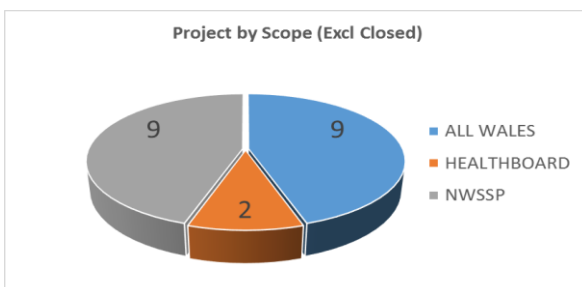
Alder House – Project closed and delivered agreed by SRO

SPOC – Project closed and transferred to in life operations

High Level Status



Projects in Progress – By Scope (Excl Closed)



PMO In Progress Projects Jan 2019 – Feb 2019

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

All Wales Projects/Programmes		
Name	SRO	RAG
Laundry OBC	Neil Davies	Amber
Catering IT System	A Hayward	Blue
TRAMS	A Evans	Green
Stoma	M Roscrow	Blue
Medical Examiner	N Frow	Green
WIBBS Db	P Lewis	Green
GP Indemnity	A Butler	Green
Infected Blood Support	M Riley	Green
All Wales Bank	G Hardacre	Green
Patient Registration	J Goddard	Amber
Brexit	M Roscrow	Green
Healthboard Projects/Programmes		
Name	SRO	RAG
Community Dressing AB		Green
Community Dressings ABMU		Amber
NWSSP Specific Projects/Programmes		
Name	SRO	RAG
PMO Software	P Lewis	Green
Alder House	A Butler	Blue
SPOC – Single Point of Contact	A Butler	Blue
Sharepoint	A Butler	Amber
Bulk Mail	N Frow	Green
Procurement Server Migration	M Roscrow	Red
Procurement Sabrecomm	M Roscrow	Red
Cleric DR	T Chatfield	Amber
OBC L&R	M Harris	Green
Car Club	M Roscrow	Green
Boss system	P Lewis	Green



Key Planned Tasks next month / Completed Last Month

- Evaluate resources within PMO
- Complete PMO Software requirements assessment
- Rebalance project workload within PMO

PMO Concerns/Issues/Risks

- Short Term resources.

Projects On Track

13 Projects



- Bulk Mail - NWSSP
- Nurse Agency Holding Project – All Wales
- Car Club - NWSSP
- GP Indemnity – All Wales
- Boss System Refresh - NWSSP
- Infected Blood Inquiry Support – All Wales
- Medical Examiner
- WIBBs Database design
- Community Dressings AB - Stage 1 OBC
- OBC Review for Legal & Risk
- Transforming Access to Medicines (TRAMS)
- PMO Software Re-provision
- Brexit

Projects At Risk

5 Projects



- **Laundry OBC** – Management arrangements workshop completed and output to be constructed and shared for discussion on next steps in Feb / March.
- **Web Information Architecture – SharePoint – NWSSP** - Quotation presentation to be completed but delayed due to change in Project Manager but will commence first week of March.
- **Community Dressings AB – Work – HB** - Ongoing cost analysis to still to be completed for OBC inclusion but imminent and expected to complete in Feb.
- **Patient Registration Workstream – NWSSP** - NHAIS Programme – Pause in process as resources have changed in NHS Digital but this will be filled shortly and progress will resume
- **Cleric DR and Server Reconfiguration – NWSSP** - Work Planned for Feb to migrate to new version for bug fixes still ongoing

Projects that have Slipped

2 Project



- **SABRECOM TV SOFTWARE – Procurement** - Project slipped and transferred to different project manager to complete the process. Discussions planned with stakeholders to confirm remaining activity to complete the project.
- **Procurement Server migration – Procurement** Resources assigned once again and current progress estimates completion within 8 weeks.

Projects awaiting assignment to a Project Manager

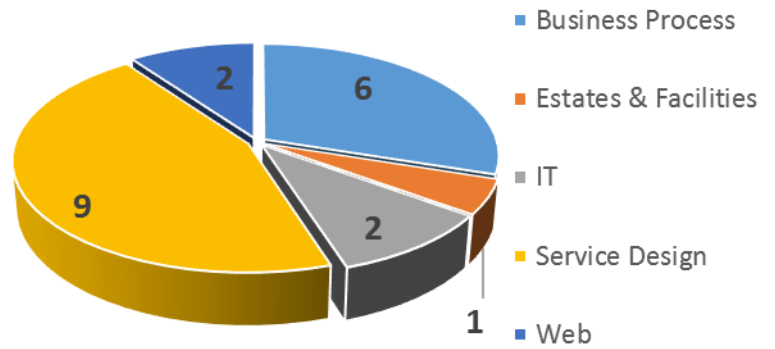
- HCS transfer project



Summary Information

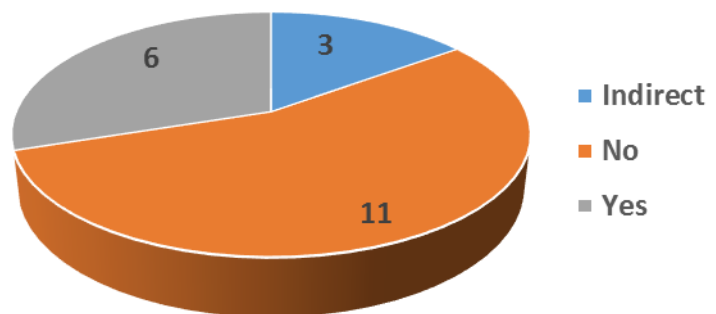
Projects covering 5 different product types.

Project By Product



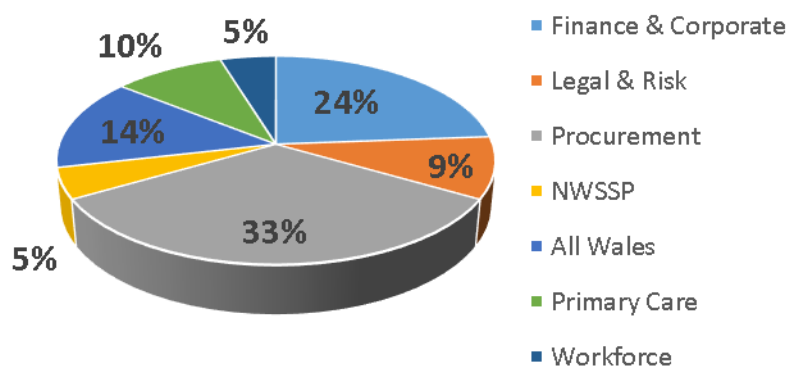
IMTP coverage less than 50% of overall in-progress projects.

IMTP Specific



Project in Progress by Service
Procurement still accounts for 33% it is anticipated that other areas will grow in 2019 such as Employment Services.

Project In Progress - Services





GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

All Wales Projects Programmes

Laundry Services Project OBC Stage 1

SRO Neil Davies

PD Tony Hayward PM Ian Rose

FL External Consultancy & Healthboard Finance teams

STOMA

SRO Mark Roscrow

PM Glyn Thomas

All Wales Catering IT System

SRO Tony Hayward

PD Ian Rose PM Bethan Rees

FL External Consultancy & Healthboard Finance teams

Transforming Access to Medicines (TRAMS)

Medical Examiner

WIBBs Database

Healthboard Projects/Programmes

Community Dressings ABMU - Stage 1 OBC

Community Dressings AB - Stage 1 OBC

Nurse Agency Holding Project

GP Indemnity

Infected Blood Inquiry Support

NWSSP Projects

NWSSP PMO Software

Alder House: building, telephony & IT refresh.

SPOC – Single Point of Contact

Web Information Architecture NWSSP INTRANET - Sharepoint

Bulk Mail

Single Directorate Projects

Procurement Server migration

Procurement Sabrecom TV

Cleric DR and Server Reconfiguration

OBC Review for Legal & Risk

Patient Registration Workstream - NHAIS Programme

Car Club

Boss System Refresh



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:4.1

14th March 2018

The report is/is not Exempt

Teitl yr Adroddiad/Title of Report

Finance, Workforce and Performance Update Report

**ARWEINYDD:
LEAD:**

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

**AWDUR:
AUTHOR:**

Finance and Workforce Team

**SWYDDOG ADRODD:
REPORTING
OFFICER:**

**Andy Butler, Director of Finance &
Corporate Services**

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

The purpose of this report is to provide the SSPC with an update on finance, workforce and performance matters within NWSSP as at 31st January 2019.

Llywodraethu/ Governance

**Amcanion:
Objectives:**

Value for Money - To develop a highly efficient and effective shared service organisation, which delivers real terms savings and service quality benefits to its customers.
Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.
Staff - To have an appropriately skilled, productive, engaged and healthy workforce.

**Tystiolaeth:
Supporting
evidence:**

-

Ymgynghoriad/ Consultation :

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Note the financial position to 31st January 2019 2. Note the planned increase in distribution. 3. Note the significant level of professional influence benefits generated by NWSSP to 31st January 2019. 4. Note the performance against the High-level key performance indicators to 31st January 2019. 5. Note the workforce data for the period. 6. Note the content of this update and seek further information if required. 						

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

Finance, Workforce and Performance Update Report

INTRODUCTION

This report provides an update as at 31 January 2019 on:

- Cumulative Financial Position;
- High Level Performance indicators;
- Capital Update;
- Welsh Risk Pool Position; and
- Workforce Information.

NWSSP Financial position – Month 10

NWSSP reported a breakeven position at the close of Month 10.

The income and expenditure position for the month period to 31st January 2019 can be summarised as follows:

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD under/ overspend £000
Audit & Assurance Services	2,637	2,193	2,183	-10
Procurement Services	16,438	13,397	13,069	-328
Employment Services	9,818	8,161	8,019	-142
Primary Care Services	11,221	9,338	8,648	-690
Legal & Risk Services	2,450	2,015	1,975	-40
Welsh Risk Pool Services	579	460	456	-4
WIBSS	0	0	0	0
Specialist Estates Services	2,915	2,429	2,283	-146
E-Business Central Team Services	537	-512	-512	0
Counter Fraud Services	411	338	322	-16
Non-Medical Education	48,866	48,866	48,866	0
Health Courier Services	653	527	513	-14
SMTL	604	431	432	1
Corporate Services	1,356	1,133	1,154	21
Corporate IT Support/RPA	1,448	1,168	1,148	-20
PMO/TRAMS	370	325	315	-10
Finance	891	753	623	-130
Workforce & OD/WFIS/ESR/TEL	1,521	1,278	1,202	-76
Accommodation	2,553	2,145	2,107	-38
WEDS	447	447	447	0
Salary Sacrifice	-30	-25	-30	-5
Finance Academy/Finance Graduate Scheme	422	255	254	-1
ESR Enhanced	-60	-45	-45	0
Stores	0	-26	-26	0
Distribution	-750	0	0	0

Significant service outturns to note at Month 10 are:

Primary Care Services – A £690k underspend was reported, primarily relating to vacancies.

Finance – A £130k underspend was reported, primarily relating to outward secondees and vacancies.

Savings Distribution 2018/19

An additional NWSSP distribution of £1.250m has been declared for 2018/19. This increases the distribution from the planned £0.750m per our IMTP to £2.000m. Some organisations have agreed to reinvest their share of the planned distribution.

The revised distribution for 2018/19 is shown in the table below:

Health Board /Trust	%	Planned Distribution £	Agreed Reinvestment £	Net Initial Cash Distribution £	Additional Cash Distribution £	TOTAL DISTRIBUTION £
Aneurin Bevan	9.85	73,844		73,844	123,073	196,917
ABMU	12.43	93,251		93,251	155,418	248,669
BCU	11.98	89,815	-89,815	0	149,692	149,692
Cardiff and Vale	10.49	78,652		78,652	131,087	209,739
Cwm Taf	6.97	52,305		52,305	87,175	139,480
Hywel Dda	7.77	58,293	-58,293	0	97,155	97,155
Powys	1.95	14,598	-14,598	0	24,330	24,330
Velindre	1.17	8,781		8,781	14,635	23,416
WAST	1.28	9,580	-9,580	0	15,967	15,967
Public Health Wales	0.87	6,530	-6,530	0	10,883	10,883
Welsh Government	35.25	264,351	-264,351	0	440,585	440,585
Total	100%	750,000	-443,167	306,833	1,250,000	1,556,833

NWSSP Professional Influence benefits

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance within the health organisations.

The benefits, relating to Legal Services, Procurement Services and Specialist Estates Services, can now be allocated across health organisations for all areas other than construction procurement. This is not possible due to the mechanism utilised to capture the data. Detail for Health Boards and Trusts

is reported in the individual performance reports issued to health organisations quarterly.

The indicative financial benefits across NHS Wales arising in the period April - January 2019 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	6.129
Procurement Services	29.486
Legal & Risk Services	63.170
Total	98.785

PERFORMANCE

Performance Reporting – to Health Boards and Trusts

NWSSP performance reports are produced and distributed on a quarterly basis. The Quarter 3 reports have been issued to the majority of organisations, reflecting the ongoing developments in NWSSP performance reporting and incorporate feedback received to date.

Additionally, high-level KPI data relating to the performance of each service for all Wales is detailed in the tables below. This provides data for January 2019 (unless otherwise stated) along with comparison to the previous three periods.

KEY FINANCIAL TARGETS

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

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

KEY PERFORMANCE MEASURES

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

High Level - KPIs Jan 2019 (unless stated otherwise)	Target		Position at 31-July	Position at 30-Sept	Position at 30-Nov	Position at 31-Jan
Internal Indicators						
Corporate						
NHS Debts in excess of 17 weeks – Value	<£10k	Monthly	£1k	£41k	£81k	£3k
Variable Pay – Overtime	£430k	Cumulative	£172k	£278k	£367k	£428k
Workforce						
Staff Sickness – rolling 12 months	3.3%	Cumulative	3.80%	3.87%	3.83%	3.89%
PADR Compliance	>85%	Monthly	80.74%	83.50%	81.02%	81.56%
Statutory and Mandatory Training	>85%	Monthly	95.58%	95.51%	91.62%	92.76%
Agency % to date	<0.8%	Cumulative	0.82%	0.82%	0.85%	0.89%
External Indicators						
Professional Influence						
Professional Influence Benefits	£50m	Cumulative	£62m	£79m	£92m	£99m
Procurement Services						
Procurement savings *Current Year	£16.854m 18/19	Cumulative	*£21.792m	*£23.473m	*£25.336m	*£29.486m
All Wales PSPP (Dec)	95%	Quarterly	95%	95.59%	Reported Quarterly	95.9%
Accounts Payable % Calls Handled (South)	95%	Monthly	97.6%	96.5%	99.1%	Not Available
Employment Services						
Payroll accuracy rate Inc. Value Added	99%	Monthly	99.73%	99.74%	99.72%	Not Available
<u>Organisation KPIs Recruitment</u>						
Time to Approve Vacancies	10 days	Monthly	9 days	9.8 days	9.4 days	10.6 days
Time to Shortlist by Managers	3 Days	Monthly	6.1 days	9.3 days	8.7 days	7.1 days
Time to notify Recruitment of Interview Outcome	2 Days	Monthly	3.5 days	2.9 days	4.7 days	4.3 days
<u>NWSSP KPIs Recruitment</u>						
Time to Place Adverts	2 days	Monthly	1.7 days	1.4 days	1.4 days	1.4 days

High Level - KPIs Jan 2019 (unless stated otherwise)	Target		Position at 31-July	Position at 30-Sept	Position at 30-Nov	Position at 31-Jan
Time to Send Applications to Manager	2 days	Monthly	1.0 days	1.0 days	0.9 days	1 day
Time to send Conditional Offer Letter	4 days	Monthly	4 days	3.7 days	3.8 days	3.7 days
Recruitment % Calls Handled		Monthly	96.3%	95.3%	98.7%	98.6%
Primary Care Services						
Payments made accurately and to timescale (Dec)	100%	Monthly	100%	100%	100%	100%
Prescription - keying Accuracy rates (Dec)	99%	Monthly	99.47%	99.70%	99.75%	99.77%
Internal audit						
Audits reported % of planned audits	63%	Monthly	13%	26%	39%	54%
Report turnaround LHB / Trust management response to Draft report	80%	Monthly	65%	58%	60%	63%
Report turnaround draft response to final reporting	80%	Monthly	100%	99%	99%	97%
Legal and risk						
Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	100%	100%	100%	100%
Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	100%	98%	100%	100%
Welsh Risk Pool						
Acknowledgement of receipt of claim	100%	Monthly	100%	100%	100%	100%
Valid claims received within deadline processed in time for next WRP committee	100%	Monthly	100%	100%	100%	100%
Claims agreed paid within 10 days	100%	Monthly	100%	100%	100%	100%

Capital Update

Work continues to complete the 2018/19 Discretionary Capital Programme by 31 March, with support received from a number of areas to complete the programme on time.

Welsh Government has advised that an additional £621k will be made available to NWSSP but must be spent by 31st March 2019. The final letter of allocation is awaited, but relates to the following schemes:

Scheme	Value £k
Student Bursary System Changes	91
HCS Additional Vehicles	172
Oracle Central Team Software	43
Additional ICT Replacements – Re: Windows 10 Upgrade	168
Employment Services Systems for Primary Care	147

Work to implement the above additional schemes is currently in progress.

Welsh Risk Pool

As at the end of Month 10 total of **£89.9m** has been utilised by the WRPS and a detailed breakdown is provided below with the 17/18 comparator.

Expenditure heading	Position as at m10 1718 £m	Position as at m10 1819 £m
<i>Claims reimbursed & WRP Managed Expenditure</i>	69.602	85.324
<i>Periodical Payments made to date</i>	10.991	11.984
<i>Movement on claims creditor</i>	(7.593)	(8.697)
<i>EIDO – Patient consent</i>	0.00	0.062
<i>Redress Reimbursements</i>	0.00	1.199
Year to date expenditure	73.000	89.872

A detailed and very regular review of expected cashflows on the Legal and Risk database is underway to manage spend against the 2018/19 DEL allocation. Individual cases with cashflows over £200K on the database in this, and the next quarter, are being monitored regularly to ensure a balanced year-end position. The forecast yearend outturn is expected to be approximately £105m, which is consistent with 2017/18.

The higher spend at this point in the year (£89.9m) compared to last year (£73m), relates to the profile of high value settling cases. More were settled in the latter part of the year in 2017/18 compared to the profiled forecast spend for this year.

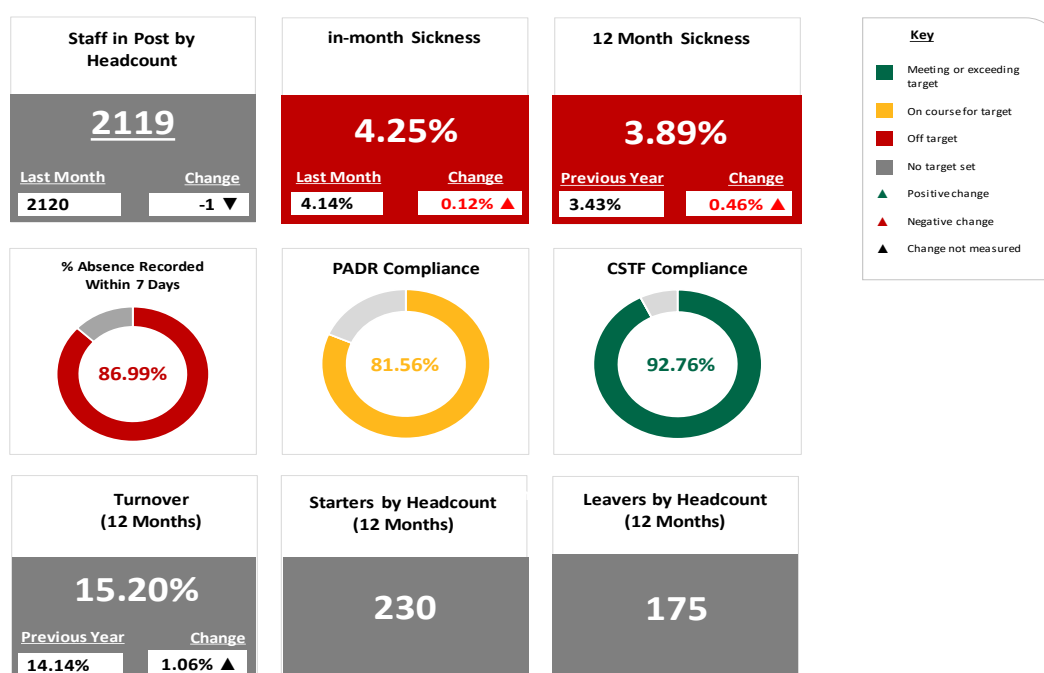
FORECAST AT M10	£M
DEL POSITION AS AT 31/01/19	89.872
1. HIGH VALUE (OVER £200K) - INDIVIDUAL CLAIM ANALYSIS	
A. PROBABLE CASES > £200K (NET OF YEAR-END CREDITOR)	0.000
B. CERTAIN CASES > £200K (NET OF YEAR-END CREDITOR)	14.105
2. LOWER VALUE (UNDER £200K) - "BLANKET" ASSUMPTIONS	

A. PROBABLE CASES < £200K - ASSUME 20% OF NET CASHFLOW (NET OF YEAR-END CREDITOR)	0.211
B. CERTAIN CASES < £200K - ASSUME 20% OF NET CASHFLOW (NET OF YEAR-END CREDITOR)	1.140
3. PERSONAL INJURY CLAIMS (ESTIMATE)	0.583
4. PPO EXPENDITURE – M11 - M12	0.19
5. MANAGED CLAIMS	0.200
TOTAL DEL 2018/19 FORECAST	106.301

The spend to date of £89.9m includes **£1.2m relating to Redress** and therefore the tables above should be compared to the total available funding for Redress and Clinical Negligence/Personal Injury claims of **£106.259m**. It is therefore anticipated that the Risk Sharing Agreement will **not** be invoked in 2018/19.

WORKFORCE INFORMATION

Summary



NWSSP Staff in Post

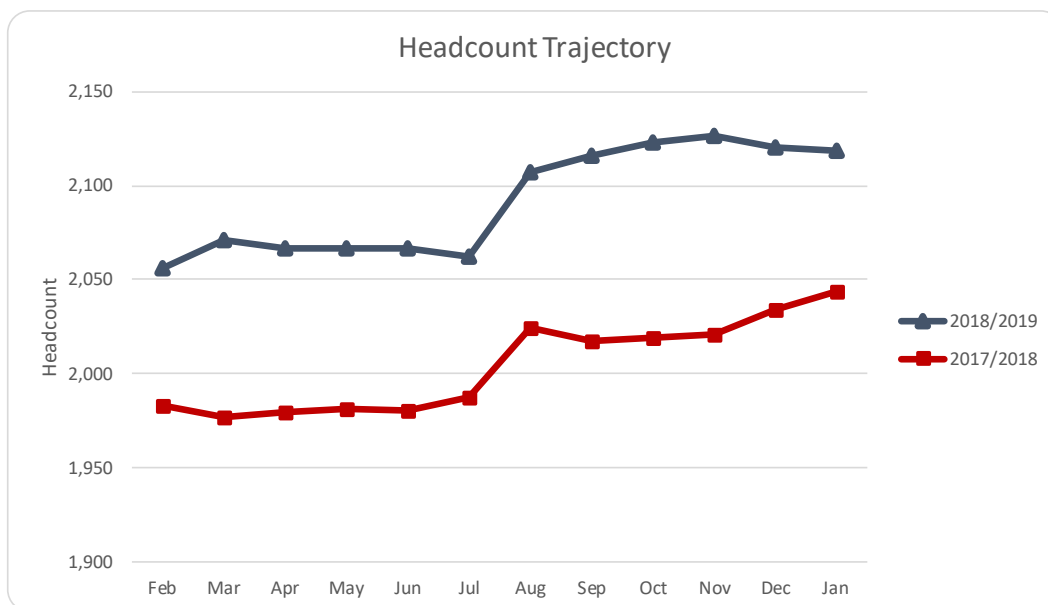
The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP as at 31st January 2019:

Directorate	Headcount Dec 2018	Headcount Jan 2019	FTE Dec 2018	FTE Jan 2019	FTE Change +/-	FTE Change +/- %
Audit & Assurance Section	55	54	52.29	51.29	-1.00 ▼	-1.85%
Corporate Section	47	45	45.83	43.46	-2.00 ▼	-4.44%
Counter Fraud Section	7	7	7.00	7.00	0.00	0.00%
Digital Workforce Solutions Section	12	14	12.00	14.00	2.00 ▲	14.29%
E-Business Central Team Section	11	12	9.53	10.32	1.00 ▲	8.33%
Employment Section	345	347	314.77	317.19	2.00 ▲	0.58%
Finance Section	20	21	18.92	19.92	1.00 ▲	4.76%
GP Trainees Section	438	435	393.90	388.70	-3.00 ▼	-0.69%
Legal & Risk Section	102	104	93.30	95.32	2.00 ▲	1.92%
Primary Care Section	304	298	278.72	273.45	-6.00 ▼	-2.01%
Procurement Section	693	696	657.93	661.01	3.00 ▲	0.43%
Specialist Estates Section	44	43	41.91	40.91	-1.00 ▼	-2.33%
Surgical Materials Testing (SMTL) Section	19	19	17.52	17.52	0.00	0.00%
Welsh Employers Unit Section	4	4	3.80	3.80	0.00	0.00%
Workforce & OD Section	19	20	18.23	19.23	1.00 ▲	5.00%
Grand Total	2,120	2,119	1,965	1,963	-1.00 ▲	-0.05%

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

NWSSP Overall Headcount Trajectory

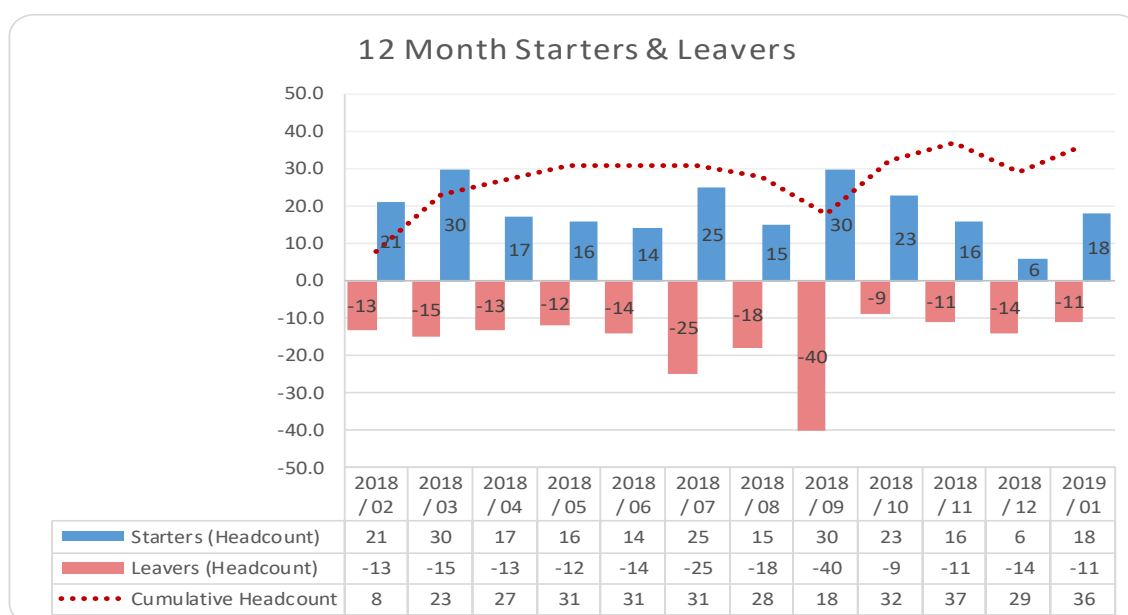
The graph below shows the rolling 12-month headcount trajectory compared to the same period the previous year.



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

Staff Turnover

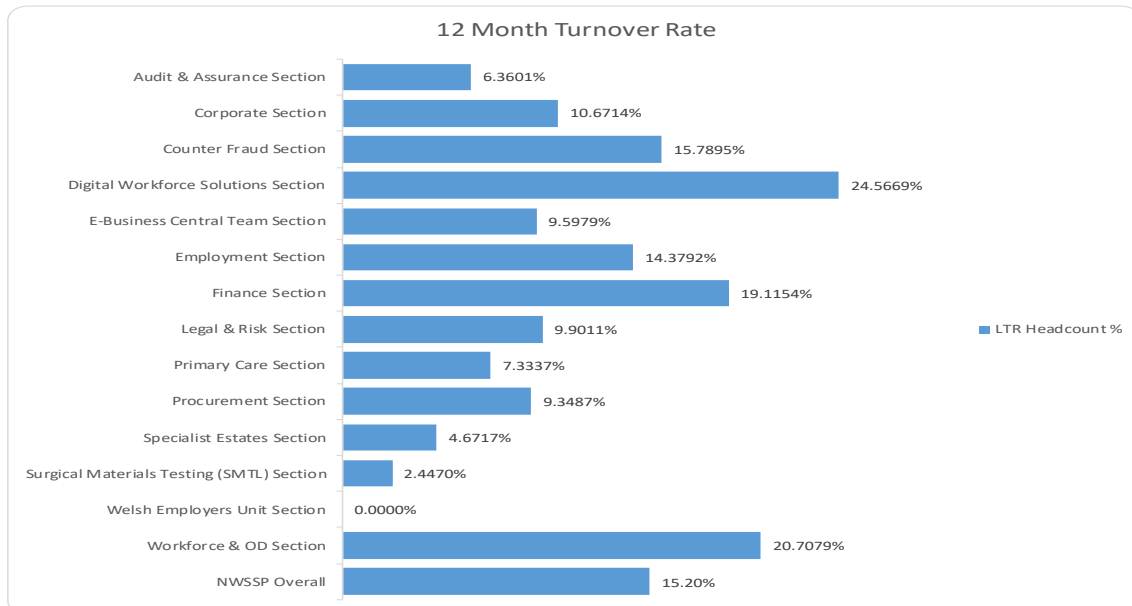
The graph below shows the starters and leavers in NWSSP from February 2018 to January 2019. GP Trainees and Bank workers are excluded from this information:



The turnover rate for NWSSP from 1st February 2018 to 31st January 2019 is **15.2%** compared to **14.14%** for the same period last year.

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

Further detail of turnover by service area is provided in the chart below:



Please note that those functions with a low headcount may demonstrate disproportionately high turnover percentages.

Whilst it is acknowledged that the impact of staff turnover within smaller teams can have a significant impact, the turnover percentage needs to be understood within the context of the overall headcount.

A summarised analysis of the reasons why staff have left is provided below for the period 1st February 2018 to 31st January 2019:

Non Voluntary Resignations		Voluntary Resignations		Retirement	
Death in Service	2	Voluntary Resignation - Better Reward Package	9	Voluntary Early Retirement - with Actuarial Reduction	6
Dismissal - Capability	7	Voluntary Resignation - Health	6	Flexi Retirement	4
Dismissal - Conduct	0	Voluntary Resignation - Incompatible Working Relationships	2	Retirement - Ill Health	2
Employee Transfer	24	Voluntary Resignation - Lack of Opportunities	3	Retirement Age	21
End of Fixed Term Contract	6	Voluntary Resignation - Other/Not Known	31		
End of Fixed Term Contract - Completion of Training Scheme	2	Voluntary Resignation - Promotion	39		
		Voluntary Resignation - Relocation	7		

Non Voluntary Resignations		Voluntary Resignations		Retirement	
		Voluntary Resignation - To undertake further education or training	7		
		Voluntary Resignation - Work Life Balance	18		
		Mutually Agreed Resignation - Local Scheme with Repayment	1		
		Voluntary Resignation - Adult Dependants	1		
		Voluntary Resignation - Child Dependants	2		
Total	41		126		34

Of **201** staff that left the organisation during this period, **126** staff terminated because of voluntary resignation, equivalent to **63%** of all terminations.

13 staff terminated in January 2019.

Sickness Absence

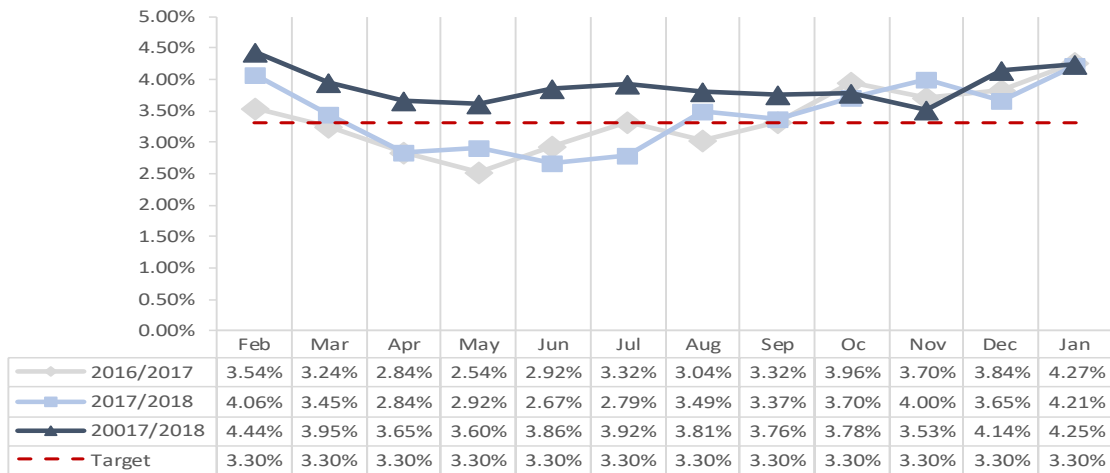
The chart below shows the average sickness absence rate for NWSSP for 12 months from 1st February 2018 to 31st January 2019.

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

The in-month sickness absence rate for January 2019 was 4.25%, which is a 0.11% increase from the December position.

The chart below highlights the monthly Sickness Absence trend as a 3-year comparison:

Sickness Absence % 3-Year Monthly Trend Comparison



RECOMMENDATIONS

The Shared Service Partnership Committee is requested to note:

- The financial position reported to 31st January 2018.
- The planned increase in distribution for 2018/19.
- The significant level of professional influence benefits generated by NWSSP to 31st January 2019.
- The performance against the high-level key performance indicators.
- The workforce data for the period.



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Shared Services
Partnership

AGENDA ITEM:6.2

14 March 2019

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Update – March 2019

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

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

To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation:

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

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

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

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

NWSSP CORPORATE RISK REGISTER UPDATE

March 2019

1. INTRODUCTION

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

RISKS FOR ACTION

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

Current Risk Rating	March 2019
Red Risk	2
Amber Risk	10
Yellow Risk	1
Green Risk	0
Total	13

2.1 Red-rated Risks

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

Risk A2 – Threat of a "No-Deal Brexit"
Current Risk Score: Red 20

Both risks are covered in the Managing Director's Report to the Committee.

2.2 New Risks

One new risk relating to capacity within the Workforce Team has been added to the Risk Register since the last meeting of the Committee in January.

2.3 Risks removed from Register

No risks have been removed from the Risk Register since the last meeting of the Committee.

2. RISKS FOR MONITORING

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

Current Risk Rating	Nov 2018
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	1
Total	5

3. ASSESSMENT/GOVERNANCE & RISK ISSUES

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

4. RECOMMENDATION



The Committee are asked to:

- **NOTE** to the Corporate Risk Register as at March 2019.

Corporate Risk Register


Corporate Risk Register												
Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	Risks associated with the demise of the Exeter system coming to an end in 2015, with no replacement system designed for NHS Wales. The contract in NHS England has been outsourced to Capita. (Added Apr 2017)	4	5	20	Establishment of NHS Wales Steering Group. High level option appraisal undertaken. Mapping exercise completed with Capita and PCS subject matter experts to identify gaps between NHSE and NHSW.	4	5	20	Review proposal received from Northern Ireland in terms of legal, financial and operational implications. DH 31 Jan 2019	Further discussions have taken place with Northern Ireland following receipt of their detailed proposal. This was delayed due to staff sickness on their side and concerns over the legal framework for providing the service. The costing contained within the proposal are significantly higher than our current level of payments, and we are currently challenging a number of these costs. Although continuing delays to the implementation of the Capita model in England reduce the pressure, this remains a high risk.	➡	30-Jun-19
	Escalated Directorate Risk								Risk Lead: Director of Primary Care Services			
A2	Threats to the supply of medical consumables, and potential employment issues, in the event of a no-deal Brexit. (Added Sept 2018)	4	5	20	Regular discussions with UK and Welsh Governments Attend Ministerial Advisory Board Velindre Brexit Group	4	5	20	Acquisition of additional storage facilities is on-going at the direction of Welsh Government (31 March)	NWSSP is represented on a number of NHS Wales and Welsh Govt groups to ensure that we both contribute to, and are aware of, the issues affecting NHS Wales in the event of a no-deal Brexit.	➡	30-Jun-19
	Strategic Objective - Customers								Risk Lead: Director of Procurement Services			
A3	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018)	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Secirity Review Undertaken (reported Dec 18)	2	4	8	Review progress with findings from security review (PS 30/04/2019) On-going discussion with Landlord at Matrix (RD 31/01/2019)	Security Review undertaken and reported to SMT in Dec 2018. No major findings but all agreed actions will be flowed up through audit tracker. Any high risk actions are due for completion by 30 April 2019	⬇	30-Apr-19
	Strategic Objective - Staff								Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services			
A4	NWSSP are unable to recruit and retain sufficient numbers and quality of staff for certain professional services (Procurement Services) resulting in a potential failure to meet desired performance targets and/or deliver service improvements. (Added April 2017)	5	4	20	Staff Surveys & Exit Interviews Monitoring of turnover and sickness absence Workforce & OD Framework Work with Great With Talent to develop On-Boarder, Absence & Exit questionnaires (3, 6 and 12 months) Development of Clerical Bank Strengthened relationship with local universities Work-based degree opportunities in some professional services Use of Social Media Use of Recruitment Consultants Targeted Advertising - Trade Journals	4	3	12	Exit interviews to assess rationale for staff leaving employment - 31 Mar 2018 (HR) - on hold due to procurement tender exercise	Recruitment and retention remains a concern, particularly within professional posts primarily with the procurement services function. Recruitment has improved in other professional functions. Work is taking place with all services to have in pace agile recruitment and retention strategies to attempt to address these concerns, utilising available data and information.	➡	31-Jan-19
	Strategic Objective - Staff								Risk Lead: Director of Workforce and OD			

A5	NWSSP is unable to adequately demonstrate the value it is bringing to NHS Wales due to insufficiently developed reporting systems. (Added April 2017)	4	4	16	Quarterly Performance Reports to Health Boards & Trusts Performance Reporting to SSPC & SMT SSPC Assurance reports Periodic Directorate Meetings with LHBs & Trusts Quarterly meetings with LHB and Trust Exec Teams Regular updates to Peer Groups (DOF's, DWODS, Board Secretaries) Customer Satisfaction Surveys Internal Audit Review (May 2018) Presentations from CEB Gartner (June 2018)	2	4	8	1. Introduce consistent approach in reporting and meetings for all directorates and all LHBs & Trusts (AB) 2. Review and refine performance framework - (MR - 31 Dec 2018) 3. Work proactively to support NHS Wales in delivering the actions outlined within the NHS Wales Chief Executives National Improvement Programme (NIP)	1. Completed 2. Ongoing - draft framework produced and due to be implemented Apr 2019 3. Paper taken to All Wales Finance Directors meeting in 09/2017.	↓	30-Apr-19
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A6	The transfer of responsibilities and staff in Bridgend from ABMU to CTUHB wef April 2019 will have significant implications for NWSSP processes and workloads. (added March 2018)	5	4	20	Standing item on SMT agenda Programme Director attends SMT periodically NWSSP on finance and governance workstreams	4	3	12	Respond to Programme Director with implications for NWSSP - AB/PS Complete Ensure representation on HR Workstream (GH) - Complete	NF has spoken with CEOs of both HBs and got agreement that NWSSP will be included in all relevant planning discussions. Transition Director attending January 2019 SMT.	→	31-Mar-19
	Strategic Objective - Customers									Risk Lead: Director of Finance and Corporate Services		
A7	NHS Wales A4C Pay Award and Priority Service Reconfiguration : NWSSP integral to national pay negotiations and delivery of 2018 A4C Pay Award and payment of T&C arrears. Depending on progress of negotiations implementation is proposed for July/Aug 18 running in parallel with significant service change: - M&D Trainee Rotation - Establishment of HEIW - Payment of T&C Arrears - CTUHB/ABMUHB Transfer (added March 2018)	5	4	20	Draft framework in place	2	4	8	Liaise with IBM to ascertain whether bulk migration of Bridgend staff payroll data can be actioned (PT 31 Jan 2019)	Pay Award now agreed and paid In October with arrears in November. HEIW established from 1 October 2019.	↓	31-Mar-19
	Escalated Directorate Risk									Risk Lead: Assistant Director Employee Services		
A8	NWSSP's lack of capacity to develop our services to deliver further efficiency savings and introduce innovative solutions for NHS Wales and the broader public sector. (Added April 2017)	4	4	16	IMTP Horizon scanning days with SMT and SSPC to develop services Established new Programme Management Office (PMO) IT Strategy Regular reporting to SMT and SSPC	3	3	9	1. Implementation of project management software (AB) 2. Invest in Robotic Process Automation (AB)	1. Procurement pilot project completed - currently being rolled out in NWSSP 2. RPA pilot in progress	→	31-Jan-19
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
A9	Risks arising from changes introduced by the Welsh Government to the NHS Bursary Scheme whereby students now have to commit to work in Wales for the two years following completion of their course in order to receive the full package of benefits. (Added April 2017)	4	4	16	Governance Group with four workstreams established to meet all aspects of this announcement.	3	3	9	Further work required to develop the repayment mechanism. (PT)	The new scheme has been successfully implemented, however, further work required to develop the repayment mechanism. Developing an UCAS style system for placing students into jobs.	→	31-Mar-19
	Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services		
A10	Lack of capacity within Workforce limits ability to meet NWSSP agenda.	4	4	16	TBC	TBC			TBC		✱	
	Strategic Objective - Staff									Risk Lead: Director of Workforce and OD		

A11	Lack of effective succession planning at a senior level will adversely impact the future and strategic direction of NWSSP due to the age profile of the SMT. (added April 2017)	4	3	12	Workforce & OD Framework On-going development of existing staff to ensure a ready supply of staff to meet the maturing organisation's needs. Leadership Development Programmes	3	3	9	1. Develop a plan which includes likely key dates for each of the affected services and which prioritises succession planning based on proximity of risk (HR) 31 Dec 18 2. NHS Wales Leadership Programme - identify key staff with potential for future development and encourage them to undertake the leadership programme - (HR) 31 Dec 18 3. National Succession Strategy for NHS Wales - participate in the work of the national group and identify high performing staff who may be eligible for consideration to support succession planning requirements - (HR) 31 Dec 18	Recent appointments of senior staff have helped to address this risk - risk to be reviewed again to check whether still requires reporting at this level.		31-Mar-19
	Strategic Objective - Staff									Risk Lead: Director of Workforce and OD		
A12	Operational performance is adversely affected through the use of some out-of-date software systems, lack of consistent IT support across NHS Wales resulting in interoperability issues and the limited capacity of NWIS to meet the demand for IT development to develop our services. (added April 2017)	4	5	20	Created a Business Systems and Informatics Department Service Level Agreement (SLA) in place with NWIS Significant additional capital funding obtained from Welsh Government in prior year for IT investment Development of draft IT strategy Quarterly Reporting of Performance to SMT	1	4	4	1. Finalise IT Strategy for NWSSP, to include an IT replacement strategy - complete 2. Consolidate Desktop support from one strategic partner - currently a mix of arrangements (NWIS & BCU) - 31 Mar 2019 (AB) 3.Finalise Cyber Security Action plan - complete 4. Develop an overarching Business Continuity plan for NWSSP incorporating operational, IT and building requirements and test the plan annually - complete	All actions on track and a consultant from the Wales Quality Centre is currently working with NWSSP to enhance BCP arrangements. 1. Completed 2. Ongoing 3. Completed 4. Completed - plan developed and tested in Sept. Internal audit of BCP arrangements currently being undertaken.		31-Mar-19
	Strategic Objective - Excellence									Risk Lead: Director of Finance & Corporate Services		
A13	Failure to comply with Welsh Language requirements and capacity to meet the increased demand for Welsh translation services resulling from the implementation of the Welsh Language Standards leading to reputational damage for NWSSP. (added April 2017)	3	4	12	Welsh Language Officer appointed Staff required to populate Welsh language skillset in ESR Welsh Language Translator appointed WL awareness is included within the face to face corporate induction training day Accredited WL training in place at several NWSSP sites WL monitoring report submitted to SMT External comms - WIAP project ensuring all web information is bilingual, graphic design, public events, etc	2	4	8	1. Undertake a Cost/benefits analysis to justify further investment in Welsh Language capacity - complete 2.Bilingual interface of TRAC recruitment software to be fully bilingual - complete 3. Investigate the potential for introducing a WL hub to provide support with translation for NHS Wales - complete 4. Undertake Internal Audit review of progress against Welsh Language Standards - currently being scoped.	Regular updates to SMT and additional resource recruited Jan 2019. Reasonable Assurance from Internal Audit review. Undertaken joint recruitment with PHW.		31-May-19
	Strategic Objective - Staff									Risk Lead: Director of Finance and Corporate Services		
Risks for Monitoring												
M1	1. The Learning@Wales server provided and supported by NWIS requires enhancements to ensure user capacity is aligned with forecasted usage and is fully supported and managed to ensure provision of service does not degrade further. Further enhancements are required to reporting capability as this is affecting the service provided and reputation of NWSSP. 2. The ESR e-learning server is currently provided by NWSSP, via a server located in Manchester. This server has little resilience and requires hosting within NWIS DMZ with a fully supported service management wrap. Over 70% of learning undertaken in NHSW at 07/2017 was via e-learning. There would be a significant impact on the compliance of the workforce if the server failed. (added April 2017)	4	4	16	Additional support provided from NWIS to schedule reports out of hours to minimise impact on server disruption. Significant cleansing and formatting of reports by DWS Team before they are forwarded to organisations to enable them to manage compliance. NWSSP IT function have enabled a temporary solution via the Manchester server.	2	4	8	1. Escalation with NWIS for resolution. 2. Provision of fully supported server, hosted in NWIS, DMZ required.	1. A part-solution is in place for reporting but the final reporting solution is still to be sourced. NWIS are making progress and a recent meeting has taken place where the specification and possible solutions have been discussed. NWIS need to go out to advert for a specialist to support this work and they have also submitted a request for a new server build for this project. A further update will be available at the end of June following the next meeting. 2. We are awaiting confirmation from NWIS on the timeline for the server move. The server is currently resilient and there is a meeting with NWIS on 13/6 where we hope to get clarification on a new migration timeline.		
	Escalated Directorate Risk									Risk Lead: Director of Workforce and OD		





M2	Reputational impact due to issues within the Accounts Payable (AP) team that have resulted in the delay in payment to suppliers in a number of Health Boards and Trusts leading to failure to achieve their Public Sector Payment Policy (PSPP) targets. (added April 2017)	4	4	16	Review of performance at regular meetings with LHBs and Trusts SMT review high level progress reports on regular basis Restructure of AP team to improve performance Action plan in place to address issues - has been subject to independent review Finance Academy has established P2P as a national project under the developing excellence initiative. Accounts payable helpdesk introduced	3	4	6	1. Complete implementation of action plan (RW) 2. Internal Audit to complete follow up review (SC) 3. The All Wales P2P group to provide regular updates on progress to the SMT (AB) 4. Appoint P2P Project Manager (AB)	1. Completed 2. Completed 3. Regular updates to Finance Directors and Committee 4. Completed Actions taken to date have resulted in improvement in PSPP performance not now considered a problem.	→	
	Escalated Directorate Risk									Risk Lead: Director of Procurement Services		
M3	Failure to ensure compliance with GDPR requirements leading to a serious breach which damages the reputation of NWSSP (added April 2017)	4	3	12	Information Governance Steering Group Information Governance Manager Caldicott Guardian Senior Information Risk Owner (SIRO) Training programme for staff CPIP Annual Self-Assessment and Report Information Asset Owners in each Directorate ICO Audits Information Governance Risk Register Health and Care Standards	2	3	6	1. Information Governance Work Plan to be formally approved (AB) 2. Review lessons learned from IG breaches (AB) 3. GDPR Action Plan 4. Internal Audit review to be undertaken in 2018/19	1. Completed - IG Work Plan approved by IG Steering Group. 2. Ongoing - Standard agenda item on IG Steering Group; presentations delivered by each directorate, in turn. NWSSP achieved a score of 96% in the latest Caldicott Principles into Practice assessment.	→	
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services in conjunction with Service Heads		
M4	The establishment of HEIW from October 2018 will cause significant disruption and uncertainty for NWSSP staff. (added March 2018)	5	4	20	Programme Board Regular presentation to SMT WEDS Legacy Statement produced	1	3	3	WEDS Legacy Statement to be produced for SSPC September meeting - Complete Review accuracy of suggested costs ahead of next Finance workstream - Complete	HEIW established 1 Oct 2018. Recognition now from WG that this will be a hugely expensive exercise. Concerns over impact on NWIS and whether our service from them will suffer as a result.	↓	
	Strategic Objective - Staff									Risk Lead: Director of Finance and Corporate Services		
M5	The forecasting of the Risk Pool spend is complex. Any inaccuracies could have a major impact on NHS Wales' ability to achieve financial balance and could adversely impact the reputation of NWSSP. The change in the discount rate in February 2017 has increased the complexity of the calculations. (added April 2017)	4	4	16	Appointment of a dedicated Risk Pool Accountant Introduction of Business Partnering Arrangements On-going development of robust forecasting arrangements Regular reporting to SSPC and Directors of Finance Subject to WAO review.	2	3	6	1. Closer working with Health Boards, Welsh Government and Solicitors required to maintain a current and accurate view of the level of risk. 2. Development of a forecasting model to map the financial impact of the discount rate change over the next 3 years.	Both actions completed. NWSSP have developed a forecasting system which incorporates all the latest information about cases over £250k available from the Solicitors. This has been agreed with Welsh Government. A dialogue system is in place and forecasting is always on the LARS monthly Senior Team meeting, chaired by the Director and attended by Martin Riley and Legal & Risk Services' Senior Solicitors/Team Leaders. Finance Directors regularly updated on the latest position. Additional funding has now been provided by HM Treasury.	→	
	Escalated Directorate Risk									Risk Lead: Director of Finance & Corporate Services		

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

	New Risk
	Escalated Risk
	Downgraded Risk
	No Trend Change

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

Consequence					
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Yellow 5	Amber 10	Red 15	Red 20	Red 25
Likely	Yellow 4	Amber 8	Amber 12	Red 16	Red 20
Possible	Green 3	Yellow 6	Amber 9	Amber 12	Red 15
Unlikely	Green 2	Yellow 4	Yellow 6	Amber 8	Amber 10
Rare	Green 1	Green 2	Green 3	Yellow 4	Yellow 5
Red: Critical - Urgent action and attention by senior management to reduce risk					
Amber: Significant - Management consideration of risks and reduction within 6 months					
Yellow: Moderate - Monitoring of risks with a view to being reduced within 12 months					
Green: Low - These risks are considered acceptable					

	New Risk
	Escalated Risk
	Downgraded Risk
	No Trend Change

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	AGENDA ITEM: 14 March 2019
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Audit Committee Highlight Report – 22 January 2019

ARWEINYDD: LEAD:	Peter Stephenson, Head of Finance & Business Development
AWDUR: AUTHOR:	Roxann Davies, Compliance Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
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**Pwrpas yr Adroddiad:
Purpose of the Report:**

The purpose of this paper is to provide the SSPC with details of the key issues considered by the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership at its meeting on the 22 January 2019.

Llywodraethu/ Governance

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

Ymgynghoriad/ Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee

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

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

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

1. CEFNDIR/BACKGROUND

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

A summary of the business matters discussed at the meeting held on the 22 January 2019 is outlined below:

ALERT	No matters to alert/escalate.
ADVISE	No matters to advise.
ASSURE	<p>Internal Audit Position</p> <p>The Committee were informed that Internal Audit had made good progress with the annual programme of work and received 6 internal audit reports for consideration:</p> <ul style="list-style-type: none"> • Welsh Language Standards <ul style="list-style-type: none"> ◦ Reasonable assurance with 1 high and 2 medium priority recommendations • Cwmbran Stores <ul style="list-style-type: none"> ◦ Reasonable assurance with 1 high and 2 medium priority recommendations • Patient Medical Records <ul style="list-style-type: none"> ◦ Reasonable assurance with 3 medium and 3 low priority recommendations • Annual Leave Management <ul style="list-style-type: none"> ◦ Reasonable assurance with 1 high and 2 medium and 2 low priority recommendations • Wales Infected Blood Support Service <ul style="list-style-type: none"> ◦ Reasonable assurance with 5 medium and 5 low priority recommendations • Primary Care Rental Reimbursement Reviews <ul style="list-style-type: none"> ◦ Reasonable assurance with 5 medium and 2 low priority recommendations
ASSURE	<p>Tracking of Audit Recommendations</p> <p>An update on the current position with audit recommendations was provided:</p> <ul style="list-style-type: none"> • 116 recommendations raised; • 109 recommendations implemented; • 7 recommendations not yet due; • 0 overdue audit recommendations; and • 0 recommendations with revised deadlines, for approval.

ASSURE	<p>Corporate Risk Register</p> <p>The Corporate Risk Register was discussed and it was noted that there were 2 red risks for action:</p> <ul style="list-style-type: none"> • The demise of the Exeter software system, a long-standing risk where the preferred option remains working with Northern Ireland; and • The risk surrounding the impact of Brexit for NHS Wales. <p>It was confirmed that there were 4 other risks where the scores had been downgraded, including security, performance management, payroll and business continuity. It was agreed that going forward, dates would be added to the Register, to clarify when a risk had been added.</p>
INFORM	<p>External Audit</p> <p>Wales Audit Office (WAO) presented their Position Statement and Audit Arrangements Report for 2019, which advised that the current programme would be finished in March, with a report being available in June or July. The report set out the arrangements for auditing during 2019, as requested by local audit teams and Health Boards. WAO confirmed that the assurances were the same as last year, with no significant changes to highlight.</p>
OTHER AGENDA ITEMS	<p>Additional agenda items presented to the Committee included Governance Matters, Declarations of Interest Annual Report, Review of Shared Services Partnership Committee Standing Orders, Counter Fraud Position Statement, Audit Committee Forward Plan and an informative presentation on the draft Integrated Medium Term Plan (IMTP) 2019-22.</p>

2. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

- **NOTE** the Highlight Report



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Shared Services Partnership Committee

Forward Plan of Business

2019-2020

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
23rd May 2019 Boardroom, Charnwood Court	Minutes & Action log Chairman's Report Managing Director's Report Finance and Performance Report Project Update	Deep dive session FM Service Options	Corporate Risk Register Annual Governance Statement Audit Committee Highlight Report	Annual Report on Complaints 2018-2019 Annual Report on Welsh Language 2018-2019 Sub-Committee Annual Reports
18th July 2019 Boardroom, Charnwood Court	Minutes & Action log Chairman's Report Managing Director's Report Finance and Performance Report Project Update	Deep dive session	Corporate Risk Register List of Declarations of Interest 2018-2019 Report on Gifts and Hospitality 2018-2019	Annual Review 2018-2019 Health and Safety Annual Report 2018-2019 Audit Committee Annual Report 2018-2019*
19th September 2019 Boardroom, Charnwood Court	Minutes & Action log Chairman's Report	Deep dive session	Corporate Risk Register Counter Fraud Service Annual Report 2018-2019	

	Managing Director's Report Finance and Performance Report Project Update		WAO Management Letter Audit Committee Highlight Report	
21st November 2019 Boardroom, Charnwood Court	Minutes & Action log Chairman's Report Managing Director's Report Finance and Performance Report Project Update	Deep Dive session Draft Integrated Medium Term Plan**	Corporate Risk Register Review of Service Level Agreements (SLA's) Approve Annual update of Audit Committee Terms of Reference Audit Committee Highlight Report	
Thursday January 2020 Boardroom, Charnwood Court	Minutes & Action log Chairman's Report Managing Director's Report Finance and Performance Report Project Update	Deep Dive session Review of SOs/SFIs Review of SLAs	Corporate Risk Register Report on SSPC Effectiveness Questionnaire	
Thursday March 2020 Boardroom,	Minutes & Action log Chairman's Report	Deep dive session	Corporate Risk Register	Draft Annual Governance Statement

Charnwood Court	Managing Director's Report		Audit Committee Highlight Report	
	Finance and Performance Report			
	Project Update			

***must be issued within 3 months of the reporting year**

**** timescales may need to be revised due to the need to submit the IMTP to Welsh Government by 31 December 2019.**