Shared Services Partnership Committee

19 November 2020, 10:00 to 13:00
TEAMS

Agenda

1.	**Agenda**	
1.1.	**Welcome and Introductions**	Margaret Foster
1.2.	**Apologies for absence**	Margaret Foster
1.3.	**Declarations of Interest**	Margaret Foster
1.4.	**Draft minutes of meeting held on 17 September 2020**	Margaret Foster

📄 NWSSP Partnership Cttee Minutes - Part A - 09.2020 - PS Review.pdf (11 pages)

1.5.	**Action Log**	Margaret Foster

📄 1.5 Action Log November 2020.pdf (1 pages)

2.	**Deep Dive**	
2.1.	**Medical Examiners Service**	Andrew Evans

📄 SSPC_MES_Nov20.pdf (7 pages)

2.2.	**Laundry Services**	Neil Davies

📄 Laundry SSPC Nov final.pdf (5 pages)

2.3.	**Welsh Language Update**	Non Richards

📄 Welsh Language Update Report.pdf (13 pages)
📄 20200911 Concise version - Assurance report 2019-20.pdf (21 pages)

3.	**Chair/Managing Director's Report**	
3.1.	**Chair's Report**	Verbal
3.2.	**Managing Director's Update**	Neil Frow

📄 SSPC MD Update Nov 20.pdf (7 pages)

4.	**Items for Approval**	

4.1. **Operational Plan**

Alison Ramsey

📄 SSPC Operational Plan update - 19 Nov.pdf (7 pages)

📄 Appendix A Operating Framework Qtr 3 and Qtr 4 FINAL.pdf (67 pages)

4.2. **Clinical Waste**

Romano Provini

📄 SSPC Paper - Clinical Waste NHS Wales Position FINAL.pdf (7 pages)

4.3. **Primary Care Workforce Sustainability**

Gareth Hardacre

📄 SSPC - Primary Care workforce sustainability tools update Nov 20 v4 (002).pdf (5 pages)

5. **Project Updates**

5.1. **PMO Highlight Report**

Andrew Butler

📄 PMO update October 2020.pdf (12 pages)

6. **Governance, Performance & Assurance**

6.1. **Finance & Performance Report**

Andrew Butler

📄 SSPC Finance and Corporate Services November 20 FINAL DRAFT (003).pdf (23 pages)

6.2. **Audit Wales Management Letter**

Andrew Butler

📄 Audit Wales NWSSP Management Letter 2019-20.pdf (10 pages)

6.3. **Corporate Risk Register**

Peter Stephenson

📄 SSPC Corporate Risk Register Nov 2020.pdf (5 pages)

📄 Corporate Risk Register 20201109.pdf (5 pages)

6.4. **BREXIT Risk Assessment**

Peter Stephenson

📄 SSPC BREXIT front cover.pdf (3 pages)

📄 Brexit Risk Assessment template v1.1 - November 2020.pdf (6 pages)

7. **Items for Information**

7.1. **Health & Safety Annual Report**

Gareth Hardacre

📄 NWSSP Health and Safety Annual Report 2019-20.pdf (38 pages)

7.2. **Welsh Language Annual Report**

Peter Stephenson

📄 Welsh language Annual Report 2019-2020 v2-compressed.pdf (26 pages)

7.3. **Review of Nationally Hosted Systems**

Andrew Butler

📄 Audit Wales Nationally Hosted NHS IT Systems (30 pages)

Report 2020 NWSSP.pdf

7.4.   **Audit Committee Annual Report**

Peter Stephenson

     NWSSP Audit Committee Annual Report 2019-20.pdf   (11 pages)

7.5.   **Audit Committee Highlight Report**

Peter Stephenson

     20102020 SSPC Audit Committee Assurance Report.pdf   (5 pages)

7.6.   **Counter Fraud Annual Report**

Andrew Butler

     NWSSP Counter Fraud Annual Report 2019-20.pdf   (17 pages)

7.7.   **Finance Monitoring Reports**

Andrew Butler

     NWSSP MMR August Narrative.pdf   (7 pages)

     NWSSP MMR August Table A Forecast.pdf   (1 pages)

     NWSSP MMR August Table A2 Risks.pdf   (1 pages)

     NWSSP MMR August Table B Monthly Positions.pdf   (2 pages)

     NWSSP MMR August Table C Savings.pdf   (2 pages)

     NWSSP MMR August Table C3 Savings Tracker.pdf   (1 pages)

     NWSSP MMR September Narrative.pdf   (9 pages)

     NWSSP MMR September Table A Forecast.pdf   (1 pages)

     NWSSP MMR September Table A2 Risks.pdf   (1 pages)

     NWSSP MMR September Table B Monthly Positions.pdf   (2 pages)

     NWSSP MMR September Table C Savings.pdf   (2 pages)

     NWSSP MMR September Table C3 Savings Tracker.pdf   (1 pages)

8.   **Any Other Business**

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

MINUTES OF MEETING HELD THURSDAY 17th SEPTEMBER 2020
10:00 – 13:00
Meeting held on TEAMS
Part A - Public

ATTENDANCE		DESIGNATION	ORGANISATION
MEMBERS:			
Margaret Foster	(MF)	NWSSP Chair	NWSSP
Neil Frow	(NF)	Managing Director	NWSSP
Huw Thomas	(HT)	Director of Finance	Hywel Dda UHB
Mark Wilkinson	(MW)	Director of Planning and Performance	BCUHB
Chris Lewis	(CL)	Interim Director of Finance	Cardiff & Vale
Hywel Daniel	(HD)	Interim Director of Workforce & OD	CTM UHB
Neil Lewis	(NL)	Acting Director People & OD	Public Health Wales
Pete Hopgood	(PH)	Director of Finance & IT Services	Powys THB
Steve Ham	(SH)	Trust Chief Executive	Velindre
Chris Turley	(CT)	Director of Finance	WAST
OTHER ATTENDEES:			
Martyn Pennell	(MP)	Finance	HEIW
Joanne Gubbings	(JG)	Assistant Director of Workforce	Swansea Bay
Steve Elliot	(SE)	Deputy Director of Finance	Welsh Govt.
Andy Butler	(AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre	(GH)	Director of Workforce & OD	NWSSP
Malcolm Lewis	(ML)	Medical Director	NWSSP
Alison Ramsey	(AR)	Deputy Director of Finance	NWSSP
Peter Stephenson	(PS)	Head of Finance & Business Development	NWSSP
PRESENTERS:			
Jonathan Irvine	(JI)	Director of Procurement – Item 2.1	NWSSP
Mark Roscrow	(MR)	Programme Director – Item 2.2	NWSSP
Jonathan Webb	(JW)	Head of Safety & Learning – Item 2.3	NWSSP
Colin Powell	(CP)	Chief Pharmacist – Item 4.1	ABUHB
SECRETARIAT:			
Gareth Price	(GP)	Personal Assistant	NWSSP

Item		Action
1. STANDARD BUSINESS		
1.1	**Welcome and Opening Remarks**	

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	The Chair welcomed Committee members to the September 2020 Shared Services Partnership Committee meeting.	
1.2	**Apologies** Apologies were received from: • Sue Hill, Director of Finance, BCUHB (represented by Mark Wilkinson) • Eifion Williams, Director of Finance, HEIW (represented by Martyn Pennell) • Geraint Evans, Director of Workforce & OD, ABUHB	
1.3	**Declarations of Interest** No declarations were received.	
1.4	**Draft Minutes of Meeting held on 23rd July 2020** The draft minutes of the meeting held on 23rd July 2020 were reviewed and accepted with no issues raised.	
1.5	**Action log** All actions to be discussed are either complete or on the agenda.	
2. Deep Dive Presentations		
2.1	**PPE Winter plan** JI and AB outlined the work that had been done to date to ensure sufficient stocks of PPE would be available throughout the coming winter. The success in responding to the 1st wave of the virus with no stock-outs and unbroken continuity of supply was reiterated and positively commented on by members. However, this experience has highlighted the need for a continued focus on refining the assumptions within the Winter planning process to improve the resilience of supply lines and boost the levels of stock-in-hand, alongside the development of Welsh manufacturing capacity to reduce the reliance on external global supply lines. Procurement dashboards have been enhanced to enable more accurate tracking of stock issues and the forecast of future demand. Additional warehousing capacity has been secured and is already in use, and throughout there has been significant reliance on the Surgical Materials Testing Laboratory to identify fraudulent and/or sub-standard equipment. The PPE Winter Protection Plan has been shared and discussed with all stakeholder groups and aims to have 24 weeks of stock-in-hand by the end of November. To achieve this target 442m additional items of PPE will be procured, which will require an additional 100,000 sq. feet of	

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	temporary warehouse space which is currently being secured. 14 Welsh suppliers and manufacturers are now involved in helping us to meet this demand. MF wanted to reiterate her thanks to the Procurement Team for all their hard work over recent months in ensuring that there was sufficient stock of PPE across NHS Wales. This statement was actively supported by all attendees. **Action** PS to send out PPE presentation to the committee	**PS**
2.2	**BREXIT UPDATE** Mark Roscrow, Programme Director, provided an update on BREXIT preparations in the light of a potential no-deal as follows: • The internal group with Welsh Government representation has now reconvened and are reviewing the status of previous arrangements. This group is reporting into both the EU Transitional Leadership group as well as the SRO Group. • The stock that was built to deal with Brexit is largely intact and whilst some product was used to support the Covid outbreak this has already been largely re-established. This links into the wider PPE plan that is being developed in conjunction with stakeholders. A review of critical care items will be included as part of this process. • The arrangements for the NSDR are being reviewed to include IT connectivity, staff resources and testing arrangements. A series of UK tests will be undertaken and Wales will participate in these. Details of this process are being finalised. A number of internal Wales only scenario tests will be run in preparation along similar lines to those that took place the last time. A key part of this will be the clinical decision making which will be revisited and lessons learnt from the previous round of testing taken on board. The SRO group has asked that this be raised again with Medical Directors to try to agree a way forward. • NWSSP continue to link into the UK groups and information on supplier awareness and planning are being reviewed. This information is being shared, however, we will re-visit this particularly in respect of Welsh only suppliers. • Unlike 2019, where the supply of Pharmaceutical items was largely via the wholesale distribution route, one of the COVID lessons is around the reliability of this route particularly around some critical drug lines. Discussions are ongoing with Welsh Government colleagues around the potential to look at different options for a range of items.	

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2.3	**Scrutiny of Claims** Jonathan Webb, Head of Safety & Learning, presented an update following the introduction of the redress case scrutiny via the Welsh Risk Pool Committee (WRPC) and the pilot clinical peer group review process that had been introduced to look at the claims and learning outcomes. The Committee Members were asked to agree a proposal which will involve formally establishing a Panel to scrutinise the learning associated with all clinical negligence and personal injury cases which are presented to the Welsh Risk Pool Committee in accordance with the reimbursement procedures and to make recommendations accordingly to the Welsh Risk Pool Committee. SSPC members were supportive and **APPROVED** this proposal.	
	3. Chair/Managing Director's Report	
3.1	**Chair's Report** MF reported that she has been attending the Chairs' meeting regularly. The meetings have been useful and have provided support where needed.	
3.2	**Managing Director's Update** The Managing Director updated the Committee on a range of items including: • **Medical Examiner Service** - The offices in West Wales, North Wales and Central Wales are either open or will be open imminently. By the end of October, there will be four Regional Offices across Wales. These offices will in the first instance be developing the systems and processes necessary to provide the service and as such will not be routinely scrutinising all eligible deaths at this time. The intention is to be in a position to scrutinise all deaths not referred directly to a Coroner from April 2021. • **Laundry Services -** The business case has now been presented to Welsh Government, and further detailed information that they subsequently requested has been provided. We are currently waiting for the formal review of the business case by the Welsh Government Infrastructure Board. Further work will be required over the coming months and membership of a revised Project Team will be developed to ensure that it is appropriate for the next stage of the	

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	project and the TUPE transfer, which is due to happen in April 2021.	
	• **IP5 -** We continue to work with Welsh Government and NHS colleagues on elements of the Strategic Outline Case. Significant progress has been made on delivering the laboratories on the mezzanine floor for both the UK Lighthouse Project (to support wider testing) and for PHW. Additional capital monies have been requested to provide further racking for IP5 to enable it to store increased stocks of supplies required to both deal with any potential further impacts of COVID and/or BREXIT. In addition to this we have increased capacity at one of our Pandemic Storage facilities, supporting the work being undertaken by the Welsh Government Chief Pharmaceutical Officer, to protect the supply of medicines in the face of the twin threats from COVID and BREXIT.	
	• **Compassionate Leadership -** The August meeting of the NWSSP SMT included a presentation from Professor Michael West from the King's Fund on the subject of Compassionate Leadership. This was well received and the approach within NWSSP is further underpinned by the work of the Culture and Leadership Group which is chaired by JI, and which is tasked with helping to embed the principles of Compassionate Leadership into the ethos and approach of NWSSP. This will clearly take time to fully embed as it is dependent on cultural change throughout the organisation.	
	• **Staffing Changes -** Andrew Evans has now commenced in post as Director of Primary Care Services, following the retirement of Dave Hopkins. Mark Roscrow, the former Director of Procurement Services, has agreed to continue to lead our agreed BREXIT Preparedness Strategy.	
	MF reminded all members of the NWSSP Planning day on 2nd October.	
4. Items for Approval		
4.1	**TRAMs Programme Business Case.**	
	The business case was jointly presented by NF and Colin Powell, Chief Pharmacist, ABUHB. The Committee recognised the significant work that has been undertaken by the project team together with the robust process that has underpinned the final set of recommendations. Mr Powell explained the process followed and the different options that had been explored especially in terms of the operating model and preferred management arrangements. He	

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	further explained that significant work had been undertaken with all key stakeholders including the Chief Pharmacists Group when developing the business case, which have led to clear recommendations for the development and management of this service. All NHS organisations have been involved in these workshops and have been given the opportunity to contribute to the detailed discussions and options appraised. NF explained that these recommendations had also been endorsed by the TRAMs Project Board for approval at the Committee. Following a detailed discussion the Committee **APPROVED** the Programme Business Case, which will now be submitted to Welsh Government.	
4.2	**Temporary Medicines Unit** The establishment of the TMU was approved by the Committee in May and the Technical Agreement for the supply of medicines was similarly approved in July. The build of the Unit is now at an advanced stage of completion, with the contractor undertaking their validation activities in the week commencing 21 September. After this, there will be six weeks of TMU staff validation activities, which should conclude on 6 November. Allowing a further week for review of all documentation, the likely date for submission of the MHRA application is therefore 13 November. Recruitment actions have progressed well and we expect to mobilise a full team of staff by the end of October, including both staff recruited from Health Boards, and outside NHS Wales. Since the July meeting of the SSPC a further Technical Agreement covering environmental monitoring with PHW has been prepared, and also a single overarching SLA covering the financial controls and arrangements for ordering medicines from the service. The Committee **APPROVED** both documents.	
4.3	**Single Lead Employer - Governance Update.** The July meeting of the SSPC received four draft employment management agreements for consideration. These agreements detailed the operational and contractual arrangements to underpin the expansion of the Single Lead Employment (SLE) Model. It was not possible to sign off the Agreements at that time as they had not been fully reviewed and endorsed by the SLE Programme Board due to it not meeting until the 28th July. The Committee agreed that the NWSSP Managing Director could sign these documents on its behalf subject to any significant changes being brought back for further consideration. Following the SLE Programme Board, a number of meetings have been held in August between the respective organisations involved in the Single Lead Employment	

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	arrangements to discuss and finalise the proposed Employment Management Agreements. A number of changes have been agreed in relation to the content of the original suite of documents. The key changes are: - 1) Changing the proposed agreement to be a 12 month rolling contract between NWSSP and Health Boards; 2) Changing the proposed agreement to be a 12 month rolling contract between NWSSP and HEIW; 3) A greater emphasis throughout the documents on joint working and joint responsibility in relation to managing some of the risks associated with the model; 4) Agreement that the content of the Employment Management Agreements will be reviewed annually by representatives of the various organisations involved in the Single Lead Employment Model. The Committee **APPROVED** the updated suite of documents and **NOTED** that the Dental Performers Regulations have yet to be amended to reflect the Single Lead Employment Model.	
4.4	**All-Wales E-Rostering Contract** Due to changes over the last five years, both in terms of e-rostering systems and the implications with reporting compliance with the Nurse Staffing Levels (Wales) Act 2016, it has become apparent that there is an urgent requirement to address the lack of a consistent rostering product across the UHBs/Trusts and explore the opportunity of an All-Wales e-rostering contract. Contract negotiations have ensued with the current software provider who currently covers six of the seven Health Boards in Wales with a view to widening the scope to encompass all Wales NHS organisations, as well as simultaneously incorporating the addition of 'Safecare', a daily staffing software that matches staffing levels to patient acuity and dependency, thus supporting legislative requirements. This provides opportunities to plan, manage and review nurse staffing levels on a more consistent basis whilst also offering significant financial savings. The Committee **APPROVED** the proposal, which was also being presented to the Directors of Finance Group on September 18. However, Cardiff & Vale, who are the one organisation currently not using Allocate, stated that they would be unable to proceed without investment from Welsh Government.	
4.5	**Winter Planning**	

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	AR presented the results of the Customer Survey that had been undertaken to assess NWSSP's performance during the pandemic. It was highlighted that the overall feedback was very positive and some of the lessons learnt from this experience will be useful in preparing for the winter months. Concerns for the winter months inevitably focused on PPE, and members were very assured by the earlier presentation on the agenda. The undertaking of virtual pre-employment checks is also an area that NHS organisations would like us to continue, but recognising that the decision on this is outside of NWSSP's gift. Committee members were also reminded about the NWSSP virtual Winter Planning event being held on 2 October. The Committee **NOTED** the report. AR would like to set aside time in the November Committee to undertake a deep dive on key priorities for future years.	**PS**
4.6	**Quality & Safety Committee ToR** ML presented the draft Terms of Reference for a Shared Services Quality & Safety Committee which would be run along the same lines as the Audit Committee for Shared Services. The Committee members were fully supportive and **APPROVED** the terms of reference.	
4.7	**All-Wales Staff Benefits Portal** The Committee has previously agreed to support the creation of an NHS Wales Staff Benefits Portal, led by NWSSP. The Committee were presented with the Business Justification Case for approval, which proposes implementation of an All Wales Staff Benefits Portal website solution, which centralises existing Health Board and Trust arrangements onto one platform and includes All-Wales contract agreements for salary sacrifice schemes. The Committee **APPROVED** the Business Case.	
4.8	**HCS Lease Arrangements** The Committee received a proposal for HCS to acquire a new site in Swansea under a 10 year lease. The existing site is leased from WAST and it is expected that notice will be served on this site shortly. The Committee **APPROVED** the proposal.	
5. Project Updates		
5.1	**NHAIS** Work is on-going with Northern Ireland to implement the new system by October, which will allow three months parallel running	

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	with a go-live date in January. Whilst Northern Ireland are still confident of meeting the deadline date, there have been some delays that caused some initial concern but these are largely now being addressed. NHS Digital have agreed to extend the current service to March 2021 to provide more time for the Northern Ireland model to be successfully implemented.	
5.2	**PMO Highlight Report** The Student Awards System is the only existing red risk. However AB clarified that this relates only to the timescales for implementing the new system and is therefore no reflection on the adequacy of the existing system. Negotiations are taking place to extend the support to the existing system which is due to come to an end in March.	
6. Governance, Performance & Assurance		
6.1	**Finance & Performance Report** NWSSP continues to report a break-even position based on the expectation that the additional costs incurred through COVID-related expenditure will be fully reimbursed by Welsh Government. The first tranche of costs for reimbursement has now been invoiced to, and agreed with, finance colleagues in Welsh Government. It is likely the risk sharing agreement for the Welsh Risk Pool would be invoked again this year. Detailed work is being undertaken to review each of the relevant cases, but it is anticipated that the final outcome will be a similar position to that reported in the IMTP. Regular updates will continue to be provided be provided to both the Committee and Directors of Finance.	
6.2	**Audit Wales Review of Counter Fraud** The Committee reviewed the report, which was the 2nd phase of an Audit Wales review into Counter Fraud services in the NHS, and both Central and Local Government. While the conclusion of the report is that the NHS is in a far better place than either Local Government or the Welsh Government, there are still areas to improve upon and these are being managed and monitored through the Counter Fraud Steering Group, which reports directly to the Directors of Finance Group.	
6.3	**Corporate Risk Register** There are four red risks on the register relating to:	

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	• the replacement of the NHAIS system which has had some technical difficulties but is still on-track;	
	• the potential impact on services and supplies in the event of a no-deal BREXIT;	
	• the need to replace the Ophthalmic Payments system where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays; and	
	• the implications for the financial position if NWSSP are not fully funded for all COVID-related expenditure.	
	A number of risks had been removed from the Register following the August meeting of the Senior Leadership Team, and the reasons for this were documented in the accompanying report.	
7. Items for Information		
7.1	**Welsh Risk Pool - Annual Report** MF asked if the annual report could be distributed within Health Boards, Trusts and other NHS organisations. **Action** PS to send report to Committee members as separate attachment.	**PS**
7.2	**Finance Monitoring Reports** The report covered Month 4.	
7.3	**Annual Review** For information only	
7.4	**BCP Update** For information only	
8. ANY OTHER BUSINESS		
8.1	No issues were raised.	
DATE OF NEXT MEETING: **Tuesday, 19th November 2020 from 10:00-13:00**		

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Item	Action
NWSSP Boardroom HQ, Charnwood Court, Nantgarw / By TEAMS (As appropriate)	

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ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

UPDATE FOR 19 NOVEMBER 2020 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS NOVEMBER 2020
1.	2020/09/2.1	September 2020	**PPE Winter Plan** PS to send presentation to all members**.**	PS	Immediate	**Complete**
2.	2020/09/4.5	September 2020	**IMTP Planning** AR to co-ordinate deep dive into key priorities for coming years.	AR	November 2020	**On agenda**
3.	2020/09/7.1	September 2020	**Welsh Risk Pool** PS to circulate annual report as separate attachment.	PS	Immediate	**Complete**

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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Medical Examiner Service for Wales and Access to Clinical Records

ARWEINYDD: LEAD:	**Andrew Evans, Director Primary Care Services**
AWDUR: AUTHOR:	**Andrew Evans, Director Primary Care Services**
SWYDDOG ADRODD: REPORTING OFFICER:	**Malcolm Lewis, Medical Director**
MANYLION CYSWLLT: CONTACT DETAILS:	**02920 904080**

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

Medical Examiner Service for Wales and Access to Clinical Records

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

N/a

Adduned y Pwyllgor/Committee Resolution (insert √):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/		The Committee is asked to:					

Recommendation	a) Note progress made
	b) Given the relatively limited actions, and costs, required to resolve the digital transfer of notes:
	1. Support the proposal that health boards are required to make available to the Medical Examiner Service digitally the Clinical Notes from the last episode of care;
	2. Request that individual members ensure that their own organisations identify/confirm an executive level Lead Director through whom the Medical Examiner Service can liaise on operational issues and provide governance information; and
	3. Request that individual members ensure that clear and direct instruction is given to Medical Records Departments in their own organisations requiring them to provide the relevant Clinical Notes digitally to the Medical Examiner Service in a timely manner (using an agreed SOP provided by the Medical Examiner Service).

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Ability to provide the service on an all Wales basis is critical.
Cyfreithiol: Legal:	Legislation is coming into force in April 2021 for the Medical Examiner Service.
Iechyd Poblogaeth: Population Health:	Provision of Medical Examiner Service is key link between families & clinicians.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Provision of Medical Examiner Service is key link between families & clinicians.
Ariannol: Financial:	Financial impact on service accessing Medical Records.
Risg a Aswiriant: Risk and Assurance:	Risk of not being able to provide service across all of Wales effectively.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link:

	http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: **Workforce:**	Not applicable.
Deddf Rhyddid Gwybodaeth/ **Freedom of Information**	Not applicable.

Medical Examiner Service for Wales and Access to Clinical Records

1.   CEFNDIR/BACKGROUND

This Report provides an update for the Committee in relation to the introduction of the Medical Examiner Service for Wales and builds on a previous case presented to, and supported by, Medical Directors setting out the broad case for the digital transmission of the appropriate sections of the Clinical Notes (last episode only) from the relevant hospital to the Medical Examiner Service Hub Office, and asks for Committee support to move to full implementation in acute hospital settings before 1/4/2021.
This solution will:

- Ensure consistency of Medical Examiner Service delivery;
- Reduce delay in completing the scrutiny of death;
- Minimise the risk of loss of records;
- Minimise transport requirements;
- Minimise the impact of current COVID restrictions and the risk to staff;
- Provide the option for Medical Examiners, rather than ward based doctors, to complete Medical Certificates of the Cause of Death;
- Provide for the independent scrutiny of all deaths where COVID 19 is a factor; and
- Release additional medical resource for front line clinical duties by reducing the need for health boards to provide directly for Stage 1 Mortality Reviews.

Situation

All four Medical Examiner Service Regional Hub Offices are now operational, with each having 1.0 WTE Medical Examiner and 4.0 WTE Medical Examiner Officers. This means that, when all practitioners have reached the desired competencies, the current establishment will have the potential capacity to

undertake the scrutiny of around 12,000 deaths per year. This represents 40% of all deaths in Wales.

The Service is currently scrutinising deaths from both acute and community settings, albeit at relatively low levels at this stage, and is utilising the DATIX Medical Examiner Service Module as its core operational system.

The service has a planned build up profile to ensure that it is in a position to scrutinise 100% of all deaths not referred directly to the Coroner from April 1st 2021, however, it has become apparent that access to physical notes is the limiting factor in meeting this timetable.

The scrutiny process (replacing the Stage 1 Mortality Review) undertaken by the Medical Examiner Service relies on three component sources of information:
- Clinical Notes;
- Conversation with Qualified Attending Practitioner/Clinical Team; and
- Conversation with the Next of Kin.

The longer term intention of the Medical Examiner Service has been to access digital copies of the clinical notes from the last episode of care (there is no need for access to complete sets of notes) with an interim solution of physical transfer of notes where this isn't available. Current circumstances in relation to COVID mean that there is a need to look to develop this model earlier than had previously been anticipated.

The current arrangements see Clinical Notes being physically collected and transported from the hospital in which the deceased had their last admission to the appropriate Medical Examiner Office, and then physically transported back again when the scrutiny process is finished (same day or day after). Given the size of each regional patch and the limited/mixed existing transport arrangements between sites, at present Medical Examiner Officers are also frequently driving to hospital sites to collect and return sets of notes. This has a number of potentially negative implications for both hospital and medical examiner services, including an increased risk of COVID transmission, with staff travelling within and between locked down areas and handling physical sets of notes, and the delays caused by unavailability of notes as they are either in transit or at an alternative site.

2. CRYNODEB/SUMMARY

If access to clinical notes cannot be done digitally/remotely the ability of the Medical Examiner Service to undertake its function becomes seriously compromised under the current conditions as their absence means that

scrutiny cannot be undertaken. This also means that the benefits highlighted at the beginning of the paper cannot be realised.

Although cooperation between the Service and individual hospitals has so far generally been good, there are also examples where it has proved very difficult to get the notes released and where transport arrangements are insufficient to provide a reliable delivery service. It should be noted that this situation occurs not because the health board is not committed at a corporate level, but because the corporate message has not been actioned at Departmental levels, specifically either Medical Records, Mortuary or Bereavement Service level. As a result, the Medical Examiner Service is unable to function as planned and the benefits of the Service, as previously noted, are not able to be delivered in full.

This situation could be remedied totally if arrangements can be put in place to scan and make available (either directly or via email) the notes of the last episode of care.

There are two obvious methods of accessing notes digitally:
1. Direct access to local digitised records (as in Aneurin Bevan Health Board); and
2. Scan and email.

For the former there is no problem except the physical access to the digital system. For the latter, there needs to be an arrangement where the record sheets for the last episode are scanned and e-mailed to the local Medical Examiner Service Hub Office. This is not a problem for notes from Aneurin Bevan University Heath Board, where all notes are digitised, but given the likely volumes from other health boards, Morriston Hospital for example has the largest number of recorded deaths with around 1,700 deaths per year, and assuming that it takes a maximum of 10 minutes to select the relevant pages, scan, email, and return the pages to the file, this equates to an average of around 5 hours of administrative time per week in the very busiest of sites. This reduces to around 3 hours per week for those with around 1,000 death annually (larger DGH type) down to less than 1 hour per week for the smaller hospitals.

The additional administrative cost incurred in Medical Records Departments, assuming that they could not manage this demand within existing resources, would be more than offset in each site by the reduction in the requirement for health boards to undertake Stage 1 Mortality Reviews.

In return, NHS Wales in general, and health boards in particular, gain the full benefits of the Medical Examiner Service as noted earlier, including the

independent scrutiny of all deaths, the release of scarce medical resources through the ability to use Medical Examiners to complete the Medical Certificates of the Cause of Death and the reduction in Stage 1 Mortality Review activity.

3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK

As mentioned above, if access to clinical notes cannot be done digitally/remotely the ability of the Medical Examiner Service to undertake its function becomes seriously compromised under the current conditions as their absence means that scrutiny cannot be undertaken.

4. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:
  c) Note progress made
  d) Given the relatively limited actions, and costs, required to resolve the digital transfer of notes:

4. Support the proposal that health boards are required to make available to the Medical Examiner Service digitally (either directly or via scan and email) the Clinical Notes from the last episode of care
5. Request that individual members ensure that their own organisations identify/confirm an executive level Lead Director through whom the Medical Examiner Service can liaise on operational issues and provide governance information
6. Request that individual members ensure that clear and direct instruction is given to Medical Records Departments in their own organisations requiring them to provide the relevant Clinical Notes digitally to the Medical Examiner Service in a timely manner (using an agreed SOP provided by the Medical Examiner Service) in line with the following timescale:

Action	Timescale	Comments
Medical Examiner Service to produce a Digital Notes Transfer SOP for use by Medical Records Departments	31st October 2020	This will set out clearly what needs to be scanned and where it needs to be sent to, by when.
Notes made available digitally via the Medical Records Department(s) for at	By 30th November 2020	This will allow for a build-up of activity over a three month period. This in turn will allow a parallel reduction in Stage

least 33% of acute care deaths		1 Mortality Review requirements in individual health boards to be planned and managed. The build-up of scrutiny of deaths outside of acute hospital settings will continue during this period, with the continued expectation that the Medical Examiner Service will be in a position to scrutinise all deaths not referred directly to a Coroner form 1st April 2021
Notes made available digitally via the medical Records Department(s) for at least 66% of acute care deaths	By 31st December 2020	
Notes made available digitally via the Medical Records Department(s) for 100% of acute care deaths	By 31st January 2021	

The report is not Exempt

Teitl yr Adroddiad/Title of Report
All Wales Laundry Programme

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

Pwrpas yr Adroddiad: **Purpose of the Report:**
To provide an update on current progress of the All Wales Laundry Programme and planned TUPE in April 2021.

Llywodraethu/Governance	
Amcanion: **Objectives:**	To develop a service model that is fit for purpose, complies with modern standards, provides a sustainable and resilient laundry service and represents an operational model delivering best value for money for NHS Wales.
Tystiolaeth: **Supporting evidence:**	New Standard BS EN 14065

Ymgynghoriad/Consultation:
Completed between Feb – Jul 2020 see Consultation Summary Attached

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	✓
Argymhelliad/ Recommendation	Outline the recommendation of the report • The Committee is asked to **note the contents of this report**						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	No direct impact
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact
Ariannol: Financial:	No direct impact
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link; http://gov.wales/docs/dhss/publications/150402standardsen.pdf
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

All Wales Laundry Programme

1.   CEFNDIR/BACKGROUND

NWSSP is an integral part of the NHS Wales and is led by a Managing Director and Senior Management Team who are accountable to the Shared Services Partnership Committee that is composed of representatives from each of the NHS organisations that use our services. We also have a number of sub-committees and advisory groups, which include members drawn from our partners, stakeholders and service users.

SES – Specialist Estate Services support strategic change in the healthcare Estate through advice and support to the Welsh Government and NHS Wales.

We offer business case scrutiny, construction procurement framework development, design advice, property management service and the maintenance of estates related guidance and information.

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

2. Progress

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

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

The All Wales Laundry Review formally commenced in May 2016, with the NWSSP Shared Services Partnership committee approving the programme initiation and subsequent review of the Laundry production units within NHS Wales.

Throughout the last four years, a number of significant milestones were achieved and a large amount of effort has been expended on supporting the production of the All Wales Programme Business Case.

A number of key decisions have also been made to support the continual development of the business case, which have supported the programme in reaching its position today with the PBC submitted to Welsh government for approval.

Business Case Development

Stage 1 of the project was to review the existing laundry production units in NHS Wales against best practice guidance; specifically BS EN 14065 June 2016 - Textiles. Laundry processed textiles. Bio-contamination control system.

That review identified the benefits, costs, timescales and risks in achieving BS EN 14065 June 2016 and identified the options available including assessment of independent versus collaborative management arrangements.

This stage concluded with the production of a draft Outline Business Case (OBC) which had been endorsed by the SSPC and then reviewed by Welsh Government, which as a result, subsequent additional tasks were required to proceed towards the next stage in the process.

Stage 2 of the process was to build on the existing endorsed outline business case and completing a set of specific additional tasks to complete the review and produce a Programme Business Case (PBC),addressing the issues highlighted in the Welsh Government's letter dated 17th May 2019 and in accordance with the Welsh Government business case guidance.

A team of consultants and the NWSSP programme team completed the required activity, which sought to address all of the requirements as outlined within the Welsh Government's letter dated 17th May 2019 and presented the Programme Business Case to the SSPC in July 2020, which subsequently was approved for submission to the Welsh Government.

Following submission of the PBC to the Welsh Government, scrutiny has been applied in accordance with the business case process and feedback provided on which the programme has responded.

This feedback has resulted in additional costs being included within the programme such as contingency, VAT and other oncosts associated with the SES Cost forms, which have increased the potential scheme capital requirement towards £35m.

The required changes were factored into the PBC and associated cost forms, including the range of capital required between £25m and £35m, and re-submitted to the Welsh Government for consideration by the Infrastructure Investment Board, who have subsequently approved the PBC and will now be presented for ministerial approval, on which a decision is expected in the coming weeks.

On approval, this will provide the formal notification to proceed to the next stage of the business case process and undertake the development of three OBCs in line with the preferred option stated within the PBC.

It will also allow consideration of the resources required internally supporting the business case development and the completion of the specification required for the outline business case and necessary procurement processes.

TUPE/Service Transition

In parallel to the progression of the business case process, the planned transfer of the existing laundry services from the five current service providers into NWSSP will still aim to take place by April 1st 2021.

To support this, appropriate workstreams and roles are being established, focusing on the critical areas such as*:

- o Finance
- o Legal & Risk
- o Workforce
- o Estates - H&S
- o Logistics
- o I.T
- o Procurement

   Not Exhaustive

Focus will be placed on migrating the existing services into NWSSP in a seamless manner, in order to minimise disruption to the existing services, ensuring the laundry service continues to operate "as is" from April 1st 2021.

This service will continue to operate "as is" until the conclusion of the business case process whereby the new operating model will become operational, currently estimated to take place in towards the end of 2024. This date is subject to variation based on the business case process and factors within.

3. Conclusion

The committee are requested to note the progress of the business case submission and the planned transfer of the Laundry Service into NWSSP in April 2021.

4. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

Note the progress made to date.

Welsh Language Update for NWSSP Shared Services Partnership Committee November 2020

Non Richards

Welsh Language Services Manager

non.richards@wales.nhs.uk

This update includes:

- A Summary of the findings of the Welsh Language Commissioner's Report 2019/20

- NWSSP Welsh Language Progress made with the Welsh Language Standards (no.7) 2018 during 2019/2020

- Recommendations for further development to improve the organisation's current position.

Welsh Language Commissioner
Closing the Gap: Assurance Report 2019-20

Published in accordance with section 4 of the Welsh Language (Wales) Measure 2011

The Commissioner's findings that the following are readily available:

- Web pages;

- Correspondence and emails;

- Organisational/Corporate logos;

- Signage;

- Forms;

- Social Media;

- Press Statements.

The Commissioner identified the following key areas for further development:

- Telephone calls main telephone numbers;

- Telephone calls helplines/call centres;

- Reception services: Greetings/providing a reception service in Welsh upon request without delay.

The Welsh Language status at NWSSP:

Service Delivery Standards

- Correspondence: Generic templates of letters and emails have been translated;

- IVR messages are available in Welsh and staff made aware that all incoming calls must be answered with a Welsh/Bilingual greetings. Some helplines/call centres are able to handle calls in Welsh;

- We've received no requests for meetings and events to be hosted in Welsh to date;

- Documents such as newsletters and information leaflets, posters etc.. are being translated;

- Forms are available to patients and recruitment forms are available in Welsh;

- Our Websites and social media posts are compliant;

- Signage is being improved and made available in Welsh.

- Invitations to Tender – no Welsh requests received and training has been given to the regional teams as well as the 'all Wales' team in Cardiff.
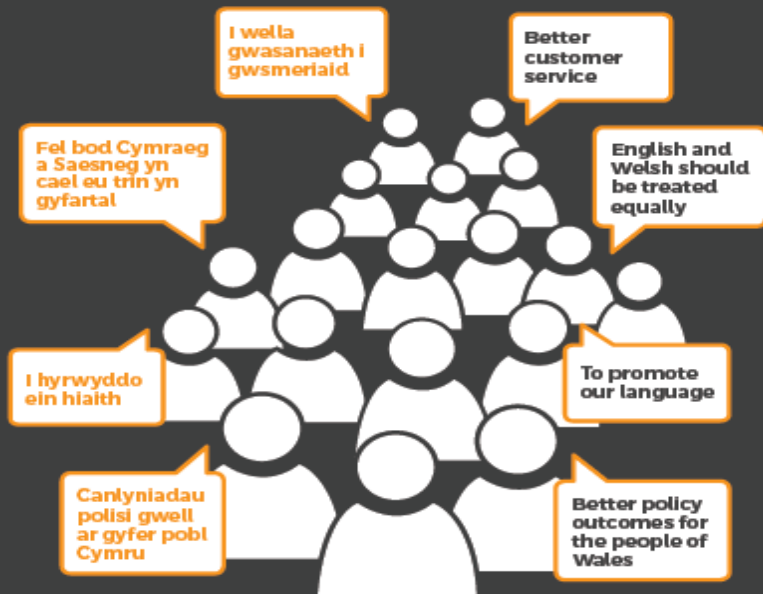
GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

The Welsh Language status at NWSSP

Operational Standards:

- JDs for all unique posts in NWSSP have been translated;

- Welsh Language Awareness Training has been delivered to staff & managers;

- The intranet home page has been translated; and

- Comprehensive WL support page available to all staff

Key successes

- 2019/2020 – increase in demand for translation rose by 283% (from 756,894 to 2,898,128 words)

- Welsh Language Awareness Training increased by
  - 44% (Staff & Managers)
  - 16.25% (Corporate Induction)

  Enquiries received:

  Translation enquiries >292% from 565 to 2,217

  Welsh Language Courses >12% from 121 to 136

  Training > 143% from 87 to 212; and

  Legislative enquiries >17% from 352 to 412

Welsh Language Skills across all service areas at NWSSP 2019.2020

69% No skills

11% L1

4%

6% L3

7% L4

3% L5
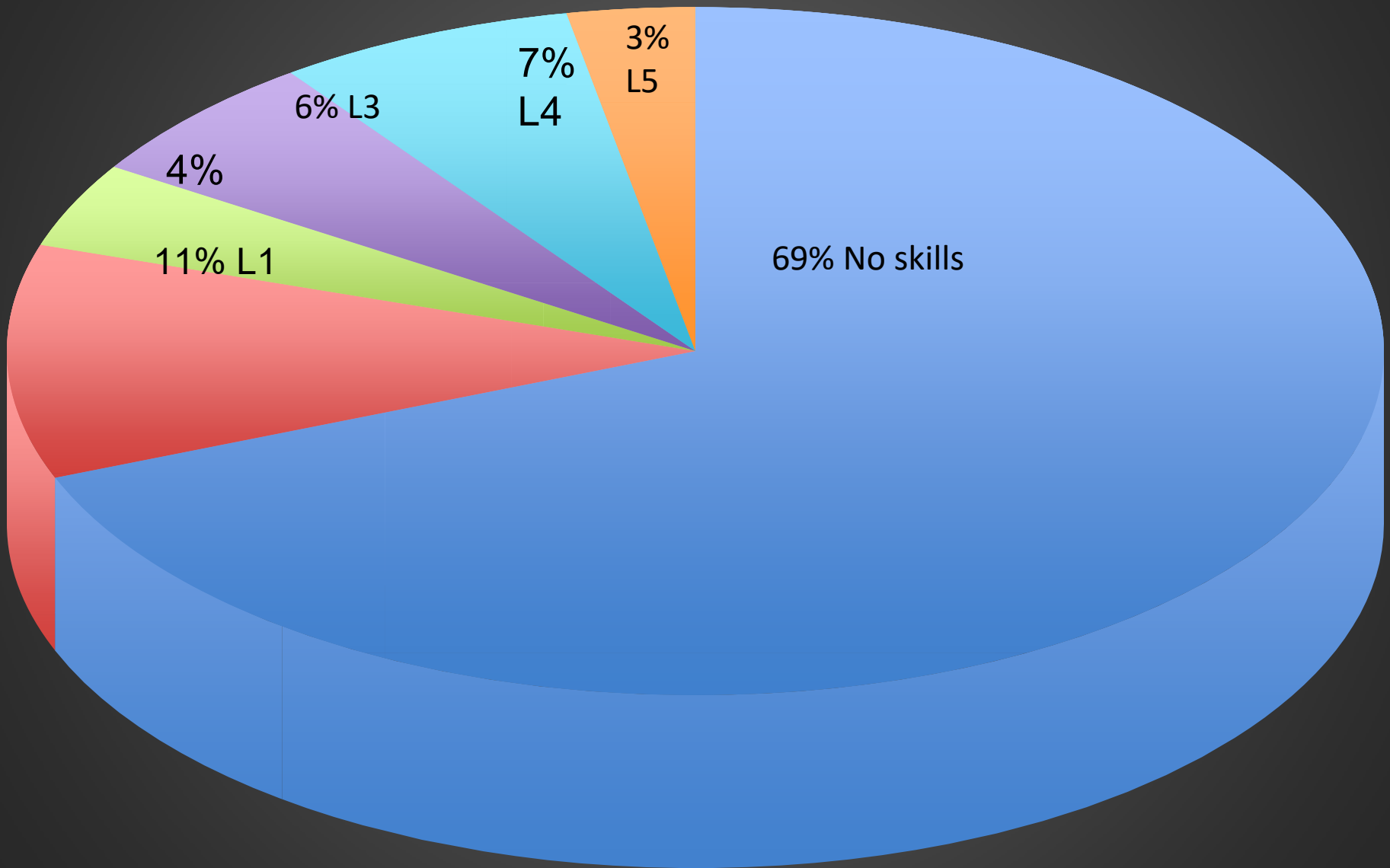
Areas for improvement for NWSSP:

- Review of telephone system messages and soft phone system;

- Telephone services main numbers/call centres and helplines;

- Recruitment and Training to be undertaken, supported by a Bilingual Skills Strategy;

- Staff to update their Welsh Language Skills on ESR annually as part of their PADR;

- Review of Welsh language classes with proposed changes to improve access to learning;

- Robust evidence based reporting on progress

- Include WL in the planning and delivery of services & the IMTP.

- Meetings with Directorates to identify areas of development/improvement and address risks.

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The Welsh Language status at NWSSP

Next steps:

- Develop a proposal paper based on ideas and recommendation from the SLT on the delivery of Welsh classes for the organisation for 2021/22 and beyond;

- Draft a Bilingual Skills Strategy by working with WFOD and consulting with key stake holders in NWSSP;

- 6 monthly meetings with directorates and service delivery teams in reporting on the progress made with compliance with the Welsh language standards.

Diolch yn fawr pawb!
Thanks all!

Non Richards

Welsh Language Services Manager

non.richards@wales.nhs.uk

Closing the Gap

The Welsh Language Commissioner's
assurance report
2019-20 – concise version

**Comisiynydd y
Gymraeg
Welsh Language
Commissioner**

Published in accordance with section 4 of the Welsh Language (Wales) Measure 2011
September 2020

The Commissioner's foreword

The last few months have been challenging for all of us, and we have had to adapt quickly to provide public services in different ways. In the coming months I will look back at the crisis period, in order to understand how organisations' Welsh language provision was affected, and learn lessons for the future.

The pandemic has showed the value of robustness, leadership and expertise, and the flexibility to use staff creatively. It has forced us to accelerate developments in how we use technology. The crisis is likely to cause lasting changes in the ways we work.

Organisations may substantially reconfigure the ways they operate and provide public services. This is a golden opportunity to put the Welsh language front and centre.

This report states my findings regarding organisations' performance in implementing language duties in 2019-20 – before Covid-19 affected us. But as organisations begin acting on the findings, they will need to ensure that their arrangements boost the Welsh language provision in the new normal.

As I analysed organisations' performance in 2019-20, I became concerned that a gap is opening between organisations that comply well and continuously improve, and those organisations that do not have sufficient arrangements.

In some organisations, structured arrangements and hard work now mean that they comply with the standards and create dependable opportunities to use Welsh. But some organisations haven't used the standards as an impetus to improve arrangements and ensure that they have enough Welsh language capacity to provide the services people have a right to receive.

With over four years having passed since the standards came into force for the first time, my expectation is that every organisation complies fully with the requirements set. Over the coming period, I will consider the evidence that I have about organisations' performance, and will take whichever proportionate steps necessary to deal with any failure or deficiency.

Every Welsh speaker should be able to have high expectations of public organisations. It's time for every organisation to be doing the basic things every time – using Welsh in writing; having enough Welsh speaking staff to be able to provide reception and phone services; and following robust arrangements for key assessments regarding jobs skills and policy decisions.

Where services have a bigger impact on people's well-being, we should be able to assume that they will be available in Welsh. The standards need to bring about swift improvements in the services of health organisations, and I am of the opinion that county councils should work towards holding well-being meetings in Welsh by default with Welsh speakers.

I am eager to be able to take for granted that basic services are provided in Welsh as a matter of course, so that we can spend our time getting to grips with the big issues that will make a strategic difference to the future of the Welsh language. I want to see organisations creating a shift in the language used by service users and their own staff, and seriously considering how all the organisation's operating arrangements can boost the Welsh language in terms of economy, education and society.

I will not allow a situation where organisations continue to fail to meet the requirements they are subject to. And where organisations are willing to innovate in order to increase use of Welsh, I will support and facilitate their work.

Aled Roberts
Welsh Language Commissioner
September 2020

This is a summary of the report. The full report is on the Commissioner's website.

1   Introduction

o   This is the sixth assurance report published by the Commissioner. The report addresses the issues on which organisations need to take action over the coming months. It includes evidence on:

- **organisations' performance** in providing Welsh language services and encouraging people to use them
- **compliance arrangements** – what organisations do to ensure their provision is compliant
- **workforce capacity** – ensuring that there are enough Welsh speakers in the right roles
- **promoting the Welsh language** – contributing to the future of the Welsh language by considering the impact of policy and grant decisions on the language, and implementing Welsh language promotion strategies.

o   The report is based on robust and varied evidence, including checking the services of a sample of organisations, verifying statutory documents, asking organisations for evidence in thematic studies, engaging with users, and contact with organisations as we support compliance, impose standards, and conducting investigations.

o   Organisations are responsible for compliance with duties imposed upon them. This report provides clear guidance on how to ensure this happens.

o   Wherever monitoring work that forms the basis of this report has highlighted a failure by an organisation, we will consider what steps need to be taken to address that failure, taking into account the use of all the Commissioner's powers.

Covid-19

o   The evidence that forms the basis of this report is not related to the period when the Covid-19 crisis disrupted organisations' ability to operate.

o   Welsh language standards and Welsh language schemes remained in operation during the period, and it is important that the rights of Welsh speakers are respected despite the crisis.

o   The crisis may have had some impact on organisations' ability to comply. During 2020-21 we will look at how the crisis has affected the Welsh language services of organisations and the use of Welsh internally, with a view to facilitating the learning of lessons for the future.

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2 Providing and promoting services

With an increase in the availability of a number of services, and performance overall moving in the right direction, there is a temptation to be satisfied with these results. However, some concerns remain regarding the ability of Welsh speakers to access services in the language of their choice.

Some organisations did not provide certain services in Welsh on any of the occasions that we monitored those services.

We have not seen the necessary improvement in organisations' reception services. And in terms of other services where performance is quite favourable, such as documents, social media and websites, care must be taken to ensure that arrangements do not slip.

Some sectors – health organisations, and those implementing language schemes – comply less frequently than others. While there is no significant difference in the performance of councils across the different areas of Wales in most services, the regions of south Wales are lagging behind in terms of reception and telephone services.

Organisations need to seriously address the responsibility to promote services – generating an increase in the take up of Welsh language services. This means changing the way services are designed, providing services in Welsh by default where possible (especially where there is a more significant impact on individuals, such as meetings relating to well-being), and informing Welsh speakers of the services available.

There are examples of significant increases in the use of some Welsh language services, which highlight the potential for progress when services are designed and promoted effectively – but these examples are relatively rare.

The steps needed to improve compliance are outlined clearly in the following sections of this report, and it is up to organisations to take immediate action to meet the requirements.

The Commissioner's opinion

"Using Welsh language services can be a hassle because of the way some organisations treat the Welsh language and the way they treat Welsh speakers. People have to fight to be able to do things in Welsh."

Member of the public in discussion group

"It's all very well saying that you have a right to use the Welsh language but if they don't operate in Welsh as quickly as in English it makes sense to use English."

Member of the public in discussion group

2.1   Availability of Welsh language services

92% of websites had menus and interfaces in Welsh
(2018-19 – 72%) ▲ 20%

92% of responses to e-mails sent in Welsh were in Welsh
(2018-19 – 91%) ▲ 1%

90% of automated phone options available in Welsh
(2018-19 – 73%) ▲ 16%

89% of signs available in Welsh
(2018-19 – 93%) ▼ 4%

88% of organisations' logos available in Welsh
(2018-19 – 78%) ▲ 10%

82% of job advertisements included Welsh language skills requirements category
(2018-19 – 67%) ▲ 15%

82% of press statements available in Welsh
(2018-19 – 77%) ▲ 5%

81% of web pages available in Welsh
(2018-19 – 73%) ▲ 8%

78% of forms available in Welsh
(2018-19 – 73%) ▲ 5%

74% of Facebook posts available in Welsh
(2018-19 – 63%) ▲ 12%

73% of e-mails sent in Welsh received a reply
(2018-19 – 81%) ▼ 8%
English: 79% (2018-19 – 85%) ▼ 6%)

70% of Twitter posts available in Welsh
(2018-19 – 66%) ▲ 4%

68% of materials like booklets etc available in Welsh
(2018-19 – 78%) ▼ 9%

55% of telephone calls dealt with fully in Welsh
(2018-19 – 52%) ▲ 3%

47% of job advertisements available in Welsh
(2018-19 – 24%) ▲ 23%

46% of reception enquiries dealt with in Welsh
(2018-19 – 46%) ◀▶ 0%

37% of reception enquiries received initial greeting in Welsh / bilingual
(2018-19 – 40%) ▼ 3%

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o For most of the services we verified, results were better in 2019-20 than in 2018-19, but the results still fall short of full compliance in many cases.

o Performance on written services remains better than on personal services such as telephone and reception. There was no progress on these services. These are the services where investment in staff skills is needed in order to provide them in Welsh.

o We checked each service more than once. For all services, some organisations (between around 5% and 20%) did not provide them in Welsh at all. Other organisations provided the service in Welsh at least once, but not always; and others had provided the service in Welsh every time it was checked.

o As in 2018-19, there was no direct link between the performance of county councils and the percentage of Welsh speakers in their area. The performance of regions in the south of Wales had improved on last year, but the results for telephone and reception services were low.

o The performance of organisations in regulations no. 1 (local authorities etc) and no. 2 (national organisations), on the whole, are better than the rest, and there is a definite need for improvement in the services of health organisations (no. 7 regulations) and non-devolved organisations implementing language schemes.

2.2   Quality of Welsh language services

o Welsh language correspondence received a slightly faster response than English correspondence, but English correspondence was slightly more likely to receive a full response that included additional material.

o For various materials, the results suggest that the Welsh language is treated less favourably than English in about 10% of cases, for reasons such as that text was missing, inaccurate, or less prominent in the Welsh version, or that the format of the English version was better.

2.3   Designing services to increase the use of Welsh

o During 2019-20, workshops were held with organisations discussing practical approaches to increasing the number of people using Welsh language services.

o Discussions with organisations during the year saw some examples of offering Welsh language services by default or proactively, but most organisations do not routinely do this.

o   Some organisations said that they look carefully at usage statistics and try to use them to ensure that their Welsh language services meet the needs of Welsh speakers, for example by careful timing or using formats that appeal more to Welsh speakers on the basis of previous evidence. Some organisations have developed their corporate tone of voice, making their materials more accessible to readers.

o   We heard that some organisations had put in place arrangements to establish the language choice of users and to act on this in all subsequent contact. There are specific requirements to do this for hospital inpatients, and we saw evidence that some health boards had already taken action to meet the requirements.

Meetings relating to well-being

o   A study was carried out looking at people's ability to use Welsh in meetings relating to their well-being. The 11 organisations involved in the study stated that they ask people for their language of choice, and some organisations had reviewed their staffing arrangements and so on to ensure there is sufficient capacity.

o   However, some of the evidence suggested that there was little actual use of Welsh in such meetings. For a large number of Welsh speakers, holding the meeting in Welsh will make them more comfortable and more able to express their feelings and needs. The standards require that individuals are asked whether they wish to use Welsh at the meeting, and acting accordingly, but holding meetings in Welsh by default with Welsh speaking individuals can make a real difference to their well-being.

2.4   Promoting Welsh language services

o   Our verification work showed low compliance with the requirements to state that materials are available in Welsh – for example, only 19% of English versions of forms stated that it was also available in Welsh. There was a sign welcoming the use of Welsh in 51% of receptions, and 69% of websites proactively offered the Welsh option through a splash page or similar.

o   While there are commendable examples of promoting services, on the whole there are very few significant publicity campaigns for organisations' Welsh language services. New efforts seen this year include an organisational language charter, developing an external communications strategy to use a number of different media to raise awareness of Welsh language services, and using a dedicated Twitter account to provide a behind-the-scenes glimpse at an organisation's Welsh language provision.

o The Commissioner held a Rights Day for the first time on 4 December 2019, with a significant number of organisations using the day's resources and branding to promote their services, and seeing good engagement with their messages.

2.5 Evidence of take up of services

o We encourage organisations to gather evidence about service use as a way of measuring whether services meet the needs of Welsh speakers, and whether efforts to promote services are working, for example by setting a target for increasing use of services.

o Although many organisations refer to low usage of services, we found some very encouraging examples of increased use of some Welsh language call centres and online services.

3 Compliance arrangements

I find it difficult to believe that the head of any organisation can be satisfied with a situation where their organisation is failing to comply with basic statutory requirements.

Organisations should not await the results of monitoring work or an investigation before ensuring that they comply with these legal requirements.

Compliance should not be a box-ticking exercise. Welsh speakers – the organisation's customers – should be central. Service users need to be reassured that the organisation's processes are adequate. Users' experiences need to be understood – through verification of services and listening to people. There is a need to respond positively to people's complaints and concerns.

The standards require arrangements to oversee compliance. Organisations can choose whatever methods – verification, internal reporting, risk, audit, action plans and so on – that are most appropriate for them, but arrangements must be put in place. And those arrangements should be underpinned by the whole of the organisation's governance authority – leaders need to make it clear, through processes and culture, that meeting the requirements is a priority.

Not having an officer, manager or specialist unit working specifically on improving the organisation's Welsh language provision creates a risk of failing to promote the Welsh language in accordance with the Measure.

It was good to see that organisations had established satisfactory arrangements for translation, and that the costs had been absorbed into the routine costs of the organisation. Innovation in automatisation of work, and facilitating bilingual drafting, could generate savings to enable investment in other aspects of Welsh language provision.

The Commissioner's opinion

"I have seen a change in the planning that takes place here in terms of the Welsh language, compared with the period before the standards were introduced. It led to the creation of a task and finish group and a member of staff taking action – this has been very beneficial."

Staff member in discussion group

"The way in which we operate with regard to the Welsh language is completely ad-hoc – it's pure luck if someone speaks Welsh and makes things happen. There's no forward planning to ensure that things are embedded in policies and systems."

Staff member in discussion group

3.1 Internal monitoring

o Some organisations, but by no means all, had proactive arrangements to establish how they were performing. Several organisations reported that they took action when any failure became apparent, but did not proactively seek to establish compliance levels.

o We found that many organisations have arrangements in place to verify services directly, for example through mystery shopper exercises. Others focussed on self-evaluation and internal reporting, for example by scrutinising updates by responsible managers, peer assessment, or risk assessment.

3.2 Public accountability

o 87% of organisations had produced the annual Welsh language standards report as required, and almost all of those had reported on the number of complaints, staff Welsh language skills, and the Welsh language skills need category of posts. Fewer reported on internal courses, and there were few examples of organisations publicising the report.

o The reports varied greatly in terms of quality, with some going into useful detail in identifying numerous activities that had been undertaken to ensure compliance and promoting the Welsh language more generally, while others contained only basic figures and comments.

o 90% of organisations had published a record of the standards set on them, but only 66% had published an explanation of how they intend to comply, and 48% had published their arrangements for oversight, promotion and facilitation. Organisations that do not publish these documents fail to comply, miss an opportunity to reassure Welsh speakers about their arrangements, and raise concerns that adequate arrangements are not in place. Some of the most effective documents were in the form of an action plan for compliance with each standard or group of standards.

3.3 Acting on complaints and users' experiences

o 63% of organisations had published a complaints procedure, which should set out the organisation's arrangements for dealing with complaints about compliance with the standards. Many of the complaints procedures did not cover all aspects that the standard requires. In many cases, organisations simply stated that they would deal with complaints about compliance in accordance with their corporate complaints procedures.

o It's required to keep a record of complaints and report on them. Almost all annual reports contained this information. A relatively low percentage of organisations had received complaints, and most of those had received a low

number of complaints, but over half of no. 1 regulations organisations had received at least one complaint.

o During 2019-20 we focussed on ensuring that organisations implement enforcement actions following investigations. There are many examples of the Commissioner's investigations leading directly to improving the performance of organisations, and also examples of organisations taking action following direct complaints from the public.

o We heard about some organisations actively asking users about their experiences of the organisation's Welsh language provision, for example through post event questionnaires or asking students about their experiences of using the Welsh language.

3.4 Leadership and expertise

o Our impression is that most organisations have a high level individual with responsibility for the Welsh language. This individual was usually responsible for chairing a group with an oversight of compliance, or providing accountability in another way, and acting as line manager (directly or indirectly) for the Welsh language officer or manager.

o Most organisations have an officer or manager who is responsible for the Welsh language on a day-to-day basis. In a good number of organisations, this is a full-time role, and sometimes forms part of a team. Overall we see that this leads to improved compliance as it allows a greater resource for identifying and resolving problems, working with departments across the organisation to ensure compliance.

o We found that a number of organisations had formed different groups within the organisation to discuss the implementation of Welsh language provision, providing accountability, planning work, and sharing practice across the organisation.

3.5 Translation

o Translation arrangements vary according to the business needs of organisations, with some employing internal translators and others using external companies. The majority of organisations were satisfied that their arrangements were appropriate for their requirements.

o Although a number of organisations were investing significantly in their translation services, it appeared that the costs had been accepted as a routine part of the costs of providing services.

o There was some evidence that organisations were developing their translation services in order to operate more efficiently, for example using machine translation or translation memory, creating templates and stock translations etc.

o There are examples of organisations using their translation teams to offer support for staff to draft through the medium of Welsh.

3.6 Outsourcing and third party platforms

o The Commissioner conducted a number of investigations in 2019-20 which highlighted the importance of ensuring that services provided through third party companies or organisations comply with the requirements set on the organisation.

o A large number of organisations reported that they had revisited their contracts to ensure that they included standard conditions requiring suppliers to comply with the relevant standards, and that specific questions about the standards relevant to a contract are included in the tender process.

o The situation regarding publishing Welsh language content on GOV.UK has improved after the Commissioner's approval of the Cabinet Office's Welsh language scheme in April 2019, with basic DBS checks and online passport forms now available in Welsh. We are continuing to discuss with the UK Government how the Welsh language can be made more prominent on the website.

4   Workforce capacity

The results of my monitoring work show that organisations need to have more Welsh speaking staff in key roles. This is crucial if Welsh speakers are to be able to rely on the services they are entitled to receive.

Organisations need to do more to recruit Welsh-speaking staff. An assessment must be carried out every time a job is advertised. With many organisations failing to offer services in line with the standards, I want organisations to take a long-term view in relation to how they ensure a workforce that facilitates the use of Welsh.

Progress has been made in assessing skills, and there is a need to continue with this until the skills of 100% of the workforce are assessed annually. I would like to see consistency in the assessment method so that better tracking is possible over time and as staff move between organisations.

It is also encouraging to see organisations having developed their skills improvement provision, working with the National Centre for Learning Welsh to manage provision and target training in a way that will have a greater impact.

I have heard examples of organisations struggling to find suitable Welsh speaking staff. But I have also come across organisations thinking outside the box when advertising posts, targeting applicants imaginatively and adjusting job requirements to ensure more Welsh speakers apply.

A number of activities are undertaken in order to make the Welsh language more visible within organisations, and to give colleagues the opportunity to use the language. However, I have not seen a purposeful shift towards the significant use of Welsh as an internal operational language. This is something which I would like to see developing over the next few years.

There is huge potential for learning, improving and using Welsh at work to give people more confidence in their skills. By building confidence in the work context, people can become more confident to use the language in the community and at home too.

The Commissioner's opinion

"They need to look at how they recruit in order to appoint Welsh speakers to posts."

Member of the public in discussion group

"There has been a significant increase in how many people want to develop their language skills – at level 3 and want to strengthen them to level 4 or whatever. More staff are keen to develop skills... and there are a lot more opportunities too."

Staff member in discussion group

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4.1 Setting Welsh language skills requirements when recruiting

o When we checked job advertisements, we found that Welsh was essential for 17%, desirable for 63%, not required for 2%, and no requirements were stated for 18%. For each post, it is required to assess the need for Welsh language skills, and state the requirement category when advertising (unless skills are not required).

o 13 out of 14 organisations involved in our study shared records showing that the need for Welsh language skills for posts had been assessed, but the records for only 4 organisations showed the rationale used in making the assessment. There were some practices that did not comply, for example stating that Welsh language skills were desirable for all posts, or using different categories from those specified in the standards.

o Based on our discussions with organisations, it appears that most organisations have electronic processes or other procedures in place to ensure that assessments are conducted.

o The factors considered most frequently were the requirements of the role, for example in terms of contact with the public and stakeholders, and current Welsh language capacity. Some organisations had taken steps to ensure that the long-term needs of the organisation were taken into account when carrying out each individual assessment.

o Some organisations ensure that all new staff have basic Welsh language skills so that they can show courtesy to members of the public. Alongside that, organisations need enough staff who are fluent enough in Welsh to be able to deal extensively with the public.

o There were examples of organisations being creative in ensuring that enough Welsh speakers apply for jobs, for example by adjusting job requirements, or better targeting of recruitment methods.

4.2 Identifying the workforce's Welsh language skills

o Almost all the organisations that produced an annual report included information on the number of staff with Welsh language skills. Organisations use human resources systems and other software to ensure that staff self-assess their Welsh language skills.

o The standards do not specify how to measure or express staff's Welsh language skills, so organisations use different models, for example ALTE (0-5) levels, Learning Welsh curriculum levels (entry, intermediate, proficiency etc), or another distribution created by the organisation. The Commissioner recommends the use of CEFR levels, which can be matched to ALTE levels and Learning Welsh curriculum levels. If organisations were to use one of

these models, it would be possible to have aggregated figures for all relevant organisations, and compare the capacity of institutions with one another – something which is not possible at present.

4.3   Improving staff's Welsh language skills

o   Many organisations told us that their Welsh language learning provision for staff had improved by taking up the National Centre for Learning Welsh's Cymraeg Gwaith programme. Improvements usually included increasing provision and being able to better tailor the provision to the needs of the organisation. In many cases, organisations had a designated tutor working within the organisation.

o   There were examples of organisations using mentors or similar support to ensure that learners use their Welsh language skills in their daily work.

o   Some organisations require all staff to undergo basic training to be able to show courtesy to members of the public. Alongside that, organisations need enough staff who are fluent enough in Welsh to be able to deal extensively with the public.

o   We have seen many examples of organisations offering up-skilling provision for staff who already speak Welsh well, to enable them to use Welsh in specific situations, for example online or when chairing meetings.

4.4   Using Welsh internally as a language of work

o   A number of organisations noted a general impression of increased internal use of Welsh, especially orally, and we saw many examples of attempts to increase internal use in specific contexts. A number of organisations reported that specific domains had naturally moved towards increasing use of the Welsh language, and many organisations had regular activities that offer informal opportunities to use Welsh.

o   There were few examples of significant, planned changes at an organisation-wide level during 2019-20, but the Isle of Anglesey Council's rolling program continues.

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5 Promoting the Welsh language

Each organisation has an economic and social impact, which in turn can affect the Welsh language and its use. The standards require organisations to consider how they can use this power for the benefit of the Welsh language, in two significant ways – every organisation must consider their impact on the Welsh language when making policy decisions, and local authorities and national parks are required to prepare strategies for promoting the Welsh language.

I have the impression that organisations are slow to realise the scale and significance of the strategic responsibility that these requirements have placed upon them.

Arrangements are in place to assess the impact of policy decisions on the Welsh language, but the consideration is often superficial, and I have not seen any substantial evidence of organisations substantially changing their plans in order to benefit the Welsh language.

5-year strategies have huge potential to make local authorities promotion agencies for the Welsh language within their areas, coordinating and driving efforts in areas as diverse as education, economy, planning, youth, tourism, care and so on. The strategies have led to more strategic attention to the Welsh language by a number of organisations, but it is not clear how many new activities have been put in place as a direct result of the strategies, and it seems no significant new budgets and resources have been dedicated to implement them in most cases.

There is an opportunity on the horizon to change this, with a requirement for organisations to review and formulate new strategies in 2021 and 2022. Now is the time to start planning and measuring impact in order to ensure that the strategies have a real impact on the position of the Welsh language in the community during this decade.

The Commissioner's opinion

5.1 Assessing the effect of policy decisions

o The number of copies of assessments shared with our study was low for some organisations, so it was suspected that not all decisions were properly assessed. There were some practices that did not comply with the requirements, for example not keeping a record of the consideration of the Welsh language, and not assessing some decisions.

o Most assessments contained a number of questions that reflected the requirements of the standards. The quality of assessments varied – some gave serious consideration to the link between the decision and strategic aims for promoting the Welsh language, while others were superficial and showed a lack of understanding of how decisions can affect on the use of Welsh.

o Education provision is an area where it is key to consider the impact of decisions on the Welsh language. During 2019-20, the Commissioner determined in a case where an organisation had not properly addressed the effects of a school closure on the use of Welsh within the wider community, and ways of alleviating them. In addition, we conducted research into the impact on the Welsh language of changing post-16 transport policies, finding that an inconsistency in the distance travelled from home to the place of learning, or in the grants offered, meant that access to Welsh-medium education is less convenient in some areas than in others.

5.2 Policy on awarding grants

o Although there are good examples of organisations considering the impact on the Welsh language when awarding grants, many organisations have not published policies setting out how they will do this. Only 1 of the 12 no. 2 regulations organisations subject to the requirement had published a policy, and none of the 23 relevant organisations in the no. 6 regulations.

5.3 Implementing 5-year strategies to promote the Welsh language

o Many of the activities undertaken by organisations involved education, childcare and learning Welsh, and many organisations worked in partnership with organisations such as the Urdd and the local Menter Iaith to offer opportunities to celebrate and use the Welsh language. Some councils had considered how economy and planning policies can promote the Welsh language.

o 9 of the 14 organisations that were part of our study reported that they had not allocated additional funding to implement the strategies (although current staff time is spent on implementing them).

o County language forums have been established as a result of the strategies and offer stakeholders the opportunity to discuss progress, but more can be

done to monitor the implementation of the strategies. It was not clear that most organisations had definite plans for assessing the success of the strategies in 2021 and 2022 as required.

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	AGENDA ITEM:3.2
GIG CYMRU NHS WALES — Partneriaeth Cydwasanaethau Shared Services Partnership	**19 November 2020**

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 September.

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

Ymgynghoriad/Consultation :
Shared Services Partnership Committee

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

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

Introduction

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

Financial Position

As at the end of September 2020, NWSSP were reporting a break-even position. We have invoiced Welsh Government for £2.2m for Q1 COVID expenditure, and confirmed with them the funding for Q2 expenditure of £1.66m. Funding for future periods however, has not been guaranteed, with our COVID operational costs forecast to exceed £8m for the full financial year.

PPE

At the time of writing the number of items of PPE issued across Health and Social Care in Wales since the 9th of March was in excess of 426m. With the exception of FFP3 masks the current PPE situation continues to be stable, with sufficient stock and orders placed to meet current and projected demand from health and social care sectors over coming weeks. There continues to be a worldwide shortage of specific models of 3M FFP3 masks and all four UK nations are considering alternative non-3M products to meet demand. 3M are now contracting only with DHSC directly for the supply of newly manufactured FFP3 masks into the UK. Wales are entitled to receive a percentage of these products supplied directly from 3M along with the other devolved nations. However, currently DHSC are not receiving sufficient volumes to cover all requirements and as a consequence there is no stable and reliable supply into Wales from this arrangement.

An alternative brand to the 3M FFP3 has been sourced and successfully fit tested in C&VUHB. Final certification for this mask is expected and an initial order for 100,000 units will be placed to allow for mass fit testing across Wales. A second alternative brand to 3M is currently being fit tested across HBs and if successful will also be secured to add additional resilience into the stock position whilst reducing dependency on the 3M brand for the longer term.

At the time of writing, current stocks of useable FFP3 masks total 86,299 with immediate use dependent on the position with regard to fit testing in each area. In addition to NWSSP stores stock holdings, Health Board local stock holding submissions detail a further 152,164 FFP3 masks, providing additional short term resilience. The ongoing current requirement for FFP3 masks across Wales is in the region of 45k masks per week providing for a combined holding of five weeks supply. As further mitigation, a number of smaller volume orders from multiple suppliers have been secured which will

be fully delivered in early November providing a further 222,000 units of 3M FFP3.

NWSSP continues to progress its formal PPE Winter Protection Plan. This plan is progressing well and additional orders have either now been placed or are in progress to deliver sufficient stocks to provide for the required 24 weeks stock holding by the end of November 2020. WG have confirmed their commitment to continue to provide social care settings with appropriate PPE for the duration of the pandemic and the WLGA have helpfully written out to all Local Authorities to ask them for any revised estimates of volumes of PPE required.

Audit Wales are currently undertaking a review of the procurement of PPE over recent months on behalf of the Welsh Government. This review is being undertaken in response to a similar review being undertaken by the national Audit Office in NHS England, and draft findings from both reviews are expected before Christmas.

TRAMs

The business case has been submitted to Welsh Government and we are in the process of reviewing the queries that have been raised as part of the 1st phase of the scrutiny process. The main concern relates to transitional funding and the revenue required to cover the gaps in the initial set-up phase. A further meeting was held recently with Welsh Government colleagues to review the business case in more detail. As a result of this, there are some required changes to the financial details which will then be re-submitted to Welsh Government in January with a view to it being taken through the Infrastructure Investment Board later in the month. The programme therefore remains on track for an April 2021 implementation.

Medical Examiner Service

All four Medical Examiner Service Regional Hub Offices are now operational, with the potential capacity to undertake the scrutiny of around 12,000 deaths per year. This represents 40% of all deaths in Wales and 75% of those that occur in acute hospital settings. The service has already covered some primary care deaths in addition to those in hospital. There have been some teething problems with access to systems being delayed due to concerns from Information Governance colleagues over the IT set-up and NADEX information in particular. These issues are currently being worked through and a separate paper on the Committee agenda provides more detail on this. The main challenge to the operation of the service is the need for timely digital access to the patient's medical records and particularly that relating to the last episode of care. This can either be facilitated through direct access to local digitised records or alternatively through receiving scanned copies via e-mail. The current issue stems not from a

lack of support at the corporate level from Health Boards and Trusts, but more that this support has not been communicated to those departments whose direct help is required in accessing this information.

Laundry Services

A number of questions have been raised by Welsh Government in their scrutiny of the Business Case and updates to them have been provided, including the provision of costing schedules in a variety of different formats. We anticipate the that Welsh Government's Infrastructure Board will be recommending approval of the Business Case to the Minister sometime in the next few weeks. Further work is being undertaken in respect of the TUPE process and in agreeing the resource allocations that need to be transferred into NWSSP to support the service. A programme is to shortly be set up to ensure the smooth transition to the new arrangements and the appointment of a Programme Director is in process to oversee the transition.

IP5

Work continues and is progressing well on the build of the two laboratories to support the needs of both PHW and the UK Lighthouse Project. Discussions are on-going with Welsh Government with regards to the Strategic Outline Case that has been previously approved by the Committee. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT contingency arrangements. We are awaiting news on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements.

Temporary Medicines Unit

The accreditation of the Unit has been achieved with the Contractors now fully signing the new build across to NWSSP. Testing is on-going but should be fully complete by the end of November. We are currently working with relevant stakeholders to ensure that all appropriate processes are in place and to determine the revenue requirements post the current financial year should the facility still be required.

NHAIS

The replacement of the GMS systems continues to be on track and we are now undertaking the checking process for validation of the new system. A period of dual running is due to commence shortly to ensure the accuracy of the new system. The working relationship with BSO in Northern Ireland is very good and should provide the basis going forward for an effective strategic partnership with both parties committed to the future development of the system.

The in-house development of the replacement Ophthalmology Payments system is also on track. The roll-out of replacement systems in NHS England has again slipped which provides further contingency as we replace our own system and allows a down-grading of the current risk profile.

Single Lead Employer

Since May 2020, 836 additional trainees (comprising GP Trainees, Pre – registration Pharmacists, Foundation Doctors, Foundation Dentists and Speciality Paediatric Trainees) have been appointed to the Single Lead Employer (SLE) Model. NWSSP currently employ 1264 trainees.

The Governance framework to support the expansion of the Single Lead Employer Mode (SLE) was signed off at NWSSP Committee on 17th September 2021. Employment Management Agreements have been issued to Host Organisations including Health Boards, Dental Practices as well as Pharmacies.

A draft roll out plan for the appointment of the remaining Trainees to be covered by the SLE model has been developed in partnership with HEIW, Health Board colleagues, staff organisations for the remaining trainees covered by the SLE model. This will be considered at the next Programme Board (19 November 2020) and if accepted will mean that all Trainees scheduled to be part of the SLE model will be employed in the SLE Model by May 2022.

The next group of Speciality Trainees (Radiology) will move across to the SLE Model at the beginning of November and will be followed by Dermatology and Rheumatology (December), Cardiology, Respiratory Medicine, Trauma and Orthopaedics and Core General Surgery (January) and Core Psychiatry (February) and Higher General Surgery (March). The process of moving trainees across to the model has been reviewed and remapped and a number of issues identified as a result of the transfer of Specialty Paediatrics smoothed out. Work is also ongoing to explore the use of e-rostering and robotics to automate as many processes as possible and to minimise the direct inputting of data by NWSSP and Health Board Colleagues.

A number of Trainees are already accessing the some of the benefits available to them as a result of being employed through the SLE model particularly in relation to the salary sacrifice scheme for cars, bikes and technology.

Medical Recruitment

Cwm Taf Morgannwg UHB have agreed to transfer their transitional Medical and Bank Recruitment into NWSSP. The funding transfer was agreed in October 2020 and NWSSP are currently recruiting in readiness for implementation of the transition on a provisional date of 1st December 2020.

The service is working closely in partnership with the CTM Bank and Medical Recruitment Teams to agree key performance indicators, areas of responsibility, process and template documents. Training activities will start once the resource is in place. A communications strategy is also being developed between the services.

Welsh Risk Pool Committee

Digital Health & Care Wales are to become a member of the Welsh Risk Pool Committee with effect from 1 April 2021.

Staffing Changes

- Paul Thomas, Director of Employment Services, retired at the end of October 2020. The functional responsibilities for the Employment Services Directorate is now under the direction of Gareth Hardacre, Director of Workforce and Organisational Development, as previously discussed at Committee;
- Daniela Mahapatra has been appointed as Deputy Director of Legal and Risk Services;
- Nicola Phillips has been appointed as Deputy Director, Primary Care Services;
- Claire Salisbury has been appointed as Assistant Director in Procurement Services. Claire was also awarded a MBE in the Queen's Birthday Honours List, and her colleague, Paul Buckingham, was awarded a BEM. Both awards were for their roles in the procurement of PPE during the COVID crisis; and
- Recruitment is currently underway to appoint a Director of Planning and Performance. This will be a new role for NWSSP and it is anticipated that the post will be filled by the end of the calendar year.

Neil Frow,
Managing Director, NWSSP,
November 2020

MEETING	Shared Services Partnership Committee
DATE	19 November 2020
AGENDA ITEM	TBC
PREPARED BY	Alison Ramsey, Deputy Director Finance & Corporate Services
PRESENTED BY	Alison Ramsey, Deputy Director Finance & Corporate Services
RESPONSIBLE HEAD OF SERVICE	

TITLE OF REPORT Q3 and Q4 Operational Plan update **PURPOSE OF REPORT** The purpose of this report is to discuss the Q3 and Q4 submission with SSPC members, and also to consider our planning approach for 2021-24.

1. BACKGROUND

Our 2020-2023 three year IMTP was approved by the Shared Services Partnership Committee (SSPC) and submitted to the Welsh Government in January 2020. However, as part of its response to the COVID19 pandemic the Welsh Government has adopted a more targeted operational planning approach for 2020-21.

NWSSP was not required to submit a Q1 plan, but we were required to submit a Q2 plan in July 2020. We have now submitted our Winter Plan, which sets out our planned activities for Q3 and Q4 on 16 October 2020.

A meeting with the Finance Delivery Unit (FDU) took place on 2 November 2020 to review in depth our income streams and revenue and capital

expenditure assumptions. We also anticipate a meeting with Welsh Government Planning team in the next few weeks.

Structure of our response
We have structured our response broadly in line with the Welsh Government (WGovt) NHS Wales COVID-19 Operating Framework (the Framework) under the following headings:

- Local prevention and response plans including Test, Trace and Protect
- Essential Services
- Primary and Community Care
- Working with partners
- Organisational Capacity Plans
- Organisational Workforce Plans
- Finance plans
- EU Transition
- Stakeholder Management, Communication and Engagement

There are several service areas particular to NWSSP that are not explicitly covered by the Framework. We have incorporated these into this response as a best fit under the above headings, to ensure they are identified as part of the wider planning assumptions of WGovt and colleagues across NHS Wales. And, to ensure they form part of the consideration for funding decisions for the financial year.

A full copy of the Q3 and Q4 Operational Plan is enclosed as **Appendix A**.

Q3 and Q4 – Key Messages
All core services have been delivered throughout Q1 and Q2: the majority of KPIs have been achieved and quality has been maintained throughout. This positive response was mirrored in the results of our customer survey which we ran during Q2.

In common with other health bodies we want to maintain business continuity for the winter months and to meet the additional demands likely to be placed on the NHS and social care in Wales.

Q3 and Q4 presents in many ways an even greater challenge, as we continue to deliver services through new ways of working, re-focus on our planned service improvements for 2020-21, and support our customers during the winter months whilst still living with the COVID-19 pandemic. The Senior Leadership Team believe we are well placed to meet the challenge.

The key messages in our Q3 & Q4 submission were:
  - We will continue to deliver all our core services. We will retain our focus on quality and performance levels during Q3&4 and continue to operate robust and reliable core systems.

- We will strive to adapt as required to the dynamic and evolving needs of the NHS in Wales and the needs of our colleagues in Local Authorities and in Primary Care. We will be solution focussed and dynamic in our response.

- We still aim to deliver on all financial targets for 2020/21; this includes a significant increase in the level of income and expenditure in 2020/21 compared with our IMTP. We do however need certainty from Welsh Government on several critical capital investment schemes in order to deliver on our revised plan.

- We have adopted several new ways of working. The most significant of which in terms of scale, risk and cost has been providing PPE supplies to the wider areas including social care and the four family practitioner areas.

- We have invested in IT equipment, software, training and other support tools to strengthen our own workforce resilience and support larger numbers of our staff to work from home. Our staff have adapted well to this change and we are making good progress with our Agile Working strategy to retain many aspects of new ways of working for the longer term.

- We will continue to provide legal advice and other good practice learning and support to Health Boards and Trusts as they face challenging decisions in the months ahead.

- We will support the anticipated surge capacity through our specialist estates service, recruitment, and procurement and health courier services.

- We continue to work with Health Boards, Trusts and Welsh Government to support the delivery of this year's flu vaccination programme and readiness for Mass Vaccination Plans for the urgently awaited COVID-19 vaccine.

- We will support the WGovt Brexit Programme, working through the most recent emerging scenarios for the UK and the implications for the NHS in Wales.

- We have updated our Business Continuity Plan and divisional action cards to ensure we apply the learning from the first six months of this extraordinary year.

- We have extended the revisions to our Scheme of Delegation to facilitate rapid decision making and maintain sound governance, particularly to secure supplies of priority stocks including oxygen, PPE, ventilators and beds.

- Several planned initiatives that were included in our IMTP have rolled forward: the roll out of Microsoft Office 365 including SharePoint, the adoption of agile working and a review of our contact centres for the future needs of NWSSP and customers.

- We postponed the consultation and TUPE process for the Laundry Service Programme to avoid disruption to planning for winter pressures and a potential second peak of COVID-19 is not affected.

  Our current planning assumption is that the transfer will go ahead from April 2021.

- We have actively engaged with our partners, and through peer to peer and national groups to understand their needs for Q3&4.

  We will review their published plans to ensure our planning assumptions align.

Scrutiny during Q3 and Q4
We have just completed our Q2 round of quarterly performance reviews with all Divisions. This included the new and expanding services of Medical Examiner and Single Lead Employer.

We will continue with our internal performance monitoring and reporting through Q3 and Q4, through SLT, SSPC and externally to our customers.

Quarterly reviews for Q3 are already scheduled for January 2021.

We have also reinstated our Planning and Response meetings for the winter period to facilitate quick decision making.

Future Years – Strategic and operational planning
Welsh Government has yet to issue planning guidance for 2021-2024. However there is an indication that a 1 year operational plan may be required for 2021-22; and not a three year IMTP.

As agreed with the SSPC in September, there is a strong case to continue with the principal of a three year Strategic Plan alongside a more detailed Operational Plan for 2021-2022.

Key areas to consider include:

- **Service improvement**:
  - a service improvement methodology consistent across all NWSSP services,
  - accredited quality standards,
  - clear meaningful performance measures,
  - maximise the use of technology,
  - customer experience and engagement,
  - value for money; and
  - timely reporting.

- **Service growth:**
  - primary care services including employment services and legal and risk,
  - single lead employer,
  - laundry,
  - medical examiner,
  - TRAMs; and
  - social care.

We have therefore begun our planning process, inviting all Divisions to:

Reflect and Engage

- Consider what we have done differently in the last year: what has worked well that that we want to retain. Let's not go back to the way things were without good reason.

- Reflect the impact of digital and agile working: what more can we now aspire to achieve given the investment we have made in the last year.

- Engage with each other: work within your teams and also across teams, identify joint working and collaborative opportunities.

- Talk to your key stakeholders: Health Boards, Trusts, Welsh Government, Primary Care and Social Care; what may they need from us, and what can we offer them.

Adapt and Change

- Review existing IMTP plans for 2021-23; adapt and change to take account of the engagement we have now carried out.

- Work in partnership with Finance, Workforce, ICT and other corporate functions to agree the support needed from others and to confirm resource requirements.

Think SMARTer

- Keep it lean and impactful. Focus on quality and the difference achieving this goal this will make.

- Identify the KEY indicators: measure the right things.

- Distinguish between planned improvements to an existing service, and new service developments.
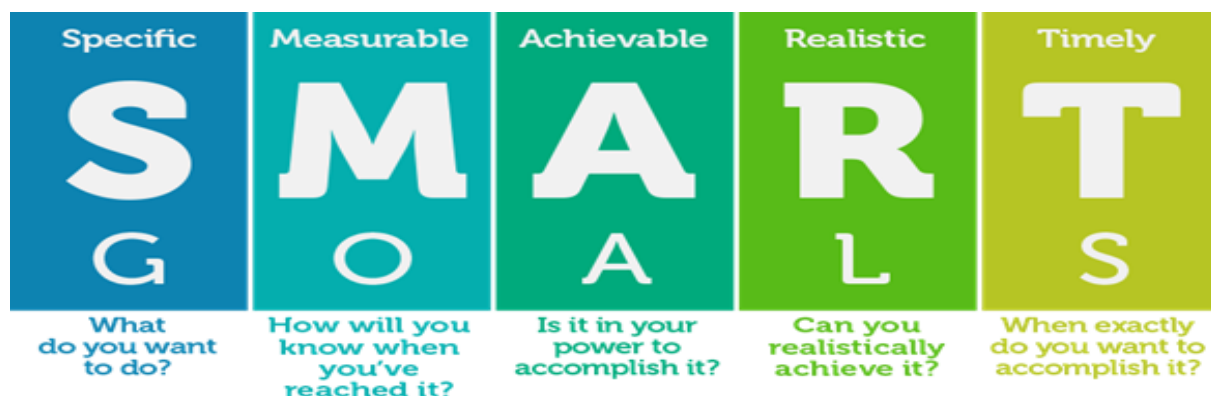
Indicative timeline

Working on the assumption that an Operational Plan will need to be submitted to Welsh Government before 31 March 2021, we propose to work to the following timeline:

	Key dates
Issue template	9 Nov
Live event – all Divisions	17 Dec
First Draft	11 Jan
Quarterly Reviews	w/c 18th and 25th Jan
Revisions to draft	18 Feb
SLT Approval	25 Feb
SSPC Approval	18 Mar

We are planning a staff engagement event using Microsoft Teams on 17 December 2020. The aims of the events are:

- For all Divisions to present an outline 'Plan on a page' to highlight key priorities.

- Identify key themes and opportunities for joint working across teams.

- Consolidated our approach to engagement with partners to ensure a single voice and joined up approach.

We would strongly welcome the involvement of our SSPC members at the event, or a nominated deputy to ensure every organisation is represented.

2. RECOMMENDATION
Committee Members are asked to:

- Consider the Q3 and Q4 plan submitted to Welsh Government on 16 October 2020.

- Note the proposed way forward to develop the 2021-24 Strategic Plan with an operational level focus required for 2021-22.

- Discuss any key messages and priority areas for NWSSP and Divisions to take on board in developing the plan.

NHS Wales Shared Services Partnership

Operating Framework for Quarters 3 and 4 (2020/21)
October 2020

*Adding Value through Partnership,
Innovation and Excellence*

Overview

This Plan sets out the NHS Wales Shared Services Partnership (NWSSP) Quarters 3 and 4 (Q3&4) response. We have structured our response broadly in line with the Welsh Government (WGovt) NHS Wales COVID-19 Operating Framework (the Framework) under the following headings:

- Local prevention and response plans including Test, Trace and Protect
- Essential Services
- Primary and Community Care
- Working with partners
- Organisational Capacity Plans
- Organisational Workforce Plans
- Finance plans
- EU Transition
- Stakeholder Management, Communication and Engagement

There are several service areas particular to NWSSP that are not explicitly covered by the Framework. We have incorporated these into this response as a best fit under the above headings, to ensure they are identified as part of the wider planning assumptions of WGovt and colleagues across NHS Wales. And, to ensure they form part of the consideration for funding decisions for the financial year.

Key messages

➢ We will continue to deliver all our core services. We will retain our focus on quality and performance levels during Q3&4 and continue to operate robust and reliable core systems.

➢ We will strive to adapt as required to the dynamic and evolving needs of the NHS in Wales and the needs of our colleagues in Local Authorities and in Primary Care. We will be solution focussed and dynamic in our response.

➢ We still aim to deliver on all financial targets for 2020/21; this includes a significant increase in the level of income and expenditure in 2020/21 compared with our IMTP. We do however need certainty from Welsh Government on several critical capital investment schemes in order to deliver on our revised plan.

➢ We have adopted several new ways of working. The most significant of which in terms of scale, risk and cost has been providing PPE supplies to the wider areas including social care and the four family practitioner areas.

➢ We have invested in IT equipment, software, training and other support tools to strengthen our own workforce resilience and support larger numbers of our staff to work from home. Our staff have adapted well to this change and we are making good progress with our Agile Working strategy to retain many aspects of new ways of working for the longer term.

➢ We will continue to provide legal advice and other good practice learning and support to Health Boards and Trusts as they face challenging decisions in the months ahead.

➢ We will support the anticipated surge capacity through our specialist estates service, recruitment, and procurement and health courier services.

➢ We continue to work with Health Boards, Trusts and Welsh Government to support the delivery of this year's flu vaccination programme and readiness for Mass Vaccination Plans for the urgently awaited COVID-19 vaccine.

➢ We will support the WGovt Brexit Programme, working through the most recent emerging scenarios for the UK and the implications for the NHS in Wales.

➢ We have updated our Business Continuity Plan and divisional action cards to ensure we apply the learning from the first six months of this extraordinary year.

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- We have extended the revisions to our Scheme of Delegation to facilitate rapid decision making and maintain sound governance, particularly to secure supplies of priority stocks including oxygen, PPE, ventilators and beds.
- Several planned initiatives that were included in our IMTP have rolled forward: the roll out of Microsoft Office 365 including SharePoint, the adoption of agile working and a review of our contact centres for the future needs of NWSSP and customers.
- We postponed the consultation and TUPE process for the Laundry Service Programme to avoid disruption to planning for winter pressures and a potential second peak of COVID-19 is not affected. Our current planning assumption is that the transfer will go ahead from April 2021.
- We have actively engaged with our partners, and through peer to peer and national groups to understand their needs for Q3&4. We will review their published plans to ensure our planning assumptions align.

In common with other health bodies for the winter months we want to maintain business continuity and to meet the additional demands placed by the Service. Furthermore, it has required us to actively review governance processes to facilitate rapid but safe decision-making. Notwithstanding this, all core services have been delivered while the majority of KPIs have been achieved and quality has been maintained throughout.

Attached as **Appendix A** is an infographic summarising some of our recent achievements across all of our service areas.

Q3&4 presents in many ways an even greater challenge, as we continue to deliver service through new ways of working, re-focus on our planned service improvements for 2020-21, and support our customers during the winter months whilst still living with the COVID-19 pandemic. We are well placed to meet the challenge.

Local prevention and response plans including Test, Trace and Protect

Procurement	Continued successful procurement response to COVID-19 challenge with no stock outs and continuity of supply to date. Lessons learned have been captured and have been integrated into key works streams for Q3&4 which include:
	Winter Protection Plan for PPE
	Demand Model development
	Demand Model updated to reflect Health Board Winter Plans. (See **Appendix B**). There will be continuous development throughout Q3&4 with refinements in demand and supply analysis by product and sector.
	Procurement and replenishment
	Improving resilience of supply lines and increasing levels of stock in hand to 24 weeks by November 2020. This will require 442 million additional items of personal protective equipment (PPE) to be secured.
	• Alignment of order placement and stock replenishment with Demand Model will be developed through Q3&4.
	• Existing external PPE supply commitments are being brought forward to meet new in-hand stock target.
	• Recruitment of additional staff in progress to create dedicated PPE Category Team.
	• Continued development of Welsh Manufacturing capacity to reduce reliance on external/global supply lines. Currently 14 Welsh manufacturers and suppliers now involved in manufacturing and supply of PPE.
	• Implementation of StockWatch - a stock tracking and forecasting software, across Health and Social Care Hubs. There will be continued development through Q3 to refine data collection and extend to wards.

Warehouse preparedness (capacity)
- Ongoing efforts to secure appropriate warehouse capacity to hold stockpile of critical products. An additional 100,000 square feet of additional warehouse capacity to support 24-week stock in hand position is currently being secured.

Logistics preparedness (supply and distribution)
- 335 million items of PPE have been distributed across Health and Social Care sites since March 2020.
- The number of locations the service is required to deliver to has increased by more than 2,000 sites due to the COVID-19 pandemic requirements. In addition, the service has been approached to confirm their ability to roll out delivery to wider Primary Care and Social Care providers as healthcare in Wales returns to business as usual. This will require a flexible, adaptable logistics model.

Additional Activity Supporting COVID-19 Response and Winter Planning
The following are examples of additional activity that will continue throughout Q3&4 to support nationwide COVID -19 response plans:

- Support to other parts of the UK through mutual aid.
- Weekly deliveries of PPE packs to all Primary Care sites in Wales.
- Implementation of All Wales Home Pharmacy Delivery Services & critical medication pathways.
- Purchase of £2.2m Child and Adolescent Mental Health Services (CAMHS) surge beds to supply additional health accommodation across England and Wales.
- Managing COVID-19 equipment as part of Winter Protection Plan for Wales.
- Supporting the early opening of The Grange (November 2020) through the procurement and commissioning of equipment.
- Working on a standard approach for procurement of PPE for all NHS & Social Care Organisations in Wales.

	• Working with National Point of Care Clinical Leads, NHS Collaborative and WGovt to procure point of care testing devices and Antigen tests. • Working with Public Health England (PHE) to secure stock of supportive medicines. • Continued support for extended services to meet increasing demand including, School Flu & HPV Vaccine Programme (Cwm Taf Morgannwg UHB), transport of COVID-19 specimens from Community Testing Units (All Wales), Air Ambulance EMRTS Transport of temperature-controlled blood 24/7 service (Cardiff & Vale UHB) and logistics for Welsh Ambulance Service Trust from Mobile Testing Units.
Lighthouse Lab	NWSSP have been involved in supporting the establishment of the Labs in IP5. The LAB 1 (as it now known) started off life as a facility for Public Health Wales (PHW). This was developed at pace with business case approval and a very rapid construction completed in less than 50 days. As the project was at about its halfway stage, we were informed that WGovt and the Life Science Hub had been in discussion with Department of Health and Social Care (DHSC) over the establishment of a lighthouse testing laboratory in Wales. We are also providing PPE to the Labs and supporting the services with onsite facilities management. LAB 1 is now leased from NWSSP to DHSC for Perkin Elmer to run the lighthouse facility and this went live on Monday 5th October. With capacity to employ 210 staff on a 3-shift system. This would be a 24-hour, seven day a week, 365 days a year service. LAB 2 is currently being built and is due to be completed in the first week of December. With expectancy for PHW to be working on site in early January.
Antigen Tests	Antigen tests are available across Wales for our staff and will be coordinated by our Workforce and OD team to liaise with the local Health Boards. Staff can contact our colleagues in Workforce and OD who will then advise them of the local arrangements in their Health Board area.

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	Swansea Bay and Hywel Dda UHB have both offered their facilities of antibody testing to the wider community, whether our staff live and work in the West Wales regions, or not, which has been very helpful and welcomed.
Mass Vaccination Programme – COVID-19 vaccine	NWSSP staff will not be included as part of the Velindre NHS Trust plan but will receive the vaccine through the Health Board route. This is like the approach adopted by other national bodies with staff working across regional sites, such as Welsh Ambulance Service Trust (WAST).

We are in discussions with PHW and Health Boards to agree the priority categorisation, as clearly some of our staff will play a critical role in ensuring the vaccine and supporting infrastructure is able to be delivered to Health Board areas and sites.

Our Medical Director and Workforce and Organisational Development Director are our leads on this for our own staff.

Our primary service role will be to procure goods and related services, store securely and deliver consumables to agreed vaccination sites. We have also been asked to assemble consumable packs used to administer the vaccine. This will require us to recruit additional staff. Our current estimate is 20 staff to pick and then make-up the packs and a minimum of 12 vehicles pan Wales with 15 staff for the vaccine distribution, based on a working assumption that 120,000 packs will be required.

Our specialist estates services are working with Health Boards to identify suitable sites for mass vaccination where existing NHS sites cannot be used. This work will be covered by our existing SLA arrangements.

Our employment services are on standby to process any additional volume of recruitment and payroll applications although the numbers on this have yet to be confirmed by Health Boards. |

	We are represented on the National Project Board and we will use this main group to inform our own planning assumptions. There are many variables and differing approaches being adopted by the Health Boards, so difficult to forecast costs with any accuracy now.
Flu Vaccination Programme	Our Health Courier Services are supporting Trusts, Health Boards and Primary Care services to deliver the Flu vaccination to staff and the wider population. As an employer we are currently working with Health Boards across Wales to enable our staff to have access to their Flu Vaccination Programmes.
Internal COVID-19 outbreak precautions	We fully recognise that this is a challenging time for all our staff. It is likely that some will be suffering from 'COVID-19 fatigue', as this pandemic encroaches into all aspects of their work and family lives. We have invested in IT equipment and software to enable many staff to work from home where it is possible to do so. This limits the numbers of staff we have on our sites to strengthen our resilience against potential outbreaks. We are working closely in social partnership with our Trade Unions to continue to promote and uphold the WGovt guidance and Regulations. We have revised and updated our Safe Systems of Work on Social Distancing guidance to take account of the most recent changes. This sets out what to do if you or a member of staff tests positive. A copy is attached as **Appendix C**. Our key messages are: • continue to work from home if you are able • if you have any symptoms (cough, fever, loss of taste / smell) do not come to workplace and follow the self-isolation guidance • if in workplace and start experiencing symptoms follow PHW Guidance, which currently states

	- get at least 2 metres away from other people - go to a room or area behind a closed door, such as a sick bay or staff office - avoid touching anything - Cough or sneeze in a tissue and put in the bin or if they do not have tissues cough and sneeze in the crook of your elbow - use a separate bathroom from others if possible - go home (safely) and self-isolate - Follow the Test, Trace and Protect process - https://gov.wales/test-trace-protect-process-summary

New ways of working

We have summarised below the areas of service redesign and transformation that we had in our IMTP 2020-23 and have accelerated as part of our response to COVID-19:

Agile Working Strategy	
	• Within days we saw most of our workforce move to a temporary home-based working model, and more flexible opening hours to our sites. We have in recent weeks surveyed those staff who were asked to work from home on their experiences over the last few months. They have been largely positive, with a clear appetite to retain a more flexible and agile working approach for the longer term.
	• An ambition to move towards more agile working methods was already included within our IMTP; there is opportunity to create more certainty on timeframes, environmental and potential re-investment benefits.
	• We have commenced work to develop an Agile Working Strategy **'Work is an activity we do, not a place we go'**. This draws upon the summer staff survey results and follow up focus groups with staff which we ran during July. The strategy will need to apply to all aspects of our workforce and is not simply about working from home. The target completion date for the draft agile working strategy was August 2020 and this was achieved.
	• We will explore the implementation of agile working across all aspects of NWSSP including the workforce model, culture, technology and associated space requirements. We aim to reflect and retain the high trust working relationship and innovation following the change initiated because of the COVID-19 pandemic.
	• Agile working is not prescriptive, and the strategy was a starting point to empower our people to adopt new ways of working. We intend to commence this approach in January 2021, subject to government restrictions in place. We will continue to learn and adapt to our environment and utilise an incremental approach to both agile working practices and our working environments.

	• We are also part of the National Agile Working work streams being taking forward by NHS Employers and TUs.
Review of NWSSP contact centres	• We have multiple contact centres operating independently, based at our offices across Wales: answering customer enquiries and resolving problems by phone, email and through social media channels. • The impact of the COVID-19 pandemic has identified opportunities to bring forward in our IMTP a review of our contact centre arrangements. This builds on an internal audit advisory report completed in 2019-20 and will help strengthen our resilience for any future emergencies. • Whilst each Division currently has customer service as a core component of the delivery model, a streamlined approach to contact centres across divisions will assist in improved staff and customer experience, more efficient complaints/dispute resolution, and support management with greater quality assurance and consistency of reporting. • We have commenced a feasibility study to look at the potential benefits of a virtual centralisation of the NWSSP divisional contact centres, to provide a single point of contact for all customers. • Next steps are to establish current and future service requirements, alongside a specification system requirement review, to commence project implementation early 2021.
Rapid roll out of Microsoft Office 365 (MSO365) across all services	• The Windows 10 upgrade project has restarted, and machines will be downloaded with latest version of MSO365. Completion is estimated to be by end of December 2020. • Migration of shared drives to share point has begun and it is expected to have three pilot departments and three early adopters migrated by December 2020. As departments move

	between phases of migration, other departments will join the process, ensuring a continuous migration. • Pilot departments are working with project team (both NWSSP and NWIS) to devise a support model for Share point. Business change has recruited 93 digital champions across all Divisions NWSSP. Training and overview sessions began in Oct and will run for a month. Overview sessions of MSO365 and TEAMS for each department will run across Qtr. 3. • Training needs analysis of each department will ensure that appropriate training is given to departments with the support of the digital champions. • Audit and Assurance have established a working group to explore the utilisation of MSO365 as an innovative way to replace our existing audit software.

Additionally, we identified areas of service that have been developed as part of the NHS Wales response to the COVID-19 pandemic that we need to continue to evaluate whether they may have a positive impact for the longer term. This in turn will lead to a decision on whether to continue, adjust or stop the changes made.

Temporary Medicines Unit	• Building on the back of the existing Transforming Access to Medicines (TRAMS) project it was agreed with WGovt and the Chief Pharmaceutical Officer for Wales that IP5 would be the location for the Temporary Medicines Unit (TMU). • Temporary medicines Unit (TMU), the build of "clean room" is physically finished and will be open for service in November. • Technical Agreement with the Health Boards for supply of medicine was approved at Shared Services Partnership Committee (SSPC) in July.

	• Much of the planned workforce are now mobilised on site at the TMU. A small number of additional posts will be appointed, to improve planned productivity. • We will need to align this TMU project with our longer-term Transforming Access to Medicines (TRAMS) Programme. • It is increasingly likely the need for the TMU will now extend into 2021/22, given the trajectory of the pandemic at this point in time, but we have not yet quantified the associated costs.
Employment Services	• We have invested in ICT equipment since Q2 to enable most employment services teams to work from home, this agile approach will improve resilience across the teams but also support our longer term agile working approach. • We are continuing options to enable our helpdesk and contact centres to move to a home working model and will be piloting a softphone licencing option in October and early November. If successful, we could roll out to a potential 130 users to enable them to work in a more agile way. • COVID Hub Wales (CHW) is an IT solution developed and operated by GP Wales, a third-party supplier, at the request of WGovt, with administration support by NWSSP. The system offered us the ability to capture the data for the GMC / NMC / HCPC returners and volunteers and manage their journey to a post in NHS Wales. It also allowed us to manage the bulk deployment of the students at volume and pace as they were brought into the Workforce across NHS Wales to support the pandemic activity. • The COVID hub tool sits alongside the established systems of TRAC and ESR, and the use of NHS Jobs 2 for advertising vacancies. Health Boards have also developed their own ad-hoc systems for managing temporary workforce, which has also been done alongside CHW. Integration and reconciliation between the various systems has been an ongoing task which

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	has consumed considerable resource.
Palliative care	• Our Health Courier service implemented a pan Wales operational palliative care service operating 24/7. This has enabled a pharmaceutical response anywhere in Wales within 90 minutes. • Terminal patients have had access to palliative medicines at their greatest hour of need without undue delay.
SMTL	• Developing a strategy for expansion of testing capacity and breadth of testing to include surgical facemask, face coverings and viral penetration of PPE/medical devices. Continued discussions with stakeholders to complete a business case for funding required to enable purchase of new equipment, additional space on Princess of Wales (PoW) site and staff members to support testing, whilst working with local welsh suppliers supporting the foundational economy. SMTL ensure the service is legally compliant with relevant UK quality standards by aligning with the accreditation standards. • Face Mask Testing – This is a new services area driven by the clear demand for surgical mask testing to be undertaken locally for NHS Wales and newly established Welsh Industry in order to avoid sub-contracting to the US or other parts of Europe. Continued discussions with stakeholders to complete a business case for funding required to enable purchase of new equipment, additional space on PoW site and staff members to support testing. This is estimated to be in the region of £200,000, but there are WGovt 75% (EU State Aid Framework) grants available until Dec 31st, 2020. • Underwent a virtual UKAS inspection utilising Android tablets to video testing and worksheets and a read-only shared drive with the inspectors for QMS documents.

	• We continue to support the foundational economy and work with our local Welsh suppliers in the accreditation process to ensure compliance with recognised quality standards.
Specialist Estates Services	• We have recently been instructed by WGovt to commission and manage Healthcare Planners as part need for external support to provide a strategic planning piece of work for Primary Care. A specification has been agreed by the Health Minister, additional funding is also to be made available to SES for this commission, but this has yet to be confirmed.
	• We supported Health Boards, Trusts and the WGovt in the establishment of field hospitals during the first COVID-19 wave in March, April and May. In Q3&4 our activity from an engineering perspective will include mechanical and electrical system verifications, supporting the development of the COVID-19 testing laboratories at IP5 and more specifically providing advice and verification on specialist ventilation systems.
	• Significant progress was made in Q1 and Q2 in assisting our customers to improve oxygen flow capacity in order to meet clinical demand due to the first COVID-19 surge. Following recent approval from the WGovt we are now to fulfil the role of Regional Estates Lead (Oxygen). This will include coordinating and reviewing Health Board requests for oxygen equipment and plant providing technical appraisals for decision-making purposes and working closely with the Department of Health, BOC, Procurement Services and Health Boards to ensure closer collaboration.
	• Our decontamination team will continue to support the project looking to use sterilisation processes to wash and then reuse disposable PPE.
	• Our property team are involved in regularising the occupation of the two laboratories at IP5 and are supporting the obtaining of planning permission for the same which is expected to run until mid-2021. Involvement in the TRAMS project is also anticipated.
	• Our fire safety team will support the field hospitals with planning advice and risk assessment support. Fire risk assessment activity will also continue at IP5.

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	• We are working with Aneurin Bevan UHB in preparation for review of the benefits of modern methods of construction at the Grange Hospital. • We will provide construction contract, cost management, property, engineering design, and estate management advice to PHW regarding the COVID-19 testing laboratories at IP5.
Legal and Risk Services	• We will be setting up virtual training events for our staff and clients including virtual work experience. By holding the training events online, we can be more accessible to a wider audience. • We have provided additional advice and guidance to GP practices through our GMPI team, responding promptly to all their queries. • We will continue to embed the new Existing Liability Scheme on behalf of WGovt throughout Q3&4 in readiness for full transfer of claims from the three Medical Defence Organisations by 1 April 2021. The MDDUS transfer took place on 1 July 2020, 9 months earlier than initially planned.
Medical Examiner	• Development of digital transfer of notes between hospitals and offices in order to improve efficiency and reduce COVID-19 transmission risk. • Develop Webinar Training Programme for Medical Examiners (MEs) and Medical Examiner Officers (MEOs) in order to develop knowledge, skills and sense of belonging. • Establish scrutiny process for non-acute deaths in order to ensure full coverage capability by March 2021.

Primary Care	• A remote means of carrying out primary care Post Payment Verification checks has been put in place as a new way of working. Teams are able to continue to provide ongoing assurance to Health Boards through the introduction of self–assessment toolkits.
	• We have made substantial investment into ICT equipment and software to enable more staff to work from home which will also support our longer term agile working approach.
	• We have invested in BOMGAR licencing to enable the secure processing of prescriptions and other claims remotely.
	• Maintaining contractor data flow to inform and support the supply and distribution of PPE to all contractors within Primary Care setting.

Essential Services

We have reviewed the Operating Framework Essential Services technical document. This primarily relates to direct clinical service provision (cancer services, diagnostic and imaging services, organ transplant services, mental health, screening services and rehabilitation care) so there are no direct implications for our Q3&4 Plan.

Instead, under this section we have set out our key services on which the Health Boards, Trusts and WGovt rely to ensure the smooth delivery of those services set out above.

Year 1 of the NWSSP 2020-2023 IMTP has been reviewed by all Divisions and by exception, key matters are summarised below:

Audit and Assurance Services	- Audit plans for 2020/21 have been reviewed and updated for all NHS organisations and will be subject to further review during the autumn to consider emerging risks and service pressures. - An approach is being discussed in readiness for spring 2021 with Board Secretaries regarding the future methodology for audit planning and the annual audit opinion, as well as how we deliver our 2020/21 work, considering any impact on service delivery due to COVID-19. This approach will also be discussed with Audit Committee Chairs. - The rapid review of governance arrangements during the first wave of the pandemic has been completed and reported. We are now co-ordinating bringing together the key messages from our review with those from reviews undertaken by the Finance Academy, Finance Delivery Unit and the WGovt commissioned review of five field hospitals. - Work will continue to establish Audit and Assurance arrangements for Digital Health and Care Wales, and if appropriate for the NHS Executive.

	• Most other elements of the approved IMTP remain on target, apart from a small number of areas including aspects of our training strategy, working in partnership with the wider public sector and providing insight and consulting support. Plans are in place to deliver these early in 2021/22.
Procurement and Health Courier Services	• Delivering the savings strategy and associated savings plans which have been agreed with Health Boards and Trusts. • Delivery of PPE Winter Protection Plan (refer to **Appendix B**). • Winter Flu Preparation including PPE and Vaccination programmes. • Realignment of Procurement Services, as part of our workforce resilience planning – e.g. PPE Category Team, integration of supply chain and Health Courier Services structures and delivery of new operational service model and new Associate Director posts. • Launch of our Engage for Excellence Programme, a collaborative strategic plan for Workforce and Quality which will see several initiatives aiming to support A Healthier Wales transformation through our approach to people and our work. • Launch of Scan4Safety Project with first Project Board in September 2020. System provider contract award is planned for Q4 20/21 and roll out to all Health organisations by Q3 21/22. • Continue to develop IP5 National Distribution Centre business case. • Renewed drive to embed Value Based Procurement (VBP) activity. Case studies and learning are shared through the Value Based Procurement Steering Group and Community of Practice. Training materials are being developed by working with Finance Academy and will be made available to staff through an Electronic Staff Record training package. Procurement Services will continue to actively engage with the National Value Based Health Care Programme and planned events such as 'Value in Healthcare'. On course to achieve

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	minimum of 1 new VBP project delivered by each team by end Q4 delivering savings, process efficiencies, improved patient outcomes and experience.
	• Roll out of AdviseInc Procurement Dashboard to Health organisations with historic data made available to the invoice value of £8.4 billion across 4.1m invoices will take place in Q3.
	• Procurement Services will continue to monitor workforce capability to support new ways of working including the ability to work remotely both protecting staff and enabling their wellbeing.
	• EU Transition preparations including participation in National Supply Disruption Response Operational Readiness Testing, increased stock holding of critical items, supplier preparedness exercise and re-mobilisation of our Supply Disruption Support Centre. We are working with suppliers and homecare providers to understand the position in relation to key drugs to ensure sufficient stockholding.
Primary Care Services	• Maintain responsive and flexible process which support the entry of contractors into NHS Wales via the Performer List processes.
	• The new family Practitioner payment and patient registration development is due to go live in the next quarter – anticipate dual running for Quarter 3 and go live in Quarter 4, involving significant joint working with BSO.
	• Collaborative working with WGovt legal team to enable Dental Regulation changes to support Single Lead Employer arrangements before 1 Dec 2020.
	• Commence the development of an All-Wales work package to support Health Boards with major GP Practice changes e.g. splits, mergers, closures.
	• Enhance data provision across all contractor professions processes in order to deliver workforce and activity data / information analysis on behalf of WGovt to support and inform

	critical COVID-19 planning. • Implement new ways of working, including the Launch of Hybrid Band 3 officer role to support agile working arrangements and respond to changing service demands across 3 teams within Engagement and Support Services. We have done this in order to maintain contractor payments to all four primary care contractors during the pandemic and respond to changes in Regulations to support recovery phases and further waves. • Restart intake and provision of Patient Medical Records (PMR) storage and scan service in order to further support GP practices with their estates and sustainability issues.
Specialist Estates Services	• An NHS Wales carbon footprint exercise in conjunction with the Carbon Trust has recently been completed and issued to the service. A carbon strategy is in the process of being produced and will be issued in Q4. • Further work on a study of clinical waste capacity will also be completed in Q3&4. • Continued support and advice have been provided to WGovt with regards GP sustainability along with specialist advice given to WGovt on the revision of the Premises Cost Directions (issued on 4th June 2020). Support was also provided to GMS COVID-19 guidance. • Advice provided to WGovt on Improvement Grants (IG) for 2020/21 and IG monies have since been released with relaxed conditions. Health Boards have discretion on the schemes to support. • Engineering activity has almost returned to business as usual with staff travelling extensively across NHS wales in order to deliver validation and verification services. Work however is still ongoing supporting the remaining field hospitals and identification of premises for the COVID-19 vaccination programme.
Digital Workforce Solutions	• Maintain ESR & Learning at Wales business as usual as well as supporting COVID-19 developments including developing rapid tools and e-learning materials e.g. vaccination,

	Covid Risk Assessment etc.
	
	• Maintain full ESR & Learning @Wales helpdesks supporting end user access.
	
	• Monthly provision of ESR data to Welsh Government Technical Advisory Cell (TAC) cell to continue to monitor Covid -19 spread and impact, and monitor Risk Assessment completion.
	
	• Support 3 Mass Organisational Change Processes in ESR:
	    o Aneurin Bevan Health Board staff moving to Llanfrechfa Grange new hospital – set up of new hierarchies and data in existing ESR architecture.
	    o NWIS staff transfer to the new 'Digital Health and Care Wales' organisation – creation and population of new organisational structures and employees.
	    o Core NWSSP staff to transfer to new VPD already hosting Collaborative Bank and Single Lead Employer hierarchies to enable all NWWSP reporting and payments to be in one place.
	
	• Commercial Procurement to create a "Once for Wales Solution" to harmonise NHS Wales contract arrangements and renewal dates for:
	    o COHORT Occupational Health System
	    o E-Rota Monitoring system
	    o All Wales e-Rostering solution
	    o Community Nursing Scheduling Tool
	    o Nursing Agency Framework contract renewal
	
	• Support NHS Wales to implement workforce data standards to improve workforce reporting.

Surgical Medical Testing Laboratory	• SMTL medical device testing continues to support procurement decisions to ensure compliance with relevant standards.

	• SMTL defect and incident work is continuing to ensure that unsatisfactory products are brought to the attention of procurement, the regulators (MHRA) and manufacturers. • Assessment of certification and test reports for PPE during COVID-19 continues and is necessary to ensure that Procurement Services are purchasing PPE which provides appropriate and adequate protection for NHS staff in Wales.
Accounts Payable and E-enablement	• AP continue to support suppliers by ensuring the cashflow and prompt payment of invoices. AP have processed 807,803 invoices up to the end of September with a value of £3 billion. The represents a £1.1 billion increase in value compared to the same period for 2019/20. • AP & Enablement have maintained pre-COVID-19 service arrangements right throughout Q1 and Q2 supporting numerous projects e.g. PCS Payments, OCR Email software, NWIS Build etc. • Only one organisation failed to achieve Non-NHS PSPP in August. The cumulative YTD Non-NHS PSPP figures show that 7 out of 11 organisations are exceeding 95%. Where organisations have not achieved the cumulative 95% target, this is down to local issues within organisations e.g. delays in nurse agency, delays in receipting and delays in authorisation. It is anticipated that all organisations will be exceeding Non-NHS PSPP by Month 10. • To support cash flow to suppliers during COVID 19 we have relaxed the matching rules for purchase order invoices up to £500 excluding VAT. This was in response to the Cabinet paper PPN/02 and complements the Foundational Economy work that the Deputy Minister for Economy and Transport recently presented to the Finance Academy Masterclass. As at the end of August, AP had processed 30,622 transactions with a value of £5.2 million. This represents 0.2% of total spend.

	• Since April 2020, AP have been requesting credits that have not captured on Oracle but appear on the top 200 Supplier Statements. To date the credits requested are in excess of £1.2 million.
Employment Services	• We plan to investigate the viability of undertaking Pre-Employment Checks (PEC) virtually rather than seeing original documents, and then build this into the Trac Recruitment System so candidates can book their ID check via Trac. • We will continue to react positively to support changing Health Board requirements to support the pandemic whilst ensuring business as usual is maintained for core Recruitment activity. • There is a planned migration of NHS Jobs 2 to an updated version (NHSJ3) which will occur in February 2021 which we will be managing and supporting within NHS Wales. • We plan to analyse our existing payroll operating procedures to facilitate the agile working model. This may offer up opportunities to provide some services at weekends and in the evenings. • We plan to review the use of Microsoft Teams to facilitate our pension service rather than through face to face contact with employees. The Pension team are also closely monitoring the outcome of the McCloud consultation and the potential demand when remedial action is required. • The impact of post Brexit changes in Right to Work parameters will be introduced within a new working model. Home Office to confirm the process and requirements once determined by UK Government.
Legal and Risk Services	• Demand in all areas of Legal and Risk has increased, and we expect a future increase in clinical negligence claims, inquests and requests for advice in respect of concerns. Some COVID-19 related inquests and clinical negligence matters have begun to trickle through to us.

	• Continue to ensure maximum savings are delivered on Claimants' legal costs as a result of accurate work and good negotiation.
	• Continue to provide comprehensive litigation, risk management and general advisory assistance at low cost to the service.
	• Continue the use of Bank support to assist NHS organisations with their Welsh Risk Pool investigations and oversight. This will allow for the flexibility to scale up and reduce according to demand profiles.
	• Continue to work with NWSSP Employment Services and the WGovt to support implementation of Locum Hub Wales in conjunction with the All Wales Locum Register to provide GP locums with access to GMPI indemnity for their in-scope primary healthcare services and to maintain service levels.
Single Lead Employer Services	• Foundation Doctors, Foundation Dentists, Pre–registration Pharmacists, Specialty Paediatric Trainees and GP Trainees are all now employed on the Single Lead Employer Model as of 30th September 2020. Roll out programme developed for remainder 2020 which will include the on boarding of a further 357 trainees from a number of different specialties.
	• Carry out pre-employment checks (on boarding) and ensure they comply with NHS Employment Checks standards. Confirm to host organisations that all these checks have been completed satisfactorily.
	• The Risk Assessment tool has been issued to all GP trainees and IFYear1 for completion with their local Educational Supervisors. We are monitoring responses closely especially for higher risk groups.
	• Work with Host Organisations to streamline induction process for Pre-Registration Pharmacists, Doctors or Dentists in Training through economies of scale

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	- NWSSP will provide access to all NWSSP mandatory training requirements for the Pre-registration Pharmacists, Doctors or Dentists in Training via an individual ESR link https://my.esr.nhs.uk/dashboard/web/velindre-nhs-trust. - Provide access to occupational health self-referrals and management referrals for Pre-Registration Pharmacists, Doctors or Dentists in Training during their employment with the lead employer. This should include access to counselling and employee wellbeing programmes. - We are planning to utilise robotics to upload sickness absence information onto ESR relating to trainees. - Work in partnership with the Professional Support Unit (HEIW) to ensure that appropriate and timely support can be offered to Doctors or Dentists in Training. - Ensure Pre-registration Pharmacists, Doctors or Dentists in Training have access to our Health and Wellbeing Services. - Work with Host Organisations to streamline induction process for Pre-Registration Pharmacists, Doctors or Dentists in Training in through economies of scale. - Provide advice on all queries related to the Pre-Registration Pharmacists, Doctors/Dentists in Training terms and conditions of service and contract enquiries in accordance with the relevant policy. - Provide senior level workforce management support and guidance for all operational and complex workforce management issues. Advise Pre-Registration Pharmacists, Doctors/Dentists in Training, Host Organisations and HEIW on relevant employment policies including All Wales NHS Policies and Procedures, Upholding Professional Standards (Wales).

	• Pay Pre-Registration Pharmacists, Doctors/Dentists in Training in line with terms and conditions of service including appropriate banding. • Ensure that appropriate payroll deductions are made to trainees' salary.
Medical Examiner Service	• Establish organisational structures to deliver the Service. • Continue to develop and embed local Hub Office systems and structures in order to ensure efficient and effective outputs. • There have been a few challenges identified during this non-statutory phase of the service, which we are working through with the Programme Board and stakeholders. • Continue to provide Death Certification Hub function to Health Boards in order to reduce avoidable duplication and improve consistency across Wales. • Challenges identified and working on resolution processes, a key challenge working with Health Boards as not a mandatory stator body.
Counter fraud services	• Maintain the impartial reactive investigation service and the provision of key guidance on economic crime issues to Health Boards while mostly working remotely. • Set up and manage regular phone liaison and virtual meetings with all key stakeholders to ensure that the smooth delivery of services is maintained and that any potential issues are identified and resolved at the earliest opportunity.
CTeS	• We plan to deliver new ledger build for NWIS, supporting implementation, transition and early life support. The implementation date has moved to end of December 20 due to data not being available from the new organisation, for instance tax and bank account information.

- We have implemented an All Wales technical enhancement to make the receipting process easier – one click receipting email alert for requistioners.

- We are developing a proposal to allow access to Oracle E-Business Suite system by remote users without the need for VPN tokens.

- Designed, delivered and enhanced a QlikView 'Once for Wales' Budget Holder Business Intelligence Dashboard.

- Directors of Finance and STRAD have agreed to delay the planned Oracle upgrade to Oracle to July 2021 and have signed off the Business Case. Detailed planning is underway. The upgrade will ensure we remain on a supported platform but also there is an opportunity to review new functionality which may add value.

- FMS Services Horizon Scanning Workshop being planned for 10th November to include the following themes:
  - New features and functionality in Oracle R12.2.9
  - Roadmap to Oracle Cloud
  - Future BI Services to include the Power BI PoC outcome
  - Leveraging Artificial Intelligence and Machine Learning

It is anticipated that the session will be attended by Finance, Procurement and Supply Chain colleagues across Wales, including the Finance Academy.

- Installed the Security Information and Event Management analytics tool with the first automated System vulnerability report being presented to STRAD in November.

- Detailed planning and risk assessment documentation for the Oracle All Wales Disaster Recovery Business Continuity annual test for all FMS Services was completed. However, the activity was deferred due to dependency on Supply Chain access to Oracle to support COVID-19 PPE urgent deliveries. We were also planning to complete outstanding essential

	maintenance at this time, but this too has been delayed.
	
	• Supporting other unplanned activities:
	    ○ NWIS led Power BI PoC, Scan4Safey developments, Warehouse handheld replacements.
	
	• Most 2020-21 IMTP deliverables remain on target apart from:
	    ○ ISO27000 and Information Security Accreditation and ISO20000.
	    ○ Intelligent Automation solutions.

Collaborative NHS Bank	• Maintain Collaborative bank with further review to expand – recruiting and paying bank staff across NHS Wales organisations. Expansion discussion with other Health Boards ongoing. • Continue to support recruitment including Disclosure and Barring Service/professional registration checks /Occupational Health Screening to ensure workers have the required compliance to work within NHS Wales. • Continue to facilitate weekly payroll for Collaborative Bank Partnership workers, working in partnership with NHS Wales in the management of any concerns or complaints relating to Collaborative Bank workers. • Support and resolve technical issues with Health Boards and Software providers. • Consider and prepare for of collaborative bank model roll-out to other staff groups such as Health Care Support Workers / Allied Health Practitioners – 2021 work programme.
Laundry Services	• The Laundry Transformation Programme Business Case was approved by the Programme Board on the 18th June 2020 and formal staff consultation ended on 10th July. The PBC was subsequently approved by the NWSSP Partnership Committee at its meeting on 23rd July.

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	- The Committee had previously agreed to defer the TUPE transfer of staff from October 2020 to April 2021 due to the coronavirus pandemic. - The PBC is now being scrutinised by the WGovt. - Transferring the whole service, with the continued provision of linen for NHS Wales from April 2021.
National Distribution Centre (IP5)	- Welsh Govt have invested in our facility – our Warehouse at Imperial Park, Newport (known as building IP5). This facility has assisted us through COVID-19, as without it we wouldn't have the room to being in roughly 900% more items of stock than we had previously. - Going forward, the facility will enable us to deliver our projects including Value Based Procurement and scan for safety, this will also enable us to continue to increase the range of fast moving consumables to all of our customers, leaving clinicians more time to deal with clinical duties.
Scan for Safety	- Working with WGovt's Scan for Safety Wales Project Board, undertake a market assessment and supplier selection to determine an industry partner to provide an Inventory Management System (IMS) to support the Scan for Safety Wales Programme. - The IMS will utilise GS1 standards and be interoperable with existing systems across NWSSP, Health Boards and trusts in Wales, allowing for real-time identification of stock location, including tracking to patients to allow for rapid recall should it be necessary. - The process will run during Q3 2020 and allow the Project Board to award to a supplier during Q4 2020. The longer-term aim is to have the system present in all health orgs across Wales by end of Q3 2021.
Welsh Infected Blood Scheme	- We have continued to support the beneficiaries of the WIBSS throughout the pandemic. This includes the developing psychology service that started in 2019.

	- The main concern of beneficiaries continues to be the lack of parity in payment rates when compared to the other home nations. This has been raised with the WGovt policy lead. - We are preparing our latest evidence submission to the Infected Blood Inquiry.

Primary and Community Care

Our Primary Care Services (PCS) meet on a regular basis with the National Programme Director for Primary Care and National Clinical Lead for Primary Care, Directors and Heads of Primary Care and WGovt professional advisors. Providing updates on the provision of all our services and discussions on how PCS may be able to support the priorities outlined in the table in the guidance document. Examples of actions undertaken to support those priorities include:

1. Maintenance of payments to all four primary care contractors to help ensure continued service provision.
2. Continued provision of audit reports to Health Boards for assurance around claims and payment veracity.
3. Provision of data and information in relation to services and activity in primary care to help inform planning.
4. Provision of information on PPE requirements in primary care to support service delivery.
5. Simplifying the process of registration of practitioners onto the Welsh Performers Lists to allow quick deployment of suitable staff to front line services.
6. Patient de-registration and registration to allow primary care service provision to be maintained for those affected by Practice closures.

Many of our other Divisions also play an important part in supporting Primary Care and Community based services and some examples are set out below:

Audit and Assurance	• Individual audit plans will include coverage of primary care and community services where identified through our risk-based approach. • Coverage of expenditure for the independent primary care contractors is covered annually through the NWSSP internal audit plan.
Specialist Estates -	• From Q3 on our Principal Property Surveyor (Primary Care) will attend the regular Health Boards Head of Primary Care meetings to provide property related advice and guidance.

Digital Workforce	• Enable COVID-19 Workforce Risk Assessment to be available to GP Practices and Care Homes via Learning@Wales. • Our Temporary Staffing sub group explored the supply of healthcare support worker (HCSW) staff group to nursing homes during Q2. Some good progress made with BCU and HDU alongside helpful legal advice from our Legal and Risk service. The two Health Boards to take this forward for themselves in Q3&Q4.
Employment Services	• We will further develop the model to support Primary Care recruitment by utilisation of the Workforce reporting data and utilisation of Student Streamlining. • Wales National Workforce Reporting System ensures good quality, validated workforce data is available for all GP Practices in Wales • We will be ready to support GP Practices following the outcome of current process mapping activity to react to new Immigration rules and the impact of the McCloud consultation
Legal and Risk Services	• Continue to support GP practices and Health Boards in Wales to ensure there is clarity and support surrounding the indemnity arrangements in place for the: - Delivery of primary care including urgent primary care and remote consultations and other new working arrangements. - Engagement of contractors for the administration and provision of vaccination and additional in-scope primary healthcare services. • Continue to develop a governance system around learning from events which co-ordinates shared learning between primary and secondary care.

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	• Continue to work with NWSSP Employment Services and the WGovt to support implementation of Locum Hub Wales in conjunction with the All Wales Locum Register to provide GP locums with access to GMPI indemnity for their in-scope primary healthcare services and to maintain service levels. • Continue to provide support and assistance to GP Practices with responding to patient concerns and to provide virtual training on the Putting Things Right process.
Procurement and Health Courier Services	• A wide range of services delivered to primary care and in community settings: • Flu Vaccination Programme support. • COVID-19 Vaccination Programme support. • PPE delivery to care homes. • PPE delivery to Primary Care contractors (GPs, dentists, community pharmacies and opticians). • Testing samples delivery and retrieval support. • Ongoing HCS support for all Primary Care contractors (GPs, dentists, community pharmacies and opticians). • Lighthouse Lab – COVID-19 testing lab established in IP5.
Specialist Estates Services	• Our property surveyors continue to support the development of pipeline primary care facilities.

Working with Partners

Procurement services	The PPE Winter Protection Plans has been shared and discussed with the following stakeholder groups: WGovt, Critical Equipment Requirements Engineering Team (CERET), Social Care, All Wales Peer Groups including DoFs and CEOs, PPE Executive Leads Group, Primary Care and Welsh Local Government Association. Below are additional examples of partnership working aligned to joint priorities for us and our stakeholders: • SLA signed with WLGA for provision of PPE to Social Care. • Working with Primary Care to identify PPE service improvements building on lessons learned. • Taking part in PPE Executive Leads Group meetings to identify and resolve issues. • Working with National Procurement Service and Life Sciences Hub to agree a standard approach for the procurement of PPE for all NHS & Social Care organisations in Wales. Once agreed NWSSP will lead on formalising the contractual route for critical product lines. • Working with Public Health England to secure stock of COVID-19 supportive medicines in preparation for second wave. Meetings held with Life Sciences Hub, commissioned to assist Welsh Business embrace value-based healthcare and access to NHS Wales, to ensure consistent messaging.
Audit and Assurance	• A subgroup of the Board Secretaries Network has been established to further support the development of our future audit approach for both the annual audit opinions and audit plans. • A paper had been submitted to WGovt Governance group to support updating the requirements for mandated internal audit work.

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	• The development and delivery of Integrated Audit & Assurance Plans is continuing for major capital transformation schemes. • There is ongoing liaison with Audit Wales regarding the delivery of specific audit assignments and the development of our future planning approach.
SMTL	• We have in place the staff, systems and procedures, to provide further technical assurance services to procurement for PPE requirements during a second wave, which feeds into local authority PPE availability. • We are working closely with the Life Sciences Hub to support the foundational economy and local Welsh suppliers, supporting local businesses.
Specialist Estates Services	• We will continue to work with our colleagues at NHS England, Scotland and Northern Ireland on common issues included technical guidance and COVID-19 approaches.
Digital Health and Care Wales	• We are part of the Programme Board for the creation of the new NHS organisation for digital services from 1 April 2021. We are also represented on the finance and governance work stream. • We are in the process of confirming the SLA arrangements for our services as well as providing additional support as part of the transition process.
Single Lead Employer	• A Programme Board is in place overseeing the implementation of the roll out of the SLE programme. This includes representatives from NWSSP, HEIW, staff side, professional groups and Health Boards. • We have a rollout plan for the on boarding of Medical, Dental and Pharmacy Trainees to the new Service, and are currently on plan with the milestone delivery. • Regular meetings take place with the Training Programme Directors, HEIW and NWSSP.

Organisational Capacity Plans

Organisationally	As an organisation we have created and utilised new ways of working to support continuation of core services such as: • Agile working strategy, • Early adopter of the roll out of MSO365 and share point, • Call-handling technology pilot scheme, • Expanding the use of virtual classroom in Learning@Wales platform to support virtual learning, • Utilising BOMGAR licencing to enable processing of claims/prescriptions off site We have recorded reduced sickness rates, higher retention rates and seen higher productivity levels as a result of these new ways of working. Moving forwards, we will seek to learn from these new ways of working and establish some permanent/amended ways of working alongside business as usual processes and procedures.
Employment services	• There will be continued support through the recently implemented national workforce data tool and the Locum Hub Wales project, which is now a live hub, to support Primary Care sustainability. • We have been requested to support the retrospective Disclosure Barring Service checks for staff in 2 organisations (CTM and Velindre) in addition to Swansea Bay. • We require Health Boards and Trust to share their workforce plans with NWSSP, so we can assess whether we do need to adapt and change our model of service to support any additional recruitment planned. Short-term recruitment campaigns

	will increase pressure on the employment services supplied to Health Boards & Trusts, to avoid a subsequent knock on effect to recruitment and payroll services we are pro-actively seeking information to support capacity and demand planning.
Specialist Estate services	• Our work to support the development of the field hospitals is complete. Advice and support are being provided regarding the decommissioning of the field hospital facilities that are returning to their original use. • Engineering, property, fire and clinical waste related advice regarding the ongoing use of the remaining field facilities will continue.
Procurement and Health Courier services	• We will be realigning our of Procurement, HCS and Supply Chain Services over this period including the establishment of a PPE Category Team, the integration of Supply Chain and HCS structures, and the delivery of a new operational service model with new Assistant Director posts. This structure review aims to achieve resilience and agility in our systems, whilst maintaining and enhancing effective and efficient service delivery. • We will also be launching our Engage for Excellence Programme, a collaborative strategic plan for Workforce and Quality, which will see several initiatives aiming to support Healthier Wales transformation through our approach to people and our work. • We have undertaken demand modelling and assessed this against the capacity of our teams. In most instances the balances is as required. We are enhancing the numbers available via the bank to ensure we have the resource to draw in as and when demand shifts. We will continue to monitor the picture over the last two quarters and will link with Workforce colleagues on this.

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SMTL	• Viral Penetration Testing for Gloves - Apparatus received but validation required. Delayed due to unscheduled testing related to COVID-19, likely to have to continue into next year. • Assessment of Protein detection devices - Work commitments for COVID-19 have impacted the timeline for this project and this will be delayed. We have discussed an extension to the original contract length. • Technical Assurance (Evidence reviews/ Certification assessments) - It has become apparent that additional resource in this area is necessary to provide technical assurance services and additional testing for PPE for Procurement activity and NHS Wales.
Audit and Assurance	• We will be aiming to recruit further IT auditor resource before the year end to assist with our work at both Digital Health and Care Wales and our increasing IT coverage at all NHS organisations. • An assessment of our service requirements for Quarter 4 indicates that some temporary staff support will be required, in addition to the recruitment of permanent staff, to ensure that we have sufficient audit work completed to be able to give our annual audit opinions at each NHS organisation.
Digital Workforce	• The Digital Workforce Team are heavily involved in the development and roll-out of the All Wales COVID-19 Risk Assessment tool, Track and Trace and Immunisation Modules. The tools are accessed widely across both Health and Social Care Sectors. As a result, helpdesk queries have significantly risen and during Q2, the team were supported by 1 WTE Network 75 student. This student is now moving onto a new placement. Without this additional support during Q3/Q4 it is likely that the team will struggle to maintain BAU on the support desks.

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	• Temporary additional resource will be required in 120VPD to enable smooth transition via MOCP to 043VPD in 2021.
Legal and Risk	• We have introduced a pool of legal Bank staff to support our resilience plans during Q3&Q4. • We are reviewing our Clinical Negligence team structure to ensure best practice is observed to help with increasing workloads.
Medical Examiner	• Each Hub Office is now up to base establishment and the second round of recruitment has been put on hold until early 2021. This means that we have a fixed capacity in each Region (3,000 deaths scrutinised annually) which we will be building towards over Q3&4. • We will integrate the administrative support functions of the ME service into Primary Care Service Division.
Primary Care Services	• Primary care services is able to continue to deliver core services, utilising the implementation of new ways of working and investment in IT equipment and software. Consequently, there is no anticipation that we will need additional resource.
Single Lead Employer	• There is a plan in place to expand the Single Lead Employer Team in line with the roll out programme. A further Band 4 and 2 band 3 staff are currently being recruited to support the roll out programme. The capacity of the department will be closely monitored in line with the expansion plan

Organisational Workforce plans

Local Social Partnership Working	- We secured the support and involvement of our staff side partners at the beginning of our Planning and Response phase of work and continue to work closely with Staff representative colleagues. - Our staff Partnership Forum has been restarted and now occurs on a bi-monthly basis virtually. Our Lead Staff Representative attends our monthly Senior Leadership Team (SLT) meetings. - Employee Relations activity is currently low with few new cases being reported. We are now progressing with those hearings, investigations and review meetings which were paused during Quarters 1 and 2. This will continue in Q3&4. - Our SLT have recently endorsed 'This is our NWSSP'. An initiative to develop and implement strategies for collective and compassionate leadership which result in cultures that deliver high quality, continuously improving services to our customers thus improving patient outcomes. Our approach includes resources that have been developed by Professor Michael West, NHS Improvement, The King's Fund and Centre for Creative Leadership. - We have recruited into a multidisciplinary team of Change Champions from across the organisation who will support Workforce & OD colleagues with this programme and be our ambassadors for compassionate and inclusive leadership approaches. Our work commences using a set of diagnostic and dialogic tools to establish what the culture is in our organisation, where there are strengths and where there are areas to develop. Based on the findings of this phase, we will feedback to SLT and follow up designing and developing initiatives that build on our strengths and address development areas.

Annual Leave	• We continue to highlight to staff the importance of taking their annual leave and have outlined the agreed NWSSP approach, to assist and promote the booking and taking of their contractual annual leave, during the COVID-19 pandemic. We have previously issued guidance to staff. • We will continue to monitor the levels of unused annual leave through ESR and regular reporting to our SMT and send a quarterly report to line managers for them to pick up with team members individually.
Effective training, equipment and supplies	• We have implemented the ESR Risk Assessment Process and continue to monitor compliance via as part of monthly reporting. • We continue to identify those staff who require PPE and provide equipment and training as appropriate. We will continue to provide supplies of sanitiser and wipes to support our approach to infection control. • We have issued COVID-19 specific guidance to our First Aiders and their appropriate use of PPE. • We have re-commenced our learning and education offering to staff through various virtual programmes including induction, PADR, Less Stress, Brilliance at Resilience, Introduction to Mindfulness and our new Leading for Excellence and Innovation programme.
Redeployment	• We mobilised a redeployment register of available people with transferable skills before the end of March 2020. We have approx. 190 staff on our redeployment register, although paused currently, staffing resources can be redeployed at any time to support key services such as stores and supply chain if required. • We have recently consulted Divisions to identify the where additional resources may be required to support during the winter period.

Use of Bank and agency workers	• The COVID-19 response has provided an opportunity for us to consider the way in which we approach the Bank and for us to modernise the service in line with that offered by the Recruitment Agencies.
	• We have seen a 25% increase in our Bank numbers; interviewed and completed PEC checks within three days; and introduced weekly pay to attract more workers on to our Bank. We have moved 40 agency staff onto our Bank between May and September 2020. We continue to advertise for the Bank and broadened the type of bank worker, working at NWSSP to include lawyers and audit staff. We have also significantly increased our driver numbers with specialist licences. We now have more people with the right skills on our bank staffing.
	• We have introduced weekly pay for a bank staff which is attractive to some temporary workers.
	• A new process for requesting such resources has been designed and all requests for additional short- or medium-term resources (bank and agency) are now made through the bank & agency team within Workforce & OD.
Wellbeing and psychological support services	• We have a FAQs page which we launched back in March and we have continued to refresh and update on a weekly basis.
	• We have rolled out a suite of support services to staff using social media, email and intranet.
	• We have many avenues of support for those suffering with their mental health, including our Employee Assistance Programme. We have launched a new NWSSP COVID-19 Well-being Service. This comprises of a Peer Support Service, a Mental Health First Aid Service, and access to a vast range of additional resources. We have also signed the "Time to Change Pledge" on 9th October 2020 and have an action plan in place to support its implementation.
	• During Q3&4 we will be running a series of Virtual Coffee mornings for our staff.

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	- We continue to provide a Peer Support Service for staff to support staff during the Pandemic. This network is to support all our colleagues, at any level, in any role. The aim of the network is to provide colleagues with access to someone to listen and have a gentle conversation to help colleagues understand how they are feeling. There will be complete confidentiality and no judgement, and it is aimed at helping colleagues feel heard and not alone.
Temporarily working from home	- We continue to advise most staff to work from home "temporarily" as part of our response to the current COVID-19 pandemic. Current guidance by the UK Health and Safety Executive (HSE) states there is no increased risk from Display Screen Equipment work for those working at home temporarily. - In order to adequately monitor employees in their homeworking environments, good practice advice and guidance with tips on working from home has been provided on the dedicated COVID-19 Health & Safety intranet page. - From the tips and guidance provided, staff are encouraged to take regular breaks from screens and desks, as they would when in the office environment. In addition, the HSE has set up a YouTube video- 'Temporary Working at Home – Workstation Setup' which they can view at the following link: https://www.youtube.com/watch?v=Af7q5j14muc - For the medium and longer term we are continuing to progress our Agile Working Strategy to incorporate the appetite from staff to work from home beyond this immediate pandemic.
Monitoring and review of key workforce indicators	- Key workforce indicators are monitored on a monthly basis at the NWSSP Senior Leadership Team Meeting. - The report monitors the following indicators, FTE in post, turnover rates, sickness rates, COVID-19 absences, bank and agency usage, PADR, statutory and mandatory compliance, and All Wales Risk Assessment Compliance. A copy of the September 2020 report is attached as **Appendix D**.

Risk Assessment for staff at increased risk	• We continue to encourage all staff to complete the Risk Assessment in our weekly communications to staff. Targeting all our at-risk employees and including our trainees. We have also posted reminders on our information screens at our sites. • We continue to monitor All Wales Risk Assessment compliance.

EU Transition

| Role of NWSSP | The key issues for NWSSP relate to the arrangements for Medical Devices and Clinical Consumables. The key points to note are as follows:

• The internal group with WGovt representation has now reconvened and are reviewing the status of previous arrangements. This group is reporting into both the EU Transitional Leadership NHS Executive group as well as the SRO Group.

• The stock that was built to deal with Brexit is largely intact and whilst some product was used though the COVID-19 pandemic this is being re-established. This links into the wider PPE plan that is being developed. A review of critical care items will be included as part of this.

• The arrangements for the National Supply Distribution Response are being reviewed to include IT connectivity, staff resources and testing arrangements. A series of UK tests will be undertaken, and Wales will participate in these. Details of this are being finalised. Wales are currently running some internal tests like those that took place the last time. A key part of this will be the clinical decision making which will be revisited. The SRO group has asked that this be raised again with Medical Directors to try to agree a way forward. Previously a long list of names had been provided but this was never tested.

• We continue to link into the UK groups and information on supplier awareness and planning are being reviewed. This information is being shared, however, we will re-visit this particularly in respect of Welsh only suppliers.

• Unlike the last time where the supply of Pharmaceutical items was largely via the wholesale distribution route, one of the COVID-19 lessons is around the reliability of |

	this route particularly around some critical drug lines. Discussions are ongoing with WGovt colleagues around the potential to stockpile a range of items. • Medical directors and NWSSP working with wider peer groups to establish a process of clinical support, clinical decision-making including procurement of essential items.
Communications with key stakeholders including Health Boards and Trusts	• Regular updates will be provided to the Shared Services Partnership Committee. • Additional communications will be provided direct to Health Boards and Trusts through the project arrangements set out above.

Stakeholder Management, Communication and Engagement

Staff	• We are engaging with staff members to find out how they would like to balance their future working patterns through a blended approach of using the office and agile working, and what issues we would need to address to facilitate and support this, aligning with our agile working strategy. • We are implementing a Change Champion Programme to develop mechanisms for two-way communication with staff, identifying target groups and utilising technology appropriately to ensure that messaging is appropriate to the target group. • Internal Virtual Engagement event: NWSSP recently held an Adapt and Future Change Staff Engagement Event with Directors and other senior managers, using Microsoft Teams for the first time as a pilot Live Event. Creating opportunity to talk about preparations for delivering our services across Winter, as well as updates on roll out of MSO365, Laundry Services, the PPE response for NHS Wales and results of our Customer Survey. • We have a Single Lead Employee webpage on the intranet which all trainees can access. A welcome newsletter is issued to staff. Communication also takes place via e mail updates, and action point. • Communication via MSO365 and Skype continues to be used, and enables staff to keep in touch with colleagues, customers and line managers.
Staff side	• The TU Chair of our Local Partnership Forum was a member of our Planning and Response Group and is also a member of our Senior Leadership Team and our Adapt and Future Change Group.

	• TU members were invited to our Adapt and Future Change Engagement event, which included information on some of our key services as well as our 'Our People Plan', Agile working strategy and MSO365 initiatives. • As part of the single lead employer programme board we have staff side attendees. • IP5 Project Board has ongoing staff side representation. With Local Partnership Forum Regular updates to WGovt Partnership Forum on COVID-19, PPE and Testing. • We have signed up to the 'Time to Change Wales' pledge to show that we are committing to change the way we all think and act about mental health at work. Time to Change Wales is the first national campaign to end stigma and discrimination faced by people with mental health problems, which is delivered by two of Wales' leading mental health charities, Hafal and Mind Cymru.
Customers	• Our Managing Director and Chair have resumed their regular meetings with the Boards of our NHS partners. • We have continued to provide quarterly performance reports to all our customers throughout 2020-21. • We have kept our customers informed of our work and what we need from them through weekly Chief Executive call, Planning and Response Cells and regular Peer to Peer groups. • SMTL continue to support the Cabinet Office team with advice on standards and testing. SMTL have provided testing services to the UK BUY team operating out of Daventry, to the PPE Reprocessing group, and to manufacturers on shoring as part of the PPEMAKE project.

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	• We continue to, further develop relationships with WGovt Primary care leads, Health Board Directors of Primary Care, professional committees and representative bodies and the National Primary Care Programme.
	• Legal and Risk division continue to hold regular meetings with key customer contacts such as Board Secretaries and Claims Leads via video conference call, advising on the rapidly changing working environment within Health Boards.
	• Accounts payable and enablement team continue to attend local and national P2P meetings and Oracle groups.
	• We conducted a Customer Survey which provided very positive results with high levels of satisfaction indicated which we have reported our findings through to the SSPC. Following this we have created an action plan to ensure we meet the needs of our customers following their feedback. A copy is attached as **Appendix E**.
	• Our Medical Examiner service has continued Engagement Programme activities in order to ensure that service purpose and functions are understood, and that service provision can be tailored to individual health board area circumstances. This includes: Medical Directors, Mortuary Services, Bereavement Services, Medical Records Services, Coroner Services, Registration Services and the bereaved.
Regional Partnership Boards and Public Service Boards and other national partnerships	• SMTL are working with CERET, WGovt and local manufacturers on the on shoring of PPE manufacture, providing testing and consultancy to enable resilience of PPE supply for NHS Wales.

	- Within our Legal and Risk services we are exploring and expanding our professional networks to positively influence change across Wales. Whilst also exploring how we can support RPBs in managing funding and good decision-making. - Digital Workforce Solutions assisted RPBs with NHS Wales Health Collaborative scoping exercise for potential All Wales Endoscopy Service business case. - Digital Workforce Solutions provide a report into the WGovt COVID-19 BAME Advisory Group. - Head of CFS Wales is a member of the HIW inspection review summit and the Counter Fraud Steering Group, frequently liaises with WGovt and the NHS Counter Fraud Authority on services provided to NHS Wales under an annual SLA.
Local Authorities	- We have strengthened our operational and strategic relationships with Local Authorities in Wales because of our response to COVID-19. - Collaborative working with Local Authorities and the WLGA to support the supply and distribution of PPE. - We have been providing expertise and advice as part of our SMTL support to Local Authorities as part of the Deputy Minister PPE group and also on request, enabling them to check certification and provenance of PPE. - Discussions are underway with WGovt on Recruitment support through the NWSSP Student Streamlining programme for Social care and Primary Care vacancies. A pilot project aligned to a single Local Authority is being considered.

	• CFS attends Wales Fraud Forum to represent NHS Wales – this is attended by private and public sector bodies including Local Authorities.
Community Health Councils	• We have no direct relationship with Community Health Councils in Wales currently. • Medical Examiner service has plans in place to build links at a national level to provide clear public messaging on this new service in readiness for 2021-22.

Finance Plans

REVENUE

Our 2020 – 2023 IMTP identified a break-even financial position and included income streams totalling £324.482m. In light of COVID-19 these income streams have been reviewed and a revised quarterly profile prepared for Quarters 3 & 4 which totals £687.036m. This is summarised below with a comparison to the original income profile included in our IMTP:

	Q1 £m	Q2 £m	Q3 £m	Q4 £m	TOTAL £m
IMTP QUARTERLY INCOME PROFILE	72.700	78.870	83.136	89.776	324.482
REVISED QUARTERLY INCOME PROFILE Q3 & 4	183.326	143.103	207.388	153.220	687.036

On the basis that these income streams can be achieved and funded, or associated costs reduced or mitigated where income cannot be generated at this level, NWSSP will continue to forecast a break-even financial position for 2020/21. This will be largely dependent upon the provision of funding for the additional COVID-19 costs for both NWSSP operations and All Wales expenditure incurred.

The movement on each key income stream can be identified from the table below:

	2020/21 £m IMTP	2020/21 £m Revised
WGovt Allocation	60.791	60.791
WRP Income	120.955	120.955
Invoiced Income:		
Health Courier Service	8.135	5.786
Stores issues	38.000	76.769
Relocation expenses	0.960	0.992

	2020/21 £m IMTP	2020/21 £m Revised
ESR 2	2.193	3.043
Depreciation	3.602	3.026
SMTL	0.469	0.578
WIBSS (excluding any parity forecast)	3.403	3.545
Legal & Risk Income Generation	3.217	2.412
Oracle Managed Service Consortium	2.147	1.996
GP Indemnity - future & existing liability	4.899	1.311
Redress	2.700	2.334
Pharmacy Rebate Scheme	6.850	10.320
All Wales Collaborative Bank	1.000	0.250
Medical Examiner	1.595	0.918
SLE - GPSTs, DFT, Pre Reg Pharmacists & CT/STs	52.523	65.126
Laundry	6.524	0.000
Other income:	4.519	10.022
COVID - Primary Care & Social Care PPE		103.542
COVID - NWSSP operational costs		8.098
COVID - PPE All Wales		135.832
COVID - PPE - 4 Nations		37.066
COVID - TTP		11.234
COVID - All Wales Equipment		21.090
Total invoiced income	142.736	505.290
TOTAL NWSSP INCOME	**324.482**	**687.036**

The increase in our forecast income for 2020/21 can primarily be attributed to four key areas:

1. Income to reimburse for COVID-19 expenditure incurred for additional NWSSP operational costs (£8.098m). The year to date costs and forecast of this expenditure against each of the key items is shown in the table below:

Additional COVID-19 Expenditure	YTD to M6	Full Year Forecast
	£m	£m
Staff costs - bank and overtime	1.398	2.945
Staff costs - agency	0.757	1.184
Interim F1s	0.509	0.509
Transportation costs	0.492	1.255
Additional cleaning/equipment/security	0.276	0.560
Distribution of shielding letters	0.052	0.055
External laboratory testing	0.071	0.086
Loss of income	0.000	0.243
Temporary Medicines Unit	0.134	0.928
Oracle Licences/Bomgar Licences	0.073	0.183
Other non-pay costs	0.093	0.150
TOTAL	**3.855**	**8.098**

The total of the forecast COVID-19 funding required for additional NWSSP operational costs has increased since the forecast provided in Quarter 2. This is primarily due to the inclusion of the additional costs of distributing PPE to Primary Care, additional licensing requirements as a result of increased staff in key areas and the facilitation of increased resilience within our Primary Care Contractor payment continuity plans to enable payments to be made by home-workers. These costs have been forecast on the assumption of a second wave in October 2020 and the need to provide additional resource to support this to the end of the financial year. The majority of these costs will be incurred in our Procurement, Supply

Chain and Health Courier Service divisions.

At present this forecast does not include any estimate of additional costs to support the mass vaccination programme or any extension to PPE distribution, due to ongoing discussions regarding the level of support required across a number of our services. The forecast also doesn't include the costs of additional warehousing storage capacity for COVID-19 which are being finalised across North, South East and South West Wales. These will be included in the monitoring returns as soon as the costs are confirmed or can be forecast more accurately.

The forecast currently assumes the full agreed 2020/21 revenue funding for the Temporary Medicines Unit will be utilised. This is being reviewed over the coming months now that the unit is planned to become operational from November. We have identified that there are likely to be ongoing revenue costs associated with this operation that will continue to be incurred and will require funding in 2021/22. We have also identified other COVID-19 costs that will extend into next financial year and are liaising with WGovt colleagues regarding how we highlight these potential funding requirements for future years.

2. Income to reimburse for All Wales COVID-19 expenditure incurred for additional PPE, revenue Equipment purchases and Testing Costs (£308.764m) This is summarised in the table below based on the current purchase orders placed plus two new large PPE orders to support the 24 weeks PPE stock levels identified as required in the PPE Winter Plan.

	YTD	M7	M8	M9	M10	M11	M12	TOTAL
Non stock PPE	76.363	36.550	1.368	1.368	1.823			117.472
COVID Equipment (non capital)	17.568	2.000	1.522					21.090
Social Care & Primary Care PPE issues	36.678	11.144	11.144	11.144	11.144	11.144	11.144	103.542
PPE Forecast - new orders			9.180	9.180				18.360

	YTD	M7	M8	M9	M10	M11	M12	TOTAL
PPE - 4 Nations	36.990	0.076						37.066
TTP (Sampling & Testing)	5.278	1.177	1.153	1.153	0.828	0.824	0.820	11.234
TOTAL	**172.877**	**50.947**	**24.367**	**22.845**	**13.795**	**11.968**	**11.964**	**308.764**

3. Income from Health Boards/Trusts for stores issues for PPE that have been ordered through the usual stock process and which are recharged based on items issued (£38.769m above IMTP forecast). This excludes any PPE items that have been procured through the non-stock route and directly funded by WGovt. They have been and will continue to be issued to Health Boards at zero cost. Annual stores recharges average £36m and this forecast was increased to £38m in our IMTP in respect of additional non-stock items that are now provided through stores. The value of recharges to Health Boards/Trusts for stock items in Q1 & Q2 total £29.915m. On the assumption of continued supply at the volume and value issued in September, the forecast income from stores recharges is included at £76.769m. This is less than the forecast included for Q2 due to an amendment of the accounting for income from intra-stores issues within Velindre which included the PPE issues to Primary and Social Care. These continue to be estimates based on usage and prices to date and are very much dependent upon demand and the continued volatility of PPE prices across global markets.

4. Income from the expansion of the Single Lead Employer (SLE) model (£12.603m above IMTP forecast). The implementation of this model has been expedited from the profile included in our IMTP which forecast SLE income of £52.523m. The revised intake profile with the aim to bring additional specialties into the SLE model during the 2020/21 financial year increases the income stream forecast to £65.126m. This has been forecast from the updated SLE expansion profile proposed in late September and reflects an increase in income over what was included in the Q2 plan. This is the prime reason for the increase in the Medical & Dental WTE profile for the remainder of the financial year.

There have also been some additional amendments to more minor income streams. These are primarily as a result of COVID-19 where income generating services have been delayed or suspended. These have primarily impacted:

- The new Laundry service – the commencement of phase 1 of this service was profiled into our IMTP from August 2020. This has now been delayed until April 2021.

- Extension of Health Courier Services – a number of new services and the associated income was profiled into our IMTP, however due to COVID-19 these have not commenced per the originally planned timescales and some have been delayed until later in 2020/21 or until 2021/22.

- Medical Examiner Service – the rollout of this new service was suspended between April and June 2020. This has impacted the appointment to Medical Examiner posts and the ability to commence the new service. Reduced income from this service is therefore forecast for 2020/21. It should also be noted that there has been a change to the income we can generate from the completion of cremation form fees. There is therefore an increased funding requirement for WGovt to cover the costs of this service in 2020/21.

- Legal & Risk Income – due to the delay in appointing to fee earning solicitors, the additional income opportunities have been limited, however savings in the pay costs have offset this reduction in income.

- All Wales Collaborative Bank – forecast income streams from this new service were estimated at £1m for 2020/21. The impact of COVID-19 has impacted the wider scale roll out of this initiative and together with the limitations on cross boundary working the revised income has been reduced to £0.250m.

All the significant and minor impacts to our income streams noted above are the prime factors for the adjustments to the Net Expenditure tables which reconcile the forecast Income, Pay and Non Pay profiles from the IMTP to the revised forecasts submitted for Q3 & 4.

We continue to forecast the WRP outturn at £120.955m, which will require the risk sharing agreement to be invoked for £13.779m as originally set out in our IMTP. A review of cases at the end of September confirms this is still a reasonable forecast which will be continually updated and reviewed as we progress throughout the financial year.

On the basis that our assumptions for COVID-19 related costs will be funded in full by WGovt and we can achieve our forecast income streams or reduce/mitigate expenditure where this is not possible, we are continuing to forecast a break-even outturn position for 2020/21. This will enable us to provide the £0.750m distribution to NHS Wales that we committed to in our IMTP per the table below:

	2020/21 £m
Income	687.036
Expenditure	686.286
Balance for distribution to NHS Wales	**0.750**

At the close of M6 we are also forecasting to over-achieve our savings target in 2020/21. An element of investment in key NWSSP priority areas such as the Laundry and TRAMS projects will be required over the last 6 months of the financial year and discussions are ongoing with WGovt regarding any net savings that will be distributed.

CAPITAL

The availability of capital in light of COVID-19 represents a significant concern to the achievement of some key areas of our IMTP not only for 2020/21 but also for future years. Following the communication that any capital funding not already included in our Capital Expenditure Limit (CEL) is unlikely to be provided in 2020/21, the ability to deliver some of our key strategic schemes within the original timescales is questionable, due to the dependence on receiving the capital funds. The table below summarises our IMTP submission capital requirements with a revision to current requirements for 2020/21 against a comparison of funding included in our CEL at the close of month 6. This identifies the outcome of the prioritisation exercise we have undertaken in light of the availability of funding and also the ability to implement these schemes within the financial year.

CAPITAL PROJECT	2020/21 IMTP £m	2020/21 Revised Required £m	2020/21 CEL £m
DISCRETIONARY	0.600	0.600	0.600
NHAIS	0.253	0.253	0.253
GP WALES SUSTAINABILITY HUB	0.163	0.163	0.163
TEMPORARY MEDICINES UNIT 1		0.108	0.108
TEMPORARY MEDICINES UNIT 2		0.158	0.158
TEMPORARY MEDICINES UNIT 3		0.271	0.271
COVID19 IT REQUIREMENTS		0.444	0.444
COVID 19 NATIONAL ASSETS & SMTL EQUIPMENT		1.751	1.751
PICKETSTON MEDICINES STORAGE		0.296	0.296
COVID19 - NWSSP NATIONAL ASSETS (BALANCE)		0.161	
COVID19 - ADDITIONAL HCS VEHICLES PPE DISTRIBUTION		0.382	
COVID19 - IP5 RACKING		0.104	
COVID 19 - IP5 LIFT (REQUIRED DUE TO LAB WORK)		0.100	
COVID 19 - BRIDGEND STORES ROOF	0.350	0.410	
VEHICLE REPLACEMENT PLAN - COVID SUPPORT	0.504	0.504	
CASE MANAGEMENT SYSTEM	0.624	0.624	
IP5 ANNUAL DISCRETIONARY REQUIREMENT	0.250	0.250	
LAUNDRY	0.769		
TRAMS	10.494		

Adding Value through Partnership, Innovation and Excellence

CAPITAL PROJECT	2020/21 IMTP £m	2020/21 Revised Required £m	2020/21 CEL £m
SCAN FOR SAFETY	2.661		
PATIENT MEDICAL RECORDS	0.365		
IP5 SOLAR PANELS	0.448	0.448	
NHS STUDENT BURSARY SYSTEM	0.200	0.392	
ACCOMMODATION FOR NEW MEDICAL EXAMINER SERVICE	0.050		
OTHER LOWER PRIORITY SCHEMES	1.567		
TOTAL CAPITAL REQUIREMENTS	19.298	7.419	
SEPTEMBER CEL			**4.044**

In particular funding has been assumed in 2020/21 for three schemes on the basis of previous discussions and submissions to WGovt:

- **HCS Vehicle Replacement Plan (£0.504m)** – a 10 year strategic vehicle replacement business case was submitted in 2019/20 to inform our capital requirements to sustain our HCS and Supply Chain Fleet from 2020 – 2030. This funding has previously been provided annually and the intention was to have funding agreed to implement the defined asset replacement programme. These vehicles are critical to support the delivery of PPE across primary, secondary and social care settings and any delays in replacing end of life assets provides an increased risk to the ongoing supply chain

- **Legal & Risk Case Management System (£0.624m)–** this has received Ministerial approval and a capital funding ceiling limit provided to enable us to proceed to Full Business Case. From previous discussions with WGovt digital colleagues it was our understanding that this funding would be made available when required in 2020/21.

- **IP5 Discretionary Requirement (£0.250m)** – since the purchase of the IP5 Warehouse in 2019 it has become apparent that an additional discretionary budget should be allocated to ensure the capital development and upkeep of this building. This has previously been discussed and agreed in principle with WGovt capital colleagues and an addition to our CEL was anticipated.

In addition to these items we have also requested additional COVID-19 capital funds to make a number of urgent purchases to support our COVID-19 response. These include:

- IP5 Additional Racking - £0.104m – this is required to build additional double deep racking to increase our storage capacity for PPE in our warehouse

- Additional HCS Vehicles - £0.382m – this is in addition to the annual HCS Vehicle Replacement Plan detailed above and is required to increase the fleet size to enable the transportation of PPE across NHS Wales reducing the need to rely on external transport providers

- Bridgend Stores Roof – circa £0.410m – as we approach the winter months the roof on our Bridgend Store requires replacement to not only ensure a safe working environment for staff but to also protect the increased value of PPE stock that we hold in the warehouse and ensure availability of scarce storage capacity. We are currently out to tender for these works which will inform the level of capital funding required.

In addition to these items, for which we believed funding to have been secured, there are some key strategic projects where capital investment will be required to enable these to proceed further. These include the Laundry, TRAMS, Scan for Safety and Patient Medical Records schemes. Following a review of capital requirements for these schemes, and due to the slippage on these projects due to COVID-19, it is unlikely that any capital costs will be incurred in 2020/21. This assumption, however, is dependent upon the pace with which WGovt require schemes such as the Scan 4 Safety project to be implemented and the turnaround and funding approval of any submitted business cases.

Risks to delivery and mitigations

As we transition now into Q3&4 and resume our national programmes the following risks have been identified:

Risk	Mitigation
Lack of staff capacity to adapt to further change.	Where we have moved to new ways of working, we have begun to prioritise and evaluate these for the longer term. We have acted promptly upon the results of our staff survey and intend to re-run the staff survey in November to measure progress against actions taken and also use a means of measuring 'fatigue'. We are monitoring annual leave and rest periods closely. We have provided a range of tools to support staff mental health to adapt to new ways of working. We are looking to refresh these tools as staff more likely to spend time indoors as the Winter days shorten and weather deteriorates.
Lack of staff capacity due to an outbreak of COVID-19	We have put in place wide range of stringent measures to ensure we are compliant with infection protection guidance. We are monitoring compliance with this closely. All risk assessments are up to date and reviewed regularly as national guidance changes. We have put in place a redeployment process that identified skills to deploy staff as required. We have expanded our Bank to have ready access to additional staff if required. We have identified from our lessons learnt, a few critical areas e.g. Investment required into our telephony services to support remote working for helpdesks and contact centres.

Risk	Mitigation
	Current measures seem to be effective. Large numbers of staff are working from home and social distancing measures are in place for those staff who need to continue to come into work.
Service developments cannot be taken forward due to a shortfall in capital funding	We have continued to press with WGovt the strategic importance of many of our capital requirements for this year. We will continue to review our discretionary capital investment programme and have reprioritised our plans in line with this revised Q3 & Q4submission. However, several planned service improvements and new major service developments are reliant on capital investment. The detail of these are set out in the Capital section.
Lack of capacity and expertise to support the intensity and scale of the PPE requirements	The PPE plan has been developed in consultation with key stakeholders and includes the arrangements to distribute PPE to the wider Family Care Practitioners and Social Care sectors. The Welsh Local Government Association have been a key partner in helping us to take this agenda forward with Local Authorities, Development of PPE Winter Plan - presented to SSPC 17/9/20. A SLA between WLGA and NWSSP was signed on 18th September 2020 We are reviewing our existing resources and structures across those Divisions providing PPE support to meet the increase in volume and stakeholder group. We have recruited a data analyst post to support the demand forecasting work and co-ordinate PPE operations. We are also looking to recruit an additional accountant post to support the accounting for stock in our stores, which has grown in terms of volume of work and in the complexity of accounting treatment. We are also looking to recruit an additional procurement officer and administrative assistant to focus on PPE We will continue to keep under review our existing rostering systems to build in more resilience to those staff supporting supply chain and health courier services.

Adding Value through Partnership, Innovation and Excellence

Risk	Mitigation
	Our PMO is now involved in the oversight of the PPE work and as set out above, we have invested in the ongoing development of a model to forecast future PPE demand as redeployed staff return to their substantive roles.

We will press ahead with our planned Scan4Safety programme and dashboard reporting enhancements to develop more efficient systems to support the teams. We are also introducing a new system to improve stock control at local stores |
| External political factors | • Brexit
The residual risks identified through the Brexit Programme NWSSP managed during 2019-20 will need to be revisited in light of lessons learnt from COVID-19 and also the changes in new UK Government policy. We need to work through the most recent emerging scenarios and revise our assessment of risk accordingly.

The storage facility in place (IP5), has been reviewed their governance and membership arrangements over July and August with full planning preparations and have now started to meet again, by groups across WGovt (such as Senior Responsible Officers, Communications, Health Securities etc.) The stock that was built to deal with Brexit is largely intact and whilst some product was used though the COVID-19 outbreak this is being re-established.
The main area of risk remains the extent to which we have clinical colleagues engaged with the decisions around stock holding and the decision making to support any serious product shortages. The mechanisms for this have been reviewed and are considered fit for purpose taking into account the new ways of working.

• China
The current political situation in Hong Kong has resulted in many nations placing restrictions on China. |

Risk	Mitigation
	China remains a key source of PPE supply. We continue to work with the WGovt, the Life Sciences Hub and other four nations to secure supply that is less reliant on the Chinese market. The use of Welsh based suppliers to support the foundational economy have also been factored into the development of the winter plan.

	Partneriaeth Cydwasanaethau Shared Services Partnership	**AGENDA ITEM:xx**

The report is not Exempt	
Teitl yr Adroddiad/Title of Report	
Clinical Waste – NHS Wales Position **12th November 2020**	

ARWEINYDD: **LEAD:**	**Romano Provini - Deputy Head of Sourcing (Non-Medical & Maintenance), NWSSP Procurement Services**
AWDUR: **AUTHOR:**	**Romano Provini** **Christopher Lewis – Senior Environment & Facilities Management Advisor, NWSSP Specialist Estate Services**
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Pwrpas yr Adroddiad: **Purpose of the Report:**	

The purpose of this report is to provide the Shared Services Partnership Committee with an overview of previous, current and forthcoming challenges relating to the collection and disposal of Clinical Waste across the NHS Wales estate, and to share NWSSP/NHS Wales' ongoing plans to resolve the position.

Llywodraethu/Governance	
Amcanion: **Objectives:**	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
Tystiolaeth: **Supporting evidence:**	N/A

Ymgynghoriad/Consultation :
N/A

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE	✓	**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	
Argymhelliad/ Recommendation		NWSSP proposes that it puts in place alternative arrangements with third party contractor(s) for clinical waste collection and disposal services, to address the medium term requirements of NHS Wales, ensuring that Health Boards/Trusts remain supported for all their needs until at least the end of the current financial year 20/21.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	N/A
Cyfreithiol: Legal:	Procurement and contractual risks exist as outlined within this paper.
Iechyd Poblogaeth: Population Health:	N/A
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	There could potentially be an impact upon provision of services within hospitals should sites not benefit from appropriate collections.
Ariannol: Financial:	Any alternative solution beyond the AW contract is certain to see significant cost increases for the relevant HBs/Trusts.
Risg a Aswiriant: Risk and Assurance:	Procurement and contractual risks exist as outlined within this paper.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	N/A
Deddf Rhyddid Gwybodaeth/	N/A

TITLE

1. CEFNDIR/BACKGROUND

The current All Wales Contract for the services of Clinical Waste Collection and Disposal commenced on 1st April 2017. Stericycle Ltd (formerly SRCL Ltd), are the sole supplier of this service to all Health Boards/Trusts across NHS Wales. NHS Wales manage the procurement, compliance, and performance of the contract's operation via the All Wales Clinical Waste Consortium (CWC). The CWC consists of Health Board/Trust representatives, NWSSP Specialist Estates Services, NWSSP Procurement Services, as well as Stericycle themselves. Stericycle Ltd are the largest clinical waste disposal company within the UK and have an international presence in the market.

The UK clinical waste market has very few suppliers operating within it, and following the collapse of another significant contractor Healthcare Environment Services (HES) Ltd in 2019, this immediately placed pressure on the UK market's remaining providers to support HES' customers with the collection and disposal of their clinical waste. In turn, this led to significant issues regarding Stericycle's ability to service NHS Wales' contract, primarily in respect of its collection and disposal of incineration only waste (IOW). The Consortium managed this situation with the company, partly via the continuous dialogue that the CWC had with Stericycle, and via the All Wales contract's performance management mechanisms.

Notwithstanding the network pressures that existed as a result of the extra waste in the system following HES' liquidation, the CWC was concerned that Stericycle was not managing NHS Wales' account satisfactorily, and raised an improvement notice with the company in December 2018 to formally address the concerns (missed/late collections and poor communication). Stericycle worked with the CWC to improve its operations and communication, which resulted in the CWC agreeing to lift the improvement notice in the autumn of 2019 (this was formally agreed in writing in January 2020).

2020 has seen a drastic change in the clinical waste landscape. The COVID19 pandemic has caused the type, make up and volumes of clinical waste to shift markedly. The NHS has seen a reduction in IOW and a reduction in offensive waste. This has been countered by a huge increase in orange-bag waste (potentially infectious clinical waste for Alternative Treatment). It is thought that the effects of the pandemic will cause these changes to remain for the foreseeable future. This increase in orange bag waste has put

enormous strain on the disposal network, and on many occasions, the volumes of waste generated are outstripping disposal capacity. Looking ahead, it is felt that emergent demands (i.e. HBs dealing with COVID19 whilst attempting to return to BAU, testing / vaccination programmes) will continue to put additional pressures on the sector for some time yet. A primary reason for the increase in orange bag waste has been an unprecedented increase in the amount of disposable PPE being used. This has had a dual effect of increasing volume of AT waste created, but also (due to its often bulky and lightweight make-up) has significantly reduced the average weight of each waste container.

These factors have resulted in increased pressure on logistics and treatment as the number of containers needed increases, the numbers of collections increases while the quantity (weight) of waste being collected decreases. Given that the costing model for clinical waste services is based on charging per tonne, this has seriously affected the financial viability of clinical waste companies. These factors have obviously presented a challenge to Stericycle over the course of the pandemic.

Notwithstanding these wider issues and pressures upon Stericycle as one of the main contractors in the UK market, there has been inconsistency in them providing clear, detailed information regarding their service levels, which have been addressed with the company. Following repeated requests over recent months, on 6th October 2020 Stericycle provided a Contingency Plan to NWSSP covering the next six months. NHS parties present felt that the plan required more depth in terms of specific information around forecast modelling in order for it to provide sufficient assurances on its continuity of service (Stericycle thereafter provided this information).

In the days prior to week commencing 12th October 2020, many HBs had to store significant volumes of waste on site and even within Hospitals due to the inability of Stericycle to meet its collection schedules (in some areas this was about to impact upon clinical services being provided). On 12th October, Stericycle informed NWSSP that it would be looking to utilise the support of a third party contractor (Mitie Ltd) to assist in clearing the backlog of waste at affected hospital sites. This arrangement is now in place and the collections to clear the backlog at hospital sites are continuing to take place between Stericycle and Mitie, but in some cases, these appear to have been problematic with issues such as short/missed collections occurring. In addition, Stericycle were unable to service all such sites that needed collections, which resulted in some HBs seeking support from a third party contractor (Natural UK).

Upon reflection of the above, NWSSP felt that NHS Wales having more direct control over such third party arrangements was key to improving the position, and as a result began engaging with the Cabinet Office on putting in place its own contingency arrangements via a third party contractor (this

also being Mitie Ltd) to protect against disruption over the coming winter months. NWSSP also commenced in discussions with other appropriate contractors in the market (Tradebe Ltd and Natural UK Ltd, both with bases within Wales) to support certain areas of NHS Wales on a similar basis.

On 3rd November, Stericycle Ltd confirmed to NWSSP that they also were undertaking a rebalancing exercise that would allow greater resource/capacity (i.e. extra vehicle and disposal capacity) to be provided to NHS Wales to manage the current situation. However, Stericycle also confirmed around this time that they would be unable to service NHS Wales' field hospitals once they became operational. There is also concern regarding the mass vaccination centres that will require clinical waste collections, however, at this time NWSSP is not party to the detail on these sites and as such cannot seek quotations for this service (NWSSP Procurement have requested that the CWC share such information as an when it becomes available).

Since being notified of this by Stericycle NWSSP has built the field hospital requirements into its discussions with the alternative contractors noted above, and will advise the CWC upon having clarity of the options at hand.

On Nov 10th a meeting was convened by UK Cabinet Office (Civil Contingencies Directorate) involving the main stakeholders from across NHS, government departments and waste regulators from across the UK. The meeting was chaired by Mark Moore and briefed attendees about the growing pressures and risks facing healthcare waste activity currently and as we move into the winter.

Essentially, Cabinet Office views / intelligence is warning that the sector across the UK is extremely vulnerable, both against the challenges of rising waste from COVID19 patients, and from the weakness of the clinical waste disposal sector (with Stericycle reportedly most over-stretched across England and Wales). Further intervention from Cabinet Office at a UK level is expected.

2. CRYNODEB/SUMMARY

The liquidation of HES Ltd, the ongoing pandemic's waste implications, the impending winter pressures in coming months, as well as Stericycle's inability to support on field hospitals (and likely the mass vaccination centres also) all place significant pressure upon NHS Wales' ability to have its waste collected and disposed of in a timely manner. Whilst Stericycle's recent mitigating actions are welcomed by the CWC, we believe that this will only address what are now considered the 'new normal' waste collection requirements of Health Boards/Trusts, if indeed the company is able to manage that.

Therefore, NWSSP feels that NHS Wales must take action to safeguard itself from potentially unprecedented demands on its services in the medium term by addressing those hospital sites in need of further support, the field hospitals and to consider arrangements for the mass vaccination programme. As a result, NWSSP has engaged the market to seek alternative contractor solutions until at least the end of the current financial year (20/21) beyond Stericycle Ltd for the requirements outlined above.

NWSSP also needs to ensure that UK four nations level engagement with Cabinet Office is maintained and that this is supported between NWSSP & WG at a policy decision-making level.

3.   LLYWODRAETHU A RISG/ GOVERNANCE & RISK

Procurement / Contractual Risk

In discussing alternative arrangements with the market, NWSSP Procurement Services has been acutely aware of the risk regarding an infringement upon the Public Contract Regulations 2015. For the services of Mitie Ltd, NWSSP Procurement Services has engaged with the Crown Commercial Service regarding the possibility of placing a direct award with Mitie Ltd under their RM3830 Facilities Management framework, however it has been confirmed that this is not possible given that our required service is non-standard (a key criteria for any direct award under this framework).

Given the extreme urgency around the need to seek alternative solutions, should we utilise their services NWSSP Procurement Services intend to place a direct award under Regulation 32c of the public contract regulations with Mitie Ltd under RM3830, for their immediate support of clinical waste collection and disposal services. NWSSP Procurement Services also intend to place further direct award notices with Natural UK Ltd and Tradebe, if and when those companies are utilised. The risk of challenge from competitors does exist, however NWSSP Procurement considers this risk to be relatively low, given the justifiable reasoning for seeking this immediate support, and the costs involved in transporting our waste to competitors further afield.

From a contractual perspective, should the services that are part of the current AW contract have to be sought from an alternative contractor as a result of Stericycle's inability to service them, it is the intention of NWSSP Procurement Services to request that Stericycle reimburse NHS Wales for any increased costs, as covered within the Standard NHS Supply of Services Terms & Conditions that govern the contract. NWSSP Procurement have been engaging with its Legal & Risk Services department regarding the appropriate actions to take in utilising alternative contractors.

Healthcare Risk
The immediate operational concern for the CWC is for the current difficulties not to begin impacting upon the provision of services within hospitals. This risk is precariously balanced at present, as generally only roughly 48 hours without collections can present serious issues for hospitals (the position is being closely monitored). Further, it is important to consider the reputational risk associated to the current difficulties, with the possibility of images of loose waste stored at hospital sites being reported within the media and thus raising wider concern on the matter.

Financial Risk
Whilst currently unable to specifically confirm the financial impact that this may have upon NHS Wales, it is anticipated that any alternative solutions put in place would be significant in cost, potentially exceeding £2m collectively between November 2020 and April 2021. Indicatively, costs submitted by alternative contractors throughout this situation have been substantially greater than our current contract costs.

4. ARGYMHELLIAD/RECOMMENDATION

NWSSP proposes that it puts in place alternative arrangements with alternative contractor(s) until at least the end of the current financial year 20/21 to address the medium term requirements of NHS Wales, ensuring that Health Boards/Trusts remain supported for all their clinical waste needs.

The Committee are asked to **APPROVE**

The report is Exempt

Teitl yr Adroddiad/Title of Report
Sustainable Primary Care Environment – Update

ARWEINYDD: LEAD:	**Gareth Hardacre, Director, NWSSP – Workforce & Organisational Development**
AWDUR: AUTHOR:	**Gill Bailey, Project Manager**
SWYDDOG ADRODD: REPORTING OFFICER:	**Neil Frow, Managing Director, NWSSP**

Pwrpas yr Adroddiad: Purpose of the Report:
To inform NWSSP Committee on progress with the development of a sustainable primary care environment, sponsored by Welsh Government and delivered by NWSSP.

Llywodraethu/Governance	
Amcanion: Objectives:	For the NWSSP Committee to support progress and next steps with the development of a sustainable primary care environment.
Tystiolaeth: Supporting evidence:	N/a

Ymgynghoriad/Consultation :
Initiative is part of the Primary Care Model for Wales, and the Welsh Government NHS Workforce team are driving this component with support from the Strategic Primary Care Programme Board. Welsh Government have engaged with Stephen James, National Workforce Lead, 111 Programme.

Adduned y Pwyllgor/Committee Resolution (insert √):						
DERBYN/ APPROVE		ARNODI/ ENDORSE	√	TRAFOD/ DISCUSS		NODI/ NOTE
Argymhelliad/ Recommendation		The NWSSP Committee is requested to **endorse next steps and further development of a sustainable primary care environment.**				

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Not applicable
Cyfreithiol: Legal:	No direct legal implications yet.
Iechyd Poblogaeth: Population Health:	This will help support the delivery of 24/7 GP Provision a key deliverable for the Strategic Primary Care Programme Board. The project aims to increase the available pool of GPs to Health Boards to fulfil 111 and OOH shifts to improve patient care and outcomes.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	OOH/111 shifts filled will not only benefit the patient but also other Healthcare systems such as ambulance services, hospital emergency admissions and in-hours primary-care services.
Ariannol: Financial:	No direct impact as statement of intent from Welsh Government to fund.
Risg a Aswiriant: Risk and Assurance:	Programme structure to be established to provide assurance around decision making, affordability, service quality and other governance matters including the management of risks and opportunities.
Safonnau Iechyd a Gofal: Health & Care Standards:	No direct impact.

Gweithlu: Workforce:	Initial assessment is that this component can be managed through existing primary care sustainability resourcing agreed between Welsh Government and NWSSP, but this will be monitored as the project moves forward. Workforce implications for the OOH and 111 Services themselves will be considered as the project progresses.
Deddf Rhyddid Gwybodaeth/ FOIA	None

1   Background

Following 'A Healthier Wales' and its adoption under the Primary Care Model for Wales, a critical component of modernising the primary care workforce infrastructure is understanding the workforce demographic and acting quickly to recruit into the multi-disciplinary teams.

NWSSP-Employment Services in partnership with Welsh Government are facilitating the implementation and management of a number of sustainability tools.   The programme is sponsored and funded by Welsh Government.

The various tools have been developed and implemented on a phased basis:

Phase 1:
Implementation of a secure web based tool developed to capture practice staff information for all General Practices. An agreement commenced in February 2019 with NHS Digital, under the remit of the Provision of Services Agreement, to provide the Wales National Workforce Reporting System (WNWRS). The system was launched in January 2020 and requires individual practices to capture critical workforce data enabling demographic breakdown. This will inform workforce trends, planning and benchmarking across clusters and at a National level. The current agreement expires on 31st March 2022.

Phase 2:
An opportunity arose to work with a third party provider; GP UK Support Services Ltd to enable Practices to advertise permanent GP workforce vacancies across NHS Wales.   GP UK Support Services Ltd is a Welsh company created by GPs who identified that there wasn't an easy way to use a website that advertises all jobs in one place. They subsequently created a website; GPWales that would enable this. Following a Single Tender Action, the on line portal was launched in September 2019 to Practices in Wales. The current agreement expires on 28th February 2021 but there is an option to extend this be one year.

Phase 3:

In April 2019 NWSSP Legal & Risk were commissioned by Welsh Government to operate Scheme for General Medical Indemnity (GMPI). This is a discretionary state-back scheme that provides indemnity for providers of GP Services in Wales for compensation arising from clinical negligence claims relating to care, diagnosis and treatment of a patient following incidents on or after April 2019. To assist with the management of the Scheme, NWSSP L&R requires swift access to workforce information.

The original intention was that the WNWRS would be able to provide Locum information but the data captured is not detailed enough to support the work of GMPI.

To address this, an open tender process was undertaken with the requirement of an on line tool to facilitate data capture as well as providing benefits to Practices in Wales with the management of Locum shifts. This has enabled the matching of available Practice locum shifts with Locums. The contract was awarded to GP UK Support Services Ltd in December 2019 and expires on the 30th November 2022 with the option to extend by three twelve month tranches. The contract was ratified by Velindre Board in July 2019. This part of the online portal is known as Locum Hub Wales.

2   Current Position

In response to Covid 19, the minimum functionality for Locums, planned as part of Phase 3, was brought forward and made available in March 2020. Since then work has continued to build additional functionality that will provide added benefits to the Practices and Locums. This is due to be completed and launched on 24th November.

3   Future requirement

Out of Hours/111 Service is a key component of providing 24/7 care but also supports other services of NHS Wales; ambulance services, hospital emergency departments and in hours primary care services. Welsh Government have identified the opportunity to extend the development of the Locum Hub Wales to provide additional support to the OOH/111 Service.

Whilst Out of Hours was originally included within the Contract specification for Phase 3, further scoping with Stephen James, National workforce Lead, 111 Programme has identified a more complex requirement to meet the needs of the service:
- Manually driven process that will benefit from a streamlined, automated approach;
- Interim solution, Covid Hub Wales will no longer be supported from April 2021;
- It is anticipated that by publishing locum shifts alongside OOH/111 shifts, this will increase the fill rate which will improve patient care and outcomes;

The development of Locum Hub Wales will also provide the mechanism to support the resource requirements of future service expansion:
- Phone First
- Extension of 111 Clinical support to in hours
- Plans for 111 Service to provide source point of access for Mental health Services

To make the current platform fit to cater for out of hours/111 service demands, a number of key modifications are required to the existing platform:

- Infrastructure changes to accommodate multiple shift types and multiple locations;
- Viewing adjustments.

There are costs associated with these developments but Welsh Government have provided a statement of intent subject to Ministerial Advice approval by the Minister for Health & Social Services. NWSSP have been asked to support this future requirement by extending the current contract with GP UK Support Services Ltd as there is a need to deliver the additional functionality within this financial year to support winter pressures and current service issues identified above.

Procurement colleagues have advised that an addendum to the Phase 3 contract can be sought with the intention to present this to the Velindre Board on the 26th November for approval.

4   Recommendation

Committee members are asked to:

- Note the update on progress with the Primary Care Sustainability programme.
- Endorse the proposed next steps to work with the OOH and 111 Service to adapt the Locum Hub and develop a new portal to support those services.

GIG Cymru Partneriaeth Cydwasnaethau

NHS Wales Shared Services Partnership

PMO Monthly Report October 2020

Monthly Summary

The PMO is currently supporting **33** different schemes, of varying size, complexity and providing a range of support from different points within the project lifecycle.

Within the PMO, we have **5** project managers supporting **30** schemes all of which are at different points within the project or programme lifecycle.

The remaining **3** other schemes are supported by the Head of PMO.

Within the **33** schemes the support is allocated as shown:

Small	Medium	Large	LargeXorg
30%	48%	15%	6%

The **33** schemes have **18** different SRO/Project Executive Leads across 8 different NWSSP directorates.

Also within the **33** schemes the breakdown of scheme size ranges from:
- **18 All Wales** – Typically where the scheme covers multiple Healthboards, and the schemes seek to implement products utilised on a multi healthboard or all wales basis.
- **4 Healthboard** – Typically supporting schemes for Healthboards but where NWSSP play a role in the service provision
- **11 NWSSP** – Typically serving internal purpose for one or more NWSSP directorates

The high-level update displays the current status of the schemes where PMO are engaged at any level and attached in Appendix A is the current graphical performance and data set.

SLT Recommendation

SLT are asked to:
- Note the update on progress with key projects
- Consider the consequences and agree the current assessment of risk
- Provide feedback on this revised format of reporting to Ian Rose, Head of PMO.

High Level Update

NWSSP Finance & Corporate PMO Monthly Report			
Reporting Period	Sept-Oct 2020	**Date Completed**	23/10/2020
Summary	The purpose of this report is to provide a progress update.	**Completed By**	Ian Rose

Previous Status	Current Status	Trend Status	Summary Update :
			33 projects in progress.
			Two projects closed in Sept/Oct.

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

All Wales Project & Programmes

Scope	Project Name	SRO	RAG	SIZE	Target Completion	% Completion
All Wales	Primary Care NHAIS - Patient Registration	Dave Hopkins	Green	Medium	31/03/2021	60%
	Medical Examiner	Andrew Evans	Amber - Time	Large	31/03/2021	38%
	GMPI - existing liabilities scheme	Mark Harris	Green	Large	31/03/2021	72%
	Transforming Access to Medicines (TRAMS) Stage 1	Neil Frow	Amber - Time	LargeXorg	31/03/2020	100%
	NHS Wales Staff Benefit Portal	Alison Ramsey	Green	Medium	01/04/2021	15%
	Primary Care NHAIS Opthalmic	Neil Jenkins	Amber - Time	Medium	01/12/2020	91%
	Student Awards System Existing Stablisation and New System Spec	Lisa Williams	Red - Cost	Medium	31/03/2021	9%
	Brexit/NSDR	Mark Roscrow	Green	Medium	31/01/2021	100%
	Locum Hub Wales- GP Wales - Employment Services Locum Shifts	Lisa Williams	Amber - Time	Medium	Not PMO Scoped	Not PMO Scoped
	TRAMS Temp TMU	Neil Frow	Amber - Scope/Quality	Medium	24/08/2020	80%
	IP5 Programme SOC	Mark Roscrow	Green	Large	31/12/2020	100%
	Primary Care NHAIS GP Payments (MVP)	Neil Jenkins	Amber - Time	Large	01/12/2020	74%
	PPE Support Scheme	Andy Butler	Green	Medium	31/01/2021	54%
	COVID Hub for Temporary Worker RecruitmentOption Appraisal	Lisa Williams	Green	Small	Not PMO Scoped	Not PMO Scoped
	All Wales Laundry Programme - PBC	Neil Davies	Amber - Time	Large	28/07/2020	99%
	ZYLAB	Lisa Williams	Amber - Time	Small	Not PMO Scoped	50%
	Single Lead Employer Phase 1 (Dentists, Pharmacists , Radiologists etc)	Malcolm Lewis	Amber - Scope/Quality	LargeXorg	31/12/2020	80%
	OFWCMS	Steve Ham	Not Started	Small	AWI Initial Scoping	Awi Initial Scoping
Scope	Project Name	SRO	RAG		Target Completion	% Completion
Healthboard	Community Dressings Swansea Bay - Phase 2	Tony Chatfield	Blue	Medium	TBC AWI SC	100%
	Hywel Dda - Transfer of Transport Services	Tony Chatfield	Not Started	Small	30/06/2020	To Be Rescoped
	Ward Stock Storage Assessment	Greg Dix	Amber - Time	Small	01/03/2021	20%
	ABHB transport Redesign	Gildas Griffiths	Amber - Time	Medium	AWI HB Planning	5%
Scope	Project Name	SRO	RAG		Target Completion	% Completion
NWSSP	Corporate Health Standards	Gareth Hardacre	Green	Medium	31/10/2021	59%
	Cleric Procurement of New System / contract	Tony Chatfield	Amber - Time	Small	01/04/2021	40%
	Transfer of Transport Services from Powys	Tony Chatfield	Blue	Small	31/10/2020	85%
	Automatic Data Capture [ADC] devices	Graham Davies	Not Started	Medium	Not PMO Scoped	0%
	NWSSP IT Review Stage 1	Andy Butler	Green	Medium	30/11/2020	27%
	L&R Accomodation (Tender)	Mark Harris	Green	Small	AWI Initial Scoping	TBC
	New PMO software Requirements - Identifying a system (BC Development)	Andy Butler	Green	Medium	31/07/2020	100%
	NSV Codes/Review	Tony Chatfield	Not Started	Small	AWI Initial Scoping	10%
	Cleric - Update the existing application	Tony Chatfield	Amber - Time	Small	AWI - NWIS & HCS	95%
	VPD Codes	Gareth Hardacre	Green	Medium	00/01/1900	5%
	L&R Case Management System FBC	Mark Harris	Green	Medium	AWI Initial Scoping	TBC

Update Summary

Two projects have closed this repiorting period - the community dressing scheme in Swansea Bay closed after closure of the remaining tasks and the transfer of transport for Powys into the Health Courier Service was also completed and confirmed by the Area Manager for HCS

A number of projects are shown as Amber / Red and more detail is contained within the monthly paper provided to SLT on Medium and large projects. For small schemes the same mitigation and recovery principles are applied but not contained within the new update paper.

It is also noted that a number of schemes have not been scoped by the PMO but are now under the influence or guidance of the PMO and where approriate the same recovery actions will be suggested and those actions recorded witin the PMO master register or where applicable contained within the new monthly report.

Two projects are awaiting assessment and/or allocation as new work - Leadership Programme Support & PPE Plan

Finaly as shown overleaf, the growth of the PMO continues with expansion into new services.

Key Individual Project/Programme Updates

Project Name	Project Manager	Project Exec/SRO
Student Awards	Bethan Rees	Lisa Williams
Monthly Update (key/issues (blockages)/risks)		

Status – Red(Cost)

Update
The existing system has been running at risk with the focus placed on two areas:

1. Extending the existing arrangements with Kainos.

   To support this issue and extension of existing arrangements has been informally agreed with the supplier at an approximate cost of £51,000, which will provide an extension between April 21 and March 22. It must be noted that this has not been formally signed off and remains an informal agreement.

2. Developing a business case to determine a preferred option to replace the existing system.

   The business case has been drafted and presented to ESMT, which subsequently approved the paper, and the project is now awaiting confirmation on the next stage of approval i.e. presentation to SLT or SSPC or both.

   The business case currently proposes a preferred option at an approximate cost of £600,000 (average) over the lifetime of the contract, which will run between April 2022 and March 2026.

Main Blockers/Observations
The main issue exists around IT Security resources needed to complete security actions on the existing boss system.

In addition, as previously highlighted. Kanios, the existing supplier, have agreed in principle to provide the extension but this does require formal sign off and funding.

Consequences
If the extension is not signed off in time by the end of March 2022, we will continue to operate at risk with little or no support from April 21 and be completely reliant on internal IT resources, which are already overstretched.

Project Name	Project Manager	Project Exec/SRO
Medical Examiner	Bethan Rees	Andrew Evans

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

Status – Amber(Time)

Update
The scheme is progressing with all regions now live across Wales.
This means in each area there is an MEO (Medical Examiner Officer) and ME (Medical Examiner) providing a form of service. The service is **not** at present, covering all deaths.

It is anticipated by the April 2021 the service will cover all deaths in all regions, however this is dependent on further work to be completed.

For example, further recruitment after Christmas will mean the project completion will increase however; this will also place further pressure on the issues as outlined below.

Main Blockers/Observations
Within the project the main issues for focus include :

- Service funding needs to be finally clarified to support this and ongoing years.
- Payroll issues preventing the ME's & MEO's ability to claim additional hours worked. (Not all MEs MEOs affected)
- Issues preventing Annual Leave being booked
- General ESR issues
- IT has been problematic mainly due to the unconventional nature of the scheme and requirement for problem solving unconventional issues but this has progressed.
- The request for additional resources in the operation team is progressing slowly and this will provide support to the Lead MEO and Lead ME in the service and reduce some of the service pressures.

Within the project organisation it is believed that additional resources to reduce the pressures placed on the existing teams in workforce and Employment Services (Payroll) are needed as this will support the actions and required mitigations as stated above.

Consequences
In relation to the observations, issues and blockers provided it is felt that no action or delays in support could result in
- Potential failure to pay MEs/MEOs for additional time worked,
- Potential we have failed to provide appropriate leave allowances for MEs & MEO's.
- ESR not accurately reflecting the correct position or details for all MEs & MEO

Which if these events materialise could potentially cause reputational damage to NWSSP

Project Name	Project Manager	Project Exec/SRO
TRAM's Stage 1	Peter Elliott	Andrew Evans (Welsh Gov)
Monthly Update (key/issues (blockages)/risk assessments)		

Status – Amber(Time)

Update
The Programme Business Case has been submitted to Welsh Government and progressing through scrutiny, which is hoped, will be completed in October 2020. Depending on the scrutiny feedback, it will mean either mobilisation towards OBC (Outline Business Case) development or further revisions of the business case.

Main Blockers/Observations

This scheme is dependent on Welsh Government providing approval to proceed and progress will be limited until such a time approval is received.

Consequences
Risks remain for legacy services provided within the Healthboards should this case be delayed or not proceed.

Project Name	Project Manager	Project Exec/SRO
TMU	Peter Elliott	Andrew Evans (Welsh Gov)
Monthly Update (key/issues (blockages)/risk assessments)		

Status- Amber(Time)

Update
The practical completion (construction) has been finished and this will now allow the start of the planned certification of the facility. Timescales have targeted the mid/end of November 2020 for operational readiness (Subject to certification)

Main Blockers/Observations

To allow progress is it mandatory that we must be able to provide the Velindre VAT Certificate. At present, the TMU Project is **not** in possession of this document and it is imperative we obtain this, as it will **prevent** the submission of the TMU licence application and risk operational service.

Consequences
If the VAT certificate is not provided, the TMU **will not go live** and we risk reputational damage.

Project Name	Project Manager	Project Exec/SRO
L&R Case Management System	Peter Elliott	Mark Harris
Monthly Update (key/issues (blockages)/risk assessments)		

Status- Green

Update
Currently awaiting NWIS confirmation around the feasibility of the proposed solution within the business case and confirmation on any further costs this my provide.

Potential costs could exist in the design, test, deployment, and in life support of the solution. The PMO has picked up this scheme from NWSSP IT in late August at which point the business case had been developed and the procurement process had been started moving towards the FBC in line with the business case process.

Main Blockers/Observations

The conclusion provided by NWIS around additional costs could potentially affect the capital decision within NWSSP and the spend within the current financial year.

WGovt are waiting on the submission of the FBC, so the NWIS matter is a key dependency which needs to be resolved promptly.

Consequences
None other than time delays slow the process and progression towards a holistic preferred option.

Project Name	Project Manager	Project Exec/SRO
Single Lead Employer	Rhys Owen	Gareth Hardacre
Monthly Update (key/issues (blockages)/risk assessments)		

Status- Amber(Scope)

Update
Timescales to complete this phase remain intact; however, **urgent** attention is required to evaluate the resources needed to complete the processes and checks required when a person joins the scheme in any role. Approximately 41 checks or tasks are completed for every single person newly on boarded onto SLE and a significant amount of manual processing is required.

The resources are those utilised within specific teams in workforce and employment services who carry out critical roles in support of the delivery of this scheme, It is also noted that pressures are also observed in other areas such as HEIW.

It is estimated this scheme will on board and rotate a large number of people over the coming phases: Figures below include trainees joining SLE and those who have joined SLE but are rotating through their training i.e. moving onto their next placement.

Phase 1 - 1800
Phase 2 – rising to 4400

Phase 3 – rising to 4600

Main Blockers/Observations
Risk exists where resources in place within workforce and employment services are significantly stretched to complete all the required checks and/or tasks on time; however, plans are in place to increase the capacity of the team.

It is also worth considering the long-term impacts and requirements for in life operational teams as we increase the overall NWSSP headcount.

Consequences
The main consequences would be visible in failures to process payroll on time, delays in expenses and general process delays affecting trainees joining SLE and this would affect some benefits of the SLE scheme.

Project Name	Project Manager	Project Exec/SRO
NHAIS GP Payments	Gill Bailey	Neil Jenkins
Monthly Update (key/issues (blockages)/risk assessments)		

Status- Amber (Time) Behind schedule but plans in place to recover position.

Update
The Northern Ireland team have created an NHS Wales instance of the system and have released this to UAT (User Acceptance Testing) for user testing.

Testing has commenced with priority areas identified to enable a parallel run and a key calculation functionality has been tested with successful matching of outcome.

The scheme is amber on time at present but the plans in place seek to address known issues and prevent further slippage

The **two** other schemes within the NHAIS programme are progressing but are not managed in depth or detail by the PM or PMO:

- Patient Registration – Support/Consultancy
- Primary Care NHAIS Ophthalmic – Support/Consultancy

Main Blockers/Observations
Data integrity issues have been identified which is causing delays (merging 5 data sets into 1)

Resource points of failure identified but a mini recovery plan has been put in place to prioritise and allocate tasks.

To support and monitor progress the project team continue to meet weekly.

Consequences

This scheme is critical however; the extension to the existing system has reduced some of the time pressures.

Project Name	Project Manager	Project Exec/SRO
All Wales Laundry	Ian Rose	Neil Davies
Monthly Update (key/issues (blockages)/risk assessments)		

Status- Amber (Time) Will move Green as we enter stage 2 (OBC Development)

Update
The programme business case was submitted to Welsh Government and further revisions were made to the capital requirements and cost forms. This has resulted in the preferred option being provided within a range of £25m to £35m.

The case has been forwarded to the IIB (Infrastructure Investment board) and they will make a decision as to whether the case can be supported thus allowing the start of the OBC development.

Main Blockers/Observations
The case is dependent on Welsh Government alone

Consequences
Failure to endorse the case will mean the existing five Laundries will need to continue to provide linen for NHS Wales

Project Name	Project Manager	Project Exec/SRO
Primary Care Sustainability	Gill Bailey	Lisa Williams
Monthly Update (key/issues (blockages)/risk assessments)		

Update
Please note that no formal Project/Programme structure exists for this piece of work and support was/is provided Ad Hoc

Encapsulated within Primary Care Sustainability consisting of:
1. Primary Care Recruitment Platform (PCRP)
2. Locum Hub Wales (LHW)
3. Welsh National Workforce Reporting Tool (WNWRS)

A contract was established to fund development of functionality to allow Practices to post Locum shifts and for Locums to apply along with monthly support/hosting costs. Funded by Welsh Government. Welsh Government looking to expand functionality to facilitate posting of OOH/111 shifts at an additional cost. LHW release brought forward in March 2020 with minimal shift posting functionality.

It is anticipated that the remaining functionality will be available in November. Core contract expires December 2022 with the option to extend by a further 3 years.

Main Blockers/Observations

This appears to be an onerous contract, as at the end of the contract, NWSSP will only own the data. A clear exit plan needs to be devised. Once the contract has finished, NWSSP will need to consider:

- No longer providing the service
- Develop own site to hold data
- Purchase IPR, if contractor willing to sell
- Permanent recurring contract

Consequences

Dependant on action taken.

It is strongly recommended that a formal project structure is put in place with Welsh Government as a key stakeholder, to wrap up the existing work effectively and consider any further roll out to other areas of new business in primary care.

Project Name	Project Manager	Project Exec/SRO
Cleric New System	Peter Elliott	Tony Chatfield
Monthly Update (key/issues (blockages)/risk assessments)		

Status- Amber (time)

Update
HCS specification for a new system has been shared and procurement have reviewed. This will now go through an IT Security review and subject to approval; HCS will then seek to procure a new system from a framework.

Due diligence and robust consideration will be needed around any terms and conditions being proposed due to process. In relation to costs it is estimated revenue costs are comparable existing arrangements but need further ratification.

Main Blockers/Observations

SMT will be potentially required to approve recommendation of new system and the extension of the existing contract to bridge the gap as dictated by framework. Budget exists and it is expected this budget be sufficient for the replacement system and on that basis, a BC is not being prepared but the Procurement ratification paper will be used to justify the award.

Consequences
Minimal as existing system working as expected and use of the existing system will continue until such a point where the new system is procured.

Appendix A

Performance and Information	graphs.docx

The report is not Exempt

Teitl yr Adroddiad/Title of Report
Finance, Workforce and Performance Update Report

ARWEINYDD: LEAD:	**Andy Butler, Director of Finance & Corporate Services & Gareth Hardacre, Director of WODS**
AWDUR: AUTHOR:	**Finance and Workforce Team**
SWYDDOG ADRODD: REPORTING OFFICER:	**Andy Butler, Director of Finance & Corporate Services & Gareth Hardacre – Director of Workforce & OD**

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 30th September 2020.

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

Ymgynghoriad/Consultation :

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

Argymhelliad/ Recommendation	The Committee is asked to: 1. Note the financial position to 30th September 2020 including the increased distribution for 2020/21 2. Note the significant level of professional influence benefits generated by NWSSP to 30th September 2020. 3. Note the performance against the high-level key performance indicators to 30th September 2020. 4. Note the workforce data for the period. 5. Note the content of this update and seek further information if required.

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

Executive Summary
Period 1st April 2020 to 30th September 2020

Financial Position
As at the 30th September 2020 NWSSP is reporting a break-even position with an underlying underspend of £1.324m (compared to an underlying underspend of £1.635m as at the 30th September 2019). We have invoiced Welsh Government for £3.855m in respect Q1 & Q2 operational Covid expenditure. Funding for future periods has not been confirmed, and with full year forecast operational costs totalling £8.098m, this does remain a risk.

An additional distribution to NHS Wales and Welsh Government of £1.250m will be made in 2020/21 bringing the total distribution to £2.000m which is in line with 2019/20.

Key Performance Measures
41 of our 45 key performance indicators are currently reporting green or amber. The following 4 internal measures however, are showing as red and should be noted.

High Level - KPIs September 2020 (unless stated otherwise)	Target		Position at 30th Jun	Position at 31st Jul	Position at 31st Aug	Position at 30th Sept
NWSSP PSPP NHS % (Cumulative)	95%	Cumulative	87.24%	86.71%	85.08%	86.61%
NHS Debts in excess of 11 weeks – Value	<£100k	Monthly	£236k	£106k	£25k	£219k
Agency % to date	<0.8%	Cumulative	2.55%	2.47%	2.00%	1.66%
All Wales PSPP –NHS YTD	95%	Quarterly	83.71%	Reported Quarterly	Reported Quarterly	85.45%

NHS PSPP/NHS Debts
The target for NHS Invoices paid within 30 days is 95%. For September 2020 the NWSSP achievement was 97.56%, however the cumulative position remains below target at 86.61%. This is in line with the All Wales NHS PSPP position reported at 85.45%.
Despite ongoing debt collection efforts the value of outstanding debts over 11 weeks increased in September. Work continues to aim to reduce these in future months.

Variable Pay & Agency
Variable Pay increased substantially between April and June 2020 but has shown signs of reducing in August and September. During September 2020, Agency spend totalled £42k (£61k September 19), Bank totalled £200k (£82k September 19) and overtime totalled £56k (£64k September 19). Agency expenditure has fallen significantly in recent months due to a large number of workers transferring to the NWSSP bank. The increased expenditure in 2020/21 is primarily due to the additional resource required to support the additional Covid workload.

Summary
The September 2020 financial position was within expectations. This will continue to be monitored as we progress through the financial year to ensure the forecast break-even year end positon can be achieved.

Finance, Workforce and Performance Update Report

INTRODUCTION

This report provides an update on the following to 30th September 2020:

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

NWSSP Financial position

NWSSP reported a break-even position at the close of Month 6:

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD under/ overspend £000
Audit & Assurance Services	2,655	1,466	1,403	-63
Procurement Services	15,692	8,335	8,189	-146
Health Courier Services	1,830	1,517	1,397	-121
SMTL	741	398	304	-93
Stores	0	0	0	0
Employment Services	10,531	5,351	5,328	-22
Primary Care Services	11,744	5,901	5,492	-409
Legal & Risk Services	2,602	1,292	1,306	14
WIBSS	0	0	0	0
Welsh Risk Pool Services	459	268	272	4
Specialist Estates Services	3,064	1,557	1,436	-122
Medical Examiner Service	68	50	50	0
Single Lead Employer	510	510	510	0
E-Business Central Team Services	1,149	-76	-76	0
Accounts Payable	3,142	1,566	1,574	9
E-Enablement	545	272	263	-9
Counter Fraud Services	451	226	217	-9
Corporate Services	-2,421	-3,122	-3,187	-64
Corporate IT Support/RPA	1,953	1,238	1,214	-24
PMO/TRAMS	418	204	197	-8
Accommodation	2,359	1,178	1,091	-87
Finance	900	462	438	-24
Finance Academy	450	90	88	-2
Welsh Language	192	96	70	-26
GP Training Scheme	0	0	0	0
Workforce & OD/WFIS/ESR/TEL	2,098	1,059	871	-188
Salary Sacrifice	-30	-15	51	66
ESR Enhanced	-60	-30	-30	0
Distribution	750	0	0	0
Corporate Reserves	-1,000	603	1,927	1,324
	60,791	**30,395**	**30,395**	**0**

NWSSP Professional Influence benefits

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

The benefits, which relate to Legal Services, Procurement Services and Specialist Estates Services can now be allocated across health organisations for all areas other than construction procurement. This is not possible for construction procurement due to the mechanism utilised to capture the data. Detail for health boards and trusts is reported in the individual performance reports issued to health organisations quarterly.

The indicative financial benefits across NHS Wales arising in the period April 2020 – September 2020 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	13.637
Procurement Services	9.941
Legal & Risk Services	79.044
Total	**102.622**

PERFORMANCE

Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 2 reports are in the process of being produced and will be issued to the health organisations. These reports reflect the ongoing developments in NWSSP performance reporting and incorporate feedback received to date.

Additionally, high level KPI data relating to the performance of each service for all Wales is detailed in the table below. This provides data for September 2020 (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 30-Jun	Position at 31-July	Position at 31-Aug	Position at 30-Sept
Financial Position – Forecast Outturn	Break even	Monthly	Breakeven	Breakeven	Breakeven	Breakeven
Capital financial position	Within CEL	Monthly	On Target	On Target	On Target	On Target
Planned Distribution	£0.75m	Annual	£0.75m	£0.75m	£0.75m	£0.75m
NWSSP PSPP NON-NHS % (In Month)	95%	Monthly	97.98%	96.83%	96.80%	96.32%
NWSSP PSPP NON-NHS % (Cumulative)	95%	Monthly	97.49%	97.33%	97.24%	97.11%
NWSSP PSPP NHS % (In Month)	95%	Monthly	76.32%	82.22%	77.78%	97.56%
NWSSP PSPP NHS % (Cumulative)	95%	Monthly	87.24%	86.71%	85.08%	86.61%

KEY PERFORMANCE MEASURES

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

High Level - KPIs September 2020 (unless stated otherwise)	Target		Position at 30 Jun	Position at 31 Jul	Position at 31 Aug	Position at 30 Sept
Internal Indicators						
Corporate						
NHS Debts in excess of 11 weeks – Value	<£100k	Monthly	£236k	£106k	£25k	£219k
NHS Debts in excess of 17 weeks – Value	£0	Monthly	£0.03k	£66k	£0k	£14k
Variable Pay – Overtime	<£43k	Monthly	£246k	£116k	£89k	£56k
Agency % to date	<0.8%	Cumulative	2.55%	2.47%	2.00%	1.66%
Agency % Adjusted to exclude GP Trainees	<0.8%	Cumulative	3.65%	3.51%	2.87%	2.53%
NWSSP Org KPIs Recruitment						
NWSSP - % of vacancies approved within 10 working days	70.00%	Monthly	87.50%	63.00%	52.20%	60.00%
NWSSP - % of vacancies shortlisted within 3 working days	70.00%	Monthly	24.10%	40.50%	43.50%	60.90%
NWSSP - % of interview outcomes notified within 3 working days	90.00%	Monthly	52.60%	75.40%	68.20%	76.50%
Website & Social Media Reach						
Internet hits per month	>100k	Monthly	27k	68k	90k	74k
Intranet hits per month	>75k	Monthly	79k	76k	63k	75k
Twitter Followers		Cumulative	3,433	3,479	3,506	3,547
Twitter New Followers	35	Monthly	21	52	35	41
Tweet Impressions	20k	Monthly	57k	42k	13k	29k
Tweets	20	Monthly	71	84	11	38
LinkedIn Followers		Cumulative		3,573	3,583	3,668

High Level - KPIs September 2020 (unless stated otherwise)	Target		Position at 30 Jun	Position at 31 Jul	Position at 31 Aug	Position at 30 Sept
Professional Influence						
Professional Influence Savings	£110m annual target	Cumulative	£50m	£69m	£97m	£103m
Procurement Services						
Procurement savings *Current Year	£12.10m	Cumulative	Not Available	£5.03m	£9.27m	£9.94m
All Wales PSPP – Non-NHS YTD	95%	Quarterly	93.45%	Reported Quarterly	Reported Quarterly	95.10%
All Wales PSPP –NHS YTD	95%	Quarterly	83.71%	Reported Quarterly	Reported Quarterly	85.45%
Accounts Payable % Calls Handled (South)	95%	Monthly	99.7%	98.8%	99.7%	99.1%
Employment Services						
Payroll accuracy rate (Added Value)	99.6%	Monthly	99.72%	99.76%	99.76%	99.77%
All Wales Org KPIs Recruitment						
All Wales - % of vacancies approved within 10 working days	70.00%	Monthly	64.10%	69.70%	70.40%	67.10%
All Wales - % of vacancies shortlisted within 3 working days	70.00%	Monthly	48.10%	54.30%	52.50%	50.20%
All Wales - % of interview outcomes notified within 3 working days	90.00%	Monthly	63.70%	69.80%	71.20%	69.40%
All Wales Org - NWSSP KPIs recruitment element						
Recruitment - % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	98.60%	98.50%	99.00%	99.80%
Recruitment - % of applications moved to shortlisting within 2 working days of vacancy closing	99.00%	Monthly	99.60%	99.80%	99.90%	100.00%
Recruitment - % of conditional offer letters sent within 4 working days	98.00%	Monthly	96.20%	98.10%	99.60%	99.30%
Recruitment % Calls Handled		Monthly	90.1%	89.6%	86.5%	88.3%
Primary Care Services						
Payments made accurately and to timescale	100%	Monthly	100%	100%	100%	100%
Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.62%	99.79%	99.81%	99.61%
Internal audit						
Audits reported % of planned audits	22%	Cumulative	1%	4%	12%	18%
% of audit outputs in progress		Cumulative	17%	19%	18%	20%
Report turnaround management response to draft report [15 days]	80%	Cumulative	Not Applicable	50%	79%	85%
Report turnaround draft response to final reporting [10 days]	80%	Cumulative	Not Applicable	100%	100%	100%
Legal and risk						
Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	98%	100%	100%	100%
Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	98%	100%	100%	100%
Welsh Risk Pool						
Acknowledgement of receipt of claim	100%	Monthly	No Committee	100%	No Committee	100%
Valid claims received within deadline processed in time for next WRP committee	100%	Monthly	No Committee	100%	No Committee	100%
Claims agreed paid within 10 days	100%	Monthly	No Committee	98%	No Committee	100%

COVID-19

The additional NWSSP operational Covid-19 spend incurred to 30th September 2020 is £3.855m. Invoices have been raised to Welsh Government for these costs incurred to date and it is assumed that ongoing costs will be funded at this time. The expenditure incurred is summarised in the table below together with the full year forecast of Covid costs submitted:

Additional COVID Expenditure	YTD	Full Year Forecast
	£m	£m
Staff costs - bank and overtime	1.398	2.945
Staff costs - agency	0.757	1.184
Interim F1s	0.509	0.509
Transportation costs	0.492	1.255
Additional cleaning/equipment/security	0.276	0.560
Distribution of shielding letters	0.052	0.055
External laboratory testing	0.071	0.086
Loss of income	0.000	0.243
Temporary Medicines Unit	0.134	0.928
Oracle Licences/Bomgar Licences	0.073	0.183
Other non pay costs	0.093	0.150
TOTAL	**3.855**	**8.098**

The value of All Wales Covid non-stock orders placed by NWSSP to 30th September 2020 is summarised in the table below. This includes the value of PPE issues to Social Care and Primary Care during April – September:

	Capital	Revenue	**TOTAL**
	£m	£m	**£m**
2019/20	0.465	0.206	**0.671**
2020/21	10.586	223.540	**234.126**
TOTAL	**11.051**	**223.746**	**234.797**

The net NHS Wales expenditure is £197.731 as detailed in the table below:

	Capital	Revenue	**TOTAL**
	£m	£m	**£m**
TOTAL	11.051	223.746	**234.797**
Provision to other Nations		37.066	**37.066**
WALES TOTAL	**11.051**	**186.680**	**197.731**

This expenditure can be summarised under the following categories:

Equipment	PPE	Testing	Services	TOTAL
£m	£m	£m	£m	£m
31.724	154.356	11.234	0.418	197.731

2020/21 DISTRIBUTION

Following a review of our year-end forecast, the distribution of an additional £1.250m is declared to bring the total 2020/21 distribution to £2.000m. This is in line with the 2019/20 distribution and the shares by organisation are detailed in the table below:

Health Board /Trust	%	PLANNED DISTRIBUTION £	ADDITIONAL DISTRIBUTION £	TOTAL DISTRIBUTION £	Agreed Recurrent Reinvestment £	TOTAL 2020/21 DISTRIBUTION £
Aneurin Bevan	9.85	73,844	123,125	196,969		196,969
Swansea Bay	8.80	66,029	110,000	176,029		176,029
Betsi Cadwaladr	11.98	89,815	149,750	239,565	-89,815	149,750
Cardiff and Vale	10.49	78,652	131,125	209,777		209,777
Cwm Taf	10.60	79,527	132,500	212,027		212,027
Hywel Dda	7.77	58,293	97,125	155,418	-58,293	97,125
Powys	1.95	14,598	24,375	38,973	-14,598	24,375
Velindre	1.17	8,781	14,625	23,406		23,406
WAST	1.28	9,580	16,000	25,580	-9,580	16,000
Public Health Wales	0.87	6,530	10,875	17,405	-6,530	10,875
Welsh Government	35.25	264,351	440,500	704,851	-264,351	440,500
Total	**100%**	**750,000**	**1,250,000**	**2,000,000**	**-443,167**	**1,556,833**

2020/21 RISKS

ESR Recharge

The Department of Health & Social Care (NHS England) runs the ESR system on behalf of England and Wales and recharge NHS Wales for its charge of the costs. NWSSP undertakes the central role for NHS Wales with regards to the payment and recharging of ESR costs. NWSSP makes payment of the 6.1315% recharge for Wales of the total ESR contract administered by the Department of Health & Social Care (DHSC) and apportions costs and recharges to UHBs/Trusts. In year and full contract forecasts are received quarterly and these are subject to change dependent upon the level of enhancements and additional functionalities deployed. Recharges are levied to organisations apportioned on ESR assignment headcount in September of each year.

During October 2020 when the quarterly forecast was received, the DHSC indicated that there could be a significant increase in the forecast recharge for 2020/21 and subsequent years. The potential increase is summarised in the table below:

NHS Wales Forecast	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26
Remaining contract forecast @ Feb 20	2,132,990	2,172,368	1,434,251			
Revised forecast with extension @ Oct 20	3,071,733	2,829,384	3,299,463	3,344,205	3,309,255	1,457,200
Variance	**938,743**	**657,016**	**1,865,213**	**3,344,205**	**3,309,255**	**1,457,200**

The ESR contract with IBM is due to expire in August 2022 and an extension to August 2025 is in the process of being negotiated by DHSC. In addition to additional costs being charged in respect of a significant data centre move in 2020/21, these negotiations also include additional payments to IBM from August 2020-August 2022 to cover contract losses to negotiate more realistic charges in the contract extension period.

We continue to work with DHSC colleagues to fully understand the potential additional costs and the timing of these included in the forecast and to assess the robustness of the forecast for 2020/21. A further update will be provided as soon as the finalised position for 2020/21 is known.

SIP Fund

NWSSP hosts the Central Team e-Business Services which receives its funding via contributions from individual Health Boards and Trusts. The contributions received, as well as funding the operating costs of the team, are used to build up a fund for investment in Oracle and BI developments and future hardware acquisition. It is forecast that this fund will total circa £1m for 2020/21 and the utilisation of this fund is to be reviewed at the STRAD meeting on 24th November 2020. If arrangements on how to utilise / manage this fund cannot be reached then the funds may need to be returned to health organisations at the end of the financial year.

CAPITAL

The table below identifies the allocation against our £0.600m discretionary allocation and £3.444m additional capital allocation with details of the expenditure incurred to 30th September 2020.

NWSSP are capitalising ventilators as national assets during 2020/21 to support the flexible utilisation of this equipment across NHS Wales as demand requires. If permanent locations of these assets are confirmed before 31st March 2021, these assets will be transferred to the relevant UHBs together with a transfer of capital funding. The overspend reported against Covid-19 National Assets is due to a delay in Welsh Government increasing the capital allocation in respect of these. It is anticipated this will be amended by the end of November.

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Hardware/Software Programme	300	8	-292
New Premises Fit Out	50	0	-50
Temporary Medicines Unit	10	0	-10
EV Charging Points	27	0	-27
Warehouse Management Equipment	24	0	-24

Scheme	Allocation	YTD Spend	Balance Outstanding
SMTL IT Equipment	7	0	-7
SMTL Air-Conditioning Replacement	22	0	-22
SES Decontamination Testing Kit	6	0	-6
SMTL - Surgical Gown Testing & Climatic Chamber	18	0	-18
Contingency	136	0	-136
Discretionary Capital Total	**600**	**8**	**-592**
National Workforce Reporting System	163	39	-124
NHAIS Replacement Service	253	0	-253
COVID 19 Pharmacy Equipment 20/21	158	158	0
COVID 19 Pharmacy Equipment 20/21- Automated Syringe Filling Pumps	108	108	0
Pharmacy Equipment-Pre Prepared Sterile Medicines	271	28	-243
COVID-19 IT Equipment	444	412	-32
COVID-19 National Assets	1,739	1,900	161
COVID-19 SMTL Testing Equipment	12	12	0
COVID-19 Picketston Storage Facility	296	0	-296
Additional Capital Total	**3,444**	**2,657**	**-787**
TOTAL CAPITAL	**4,044**	**2,665**	**-1,379**

Discussions are ongoing with service colleagues to ensure that all capital funds allocated are utilised in full during the financial year. We also continue discussions with Welsh Government colleagues regarding additional capital funding for schemes that we can undertake in 2020/21. A significant value of these relate to Covid schemes to increase and improve warehouse storage capacity and purchase additional vehicles for the distribution of PPE.

WELSH RISK POOL – September 2020

Resource 2020/21

The Welsh Government (WG) core allocation for 2020/21 is **£75M** for Clinical Negligence and Personal Injury and a **£1.259M** allocation for Redress.

DEL Forecast & Risk Share

Welsh Government indicated funding for 2020/21 is £107M taking account of PIDR funding as well. DEL expenditure exceeding this amount will be met through the Risk Share Agreement.

The IMTP forecast for 2020/21 indicated an overspend of **£13.78M** subject to the Risk Share Agreement relating to core claims growth with a total resource requirement of **£121M.**

The DEL position as at 30th September 2020 can be analysed as follows: -

September 2020 DEL Position	
Reimbursements	30,296,800
Managed Claims	715,735
PTR Reimbursable & EIDO	66,693
Periodical Payment Orders	996,274
NHS Wales Creditor	15,876,000
Clinical Negligence & Personal Injury	**47,951,502**
Redress Reimbursements	1,081,679
YTD Expenditure	**49,033,181**

DEL FORECAST 2020/21

The updated DEL forecast to M6 shows minimal movement compared to M5. The slight increase to **£122.5M** compared to the IMTP **£121M** and M4 & M5 positions shows the forecast is stable and expenditure should be managed within the existing DEL resource.

However, there remains a significant risk to the forecast. Claimant settlement preference might not yet be known or can change quite late in negotiations so the risk of a significant overspend remains if even two or three cases were to settle with a higher lump sum than estimated or on a lump sum basis only.

The forecast includes several high-level assumptions: -

- Cases with Round Table Meetings or offers in the diary have been included at 100% of their quantum value,
- Less certain cases are included at 40%.

High value cases are assumed to settle with a 50% PPO arrangement.

Annually Managed Expenditure

There has been an increase of £20 million in the level of provisions since 31 March 2021 as analysed below.

	Provision 31 March 2020	Provision 31 July 2020	Movement
	£M	£M	£M
Probable or certain	692.759	676.568	(16.191)

Structured Settlements/PPOs	441.063	477.455	36.392
	1,133.822	**1,154.023**	**20.201**

Redress Forecast 2020/21

The Redress forecast for 2020/21 has been compiled from Health Boards records in July and trend %'s applied to take account of previous year expenditure. The forecast for the year is **£2.334M.**

The expected **£1.075M** overspend for 2020/21 will be funded by the Welsh Government for 2020/21.

Future years overspends will be charged to DEL in the first instance and to the Risk Share if there are no DEL funds remaining. The long term DEL forecast indicates there will be no available remaining funds for at least the next three to five years, and therefore any Redress overspends would be subject to the Risk Share Agreement from 2021/22.

GMPI Update

The GMPI covers claims for compensation arising from the care, diagnosis and treatment of a patient following incidents that happen on or after 1 April 2019 in relation to GMS work.

Claims are reimbursed without application of the £25K excess applied to clinical negligence claims and the total value of claims will be met by Welsh Government. The current caseload consists of the following to 30th September: -

- 1983 (813 since 1st April) GMPI communications i.e., general queries
- 152 (62 since 1st April) patient concerns or complaint notifications
- 38 (10 since 1st April) potential clinical negligence claims notified
- 6 clinical negligence claims (4 since 1st April) Letters of Claim received

To date, six letters of claim have been received. These have been classified as contingent liabilities rather than provisions in the accounts pending further information to determine whether they can be re-evaluated as a claim likely to settle.

NHS WALES SHARED SERVICES SHARED SERVICES PARTNERSHIP COMMITTEE

Introduction / Summary

MEETING	Shared Services Partnership Committee (SSPC)
DATE	November 2020
REPORT AUTHOR	Sarah Evans, Deputy Director of WOD
RESPONSIBLE HEAD OF SERVICE	Director of Workforce & OD
TITLE OF REPORT Report of the Director of Workforce & OD	
PURPOSE OF REPORT The purpose of this report is to provide the Shared Services Partnership Committee with a comprehensive update of current workforce performance across the organisation through a range of key workforce information metrics. The report also provides an update on current work programmes being undertaken by the Workforce & OD function as well as formal employee relations activity and organisational change.	

WORKFORCE INFORMATION

Summary

Staff in Post
FTE

309.88 ▲
Varience

2,081.53 | 2,391.41
■ 18/19 ■ 19/20

Sickness
In-Month

-0.1% ▼
Varience

2.63%

Previous Month : 2.68%
Target: 3.30%

Sickness
12 Months

-0.3% ▼
Varience

3.82%

Previous Year: 4.10%
Target: 3.30%

Sickness
% Recorded within 7 Days

83.94%

Previous Month : 71.11%

Staff in Post by FTE
Timeline

2,600.00
2,400.00
2,200.00
2,000.00
1,800.00

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

━━ 19/20

Sickness
Timeline

6.00%
4.00%
2.00%
0.00%

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

━◆━ 2019/20 ┈┈┈ Target

Turnover
Timeline

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

■ Starters (Headcount) ■ Leavers (Headcount)

Starters & Leavers
12 Months Total

220.00

-142.00

■ Starters ■ Leavers

Turnover
12 Months Total %

-2.38% ▼
Varience

7.93%

Previous Year : 10.31%

PADR
Compliance

2.47% ▲
Varience

79.20%

Previous Month : 76.73%

CSTF
Compliance

0.55% ▲
Varience

94.65%

Previous Month : 94.10%

Key

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

NWSSP STAFF IN POST

The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP as at 30th September 2020:

Section	Headcount		FTE		Headcount Change	
	Aug 20	Sep 20	Aug 20	Sep 20	Headcount Change +/-	Headcount Change +/- %
Accounts Payable Section	134	135	128.13	129.55	1.00 ▲	0.74%
Audit & Assurance Section	53	53	50.56	50.56	0.00	0.00%
Corporate Section	60	63	55.51	57.71	3.00 ▲	4.76%
Counter Fraud Section	7	7	7	7	0.00	0.00%
Digital Workforce Solutions Section	17	15	16.2	14.6	-2.00 ▼	-13.33%
E-Business Central Team Section	12	12	10.93	11.13	0.00	0.00%
Employment Section	361	362	330.09	329.33	1.00 ▲	0.28%
Finance Section	29	29	27.06	27.46001	0.00	0.00%
Single Lead Employer	1086	1268	1031.05	1199.35	182.00 ▲	14.35%
Legal & Risk Section	121	129	110.91	118.91	8.00 ▲	6.20%
Medical Examiner Section	5	15	3.40	9.3	2.00 ▲	13.33%
Primary Care Section	310	308	284.16	282.46	-2.00 ▼	-0.65%
Procurement Section	606	606	573.36	571.53	0.00	0.00%
Specialist Estates Section	46	49	45.11	48.11	3.00 ▲	6.12%
Surgical Materials Testing (SMTL) Section	20	20	18.32	18.32	0.00	0.00%
Welsh Employers Unit Section	4	4	3.80	3.8	0.00	0.00%
Workforce & OD Section	29	29	27.75	27.79	0.00	0.00%
NWSSP Overall	**2900**	**3104**	**2723.34**	**2906.91**	**204.00 ▲**	**6.57%**

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

From a Single Lead Employer perspective, the headcount has increased greatly over the last three months to a total headcount of 530 (512.8 FTE). This headcount accounts for a 20.6% increase on the figures cited in the table above, taking the total NWSSP headcount (VPD 120 and 043) to 3,104.

Nwssp Overall Headcount Trajectory

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

NWSSP Overall Staff in Post 2 year Comparison by Headcount

Data Source: ESR

NWSSP Overall September Headcount
2018/19 2019/20

3,104.00

2,246.00
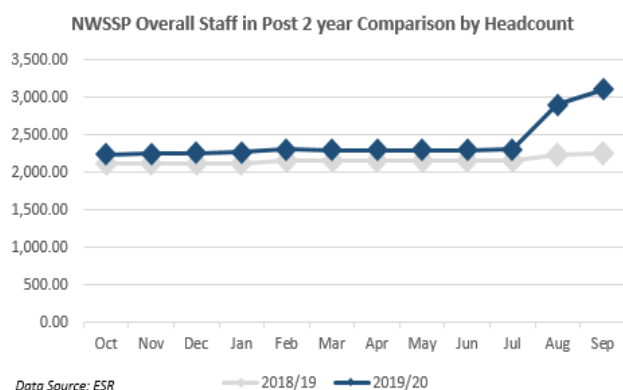
The significant increase in headcount is attributable to the growth in our Single Lead Employer Function.

Staff Turnover

The turnover rate for NWSSP from 1st October 2019 to 30th September 2020 is **7.93%** compared to **10.31%** for the same period last year.

NWSSP Overall Starters & Leavers by Headcount

18.00	21.00	25.00	25.00	18.00	15.00	21.00	8.00	4.00	16.00	15.00	34.00
-19.00	-13.00	-18.00	-11.00	-4.00	-26.00	-8.00	-9.00	-8.00	-5.00	-12.00	-9.00

Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20

Starters (Headcount)   Leavers (Headcount)   Cumulative Headcount

Data Source: ESR
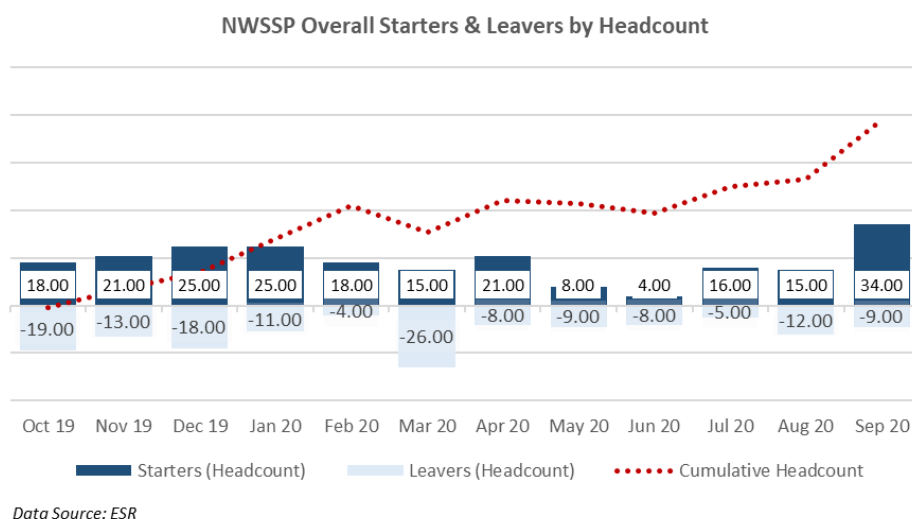
This graph shows the starters and leavers in NWSSP from October 2019 to the end of September 2020. GP Trainees and Bank workers are excluded from this

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

Please note: 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 be understood within the context of the overall headcount.

Data Source: ESR

Turnover %   NWSSP Overall   Previous Year
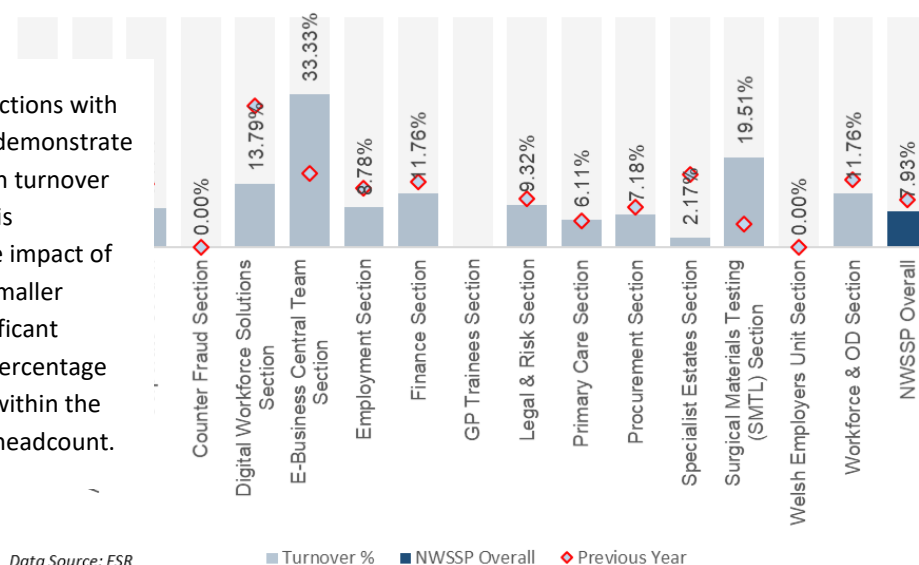
The top three reasons for staff leaving NWSSP over the last 12 months are:

Top 3 Leaving Reasons		
Rank	**Reason**	**Headcount**
1	**Voluntary Resignation - Promotion**	**32**
2	**Voluntary Resignation – Other/Not Known**	**30**
3	**Retirement Age**	**19**

Other reasons for absence during this period include end of fixed term contract (8); flexi retirement (11) and relocation (7)

Of **139** staff that left the organisation during this period, **89** staff left through voluntary resignation, equivalent to **64%** of all terminations. **0** dismissals occurred in September 2020.

SICKNESS ABSENCE

The chart below shows the average sickness absence rate for NWSSP for the three years, 2018, 2019 and 2020 (to date)

3 year Month on Month Sickness Comparison
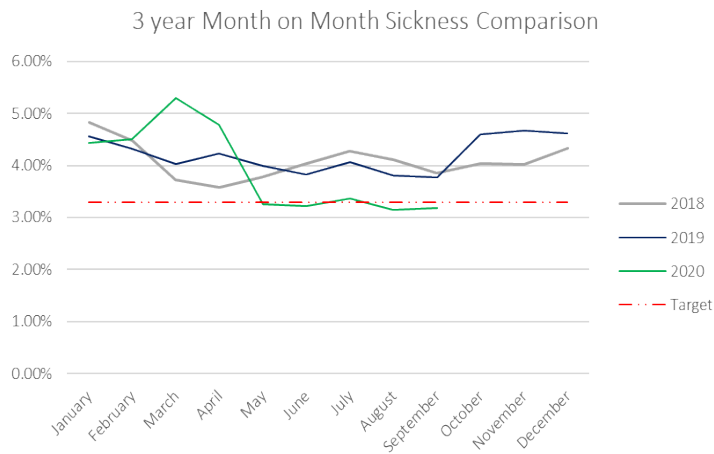
	2018	2019	2020	Target
January	4.83%	4.56%	4.44%	3.3%
February	4.48%	4.33%	4.50%	3.3%
March	3.73%	4.02%	5.29%	3.3%
April	3.59%	4.23%	4.78%	3.3%
May	3.78%	4.00%	3.26%	3.3%
June	4.04%	3.83%	3.22%	3.3%
July	4.28%	4.07%	3.37%	3.3%
August	4.12%	3.81%	3.14%	3.3%
September	3.86%	3.78%	3.19%	3.3%
October	4.04%	4.60%		3.3%
November	4.02%	4.66%		3.3%
December	4.34%	4.61%		3.3%

After a minor increase in July, which is consistent with previous years, there continues to be a downward trajectory from the previous two years – 3.86% in 2018 to 3.78% in 2019 and **3.19%** in September 2020.

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 September 2020 was **2.63%**, which is a **0.05%** <u>decrease</u> from the August 2020 position. As mentioned in previous reporting, the original fall in sickness absence could be attributed to the ability for many staff to work from home and flexibility of how their hours are worked across the week. It is recommended that this is monitored over the coming months.

The 12-month trend in Long Term versus Short Term Sickness absence for the period 1st September 2019 to 31st August 2020:

NWSSP Overall - Long Term / Short Term Sickness Absence FTE % Over Time
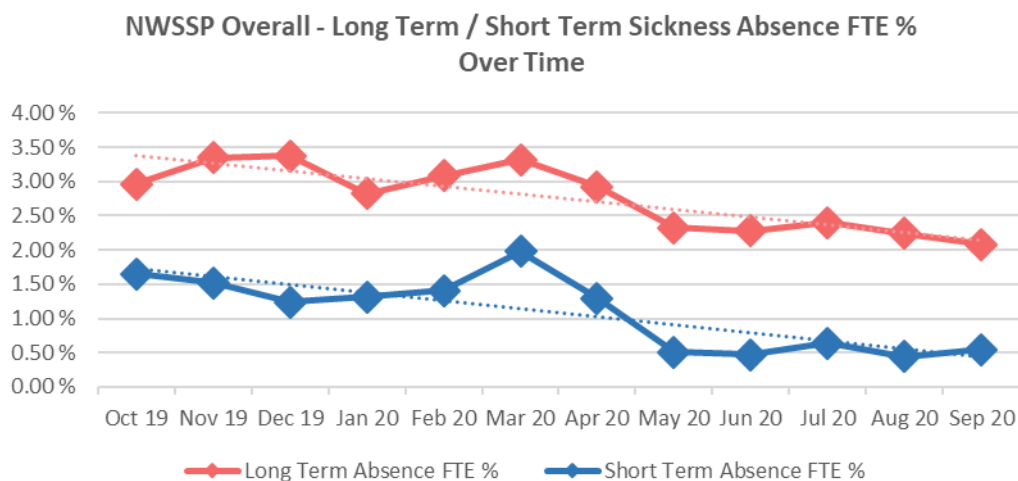
Data Source: ESR

Reasons for Sickness Absence

The charts below show the top five reasons for sickness absence (by headcount and FTE respectively) within NWSSP for the period 1st October 2019 to 30th September 2020:

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19th November 2020

NWSSP Overall - Top 5 Absence Reasons by FTE Days Lost for 12 Months

Absence Reason	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	10474.24
S15 Chest & respiratory problems	3155.46
S25 Gastrointestinal problems	2243.03
S98 Other known causes - not elsewhere classified	1953.14
S12 Other musculoskeletal problems	1942.71

Data Source: ESR

NWSSP Overall - Top 5 Absence Reasons by Headcount for 12 Months

Absence Reason	Headcount
S13 Cold, Cough, Flu - Influenza	357.00
S25 Gastrointestinal problems	319.00
S15 Chest & respiratory problems	223.00
S10 Anxiety/stress/depression/other psychiatric illnesses	210.00
S16 Headache / migraine	84.00

Data Source: ESR

Anxiety, stress and depression continue to account for the greatest number of days lost due for sickness absence within NWSSP with just over 10,400 hours lost per annum. These hours lost could be reflective of the long term nature of such absences.

NWSSP has numerous avenues of support for those suffering with their mental health, including the introduction fo the Mental Health First Aiders Programme; the Peer Support Programme for COVID-19; and our Employee Assistance Programme.

Interestingly, when you compare the hours lost to the number of absences by headcount, cold, cough and flu; and gastrointestinal problems account for the greater number of absences. This is further highlighted in the data that looks at occurrences over the last 12 months. These occurrences again may reflect the short-term nature of absences.

NWSSP Overall - COVID-19 Sickness Absence % (FTE)
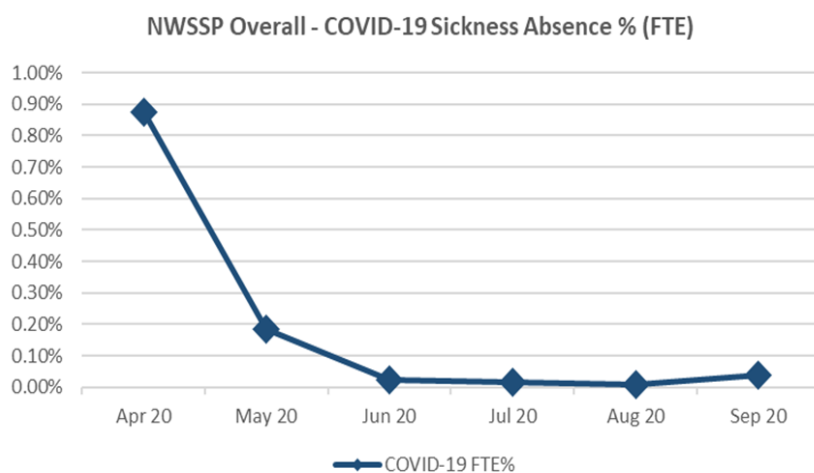
Data Source: ESR

COVID-19 Related Absence at 28 September 2020

Open Absence Infection Precaution	Open Absence Medical Suspension
51	3

Open Absence - COVID-19	Risk Assessment Compliance %
2	60.22%

As can be seen, Covid-19 related have fallen further from 68 in August to 51 in September, since its peak in March/April 2020. Those under medical suspension, fell again from 4 to 3 in the same monthly period. Related absences are still occurring, so we will continue to report on this over the coming months.

Sickness Absence by Service

The chart below shows the average sickness absence rate for each service from 1st October 2019 to 30th September 2020:

Sickness Absence Percentage by Individual Services

Data Source: ESR

■ On Target ■ Over Target ─ Target
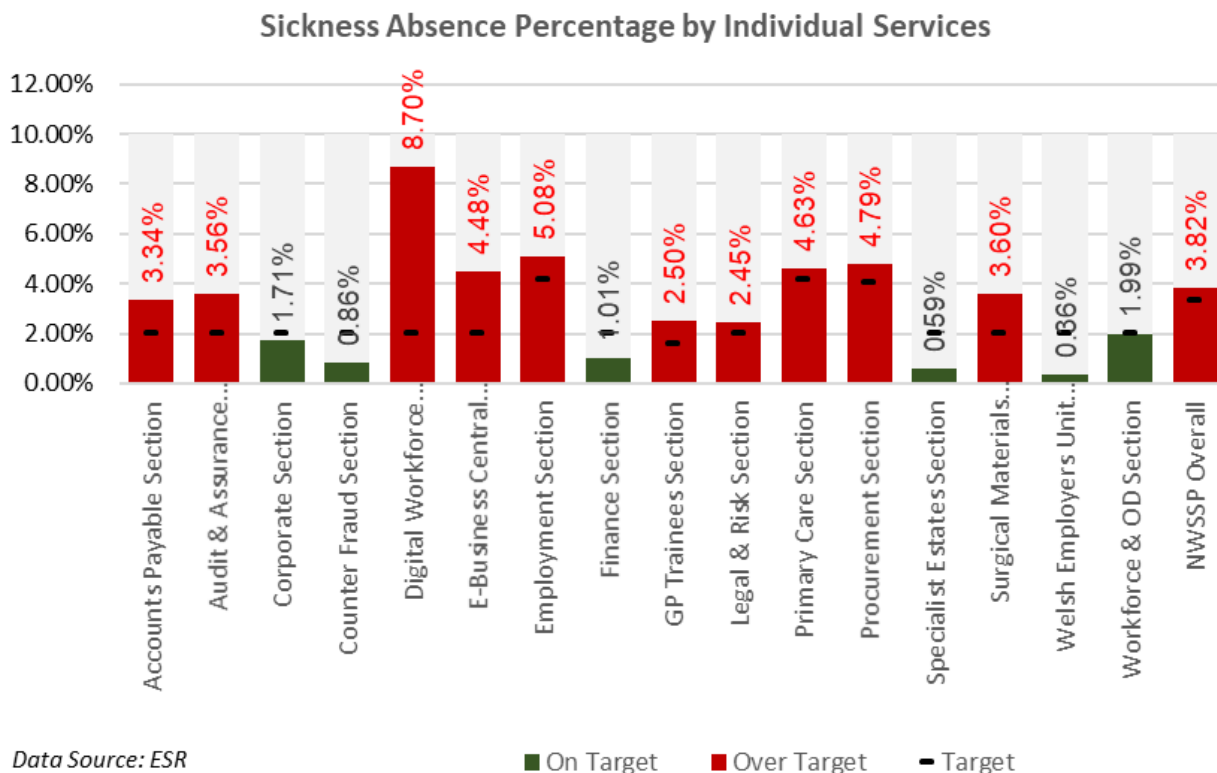
Percentage of Absence Entered Within 7 days

Much of the data presented in this report is correct at the time that it is drawn down from ESR. Figures in the next report for the same period may alter due to a lag time in the entering of this data.

The graph below shows the percentage of absences entered into ESR within 7 days of the first day of absence, in the period 1st October 2019 to 30th September 2020. Accurate and timely entry of sickness absence information into ESR is fundamental to ensuring accurate payment of staff and informed reporting. It should also be noted that this is a requirement of all managers as part of the NWSSP Core Organisational Objectives developed to support the application of the Pay Progression Policy.
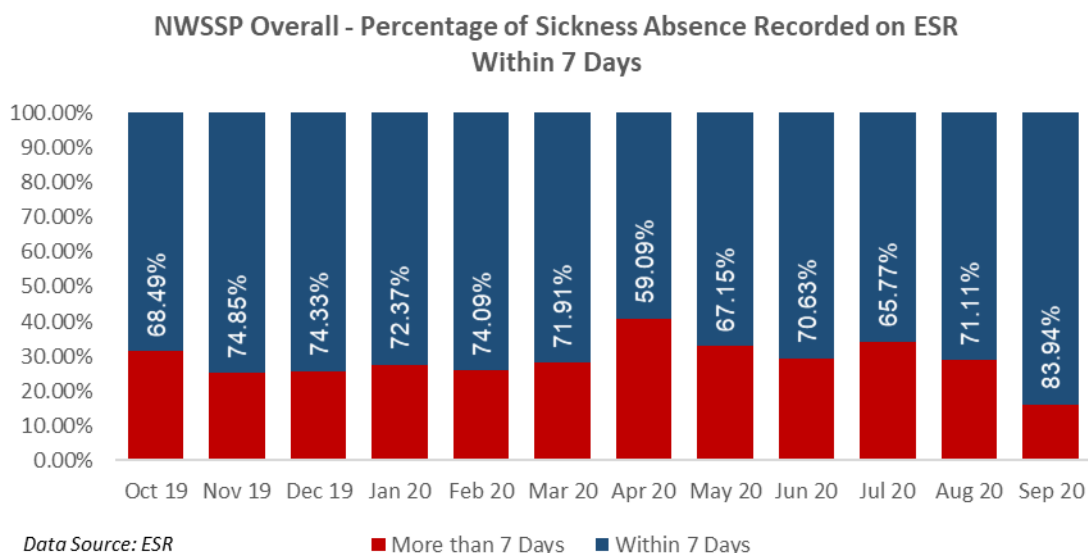
Wellbeing Support
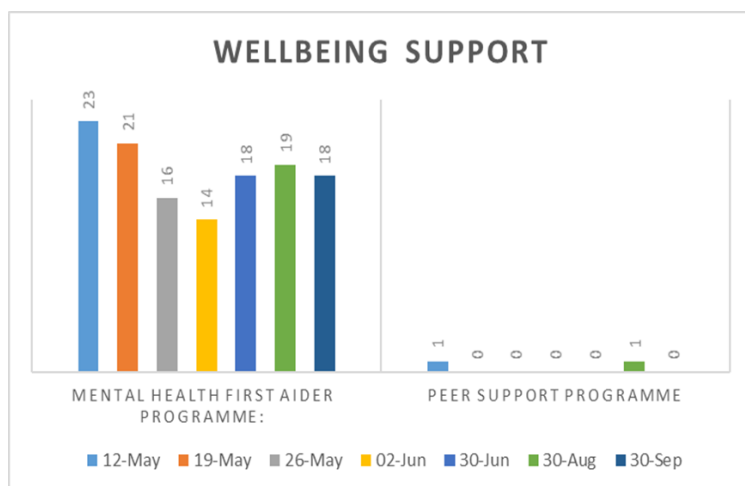
98.47% of our wellbeing support to date has been provided by the Mental Health First Aiders through the organisation.

The Peer Support Programme set up in response to the COVID-19 pandemic to provide support staff has to date received two calls.

All Wales Risk Assessment Completion

As of 14th October 2020, 64.18% of risk assessments have been completed for staff on 120 VPD. The table below provides a breakdown of completion rates per division: There is currently a push to improve compliance by GP trainees and compliance has increased to 56% as off 22/10/2020.

Service	Numbers in Service	Numbers Completed	% Completed per Service 14.10.20	% Completed per Service 16.09.20	% Change on previous period	Comments
Accounts Payable	135	134	99.26%	99.25%	0.01%	Increase in staffing numbers of 2
Audit & Assurance	52	47	90.38%	86.79%	3.59%	Reduction staffing numbers of 1
Corporate	68	59	86.76%	85.00%	1.76%	Increase in staffing numbers of 8
Counter Fraud	7	7	100.00%	100.00%	0.00%	
Digital Workforce Solutions	14	11	78.57%	75.00%	3.57%	Reduction in staffing numbers of 2
E-Business Central Team	12	12	100.00%	91.67%	8.33%	
Employment	364	253	69.51%	61.26%	8.24%	
Finance	28	25	89.29%	86.67%	2.62%	Reduction staffing numbers of 2
GP Trainees	732	181	24.73%	14.23%	10.50%	Reduction in staffing numbers of 13
Legal & Risk	128	112	87.50%	89.52%	-2.02%	Increase in staffing numbers 4
Medical Examiner	20	6	30.00%	40.00%	-10.00%	Increase in staffing numbers of 10
Primary Care	307	295	96.09%	90.29%	5.80%	Reduction in staffing numbers of 2
Procurement	618	432	69.90%	69.97%	-0.06%	Increase in staffing numbers of 12
Specialist Estates	49	44	89.80%	93.48%	-3.68%	Increase in staffing numbers of 3
Surgical Materials Testing (SMTL)	20	19	95.00%	95.00%	0.00%	
Welsh Employers Unit	4	1	25.00%	25.00%	0.00%	
Workforce & OD	30	23	76.67%	62.07%	14.60%	Increase in staffing numbers of 1
Grand Total	**2588**	**1661**	**64.18%**	**52.43%**	**11.75%**	Increase in staffing numbers of 20

We are currently in liason with IBM regarding the provision of the All Wales Risk Assessment data for the 043 VPD.

Management Letter - NHS Wales Shared Services Partnership

Audit year: 2019-20

Date issued: September 2020

Document reference: 2060A2020-21

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

Our work did not identify any significant issues that would prevent us relying on services provided by NHS Wales Shared Services Partnership (NWSSP) although improvements could be made in some areas.

Summary report

Introduction

1   In January 2020, we presented a paper to the Velindre University NHS Trust's (the Trust) Audit Committee for Shared Services – 2020 Audit Assurance Arrangements – NHS Wales Shared Services Partnership. The paper set out the external audit assurance arrangements, in line with the requirements of International Standards on Auditing (UK and Ireland) (ISAs) relevant to those services provided by the NHS Wales Shared Services Partnership (NWSSP).

2   The local audit teams of each individual health body are responsible for providing an opinion on health body financial statements, and determine what work is required on NWSSP services. Auditors decide whether testing of the key controls within the system, or substantive testing of the figures produced by the system, provides the required assurance in the most efficient way.

3   In this report we set out all the matters relevant to the services NWSSP provides, that we and the local audit teams of individual health bodies identified. This report sets out the findings and recommendations in respect of:

- Audit and Assurance Services (NWSSP – AAS);
- Primary Care Services (NWSSP – PCS);
- Employment Services (NWSSP – ES);
- Procurement Services (NWSSP – PS); and
- Legal and Risk Services (NWSSP – LARS) which includes Welsh Risk Pool Services (WRPS).

4   We will report the detailed findings from our review of the nationally hosted NHS IT Systems separately.

Issues arising from the audit

5   Our work did not identify any significant issues that would prevent us relying on services provided by NHS Wales Shared Services Partnership (NWSSP) although improvements could be made in some areas.

Audit and Assurance Services

6   Local health body audit teams need to consider ISA 610 – Using the work of internal auditors – to assess the adequacy of Internal Audit work for the purposes of the audit. To aid this evaluation, we considered the arrangements in place against the requirements of the Public Sector Internal Audit Standards (PSIAS).

7   We did not identify any issues regarding NWSSP – AAS's compliance with the PSIAS standards that would prevent us taking assurance from their work.

Primary Care Services

8   Local health board audit teams planned to place reliance on specific key controls within the general medical services (GMS), general pharmaceutical services (GPS) and community pharmacy prescription services (CPPS) systems. We therefore documented, evaluated and tested controls in respect of:

- global sum payments to general medical practitioners (capitation lists and patient rates); and

- payments to pharmacists (checks undertaken by the Professional Services Team and drug tariff rates).

9   Our testing covered the primary care teams in Swansea and Mamhilad and the CPPS team in Companies House and found that the controls tested were operating effectively and could therefore be relied upon.

Employment Services

10   Local health body audit teams planned to place reliance on the key controls in respect of exception reporting within the payroll system. We therefore documented, evaluated, and tested these controls within the payroll systems operating at Companies House covering both payroll teams.

11   All-Wales exception reporting parameters were agreed and implemented in July 2018 and our testing found that exception reports were produced and there was generally evidence of investigation of the variances and the action taken to amend where necessary. However, internal control procedures in respect of review of exception reports were not being followed in all cases:

- testing of monthly exception reports for the Cardiff and Vale payroll team found that 7 of the 10 tested did not have evidence of senior officer review (Velindre payroll month 10, Cardiff & Vale payroll months 6 & 7, Cwm Taf Morgannwg payroll month 7, PHW payroll month 8, HEIW payroll months 6 & 7). In addition, on four of these exception reports, there were a small number of variances which did not have evidence of review (Velindre payroll month 10, Cardiff & Vale payroll months 6 & 7, Cwm Taf Morgannwg payroll month 7).

- testing of weekly exception reports for the Cardiff and Vale payroll found that one of the five exception reports tested had no evidence of review and the parameters of the report had been incorrectly set as 35% instead of greater than £125 (week 18). A further 4 exception reports tested did not have evidence of senior officer review (weeks 29, 35, 40, 44).

- testing of weekly exception reports for the Cwm Taf Morgannwg payroll found that four of the five exception reports had no evidence of senior officer review (weeks 8, 18, 20, 35).

12   One recommendation for improvement has been made which is documented in
      Appendix 1 (Recommendation 1). A similar recommendation was also made in
      2019 but agreed actions have not yet resulted in full compliance.

Accounts Payable Services

13   Local health body audit teams did not plan to place reliance on the key controls
      within the accounts payable system, instead undertaking substantive testing of the
      figures produced by the system. Our work was therefore limited to documenting the
      information flows within the accounts payable system operated within NWSSP –
      Finance & Corporate in Companies House, Cardiff.

Legal and Risk Services

14   Local audit teams of each health body need to consider ISA 500 – Audit evidence
      – to assess the adequacy of Legal and Risk Services as a management expert for
      the purposes of the audit. To aid this evaluation, we considered the arrangements
      in place against the requirements of ISA 500. Based on the work we undertook, we
      did not identify any issues that would prevent us relying on NWSSP – LARS's work
      as a management expert.

15   Controls are in place to mitigate against any threats to objectivity, although four
      staff members who had either been on maternity leave or qualified since the initial
      request was undertaken had not completed a declaration of interests form at the
      time of our audit. This therefore weakens the controls in place to mitigate any
      threats to objectivity.

16   One recommendation for improvement has been made which is documented in
      Appendix 1 (Recommendation 2).

Recommendations

17   The recommendations arising from our work are set out in **Appendix 1**.
      Management has responded to them and we will follow up progress on them
      during next year's audit.

Appendix 1

Action plan

Exhibit 1: recommendations

We set out all the recommendations arising from our audit with management's response to them.

Para	Issue	Recommendation	Priority	NWSSP responsibility and actions	Completion date
11	**NWSSP – Employment Services** Internal control procedures for review of exception reports are not being complied with.	R1 NWSSP – ES should ensure that internal control procedures for reviewing exception reports are complied with.	Medium	Agreed - Payroll checking already has system to support sign-off documents, however due to resource issues, this had not been followed completely for CTUHB, CVUHB, HEIW, PHW and VNHST. Supervisors have been reminded of the importance of sign-off checking processes and resources issues due to vacancies and sickness resolved.	31 August 2020
15	**NWSSP – Legal & Risk Services** Staff members who had either been on maternity leave or qualified since the	R2 NWSSP – LARS should ensure that there are in-year arrangements for all staff to complete the	Low	Agreed - Internal staff change of post-induction process to include DOI completion. Staff returning from maternity leave or sickness absence >3 months to	31 October 2020

Para	Issue	Recommendation	Priority	NWSSP responsibility and actions	Completion date
	initial request was undertaken had not completed a declaration of interests' form.	declaration of interests' form.		have DOI included in return to work discussion. In addition, it should be noted that a new system for recording Declaration of Interests is being introduced across the Organisation in 2020/21, utilising additional functionality within ESR.	31 March 2021

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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

	Partneriaeth Cydwasanaethau Shared Services Partnership

The report is not Exempt
Teitl yr Adroddiad/Title of Report
NWSSP Corporate Risk Update – November 2020

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. In response to the COVID-19 outbreak, a separate Risk Register has been documented to cover specific risks relating to this. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

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

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

NWSSP CORPORATE RISK REGISTER UPDATE
November 2020

1. INTRODUCTION

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

2. RISKS FOR ACTION

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

Current Risk Rating	November 2020
Red Risk	4
Amber Risk	12
Yellow Risk	1
Green Risk	0
Total	**17**

2.1   Red-rated Risks

Risk A1 - Demise of the Exeter Software System

Work is on-going with Northern Ireland to implement the new system by October, which will allow 3 months parallel running with a go-live date in January. Whilst Northern Ireland are still confident of meeting the deadline date, there have been some delays that have caused concern but these are largely now being addressed. NHS Digital have agreed to extend the current service to March 2021 to provide more time for the Northern Ireland model to be successfully implemented.

Risk A2 – Threat of No-Deal BREXIT

Groups across Welsh Government (such as Senior Responsible Officers, Communications, Health Securities etc.) reviewed their governance and membership arrangements over July and August with full planning preparations and have now started to meet again. The stock that was built to deal with Brexit is largely intact and whilst some product was used though the Covid outbreak this is being re-established.

Risk A3 - NHS Digital were planning to withdraw the Ophthalmic Payment service from the end of March 2020.

Support from NHS Digital has been extended until the end of March 2021. NWSSP have now developed an interim solution for NHS Wales and this will

be implemented between October and November 2020. The interim aspect relates to the likely introduction of a new Optometric contract for Wales in the next 18 months, which is likely to focus on the preventative agenda and increased service provision in primary care. NWSSP are in close dialogue with Welsh Government on this programme of change.

Risk CV1 - The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2020-21.

NWSSP have invoiced Welsh Government for £2.197m for Q1 COVID expenditure and confirmation of funding of the Q2 expenditure of £1.658m has been received which reduces the previously reported risk. Funding for future periods, however, has not been guaranteed, with Shared Services COVID operational costs forecast to total £8.098m in 2020/21.

2.2   New/Deleted Risks

Two risks have been added since the last meeting of the SSPC as follows:

- Ensuring that appropriate specialists (such as Health & Safety, and Fire Safety experts) are consulted on all major developments within NWSSP at a sufficiently early enough stage to enable them to effectively contribute to, and comment on, specific developments; and
- That a lack of clarity over the required demand for HCS services in helping with delivery of vaccines leads to ineffective planning of this service and will be potentially unsustainable.

3. RISKS FOR MONITORING

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

Current Risk Rating	November 2020
Red Risk	0
Amber Risk	0
Yellow Risk	1
Green Risk	0
Total	**1**

4. 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.

5. RECOMMENDATION

The Committee are asked to:

- **NOTE** to the Corporate Risk Register as at November 2020.

Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
Risks for Action												
A1	The Northern Ireland model procured to replace the NHAIS system fails to deliver the anticipated benefits within required timescales impacting the ability to pay GPs (Original risk added April 2017) **Escalated Directorate Risk**	4	5	20	Legal Counsel advice received. PMO Support Project and Programme Boards in place Heads of Agreement signed	3	5	15	Programme and Project Boards to review progress in lead-up to go-live date for GP payments. Sign off contract extension to March 2021 with NHS Digital.	Work is on-going with Northern Ireland to implement the new system by October, which will allow 3 months parallel running with a go-live date in January. Whilst Northern Ireland are still confident of meeting the deadline date, there have been some delays that have caused concern but these are largely now being addressed. NHS Digital have agreed to extend the current service to March 2021 to provide more time for the Northern Ireland model to be successfully implemented. **Risk Lead: Director of Primary Care Services**	➡	31-des.-20
A2	Risks to continuity of supplies and services to NHS Wales resulting from a no-deal Brexit (added Apr 2019) **Strategic Objective - Customers**	5	5	25	Storage facility in place (IP5) that has been adequately stocked to cope with a no-deal Brexit. BREXIT Group which includes WG representation. Link into UK Groups.	3	5	15	Review of Critical Care Items being undertaken. Review of NSDR arrangements. Clinical Decision making arrangements to be raised with Medical Directors. Discussion with WG on proposals to stockpile items	Groups across Welsh Government (such as Senior Responsible Officers, Communications, Health Securities etc.) reviewed their governance and membership arrangements over July and August with full planning preparations and have now started to meet again. The stock that was built to deal with Brexit is largely intact and whilst some product was used though the Covid outbreak this is being re-established. **Risk Lead: Director of Procurement Services**	➡	31-des.-20
A3	NHS Digital are withdrawing the Ophthalmics Payment service from the end of September 2020. (Added June 2019) **Escalated Directorate Risk**	5	5	25	Contingency arrangements in place in the event of NHS Digital switching off services before new solution in place. Programme Board established.	3	5	15	Developing in-house solution making use of K2 software. This was used to develop the Student Awards Service. The decision to move to a bespoke development and not to engage with CAPITA relates mainly to the fact that WG sources suggest a move away from the traditional approach in delivering eye services into the community and the delivery of an updated contract in Wales.	Support from NHS Digital has been extended until the end of March 2021. NWSSP have now developed an interim solution for NHS Wales and this will be implemented between October and November 2020. The interim aspect relates to the likely introduction of a new Optometric contract for Wales in the next 18 months, which is likely to focus on the preventative agenda and increased service provision in primary care. NWSSP are in close dialogue with Welsh Government on this programme of change. **Risk Lead: Director of Primary Care Services**	⬇	31-des.-20
A4	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. The restrictions on availability of capital due to COVID may increase the profile of this risk. (Added April 2017) **Strategic Objective - Service Development**	4	4	16	IMTP Horizon scanning days with SMT and SSPC to develop services Established new Programme Management Office (PMO) IT Strategy Regular reporting to SMT and SSPC	2	4	8	1. Implementation of project management software (AB) 2. Invest in Robotic Process Automation (AB)	1. Procurement pilot project completed - currently being rolled out in NWSSP 2. RPA pilot in progress - update to July SMT and further update to Dec 2019 SMT **Risk Lead: Director of Finance & Corporate Services**	➡	31-mar.-21
A5	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019) **Strategic Objective - Value For Money**	5	3	15	Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	4	3	12	1. Increase level of counter fraud resource (AB 31/03/21) 2. Implement actions from Fighting Fraud Strategy (PS On-going) 3. Make better use of NFI (PS 31/12/20) 4. Produce Action Plan from Audit Wales "Raising ourGame" report (PS 31/03/21)	Risk increased due to COVID-19 and significant increase in expenditure. Further Audit Wales report demonstrates that NHS Wales is in a good place for fraud prevention and detection compared to Central and Local Government but there are still further actions to be undertaken. **Risk Lead: Director of Finance & Corporate Services**	➡	31-mar.-21

ID	Risk	L	I	Score	Controls	L	I	Score	Actions	Update	Trend	Date
A6	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019) **Strategic Objective - Service Development**	5	5	25	Cyber Security Action Plan Stratia Consulting Review IGSG Information Governance training Mandatory cyber security e-learn introduced Dec 19 Internal Audit review - Reasonable Assurance (April 2020)	2	5	10	Follow up progress with Cyber Security Plan (PS On-going) Move all desktop devices to Windows 10 by the Windows 7 end of support (PS 31/12/20)	Nick Lewis presented update to October 2019 Audit Committee and August 2020 Informal SMT. E-learn introduced during 2020. Windows 10 migration delayed by COVID but to be completed by Dec 20 HEIW have recently been the subject of a hacking attack. **Risk Lead: Director of Finance & Corporate Services**	→	31-des.-20
A7	The failure to engage with appropriate specialists (e.g. H&S/Fire Safety, Information Security/IG) sufficiently early enough when considering major developments may result in actions being taken that do not consider all relevant potential issues. **Strategic Objective - Service Development**	4	4	16	In-house H&S and Fire Safety Expertise Role of PMO	3	4	12	PMO to ensure that Project Officers consult appropriately at outset of project.	All organisations contributing towards a Fire & Evacuation Strategy for IP5. **Risk Lead: Director of Workforce and OD**	✳	31-mar.-21
A8	There is an increased fire risk with a consequence for protection of buildings at Alder House, Brecon House and Matrix House due to a lack of compartmentation in the roof space. (added Feb 2020) **Strategic Objective - Staff**	2	5	10	Fire Safety Officer Risk Assessment - assessed risk to life as low - Update Paper to Feb and May SMTs.	2	5	10	Written to Landlords to remind them of their responsibillities to address this issue - thus far not wanting to take any further action. Take legal advice to confirm where responsibilities for fire compartmentation lie. Meeting to be held with SES to discuss next steps.	Risk discussed at May SMT. Although risk to life has been assessed as low, NWSSP has a duty of care to its staff. Brecon House also stores patient records and any loss or damage caused by a fire would be difficult to manage. Further report to come to Oct SLT. **Risk Lead: Director of Workforce and OD**	→	31-okt.-20

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COVID-19 Risks

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ID	Risk	L	I	Score	Controls	L	I	Score	Actions	Update	Trend	Date
CV1	The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2020-21.	5	5	25	Financial modelling and forecasting is co-ordinated on a regular basis; Financial reporting to Welsh Government on local costs incurred as a result of Covid-19 to inform central and local scrutiny, feedback and decision-making; Oversight arrangements in place at SMT level, and through the command structure. Financial Governance Committee considers VFM in all expenditure	4	5	20	Ensure that the costs directly associated with COVID-19 are identified and accurately captured. Provide regular updates to Welsh Government.	NWSSP have invoiced Welsh Government for £2.197m for Q1 Covid expenditure and confirmation of funding of the Q2 expenditure of £1.658m has been received which reduces the previously reported risk. Funding for future periods, however, has not been guaranteed, with Shared Services Covid operational costs forecast to total £8.098m in 2020/21. **Risk Lead: Director of Finance & Corporate Services**	→	31-des.-20
CV2	By requiring our staff to continue working we expose them to a greater risk of being infected with COVID-19 which may cause them significant health problems.	5	5	25	All staff encouraged to work from home where possible. Risk Assessments undertaken for all staff. Social Distancing measures in place in each office. Any staff displaying any symptoms told not to come into office or go home immediately. Testing for front-line staff Weekly Site Leads' meetings to assess position in each office. Provision of hand sanitisers and soap. Enhanced Cleaning services Notices in all buildings reminding of good hygiene practices. Regular SMT walk-arounds of all sites. COVID-19 Adapt and Future Change Group More flexible building opening times	2	5	10	Continue to monitor effectiveness of current measures through Site Leads and the weekly Site Leads meeting.	Current measures seem to be effective. Large numbers of staff are working from home and social distancing measures are in place for those staff who need to continue to come into work. Daily reporting of absences shows that the numbers of staff reporting COVID-19 like symptoms continues to fall. The regular meetings of the Site Leads (now fortnightly but previously more frequently) provide on the ground information in real time and the Site Leads Meeting includes direct representation from the COVID-19 Planning and Response Group so that matters can be escalated appropriately. **Risk Lead: Senior Management Team**	→	31-des.-20
CV3	NWSSP are unable to procure sufficient orders of PPE, medical consumables and equipment resulting in clical staff being able to treat patients safely and effectively. This risk may be exacerbated due to the potential need to supply Social Care, Primary Contractors, Carers and even retailers and train passengers. The continuing global difficulties with China also increases this risk.	5	5	25	PPE Winter Plan Finance Governance Committee Streamlined arrangements for Trust Board and WG approvals Increased limits approved for Scheme of Delegation. Regular meetings with UK and Welsh Government. Active involvement in UK Mutual Aid Schemes. Deloitte undertook consultancy work on behalf of WG to assist in this area. Internal Audit Review (Sept 2020)	2	5	10	Review being undertaken by Audit Wales (AB 30 Nov 20)	The PPE plan has been developed in consultation with key stakeholders, and includes the arrangements to distribute PPE to the wider Family Care Practitioners and Social Care sectors. As services across Wales start to open back up, demand for such equipment is increasing in line with our expectations. The Welsh Local Government Association have been a key partner in helping us to take this agenda forward with Local Authorities **Risk Lead: Director of Procurement Services**	→	31-des.-20

Ref	Risk Description				Controls				Further Actions	Update / Commentary		Date
CV4	NWSSP are unable to continue to provide business-critical services due to having insufficient numbers of staff available and able to undertake the work.	5	5	25	Identification of all business-critical services Redeployment of staff to business-critical services Increased provision of laptops and VPN Roll-out of Office 365 Use of Bomgar service for PCS Daily monitoring and reporting of absence figures. Weekly IT Update meetings. IT Update also given to weekly COVID-19 Planning & Response Group	2	5	10	Updated BCP document covering response to COVID and possible impact of future waves presented to August SMT, and September SSPC. Further investment in laptops to ensure that PCS staff are able to work remotely. Increase investment in softphones.	The daily report on staff absence shows that absence rates are falling. The investment in hardware and software has allowed large numbers of staff to work remotely with minimal problems thus far. **Risk Lead: Senior Management Team**	➡	31-des.-20
CV5	Staff wellbeing is adversely affected through concerns arising from COVID-19 either directly in terms of their health and that of their families, or financially from loss of income of a family member.	5	5	25	Regular communications to all staff Reminders of how to access Employee Assistance schemes Mental Health First Aiders Formal Peer Group with phone surgery times (includes Trade Union Leads) Staff Surveys	2	5	10	Implement action plan to respond to findings from staff surveys - monitored and managed through Adapt and Future Change Group. Undertake further Staff Survey in October 2020	As previously stated, absence rates are falling linked to COVID-19 symptoms. Communications are being issued on a regular basis and all Directors and Managers are tasked with regularly checking the health and well-being of their staff. Staff Survey results reviewed at P&R Group and A&FC Group in June and found to be largely positive. **Risk Lead: Director of Workforce and OD**	➡	31-des.-20
CV6	Current uncertainty over the specific requirements for Field Hospitals is impacting on storage facilities within NWSSP impacting current and future plans for their strategic use.	4	4	16	IP5 Board Additional facilities secured at Picketston	2	4	8	Seek clarification from Welsh Government on future plans for Field Hospitals. Undertake wider consideration of the IP5 SOC alongside the future requirement for equipment needed to deal with emergency situations. Seek additional storage capacity - particularly for Medical Records.	Discussions are on-going with Welsh Government with regards to the Strategic Outline Case for IP5. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT contingency arrangements. We are awaiting news on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements. **Risk Lead: Director of Procurement Services**	➡	31-des.-20
CV7	The impact of the pandemic on workload and also travel restrictions has meant that staff have largely not taken annual leave in the first few months of the year and may be equally less inclined to do so over the summer. This stores up the potential for large numbers of staff to be looking to take high volumes of annual leave in relatively short timeframes towards the end of the year, impacting on service delivery.	5	4	20	Relaxation of carry-over rules that might lead to a flattening of the curve in terms of large numbers of staff being off at the same time. Updated guidance on annual leave approved by Planning & Response Group on 2 June.	1	4	4	Monitor taking of annual leave through directorate SMTs.	Trade Unions largely supportive of measures which are being introduced on an all-Wales basis. **Risk Lead: Director of Workforce and OD**	➡	31-des.-20
CV8	Lack of clarity regarding the requirements of HCS, and the timecale for delivery, of assisting with distributing vaccines leads to an inability to plan effectively for this service.	4	4	16		3	4	12	Need to ensure that HCS staff are treated as Priority 1 for vaccinations so that they are able to undertake this work.	Anticipated date for delivery of the vaccine in Wales is 14 December. **Risk Lead: Director of Procurement Services**	✳	31-okt.-20
CV9	GP Trainees, who are employed by NWSSP, are exposed to a level of risk of risk of catching COVID-19 but are outside the direct control and influence of NWSSP.	5	5	25	Risk Assessments by Education Supervisor - leads to decision on what PPE is to be provided. Tripartite Agreement	2	5	10	This was raised at the SLE Project Board Skype call on 27 May. The tripartite 'duties' agreement goes a long way to emphasising the health and safety at work responsibilities of the host. This will be pointed out at the meeting in the context of Covid-19 risks with emphasis on the risk assessment process.	The tripartite agreement was agreed by the Project Board on 7/9/2020 and sets out the general duties of the host organisation for all trainees employed by NWSSP including the general duty to provide a safe working environment. **Risk Lead: Director of Workforce and OD**	➡	31-des.-20
Risks for Monitoring												
M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018) **Strategic Objective - Staff**	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix.	1	4	4	Continue to monitor, and reissue comms to all staff to remind them of need to keep buildings and information secure. (PS 31/08/2020 - complete)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded. **Risk Lead; Director Specialist Estates Services/Director of Finance and 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.				

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

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

The report is not Exempt

Teitl yr Adroddiad/Title of Report

BREXIT RISK ASSESSMENT

ARWEINYDD: **LEAD:**	Neil Frow, Managing Director
AWDUR: **AUTHOR:**	Peter Stephenson, Head of Finance & Business Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Peter Stephenson, Head of Finance & Business Development
MANYLION CYSWLLT: **CONTACT DETAILS:**	Peter.stephenson2@wales.nhs.uk

Pwrpas yr Adroddiad:
Purpose of the Report:

To provide the Committee with an update with regards to preparations for a no-deal BREXIT.

Llywodraethu/Governance

Amcanion: **Objectives:**	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
Tystiolaeth: **Supporting evidence:**	Risk Assessment attached.

Ymgynghoriad/Consultation :

Velindre Business Continuity Group

Adduned y Pwyllgor/Committee Resolution (insert √):

DERBYN/ **APPROVE**		**ARNODI/** **ENDORSE**		**TRAFOD/** **DISCUSS**		**NODI/** **NOTE**	✓

Partnership Committee
19 November 2020

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Argymhelliad/ Recommendation	The Committee is asked to **NOTE** the report and attached Risk Assessment.

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:	The attached assessment considers the risks of a no-deal BREXIT.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/10 64/24729_Health%20Standards%20Framework_2 015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	The attached assessment considers the workforce implications of a no-deal BREXIT.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	The report is not exempt.

BREXIT RISK ASSESSMENT

1. CEFNDIR/BACKGROUND

In the run-up to a possible no-deal BREXIT in the first quarter of 2019, NWSSP completed a Risk Assessment to identify the degree of risk present in each directorate or service area and the steps needed to further mitigate those risks. This work was stood down at that time as the UK Government negotiated extensions to the deadline and the risk was then superseded by the impact of COVID-19 during 2020.

As we now draw nearer to the end date of the transition period which will see the UK leave the EU Customs Union and Single Market, the associated risks are increasing. The Risk Assessment has therefore been reviewed and updated where necessary, including from lessons learned and actions taken in response to, COVID-19.

For now, despite much work taking place in terms of building up stock levels, the current level of risk in the supply chain is shown as being very high. This is due to the political factors outside our control, including the USA Presidential elections where the likely President-elect has a very different view on BREXIT to the current incumbent. We are very hopeful that the measures that we have put in place will reduce the impact of any disruption but this will obviously also be significantly impacted by the position with COVID and the potential for an effective vaccine.

2.   ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to **NOTE** the report and attached Risk Assessment.

RISK ASSESSMENT

GIG CYMRU NHS WALES | Ymddiriedolaeth GIG Prifysgol Felindre / Velindre University NHS Trust

Organisation/Division	Service Group/Department	Location	Assessment Date	Risk Owner	Risk Reference
NWSSP	All	11	24 September 2020	Neil Frow	

Risk Assessment Title	Background/Description of Activity Leading to the Risk	Completed By
Risks affecting NWSSP in the event of a no-deal Brexit.	In the event of a "no-deal Brexit" the main risk to NWSSP is in the supply chain for medical consumables and the potential to store much higher levels of stock and to supply services to other sectors such as Social Care. Other risks to NWSSP have also been highlighted below.	Peter Stephenson

Overall Risk Rating (Impact x Likelihood)	Overall Target Risk Rating (Impact x Likelihood)		Date Next Review
5*5 = 25 (for highest risks)	5 * 2 = 10 (for highest risks)		26 November 2020

Risk Domain (refer to end of assessment)	Risk Summary	Cause of Risk/Hazards	Potential Impact	Current Controls	Risk Rating (Impact x Likelihood = Rating)			Residual Risk Recommended Actions	Lead	Date
					Initial	Current	Target			
Procurement - Performance and Service Sustainability	There is a risk to the supply of stocks of medical devices and clinical consumables	Caused by a "no deal Brexit" affecting supplies.	Resulting in stocks running out and an adverse impact on performance and safe healthcare delivery. Assumptions now based on 6-12 months of potential disruption.	• 3 central warehouses; 4 weeks (max) stock levels An additional 8 weeks of product that represents normal stock items being held • Continued monitoring of stock • Involvement in national work streams on	5*5=25	5*5=25	5*2=10	Work being undertaken with WG, and co-ordinated with rest of UK to manage any rise in costs. National plans have been developed to identify the level of stockpiling necessary to cope with 6-12 months of potential disruption.	Programme Director	05/10/2020

Impact	Description	Likelihood	Description	Risk Score	Risk Level	Risk Rating	Treatment Timeframe
1	Insignificant	5	Almost Certain		Score	Risk Rating	
2	Minor	4	Likely		1-3	Low	These risks are considered acceptable, no action over and above existing procedures
3	Moderate	3	Possible	I x L =	4-6	Moderate	Monitoring of risks with view to effort being made to reduce these within a 12 months.
4	Major	2	Unlikely		8-12	Significant	Management consideration of risks and reduction of these within 6 month period
5	Catastrophic	1	Rare		15-25	Critical	Senior management attention immediately to reduce risk

Risk Domain (refer to end of assessment)	Risk Summary	Cause of Risk/Hazards	Potential Impact	Current Controls	Risk Rating (Impact x Likelihood = Rating)			Residual Risk Recommended Actions	Lead	Date
					Initial	Current	Target			
				Supply Chain EU preparedness • Brexit is an agenda item on all supplier meetings.						
	There is a risk to the supply of stocks of medicine.	Caused by a "no deal Brexit" affecting supplies.	Resulting in stocks running out and an adverse impact on performance and safe healthcare delivery. Assumptions now based on 6-12 months of potential disruption.	• Drug wholesalers will continue to build up and hold additional stock to support the availability of product to the NHS. Primary manufacturers are also being asked to increase capacity.	5*5=25	5*5=25	5*2=10	The UK Government is working with the pharmaceutical industry to ensure a continuity of medicine supply in the event of a no-deal and to minimise any increase in prices. The UK Government has confirmed that it will meet any additional costs associated with delivering these measures. Born out of the Covid experience a limit range of drugs will be included in the Central stock build.	Programme Director	05/10/2020
	There is a risk to the supply of spare parts for medical equipment.	Caused by a "no deal Brexit" affecting supplies.	Resulting in stocks running out and an adverse impact on performance and safe healthcare delivery. Assumptions now based on 6-12 months of potential disruption.	• Storage facility in place (IP5) that has been adequately stocked to cope with a no-deal Brexit. • BREXIT Group which includes WG representation.	5*5=25	5*5=25	5*2=10	Welsh Government are working with UK Government, NWSSP Procurement Services and local government procurement colleagues to understand the national and local risks and put contingency plans into place in conjunction with colleagues across the UK.	Programme Director	05/10/2020

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Risk Domain (refer to end of assessment)	Risk Summary	Cause of Risk/Hazards	Potential Impact	Current Controls	Risk Rating (Impact x Likelihood = Rating)			Residual Risk Recommended Actions	Lead	Date
					Initial	Current	Target			
				• Link into UK Groups.						
	There is a risk to the supply of food.	Caused by a "no deal Brexit" affecting supplies.	Resulting in stocks running out and an adverse impact on performance and safe healthcare delivery. Assumptions now based on 6-12 months of potential disruption.	• 3 central warehouses; • Continued monitoring of stock • Involvement in national work streams on Supply Chain EU preparedness • Brexit is an agenda item on all supplier meetings.	5*5=25	5*5=25	5*2=10	Continuity of the supply of hospital food is being considered as part of the national civil contingency plans on a UK level. The strategy on holding additional stock of food is being considered by Welsh Government and NWSSP will respond to this once a decision is made	Programme Director	05/10/2020
	There is a risk to the operation of IP5 and the NSDR and ECCW, particularly if a 24/7 service is required.	Through having insufficient staff to operate these services.	Resulting in measures implemented to cope with Brexit being ineffective.	Reliant on staff goodwill at present, but not sustainable.	5*5=25	5*5=25	5*2=10	Resilience to be tested as part of Welsh Government exercises.	Programme Director	05/10/2020
Health Courier Services	There is a risk to the delivery of the service	Caused by inability to access spare parts and/or replacement vehicles.	Resulting in health boards and trusts not receiving required services.	Parts suppliers and manufacturers given assurance of no issues in event of no-deal Brexit. NHS would be a priority customer with suppliers in the event of any shortages.	4*4=16	4*3=12	4*2=8	Planning to hire additional vehicles closer to Brexit withdrawal date to provide additional resilience for potential increased transportation work. This builds on the additional resources to support both Covid and the Vaccination Programme.	Programme Director	05/10/2020

Impact	Description	Likelihood	Description	Risk Score	Risk Level	Risk Rating	Treatment Timeframe
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Risk Domain (refer to end of assessment)	Risk Summary	Cause of Risk/Hazards	Potential Impact	Current Controls	Risk Rating (Impact x Likelihood = Rating)			Residual Risk Recommended Actions	Lead	Date
					Initial	Current	Target			
Workforce & OD	There is a risk that EU nationals may leave the UK	Caused by uncertainty over their future status.	Resulting in NHS organisations not having sufficient resource to deliver their services.	NWSSP worked closely with NHS organisations across Wales to ensure that EU nationals working with the NHS are aware of the EU Settled Status pilot scheme and the Home Office portal through which they can apply.	5*4=20	5*2=10	5*2=10	Issues being taken through Assistant Directors of Workforce but lack of clarity from Home Office is a limiting factor.	Director of Workforce & OD	21/09/2020
Primary Care Services	The risk to the supply of drugs and the subsequent implementation of the Serious Shortages Service.	Caused by a "no deal Brexit" affecting supplies.	Resulting in additional manual entry requirements for PCS staff.	Additional stocks being established.	2*3=6	2*3=6	2*2=4	See actions under Supply Chain.	Director of Primary Care Services	21/09/2020
Audit & Assurance	There is a risk to the delivery of audit and assurance services	Due to auditee organisations being focused on Brexit	Resulting in delays and/or change to the audit programme.	• Agreed Audit Plans • Progress reporting to Audit Committee	2*4=8	2*3=6	2*2=4	Continue to work with Health Boards and Trusts to ensure sufficient work undertaken to provide a formal HoIA opinion.	Director of Audit & Assurance	21/09/2020
Legal & Risk	There is a risk of significant increases in additional commercial contracts and/or changes to existing commercial contracts	Due to changes in contracts as a result of Brexit.	Resulting in additional workload for Commercial Solicitors.	Additional resource available through bank.	2*4=8	2*3=6	2*2=4	Workload being constantly monitored but COVID implications are the main concern.	Director of Legal & Risk Services	21/09/2020
Surgical Materials Testing Laboratory	There is a risk to the supply of spare parts for medical equipment.	Caused by a "no deal Brexit" affecting supplies.	Resulting in insufficient spare parts for testing equipment and/or consumables for testing.		3*3=9	3*3=9	3*2=6	National plans being developed to identify the level of stockpiling necessary to cope with 6-12 months of potential disruption.	Director of Surgical Materials Testing Laboratory	21/09/2020

Impact	Description	Likelihood	Description	Risk Score	Risk Level	Risk Rating	Treatment Timeframe
1	Insignificant	5	Almost Certain	I x L =	Score	Risk Rating	
2	Minor	4	Likely		1-3	Low	These risks are considered acceptable, no action over and above existing procedures
3	Moderate	3	Possible		4-6	Moderate	Monitoring of risks with view to effort being made to reduce these within a 12 months.
4	Major	2	Unlikely		8-12	Significant	Management consideration of risks and reduction of these within 6 month period
5	Catastrophic	1	Rare		15-25	Critical	Senior management attention immediately to reduce risk

GIG CYMRU NHS WALES | Ymddiriedolaeth GIG Prifysgol Felindre | Velindre University NHS Trust

Risk Domain (refer to end of assessment)	Risk Summary	Cause of Risk/Hazards	Potential Impact	Current Controls	Risk Rating (Impact x Likelihood = Rating)			Residual Risk Recommended Actions	Lead	Date
					Initial	Current	Target			
	There is a risk to the level of workload activity	Due to complications through leaving the EU	Through either: • Non NHS customers preferring a EU-based lab; and/or • Changes to All-Wales contract supply arrangements requiring additional products to be tested.		3*3=9	3*3=9	3*2=6		Director of Surgical Materials Testing Laboratory	21/09/2020
Counter Fraud Services	There is a risk that co-ordination arrangements with EU fraud investigators may be adversely affected.	Due to the UK leaving the EU.	Resulting in cases that have EU factors not being investigated as effectively as previously.	Role of Crown Prosecution Service and National Crime Agency.	2*1=2	2*1=2	2*1=2	Proactive work being undertaken to focus on higher levels of risk – most of this is due to COVID.	Director of Finance & Corporate Services	21/09/2020
Specialist Estates Services	The work of SES may be adversely affected.	Due to the UK leaving the EU.	Resulting in additional cost & time to complete	Brexit not considered an issue.	1*1=1	1*1=1	1*1=1	N/a	Director of Specialist Estates Services	21/09/2020
Wales Infected Blood Support Scheme	There is a risk of economic hardship.	Due to the economy being adversely affected by Brexit.	Resulting in more applications for grants from beneficiaries.		2*3=6	2*3=6	2*2=4	Situation being constantly monitored.	Director of Finance & Corporate Services	21/09/2020
Employment Services	Additional demand on ES staff	Changes to right to work/immigration legislation	Unknown impact until final details published	Legislation, Home Office control and audit	3*3=9	3*3=9	3*2=6	Issues being taken through Assistant Directors of Workforce but lack of clarity from Home Office is a limiting factor.	Director of Employment Services	21/09/2020
	Changes required to Trac Recruitment Management system in short timescale	Changes to right to work/immigration legislation	Unknown impact until final details and timescales published	Legislation, Home Office control and audit	3*3=9	3*3=9	3*2=6	Issues being taken through Assistant Directors of Workforce but lack of clarity from Home Office is a limiting factor.	Director of Employment Services	21/09/2020

Impact	Description	Likelihood	Description	Risk Score	Risk Level	Risk Rating	Treatment Timeframe
1	Insignificant	5	Almost Certain	I x L =	Score	Risk Rating	
2	Minor	4	Likely		1-3	Low	These risks are considered acceptable, no action over and above existing procedures
3	Moderate	3	Possible		4-6	Moderate	Monitoring of risks with view to effort being made to reduce these within a 12 months.
4	Major	2	Unlikely		8-12	Significant	Management consideration of risks and reduction of these within 6 month period
5	Catastrophic	1	Rare		15-25	Critical	Senior management attention immediately to reduce risk

Comments	

Risk Domains
Safety;
Quality;
Compliance;
Research & Development;
Partnerships and Innovation;
Reputation & Public Confidence;
Performance & Service Sustainability;
Financial Sustainability;
Workforce & OD Partnerships

Impact	Description	Likelihood	Description	Risk Score	Risk Level	Risk Rating	Treatment Timeframe
1	Insignificant	5	Almost Certain		Score	Risk Rating	
2	Minor	4	Likely		1-3	Low	These risks are considered acceptable, no action over and above existing procedures
3	Moderate	3	Possible	I x L =	4-6	Moderate	Monitoring of risks with view to effort being made to reduce these within a 12 months.
4	Major	2	Unlikely		8-12	Significant	Management consideration of risks and reduction of these within 6 month period
5	Catastrophic	1	Rare		15-25	Critical	Senior management attention immediately to reduce risk

NHS Wales Shared Services Partnership

Annual Health and Safety Report 2019-20

GIG CYMRU NHS WALES

Partneriaeth
Cydwasanaethau
Shared Services
Partnership

NWSSP Health and Safety: Annual Report 2019-20

Purpose of report:	Annual quality management review to ensure continuing suitability, adequacy and effectiveness of the QMS and alignment with the strategic direction of the organisation. The report includes reference to all sites and services within NWSSP.
Prepared by:	Paula Jones, Health and Safety Manager
Reporting period:	2019-20 financial year

Contents

Executive summary

This report is a statement of NHS Wales Shared Services Partnership's (NWSSP) health and safety management for the financial year 2019-20 and its intentions with regards to 2020-21 and beyond.

COVID-19 secure within NWSSP

Going forward, being COVID-19 secure is the priority for NWSSP within 2020 and beyond. In these difficult times the safety, health and wellbeing of everyone is of paramount importance to us.

The World Health Organisation (WHO) has identified that COVID-19 is not an airborne virus. Respiratory infections can be transmitted through droplets of different size. When the droplet particles are above a certain size they are referred to as respiratory droplets and when they are below a certain size, they are referred to as droplet nuclei.

According to the current evidence, COVID-19 virus is primarily transmitted between people through respiratory droplets and contact routes including touch points. What this means in practice is the droplets are of a weight that they will fall to the ground at around one metre, thus the two metre social distancing rule.

They can also remain on surfaces for some time depending on the type of material. It is still not known how long the virus survives on surfaces in different conditions. The period of survival may vary under different conditions (e.g., type of surface, temperature or humidity of the environment). Studies indicate that it can persist on surfaces for hours and up to several days in the absence of effective cleaning. Thorough and regular cleaning of frequently touched surfaces is essential.

The two main methods of preventing the spread of infection are hygiene measures and social distancing. Whilst staff occupy the office environment, control measures continue to be put into place to control the spread of COVID-19. Continually these control measures are constantly reviewed and if necessary additional controls will be added.

Assessments

From the internal assessments undertaken by the Health and Safety Manager during 2019-20 in general, there is significant evidence to demonstrate good practice across all sites and there are no areas having unacceptable risk. There were no sites which achieved limited or no assurance and the majority of the sites visited achieved substantial assurance. The Board can take substantial assurance that arrangements continue to be in place regarding the management of health and safety at sites across NWSSP and internal controls continue to be in place.

It is imperative that the manager responsible for the health and safety of the site undertakes the actions from the site visits in a timely manner, within the agreed timescale set at the visit by the Health and Safety Manager, otherwise exception reports will need to be carried out.

From the Audit and Assurance Services Internal Health and Safety Audit during December 2019, the overall assurance rating was Reasonable Assurance.

Health and safety incidents

There were 91 health and safety incidents recorded on the DATIX system across the various Health and Safety categories within NWSSP compared to 99 the previous year. The top three service groups with the majority of incidents reported remain the same as the previous year; Procurement Services (34), Health Courier Services (HCS) (22) and Employment Services (16).

Achievement of objectives

During 2019-20 the health and safety trends, within NWSSP remain the same. The following figures were reported on the main trends:

13 **Slips, trips and falls**	NWSSP has achieved its 10% reduction target during 2019-20 and is on track to achieve a 10% reduction over a two year period.
11 **Contact with an object**	In 2019-20 there has been a steady reduction compared to previous figures for contact with an object incidents.
14 **Manual handling**	A dramatic reduction in manual handling incidents has been achieved during 2019-20 compared to 2018-19. It appears that NWSSP is on target to achieve our 10% reduction target in the next year.
19 **Violence and aggression**	There has been a slight increase in incidents since the previous year. However this may be due to service groups being encouraged to report incidents.

It is recommended that the health and safety objectives remain in place into 2021 and 2022.

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Conclusion

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

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

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

Key recommendations

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

Author   Paula Jones, Health and Safety Manager
Date   May 2020

Introduction

The Health and Safety report covers the period 1 April 2019 to 31 March 2020.

NWSSP has a duty of care towards its employees located in its various locations across Wales and has a legal duty to put in place suitable arrangements to manage health and safety.

Our values

| Listening and learning | Working together | Taking responsibility | Innovating |

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

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

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

This annual report has two main purposes:

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

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

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

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

1. Internal NWSSP site Health and Safety asessments 2019-20

The 'HSG65 Assessment Tool' used within NWSSP utilises and provides assurance to NWSSP that matters relating to health and safety are being dealt with adequately and effectively and any weaknesses in areas are brought to the attention of management and advice issued on how particular problems may be resolved and improved to minimise future occurrence.

An action plan is produced in conjunction with the relevant manager and the Health and Safety Manager, with agreed timescales outlining specific actions for development, the delivery of which is monitored quarterly.

The objectives of the internal assessments are:

- To confirm that the management system conforms with all the requirements of the audit standard;
- To confirm that the organisation has effectively implemented the planning management system; and
- To confirm that the management system is capable of achieving the organisation's policy objectives.
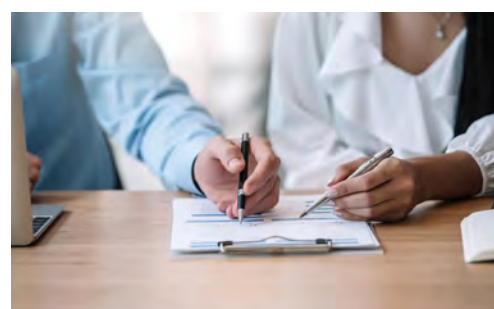
The Health and Safety Management System Framework within NWSSP is set into the following Principles of good health and safety management.

The system consists of the following key categories:

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

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1.1 Health and Safety Internal Site Assessments Undertaken during 2019-20

A schedule of health and safety internal assessments were undertaken by the Health and Safety Manager for NWSSP during 2019-20.

It should be noted that all planned health and safety visits that were scheduled to take place in March 2020 were cancelled due to COVID-19.

The following sites demonstrated Substantial Assurance:

Substantial assurance: 90% and above
The Board can take substantial assurance that arrangements are in place regarding the management of health and safety on site and internal control are in place. Few matters require attention.

Site	Date	Assurance
Companies House – Sourcing Department	16/05/2019	98.95%
Prince Philip Stores	24/06/2019	94.90%
Bridgend Stores	25/06/2019	97.46%
Matrix House	27/06/2019	96.36%
Cwmbran House, Pontypool – Health Courier Services	04/06/2019	98.29%
Companies House	17/06/2019	96.28%
Picketston	31/07/2019	96.08%
St Brides, Hafen Derwen – Audit and Assurance	13/08/2019	93%
Bronglais Hospital Stores	16/08/2019	97%
Alder House	03/09/2019 04/09/2019	93%
Denbigh Stores	18/09/2019	98.92%
Glangwili Stores	21/11/2019	93%
Westpoint Industrial Estate	29/01/2020	99%
Surgical Materials Testing Laboratory (SMTL)	27/02/2020	98%

The following site demonstrated Reasonable Assurance:

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

Site	Date	Assurance
Lakeside Stores	18/12/2019	88%
Morriston Hospital Stores	23/01/2020	85%

The main issues at these two sites were:

- Staff members to receive site inductions;
- Supervisors to receive IOSH Working Safely training;
- Inventory of risk assessments within the stores to be set up;
- Inventory of training to be set up;
- Team briefings - action notes to be taken;
- SSOW and flashcards to have an as at dates on them – version control;
- Training records to be placed onto ESR and on personnel files;
- Staff to be made aware of the NWSSP Health and Safety Procedure;
- Actions to be undertaken in a timely manner from site visits

There were no sites which achieved Limited or No assurance.

1.2 Main Themes Arising from the Internal Health and Safety Site Assessments Carried out during 2019-20

Planning - PLAN

Health and Safety Policy

- Staff members are not always given sight of the Velindre NHS Trust Health, Safety and Welfare Policy and NWSSP Health and Safety Procedure. This should be undertaken as part of the 'First Month Site Induction Handbook' process.

Implementation and operation - DO

Organisation

- Ensure identified staff members undertake the IOSH Working/Managing Safely course;
- Managers/Supervisors to ensure health and safety training is included in PADRs; and

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- Staff are to be reminded of the importance of maintaining up-to-date training records in ESR. Management should ensure that health and safety training courses above those required by the CTSF are included on ESR to support this process.

Health, Safety and Emergency Planning

- Managers need to ensure that actions from the health and safety site visit are actioned, within the agreed timescale set at the visit. The Health and Safety Manager will report exceptions where these have not been carried out; and
- Ensure the emergency procedure in place is updated on a regular basis;

Selection and Training

- Ensure all staff are given the NWSSP First Month Site Induction Handbook in a timely manner;
- Ensure bank staff are inducted in a timely manner;
- Ensure new starters are given the appropriate training for their roles in a timely manner and are given the safe systems of work and flashcards
- Identify managers to regularly attend training on Datix;
- Managers to be aware of the training requirements of staff and to ensure staff do not fall out of compliance. It would be advisable for managers to have their own databases set up for this purpose;
- Inventory at sites to be set up for SSOW and flashcards;
- Ensure adequate fire marshals have been identified at sites;
- Roll cage training to continue where applicable;
- Managers to maintain a copy of the training certificate for staff on their personnel file;

Consultation, Communication and Control

- Continue to encourage staff to report incidents in a timely manner;
- Ensure minutes/notes are taken at meetings;
- Ensure that each site has an up to date health and safety noticeboard;
- Place minutes from health and safety meetings onto noticeboards;
- Continue to produce the quarterly health and safety newsletter;
- Ensure health and safety is as a standard agenda item at team meetings;
- Ensure minutes/notes are taken at meetings; and
- Attendance at the meetings of the various Health & Safety Groups across will be formally monitored.

General Risk Assessments

- Ensure risk assessments are reviewed when an incident occurs to ensure existing control measures are adequate;
- Ensure an inventory of risk assessments is kept on site;
- Ensure that any risk assessment which is above 12 is escalated to the Health and Safety Manager;

COSHH Assessments

• No issues identified from site visits.

Manual Handling Assessments

• Ensure that appropriate staff members participate in the manual handling inanimate load training; and
• Ensure refresher training is scheduled in a timely manner.

Display Screen Equipment Assessments

• Ensure all Display Screen Equipment assessments are undertaken on new starters in a timely manner and actions carried out as a consequence.

Workplace Safety Fire and Emergencies

• Ensure annual fire drills are undertaken and if possible bi-annual;
• Ensure lessons learnt is communicated to staff from undertaking a fire drill;
• Ensure Evac Chair training is undertaken on a regular basis; and
• Ensure that Personal Emergency Evacuation Procedures are undertaken where applicable and reviewed;

First Aid

• Sites to ensure they complete a first aid risk assessment;

Work Equipment

• Sites to ensure that portable appliance testing is carried out in agreed timeframe;
• When defect sheets are completed at stores, to ensure actions are carried out when identified; and
• Ensuring that where applicable, those staff who use a ladder are sighted to the Safe System of Work;

The Workplace

• Ensure workplace checklists are carried out every 3 months;
• Ensure fire checklists are carried out on a monthly basis;
• Ensure security checklists are carried out every 6 months; and
• Managers are requested to follow up any faults reported to ensure they are actioned in a timely manner.

Checking and assurance - CHECK

Monitoring

- Managers to check that actions are complete from identified issues from the workplace/fire and security checklists;
- Ensure winter maintenance standard operating procedures are being followed;
- Ensure health and safety representatives undertake monthly site inspections.

Audit and review - ACT

- Managers need to ensure that actions from the health and safety site visit are actioned within the agreed timescale set at the visit. The Health and Safety Manager will report exceptions where these have not been carried out;
- Ensure incidents are investigated in a timely manner;
- Ensure lessons learnt from an incident are communicated to staff on site to ensure the incident does not re-occur.

It can be seen that the management of health and safety remains key for NWSSP with appropriate resources being provided to manage this within an expanding organisation.

From the assessments undertaken during 2019-20 in general, there is significant evidence to demonstrate good practice across all sites and there are no areas having unacceptable risk. There were no sites which achieved limited or no assurance and the majority of the sites visited achieved substantial assurance. The Board can take substantial assurance that arrangements continue to be in place regarding the management of health and safety at sites across NWSSP and internal controls continue to be in place.

It is imperative that the manager responsible for the health and safety of the site undertakes the actions from the site visits in a timely manner, within the agreed timescale set at the visit by the Health and Safety Manager, otherwise exception reports will need to be carried out.

2. OHSAS18001 Management System – External Certification

NWSSP undertakes the OHSAS18001 certification in Occupational Health and Safety management for certain sites within Procurement Services. In 2016 the Procurement Services Directorate within NWSSP was successful in re-attaining the BS OHSAS 18001:2007 certification which demonstrates the proactive approach taken to ensuring that there are effective health and safety procedures in place.

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

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

In August 2019, an OHSAS18001 Management System – External Certification was undertaken by the appointed external auditors, SGS Ltd. The audit was undertaken in the following sites within the Procurement Services Directorate:

- Bridgend Stores
- Companies House - Sourcing section

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

One major non-conformity, two minor non-conformities and a number of observations for improvement were raised. The major non conformity raised related to a lack of evidence of five-year fixed wiring electrical testing conducted by the landlord at the Companies House site by the deadline of 18/07/19.

The Health and Safety Manager and Business Support Manager of Companies House worked with Companies House to address the issue, which has now been closed off and additional controls have been reviewed to ensure this does not recur.

3. Internal Health and Safety Audit – Audit and Assurance Services

An Internal Health and Safety Audit was undertaken within NWSSP during December 2019 by the Audit and Assurance Services. The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the process for Health and Safety is Reasonable Assurance.

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

4. Health and Care Standards for NHS Wales

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

The Health and Care Standards Framework comprises seven main themes and sub criteria against which NHS bodies need to demonstrate compliance.
The process for undertaking the annual self-assessments is:

- The Head of Corporate Services undertakes an initial evaluation;
- A draft self-assessment is then presented to the SMT for discussion and further consultation is undertaken at Directorate level;
- Feedback from each Directorate is reviewed and incorporated into the self-assessment pro-forma and is then re-presented to SMT for final approval
- Once approved, it is presented to the Partnership Committee, Audit Committee and the Trust Quality and Safety Committee.

Each theme is assessed and given an overall self-assessment rating of between 1 and 5. As a largely non-clinical service provider, not all of the sub-criteria are applicable.

A summary of the self-assessment ratings is outlined overleaf.

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

Theme	Executive lead	2019-20 Self-assessment rating	2018-19 Self-assessment rating
Governance, leadership and accountability	Senior Management Team	4	4
Staying healthy	Director of Workforce and Organisational Development	4	4
Safe care	Director of Finance and Corporate Services Director of Specialist Estates Services	4	4
Effective care	Senior Management Team	4	4
Dignified care	*Not applicable*	*Not applicable*	*Not applicable*
Timely care	*Not applicable*	*Not applicable*	*Not applicable*
Individual care	Senior Management Team	4	4
Staff and resources	Director of Workforce and Organisational Development	4	4

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

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

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

5. Health and Safety incident reporting using Datix

5.1 Update on Datix V14 Blueprint System

The Velindre University NHS Trust (the Trust) Executive Management Board had agreed to migrate to the blueprint for DATIX V14 in preparation for the Once for Wales Concerns System (OfWCS).

The urgent implementation/upgrade of DATIX along with effective reporting and safety culture will help NWSSP to considerably strengthen its quality and safety assurance and feedback mechanisms, and risk management systems.

The system offers an all-Wales approach that will facilitate both local and national learning which will result in improvements for patients, carers, staff and partners. A phased implementation programme was introduced in December 2019.

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The Project Board agreed that the go live date for the upgraded system was from 2 January 2020. This was successful and was implemented. Communication was issued to NWSSP staff informing them of the upgrade, along with a link to the new Datix form.

Training to site leads was undertaken in January 2020 by the Health and Safety Manager for NWSSP. Issues around access are currently being dealt with by the Health and Safety Manager.

5.2 Health and Safety Incidents Reported during 2019-20 within NWSSP

There were **91** health and safety incidents recorded on the DATIX system across the various Health and Safety categories within NWSSP. There were **99** incidents reported on the previous year 2018-19.

Figure 1 – Health and safety incidents by service group 2019-20
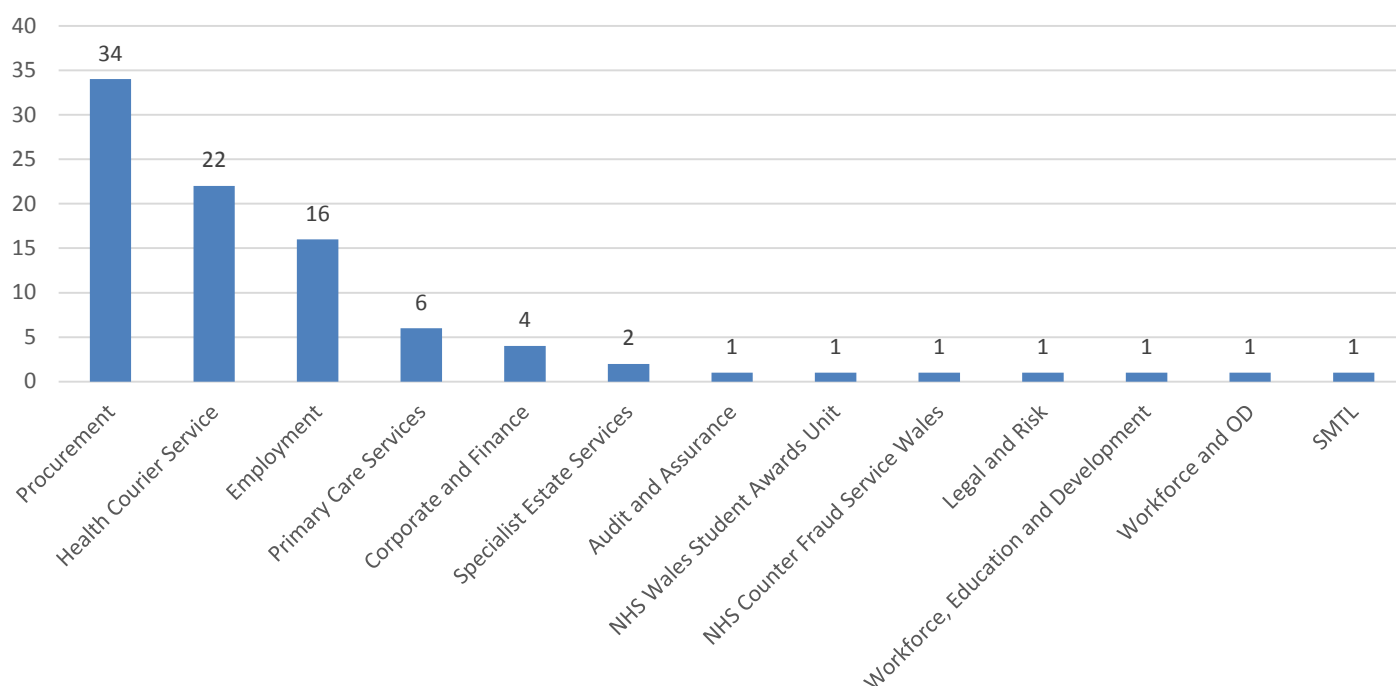
Figure 2 – Health and safety incidents by site 2019-20
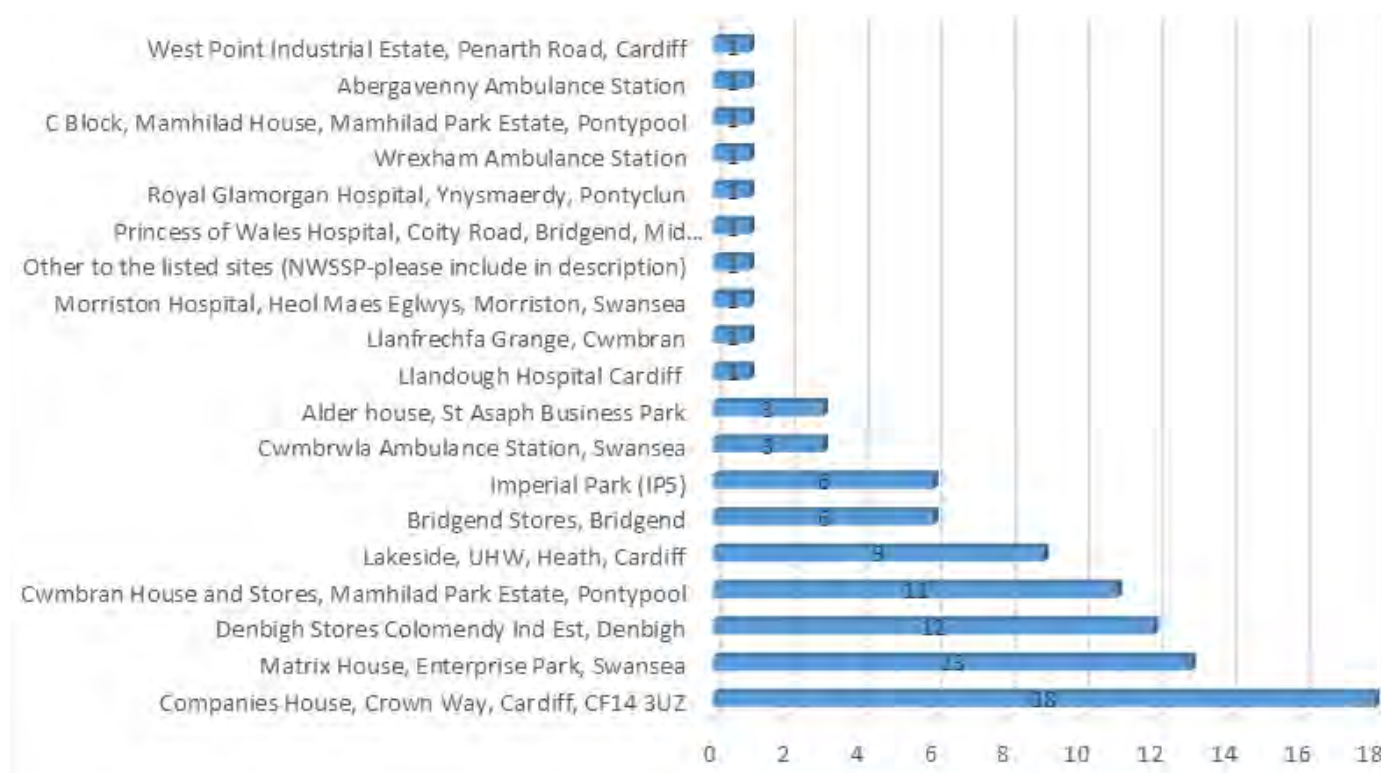
Figure 3 – Health and safety incidents by service group 2019-20

Service Group	2017-18	2018-19	2019-20	Trend
Procurement	42	34	34	*No change*
Legal and Risk	0	1	1	*No change*
SMTL	0	1	1	*No change*
Audit and Assurance	1	1	1	*No change*
Employment	16	16	16	*No change*
Student Awards	0	0	1	↑
Health Courier Service	19	20	22	↑
Specialist Estates	0	1	2	↑
WEDS	0	0	1	↑
Counter Fraud	1	0	1	↑
Primary Care	10	9	6	↓
Finance and corporate	4	13	4	↓
Workforce	0	3	1	↓
Total	**93**	**99**	**91**	

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

- Procurement Services
- Health Courier Service
- Employment Services

In comparing to the previous year, Procurement Services/Employment Services have remained the same; Welsh Health Services have slightly increased.

Figure 4 – Categories of health and safety incidents 2019-20
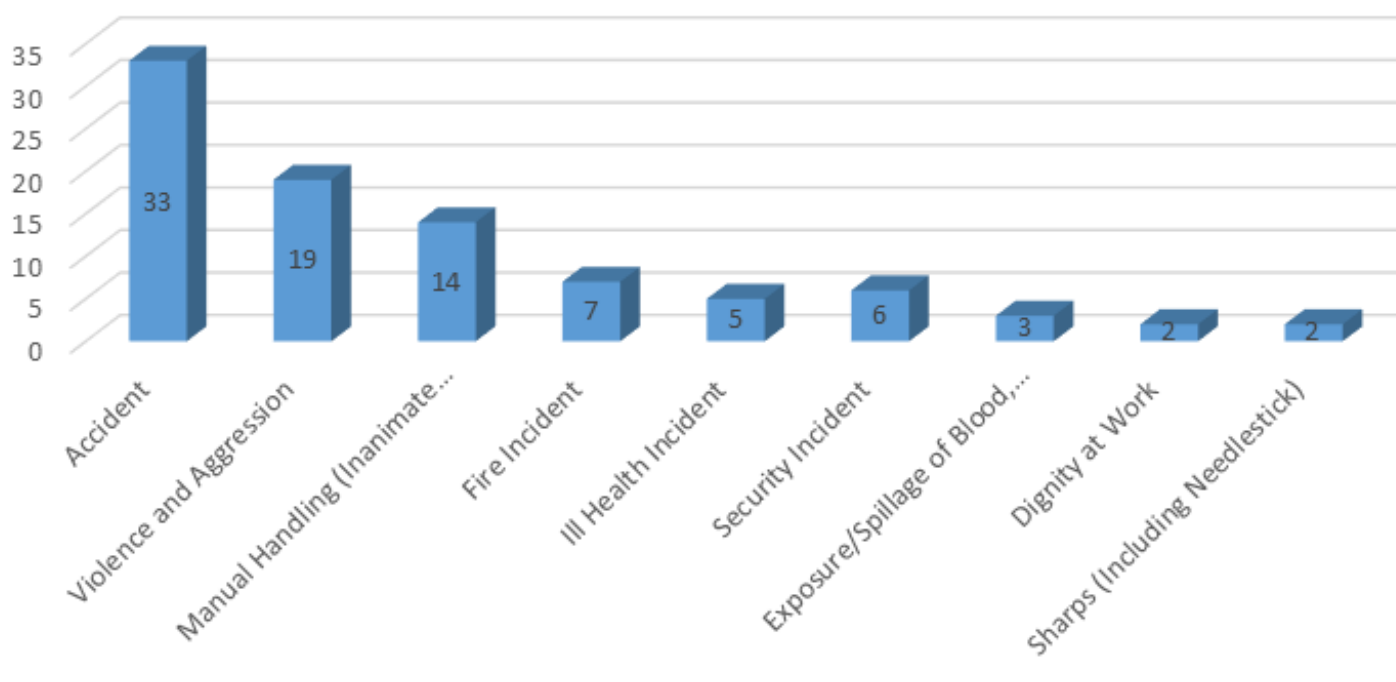
Figure 5 – Categories of health and safety incidents 2017-20

Categories of incidents	2017-18	2018-19	2019-20	Trend
Violence and aggression	14	17	19	⬆
Fire incident	5	3	7	⬆
Security incident	3	5	6	⬆
Ill health incident	3	1	5	⬆
Exposure/spillage of blood, chemical or microorganism	3	2	3	⬆
Dignity at work	2	0	2	⬆
Accidents	47	41	33	⬇
Manual handling (inanimate load)	14	25	14	⬇
Sharps (including needle stick)	2	3	2	⬇
Infection control incident	0	2	0	⬇
Total	**93**	**99**	**91**	

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Increases can be seen in the following categories for 2019-20:

* Violence and Aggression;
* Fire Related Incidents;
* Security Incidents; and
* Exposure/Spillage of Blood, Chemical or Micro-organism.

The fire related incidents are mainly down to fire alarm activation – false alarms. The ill health incidents are related to the lighting issues in Companies House, which has now been resolved.

There has been a reduction in the following health and safety categories within NWSSP during 2019-20:

* Accidents;
* Manual Handling (Inanimate Load);
* Sharps (including Needle Stick); and
* Infection Control Incidents.

6. Update on Health and Safety objectives 2017-20

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

See overleaf for the analysis of the health and safety objectives over the period 2017-20.

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

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

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

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

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

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

- **Objective 7:** Promote a zero tolerance culture in relation to violence and aggression incidents across NWSSP, aspiring to improve incident reporting and investigations and reduce the number of incidents by 30% over two years.

During 2019-20 the following figures were reported on the main trends:

- Slips, trips and falls – 13
- Contact with an Object – 11
- Manual handling – 14
- Violence and aggression – 19

The position on each of the specific objectives is detailed below.

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

Figure 1 – incident rate per 1,000 employees by quarter for each of the last three financial years
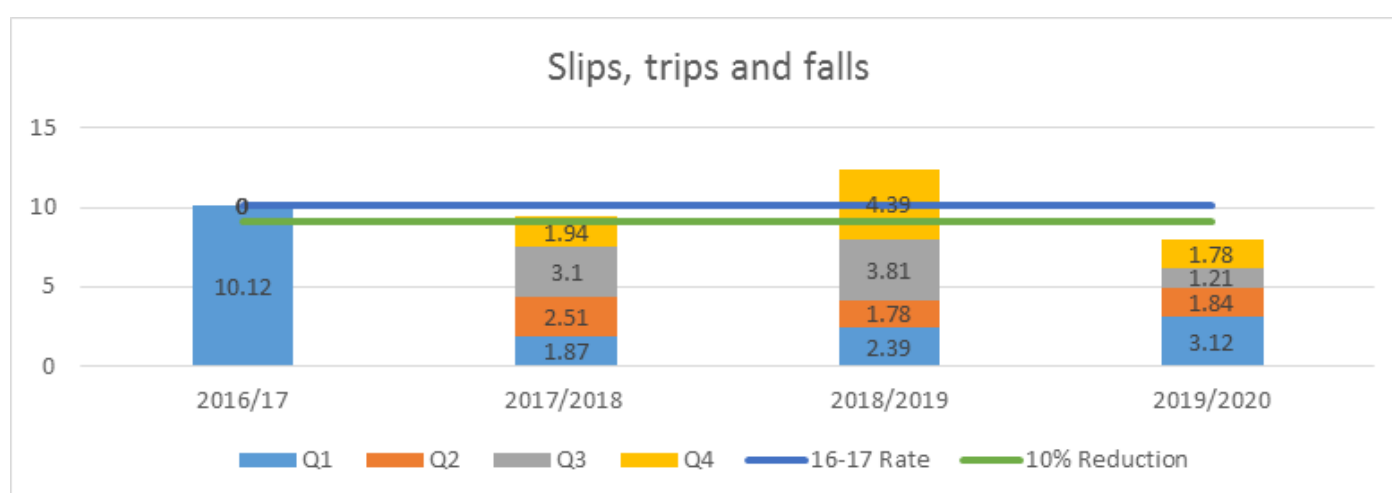
NWSSP has achieved its 10% reduction figure during 2019-20 and is on track to achieve the 10% reduction over a two year period.

A total of 13 slips, trips and falls incidents occurred during 2019-20.

A reduction can be seen in the following categories during 2019-20:

- Slips – floor surface/wet surface;
- Fall from chair;
- Fall/collapse from standing position;
- Fall on ice; slip;
- Trip and fall on same level.

Falls on steps/stairs have remained stagnant and trips over an obstacle have slightly increased.

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

Figure 2 – incident rate per 1,000 employees by quarter for each of the last three financial years
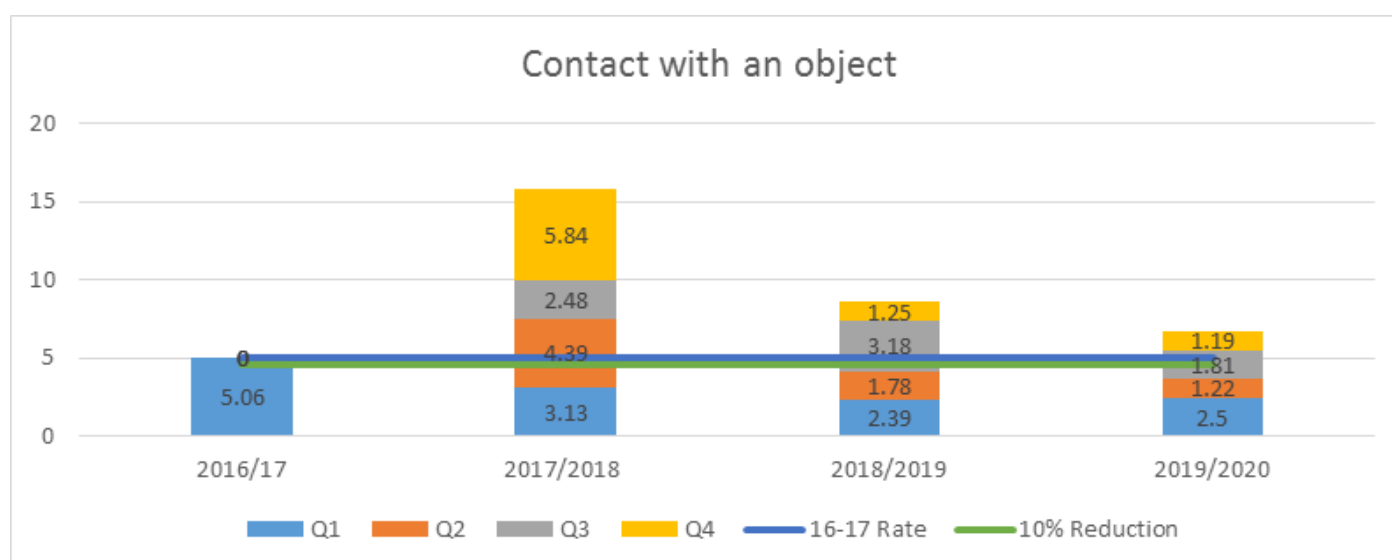
There has been a steady reduction on the previous figures during 2019-20.

A total of 11 Contact with an Object incidents occurred during 2019-20.

A number of training sessions on roll cages was undertaken during 2019-20 and safe systems of work were reiterated to staff.

There are no identified trends within the contact with an object incidents.

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

Figure 3 – incident rate per 1,000 employees by quarter for each of the last three financial years
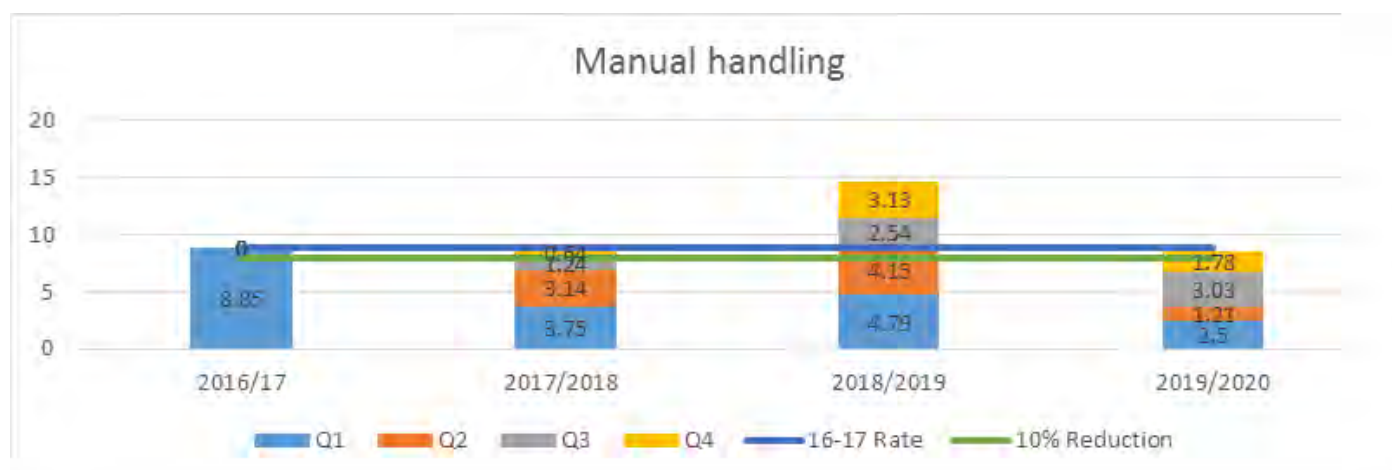
A dramatic reduction has been achieved for manual handling incidents during 2019-20 from the previous year, and that NWSSP are on target to achieve the 10% reduction rate in the next year.

A total of 14 Manual Handling incidents occurred during 2019-20.

The training commissioned by Cardiff and Vale NHS Trust is assisting in reducing the trend on the manual handling incidents which have occurred within NWSSP.

From identifying the subcategory of incidents relating to manual handling, there has been a dramatic decrease in 'injured whilst pushing/pulling a load' during 2019-2020.

A number of roll cage training sessions have been undertaken across NWSSP during 2019-20 and the safe systems of work and flashcards have been re-iterated to staff.

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

The development and enhancement of the health and safety and risk management knowledge and skills of managers and supervisors throughout NWSSP continues to be enhanced year on year. For example:

- A number of supervisors and managers have undertaken the e-learning IOSH Working/Managing Safely course;
- Training Needs Analysis for Manager and Supervisor for health and safety training is updated annually, to identify training solutions required for each staff group; and
- Regular training is given to the supervisors and managers in the use of the Datix system.

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

The health and safety culture within NWSSP continues to be improved year on year. For example:

- There are periodic campaigns to promote the use of Datix for recording of accidents, incidents and near misses in a timely manner;
- The NWSSP Health and Safety Procedure is issued to new starters to raise awareness of health and safety within NWSSP. It is aimed at informing all NWSSP departmental managers and employees of their health and safety responsibilities and advising them of the systems and guidelines in place to support them in meeting their health and safety obligations;
- A quarterly Health and Safety Newsletters is produced;
- Regular Health and Safety meetings occur across NWSSP;
- All sites have a prominent health and safety notice boards;
- NWSSP has a site Health and Safety Induction Handbook which is completed with new starters;
- Health and Safety is included in the NWSSP Corporate Induction programme; and
- The health and safety webpages on the intranet site are continually enhanced and developed.

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

The Health and Safety Manager maintains an annual schedule of site audits and uses the Health and Safety Executive (HSE) HSG65 'Managing for Health and Safety' model. (See separate report on the Main Themes from the Health and Safety Internal Audit Visits Carried out across NWSSP during 2019-20).

Objective 7: Promote a zero tolerance culture in relation to violence and aggression incidents across NWSSP, aspiring to improve incident reporting and investigations and reduce the number of incidents by 30% over two years.

Figure 4 – incident rate per 1,000 employees by quarter for each of the last three financial years
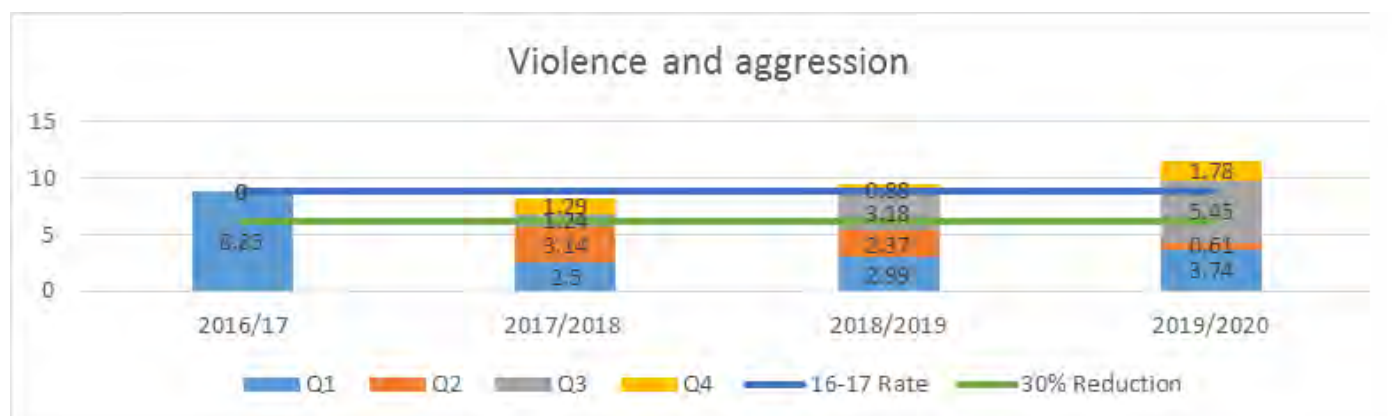
There is a slight increase in the incidents since the previous year. However this may well be down to service groups being encouraged to report incidents. The majority of these incidents have occurred within Employment Services.

A total of 19 Violence and Aggression incidents occurred during 2019-20.

There has been an increase in aggressive or threatening behaviour towards staff and verbal abuse to staff in general. These are mainly reported within Employment Services when pre-employment Checks are being carried out, either via the telephone or face-to-face.

It should be noted that there are no reports of actual physical abuse or assault to staff within NWSSP.

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

A total of **four** incidents were reported under RIDDOR in 2019-20. In the previous year seven incidents were reported.

Categories of RIDDOR incidents 2019-20

Incident	
23 September 2019 – Primary Care Services, Mamhilad Park Estate	
Datix reference	76929
Description	Member of staff injured hand/thumb whilst handling an archive box.
Action taken as a consequence	All boxes received into stores are not to exceed the weight limit specified. GP Practices to be informed of weight limit when sending in archiving to stores – an exercise to check weights on existing boxes within archiving is also being undertaken.
Category of incident	Over 7 days injury. Reported to HSE on 2 October 2019. (9 days)

Incident	
3 October 2019 – not reported onto Datix until 15th October 2019	
Datix reference	77291
Description	Drivers based at Bryn Y Neuadd Hospital, was operating a Luton Tail Lift vehicle, on the designated run when reported that whilst raising the tail lift, felt a sudden pain in back.
Action taken as a consequence	Visit has been undertaken to site to look at the task. Confirmation that no issue with the tail lift in question. Reminded to report incidents in a timely manner.
Category of incident	Over 7 days injury. Reported to HSE on 15th October 2019. (12 days) reasons for reporting late to HSE was that the incident was not reported onto Datix until 15 October 2019.

Incident	
13 November 2019 – Denbigh Stores	
Datix reference	77795
Description	loaded the cage with items and as was walking with cage to the packing area the side door had unhinged from the bottom shelf into which it clips and had swung open making all items fall out. Person twisted back trying to avoid the cage and all the items that were falling.
Action taken as a consequence	Team briefing undertaken with all staff of stores to remind them to check all roll cages prior to using them to check for defects. A process is in place to identify defective roll cages – ssow reiterated again to all staff of the stores. Staff also reminded to push the roll cage wherever possible.
Category of incident	Over 7 days injury. Reported to HSE on 29 November 2019.

Incident	
28 January 2020 - Cwmbrwla Ambulance Station, Swansea –	
Datix reference	120711
Description	HCS Staff member picked up a chiropody box destined for Dyfed Rd Surgery. The box was heavier than expected and caused injury to Staff member's Neck and Shoulder.
Action taken as a consequence	to remind staff not to lift boxes which are deemed too heavy and to carry out a dynamic risk assessment prior to lifting any boxes - person has undertaken the manual handling module B training
Category of incident	Over 7 days injury. Reported to HSE on 4 February 2020.

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8. Personal injury claims

During the period April 2019 – March 2020 there have been two new claims.

A new claims procedure is currently being devised by Welsh Risk Pool.

9. Health and Safety Executive Enforcement Action

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

10. Risk management

10.1 Risk Assessments

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

NWSSP ensures that risk assessments react to changes which occur following work tasks and post–risk assessments are also undertaken in an attempt to learn lessons and prevent reoccurrence.

All risks identified are assessed using a matrix which takes into account the likelihood of the risk occurring and the resulting severity.

Risk Scoring Matrix

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

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

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

11. Policies issued

The following policies had been issued by Velindre during 2019-20:

- Alcohol, Drugs and Substance Misuse Policy.
- Management of Allegations of Abuse by Members of the Trust Staff;
- Safeguarding and public protection policy;
- Hand Hygiene Policy;
- Sharps Safety Policy;
- Water Safety Policy;
- Claims Policy.

12. Training

12.1 Core Skills Framework

NHS Wales is committed to adopting the core skills framework to provide training for employees. The UK wide framework includes ten key subjects which feature as the statutory and mandatory requirements for training within the health sector.

The subjects are:

- Fire Safety level 1
- Moving & Handling level 1
- Health, Safety & Welfare level 1
- Violence and aggression level 1
- Treat me Fairly level 1
- Resuscitation level 1
- Infection Prevention & Control level 1
- Safeguarding Children level 1
- Safeguarding Vulnerable Adults level 1
- Information Governance level 1

The Health, Safety and Risk Manager monitors the % completion rates for the statutory and mandatory core skills training framework on a monthly basis to ensure that the statutory modules in relation to health, safety and governance are completed as required.

Each NWSSP health and safety lead also has a responsibility for monitoring compliance for their directorate and providing reports on % completion rates relevant to their area of work at quarterly meetings.

As at 31 March 2019 the compliance was **95.40%.**

12.2 IOSH Working Safely and IOSH Managing Safely

This e-learning training continues to be undertaken within NWSSP.

12.3 Conflict Resolution Training

The Pilot training took place on 1 October 2019 at Matrix House. Further sessions were undertaken across NWSSP during 2020.

12.4 DSE Assessor Training

A number of sessions were held across NWSSP during 2019.

13. Consulation, communication and control

The Director of Workforce and Organisational Development leads on the overall direction of health and safety for NWSSP, with the Health and Safety Manager continuing to improve performance through regular monitoring, reviewing processes and having regular discussions under the Health and Safety Committee Structure.

NWSSP has established an effective means of communication and consultation with its staff through regular health and safety specific newsletters and articles within the internal magazine, which demonstrates a proactive, positive approach to raising awareness of health and safety issues.

There is a Health and Safety Committee in place with approved terms of reference. Through this structure NWSSP communicates and consults with employees on health and safety issues. The various health and safety groups in place have suitable management membership to implement actions and meetings are held on a quarterly basis.   In addition, trade unions are invited to attend.

Regular health and safety reports are submitted to the Senior Management Team (SMT) on a quarterly basis. The SMT receives, discusses and scrutinises reports and provides updates on any issues associated with the management of health and safety risks. The SMT ensures that health and safety issues are integrated into its Integrated Medium Term Plan (IMTP) business planning process and appropriately actioned.

13.1 All Wales Health and Safety Meetings

A Health and Safety Committee structure, with membership including management and trade unions, ensures good communications and consultation with all internal stakeholders.

A union representative has now been identified to attend future meetings.

13.2 Regional Health and Safety Groups

The Regional Health and Safety Groups support managers and staff in addressing health, safety and fire risks at a local level to ensure compliance with relevant standards and legislation. There are two regional health and safety groups. One for North Wales region and one for South East/Mid-West region.

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13.3 Site/Operational Health and Safety Groups

Site specific groups meet on a quarterly basis and filter the issues which have been raised at the Regional health and safety meetings to staff at each site.

13.4 All Wales Procurement Services Health and Safety Group

The Procurement Services continue to hold twice yearly procurement H&S meetings to address health and safety issues for the directorate.

13.5 Welsh Health Board Trusts Safety Advisors Forum (WHBTSAF)

The Health and Safety Manager sits on the Welsh Health Board Trusts Safety Advisors Forum (WHBTSAF) meetings which meet on a quarterly basis and provide an opportunity to discuss pan Wales issues.

13.6 NWSSP Health and Safety intranet pages

Within NWSSP a dedicated health and safety website has been set up for staff.

This was initially set up during 2016-17 and provides an array of useful information for all staff. The health and safety intranet pages continues to be updated on a regular basis to maintain an accurate information repository.

http://nww.sharedservicespartnership.wales.nhs.uk/health-and-safety-sections

13.7 Health and Safety Newsletter

NWSSP issues a health and safety newsletter which is distributed to staff on a quarterly basis.

14. Estates compliance: Velindre-leased sites

14.1 Estates management

The Health Safety Manager currently manages the estates statutory compliance for our Velindre leased sites, and also attends the Velindre NHS Trust Estates management group meetings, feeding back any issues and non-conformities.

Many of the NWSSP locations are on Trust/UHB sites and when the H&S Manager undertakes the annual site visits, issues are often addressed directly with the site managers to ensure compliance from the Health Body's perspective. This is not always easy as their priorities are patient care and not our offices on their sites.

NWSSP has a legal duty to ensure that all buildings under its control comply with the relevant statutory and regulatory requirements.

The Health and Safety Manager manages the estates statutory compliance for the Velindre leased sites, and also attends the Velindre NHS Trust Estates management group meetings and feedback our issues and non-conformities.

These include electricity at work, legionella, fire safety, asbestos etc.

Many of the NWSSP locations are on Trust/HB sites and when the Health Safety Manager undertakes the annual site visits, issues are often addressed directly with the site managers to ensure compliance from the Health Body's perspective. This is not always easy as their priorities are patient care and not our offices on their sites.

14.2 Management of Asbestos Containing Materials within NWSSP

We are fortunate in NWSSP that Asbestos Containing Materials are not present within a significant proportion of our estate. However, within the leased site at Brecon House, Mamhilad Park Estate, Pontypool there is a significant quantity of ACM which is in keeping with the age and previous use of the premises.

In November 2018, due to the first floor lease being negotiated within Brecon House, the Health and Safety Manager for NWSSP undertook an exercise whereby all the asbestos containing materials were identified, recorded and labelled.

As a consequence a new-style Asbestos Management Plan has been produced, by the Health and Safety Manager, and this is used within the ground floor and first floor of

Brecon House. This enables the site to undertake regular reviews and consider periodic re-surveys, reducing the costs associated with external consultants but also increasing scrutiny of asbestos items.

Identification of Asbestos – Companies House

As part of the major refurbishment works in reception and the staff restaurant at Companies House, some areas have been identified as having asbestos containing materials (ACMs). A controlled programme of works, to remove the ACMs is currently being carried out.

Companies House has a duty of care to all building users and contractors, to ensure that the ACMs are removed safely and pose no risk. The ACMs identified are predominantly located in the ceiling void. As these areas are inaccessible and contained, they cause no risk to staff and tenants.

Companies House have undertaken a re-survey on the areas where asbestos containing materials were situated within floors 3 and 4. These ACMs were currently confined to the screw holes where panelling was previously removed behind the new panelling. As these ACMs were deemed low risk, this was previously managed and maintained. It was agreed by Companies House that these would be removed and the works were undertaken in September 2019.

14.3 Fire Management

Organisational management for Fire Safety is undertaken by the All Wales Health and Safety Group. This is supported by the Specialist Estates Service Group and they assist with practical matters relating to physical fire safety.

As part of an integrated approach, the Specialist Estates Services Fire Safety Advisor and the Health and Safety Manager continually liaise with Velindre NHS Trust Fire Safety Advisors to ensure consistent communication channels are in place to provide assurance on NWSSP's compliance.

The Health and Safety Manager for NWSSP represents NWSSP on the Velindre NHS Trust Estates/Statutory Compliance Management Group and provides updates on the collation of data for the mandatory data collection audit.

Fire Risk Assessments

In accordance with the provisions of the Regulatory Reform (Fire Safety) Order 2005 NWSSP undertake regular fire risk assessments. A Fire Risk Assessment is an organised, methodical look at premises, the activities carried on the premises, and the likelihood of whether a fire could start and cause harm to those in the vicinity of the premises.

The purpose of the Fire Risk Assessment is to identify potential Fire Hazards, identify steps to be taken to reduce any risks to as low as reasonably practicable, and to recommend what fire precautions and management arrangements can be put in place to ensure safety if a fire does occur. The Fire Safety Advisor within the Specialist Estates Directorate undertakes fire risk assessments for the Velindre leased sites.

Following on from fire risk assessments, the Health and Safety Manager for NWSSP ensures that all the actions are carried out as a consequence and works with the site leads and landlords of each site.

Compartmentation Issues at Alder House and Matrix House

There remains two outstanding issues in relation to compartmentation at Alder House and Matrix House.

- Matrix House has now commissioned own compartmentation survey and will present to the landlord.
- At Alder House an independent survey undertaken by Welsh Risk Pool team member and suggestions on way forward have been presented to Specialist Estates Fire Safety Officer to take forward.

A Briefing paper has been written for SMT and separate letters have been written to the landlords stating that the fire stopping issues identified are more relevant to the protection of the building and reducing fire spread rather than life safety and the landlord was asked of their intentions of taking this forward. NWSSP felt that threat to lift risk due to integrity of fire wall compartmentation is considered very low as any fire will be quickly detected by the automatic alarm and detection system and staff will be able to promptly evacuate the building. Some responses from landlords have been received and these are being managed by the Corporate Services team.

Emergency Evacuation Strategy

The Emergency Evacuation Strategy has been released for the NWSSP leased sites. The Health and Safety Manager is currently working with the site managers to ensure that Evac Chairs were on site; that these were maintained; staff receiving regular training on the use of the evac chairs and that appropriate PEEPs were in place.

All Velindre-leased sites now undertake a regular training programme in place to undertake Evac Chair training.

Personal Emergency Evacuation Plan (PEEP)

The Regulatory Reform (Fire Safety) Order 2005 places a legal duty on those with 'responsibility' over the management and operation of premises to provide adequate means for emergency escape in the event of fire for all building occupants. The same rights in law apply to those members of staff or visitors in a building who for whatever reason suffer from some degree of impairment that puts them at a disadvantage in the event of an emergency. The Order requires fire risk assessments to be undertaken as the means by which a 'responsible person' can identify and manage fire risks. The provision of facilities for the safe emergency evacuation of those with impairments should be considered an important part of the fire risk management process.

NWSSP manages these risks through undertaking Personal Emergency Evacuation Plan (PEEP) on an as and when required basis using the expertise of the Fire Safety Advisors within Specialist Estates directorate.

14.4 Physical Security Review of NWSSP Buildings

The actions arising from the report produced by SES in November 2018 are tracked at the Audit Committee, and consequently are reported to all formal monthly SMT meetings as well as the Audit Committee.

All the actions have been addressed with the exception of the barriers at Matrix House. This is outside of the control of NWSSP and the issue has been taken to SMT.

The All Wales H&S group have recommended to SES that the review be undertaken again in 2-3 years.

15. Health and Safety legislation

A review of legislative requirements is continually undertaken to establish which environmental and/or health and safety legal requirements apply to NWSSP's operations. As a result, a **register of legislation** is held to assist in developing an action plan with action points for strengthening and maintaining compliance levels. Velindre University NHS Trust have utilised the register as a template to support their own health and safety management processes.

Welsh Language Annual Performance Report

NHS Wales Shared Services Partnership

Cymraeg

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Executive Summary

The Welsh Language Annual Performance Report for 2019/2020 focuses on the work the Welsh Language Unit within NWSSP has undertaken to support it in further delivering its services through the medium of Welsh to our service users across the NHS.

This year is the first year whereby we report on our performance on achieving the Welsh Language Standards (no.7) 2018 which were introduced on the 30th of May 2019.

Welsh Language within the NWSSP include the following principles:

- To promote awareness and knowledge of the use of the Welsh Language in Wales;
- To inform staff of the expectations of individuals and the wider public who receive services from NWSSP through the medium of Welsh;
- To provide staff with the appropriate tools to support and enable them to comply with the Welsh Language Standards; and
- To ensure that all services, operational procedures, policymaking decisions and records are compliant with the law of the Welsh Language (Wales) Measure 2011, and the Welsh Language Standards (No.7) Regulations 2018.

NWSSP continues to work towards positioning the organisation and the staff who work within it to be confident and consistent in the way that the Welsh language is integrated into service planning and delivery, to avoid duplication of effort, to share good practice and to lead towards continuous improvements in the following areas:

- Providing services to individuals, persons and the public at large through the medium of Welsh, which is equal to the English language;

- Continue to ensure compliance with the Welsh Language Standards;
- Continued employee awareness, training and development; and
- Continue to look at the best ways of delivering Welsh language services to meet the needs of NWSSP as well as other NHS organisations in Wales.

The Welsh Language Services Manager has continued to work in collaboration with Welsh Government, the Welsh Language Commissioner's Office and other NHS Wales organisations to promote the 'Once for Wales' vision, in order to share best practice and resources to make the Welsh Language Standards more achievable to all organisations within NHS Wales.

NWSSP has invested significantly in assistive technologies and resources to meet the demand for translation services, which has enabled increases in capacity. Staff have been informed and engaged through a series of meetings, briefing sessions and training which has enabled them to plan, develop and deliver our services in both the Welsh and English languages.

Enquiries from staff across the whole organisation have increased and the Welsh Language Unit has been able to respond positively to the additional workload.

We have undertaken large scale projects to meet the requirements of the standards, specifically the Service Delivery and Operational Standards, resulting in correspondence being readily available in Welsh, as well as undertaking a project to translate a large number of job descriptions during the year.

Overall we've had a successful year in promoting the Welsh language and developing our services further. Here is a summary of the progress made this year:

Enquiries relating to the Welsh Language:

Translation Enquiries:

| 2019 – 2020 Enquiries: **2,217** | 2018 – 2019 Enquiries: **563** | Increase **> 294%** |

Welsh Language Courses:

| 2019 – 2020 Enquiries: **136** | 2018 – 2019 Enquiries: **121** | Increase **> 12%** |

Welsh Language Training:

| 2019 – 2020 Enquiries: **212** | 2018 – 2019 Enquiries: **87** | Increase **> 143%** |

Legislative Enquiries:

| 2019 – 2020 Enquiries: **412** | 2018 – 2019 Enquiries: **352** | Increase **> 17%** |

Number of words translated

756,894

2,898,128

Increase of 283%

2018-19   2019-20

Year
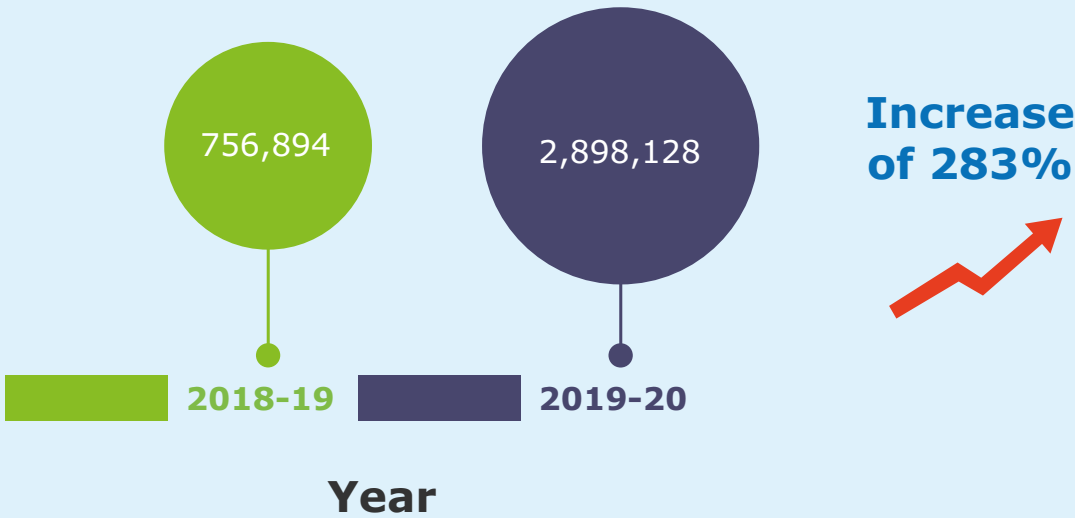
Training:

Staff trained through Welsh Language Awareness Training:
2019 – 2020 Figures: **598**
2018 – 2019 Figures: **523**

Increase of **13%**

Managers trained through Welsh Language Awareness Training:
2019 – 2020 Figures: **127**
2018 – 2019 Figures: **97**

Increase of **31%**

Compliance of noting Welsh language skills:
2019 – 2020 Figures: **97%**
2018 – 2019 Figures: **97%**

Remains the same **97%**

Non Richards
Welsh Language Services Manager

Welsh Language Annual Performance Report 2019-2020

This year has seen significant progress in strengthening NWSSP's capacity to offer services in Welsh. The Welsh Language Standards have assisted in focusing on priority areas and identifying key areas for further developments.

Staff Welsh Language Skills

The overall skill base of Welsh Language Skills across the organisation is as follows:

Welsh Language Skills across all service areas at NWSSP

- Staff at Level 0
- Staff at Level 1
- Staff at Level 2
- Staff at Level 3
- Staff at Level 4
- Staff at Level 5
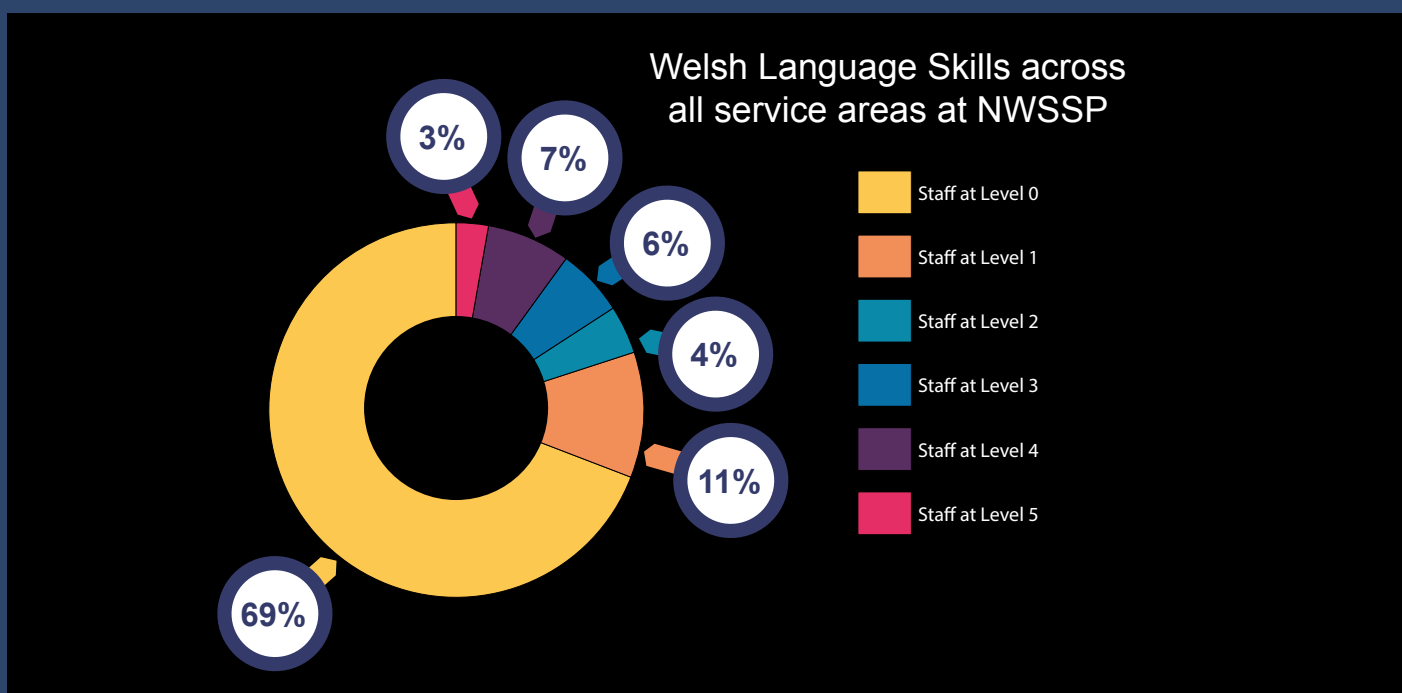
The figures have generally remained static this year in comparison with 2018/19 and previous years. The NWSSP recognises that we need to increase our capacity to deliver our services in Welsh. During 2020/21 we will be reviewing our current Bilingual Skills Strategy, which will give recruiting managers a guide to audit existing Welsh language skills within their services areas/teams and undertake a skills gap analysis.

Once the gap analysis has been completed, service areas/teams will be required to produce a local action plan on how they intend to increase capacity to deliver their services in Welsh, to ensure that there are adequate numbers of staff with the necessary skills to offer real language choice, as part of our 5 year Welsh Language Action Plan.

A full detail of Welsh skills per service area is available in **Appendix 1**.

Welsh Language Awareness Training for Staff

Welsh Language Awareness Training for Staff throughout the organisation has continued to be a core element of the support services that the Welsh Language Unit provides.

Staff trained through Corporate Induction:
2019 – 2020 Figures: **186** Attendees
2018 – 2019 Figures: **160** Attendees
Increase of **16.25%**

Staff trained through Welsh Language Awareness Training:
2019 – 2020 Figures: **598** Attendees
2018 – 2019 Figures: **523** Attendees
Increase of **13%**

Managers trained through Welsh Language Awareness Training:
2019 – 2020 Figures: **127** Attendees
2018 – 2019 Figures: **97** Attendees
Increase of **31%**

Compliance of noting Welsh language skills:
2019 – 2020 Figures: **97%**
2018 – 2019 Figures: **97%**
Remains the same **97%**

Welsh Language Lessons for Staff at work during 2019/20

Welsh Language Lessons for staff are promoted and are available to staff across all of our business areas. During 2019/20, 60 members of staff attended Welsh classes in the workplace, which is a reduction in numbers when compared to the prior year. This was due to a number of staff who were learning Welsh obtaining appointments elsewhere in NHS Wales and external pressures on the organisation (e.g. Brexit and more latterly COVID) resulting in staff finding it difficult to commit to lessons. In 2020/21 we will be addressing this issue through having conversations with managers about the commitment that is expected of staff to attend courses made available to them, and offering a more flexible approach to learning Welsh at work through online classes for our staff. We will also regularly promote the shorter courses that are available on the Learn Welsh portal as well as plan Welsh language promotional events in our office locations across Wales. We will also explore other opportunities to learn Welsh through exchanging best practice models with other organisations.

We offer Welsh lessons to staff throughout the year. Courses run for 30 weeks, and each lesson Lasts 2 hours. Staff are supported to learn Welsh at the appropriate skill level as detailed here, and are encouraged to practice and use their new Welsh skills within the workplace with colleagues and peers.

The numbers on this page show how many staff attended Welsh lessons at our offices during 2019/20.

Alder House
Entry Level 1: **6**
Entry Level 2: **4**
Foundation Level 1: **3**

Nantgarw
Entry Level 1: **2**
Foundation Level 1: **2**

Companies House
Entry Level 1: **6**
Entry Level 2: **8**
Foundation Level 1: **3**
Intermediate Level 1: **6**
Taster sessions x 3: **16**

Pontypool
Entry Level 1: **4**

Jobs Advertised as Welsh Essential/Welsh Desirable/Welsh Needs to be Learnt

Number of vacancies advertised
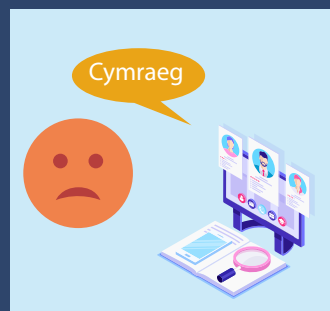
Welsh Essential:

2019 – 2020
Figures: **7**

2018 – 2019
Figures: **6**
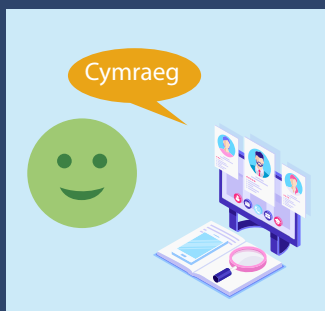
Welsh Desirable:

2019 – 2020
Figures: **443**

2018 – 2019
Figures: **441**
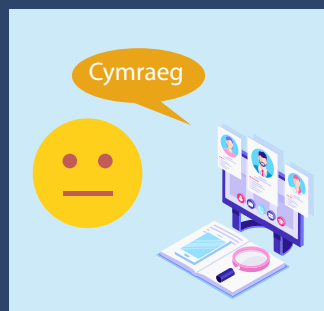
Welsh needs to be learnt:

2019 – 2020
Figures: **0**

2018 – 2019
Figures: **0**

Total number of vacancies advertised:

2019 – 2020
Figures: **450**

2018 – 2019
Figures: **447**

NWSSP currently advertises vacancies as Welsh desirable as a bare minimum and assesses vacancies that need to be Welsh Essential. However, NWSSP recognises the need to further assess vacancies for Welsh skills prior to advertising and recruiting vacancies and further work will be undertaken during 2020/2021 through developing a new Bilingual Skills Strategy.

During 2019/20 NWSSP has invested significantly in the translation of all job descriptions that exist within the NWSSP employment structure. This will enable the organisation to be fully compliant with Standards 106A and 107A with regards to the advertising of vacancies and job descriptions in both Welsh and English.

We recognise a need to undertake more in-depth analysis and assessments of vacancies requiring Welsh language skills so that we are confident in the delivery of our services in both Welsh and English. Further work will be undertaken in this area by Workforce and Organisational Development supported with advice and guidance from the Welsh Language Services Manager during 2020/21.

Investment in technology and resources to enable the NWSSP to comply with the Welsh Language Standards.

NWSSP continues to invest in technology to enable the Welsh Language Unit to respond to demand in an efficient and effective manner. In addition to the purchase of Memsource, a translation memory software, we have also recruited four additional full time translators to support the organisation with Welsh language translations. The Welsh Language Unit in 2019/20 comprised of:

Welsh Language Services Manager

Full time Translators
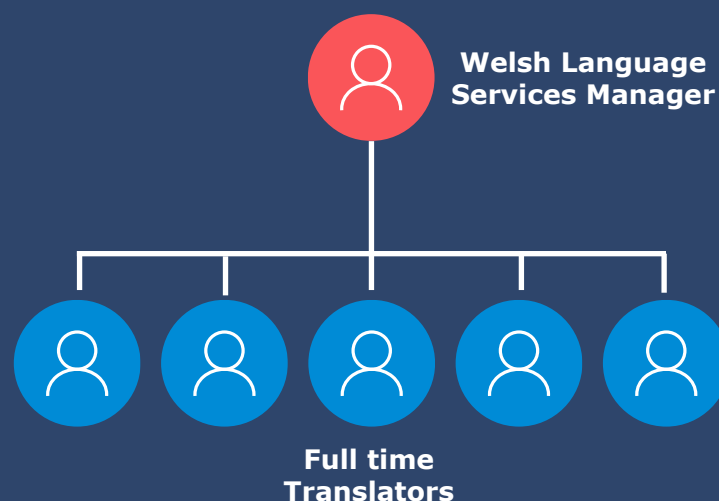
Translation Services:

The increase in capacity within the Welsh Language Unit has meant that NWSSP has been able to meet the demand for Welsh language translation services effectively and efficiently.

Number of words translated

230,841	356,415	756,894	2,898,128
2016-17	2017-18	2018-19	2019-20
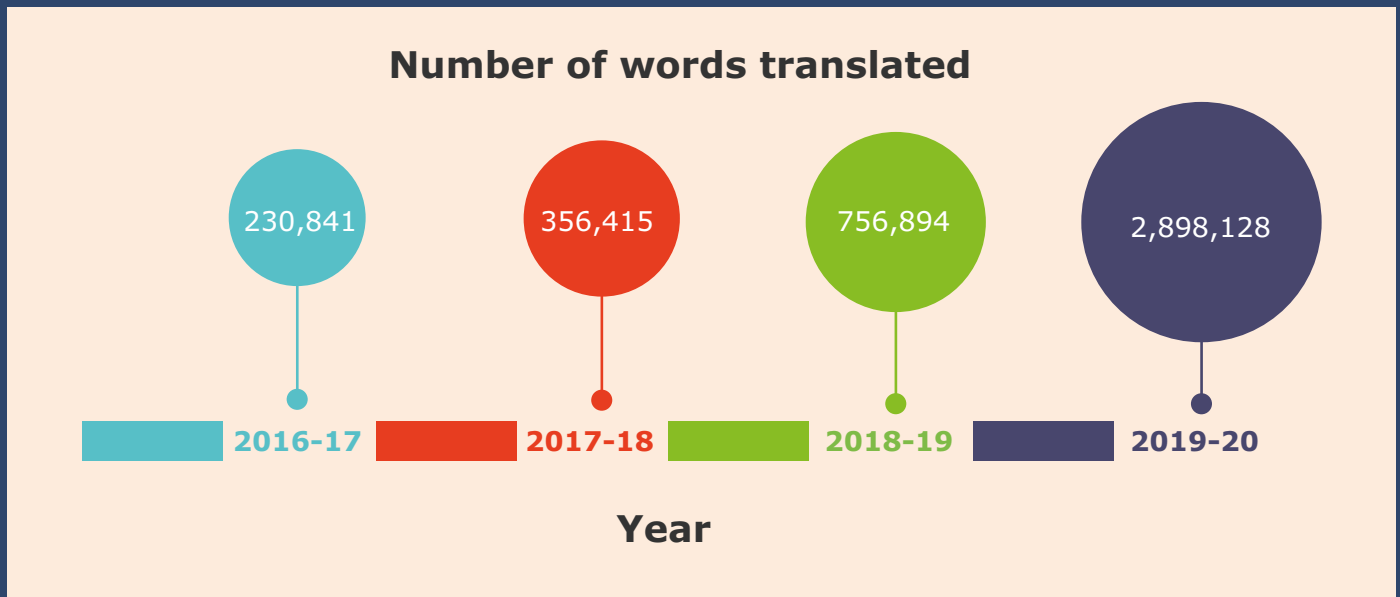
Year

The need to provide more websites, social media posts, correspondence, information leaflets and forms means that the demand for translation services over the last four years has substantially increased, and in 2019/20 the need to be compliant with the Welsh language standards has also influenced the increase in demand for translation services.

Promoting and facilitating the Standards

Our promotion of the Welsh Language Standards has proven to be successful during 2019/2020 and as a consequence we have seen an increase in the demand for support services and advice across the whole organisation.

Translation Enquiries:

2019 – 2020 Enquiries:
2,217

2018 – 2019 Enquiries:
563

Welsh Language Courses:

2019 – 2020 Enquiries:
136

2018 – 2019 Enquiries:
121

Welsh Language Training:

2019 – 2020 Enquiries:
212

2018 – 2019 Enquiries:
87

Legislative Enquiries:

2019 – 2020 Enquiries:
412

2018 – 2019 Enquiries:
352

A Welsh Language intranet support page has been created to give guidance and support to NWSSP staff across all sites on how to deliver services in Welsh and English. The intranet page gives advice, support, and guidance consisting of standard operating procedures, FAQ's about the standards and how to implement them successfully, as well as practical solutions such as out of office messages, and key phrases for answering the phone and corresponding.

We have introduced a Welsh Language Impact Assessment form into the planning and development process of new projects and services being developed by NWSSP. The form is also utilised in reviewing existing services, when service reviews take place, in order to identify areas for improvement.

This tool is used by the Project Management Office, Service Improvement Team and Corporate Governance. The Welsh Language Manager has involvement in an advisory capacity.

We offer staff Welsh language awareness training on the Corporate Induction programme which is provided to all new members of staff joining the organisation. The training outlines everything new members of staff need to be aware of during their first few months within the organisation.

A dedicated training programme for staff and managers has also been developed and delivered successfully during the year, outlining the expectation of service users and our requirements to comply with the Welsh Language Standards.

Badges and Iaith Gwaith lanyards are provided to Welsh speaking staff of different abilities, and lanyards are also given to staff learning Welsh, which provides opportunities to practice their skills with other Welsh speakers.

Welsh classes continue to be offered to staff, and an emphasis on using the online resources on Dysgu Cymraeg has been promoted to staff, so that they can familiarise themselves with basic Welsh greetings and terms.

Reception staff have been supported by the Welsh Language Services Manager through providing key phrases to use when welcoming visitors. A standard operating procedure to ensure that a Welsh speaker who wishes to speak to someone in our reception areas is able to receive a Welsh Language service is available at our key sites in Alder House, Charnwood Court and Matrix House.

Progress with the Service Delivery Standards

Correspondence

All templates of corporate letter heads now have a line to clearly state to all recipients of our correspondence that we welcome correspondence in Welsh.

All emails have a line to clearly state that we welcome correspondence in Welsh and ask individuals, persons and the public to state if they wish to be corresponded with in Welsh.

Generic emails and letters created from our systems have been translated, in order to ensure that if we are unaware of the language choice that the letters/emails can go out bilingually.

Telephone

Staff have been advised and given guidance on answering the telephone bilingually, on main telephone numbers, helpline, call centre numbers and direct line numbers.

Wherever possible the call will be dealt with in Welsh until such point as it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter and likewise when no Welsh speaking member of staff is available to provide a service on that specific subject matter.

We promote our services as being available in Welsh.

Meetings

When meetings are organised by NWSSP, staff have been advised to check language preference. A booking form and standard operating procedure is available on the intranet to book an interpreter if a person wishes to participate in a meeting in Welsh. Persons wishing to participate in Welsh are notified that an interpreter will be present.

Public meetings

The Partnership Committee is the only public meeting hosted by NWSSP. Details of committee meetings are available on our website. To date we have not received a request from a member of the public to attend in either Welsh or English.

Forms and Documents for individuals

NWSSP has undertaken a project to identify, audit and review forms and documents made available to individuals as identified in the standards, and these have been translated. As new forms and documents become available they are translated prior to publication.

Websites

All NWSSP websites are fully bilingual and as new pages are created, or amendments are made to existing pages, they are translated prior to publication. This activity is monitored by the Communications Strategy Group and the Web Authoring Group.

Apps

No apps were published for individuals or the public by the NWSSP during 2019/20.

Social Media

Any anchor social media posts made from our corporate accounts are published in Welsh and English. If we receive posts in Welsh we reply in Welsh if a reply is required.

Signage (Permanent and Temporary)

The responsibility for signage in all departments at all sites falls to the divisional leads and the Business Support Managers to undertake regular audits and to arrange that signage, whether permanent or temporary, to be translated and made available in both Welsh and English at the same time.

Reception Services

Reception staff across NWSSP have mixed skill levels in the Welsh language. A standard operating procedure has been made available to all staff working on our reception areas together with a helpful guide to enable them to greet visitors to our sites in both Welsh and English. Those members of staff who are not entirely fluent in the Welsh language have been given guidance to call a Welsh speaker to the reception area if a visitor wishes to speak to someone at reception in Welsh. Signing in forms and signage made available in our receptions are in both Welsh and English. We display a sign to state that visitors are welcome to converse with us in Welsh in our reception areas.

Procurement Services

Whilst the main responsibility of ensuring that services made available to patients lie with the Health Boards and Trusts, the NWSSP Procurement Service also recognises the need to challenge and make commissioning staff aware of Welsh language considerations in the procurement and contracting of services in Welsh.

A comprehensive training programme has been completed during 2019/2020 to make Procurement staff aware of the requirements of Standards 57, 58 and 59 of the Welsh Language Standards, and that Welsh Health Boards and Trusts are also aware of the requirements of the Standards when planning, procuring and contracting services.

During 2019/20 there were no requests received for procurement documents to be made available in Welsh, and no bids were therefore submitted in Welsh.

Progress with the Operational Standards:

Welsh Language Policy

A Welsh Language Policy has been developed on using Welsh internally and externally and is available for staff to view on the intranet page.

Employees within the organisation:

Candidates are able to apply for posts advertised in either Welsh or English. The electronic application form and all supporting documents in the recruitment process have been translated to Welsh and are readily available;

It is made clear to candidates applying for any posts to declare if they wish for their interview to be conducted in Welsh by completing a tick box on the application form;

Upon appointment to a vacancy at NWSSP, recruiting managers are aware that they must ask new staff if they wish to receive a copy of their contract of employment in Welsh or English. Documents relating to employment including all workforce policies are available in Welsh.

If a complaint is made against a member of staff by another member of staff or if a member of staff wishes to have meetings with our workforce department in Welsh, their request will be dealt with in Welsh if that is the wish of the requestor. Any outcome reports, decisions and correspondence with the requestor will be made available in Welsh. Meetings with staff regarding disciplinary matters will be conducted in Welsh if requested.

Our Corporate Induction Toolkit is available to all staff in Welsh as is the training upon request, whereby the training is currently facilitated by an interpreter.

Intranet pages

The relevant pages on our intranet are available in both Welsh and English and a specific page has been created to support staff with Welsh language guidance and advice.

Staff Skills

NWSSP staff are required to complete a Welsh language skills assessment on the Electronic Staff Record so that we can assess the level of skills across the organisation.

Training for staff

If a member of staff requests specific training as listed in the Welsh Language Standards, the training will be provided through the support of an interpreter at the training sessions.

Opportunities to learn Welsh during work hours

Staff are encouraged to learn Welsh at work and we offer Welsh Language classes at work and promote online learning that is available to staff through several platforms including Dysgu Cymraeg, Say Something in Welsh and Duolingo.

Emails, signatures and out of office messages

A comprehensive review was undertaken in 2018/19 and 2019/20 of signatures and out of office messages. These have been translated, staff have been made aware of the requirement through training, internal communication and guidance on the intranet site.

Identifying Welsh speakers and learners in the organisation

All staff who are able to speak Welsh or are learning Welsh and are willing to wear the badge or have requested the badge to indicate that they are Welsh speakers, are given either a lanyard or pin to indicate this.

Advertising posts and publishing job descriptions

NWSSP has undertaken the substantial task of translating job descriptions during 2019/20. We challenged the initial timescale given to be able to comply with the standards and at the time of writing, we are consulting with and appealing to the Commissioner's office on this matter.

Signage (Permanent and Temporary)

All managers and staff have been made aware that permanent and temporary signage should be made available in both Welsh and English. Site managers monitor this and arrange for translation where required.

Progress with the Policy Making Standards

All workforce and organisational development policies for NWSSP have been translated and it is made clear to staff within those policies that they may discuss and/or meet with Workforce and Organisational Development regarding any aspect of their employment with the NWSSP in Welsh or English. An EQIA is available to aid the development or review of policies and the facilitation of Welsh within those policies.

Progress with Reporting Standards

This report is the first annual report reporting on the progress made to comply with the Welsh Language Standards, introduced on the 30th of May 2019.

Supporting and enabling other NHS Wales Organisations through All-Wales Projects.

- Partnership working with the NHS Confederation during 2019/20 has seen all 'All Wales' workforce and OD policies translated. All policies under review consider the Welsh language and new policies are translated for the benefit of NHS Organisations.

- The Job Description Collaborative is an all-Wales NHS partnership whereby NWSSP, NHS Employers and Workforce and OD departments at each Health Board and Trust work together to share job descriptions and their translation. During the last six months of 2019/20 NWSSP received 60 Job Descriptions from NHS Employers to translate and which can now be used across NHS Wales. This work is ongoing for 2020/21 and beyond.

- The GP Wales site is a website for Practice Managers, Partners, Salaried Doctors and GP Registrars and other staff across Wales to advertise and apply for vacancies on either a temporary or permanent basis. This is a collaborative partnership project between NWSSP, Welsh Government and GP Wales. The Welsh Language Unit have played a key part in advising on bilingual matters, the translation of the site, and quality assuring the site's functions prior to launch.

- The Welsh Language Unit was approached by several NHS organisations during 2019/20 to provide translation services. Service Level Agreements have been agreed with Public Health Wales and the NHS Wales Informatics Service and informal translation support has been provided to the NHS Confederation, NHS Collaborative, Health Education Improvement Wales, and Velindre University NHS Trust during the year.

- The Audit and Assurance Directorate of NWSSP conducted audits of Welsh Language Services and compliance with the Welsh Language Standards for the following Health Boards and Trusts in 2019/2020:

  - Betsi Cadwaladr University Health Board;
  - Hywel Dda University Health Board;
  - Aneurin Bevan University Health Board;
  - Powys Teaching Health Board; and
  - Wales Ambulance Services Trust.

Findings and recommendations are available on the respective Health Board or Trust's website.

Complaints

During 2019/20 we received two complaints.

The first was received in June 2019. The complaint was made directly to NWSSP regarding a patient letter being sent in English only. Sufficient steps were taken to address the complaint and this was resolved locally. The Welsh Language Commissioner was notified of the complaint, but no further action was taken by the Commissioner's Office.

The second was received in March 2020. The complaint was received through the Welsh Language Commissioner's office regarding a patient dental registration form not being available in Welsh. The Welsh Language Services Manager investigated the complaint, and identified that dental forms are NHS Wales forms, which are authored and published by the Welsh Government. NWSSP distributes Welsh, English and bilingual forms to all primary care providers, including dental forms to dental practices. It was explained to the Welsh Language Commissioner's Office that the matter should be addressed directly with the dental practice and Health Board in question. The complaint was resolved by the Welsh Language Services Manager on the 16th of March 2020.

APPENDIX: Welsh Language skills in each directorate

Audit & Assurance Services

Listening/Speaking Welsh

No Skills	28
Entry	6
Foundation	3
Intermediate	5
Higher	1
Proficiency	9
No skill level recorded	1
Total	**53**

Reading Welsh

No Skills	26
Entry	9
Foundation	5
Intermediate	2
Higher	1
Proficiency	9
No skill level recorded	1
Total	**53**

Writing Welsh

No Skills	28
Entry	8
Foundation	5
Intermediate	2
Higher	2
Proficiency	7
No skill level recorded	1
Total	**53**

Corporate Services

Listening/Speaking Welsh

No Skills	148
Entry	29
Foundation	4
Intermediate	3
Higher	1
Proficiency	8
No skill level recorded	5
Total	**198**

Reading Welsh

No Skills	147
Entry	29
Foundation	4
Intermediate	3
Higher	2
Proficiency	8
No skill level recorded	5
Total	**198**

Writing Welsh

No Skills	157
Entry	21
Foundation	3
Intermediate	3
Higher	2
Proficiency	7
No skill level recorded	5
Total	**198**

Counter Fraud Services

Listening/Speaking Welsh

No Skills	5
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	1
No skill level recorded	na
Total	**7**

Reading Welsh

No Skills	5
Entry	na
Foundation	1
Intermediate	1
Higher	na
Proficiency	na
No skill level recorded	na
Total	**7**

Writing Welsh

No Skills	5
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	1
No skill level recorded	na
Total	**7**

Digital Workforce Solutions

Listening/Speaking Welsh

No Skills	14
Entry	2
Foundation	na
Intermediate	na
Higher	1
Proficiency	na
No skill level recorded	na
Total	**17**

Reading Welsh

No Skills	14
Entry	1
Foundation	na
Intermediate	na
Higher	1
Proficiency	1
No skill level recorded	na
Total	**17**

Writing Welsh

No Skills	14
Entry	1
Foundation	na
Intermediate	na
Higher	1
Proficiency	1
No skill level recorded	na
Total	**17**

APPENDIX: Welsh Language skills in each directorate

E-Business Central Team Services

Listening/Speaking Welsh

No Skills	6
Entry	1
Foundation	na
Intermediate	na
Higher	1
Proficiency	na
No skill level recorded	2
Total	**10**

Reading Welsh

No Skills	6
Entry	na
Foundation	1
Intermediate	na
Higher	1
Proficiency	na
No skill level recorded	2
Total	**10**

Writing Welsh

No Skills	3
Entry	3
Foundation	1
Intermediate	1
Higher	na
Proficiency	na
No skill level recorded	2
Total	**10**

Employment Services Management Service

Listening/Speaking Welsh

No Skills	252
Entry	50
Foundation	23
Intermediate	12
Higher	10
Proficiency	8
No skill level recorded	10
Total	**365**

Reading Welsh

No Skills	260
Entry	43
Foundation	19
Intermediate	10
Higher	15
Proficiency	7
No skill level recorded	11
Total	**365**

Writing Welsh

No Skills	269
Entry	37
Foundation	17
Intermediate	16
Higher	9
Proficiency	6
No skill level recorded	11
Total	**365**

Finance Services

Listening/Speaking Welsh

No Skills	19
Entry	2
Foundation	na
Intermediate	na
Higher	1
Proficiency	na
No skill level recorded	4
Total	**26**

Reading Welsh

No Skills	19
Entry	2
Foundation	na
Intermediate	na
Higher	1
Proficiency	na
No skill level recorded	4
Total	**26**

Writing Welsh

No Skills	19
Entry	2
Foundation	na
Intermediate	na
Higher	1
Proficiency	na
No skill level recorded	4
Total	**26**

GP Trainees

Listening/Speaking Welsh

No Skills	122
Entry	31
Foundation	7
Intermediate	2
Higher	2
Proficiency	22
No skill level recorded	318
Total	**504**

Reading Welsh

No Skills	91
Entry	22
Foundation	6
Intermediate	1
Higher	1
Proficiency	15
No skill level recorded	368
Total	**504**

Writing Welsh

No Skills	91
Entry	21
Foundation	6
Intermediate	1
Higher	2
Proficiency	14
No skill level recorded	368
Total	**504**

APPENDIX: Welsh Language skills in each directorate

Legal & Risk Services

Listening/Speaking Welsh

No Skills	74
Entry	20
Foundation	5
Intermediate	1
Higher	3
Proficiency	6
No skill level recorded	5
Total	**114**

Reading Welsh

No Skills	73
Entry	20
Foundation	5
Intermediate	3
Higher	2
Proficiency	6
No skill level recorded	5
Total	**114**

Writing Welsh

No Skills	74
Entry	20
Foundation	5
Intermediate	3
Higher	2
Proficiency	5
No skill level recorded	5
Total	**114**

Primary Care Services

Listening/Speaking Welsh

No Skills	263
Entry	17
Foundation	11
Intermediate	5
Higher	6
Proficiency	9
No skill level recorded	na
Total	**311**

Reading Welsh

No Skills	264
Entry	16
Foundation	9
Intermediate	6
Higher	8
Proficiency	7
No skill level recorded	1
Total	**311**

Writing Welsh

No Skills	267
Entry	12
Foundation	10
Intermediate	8
Higher	7
Proficiency	6
No skill level recorded	1
Total	**311**

Procurement Services

Listening/Speaking Welsh

No Skills	426
Entry	82
Foundation	18
Intermediate	27
Higher	7
Proficiency	31
No skill level recorded	16
Total	**607**

Reading Welsh

No Skills	444
Entry	69
Foundation	19
Intermediate	21
Higher	8
Proficiency	30
No skill level recorded	16
Total	**607**

Writing Welsh

No Skills	447
Entry	67
Foundation	19
Intermediate	21
Higher	7
Proficiency	28
No skill level recorded	18
Total	**607**

Specialist Estates Services

Listening/Speaking Welsh

No Skills	39
Entry	3
Foundation	3
Intermediate	na
Higher	1
Proficiency	1
No skill level recorded	na
Total	**47**

Reading Welsh

No Skills	39
Entry	3
Foundation	3
Intermediate	1
Higher	na
Proficiency	1
No skill level recorded	na
Total	**47**

Writing Welsh

No Skills	39
Entry	3
Foundation	3
Intermediate	1
Higher	na
Proficiency	1
No skill level recorded	na
Total	**47**

APPENDIX: Welsh Language skills in each directorate

Surgical Materials Testing Laboratory

Listening/Speaking Welsh

No Skills	16
Entry	4
Foundation	na
Intermediate	na
Higher	na
Proficiency	1
No skill level recorded	na
Total	**21**

Reading Welsh

No Skills	17
Entry	3
Foundation	na
Intermediate	na
Higher	na
Proficiency	1
No skill level recorded	na
Total	**21**

Writing Welsh

No Skills	17
Entry	3
Foundation	na
Intermediate	na
Higher	na
Proficiency	1
No skill level recorded	na
Total	**21**

Welsh Employers Unit

Listening/Speaking Welsh

No Skills	3
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	na
No skill level recorded	na
Total	**4**

Reading Welsh

No Skills	3
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	na
No skill level recorded	na
Total	**4**

Writing Welsh

No Skills	3
Entry	na
Foundation	1
Intermediate	na
Higher	na
Proficiency	na
No skill level recorded	na
Total	**4**

Workforce & OD Services

Listening/Speaking Welsh

No Skills	15
Entry	3
Foundation	1
Intermediate	na
Higher	4
Proficiency	na
No skill level recorded	3
Total	**25**

Reading Welsh

No Skills	15
Entry	3
Foundation	1
Intermediate	na
Higher	4
Proficiency	na
No skill level recorded	3
Total	**25**

Writing Welsh

No Skills	15
Entry	3
Foundation	1
Intermediate	na
Higher	4
Proficiency	na
No skill level recorded	3
Total	**25**

Contact

For any questions on the content of this review, please contact:

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Nationally Hosted NHS IT Systems – **NHS Wales Shared Services Partnership**

Audit year: 2019-20

Date issued: September 2020

Document reference: 2077A2020-21

This document has been prepared as part of work performed in accordance with statutory functions.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

The IT controls we examined assured us that financial values produced by the systems for 2019-20 were likely to be free from material misstatement, although some controls could be strengthened.

Summary report

Summary

1. NHS bodies in Wales are responsible for preparing financial statements that give a true and fair view of the state of their financial affairs as at 31 March 2020. They must ensure that they are properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers. NHS bodies are also responsible for preparing Annual Governance Statements in accordance with guidance issued by HM Treasury and the Welsh Government.

2. The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2020.

3. NHS Wales has a variety of arrangements in place to provide and support IT systems used for financial reporting purposes. Since June 2012, Velindre University NHS Trust (the Trust) has hosted the NHS Wales Shared Services Partnership (NWSSP) and is responsible for its governance and accountability.

4. This report covers the national NHS IT applications and infrastructure which NWSSP manages for use by other NHS organisations in Wales. These systems include the:

   - Prescription Pricing System (formerly known as the Community Pharmacy System) which is used to process prescriptions and calculate reimbursement for pharmacy contractor payments. This system is used by the Prescription Services Team of Primary Care Services (PCS).

   - National Health Application and Infrastructure Services (NHAIS) or Exeter, used for NHS demographics and calculating primary care General Medical Services (GMS) contractor payments. NHS Digital in NHS England manages and supports the NHAIS system software for use in NHS Wales.

   - Oracle Financial Management System (FMS) is supplied by a third party called Version One and managed for NHS Wales by the Central Team e-Business Services (CTeS) within the NWSSP. The Oracle FMS is used by NHS Wales as the main accounting system for managing and producing the NHS accounts.

   - Electronic Staff Record (ESR) systems administration is the responsibility of each individual Local Health Board and Trust through delegated responsibility passed to NWSSP via a Service Level Agreement (SLA). Payroll access by NWSSP Employment Services to process the payroll in Wales is managed in accordance with the Trust's ESR system access process. The ESR Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract.

5   International Auditing Standard (ISA) 315 requires us to obtain an understanding of the general IT and application controls of the financial systems used by NHS Wales. As part of the National Hosted NHS IT Systems audit plan, Audit Wales reviewed the above-mentioned systems during 2019-20 and followed up our prior audit recommendations in these areas. This work reviews the ICT environment and application controls that are applied to the National Hosted NHS IT Systems solely for the purposes of providing assurance for NHS audit opinions. We have taken the opportunity to identify actions that, in our view, would help NHS Wales improve its governance and use of these systems.

6   This work is undertaken to identify potential risks which may include:

- out-of-date and unsupported infrastructure;
- access security arrangements that leave the system vulnerable to unauthorised access and attack;
- loss or unauthorised access of data; and
- change control procedures which are inadequate meaning that the system could be compromised or unavailable following the application of a new patch, upgrade or release of the database or the application software or infrastructure change.

7   We have therefore undertaken a review that sought to answer the question:
'Can auditors be assured that the IT system controls are such that financial values are likely to be free from material misstatement?'

8   We concluded that the IT controls applied to the Prescription Pricing, National Health Application Infrastructure, Oracle Financials systems and ESR Payroll systems administration managed by NHS Wales Shared Services, were sufficiently effective to allow financial auditors to take assurance that financial values produced by the systems for 2019-20 were likely to be free from material misstatement. However, NWSSP could strengthen some controls.

9   In summary, the reasons for this conclusion are set out below:

- the Prescription Pricing System's controls support the production of information that is free from material misstatement;
- the National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, however, system replacement plans are underway;
- the Oracle FMS's IT controls support the production of information that is free from material misstatement, although information security controls are currently being reviewed; and
- the ESR Payroll's Shared Services system administration controls support the production of information that is free from material misstatement.

10   This report summarises the more detailed matters arising from our audit, our recommendations made from this year's audit and our follow-up of last year's recommendations.

Detailed report

The Prescription Pricing System's controls support the production of information that is free from material misstatement

11   We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Prescription Pricing System. However, we identified some issues that should be addressed by Primary Care Services in order to minimise the potential for future application and infrastructure system risks. From our IT work in 2019-20, we have identified no recommendations to NWSSP for improvement.

12   In 2018-19, we identified a number of recommendations for improvement for the Prescription Pricing System. The NWSSP has made progress to address these actions by:

- updating the Windows Server 2008 to a supported platform in December 2019;

- testing the Prescription Pricing systems IT Disaster Recovery plans in February 2020 and have recorded in plans an annual testing requirement; and

- monitoring the data backups has been successfully completed for the Prescription Pricing System by NWIS and included details of the responsibilities for NWIS to take daily backups of the Prescription Pricing systems data and confirm that daily checks are undertaken has been confirmed to supporting schedules.

13   Further details of our findings and progress against actions for the Prescription Pricing System agreed with Primary Care Services officers can be found in **Appendix 1**.

The National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, however, system replacement plans are underway

14   We have identified no significant issues within the NHAIS system likely to result in a material misstatement. However, we have identified some issues that should be addressed by NWSSP in order to minimise the potential for future application and infrastructure system risks. From our work in 2019-20 we have identified no recommendations to NWSSP for improvement. Plans to replace the NHAIS functionality in Wales for GMS processing for the 'global sum' or 'per capitation' payments are underway. NWSSP plans to implement the Family Payment Practitioner System (FPPS) after a period of parallel system running later in 2020-21. Plans to decommission the NHAIS system and ensure continuity of continuing NHAIS services required are ongoing and should be agreed with both NWIS and NHS Digital.

15   In 2018-19, we identified a number of recommendations for improvement for the NHAIS. Progress made by NWSSP to address these actions are outlined below:

- the de-supported Windows Server 2008 used in the NHAIS IT environment for data backups has been updated to another supported IT server platform by NWIS.

16   In 2017-18, we identified a number of recommendations for improvement for the NHAIS. The NWSSP has made progress to address these actions, this includes:

- requesting NWIS update IT DR plans and NWSSP monitoring the testing of these to ensure they work as intended. NWSSP have checked the NHAIS IT DR plans have been updated as requested;

- an agreement has been reached with NHS Digital to continue support for NHAIS and Open Exeter until March 2021 to allow for commissioning of replacement services in Wales by January 2021; and

- from January 2021, it is planned NWIS will no longer have any responsibility for hosting the GP Payments system which will transfer to Business Services Organisation, Northern Ireland, and a detailed SLA has been documented and agreed to cover the arrangements under the new FPPS system.

17   Further details of our findings and progress against actions for the NHAIS system agreed with Primary Care Services officers can be found in **Appendix 1**.

The Oracle FMS's IT controls support the production of information that is free from material misstatement, although information security controls are currently being reviewed

18   We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Oracle FMS. However, we identified some issues that should be addressed by Shared Services in order to minimise the potential for future application and infrastructure system risks. From our work in 2019-20, we have identified no recommendations to NWSSP for improvement.

19   In 2018-19, we identified a number of recommendations for improvement for the Oracle FMS. The NWSSP has made progress to address these actions by:

- completing the Oracle FMS IT Disaster Recovery (DR) test in November 2019 and ensuring those NHS organisations who did not attend the previous test participated in the November 2019 scheduled test; and

- strengthening the IT controls over the Services and Accommodation Centre (SAC) data centre where the primary Oracle FMS hardware is hosted. This has been addressed by replacing the room Uninterruptible Power Supply and ensuring the Oracle FMS servers are operating at an appropriate temperature.

20   In 2017-18, we identified a number of recommendations for improvement for the Oracle FMS. The NWSSP has made progress to address these actions by:

- initiating and completing a gap analysis assessment to the Information Security Management Standard (ISO 27001) to identify potential improvement areas. CTES are documenting an action plan for implementation in 2021-22; and

- initiating and completing a review to consider accreditation to the Information Technology Service Management (ISO 20000) standard for service management. CTES aims to complete accreditation in 2021-22.

21   Further details of our findings and progress against actions for the Oracle FMS agreed with Shared Services can be found in **Appendix 1**.

The ESR Payroll's Shared Services system administration controls support the production of information that is free from material misstatement

22   The Electronic Staff Record (ESR) Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract. We have reviewed the ESR Payroll systems administration controls (payroll elements only) managed by NWSSP. This responsibility includes managing user access to the payroll system in Wales by the NWSSP Employment Services staff who process the Welsh NHS organisations' payrolls. In addition to seeking to place reliance on the International Standard on Assurance Engagements (ISAE) 3000 report of the IBM Service Auditor noted below, Audit Wales IM&T auditors have reviewed the controls in place over the ESR Payroll systems administration managed under a delegated authority by NWSSP, Employment Services.

23   We have not identified any significant IT issues likely to result in a material misstatement within these ESR Payroll systems' administration controls. From our work in 2019-20, we have identified one recommendation to NWSSP for improvement. This is outlined below:

- ensure HR administration activity at a local NHS organisation level to allocate ESR payroll user access profiles are identified and monitored on a regular basis.

24   NWSSP have addressed all prior year IT recommendations made for improvement and none remain in progress.

25   We sought to place reliance on the ISAE 3000 report of the IBM Service Auditor, PwC, on the general IT controls applied at IBM. PwC conducted the review in accordance with the ISAE 3000 'Assurance Engagements Other Than Audits or Reviews of Historical Financial Information'. For the period 1 April 2019 to 31 March 2020, PwC concluded that the ESR payroll general IT controls and environment were suitably designed and operated effectively. PwC has not identified in their 2019-20 work any improvement areas or recommendations to the IT controls used by the NHS ESR Central Team and IBM.

26   Further details of our findings and progress against actions for the ESR Payroll systems administration control agreed with Shared Services can be found in **Appendix 1**.

Recommendations

27   **Exhibit 1** sets out the recommendations that we have identified in 2019-20.
      NWSSP should take action to address these recommendations. The appendix
      to this report sets out progress made against all the previously reported
      recommendations that remain in progress and ones that have been completed
      in 2019-20.

Exhibit 1: 2019-20 recommendations

Recommendations
ESR Payroll system IT controls R 2020.1 Establish a monitoring report of local HR administration staff that have allocated ESR users to payroll URP's when they are not permitted to. Monitor the report produced on a quarterly basis.

Appendix 1

Issues and recommendations arising from the review of National Hosted NHS IT Systems in prior audit years and in 2019-20 – NHS Wales Shared Services Partnership

Exhibit 2: Issues and recommendations

Issues identified during IT audit work						
Ref	**Issue**	**Recommendation**	**Priority**	**Agreed**	**NWSSP responsibility**	**NWSSP actions and current status – September 2020**
Prescription Pricing System – IT controls work						
2018-19.1	The Prescription Pricing system operates on a SQL Server 2008 environment which is de-supported by the manufacturer in January 2020. This	Update the Windows Server 2008 to a supported platform (for example, Windows Server 2012 or higher) by January 2020 and establish a roadmap	Medium	Yes	Andrew Evans, PCS Director	**Completed** Upgrade to the supported Windows Server platform completed in December 2019.

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
	means from January 2020 the manufacturer will not be providing software updates to this environment and any potential security vulnerabilities could be exploited.	to complete this action.				
2018-19.2	An IT Disaster Recovery (DR) plan has been documented for the Prescription Pricing system. However, the IT DR plan is only scheduled to be tested every two years.	Test the Prescription Pricing systems IT Disaster Recovery plans at least annually.	Medium	Yes	Andrew Evans, PCS Director	**Completed** The IT Disaster Recovery scheduled test was undertaken in March 2020 and the Disaster Recovery plan has been updated accordingly to reflect annual testing requirements.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
2019-19.3	A Service Level Arrangement (SLA) with NWIS is in place which covers responsibilities and accountabilities over the Prescription Pricing system. Documentation can be strengthened of the details over the responsibilities for NWIS to take daily backups of the Prescription Pricing systems data and confirm that daily checks are undertaken to confirm and monitor the backup has successfully been completed.	Strengthen the Service Level Arrangement (SLA) with NWIS to include details of the responsibilities for NWIS to take daily backups of the Prescription Pricing systems data and confirm that daily checks are undertaken to confirm and monitor the backup has successfully been completed.	Medium	Yes	Andrew Evans, PCS Director	**Completed** PCS receive a daily notification from NWIS that the back-ups have been taken so the risk is minimised. While it is accepted by NWSSP that the overarching SLA does not state the detail of this requirement, it does cross-refer to separate schedules within which this requirement is documented. Individual schedules are completed for each directorate and are therefore frequently subject to change as new

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
						systems and ways of working are introduced. If the full detail of the schedules were to be included in the overarching SLA, this would need to be subject to very frequent amendment and review.

Issues identified during IT audit work						
Ref	**Issue**	**Recommendation**	**Priority**	**Agreed**	**NWSSP responsibility**	**NWSSP actions and current status – September 2020**
National Health Application and Infrastructure Services – IT controls work						
2017-18.3	NHS England are planning to decommission NHAIS from April 2018. NWSSP should arrange and agree with NHS England and NHS Digital a contingency plan from April 2018 onwards to ensure, for an agreed period of time, NHS Wales access to the NHAIS system to ensure system availability. This is required so NHS Wales can carry on using NHAIS whilst	Arrange and agree with NHS England and NHS Digital a contingency plan from April 2018 onwards to ensure for an agreed period of time continued access to the NHAIS system to ensure system availability. This is required so Wales can carry on using NHAIS whilst replacement systems are implemented and developed in NHS Wales.	Medium	**Yes**	Andrew Evans, PCS Director	**Completed** An agreement has been reached with NHS Digital to continue support for NHAIS and Open Exeter until March 2021 to allow for commissioning of replacement services in Wales by January 2021. A Provision of Services Agreement (PoSA) and corresponding work packages have been signed by both parties involved.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
	replacement systems are implemented or developed in NHS Wales.					
2017-18.2	The NHAIS backup procedures and IT Disaster Recovery (DR) plans would benefit from being updated for changes to the IT infrastructure set up and support arrangements. Once updated these plans should be tested to ensure they work as intended.	Update and test the NHAIS backup procedures and IT Disaster Recovery plans to ensure they work as intended.	Medium	Yes	Andrew Evans, PCS Director	**Completed** The Disaster Recovery Plan has been updated. The recovery tests are now being undertaken monthly, and the reports are made available to NWSSP for monitoring purposes.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
2018-19.3	A Service Level Agreement (SLA) is in place between NWSSP and NWIS for the support and maintenance of the applications and infrastructure, for example, NHAIS. These responsibilities and functions to be completed and delivered for NHAIS service support and service delivery can be made more detailed and documented.	Clarify and expand the Service Level Agreement with NWIS for the support and maintenance of the NHAIS application and infrastructure.	Medium	Yes	Andrew Evans, PCS Director	**Completed** From January 2021, NWIS will no longer have any responsibility for hosting the GP Payments system which will transfer to Business Services Organisation, Northern Ireland, and a detailed SLA has been documented and agreed to cover the arrangements under the new system. NWIS will retain responsibility for the Primary Care Registration Management (PCRM) system until this transfers to NHS Digital at the end of 2021, which

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
						will again be the subject of a detailed agreement. At the end of 2021, NWIS will no longer have any engagement with these systems. The overall SLA is currently being negotiated with NWIS, and whilst this overall document does not specify the detail of the service provided, this is covered in supporting schedules.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
2018-19.4	The NHAIS IT system backup servers operates on a Window Server (WS) 2008 environment which is de-supported by the manufacturer in January 2020. This means from January 2020 the manufacturer will not be provided software updates to this environment and any potential security vulnerabilities could be exploited.	Update the Windows Server 2008 to a supported platform (for example, Windows Server 2012 or higher) by January 2020 and establish a roadmap to complete this action.	Medium	Yes	Andrew Evans, PCS Director	**Completed** The WS 2008 is no longer used as part of the NHAIS backup arrangements. WS 2008 has been replaced by a UNIX based solution which meets the requirements of the recommendation.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
Oracle Financial Management System – IT controls work						
2017-18.11	CTES has not completed and documented a gap analysis assessment of the Oracle FMS to the Information Security Management Standard (ISO 27001) to identify potential improvement areas. It is good security management practice to assess and baseline a comparison to the ISO 27001 standard.	Complete a gap analysis assessment to the Information Security Management Standard (ISO 27001) to identify potential improvement areas. CTES should then formally consider and decide whether the Oracle service aims for a formal IS0 27001 accreditation.	Medium	Yes	Said Shadi, Associate Programme Director	**Completed** CTES completed the gap analysis at the end of August 2019 and attended training. The outcome will be a set of recommendations for implementation during 2021-22. These timescales have changed due to homeworking, business continuity arrangements, during the pandemic and other priorities impacting

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
	CTES should then formally consider and whether the Oracle service aims for a formal IS027001 accreditation.					upon business deliverables.
2017-18.12	CTES provides FMS services to the consortium of Welsh NHS organisations. It is good practice IT service management to conform or be accredited to the Information Technology Service Management (ISO 20000) standard.	CTES should consider whether it aims to complete accreditation to the Information Technology Service Management (ISO 20000) standard for service management.	Medium	Yes	Said Shadi, Associate Programme Director	**Completed** CTES have completed the gap analysis and aim to complete accreditation during 2021-22 cycle. These timescales have changed due to homeworking, business continuity arrangements, during the pandemic and

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
	CTES should consider the benefits to complete accreditation to the Information Technology Service Management (ISO 20000) standard for service management.					other priorities impacting upon business deliverables.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
Oracle Financial Management System – IT controls work						
2018-19.5	The November 2018 IT Disaster Recovery test was the first test to be undertaken on the new Oracle hardware platform. However, not all NHS organisations attended the scheduled test as planned. In addition, the newly formed Health Education and Improvement Wales should also attend the next testing as they were formed later in 2018.	Ensure those NHS organisations who did not attend the November 2018 Oracle FMS IT Disaster Recovery (DR) test participate in the November 2019 scheduled test.	Medium	Yes	Said Shadi, Associate Programme Director	**Completed** All apart from two organisations participated in the annual Business Continuity/Disaster Recovery (BCDR) test in November 2018. The remaining two organisations took part in the BCDR scheduled and completed in November 2019.

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
2018-19.6	The Services and Accommodation Centre (SAC) data centre hosts Oracle FMS hardware which the main or primary system operates on. However, on the day of our fieldwork we identified that: • the SAC data centre room Uninterruptible Power Supply (UPS) is approximately 13 years old and considered end-of - life. This should be replaced.	Strengthen the IT controls over the Services and Accommodation Centre (SAC) data centre by replacing the room UPS which is end-of-life and ensuring the Oracle FMS servers are operating at an appropriate temperature or install additional air condition at the back of the Oracle FMS servers.	Medium	Yes	Said Shadi, Associate Programme Director	**Completed** CTeS in conjunction with Version 1 have been monitoring the temperatures of the servers. The temperature status of all servers is included in the monthly service reports. To date the servers remain within acceptable tolerances and the situation continues to be monitored. C&V UHB have completed plans in late 2019 to upgrade their UPS's in SAC.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
	• the area directly behind the Oracle FMS servers was hot and CTES should check whether these were operating at an appropriate temperature. CTES should consider installing additional air conditioning or zone temperature reduction controls.					
2018-19.7	The Cardiff Royal Infirmary (CRI) data centre hosts Oracle FMS hardware which the secondary or	Improve the IT controls over the CRI data centre by installing additional air conditioning units	Medium	Yes	Said Shadi, Associate Programme Director	**Completed** There are now upgraded N+1 AC units installed in the room. There is now a

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
	backup system operates on. However, on the day of our fieldwork we identified that: • there were only two air conditioning units in the room so there was no redundancy or spare capacity, for example, in the event of one unit failing; and • the data centre room CCTV camera, located in the corridor outside the room, was not directed onto the main access door.	in the room and redirecting the room CCTV camera onto the direction of the data centre access door.				CCTV unit in the CRI data room and reporting back separately to our network for remote monitoring.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
ESR Payroll systems administration – IT controls work						
2019-20.01	Local HR staff manage access to the local HR side of the ESR payroll and those with HR administrator access for recruitment and applications can allocate payroll related User Resource Profiles (URP's). However, they are not permitted to use these roles and this access is restricted to approximately 2-3 staff per NHS organisation.	Establish a monitoring report of local HR administration staff that have allocated ESR users to payroll URP's when they are not permitted to. Monitor the report produced on a quarterly basis.	Medium	Yes	Angela Jones - Assistant ESR Programme Director, Workforce & OD	**Management response** URP reports will be run from ESR and shared with the Head of Payroll and Payroll Managers on a quarterly basis for validation/amendments as appropriate. On completion, the URP access in ESR will be updated. This will be incorporated into the Workforce Information Manager's

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions and current status – September 2020
	It was identified during the audit fieldwork that there is no scheduled reporting or monitoring of this potential HR administration user activity.					business as usual work programme for continuity. **Timescale for completion: 31/12/2020**

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Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

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

Annual Report 2019-2020

1.   FOREWORD

I am pleased to present the Annual Report of the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. It outlines the coverage and results of the Committee's work for the year ending 31 March 2020.

During the year, I was supported by Independent Members, Judge Ray Singh and Mr Phil Roberts, who offered considerable knowledge and wide-ranging experience to the Committee. I would like to take this opportunity to put on record my sincere thanks for the significant contribution made by both during their time with the Committee, as we welcome Mr Gareth Jones and Mrs Jan Pickles as Independent Members from 1 January 2020.

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

2019-20 meetings have been well attended, and there was constructive dialogue and challenge throughout. Indeed, a characteristic of the Committee's work and its related meetings has been the willingness of all parties to raise issues, acknowledge shortcomings and put forward positive suggestions to help bring about meaningful improvements to services, systems and day-to-day working practices. This approach is to be welcomed and is very much appreciated by the Committee.

I am keen to foster and promote a culture of continual improvement and, as a Committee, we continued to conduct a brief effectiveness review session at the end of each meeting and introduced topical service presentations to the agenda in order to strengthen and engage in a meaningful way with this process. The issuing of electronic Committee papers has contributed to effective sustainable development and has helped to reduce our environmental impact.

Going forward, the Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long-term aim to help further strengthen the governance arrangements of NWSSP, in order to achieve better value for money and high quality, sustainable outcomes for NHS Wales.

Mr Martin Veale JP
Chair of the Velindre University NHS Trust
Audit Committee for NWSSP

2. INTRODUCTION

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

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

3. ROLE, MEMBERSHIP, ATTENDEES AND COMMITTEE ATTENDANCES

3.1 Role

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

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

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

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

Figure 1: Overall Assurance Framework

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

3.2 Membership

Given the hosting and specific governance responsibilities of Velindre in relation to NWSSP, Velindre University NHS Trust's Audit Committee also acts as the Audit Committee for NWSSP. As such, the same three Independent Members sit on both Audit Committees.

3.3 Attendees

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

3.4 Attendance at Audit Committee 2019-20

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

Figure 2: Meetings and Member Attendance 2019-20

In Attendance	April 2019	July 2019	Oct 2019	Jan 2020	Total
Committee Members					
Martin Veale, Chair & Independent Member	✓	✓	✓	✓	**4/4**
Ray Singh, Independent Member (to December 2019)	✓	✓	✓	N/a	**3/3**
Phil Roberts, Independent Member (to December 2019)	✓	✓	✓	N/a	**2/3**
Gareth Jones, Independent Member (from January 2020)	N/a	N/a	N/a	✓	**1/1**
Janet Pickles, Independent Member (from January 2020)	N/a	N/a	N/a		**0/1**
Wales Audit Office					
Audit Team Representative	✓	✓		✓	**3/4**
NWSSP Audit Service					
Director of Audit & Assurance	✓	✓	✓	✓	**4/4**
Head of Internal Audit	✓	✓	✓	✓	**4/4**
Audit Manager	✓	✓			**2/4**
Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓		**3/4**
NWSSP					
Margaret Foster, Chair NWSSP	✓	✓	✓	✓	**4/4**
Neil Frow, Managing Director	✓	✓	✓	✓	**4/4**
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	**4/4**
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	**4/4**
Roxann Davies, Corporate Services Manager	✓	✓		✓	**3/4**
NWSSP Secretariat	✓	✓	✓	✓	**4/4**
Velindre University NHS Trust					
Mark Osland, Director of Finance	N/a	✓	N/a	✓	**2/4**
Lauren Fear, Director of Corporate Governance	N/a	N/a	N/a	✓	**1/1**

4.   AUDIT COMMITTEE BUSINESS

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

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

4.1 External Audit (Audit Wales)

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

- Audit Wales Nationally Hosted NHS IT Systems Assurance Report
- Audit Wales Management Letter
- Audit Wales Audit Assurance Arrangements 2020
- Audit Wales Audit ISO260

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

4.2 Internal Audit

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

20 Internal Audit reports were generated during 2019-20 and they achieved assurances as follows:

- **9** reports achieved Substantial assurance
- **9** reports achieved a Reasonable assurance
- **2** Advisory reports were generated (where assurance is not applicable)

Figure 3: Internal Audit Reports 2019-20 by Assurance Rating

Internal Audit Reports 2019-20 by Assurance Rating
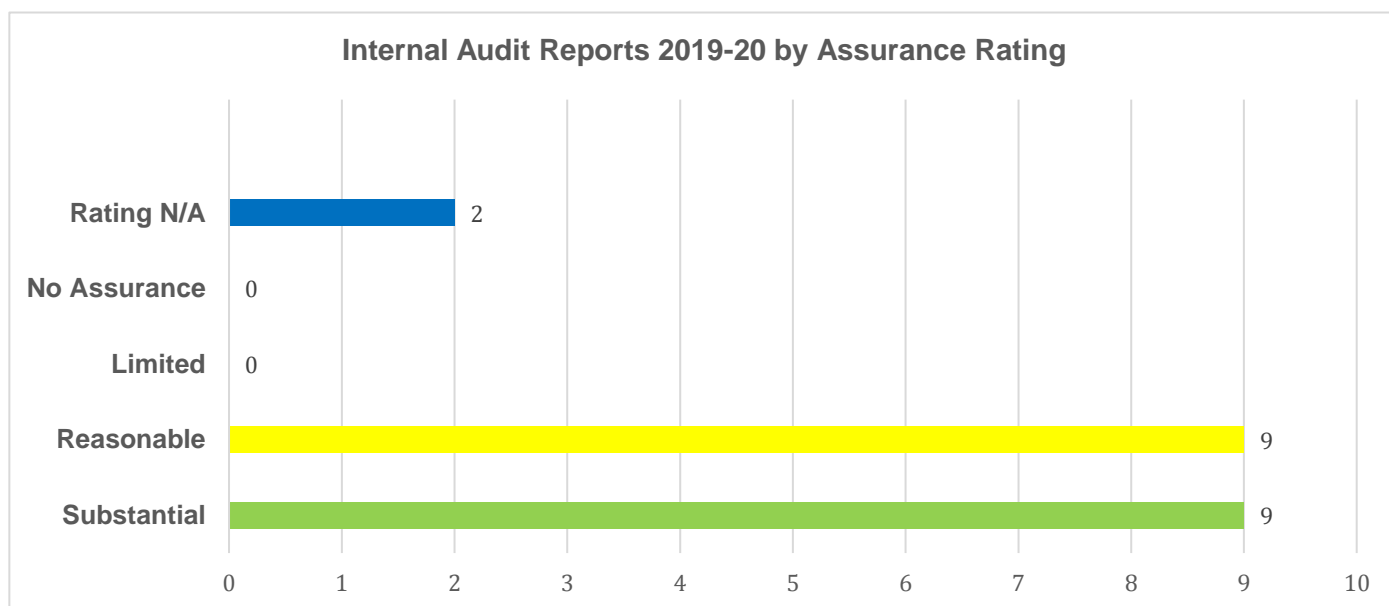
During 2019-20, the areas covered by Internal Audit's programme of work included:

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

Head of Internal Audit Opinion and Annual Report

The Shared Services Partnership Committee can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
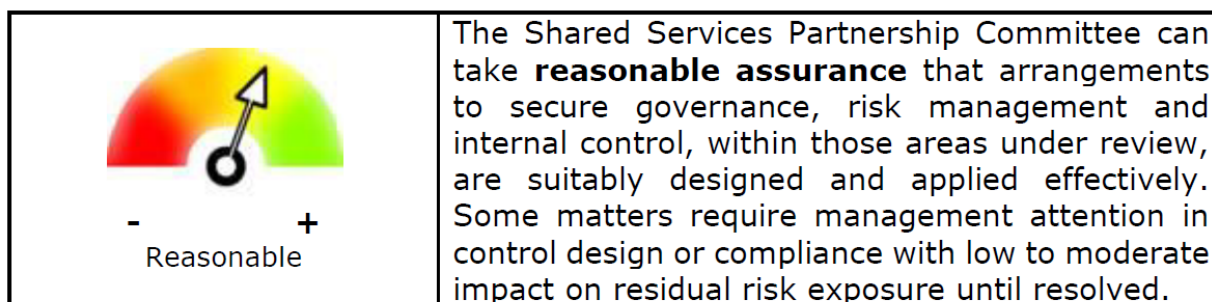
Figure 4: Head of Internal Audit Opinion: Reasonable Assurance

4.3 Local Counter Fraud Services

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

- Counter Fraud Progress Update at each meeting
- Counter Fraud Annual Report
- Counter Fraud Work Plan
- Counter Fraud Self Review Tool Submission
- Counter Fraud Lessons Learned
- NHS Wales Fighting Fraud Strategy
- Counter Fraud Newsletter
- NHS Counter Fraud Procurement Brief and Guidance

As part of its work, there is a regular annual programme of raising fraud awareness, for which a number of days are allocated and included as part of a Counter Fraud Work Plan which is approved annually by the Audit Committee.

In addition to this a quarterly newsletter is produced which is available to all staff on NWSSP's intranet; all successful prosecution cases are publicised in order to obtain the maximum deterrent effect.

4.4 Internal Control and Risk Management

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

Annual Governance Statement: During 2019-20, the NWSSP produced its Annual Governance Statement which explains the processes and procedures in place to enable NWSSP to carry out its functions effectively. The Statement was produced following a review of NWSSP's governance arrangements undertaken by the NWSSP Senior Management Team and the Head of Finance and Business Development. The Statement brings together all disclosures relating to governance, risk and control for the organisation.

Tracking of Audit Recommendations: The Committee has continued focus on the timely implementation of audit recommendations; with any changes submitted, being challenged and/or approved by the Committee. During April 2018, the audit tracking process was subject to a review by Internal Audit, for which **substantial assurance** was provided.

Audit Committee Effectiveness Survey: An anonymised Committee Effectiveness Survey was undertaken to obtain feedback from Committee members on performance and potential areas for development. The statements used in the survey were devised in accordance with the guidance outlined within the NHS Audit Committee Handbook and aligned with the statements used by Velindre University NHS Trust for its Effectiveness Survey.

The results highlighted areas for consideration, formed a Committee Effectiveness Action Plan, of which progress was monitored at each meeting. Actions included 70% of respondents welcoming greater use of Committee paper software; the monitoring of implementation of actions arising and lessons learned in relation to Counter Fraud cases; and assessment of the quality and effectiveness of External Audit.

A full list of the internal reports/papers considered by the Audit Committee in 2019-20 is attached at **Appendix B** for information.

4.5   Private Meeting with Auditors

In line with recognised good practice, a private meeting was held in January 2020 between Audit Committee members, Internal Audit, External Audit and the Local Counter Fraud Specialist. This provided an opportunity for any matters of concern to be raised without the involvement of Executives. No issues of concern arose from the meeting. All auditors are also aware that they can directly approach the Chair at any time with any matters that concerns them.

5. REPORTING AND COMMUNICATION OF THE COMMITTEE'S WORK

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

6. CONCLUSION AND FORWARD LOOK

The work of the Audit Committee in 2019-20 has been varied and wide-ranging. The Committee has sought to play its part in helping to develop and maintain a more effective assurance framework and improvements have been evidenced by the findings of internal and external audit.

The COVID-19 pandemic had a significant impact on NWSSP at the end of the financial year and rapid changes to systems and processes were required to be able to the pandemic and to continue to deliver existing services.

The Audit Committee will continue to review the short-term challenges facing NWSSP in response to the pandemic. The key areas include:

- internal controls and assurance;
- governance; and
- risk management.

In addition, the Audit Committee will continue to adopt the following priorities for 2020-21:

- A higher standard of assurance, through strengthening existing governance processes, particularly in relation to corporate risk management and assurance mapping;
- A continued focus on the timely implementation of audit recommendations; and
- Capturing lessons learned and reviewing how we develop as a Committee, considering better value for money and service improvement, through actions to improve the use of Committee software to issue papers electronically to reduce our environmental impact, including the hosting of virtual meetings.

APPENDIX A
List of Internal Audits Undertaken and Assurance Ratings

Internal Audit Assignment	Assurance Rating 2019-20	Date Presented To Audit Committee
Performance Reporting	Substantial	October 2019
Post Payment Verification (PPV)	Substantial	January 2020
Time Recording	Substantial	January 2020
General Pharmaceutical Services (including Prescribing)	Substantial	April 2020
General Medical Services	Substantial	April 2020
General Ophthalmic Services	Substantial	April 2020
General Dental Services	Substantial	April 2020
IP5 Stores	Substantial	April 2020
Budgetary Control	Substantial	June 2020
IR35	Reasonable	October 2019
Health & Safety	Reasonable	January 2020
Strategic Planning	Reasonable	January 2020
Procurement Directorate Review	Reasonable	January 2020
Staff Expenses	Reasonable	April 2020
Cyber Security	Reasonable	April 2020
Business Case Scrutiny Processes	Reasonable	April 2020
Accounts Payable (All Wales)	Reasonable	April 2020
Employment Services – Payroll (All Wales)	Reasonable	June 2020
Contact Centres	Advisory Report Assurance Not Applicable	April 2020
Fair Payment Charter	Advisory Report Assurance Not Applicable	
Substantial Assurance Rating	*9*	
Reasonable Assurance Rating	*9*	
Limited Assurance Rating	*0*	
No Assurance Rating	*0*	
Assurance Not Applicable	*2*	
Total	**20**	

APPENDIX B
<u>Internally Generated Assurance Reports/Papers</u>

Report/Paper	Every Meeting	Annually	As Appropriate
Tracking of Audit Recommendations	✓		
Governance Matters	✓		
Corporate Risk Register	✓		
Assurance Mapping	✓		✓
Audit Committee Forward Plan	✓		
Health and Care Standards Self-Assessment and Action Plan		✓	
Annual Governance Statement		✓	
Audit Committee Effectiveness Review and Results		✓	
Audit Committee Annual Report		✓	
Audit Committee Terms of Reference		✓	
Assurance Mapping		✓	
Review of the Shared Services Partnership Committee's Standing Orders (SSPC SOs)			✓
Caldicott Principles Into Practice (CPIP) Annual Report and Improvement Plan		✓	
Freedom of Information (FOI) Annual Report			✓
NWSSP Integrated Medium Term Plan (IMTP)			✓
NWSSP Annual Review		✓	
Implications of Brexit Upon Catering and Textile Work Programme			✓
Review of Procedure for NHS Staff to Raise Concerns			✓
Review of Stores Write-Offs		✓	
Service Presentations and Topical Updates Received by the Committee 2019-20			
Integrated Medium Term Plan (IMTP)			✓
Cyber and Information Security			✓
Audit Committee Effectiveness and Benchmarking			✓
Welsh Language Standards			✓
e-Board Committee Software Update			✓
Declarations of Interest Update			✓

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Audit Committee Assurance Report – 20 October 2020

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

Pwrpas yr Adroddiad: **Purpose of the Report:**
The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the Velindre University NHS Trust Audit Committee, at its meeting on 20 October 2020.

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 • 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:	No direct impact

Quality, Safety & Patient Experience:	
Ariannol: Financial:	No direct impact
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://gov.wales/docs/dhss/publications/150402standardsen.pdf
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT

1.   CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders.   A summary of the business matters discussed at the meeting held on 20 October 2020, is outlined below:

ALERT	No matters to alert/escalate.
ADVISE	No matters to advise.
ASSURE	**External Audit** Audit Wales presented a detailed Position Statement which set out an update as to current and planned audit work, together with the Auditor General's planned programme of topical publications, related studies, good practice, and national events that may be of interest to the Committee. All assurance work had been completed and findings from that work were summarised as follows: • Audit Wales Management Letter 2019-20 The letter summarised the services provided by NWSSP, of which no significant issues were raised that would prevent reliance on NWSSP's services. The report made three recommendations which were agreed with Management. • Audit Wales Nationally Hosted NHS IT Systems Report 2019-20 The scope of the audit looked at four IT systems; prescription pricing system, NHAIS, Oracle FMS and the Oracle ESR payroll system and it was noted that all actions were completed from previous years. The overall conclusion was that assurance could be given that financial values were likely to be free from material misstatement, with one new recommendation made relating to the ESR reporting system, of medium priority, to be completed by December 2020.
ASSURE	**Counter Fraud** The Committee received a comprehensive Position Statement summarising the recent Counter Fraud work carried out to date. The Position Statement highlighted that 35 days' work had been completed against the work plan, there were three cases currently under investigation with ongoing civil recovery. The Committee also received the NWSSP Counter Fraud Newsletter, which was approved.
ASSURE	**Internal Audit** The Committee received a comprehensive update from Internal Audit including the Position Statement, which highlighted progress against the Work Plan, together with an overview of other activity undertaken since the previous meeting. In addition, the Committee received the following reports for consideration: • Credit Card Expenditure Internal Audit Report Achieved substantial assurance, with one medium and one low priority recommendation for action and no issues identified that are classified as a weakness in the system control or design. • Declarations of Interest Advisory Report

		No assurance rating as an advisory reviews. The review was generally positive of the measures taken to enhance the Declarations of Interest process within NWSSP and generated four medium priority recommendations for action. • COVID-19 Financial Governance Advisory Report No assurance rating as an advisory review. The findings were positive but a number of suggestions were included for consideration.
	ASSURE	**Governance, Risk and Assurance** The Committee received comprehensive updates surrounding NWSSP COVID-19 matters, including Business Continuity Planning and COVID-19 Expenditure and Governance Arrangements. Governance Matters - The Committee received the Governance Matters paper, which detailed the contracting activity from June 2020, to date and highlighted that there had been no departure from the Standing Orders but that NWSSP were looking to consider developing local Standing Financial Instructions. In relation to contracting activity, during the reporting period, there had been 15 contracts let for NWSSP and 44 contracts let for NHS Wales. Where contracting activity related to the procurement of goods relating to COVID-19, these had been recorded centrally and each had been subject to robust governance and due diligence processes, which required a separate file note to be held. No declarations of gifts, hospitality or sponsorship have been made since the last meeting and there had been no limited or no assurance audit reports. In relation to the annual review of stores write-offs for the 2019-20 period, these had totalled £15,623, equating to 0.18% of total stock held and full details were provided to the Committee. All write-offs were actioned in accordance with the Stores Losses Protocol. Audit Tracking - There were 205 recommendations, of which 197 were implemented, 7 were not yet due, and one had a proposed a revised deadline of 30/09/2021, for Committee approval. The Committee approved the revised deadline. Corporate Risk - The Corporate Risk Register highlighted 4 existing red risks, ten amber risks, one yellow risk and zero green risks, in the Risks for Action section of the Register. There is one yellow risk in the Risks for Monitoring section of the Register and the Committee was reminded that the Register is reviewed at each SSPC, Audit Committee and Formal Senior Leadership Team meeting. The existing four red risks were summarised as follows and the Committee was informed that these long-standing risks had been progressed and would hopefully come off the Register in the coming months: • Demise of Exeter Software System; • The threat arising from a no-deal Brexit; • NHS Digital plans to withdraw the Ophthalmic Payment system; and • The total financial quantum for addressing COVID-19 across Wales remaining fluid and uncertain. Audit Committee Annual Report 2019-20 – The Committee received the seventh Annual Report, for approval, highlighting the activities and performance of Committee, assessing the work undertaken by Internal and External Audit, Counter Fraud and the Governance, Assurance and Risk staff at NWSSP. Appendices 1 and 2 detailed a full list of internal audits undertaken, with assurance ratings awarded and all internally generated reports and papers for the period. The Committee were content to approve the Audit Committee Annual Report 2019-20 and the document would be published bilingually, on both the staff intranet and NWSSP website.

	<u>Audit Committee Effectiveness Survey (ACES) Results</u> – A summary of the outcome, together with an update as to the process for the 2020 review was provided to the Committee, stating that the survey comprised of 50 questions across six themes, which covered compliance with law and regulations governing NHS Wales, internal control and risk management, internal and external, counter fraud and Committee leadership. The results of the survey provide assurance to the Committee in terms of existing arrangements and potential areas for development, for example, the continuation of virtual meetings. In terms of next steps, the Terms of Reference for the Audit Committee which form an annex to the Shared Services Partnership Committee Standing Orders, were in the process of being reviewed and would be brought back to the January 2021 meeting, for the Committee's approval.
INFORM	The following items were received for Committee information: • Raising the Game; Tackling Fraud in Wales Report; • Audit Committee Forward Plan 2021-22; • NWSSP Annual Review 2019-20; and • NWSSP Freedom of Information Act 2000 Annual Report 2019-20.

2. **ARGYMHELLIAD/RECOMMENDATION**

The Committee are asked to:

•   **NOTE** the Assurance Report

COUNTER FRAUD & CORRUPTION

ANNUAL REPORT 2019/20

Craig Greenstock
Counter Fraud Manager
Cardiff and Vale University Health Board

Counter Fraud Annual Report 2019/20

CONTENTS

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1. Management Summary

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

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

1.3 During 2019/20, four (4) new investigations into possible fraudulent or corrupt activity were instigated together with the four (4) cases that were brought forward from 2018/19. Out of the four (4) new cases, all of them involved alleged false claims that had been submitted to the NHS Student Awards Service.

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

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

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

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

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

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

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

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

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

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

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

- A number of fraud awareness presentations, fourteen (14) in total, were given to over 200 NWSSP, NHS Trust and/or Hosted Body staff in the various staff groups and a number of other presentations are in the process of being arranged to take place in 2020/21 once the current COVID-19 restrictions allow.
-
- Analysis of staff feedback questionnaires is carried out following the fraud awareness sessions in order to gauge how much knowledge the attendees had of the counter fraud work that is being undertaken and also to assist in forming the content of future sessions.

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

- Additional fraud awareness presentations to other various staff groups as outlined in the NWSSP Counter Fraud Work-Plan for 2020/21.
- Developing the quarterly Counter Fraud Newsletter further to ensure that it provides NWSSP staff with real examples of fraud and the successful outcomes from such investigations.

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

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

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

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

3. Prevent Fraud

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

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

The deterrence effect is difficult to measure, however, there are still a consistent number of referrals being made during 2019/20 and the majority have been from the NHS Student Awards Service. It is hoped from some of the planned awareness session that more NWSSP staff will be aware of the potential areas for fraud and, as a result of advice and further guidance from the nominated LCFS', will be more prepared to take action against any fraudsters by reporting the outcome of any subsequent investigation to the remaining staff.

The details of one (1) particular fraud related prosecution case did appear on National TV and also was covered by a number of National and Local news agencies and has also been disseminated to the Managers involved and other staff via the quarterly Counter Fraud Newsletter and the Fraud Awareness presentations.

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

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

4.   Deter Fraud

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

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

Examples where this has occurred are:

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

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

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

5.   Hold to Account (Detection)

5.1   The LCFS' will take account of:

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

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

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

- National Fraud Initiative 2018/19 Data Matching Exercise

6.   Hold to Account (Investigating Fraud)

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

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

6.2   Four (4) cases were formally referred to NHS CFS (Wales) in 2019/20 via the FIRST Case Management System and there were also four (4) ongoing cases brought forward from 2018/19. Most referrals received are not necessarily and/or automatically reported on the NHS Counter Fraud Authority FIRST Case Management System, due to the fact that many are isolated instances and very low in terms of monetary value.

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

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

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

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

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

8.   Annual Assessment Declaration

8.1 Since 2013/14 and following a review of the practice whereby NHS Counter Fraud Authority would determine how effective a Health Body's Counter Fraud arrangements were when compared to other NHS Bodies, a significant change was introduced into the way in which Health Bodies were to report and then be assessed.

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

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

WELSH ASSEMBLY GOVERNMENT DIRECTIONS

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

Paragraph	Instruction	Action by Health Board
2 (1)	Chief Executive and Director of Finance to Monitor and ensure compliance with these Directions and any other instructions on countering fraud and corruption against the NHS	Regular meetings are held between the NWSSP Finance Director and the Nominated Lead LCFS.
	Action to be taken in accordance with the NHS Counter Fraud and Corruption Manual and in accordance with the Table annexed to the Directions	Where possible the Manual has been referred to for guidance and appropriate action taken. An updated Manual has previously been issued following a revision, by Welsh Government, after taking into account changes in legislation within the NHS in England.
2 (2)	Each health body shall facilitate, and co-operate with NHS Counter Fraud Authority's Quality Inspection work giving prompt access to staff, workplaces and relevant documentation	Good close working relationship has been established with NHS CFS (Wales). To date there has never been an issue over access to staff or workplaces.

NHS Counter Fraud Authority Quality & Assurance Unit carried out a Focused Assessment in October 2016, with full co-operation, and their report was received and then accepted by NWSSP Hosted Body (i.e. Velindre University NHS Trust). |
| 2 (3) | Endeavour to agree an SLA with NHS Counter Fraud Service (Wales). | The current SLA was signed in March 2010, but will be reviewed to incorporate any changes which may take place within the NHS in Wales. |
| 3 (1) | Nomination of a suitable officer to act as LCFS.

Notify NHS Counter Fraud Authority of replacement LCFS within three months of the need becoming apparent | The NWSSP Nominated Lead LCFS is Craig Greenstock. |
| 3 (2) | A trained and accredited LCFS in post by 1 February 2002 | The NWSSP's Nominated Lead LCFS was accredited in 2001 and is employed at another NHS Body, but undertakes the counter fraud work as part of a separate contracted-out service. |

4 (a)	LCFS reports to Director of Finance	The Nominated Lead LCFS reports directly to the Finance Director, informs him of all cases as they are received and keeps him updated on any progress/closure.
4 (b)	LCFS provision of written report at least annually	The 2019/20 NWSSP CF Annual Report has specifically been produced following the previous request of the NWSSP General Manager and Finance Director. The information contained in the Annual Report has also been incorporated into the CF Annual Report that is produced separately for the Hosted Body (i.e. Velindre University NHS Trust).
4 ©	Attendance at Audit Committee meetings	The NWSSP Nominated Lead LCFS or at least one of the Health Body's other LCFS' has attended Audit Committee meetings that have taken place up to and including April 2020.
	Right of access to all Audit Committee members.	The LCFS' have access to all Audit Committee members.
	Right of access to Chairman and Chief Executive	The LCFS' have not required access during the year but are confident that, if required, right of access is available (as detailed in the health body's Counter Fraud Policy)
4 (d)	Undertake Pro-Active work to detect cases of Fraud and/or Corruption as specified by Chief Executive and Director of Finance, particularly where systems weaknesses have been identified	The LCFS' have made fourteen (14) Fraud Awareness Presentations to over 200 NWSSP, Velindre University NHS Trust and Hosted Body staff in a variety of staff groups. The LCFS' also undertake Pro-Active Exercises and follow up all incidents of a potential fraudulent nature received via the NHS Counter Fraud Reporting Line, Velindre University NHS Trust's Whistle Blowing facilities and/or any Internal or External Audit reports.
4 (e)	Proactively seek and report opportunities for publicity to NHS Counter Fraud Authority (includes instances for inclusion in presentations) involving action to prevent, detect, investigate, impose sanctions and seek redress	One (1) particular successful fraud related case appeared on National TV and also in a number of National and Local newspapers and has also been widely publicised across Velindre University NHS Trust, Hosted Bodies and NWSSP via the quarterly CF newsletter.

4 (f)	Investigate cases of suspected fraud in accordance with division of work outlined, the LCFS will not investigate (unless there is prior agreement)	All cases investigated to date have followed the guidelines.
	LCFS will investigate where it is clear that they will be under £15k. Cases where it is clear they will be over £15,000 in value will be referred to NHS CFS (Wales).	Only cases less than £15,000 are investigated, and above £15,000 the cases are referred to, and investigated by/in liaison with, NHS CFS (Wales).
	There is evidence that fraud extends beyond the Health Body.	There have no related cases identified during the year which extended outside of the Health Body.
	GDS and/or prescription fraud are involved	There have been no alleged frauds reported that involved any altered documentation for prescribed drugs.
	There is evidence of corruption involving a public official	There have been no cases of alleged corruption reported during 2019/20.
	The LCFS' will provide assistance when required in investigation of cases involving their Health Body where the investigation falls within the remit of NHS Counter Fraud Authority.	There have been no matters reported that would have fallen within the remit of NHS Counter Fraud Authority.
4 (g)	Refer cases to NHS Counter Fraud Authority teams as appropriate	All cases appropriate to NHS CFS (Wales) have been referred.
4 (h)	Inform the appropriate NHS Counter Fraud Authority team of all cases of suspected fraud investigated by the Health Body.	Entries on the FIRST Case Management Systems, for intelligence purposes, have been completed for all cases of suspected fraud investigated during the year.
5	Co-operate with investigative work: Chief Executive and Director of Finance to ensure access is given as soon as possible and not later than 7 days from the request to the LCFS or NHS Counter Fraud Authority Operational Service staff to: Premises, records and data owned or controlled by the health body relevant to detection/investigation of fraud and corruption All staff who may have relevant information.	The LCFS' and NHS Counter Fraud Authority rights and responsibilities, as set out in the SLA, SFIs and the Counter Fraud Policy, have been fully complied with and both have received co-operation from all levels throughout the Health Body. As above

6 (1)	LCFS to complete relevant forms when Director of Finance believes fraud or corruption to be present, so that NHS Counter Fraud Authority may supply advice on appropriate sanctions. LCFS and Director of Finance to consider further action in accordance with the NHS Fraud & Corruption Manual.	Investigations have complied with NHS Fraud & Corruption Manual and completed forms as appropriate.
6 (2)	Director of Finance to liaise with NHS CFS (Wales) concerning prosecutions prior to taking such action.	Investigations have complied with the NHS Fraud & Corruption Manual
6 (3)	Director of Finance to liaise with NHS CFS (Wales) prior to reaching a decision to refer cases to the police or other body for investigative action, if required.	Appropriate liaison took place in any cases to date where investigations have required referral to police or any other third party organisations (e.g. UK Borders Agency).
6 (4)	Non-disclosure of information, except for purposes of investigation or subsequent proceedings; no disclosure to anyone who may be implicated	There has been no disclosure of information to anyone who may be implicated in any of the investigations unless required under Police & Criminal Evidence Act.
6 (5)	LCFS to report details of any identified system weakness which would allow fraud or corruption to occur, to the internal auditors	The LCFS' liaise with Internal & External Auditors and provide information regarding system weaknesses. Managers are also informed of system weaknesses and advised accordingly.
6 (6)	LCFS to ensure investigations focus on obtaining information to ensure recovery of funds can take place. Director of Finance responsible for ensuring financial redress is sought where losses identified	A full file is maintained on each of the investigation carried out to provide information to assist the recovery of funds. Recovery of losses is considered in all cases and would be sought where appropriate.

Further Information

1.   **Reporting lines**

Trust Chief Executive (Velindre University NHS Trust)	Steve Ham Chief Executive's Office Corporate Headquarters Unit 2, Charnwood Court Parc Nantgarw, Nantgarw Nr.Cardiff. CF15 7QZ Email: Steve.Ham2@wales.nhs.uk
NWSSP Managing Director	Neil Frow NHS Wales Shared Services Partnership (NWSSP) 4-5 Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ Email: Neil.Frow@wales.nhs.uk
Executive Director of Finance (Velindre University NHS Trust)	Mark Osland Finance Director's Office Corporate Headquarters Unit 2, Charnwood Court Parc Nantgarw, Nantgarw Nr.Cardiff. CF15 7QZ Email: Mark.Osland@wales.nhs.uk
Director of Finance (NWSSP)	Andy Butler NHS Wales Shared Services Partnership (NWSSP) 4-5 Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ Email: Andy.Butler@wales.nhs.uk
Nominated Lead Local Counter Fraud Specialist	Craig Greenstock Counter Fraud Department Cardiff and Vale UHB Headquarters 1st Floor, Woodland House Maes-y-Coed Road Cardiff CF14 4TT Email: Craig.Greenstock@wales.nhs.uk

2.   Mix of cases

Number of cases in 2019/20 including those brought forward from previous years:

Area (based on initial reported category)	Number of cases	Closed	Ongoing
Reimbursement of Costs (Student Awards)	7	3	4
Miscellaneous (Use/Theft of NHS Property)	1	1	0
Total	**8**	**4**	**4**

3.   NHS Counter Fraud Authority Website

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

INDEX OF LCFS INVESTIGATIONS 2019/20

Ref. No	Subject	Status	Open/Closed
SSP14.05	Unauthorised Sale of NHS Property	Crown Court Hearing (Suspended Sentence) Civil Recovery (5k) still being made at £50 per month	Open - Balance o/s £2424.25
SSP19.04	False Claim for Costs	Initial enquiries made and then IUC carried out on 14.1.19	Subject admitted to having received monies (£10,698) after providing "inaccurate" personal circumstances, but claimed only had done so following advice received which cannot be disputed. Prosecution file submitted to CPS for legal opinion. Advice given that there was insufficient evidence to support allegation. Recovery of £3,020 made from original bursary in addition to subject agreeing initial repayment plan of £50 pm which is due to increase to £100 pm following conditional NHS job offer.
SSP20.01	Forged Letter	Initial enquiries made and matter was referred back to Swansea University to investigate in relation to the validity of the letter.	Closed - no fraud against NHS.
SSP20.02	False Claim for Costs	Initial enquiries made which identified that the claim had actually been made as a single person with no dependent children and not as a married person with dependent children as was the allegation received.	Closed - no fraud identified.
SSP20.03	False Claim for Costs	Alleged that both subjects had applied for bursaries/grants by giving false/misleading information as to their actual personal income.	Closed - no record of either individual having worked and/or submitted claims to the NHS.
SSP20.04	False Claim for Costs	Alleged that subject lives with partner and has failed to declare her actual personal income.	Closed - insufficient evidence to support allegation.
SSP20.05	False Claim for Costs	Alleged that the subject has claimed for grant/bursary, but is also working for the NHS on an agency basis which subject has failed to declare.	Ongoing enquiries and subject also suspended, until December 2019, for academic reasons.

SSP20.06	False Work History and Sickness Absence	Subject applied for and was then appointed to Band 5 post within NWSSP Procurement during same period whilst still claiming to be on sickness absence from previous Band 5 post with NHS England.	Subject resigned before NWSSP disciplinary hearing into separate and similar allegations. Relevant details then forwarded to NHS England for them to investigate the alleged fraudulent activity.
SSP20.07	Falsely retained Childcare Costs	The allegation is that the student has received her childcare payments, but has not then passed those payments onto her childcare provider.	Ongoing enquiries with the childcare provider and the University.

Appendix 4

Summary of Risk against the Standards of NHS Bodies (Fraud, Corruption and Bribery) as at 31st March 2020

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

AREA OF ACTIVITY	DAYS USED
STRATEGIC GOVERNANCE	11
INFORM AND INVOLVE	14
PREVENT AND DETER	19
HOLD TO ACCOUNT	31
TOTAL DAYS USED	75

COST OF ANTI-FRAUD, BRIBERY AND CORRUPTION WORK	
PROACTIVE COSTS	£ 12,320
REACTIVE COSTS	£ 8,680
TOTAL COSTS	£ 21.000

Organisation Name

NHS Wales Shared Services Partnership (NWSSP)

Director of Finance

Andrew Butler

Date

4th June 2020

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 5 – AUGUST 2020

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for August 2020 and should be read in conjunction with the Monitoring Return tables submitted for Month 5.

Thank you for your letter of 27th August 2020 responding to the Month 4 monitoring return. The action points you have raised have been clarified within this return and additional information provided where requested.

Overview of Performance and Financial Position

NWSSP's financial position for Month 5 is reported at break-even. This is based on the assumption that the balance of all additional COVID19 related expenditure will be fully funded by Welsh Government. The Quarter 1 costs of £2.197m have now been invoiced.

1. Movement of Opening Financial Plan to Forecast Outturn (Table A)

Table A has been populated with the recurring and non-recurring pressures, identified savings, net income generation and WG funding as detailed in our IMTP. These have been included using the profile from our IMTP and continue to show a break-even in year plan as reported in previous months.

The reserve for potential distribution and/or reinvestment has been increased in Month 5 due to additional overachievements of savings in month. It is anticipated that there will be additional resource requirements arising from ongoing projects within NWSSP which will utilise an element of these additional savings.

The table also continues to be populated with the amended profile of the additional costs and income assumed from WG in respect of additional Covid pressures. These include the costs that we have incurred for All Wales PPE and Equipment purchases, TTP and increased operational costs being incurred within NWSSP to support Covid. Line 22 reconciles to the detailed breakdown of the expenditure provided in Table B3 **(Action Point 4.1)**

2. Overview of Key Risks & Opportunities (Table A2)

The table below identifies the calculation of the risk that we continue to report in respect of Covid costs that haven't yet been invoiced to Welsh Government:

	Total Costs	Invoiced M1-5	Invoiced M6	Net Risk
	£m	£m	£m	£m
NWSSP Operational Covid Costs	8.260	-2.197		6.063
All Wales Covid costs (incl TTP)	250.683	-210.000	-27.000	13.683
TOTAL	**258.943**	**-212.197**	**-27.000**	**19.746**

The figures included in the table above have also been reflected in Table E1 and include the invoices issued in early September on the basis of the request to include all income raised even if this has been raised in the next calendar month. The £2.197m invoiced for Q1 has also been included in the table above **(Action Point 4.2)**

A review of the risk and opportunities reported in Table A2 has been undertaken and given the current budgetary performance the risks relating to turnover factor and fuel cost increases have been reduced to zero in month. The over-achievement of savings has also been updated so that the total value of opportunities reconcile to the forecast overachievement of savings per Table A **(Action Point 4.3)**.

3. Actual Year to Date and Forecast Monthly Position (Tables B, B2 & B3)

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

- The overall forecast income of £651.353m has decreased by £15m from the forecast submitted at Month 4 due to the stores issues forecast being updated based on the value of the actual issues made during August. This is subject to further change as/when new PPE & Equipment orders are placed and we have more information on the actual distributions being made to Primary Care.

- The Welsh Government income for Month 5 was less than forecast at Month 4 due to a number of orders forecast to be delivered in August not arriving before the end of the month. The income has been deferred and the forecast expenditure has been reprofiled into September.

- The Welsh NHS income increases from August as we have commenced the expansion of the Single Lead Employer model with phased intakes planned for August, September, November and February, in addition to income assumed from the All Wales Collaborative Bank which became operational from the end of May.

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- The Welsh NHS income also increases materially in Months 11 and 12 in respect of income anticipated under the Welsh Risk Pool risk sharing agreement which it is envisaged will be invoked once the Welsh Government funding is fully utilised.

- Other income continues to be reported above normal levels due to the PPE recharges we have/will make to the Department of Health & Social Care, NHS Scotland and Northern Ireland for the provision of Type IIR masks. Other income increases on the quarters for Months 6, 9 and 12 in respect of the pharmacy rebate income that we invoice for.

- The increases in income due to PPE and equipment recharges are offset by equivalent increases in non pay where this expenditure is recorded.

- Increases in pay costs are profiled in line with the increased income anticipated for the Single Lead Employer, All Wales Collaborative Bank and Medical Examiner Programme. These increases can be seen in the Medical & Dental, Nursing & Midwifery, Professional & Scientific and Additional Clinical Services pay categories.

- Forecast depreciation charges of £3.208m are included which reconcile to the August non-cash submission. The income above our depreciation baseline of £1.551m is anticipated in Table E1.

- £39.326m income and expenditure is included to Month 5 in relation to the WRP DEL budget and redress. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts with a full year forecast outturn of £123.655m (£120.955m WRP DEL per our IMTP plus £2.7m for redress). After a detailed review of all cases forecast to settle in 2020/21 the full year forecast remains at £120.955m that was included in our IMTP. The redress income of £2.7m is anticipated in Table E1 on the basis that this funding will be required as the risk sharing agreement is forecast to be invoked. This is £1.441m over the £1.259m budget transferred for redress, as year 3 of the transitional funding arrangement agreed with Steve Elliot.

  The Welsh Risk Pool Committee has noted that the Cwm Taf Morgannwg WRP creditor balance is very high at £33m (based on their Month 4 return). We have sought assurance from CTM on what action they plan to take to address this position and submit claims for reimbursement.

- Agency expenditure of £0.826m has been reported to the end of Month 5, £0.727m of which has been incurred to support additional Covid work. As forecast, agency expenditure significantly reduced in August (£0.042m M5

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compared to £0.176m M4) due to the number of staff we have transferred to the NWSSP bank.

- Table C3 details the monthly actuals and forecast Covid additional expenditure totalling £258.943m. This has been collated and reviewed on a service by service basis within NWSSP and will continue to be monitored at this level. The forecast has been further revised in Month 5 with a reduction in the forecast funding required following a review of additional staffing requirements. The forecast continues to be based on the assumption of support continuing to manage a planned spike in activity anticipated in October. The profile of the All Wales Covid costs and the NWSSP operational costs are shown in the table below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	TOTAL
All Wales Covid Costs	12.352	28.928	33.288	14.671	17.584	56.136	21.713	12.136	12.136	12.137	12.144	12.144	245.369	245.369
TTP	0.001	5.254	0.007	0.004	0.009	0.008	0.008	0.008	0.008	0.007	0	0	5.314	5.314
NWSSP Operational Costs	0.688	0.559	0.949	0.776	0.376	0.718	0.589	0.723	0.782	0.708	0.71	0.682	8.26	8.26
TOTAL	**13.041**	**34.741**	**34.244**	**15.451**	**17.969**	**56.862**	**22.31**	**12.867**	**12.926**	**12.852**	**12.854**	**12.826**	**258.943**	**258.943**

The reconciliation of the expenditure can also be summarised as follows **(Action Point 4.4)**

	£m
Total Non stock Covid orders PPE & Equipment	189.566
M1-5 PPE issues to Social & Primary Care	26.118
TTP Costs	5.314
Less:	
2019/20 orders	-0.671
2020/21 capital orders for National Assets	-3.533
2020/21 capital orders (to be recharged to UHBs)	-7.053
PPE recharges to other Nations	-37.066
Plus:	
M6-12 estimate of PPE issues to social care	56.000
M6-12 estimate of PPE issues to dentists/opticians	22.008
TOTAL ALL WALES PPE/EQUIPMENT/TTP FORECAST	**250.683**
NWSSP Operational Covid Costs	8.260
TOTAL NWSSP COVID COSTS (PER TABLE B3)	**258.943**

We continue to work with NHS Wales & Welsh Government to develop a PPE winter plan. The initial work to date identifies the need for additional recurring and non-recurring resource in respect of systems, data analyst

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support, PPE category management team and additional senior procurement management capacity. Further work is required to identify the full costs which are not currently included in the totals reported in Table B3.

TTP costs are reported on line 66 of Table B3 as requested including amendments to previous months **(Action Point 4.5).** The separate TTP tables have also been updated.

The June WTE for the Other Temp Staff – Medical & Dental has been included from Month 5 **(Action Point 4.6)**

The correlation between the September spend and WTE for Other Temp Staff – Prof & Technical has been reviewed in Month 5 and amended as required **(Action Point 4.7)**

4. Savings (Table C, C1, C2 & C3)

The Savings Tracker, Table C3, has been updated in Month 5 to include the over achievement of savings and underachievement of income so that the overall reported position reconciles to the ledger position.

5. Welsh NHS Assumptions (Table D)

The NWSSP Table D submission to Welsh Government has been left blank as requested but the populated version has been provided to Velindre.

6. Invoiced Income Streams (Table E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. Lines 2-25 have been populated with anticipated income streams which reconcile to our annual income forecast.

7. Cash Flow (Table G)

Not required for completion.

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8. PSPP (Table H)

This table is not required for NWSSP, although it is pleasing to report that the NWSSP Non NHS PSPP achievement for Month 5 was 96.8%

9. Capital Expenditure Limit Management and Disposals (Tables I, & K)

Table I has been populated with the year to date and forecast achievement of our current CEL of £4.044m which was updated on 25th August 2020.

Table J has been populated with the monthly expenditure to date and a high level forecast to the year end. This will be refined over the next few months in readiness for the more detailed submission required from Month 6.

We have submitted quotations for additional racking at IP5 to increase our storage capacity of PPE in addition to a request for additional vans/HGVs to support PPE distribution. We await urgent confirmation of approval of these funds so that we can proceed to place orders to support our Covid efforts.

We have no capital disposals to include in Table K in Month 5.

10. Aged Debtors (Table M)

At 31st August there were only four NHS invoices outstanding for payment over 11 weeks which is reflective of the enhanced invoice chasing process and efforts we have implemented over the past few months.

11. GMS (Table N)

Not required for completion by NWSSP.

12. Dental (Table O)

Not required for completion by NWSSP.

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13.   Other Issues

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

The Shared Services Partnership Committee will receive the Month 5 Financial Monitoring Return, along with the Month 6 return, at the next meeting on 19th November 2020.

14.   Authorisation of Return

…………………………………   ……………………………………..
ANDREW BUTLER   **NEIL FROW**
DIRECTOR OF FINANCE AND   **MANAGING DIRECTOR**
CORPORATE SERVICES   **NWSSP**

11th September 2020

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NHS Wales Shared Services Partnership   Period :   Aug 20

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0	1													0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	-23,962	-15,693	-8,269	-8,269	2	-798	-798	-797	-792	-792	-792	-902	-902	-903	-903	-4,603	-10,980	-3,977	-23,962
3	**Opening Cost Pressures**	**-23,962**	**-15,693**	**-8,269**	**-8,269**	3	**-798**	**-798**	**-797**	**-792**	**-792**	**-792**	**-902**	**-902**	**-903**	**-903**	**-4,603**	**-10,980**	**-3,977**	**-23,962**
4	Welsh Government Funding (Positive Value)	4,106	2,803	1,303	1,303	4	342	342	342	342	342	342	342	342	342	342	342	344	1,710	4,106
5	Identified Savings Plan (Positive Value)	1,820	25	1,796	1,804	5	156	156	155	150	150	150	150	150	151	151	151	151	767	1,820
6	Planned Net Income Generated (Positive Value)	1,182	0	1,182	1,182	6	98	98	98	98	98	98	98	98	98	98	98	99	492	1,182
7	Planned Accountancy Gains (Positive Value)	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0	8													0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0			9													0	0
10	Provider income - new services	16,853	13,779	3,074	3,074	10	202	202	202	202	202	202	312	312	312	312	4,012	10,386	1,008	16,853
11	Planning Assumptions still to be finalised at Month 1	0	0			11													0	0
12	**IMTP / Annual Operating Plan**	**0**	**914**	**-914**	**-906**	12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**-1**	**0**
13	Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	0	0			14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Additional In Year Identified Savings - Forecast (Positive Value)	1,816	1,816	0	0	16	0	0	0	900	156	115	115	115	115	100	100	100	1,056	1,816
17	Additional In Year & Variance from Planned Net Income Generated (Positive Value)	-33	114	-147	0	17	0	0	0	-139	-52	23	23	23	23	23	23	23	-191	-33
18	Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0			19													0	0
20	Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0			20													0	0
21	Additional In Year Welsh Government Funding (Positive Value)	0	0			21													0	0
22	Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	258,943	258,943			22	13,041	34,741	34,244	15,451	17,969	56,862	22,310	12,867	12,926	12,852	12,854	12,826	115,447	258,943
23	Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-258,943	-258,943			23	-13,041	-34,741	-34,244	-15,451	-17,969	-56,862	-22,310	-12,867	-12,926	-12,852	-12,854	-12,826	-115,447	-258,943
24	Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0			24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	(Positive Value)	0	0			25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0			26													0	0
27	Reserve held for potential distribution/reinvestment	-1,782	-1,782			27				-761	-104	-138	-138	-138	-138	-122	-123	-123	-865	-1,782
28		0	0			28													0	0
29		0	0			29													0	0
30		0	0			30													0	0
31		0	0			31													0	0
32		0	0			32													0	0
33		0	0			33													0	0
34		0	0			34													0	0
35		0	0			35													0	0
36		0	0			36													0	0
37		0	0			37													0	0
38		0	0			38													0	0
39		0	0			39													0	0
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**1,061**	**-1,061**	**-906**	40	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

NHS Wales Shared Services Partnership Period : Aug 20

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	**Total Opportunities to achieve IMTP/AOP**	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		Low
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Turnover factor is less than budgeted	0	Low
13	Non achievement of income targets	(250)	Medium
14	Capital funding not received leads to increased maintenance costs	(150)	Medium
15	Fuel costs increase more than budgeted	0	Low
16	NWSSP Operational COVID 19 costs are not funded	(6,063)	Medium
17	All Wales Covid 19 costs incurred are not funded	(13,683)	Low
18			
19			
20			
21			
22			
23			
24			
25			
26	**Total Risks**	(20,146)	
	Further Opportunities (positive values)		
27	Turnover factor is greater than budgeted	500	Medium
28	Overachievement of savings schemes	1,316	Medium
29			
30			
31			
32			
33			
34	**Total Further Opportunities**	1,816	
35	**Current Reported Forecast Outturn**	(0)	
36	**IMTP / AOP Outturn Scenario**	(0)	
37	**Worst Case Outturn Scenario**	(18,330)	
38	**Best Case Outturn Scenario**	1,816	

NHS Wales Shared Services Partnership

Table B - Monthly Positions

YTD Months to be completed from Month: **1**
Forecast Months to be completed from Month: **3**

Period : **Aug 20**

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 Revenue Resource Limit	Actual/F'cast													0	0
2 Capital Donation / Government Grant Income	Actual/F'cast													0	0
3 Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	7,647	9,840	16,140	(537)	11,129	13,893	13,948	14,332	14,357	14,382	18,659	28,587	44,219	162,377
4 WHSSC Income	Actual/F'cast													0	0
5 Welsh Government Income (Non RRL)	Actual/F'cast	22,516	47,250	49,881	35,753	26,854	74,605	40,864	31,421	31,485	31,499	29,514	19,725	182,254	441,369
6 Other Income	Actual/F'cast	454	21,166	8,433	7,582	2,044	1,843	131	131	1,844	131	131	3,715	39,679	47,607
7 **Income Total**		**30,617**	**78,256**	**74,454**	**42,798**	**40,026**	**90,342**	**54,943**	**45,884**	**47,687**	**46,013**	**48,305**	**52,027**	**266,151**	**651,353**
8 Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9 Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10 Provided Services - Pay	Actual/F'cast	7,850	7,772	8,124	7,994	9,574	10,969	11,154	11,514	11,544	11,606	13,896	13,944	41,314	125,942
11 Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	18,943	64,124	55,765	20,033	25,481	67,073	31,450	22,031	23,803	22,055	22,057	25,732	184,345	398,547
12 Secondary Care - Drugs	Actual/F'cast													0	0
13 Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14 Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15 Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16 Other Private & Voluntary Sector	Actual/F'cast													0	0
17 Joint Financing and Other	Actual/F'cast													0	0
18 Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	3,604	6,140	10,345	14,518	4,719	12,047	12,047	12,047	12,047	12,047	12,047	12,047	39,326	123,655
19 Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20 Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21 Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22 DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	220	220	220	253	253	253	292	292	292	304	304	304	1,166	3,208
23 AME Donated Depreciation\Impairments	Actual/F'cast													0	0
24 Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25 Profit\Loss Disposal of Assets	Actual/F'cast													0	0
26 **Cost - Total**	Actual/F'cast	**30,617**	**78,256**	**74,454**	**42,798**	**40,027**	**90,342**	**54,944**	**45,885**	**47,687**	**46,012**	**48,304**	**52,027**	**266,152**	**651,353**
27 **Net surplus/ (deficit)**	Actual/F'cast	**0**	**0**	**0**	**0**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**0**	**0**	**0**	**(0)**	**(0)**

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000		
28 . Actual YTD surplus/ (deficit)	(0)		
29. Actual YTD surplus/ (deficit) last month	0		
30. Current month actual surplus/ (deficit)	(0)		
			Trend
31. Average monthly surplus/ (deficit) YTD	(0)	▼
32. YTD /remaining months	(0)	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	(1)
34. Year to Date Trend Scenario	(0)

C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
DEL															
35 Baseline Provider Depreciation	Actual/F'cast	114	114	114	111	111	111	110	110	110	109	109	109	564	1,331
36 Strategic Depreciation	Actual/F'cast	107	107	107	142	141	141	182	182	182	195	195	195	603	1,878
37 Accelerated Depreciation	Actual/F'cast													0	0
38 Impairments	Actual/F'cast													0	0
39 Other (Specify in Narrative)	Actual/F'cast													0	0
40 **Total**		**220**	**220**	**220**	**253**	**253**	**253**	**292**	**292**	**292**	**304**	**304**	**304**	**1,167**	**3,208**
AME															
41 Donated Asset Depreciation	Actual/F'cast													0	0

			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total YTD	Forecast year-end position
42	Impairments	Actual/F'cast													0	0
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0

D. Accountancy Gains

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Forecast year-end position
45	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Forecast year-end position
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
46		Forecast Only													0	0
47		Forecast Only													0	0
48		Forecast Only													0	0
49		Forecast Only													0	0
50		Forecast Only													0	0
51		Forecast Only													0	0
52		Forecast Only													0	0
53		Forecast Only													0	0
54		Forecast Only													0	0
55		Forecast Only													0	0
56		Forecast Only													0	0
57		Forecast Only													0	0
58		Forecast Only													0	0
59		Forecast Only													0	0
60		Forecast Only													0	0
61		Forecast Only													0	0
62		Forecast Only													0	0
63		Forecast Only													0	0
64		Forecast Only													0	0
65		Forecast Only													0	0
66		Forecast Only													0	0
67		Forecast Only													0	0
68		Forecast Only													0	0
69		Forecast Only													0	0
70		Forecast Only													0	0
71		Forecast Only													0	0
72		Forecast Only													0	0
73		Forecast Only													0	0
74	Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		

Period : Aug 20

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

This Table is currently showing 0 errors

		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings £'000
1	CHC and Funded Nursing Care Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care) Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay Budget/Plan	40	40	40	40	40	40	40	40	40	40	40	40	202	484		484	0			
11	Actual/F'cast	40	40	40	142	26	55	55	55	55	40	40	40	290	632	45.83%	632	0	148	484	484
12	Variance	0	0	0	102	(14)	15	15	15	15	0	0	0	88	148	43.65%	148	0			
13	Pay Budget/Plan	115	115	115	110	110	110	110	110	111	111	111	111	565	1,337		1,337	0			
14	Actual/F'cast	115	115	115	908	280	210	210	210	211	211	211	211	1,533	3,005	51.03%	3,005	0	1,693	1,312	1,320
15	Variance	0	0	0	798	170	100	100	100	100	100	100	100	968	1,668	171.24%	1,668	0			
16	Primary Care Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total Budget/Plan	156	156	155	150	150	150	150	150	151	151	151	151	767	1,820		1,820	0			
20	Actual/F'cast	156	156	155	1,050	306	265	265	265	266	251	251	251	1,823	3,636	50.13%	3,636	0	1,841	1,796	1,804
21	Variance	0	0	0	900	156	115	115	115	115	100	100	100	1,056	1,816	137.70%	1,816	0			
22	Variance in month	0.00%	0.00%	0.00%	600.25%	104.04%	76.70%	76.70%	76.70%	76.19%	66.25%	66.25%	66.25%	137.70%							
23	In month achievement against FY forecast	4.28%	4.28%	4.27%	28.87%	8.41%	7.29%	7.29%	7.29%	7.31%	6.90%	6.90%	6.90%								

NHS Wales Shared Services Partnership

Period : Aug 20

Table C1- Savings Schemes Pay Analysis

		Month 1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Assessment Green £'000	Amber £'000	Full In-Year forecast non recurring £'000	recurring £'000	Full-Year Effect of Recurring Savings £'000
1	Changes in Staffing Establishment — Budget/Plan	115	115	115	110	110	110	110	110	111	111	111	111	565	1,337		1,337	0			
2	Actual/F'cast	115	115	115	908	280	210	210	210	211	211	211	211	1,533	3,005	51.03%	3,005	0	1,693	1,312	1,320
3	Variance	0	0	0	798	170	100	100	100	100	100	100	100	968	1,668	171.24%	1,668	0			
4	Variable Pay — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Locum — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify) — Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total — Budget/Plan	115	115	115	110	110	110	110	110	111	111	111	111	565	1,337		1,337	0			
20	Actual/F'cast	115	115	115	908	280	210	210	210	211	211	211	211	1,533	3,005	51.03%	3,005	0	1,693	1,312	1,320
21	Variance	0	0	0	798	170	100	100	100	100	100	100	100	968	1,668	171.24%	1,668	0			

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

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

NHS Wales Shared Services Partnership

This Table is currently showing 0 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	156	156	155	150	150	150	150	150	151	151	151	151	767	1,820	25	1,796	8	1,804
	Month 1 - Actual/Forecast	156	156	155	150	150	150	150	150	151	151	151	151	767	1,820	25	1,796	8	1,804
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	900	156	115	115	115	115	100	100	100	1,056	1,816	1,816	0	0	0
	Variance	(0)	(0)	(0)	900	156	115	115	115	115	100	100	100	1,056	1,816	1,816	0	0	0
	Total Plan	156	156	155	150	150	150	150	150	151	151	151	151	767	1,820	25	1,796	8	1,804
	Total Actual/Forecast	156	156	155	1,050	306	265	265	265	266	251	251	251	1,823	3,636	1,841	1,796	8	1,804
	Total Variance	(0)	(0)	(0)	900	156	115	115	115	115	100	100	100	1,056	1,816	1,816	0	0	0
Income Generation	Month 1 - Plan	98	98	98	98	98	98	98	98	98	98	98	99	492	1,182	0	1,182	0	1,182
	Month 1 - Actual/Forecast	98	98	98	(82)	(26)	121	121	121	121	121	121	122	187	1,035	0	1,035	147	1,182
	Variance	0	0	0	(180)	(125)	23	23	23	23	23	23	23	(305)	(147)	0	(147)	147	(0)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	41	73	0	0	0	0	0	0	0	114	114	114	0	0	0
	Variance	(0)	(0)	(0)	41	73	(0)	(0)	(0)	(0)	(0)	(0)	(0)	114	114	114	0	0	0
	Total Plan	98	98	98	98	98	98	98	98	98	98	98	99	492	1,182	0	1,182	0	1,182
	Total Actual/Forecast	98	98	98	(41)	47	121	121	121	121	121	121	122	301	1,149	114	1,035	147	1,182
	Total Variance	(0)	(0)	(0)	(139)	(52)	22	22	22	22	22	22	22	(191)	(33)	114	(147)	147	(0)
Accountancy Gains	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	254	254	254	248	248	248	248	248	249	249	249	250	1,259	3,002	25	2,978	8	2,986
	Month 1 - Actual/Forecast	254	254	254	68	124	271	271	271	272	272	272	273	954	2,855	25	2,830	155	2,986
	Variance	0	0	0	(180)	(125)	23	23	23	23	23	23	23	(305)	(147)	0	(147)	147	(0)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	941	229	115	115	115	115	100	100	100	1,170	1,930	1,930	0	0	0
	Variance	(0)	(0)	(0)	941	229	115	115	115	115	100	100	100	1,170	1,930	1,930	0	0	0
	Total Plan	254	254	254	248	248	248	248	248	249	249	249	250	1,259	3,003	25	2,978	8	2,986
	Total Actual/Forecast	254	254	254	1,009	353	386	386	386	387	372	372	373	2,124	4,785	1,955	2,830	155	2,986
	Total Variance	(0)	(0)	(0)	761	104	137	137	137	137	122	122	122	865	1,783	1,930	(147)	147	(0)

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 6 – SEPTEMBER 2020

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for September 2020 and should be read in conjunction with the Monitoring Return tables submitted for Month 6.

Thank you for your letter of 25th September 2020 responding to the Month 5 monitoring return. The action points you have raised have been clarified within this return and additional information provided where requested.

Overview of Performance and Financial Position

NWSSP's financial position for Month 6 is reported at break-even. This is based on the assumption that the balance of all additional COVID19 related expenditure will be fully funded by Welsh Government. The Quarter 1 costs of £2.197m have been invoiced and we await confirmation that we can invoice for the Quarter 2 costs of £1.658m.

1. **Movement of Opening Financial Plan to Forecast Outturn (Table A)**

   Table A has been populated with the recurring and non-recurring pressures, identified savings, net income generation and WG funding as detailed in our IMTP. These have been included using the profile from our IMTP and continue to show a break-even in year plan as reported in previous months.

   The reserve for potential distribution and/or reinvestment has been increased in Month 6 due to additional overachievements of savings in month. It is anticipated that there will be additional resource requirements arising from ongoing projects within NWSSP which will utilise an element of these additional savings.

   The table also continues to be populated with the amended profile of the additional costs and income assumed from WG in respect of additional Covid pressures. These include the costs that we have incurred for All Wales PPE and Equipment purchases, TTP and increased operational costs being incurred within NWSSP to support Covid. Line 22 reconciles to the detailed breakdown of the expenditure provided in Table B3 and we are not in receipt of any additional Covid allocations to report any phased expenditure against **(Action Point 4.1)**

2. Overview of Key Risks & Opportunities (Table A2)

The table below identifies the calculation of the risk that we continue to report in respect of Covid costs that haven't yet been invoiced to Welsh Government:

	Total Cost Forecast	Invoiced M1-6	Net Risk
	£m	£m	£m
NWSSP Operational Covid Costs	8.098	-2.197	5.901
All Wales Covid costs	271.698	-244.000	27.698
TOTAL	**279.796**	**-246.197**	**33.599**

The figures included in the table above have also been reflected in Table E1.

A review of the risk and opportunities reported in Table A2 has been undertaken in September and adjustments to the risks for non-achievement of income targets and reduced capital funding have been amended in line with the financial impact of these risks reported for the first half of the financial year.

3. Actual Year to Date and Forecast Monthly Position (Tables B, B2 & B3)

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

- The overall forecast income of £687.036m has increased from the forecast reported in Month 4 due to additional orders for PPE being placed and an increase in the value of stores issues based on the September charges which were above the level previously forecast. As previously noted this is subject to further change as/when any further All Wales orders are placed or any variations to the level of PPE distributions to Primary & Social Care are made.

- The Welsh Government income for Month 6 was less than forecast at Month 5 due to a number of orders forecast to be delivered in September being delayed until October. The income has been deferred and the forecast expenditure has been reprofiled into October.

- The Welsh NHS income forecast continues to increase each month due to the planned expansion of the SLE model to other training specialties each month. The Welsh NHS income also increases materially in Months 11 and 12 in respect of income anticipated under the Welsh Risk Pool risk sharing agreement which it is envisaged will be invoked once the Welsh Government funding is fully utilised in line with our IMTP.

2

- Other income continues to be reported above normal levels due to the PPE recharges we have/will make to the Department of Health & Social Care, NHS Scotland and Northern Ireland for the provision of Type IIR masks. Other income increases on the quarters for Months 6, 9 and 12 in respect of the pharmacy rebate income that we invoice for.

- The increases in income due to PPE and equipment recharges are offset by equivalent increases in non pay where this expenditure is recorded.

- Increases in pay costs are profiled in line with the increased income anticipated for the Single Lead Employer, All Wales Collaborative Bank and Medical Examiner Programme. These increases can be seen in the Medical & Dental, Nursing & Midwifery, Professional & Scientific and Additional Clinical Services pay categories. The Medical & Dental forecast costs have been increased in line with the new proposed rollout expansion plan for the SLE and the Nursing & Midwifery forecast costs have reduced in month due to the Collaborative Bank uptake being slower than originally anticipated due to Covid cross boundary working restrictions.

- A large increase in the Medical & Dental pay costs can be evidenced in October due to the impact of the pay award plus arrears to 1st April 2020 that will be paid in month. These costs relate to the SLE so will all be recharged back to UHBs/HEIW and are offset by an equivalent increase in NHS income.

- The income profile of the SLE is detailed in the table below. Due to the number of additional specialty cohorts still to join the SLE in 2020/21 we are not currently able to split the income assumptions by NHS organisation **(Action Point 5.2)**

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
GP Trainees	2.586	2.653	2.623	2.591	3.177	3.740	3.753	3.413	3.413	3.413	3.413	3.415	**38.190**
Dental Foundation Trainees						0.508	0.508	0.508	0.508	0.529	0.512	0.513	**3.586**
Pre Registration Pharmacists					0.315	0.334	0.613	0.427	0.427	0.427	0.427	0.428	**3.398**
Core Specialty Trainees					1.133	1.805	1.934	2.245	2.368	3.108	3.494	3.865	**19.952**
TOTAL	**2.586**	**2.653**	**2.623**	**2.591**	**4.625**	**6.387**	**6.808**	**6.593**	**6.716**	**7.477**	**7.846**	**8.221**	**65.126**

- Forecast depreciation charges of £3.026m are included which are less than forecast in Month 5 following a review of our forecast capital expenditure profile. The income above our depreciation baseline of £1.551m is anticipated in Table E1.

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- £49.033m income and expenditure is included to Month 6 in relation to the WRP DEL budget and redress. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts with a full year forecast outturn of £123.289m (£120.955m WRP DEL per our IMTP plus £2.334m for redress which is a reduction from the forecast included in previous months). After a detailed review of all cases forecast to settle in 2020/21 the full year forecast remains at £120.955m that was included in our IMTP. The redress income of £2.334m is anticipated in Table E1 on the basis that this funding will be required as the risk sharing agreement is forecast to be invoked. This is £1.075m over the £1.259m budget transferred for redress, as year 3 of the transitional funding arrangement agreed with Steve Elliot.

  The Welsh Risk Pool Committee has noted that the Cwm Taf Morgannwg WRP creditor balance is very high. CTM have confirmed their intention to submit a number of claims for consideration for reimbursement by the Welsh Risk Pool at its next meeting in November 2020.

- Agency expenditure of £0.868m has been reported to the end of Month 6, £0.757m of which has been incurred to support additional Covid work. Agency expenditure remains at the lower level reported in August due to the number of staff we have transferred to the NWSSP bank. The agency forecast for Covid does increase from November due to the anticipated requirement for temporary staff to support additional workloads and meet key deadlines before the year end within our Audit & Assurance and Legal & Risk Services.

- Table B3 details the monthly actuals and forecast Covid additional expenditure totalling £279.796m. This has been collated and reviewed on a service by service basis within NWSSP and will continue to be monitored at this level. The forecast has been further revised in Month 6 to include additional PPE orders against All Wales expenditure with a reduction in the forecast operational costs due to the September actual costs being less than forecast.

  It should be noted that the costs of supporting the mass vaccination programme are not currently incorporated in Table B3 as we are still in discussions regarding the level of support required before we can forecast the additional costs of providing this. The profile of the All Wales Covid costs and the NWSSP operational costs are shown in the table below:

	YTD	M7	M8	M9	M10	M11	M12	TOTAL
All Wales Covid	130.609	49.694	23.214	21.692	12.967	11.144	11.144	**260.464**
TTP	5.278	1.177	1.153	1.153	0.828	0.824	0.820	**11.234**
NWSSP Operational Costs	3.854	0.766	0.697	0.765	0.677	0.679	0.660	**8.098**
TOTAL	**139.741**	**51.637**	**25.064**	**23.610**	**14.472**	**12.647**	**12.624**	**279.796**

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The detail of the £260.464m on the All Wales Covid line 95 is summarised in the table below. This separately identifies the split between PPE and Equipment as requested **(Action Point 5.3)**:

	YTD	M7	M8	M9	M10	M11	M12	TOTAL
Non stock PPE	76.363	36.550	1.368	1.368	1.823			**117.472**
Covid Equipment (non capital)	17.302	1.849	1.522					**20.673**
Covid Services	0.266	0.151						**0.417**
Social Care & Primary Care PPE issues	36.678	11.144	11.144	11.144	11.144	11.144	11.144	**103.542**
PPE Forecast - new orders			9.180	9.180				**18.360**
TOTAL	**130.609**	**49.694**	**23.214**	**21.692**	**12.967**	**11.144**	**11.144**	**260.464**

The reconciliation of the expenditure in Table B3 can also be summarised as follows:

	£m
Total Non stock Covid orders PPE & Equipment	186.885
M1-6 PPE issues to Social & Primary Care	36.678
TTP Costs	11.234
Less:	
2019/20 orders	-0.671
2020/21 capital orders for National Assets	-2.216
2020/21 capital orders (to be recharged to UHBs)	-8.370
PPE recharges to other Nations	-37.066
Plus:	
M7-12 estimate of PPE issues to social care	66.864
Additional PPE orders to be placed	18.360
TOTAL ALL WALES PPE/EQUIPMENT/TTP FORECAST	**271.698**
NWSSP Operational Covid Costs	8.098
TOTAL NWSSP COVID COSTS (PER TABLE B3)	**279.796**

Further to the development of the PPE Winter Plan which identifies the need for us to hold 24 weeks of PPE stock by the end of November, additional PPE orders are being placed in early October to ensure this stock level can be achieved. These total £18.360m as included in the table above. The plan also identifies the need for additional recurring and non-recurring resource in respect of systems, data analyst support, PPE category management team and additional senior procurement management capacity. Estimated costs for these for 2020/21 have been

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built into Table B3, however discussions are ongoing regarding the recurrent and non-recurrent support required into 2021/22.

The additional stock holding of 24 weeks PPE will impact the stock balance during the winter months. Dependent upon the level of issues before the end of March and the required need to maintain minimum stock levels above traditional stock balances, the current forecast stock balance at 31st March 2021 cannot be predicted at this stage. We continue to work through stock valuation issues within our inventory system due to issues with bulk purchases of stock items through non-stock which have been written on to stock at zero value due to the items being funded directly by Welsh Government, in addition to VAT issues due to the zero rating on PPE applicable from 1st May 2020.

To date cash has been drawn down from Welsh Government to cover both non-stock orders and stock orders where advance payments were required and where there is a time lag before any recharges are made to UHBs/Trusts. The cash position on all central Covid purchases is updated monthly and we will work closely with Welsh Government and Velindre as we approach year end with regards to the level of cash support required in respect of the increased stock balances **(Action Point 5.1)**.

TTP testing costs only are reported on line 66 of Table B3 as requested including amendments to previous months to remove sampling costs **(Action Point 4.5)**. The latest version of the separate TTP tables have also been updated. These costs include the bulk purchase of Point of Care antigen tests for which orders were placed during September for call off before 31st March 2021.

4. Savings (Table C, C1, C2 & C3)

The Savings Tracker, Table C3, has been updated in Month 6 to include the over achievement of savings and underachievement of income so that the overall reported position reconciles to the ledger position.

5. Welsh NHS Assumptions (Table D)

The NWSSP Table D submission to Welsh Government has been left blank as requested **(Action Point 5.4)**.

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6. Invoiced Income Streams (Table E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. Lines 2-25 have been populated with anticipated income streams which reconcile to our annual income forecast. There are a few amendments to this table in Month 6 with the key ones summarised as:

- DEL Non Cash Depreciation – Strategic has been amended to reflect the revised net depreciation requirements over the baseline funding of £1.551m and the baseline surplus

- GP Indemnity Future Liability and Existing Liability Claims have been amended to reflect potential payments in 2020/21 with regard to the current claims in the database and forecast settlement dates and values

- SLE income for new intakes and pay awards/training grant arrears have been separately identified. The ongoing income for the SLE recharges are now built into Line 1 for the specialties that have already joined the SLE arrangements.

- SLE Expansion – The forecast income based on the amended intake profile for the remainder of 2020/21 has been included under other income whilst we assess the UHBs that each intake will transfer from

- All Wales Collaborative Bank – the forecast income has been reduced in month in line with the current monthly income which is less than originally forecast due to limitations on cross boundary working due to Covid.

- WRP Redress – this has reduced to £2.334m per the revised forecast as reported to the WRP Committee

- Pharmacy Rebate Scheme – this has increased due to the increased rebates that have been achieved in quarter 1 with the forecast for the remaining quarters amended accordingly

- Covid operational and all Wales costs – these have been amended per the table provided in section 2 above

- Employment Services initiatives – this has been amended to include all the funding anticipated in respect of strategic pay modelling, Primary Care adverts and the GP Wales hub revenue costs

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7.   Cash Flow (Table G)

Not required for completion.

8.   PSPP (Table H)

This table is not required for NWSSP, although it is pleasing to report that the NWSSP Non NHS PSPP achievement for Month 6 was 96.42% and the NHS PSPP achievement was 97.56%

9.   Capital Expenditure Limit Management and Disposals (Tables I, & K)

Table I has been populated with the year to date and forecast achievement of our current CEL of £4.044m which was last updated on 25th August 2020.

Table J has been populated with the monthly expenditure to date and the forecast expenditure profile to the year end.

We have submitted quotations to request funding for additional racking at IP5 to increase our storage capacity of PPE in addition to a request for additional vans/HGVs to support PPE distribution.   We continue to await urgent confirmation of approval of these funds so that we can proceed to place orders to support our Covid efforts.

We have no capital disposals to include in Table K in Month 6.

10.   Aged Debtors (Table M)

At 30th September there were two NHS invoices outstanding for payment over 17 weeks which Cwm Taf Morgannwg are urgently processing for payment.

11.   GMS (Table N)

Not required for completion by NWSSP.

12.   Dental (Table O)

Not required for completion by NWSSP.

13.   Other Issues

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

The Shared Services Partnership Committee will receive the Month 6 Financial Monitoring Return, along with the Month 5 return, at the next meeting on 19th November 2020.

14.   Authorisation of Return

………………………………   ……………………………………..
ANDREW BUTLER   **NEIL FROW**
DIRECTOR OF FINANCE AND   **MANAGING DIRECTOR**
CORPORATE SERVICES   **NWSSP**

13th October 2020

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NHS Wales Shared Services Partnership Period : Sep 20

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

#		In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0													0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	-23,962	-15,693	-8,269	-8,269	-798	-798	-797	-792	-792	-792	-902	-902	-903	-903	-4,603	-10,980	-4,769	-23,962
3	**Opening Cost Pressures**	**-23,962**	**-15,693**	**-8,269**	**-8,269**	**-798**	**-798**	**-797**	**-792**	**-792**	**-792**	**-902**	**-902**	**-903**	**-903**	**-4,603**	**-10,980**	**-4,769**	**-23,962**
4	Welsh Government Funding (Positive Value)	4,106	2,803	1,303	1,303	342	342	342	342	342	342	342	342	342	342	342	344	2,052	4,106
5	Identified Savings Plan (Positive Value)	1,820	25	1,796	1,804	156	156	155	150	150	150	150	150	151	151	151	151	917	1,820
6	Planned Net Income Generated (Positive Value)	1,182	0	1,182	1,182	98	98	98	98	98	98	98	98	98	98	98	99	591	1,182
7	Planned Accountancy Gains (Positive Value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0													0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0															0	0
10	Provider income - new services	16,853	13,779	3,074	3,074	202	202	202	202	202	202	312	312	312	312	4,012	10,386	1,209	16,853
11	Planning Assumptions still to be finalised at Month 1	0	0															0	0
12	**IMTP / Annual Operating Plan**	**0**	**913**	**-914**	**-906**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**-1**	**0**
13	Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Additional In Year Identified Savings - Forecast (Positive Value)	2,100	2,100			0	0	0	900	156	382	120	120	122	100	100	100	1,438	2,100
17	Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0	153	-153	0	0	0	0	-139	-52	77	12	12	-53	23	23	97	-114	0
18	Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0															0	0
20	Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0															0	0
21	Additional In Year Welsh Government Funding (Positive Value)	0	0															0	0
22	Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	279,796	279,796			13,041	34,740	34,244	15,452	17,969	24,295	51,313	25,064	23,609	14,796	12,647	12,625	139,742	279,796
23	Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-279,796	-279,796			-13,041	-34,740	-34,244	-15,452	-17,969	-24,295	-51,313	-25,064	-23,609	-14,796	-12,647	-12,625	-139,742	-279,796
24	Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	(Positive Value)	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0															0	0
27	Reserve held for potential distribution/reinvestment	-2,099	-2,099						-761	-104	-459	-132	-132	-70	-122	-123	-198	-1,324	-2,099
28		0	0															0	0
29		0	0															0	0
30		0	0															0	0
31		0	0															0	0
32		0	0															0	0
33		0	0															0	0
34		0	0															0	0
35		0	0															0	0
36		0	0															0	0
37		0	0															0	0
38		0	0															0	0
39		0	0															0	0
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**1,067**	**-1,067**	**-906**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

NHS Wales Shared Services Partnership   Period :   Sep 20

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END	
	£'000	Likelihood
Opportunities to achieve IMTP/AOP (positive values)		
1 Red Pipeline schemes (inc AG & IG)		
2 Potential Cost Reduction		
3 **Total Opportunities to achieve IMTP/AOP**	**0**	
Risks (negative values)		
4 Under delivery of Amber Schemes included in Outturn via Tracker		Low
5 Continuing Healthcare		
6 Prescribing		
7 Pharmacy Contract		
8 WHSSC Performance		
9 Other Contract Performance		
10 GMS Ring Fenced Allocation Underspend Potential Claw back		
11 Dental Ring Fenced Allocation Underspend Potential Claw back		
12 Turnover factor is less than budgeted	0	Low
13 Non achievement of income targets	(228)	Medium
14 Capital funding not received leads to increased maintenance costs	(100)	Medium
15 Fuel costs increase more than budgeted	0	Low
16 NWSSP Operational COVID 19 costs are not funded	(5,901)	Medium
17 All Wales Covid 19 costs incurred are not funded	(27,698)	Low
18		
19		
20		
21		
22		
23		
24		
25		
26 **Total Risks**	**(33,927)**	
Further Opportunities (positive values)		
27 Turnover factor is greater than budgeted	500	Medium
28 Overachievement of savings schemes	1,599	Medium
29		
30		
31		
32		
33		
34 **Total Further Opportunities**	**2,099**	
35 **Current Reported Forecast Outturn**	**0**	
36 **IMTP / AOP Outturn Scenario**	**0**	
37 **Worst Case Outturn Scenario**	**(31,828)**	
38 **Best Case Outturn Scenario**	**2,099**	

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NHS Wales Shared Services Partnership

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 3

Period : Sep 20

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	7,647	9,840	16,140	(537)	11,129	15,503	16,798	16,456	16,584	17,350	19,336	30,411	59,722	176,658
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast	22,516	47,250	49,881	35,753	26,854	41,665	69,755	43,186	41,857	32,816	29,425	18,847	223,919	459,805
6	Other Income	Actual/F'cast	454	21,166	8,433	7,582	2,044	3,108	210	129	2,414	146	146	4,740	42,787	50,573
7	**Income Total**		**30,617**	**78,256**	**74,454**	**42,798**	**40,026**	**60,276**	**86,764**	**59,771**	**60,855**	**50,313**	**48,908**	**53,998**	**326,427**	**687,036**
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	7,850	7,772	8,124	7,994	9,574	10,786	11,456	11,478	11,613	12,460	12,883	13,238	52,100	125,230
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	18,943	64,124	55,765	20,033	25,481	39,530	62,678	35,659	36,608	25,197	23,369	28,105	223,875	435,491
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast													0	0
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	3,604	6,140	10,345	14,518	4,719	9,707	12,376	12,376	12,376	12,376	12,376	12,376	49,033	123,289
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	220	220	220	253	253	253	254	258	258	279	279	279	1,419	3,026
23	AME Donated Depreciation\Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast													0	0
26	**Cost - Total**	Actual/F'cast	**30,617**	**78,256**	**74,454**	**42,798**	**40,027**	**60,276**	**86,764**	**59,771**	**60,855**	**50,312**	**48,908**	**53,998**	**326,427**	**687,036**
27	**Net surplus/ (deficit)**	Actual/F'cast	**0**	**0**	**0**	**0**	**(0)**	**0**	**(0)**	**0**	**(0)**	**0**	**0**	**(0)**	**0**	**(0)**

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000		Full-year surplus/ (deficit) scenarios	£'000
28 . Actual YTD surplus/ (deficit)	0		33. Extrapolated Scenario	3
29. Actual YTD surplus/ (deficit) last month	(0)		34. Year to Date Trend Scenario	0
30. Current month actual surplus/ (deficit)	0			
31. Average monthly surplus/ (deficit) YTD	0 ▲ (Trend)			
32. YTD /remaining months	0			

C. DEL/AME Depreciation & Impairments

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Forecast year-end position
	DEL															
35	Baseline Provider Depreciation	Actual/F'cast	114	114	114	111	111	111	110	110	110	109	109	109	675	1,331
36	Strategic Depreciation	Actual/F'cast	107	107	107	142	141	141	144	148	148	170	170	170	744	1,695
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	**Total**		**220**	**220**	**220**	**253**	**253**	**253**	**254**	**258**	**258**	**279**	**279**	**279**	**1,419**	**3,026**
	AME															
41	Donated Asset Depreciation	Actual/F'cast													0	0

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42	Impairments	Actual/F'cast															0	0
43	Other (Specify in Narrative)	Actual/F'cast															0	0
44	**Total**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

D. Accountancy Gains

			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
45	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
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64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	**Total**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		

NHS Wales Shared Services Partnership

Period : Sep 20

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

This Table is currently showing 0 errors

		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings £'000
CHC and Funded Nursing Care	1 Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	2 Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	3 Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Commissioned Services	4 Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	5 Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	6 Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Medicines Management (Primary & Secondary Care)	7 Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	8 Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	9 Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Non Pay	10 Budget/Plan	40	40	40	40	40	40	40	40	40	40	40	40	242	484		484	0			
	11 Actual/F'cast	40	40	40	142	26	248	60	60	62	40	40	40	538	842	63.90%	842	0	358	484	484
	12 Variance	0	0	0	102	(14)	208	20	20	22	0	0	0	296	358	122.35%	358	0			
Pay	13 Budget/Plan	115	115	115	110	110	110	110	110	111	111	111	111	675	1,337		1,337	0			
	14 Actual/F'cast	115	115	115	908	280	284	210	210	211	211	211	211	1,817	3,079	59.02%	3,079	0	1,767	1,312	1,320
	15 Variance	0	0	0	798	170	174	100	100	100	100	100	100	1,142	1,742	169.21%	1,742	0			
Primary Care	16 Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	17 Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	18 Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Total	19 Budget/Plan	156	156	155	150	150	150	150	150	151	151	151	151	917	1,820		1,820	0			
	20 Actual/F'cast	156	156	155	1,050	306	532	270	270	273	251	251	251	2,355	3,920	60.07%	3,920	0	2,125	1,796	1,804
	21 Variance	0	0	0	900	156	382	120	120	122	100	100	100	1,438	2,100	156.84%	2,100	0			

	1	2	3	4	5	6	7	8	9	10	11	12	
22 Variance in month	0.00%	0.00%	0.00%	600.25%	104.04%	254.77%	80.03%	80.03%	80.83%	66.25%	66.25%	66.25%	156.84%
23 In month achievement against FY forecast	3.97%	3.97%	3.96%	26.78%	7.80%	13.57%	6.89%	6.89%	6.96%	6.40%	6.40%	6.40%	

Table C1- Savings Schemes Pay Analysis

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000	Full-Year Effect of Recurring Savings £'000
1	Changes in Staffing Establishment	Budget/Plan	115	115	115	110	110	110	110	110	111	111	111	111	675	1,337		1,337	0			
2		Actual/F'cast	115	115	115	908	280	284	210	210	211	211	211	211	1,817	3,079	59.02%	3,079	0	1,767	1,312	1,320
3		Variance	0	0	0	798	170	174	100	100	100	100	100	100	1,142	1,742	169.21%	1,742	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	115	115	115	110	110	110	110	110	111	111	111	111	675	1,337		1,337	0			
20		Actual/F'cast	115	115	115	908	280	284	210	210	211	211	211	211	1,817	3,079	59.02%	3,079	0	1,767	1,312	1,320
21		Variance	0	0	0	798	170	174	100	100	100	100	100	100	1,142	1,742	169.21%	1,742	0			

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

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

NHS Wales Shared Services Partnership

This Table is currently showing 0 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	156	156	155	150	150	150	150	150	151	151	151	151	917	1,820	25	1,796	8	1,804
	Month 1 - Actual/Forecast	156	156	155	150	150	150	150	150	151	151	151	151	917	1,820	25	1,796	8	1,804
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	900	156	382	120	120	122	100	100	100	1,438	2,100	2,100	0	0	0
	Variance	(0)	(0)	(0)	900	156	382	120	120	122	100	100	100	1,438	2,100	2,100	0	0	0
	Total Plan	156	156	155	150	150	150	150	150	151	151	151	151	917	1,820	25	1,796	8	1,804
	Total Actual/Forecast	156	156	155	1,050	306	532	270	270	273	251	251	251	2,355	3,920	2,125	1,796	8	1,804
	Total Variance	(0)	(0)	(0)	900	156	382	120	120	122	100	100	100	1,438	2,100	2,100	0	0	0
Income Generation	Month 1 - Plan	98	98	98	98	98	98	98	98	98	98	98	99	591	1,182	0	1,182	0	1,182
	Month 1 - Actual/Forecast	98	98	98	(82)	(26)	136	111	111	46	121	121	197	324	1,029	0	1,029	153	1,182
	Variance	0	0	0	(180)	(125)	38	12	12	(53)	23	23	97	(267)	(153)	0	(153)	153	(0)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	41	73	39	0	0	0	0	0	0	153	153	153	0	0	0
	Variance	(0)	(0)	(0)	41	73	39	(0)	(0)	(0)	(0)	(0)	(0)	153	153	153	0	0	0
	Total Plan	98	98	98	98	98	98	98	98	98	98	98	99	591	1,182	0	1,182	0	1,182
	Total Actual/Forecast	98	98	98	(41)	47	175	111	111	46	121	121	197	477	1,182	153	1,029	153	1,182
	Total Variance	(0)	(0)	(0)	(139)	(52)	77	12	12	(53)	22	22	97	(114)	(0)	153	(153)	153	(0)
Accountancy Gains	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	254	254	254	248	248	248	248	248	249	249	249	250	1,507	3,002	25	2,978	8	2,986
	Month 1 - Actual/Forecast	254	254	254	68	124	286	261	261	197	272	272	348	1,240	2,849	25	2,825	161	2,986
	Variance	0	0	0	(180)	(125)	38	12	12	(53)	23	23	97	(267)	(153)	0	(153)	153	(0)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	941	229	421	120	120	122	100	100	100	1,591	2,253	2,253	0	0	0
	Variance	(0)	(0)	(0)	941	229	421	120	120	122	100	100	100	1,591	2,253	2,253	0	0	0
	Total Plan	254	254	254	248	248	248	248	248	249	249	249	250	1,507	3,003	25	2,978	8	2,986
	Total Actual/Forecast	254	254	254	1,009	353	707	381	381	319	372	372	448	2,831	5,102	2,278	2,825	161	2,986
	Total Variance	(0)	(0)	(0)	761	104	459	132	132	69	122	122	197	1,324	2,100	2,253	(153)	153	(0)