

Shared Services Partnership Committee - September 2020

17 September 2020, 10:00 to 13:00
Microsoft Teams Meeting

Agenda

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|-------------|--|-----------------------------|
| 1. | Agenda | |
| |  2020-09-16_10-31-13_FINAL-Boardbook
Agenda.pdf | (3 pages) |
| 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 23 July 2020 | Margaret Foster |
| |  NWSSP Partnership Cttee Minutes - Part A -
07.2020 - REVIEWED.pdf | (9 pages) |
| 1.5. | Action Log | Margaret Foster |
| |  1.5 Action Log September 2020.pdf | (1 pages) |
| 2. | Deep Dive Presentations | |
| 2.1. | PPE Winter Plan | Jonathan Irvine/Andy Butler |
| |  NWSSP PPE Winter Plan.pdf | (17 pages) |
| 2.2. | BREXIT | Mark Roscrow |
| |  BREXIT Update.pdf | (4 pages) |
| |  HSS EU Transition SRO Group Draft Terms of
Reference - August 2020 update (2).pdf | (3 pages) |
| 2.3. | Scrutiny of Claims | Jonathan Webb |
| |  LAP FHA.pdf | (10 pages) |
| 3. | Chair/Managing Director's Report | |
| 3.1. | Chair's Report | Verbal |
| 3.2. | Managing Director's Update | Neil Frow |
| |  SSPC MD Update Sept 20.pdf | (5 pages) |

4. Items for Approval

4.1. TRAMs Programme Business Case

Colin Powell

 TRAMs paper to SSPC 10 09 20 DRAFT v2_ (002).pdf (4 pages)

4.2. Temporary Medicines Unit

Neil Frow

 Temporary Medicines Unit SSPC Paper 10 09 20 v0.1 (003).pdf (5 pages)

 DRAFT SERVICE LEVEL AGREEMENT V1 11SEP20.pdf (5 pages)

 DRAFT Technical Agreement PHW and TMU V4 11SEP20.pdf (9 pages)

4.3. Single Lead Employer - Governance Update

Gareth Hardacre

 SLE update - SSPC SEPT 20 Paper (002) (002).pdf (5 pages)

 NWSSP Committee Report - Expansion of SLE Management Arrangements - sep 20.pdf (5 pages)

4.4. All-Wales Nurse e-Rostering

Gareth Hardacre

4.5. Winter Planning

Alison Ramsey

 FINAL NWSSP COVID-19 Customer Survey Results.pdf (15 pages)

4.6. Quality & Safety Committee ToR

Malcolm Lewis

 SSPC Q&S Ctee - front cover.pdf (2 pages)

 DRAFT NWSSP Quality and Safety Committee Terms of Reference Aug 2020.pdf (11 pages)

4.7. All-Wales Staff Benefits Portal

Andrew Butler

 SSPC Staff Benefits Portal Sept 2020.pdf (3 pages)

 Appendix A BJC Staff Benefit Portal v6_.pdf (14 pages)

4.8. HCS Lease Arrangements

Andrew Butler

 SSPC HCS Swansea Hub front cover.pdf (3 pages)

 Form 3b - Business Case Type 3b - HCS Swansea Relocation version 1.1.pdf (20 pages)

5. Project Updates

5.1. NHAIS

Neil Frow

 NHAIS Transformation Programme Report for SSPC - Sept 2020.pdf (7 pages)

5.2. PMO Highlight Report

Andrew Butler

 Sept Flash Report.pdf (2 pages)

6. Governance, Performance & Assurance

6.1.	Finance & Performance Report		Andrew Butler
	 SSPC Finance and Corporate Services September 20 v1.pdf	(21 pages)	
6.2.	Audit Wales Review of Counter Fraud		Andrew Butler
	 SSPC Audit Wales Review of Counter Fraud.pdf	(5 pages)	
	 counter-fraud-report-english.pdf	(50 pages)	
6.3.	Corporate Risk Register		Peter Stephenson
	 SSPC Corporate Risk Register Sept 2020.pdf	(5 pages)	
	 Corporate Risk Register 20200909.pdf	(5 pages)	
7.	Items for Information		
7.1.	Welsh Risk Pool - Annual Report		Alison Ramsey
	 Impact and Reach Report Cover paper.pdf	(4 pages)	
	 Impact and Reach Report 2020 final.pdf	(31 pages)	
7.2.	Finance Monitoring Reports		Andrew Butler
	 NWSSP MMR July Narrative.pdf	(8 pages)	
	 NWSSP MMR July Table A Forecast.pdf	(1 pages)	
	 NWSSP MMR July Table A2 Risks.pdf	(1 pages)	
	 NWSSP MMR July Table B Monthly Positions.pdf	(2 pages)	
	 NWSSP MMR July Table C Savings.pdf	(2 pages)	
	 NWSSP MMR July Table C3 Savings Tracker.pdf	(1 pages)	
7.3.	Annual Review		Peter Stephenson
	 For Info - NWSSP Annual Review 2019-2020.pdf	(72 pages)	
7.4.	BCP Update		Peter Stephenson
	 SSPC BCP Update.pdf	(15 pages)	
8.	Any Other Business		

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	 NWSSP Committee Paper Update on All Wales Nurse e-Rostering contract September 2020.pdf	(12 pages)	
	 All Wales Nurse e-Rostering procurement V3_.pdf	(11 pages)	
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8. Any Other Business

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

MINUTES OF MEETING HELD TUESDAY 23 JULY 2020

10:00 – 12:00

Meeting held on TEAMS

Part A - Public

ATTENDANCE	DESIGNATION	ORGANISATION
ATTENDEES:		
Margaret Foster (MF)	NWSSP Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of Workforce & OD	NWSSP
Alison Ramsey (AR)	Deputy Director of Finance	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Chris Turley (CT)	Director of Finance	WAST
Geraint Evans (GE)	Director of Workforce & OD	Aneurin Bevan
Hazel Robinson (HR)	Director of Workforce & OD	Swansea Bay
Huw Thomas (HT)	Director of Finance	Hywel Dda UHB
Rob Nolan (RN)	Director of Finance	BCUHB
Phil Bushby (PB)	Director of P&O Development	PHW
Pete Hopgood (PH)	Director of Finance & IT Services	Powys THB
Steve Elliot (SE)	Deputy Director of Finance	Welsh Gov
Darren Dupre (DD)	Union representative	Unison
Eifion Williams (EW)	Director of Finance	HEIW
Gareth Price (GP)	Personal Assistant	NWSSP
Laura Price (LP)	Graduate Trainee Manager	NWSSP
Anouska Huggins (AH)	Agenda Item 3.2 only	Archus

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Opening Remarks The Chair welcomed Committee members to the July 2020 Shared Services Partnership Committee meeting and thanked attendees for joining the meeting remotely.	
1.2	Apologies Apologies were received from: Steve Ham (SH) – Velindre - Trust Chief Executive Hywel Daniel (HD) – CTM UHB - Interim Director of W & OD	

Item		Action
	Sue Hill (SUH) – BCUHB - Director of Finance	
1.3	Declarations of Interest MF declared that she has become a governor of Cardiff & Vale College.	
1.4	Minutes of Meeting held on 21st May 2020 Draft Minutes of meeting held on 21 st May 2020 were reviewed and accepted with no issues raised.	
1.5	Matters Arising from Meeting on 21st May 2020 All actions to be discussed are complete or on the agenda.	
2. Chair/Managing Director's Report		
2.1	Chair's Report MF began the meeting by stating she intends to visit IP5 in the foreseeable future to convey her personal thanks to the staff who have worked so flexibly and diligently throughout the crisis. MF also identified that because of redress, the Risk Pool has expanded exponentially. Clinical panels have now been set up to vet the redress claims to allow the committee to focus on the vital issues. The risk sharing agreement will unquestionably be invoked this year, staff are working hard to minimise the impact.	
2.2	Managing Director's Update NF presented his report which provides a detailed update into the key issues that have impacted upon, and the activities undertaken by, NWSSP since the last Committee in May. These included: COVID-19 – Since the start of the COVID-19 crisis, NWSSP have been able to deliver over 200m items of PPE to front line staff in NHS Wales and in Social Care. Staff across NWSSP have worked extremely hard to keep sufficient stocks of PPE available to meet demand and this is continuing as we move towards a potential 2 nd wave of COVID 19 combined with the usual winter pressures. In anticipation of this, over 600m additional items of PPE are currently on order and, when delivered, will put us in a very strong position to be able to continue to meet demand going forward. SSPC members and other key stakeholder groups are shortly to be surveyed on their views of NWSSP's performance across all services during the crisis so that lessons can be learnt so we can understand what can be improved upon in future.	

Item		Action
	<p>IP5 - The establishment of specialist laboratories in IP5 continues and NWSSP have been working with both Public Health Wales, Welsh Government and the Department of Health & Social Care to support the construction of the laboratories on the 1st floor. The principles behind these developments have been agreed by the IP5 Project Board. Leases and memoranda for the occupation are currently being drawn up and implemented to govern the arrangements that cover the occupation of the building for this purpose.</p> <p>Audit & Assurance - All 2019/20 annual opinions have been issued and presented to Audit Committees. Revised plans for 2020/21 have been agreed by Audit Committees and work is underway at all health bodies. Plans are likely to change again depending on the continued impact of COVID-19 and Audit & Assurance will continue to be flexible and work with health bodies to agree any further changes that will need to be made.</p> <p>Employment Services – the recent announcement of the retirement of the Director of Employment Services, Paul Thomas, with effect from 31 October, has provided the opportunity to strategically realign the Employment Services portfolio formally under the direction and leadership of our Workforce Director Gareth Hardacre.</p> <p>Primary Care Services - Following a rigorous interview process Andrew Evans will be joining the NWSSP Senior Management Team on 1 September as the successor to Dave Hopkins as the Director of Primary Care Services.</p>	
3. Items for Approval/Endorsement		
3.1	<p>Quarter 2 Plan</p> <p>AR introduced the paper on the Q2 Plans. The key messages in our submission were:</p> <ul style="list-style-type: none"> • We have not stood down any of our core services during the period and performance levels have been maintained. • We have adapted quickly to the needs of the NHS in Wales; solution focussed and dynamic in our response. • We continue to forecast a breakeven outturn for 2020/21; this includes a significant increase in the level of income and expenditure in 2020/21 compared with our IMTP. • We have adopted a number of new ways of working. The most significant of which in terms of scale, risk and cost has been providing PPE supplies to the wider healthcare areas: social care, funeral directors and the four family practitioner areas. 	

Item		Action
	<ul style="list-style-type: none"> • We revised 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. • We moved the majority of our workforce to a home working model within a few weeks, and our ICT infrastructure has proved to be resilient. This was facilitated through the provision of additional capital provided by Welsh Government. • We have brought forward a number of planned initiatives that were included in our IMTP: roll-out of Office 365, adoption of agile working and a review of our contact centres. • We have extended the consultation process and postponed the TUPE process for the Laundry service programme until April 2021 to avoid disruption to planning for winter pressures and a potential second peak of COVID-19. • We paused the Medical Examiner service programme, but this has resumed from 1 July. <p>Q2 continues to be a challenge, as we aim to evaluate the new ways of working we have adopted quickly, re-focus on our planned service improvements for 2020-21, enable our staff to take a well-earned break, whilst planning with our customers for a potential second peak to COVID-19. We are well placed to meet the challenge but we are seeking confirmation on a number of revenue and capital funding streams to help us achieve our aims for the year ahead.</p> <p>The Committee approved the Q2 Plan for submission.</p>	
3.1.1	<p>Planning and Response group</p> <p>The Planning and Response Group which had met weekly since March, held its final meeting on the 16th of June. PS described the activities and achievements of the group for the Committee.</p> <p>All decisions taken by the group were recorded in an 'Issues and Decisions Log' that was reviewed and updated at every meeting. In total, 64 decisions were formally taken with some of the most important being the rapid roll-out of Office 365 and the laptop distribution. The group has been instrumental in achieving a safer working environment for staff with many able to work from home, allowing for greater flexibility and socially distancing measures to be implemented at our main hubs and sites.</p> <p>The Committee noted the report.</p>	

Item		Action
3.1.2	<p>Adapt and Future Change group</p> <p>AR presented an update report on the activities of the Group but explained that the majority of the report has already been covered in the Quarter 2 discussion (3.1) and therefore focused on the results of the staff survey. The survey has been distributed and has had a very positive response. Focus groups have been set up to analyse results. A follow-up on the survey will be held in Autumn.</p> <p>A major outcome of the survey is the development of an agile working strategy.</p> <p>NF wanted to recognise for the minutes that Alwyn Hockin, Trade Union representative, has been a very constructive member of the efforts to respond to COVID-19 and he is now a formal member of the SMT where his input and views are much appreciated.</p> <p>The Committee noted the report.</p>	
3.2	<p>Laundry PBC</p> <p>The agenda item was introduced by Anouska Huggins (AH), who is the Capita consultant to the programme. She reminded Committee members of the progress achieved thus far and outlined the specific elements of the Business Case.</p> <p>There was a detailed discussion on the report and she outlined the detailed information that was required by Welsh Government to satisfy their initial feedback on the initial OBC. She also highlighted the further information that would be required as part of the next stage.</p> <p>The Committee approved the Business Case for submission to Welsh Government</p>	
3.3	<p>Temporary Medicines Unit</p> <p>An update was provided on progress with the Unit which is governed by a Project and Service Management Board. The build of the facility is well advanced within IP5 with completion expected at the end of July. Validation work is being programmed for August with the aim of declaring the unit functionally ready to use from September onwards, if the COVID situation should require. A Technical Agreement has been drawn up, in consultation with the Chief Pharmacist Group and other key stakeholders, covering the</p>	

Item		Action
	<p>respective responsibilities of the TMU Service and the Health Boards in the supply of medicines. In summary:</p> <ul style="list-style-type: none"> • The TMU is a Technical & Professional Service; • All Clinical responsibilities and decisions lie with the Health Boards; and • The TMU will only make and supply the products which the Health Boards request. <p>The Chief Pharmacist Group have now endorsed the agreement, and the Committee were therefore content to approve the Technical Agreement.</p>	
3.4	<p>Single Lead Employer- Update</p> <p>The Committee received an update on progress with the project and also a request to approve a set of revised operating and management governance framework documents required to support the expansion of the current SLE Model from 30 July 2020.</p> <p>EW commented very positively on the progress that NWSSP had made in this area.</p> <p>The Committee approved the documents and also noted that if there were any further minor changes or amendments required, they were happy to delegate these to the Project Board. Any significant changes would however need to be brought back to the SSPC in September 2020.</p>	
3.5	<p>Amendment to Standing Orders</p> <p>The Chair (MF) temporarily left the meeting for this agenda item as the 2nd amendment detailed below relates directly to her role. HT took over the chair for this agenda item, for which PS explained the detail of the amendments requiring action. The Committee:</p> <ul style="list-style-type: none"> • noted the extension of the increased financial limits for COVID-19 expenditure to 30 September 2020 which was approved by the June Velindre Trust Board; • endorsed the amendments directed by Welsh Government relating to the temporary disapplication of tenure of office for the Chair prior to formal approval by the Velindre University NHS Trust Board. <p>MF then returned and chaired the remainder of the meeting</p>	

Item		Action
3.6	<p>Service Level Agreements</p> <p>PS reported that the standard Service Level Agreements are presented to the Committee on an annual basis for approval. They were due for approval in the March meeting, which was cancelled due to Covid.</p> <p>The Committee approved the core Service Level Agreements for 2020/21 noting that there were no significant amendments from the previous year.</p>	
4. Project Updates		
4.1	<p>Medical Examiner</p> <p>The impact of COVID 19 meant that the implementation timeframe had to be suspended in March, with Medical Examiner Service capacity at that point diverted to support Health Boards manage the impact of the disease on the death certification process.</p>	
4.2	<p>PMO Highlight Report</p> <p>AB explained that the layout of the report has been slightly changed following feedback from SMT and the report now categorises projects in a more meaningful way. There are no major risks to the service, all projects are on track as amber or green with the exception of the laundry programme which has been discussed earlier on the agenda.</p>	
5. Governance, Performance & Assurance		
5.1	<p>Finance & Performance Report</p> <p>NWSSP had achieved a small surplus of £11k for the 2019/20 financial year. The accounts have now been formally audited by Audit Wales and the position confirmed. This has been separately reported to the Audit Committee. The current forecast position for 2020/21 remains break even on the assumption that we are fully funded by Welsh Government for COVID related expenditure. The forecast outturn for the risk pool is consistent with that set out in the IMTP which will require the risk sharing agreement to be invoked.</p> <p>37 of our 42 key performance indicators are currently reporting green or amber. The following 5 internal measures however are</p>	

Item		Action
	<p>showing as red - Aged Debts, NHS PSPP, Variable Pay & Agency, Time to Shortlist, Time to Shortlist.</p> <p>Staff sickness is currently at very low levels, which may at least in part be due to a large number of staff being able to work from home. PADR compliance is currently amber at 76%, this was due to it being placed on hold across the board and must now recommence and improve. Statutory and Mandatory training compliance is at 95%.</p>	
5.2	<p>Corporate Risk Register</p> <p>PS confirmed that the register now contains the COVID-related risks that were previously reported separately. There are three red risks on the register relating to:</p> <ul style="list-style-type: none"> • The replacement of the NHAIS system which has had some technical difficulties but is still on-track to go live in October; • The need to replace the Ophthalmic Payments system by September 2020 where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays; • We have yet to receive confirmation of COVID funding from Welsh Government. 	
6. Items for Information		
6.1	<p>Finance Monitoring Reports</p> <p>The Committee were provided with the reports covering Months 1, 2 and 3 of 2020/21 for information.</p>	
6.2	<p>Audit Committee Highlight Report</p> <p>The Committee were provided with the report covering the Audit Committee meeting on June 30 for information.</p>	
7. ANY OTHER BUSINESS		
7.1	<p>NF wished to thank HR, who is attending the Committee for the final time, for her support and commitment to the SSPC.</p>	
DATE OF NEXT MEETING: Thursday, 17 September 2020 from 10:00-13:00		

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

Item 1.5

ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

UPDATE FOR 17 SEPTEMBER 2020 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS SEPTEMBER 2020
1.			N/A –there are no actions from the previous meeting.			

NWSSP PROCUREMENT SERVICES PPE - Winter Plan August 2020



Background

- At the onset of the Covid-19 pandemic, the NHS Wales Shared Services Partnership (NWSSP) rapidly expanded their existing NHS-only supply and distribution process for health boards, to one delivering across numerous settings. **NWSSP were also requested to expand operations and supply local authorities with PPE for** onward distribution to the social care sector, as well as delivering to primary care settings including GPs, pharmacists, and dental and optometry contractors.
- In the initial emergency response period, the scale of the global demand for PPE resulted in having to source products outside of the usual supply chains. In particular, the lockdown in effect in China limited the ability to export from existing suppliers. A huge effort was made to source product and secure its transport to Wales to ensure that PPE reached frontline health and social care workers as quickly as possible.
- **Since early March, NWSSP has issued over 293 million items of PPE to the health and social care sectors in Wales.** Over 140 million of these items have been issued to local authorities for onward distribution to social care settings. While there were initial concerns on shortages, **the level of supply was maintained at the most challenging time with no stock-outs. As Wales' PPE position stabilised, NWSSP were able to offer significant support to other parts of the UK through mutual aid.**

Background

- Relationships have worked well with existing suppliers, however not all were able to source and NWSSP Procurement Services acted swiftly to develop relationships with new suppliers and intermediaries where applicable, aimed at preventing issues with the supply of critical stock items. **Throughout the pandemic, focus on the use of suppliers; especially Welsh suppliers, has played a significant role and supported through engagement with the Life Sciences Hub. A number of Welsh Manufacturers are now being used for certain PPE lines**

Current position – the need for a PPE plan

- Investment in NWSSP's supply and demand modelling capability has supported more precise stock management of PPE, particularly as local authority JES stocks have been integrated into the system. We are in a better-informed position on 'burn-rates' on PPE usage and have increasingly refined our demand and supply analysis by product and sector.
- NWSSP has reacted well to the pandemic and through the significant effort of its staff. NWSSP has , working in partnership with Welsh Government , NHS Wales and Social Care, obtained a secure and stable position. However there are a number of **considerable uncertainties** and it is important **we are more proactive and develop a plan for the winter to ensure we maintain sufficient supply of PPE.**

Uncertainties

Uncertainties over supply	Uncertainties over demand
No deal Brexit	Second and third waves in Wales
Worldwide new surges leading to increased call upon supplies	Winter pressures
UK – China relations	Return to elective work and outpatient clinics
Export restrictions in some countries	Further changes in guidance for health and social care workers
Increased fraud and counterfeit goods	Potential changes in PE requirements for general public- eg transport, schools etc
Ability of new suppliers to achieve approvals and certifications	Impact of winter plans from NHS and Social care

PPE Plan Key Challenges to address

- **Secure a reliable supply of PPE to meet current and projected demand from health and social care sectors until the end of March 2021 and continue to build back up pandemic (COVID and Flu), Brexit and Business as Usual supplies.**
- Accurately **track PPE usage** and model future demand, to anticipate and respond to a potential second spike of COVID 19 cases, winter pressures demand, potential Brexit implications and changes to user demand profiles.
- Ensure that the required PPE is distributed effectively to health and social care settings, including GPs and dental and optometry contractors, as needed.
- **Secure appropriate warehouse capacity** to hold a stockpile of critical products.
- Assess and identify short term and longer term resource requirements

Project Workstreams

The project will be supported by four work streams.

- **Work stream 1 - Finance, Resources & Performance Reporting**
 - Manage existing and future reporting.
 - Ensure financial controls and governance are maintained.
 - Support the controls and management of resources (Project & Operational)
 - Support demand and capacity planning activity
- **Work stream 2 - Product & Procurement**
 - Maintain critical product order pipeline based on agreed demand and capacity data.
- **Work stream 3 - Logistics**
 - Provide transportation of goods to and from host and end user locations as identified throughout the scheme.
- **Work stream 4 - Warehouse**
 - Primary objective to host critical products.

Finance, resource, Performance and reporting:

- Are we content with the quality of data supporting the demand model and satisfied that we have the information we need on the social care sector?
- If additional resource is required, how quickly can this be put in place?
- How responsive can the model be to changes in policy/guidance around PPE?

Product and procurement:

- What percentage of future PPE will be sourced from Welsh-based businesses or suppliers?
- What level of confidence do we have in the security of international supply chains, what risks have been identified and what steps are being taken to mitigate?
- How does the PPE plan link with foundational economy work?

Some Key considerations (2)

Logistics:

- What is the rationale for the 20 – 24 weeks of stock, rather than more/less?
- How will NWSSP stockpiles link with stockpiles at a local level (or individual-setting level) – how much stock should they aim to have in hand?
- For clarity across the health and social care sectors, do we need section setting out the distribution system, who is responsible for what, what PPE is funded and for how long?

Other:

- UK-wide joint procurement – is this being included in plan, or will it be over and above anything we source ourselves?

PPE Plan - Initial key assumptions

- **20 – 24 weeks stock holding for PPE**
- No reliance on other nations for supply
- No expectation to provide PPE other nations
- COVID Public procurement guidance will remain
- Plan to focus on PPE supplies only
- **Availability of temporary warehousing**
- **Utilise Welsh manufacturing / Sourcing where possible**
- **No additional demands on NWSSP to accommodate field hospital and surge capacity equipment**
- Pharma and COVID testing excluded from Plan

Initial Key actions identified

- **Refine and maintain Deloitte model**
- Update model and plan to reflect changes in guidance
- Induct and train new Data analyst
- Put in place appropriate Procurement notices - VEAT
- **Finalise SLA WLGA – confirm Demand numbers**
- Assess results of system pilot
- **Secure initial temporary storage**
- Confirm HB storage requirements
- Analyse driver availability – Dec/ Jan
- Complete Stakeholder engagement

Project Board - PPE Sourcing Stock and Distribution group

- Alan Brace - Chair
- Andrew Butler – NWSSP
- Mark Roscrow -- NWSSP
- Jonathan Irvine - NWSSP
- Claire Salisbury – NWSSP – Cardiff & Vale UHB
- Catherine Malcolmson - WG
- Andrea Street - WG
- Jake Morgan – Carmarthenshire County Council
- Mandy Rayani – Hywel Dda UHB

Stakeholder

- **Additional Stakeholder Groups**

-
- It is important to recognise the ever-increasing number and scale of internal and external stakeholders. Key relationships already exist and others will continue to grow with and across areas including:

- **External***

- All Wales Peer groups – inc CEOs, DoFS, Nursing , Medical Directors & Primary care
- PPE Executive Leads
- CERET
- Local Government (WLGA)
- Primary Care
- Welsh Government
- Social Care Groups

- **NWSSP***

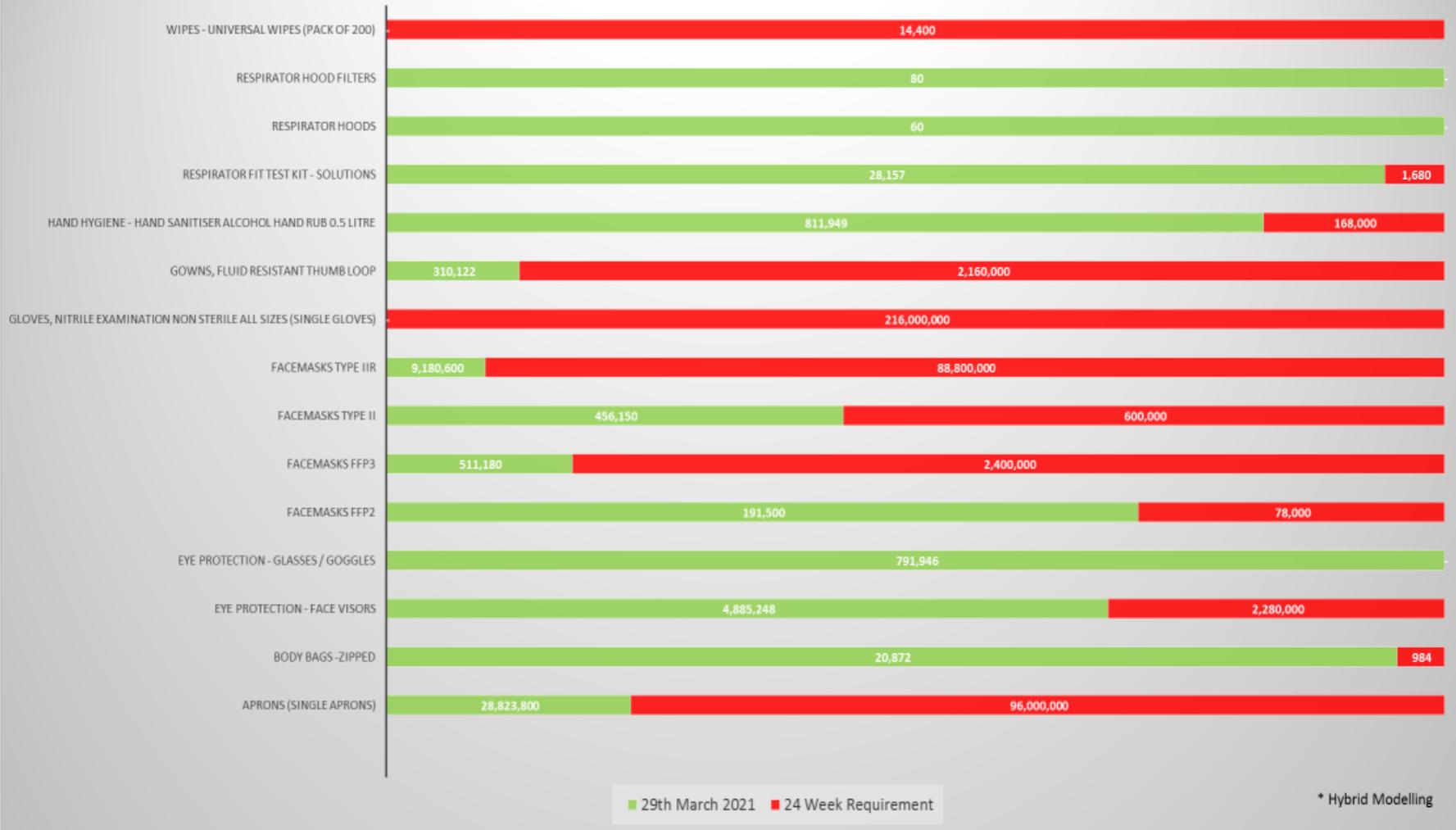
- NWSSP Sourcing Teams
- Heads of Procurement
- Finance
- **Not Exhaustive*

Some Initial findings

1. Sourcing requirements
2. Warehousing requirements
3. Resource requirements

PPE Winter Plan: Initial requirements

PPE Consumables Winter Plan - Gap to Close



Sourcing Strategy:

Product	Strategy
Universal Wipes	Purchased volume via AW Contract
Gowns (Fluid Resistant)	Purchase via Medline (AW Contract) – 91p each
Gloves (Nitrile)	Purchase via BTBW (Existing Contract) – 9p each
Type IIR Masks	Purchase 17.5m via Welsh manufacturers (five) Purchase 60m via BTBW (Existing Contract) – 5.5p each
FFP3 Masks	Increase existing order via BTBW (Existing Contract)
Aprons	Purchased volume via AW Contract
Eye Visors	Purchased volume via AW Contract

Initial Warehousing requirement (square ft)

	Pre Brexit	Post Brexit	Post COVID
Number of racked Pallet spaces available inc 3rd party	19464	19464	
Business as Usual	6116	6116	6116
Pandemic stocks	4650	4650	4650
COVID	11000	11000	
Brexit	5300		
	27066	21766	10766
Short term storage requirement	7602	2302	

Resource

- PPE category team
- WG / NWSSP joint appointment
- Data analytics support
- Short term warehousing



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AGENDA ITEM:xx

The report is Exempt

Teitl yr Adroddiad/Title of Report

Brexit Update

ARWEINYDD: LEAD:	Mark Roscrow, Programme Director
AWDUR: AUTHOR:	Mark Roscrow, Programme Director
SWYDDOG ADRODD: REPORTING OFFICER:	Neil Frow, Managing Director
MANYLION CYSWLLT: CONTACT DETAILS:	mark.roscrow@wales.nhs.uk

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

To update the committee on the revised Brexit arrangements and plans going forward.

Llywodraethu/Governance

Amcanion: Objectives:	The governance structure for Brexit is through to an EU transition senior owners group. The draft Terms of reference are attached.
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	The Committee is asked to note the report.
-----------------------	--

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Cyfreithiol: Legal:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Iechyd Poblogaeth: Population Health:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Ariannol: Financial:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Risg a Aswiriant: Risk and Assurance:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	This report is exempt.

BREXIT UPDATE

1. CEFNDIR/BACKGROUND

Preparations for leaving the Transition Period will be fundamentally different than other times during the planning process. Prime Minister Boris Johnson and European Commission President Ursula von der

Leyen agreed on 15 June not to extend the Transition Period. This means that unless a Free Trade Agreement is brought to the European Council meeting on 15-16 October to be ratified by Member States, the UK will leave the EU on World Trade Organization (WTO) terms at the end of the calendar year. Recent press coverage would suggest that leaving without a deal looks more likely.

Regardless if the UK ends the Transition Period on WTO terms or with a Free Trade Agreement with the EU, as of January 2021 there will be fundamental differences on how trade, medicines, immigration etc., will operate.

Groups across Welsh Government (such as Senior Responsible Officers, Communications, Health Securities etc.) are reviewing their governance and membership arrangements over July and August with full planning preparations and have now started to meet again.

2. CRYNODEB/SUMMARY

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 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 though the Covid outbreak 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 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 are being finalised. Wales will also look to run some internal tests similar to 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 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 stockpile a range of items.

3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK

The Governance for this is through into the Welsh Government Leadership and SRO groups. The risk registers are held at this level and the wider project group within Welsh Government.

4. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to **NOTE** the report.

Health & Social Care EU Transition Senior Responsible Owners' Group

Updated Terms of Reference 2020

1.0 Scope

- 1.1 To connect what is happening to prepare for the end of the Transition Period at a UK, Welsh Government level to what is happening within organisations.

To enable the HSS system to escalate and de-escalate risks and issues for advice, resolution, and action. To enable shared learning and collaboration for and across organisations.

To maintain a watching brief within organisations on actions being taken by other groups (i.e. health security, emergency planning, supply, and communications) reporting to the HSS EU Transition Leadership Group.

2.0 Purpose

- 2.1 The purpose of the group is:

- To advise and support the HSS EU Transition Leadership Group in providing advice to the Director General for Health & Social Services/Chief Executive of NHS Wales/Social Services Directors on:
 - the challenges associated with EU transition faced by Welsh services, including potential impacts of EU transition on services and on outcomes for people and patients.
 - the development of appropriate responses to address challenges and potential impacts and co-ordinated actions by service providers and partners, including the Welsh Government's strategy on EU transition for health and social services.
 - the status of contingency planning for different credible scenarios, including the scenario if no agreement on the future UK/EU relationship being reached by the end of the Transition Period.
 - encouraging co-ordinated communication by service providers and partners, with the public and other stakeholders, across Wales and beyond.
 - The potential impact of social/societal changes triggered by EU transition on health and well-being in Wales, taking into account wider factors where relevant to EU transition, such as the impacts of coronavirus.
- To identify key strategic and operational issues / risks associated with preparing for and managing EU transition. Members to agree and put in action as required to respond to these. The group will facilitate shared learning and collaborative planning between NHS bodies, Welsh

3 Reporting, Accountability and Authority

- 3.1 This group will provide reports as required to the HSS EU Transition Leadership Group, NHS Chief Executives Management Team and ADSS Cymru's Governance Board.
- 3.2 Members to escalate issues to the SRO Group as soon as they emerge and not wait for the meetings (virtual discussions via e-mail and other secure mechanisms such as Objective Connect).
- 3.3 Members to be responsible for ensuring appropriate communications / actions are taken back into individual organisations.
- 3.4 The group may establish short duration task and finish groups or establish subgroups on specific topics as and when necessary.
- 3.5 Members will be accountable to their own organisations.

4 Membership and Attendance

- 4.1 Membership will be;
 - Abigail Harris (Director of Strategic Planning, Cardiff and Vale UHB) Chair
 - Jonathan Morgan (Business Manager, ADSS Cymru) Vice Chair
 - Neville Rookes (Policy Officer, WLGA)
 - Sian Harrop-Griffiths (Director of Strategy, Swansea Bay UHB)
 - Debra Wood-Lawson (Chief of Staff, Aneurin Bevan UHB)
 - Mark Wilkinson (Executive Director of Planning and Performance, Betsi Cadwaladr UHB)
 - Claire Williams (Interim Director of Planning and Performance Management, Cwm Taf Morgannwg UHB)
 - Julie Rogers (Director of Workforce & Organisational Development/Deputy Chief Executive, HEIW)
 - Ros Jervis (Director of Public Health, Hywel Dda UHB)
 - Michelle Sell (Chief Operating Officer, NWIS)
 - Neil Frow (Managing Director, NWSP)
 - Mark Roscrow (Director Procurement Services, NWSSP)
 - Stuart Bourne (Director of Public Health, Powys Teaching Health Board)
 - Quentin Sandifer (Executive Director of Public Health Services/Medical Director, Public Health Wales NHS Trust)
 - Sue Evans (Chief Executive, Social Care Wales)
 - Carl James (Director of Planning, Performance & Estates, Velindre University NHS Trust)
 - Estelle Hitchon (Director of Partnerships, WAST)
 - David Goulding (Health Emergency Planning Adviser, Welsh Government)

- Nick Batey (HSS EU Transition Team, Welsh Government)
- Rhodri Wyn Jones (HSS EU Transition Team, Welsh Government)
- Federico Patini (HSS EU Transition Team, Welsh Government)
- Hannah Davies (HSS EU Transition Team, Welsh Government)
- Nesta Lloyd – Jones (Assistant Director, Welsh NHS Confederation)
- Vickie Hage (European Transition Programme Support Officer, Welsh NHS Confederation) – Secretariat

4.2 Members may send deputies if unable to attend.

4.3 Membership may be extended or supplemented to meet emerging needs at the discretion of the Chair.

4.4 Chair and Vice Chair to be members of the HSS EU Transition Leadership Group.

5.0 Meetings

5.1 Meetings will take place fortnightly with one meeting immediately following the HSS EU Transition Leadership Group, with increased frequency during key periods – to be agreed by the HSS EU Transition Leadership Group.

5.2 The group will agree distribution and security for papers in the meetings.

5.3 Meetings will be virtual by default, to be kept under review. Business can also be conducted via email. Secretariat will be provided by the Welsh NHS Confederation.

5.4 Meeting notes will focus on decisions / actions and will be circulated within 48 hours of the meeting. They will be shared in draft with the HSS EU Transition Leadership Group, the other groups reporting to it, NHS CEMT and the ADSS Cymru Governance Board.

6.0 Review

6.1 The SRO Group will focus on preparations for the end of the Transition Period. Membership and Terms of Reference will be reviewed in March 2021 to confirm whether the group needs to continue to meet beyond this time.

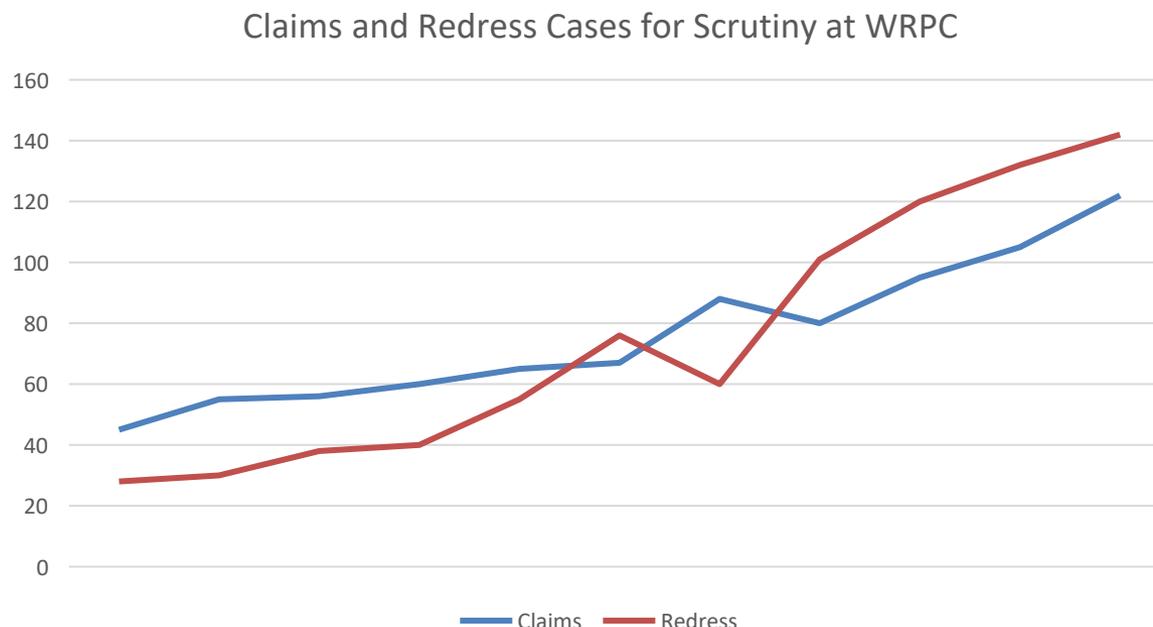
Governance Framework

Scrutiny of Claims and Redress Cases

- Grown in cases
- Pilot of 'peer review group'
- The future...
- Learning Advisory Panel
- Former Health Authority Cases
- Terms of Reference
- Scheme of Delegation
- Discussion



Growth in cases



Reasons for growth

- Inclusion of Redress Reimbursement Scheme
- Enhanced Scrutiny of Learning (core aim)
- Earlier scrutiny of learning plans

Pilot of Peer Review Panel

“Fantastic opportunity to consider learning from other organisations”

“Valuable chance to improve how we present information”

“I have learned so much about the process and how to improve what I do”

“I have seen such an improvement in consistency across the HBs”

- No preparation time required for members
- Reading time included
- Can work virtually
- Developed from reviewing 25 cases per day to 90 cases per day
- Keen interest from participants
- Word of mouth – people asking to attend



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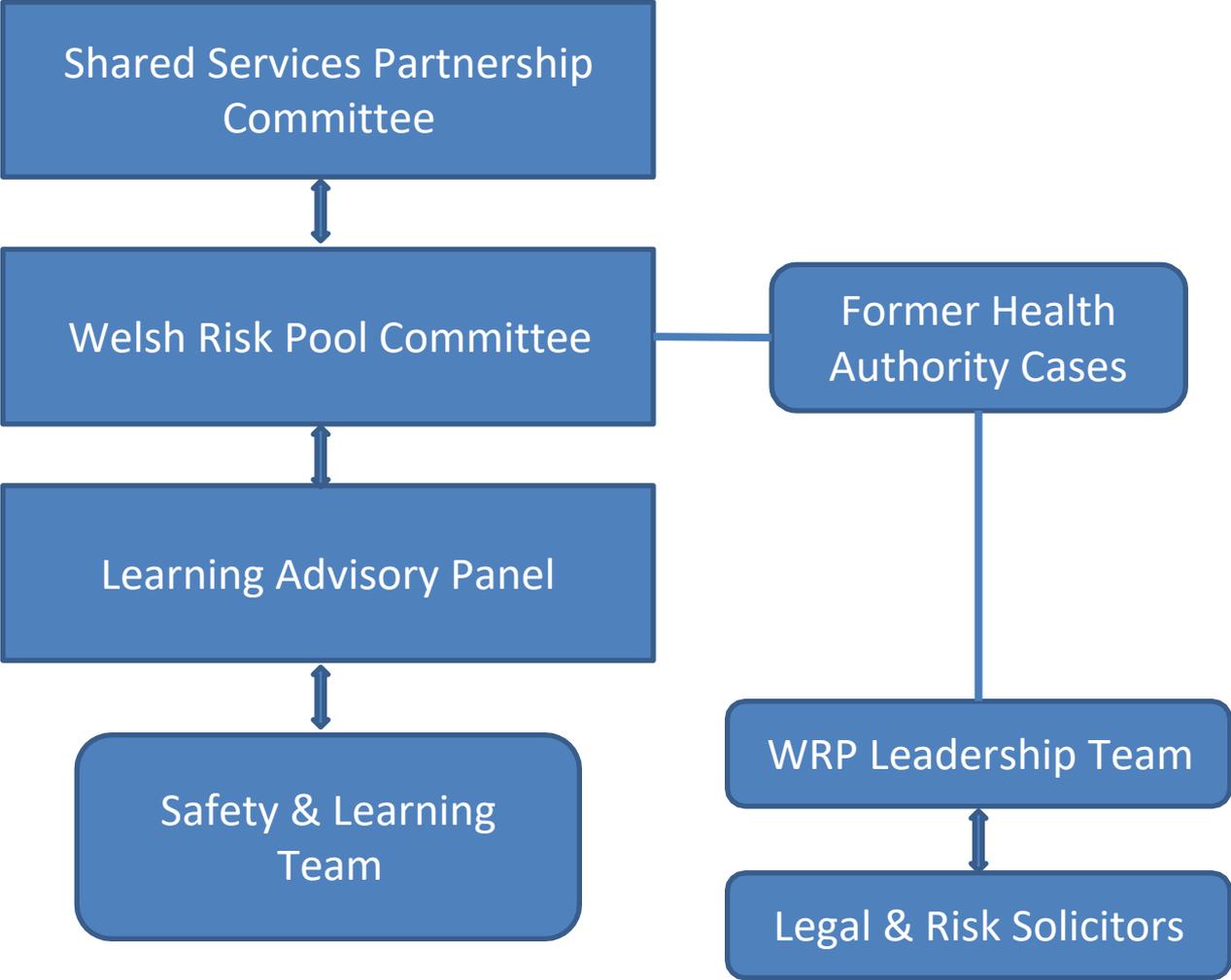
Partneriaeth
Cydwasaethau
Gwasanaethau Cyfreithiol a Risg⁹
Shared Services
Partnership
Legal and Risk Services



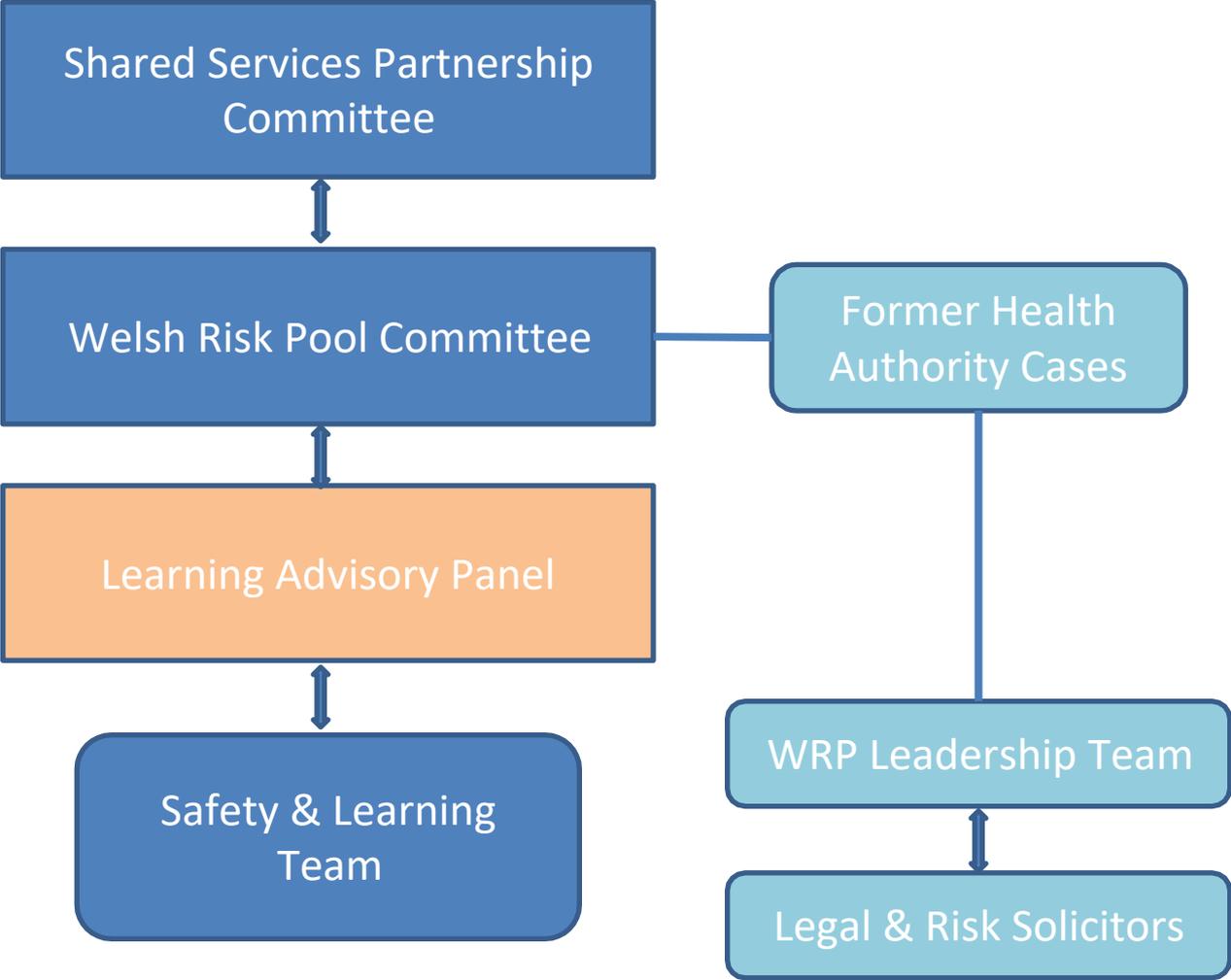
Welsh Risk Pool Services
Gwasanaethau Cronfa risg Cymru

Supporting Safety, Learning & Improvement in NHS Wales
Cefnogi dysgu a gwella diogelwch yn GIG Cymru

The future...



The future...



Learning Advisory Panel

- Formally established by the WRPC
- Facilitated by WRP Safety & Learning Team
- 2 x Co-Chairs drawn from health bodies with claims / redress / SI background
- Co-Chairs appointed for a tenure by WRPC
- Every case for scrutiny to be review by Learning Advisory Panel
- Considers LEARNING
- Recommends **RED** **AMBER** **GREEN** For Discussion
- Frequency
 - Monthly meetings
 - Additional meetings as caseload requires



Learning Advisory Panel

- Membership

Flexible approach – widest possible participation

- Co-Chairs
- Clinicians from NHS Wales
- Claims / Redress practitioners from NHS Wales
- Safety & Learning Team
- Open invite to NHS Wales Delivery Unit

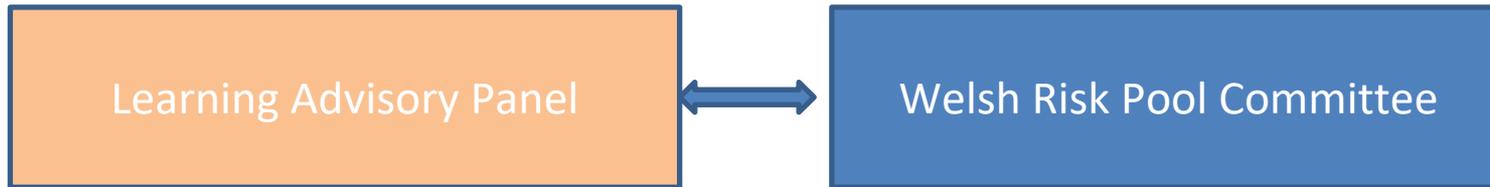
- Quorum

Maximum of 20 participants

Minimum attendees

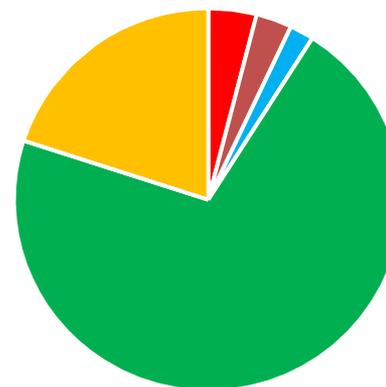
- One Co-Chair
- Head of Safety & Learning or nominated deputy
- Two Registered Healthcare Professional from NHS Wales





- WRPC Papers to still include all cases which are for consideration
- Any member of WRPC can ask to discuss any case
- All **RED** cases to be included in main WRPC cases
- All **For Discussion** cases to be included in main WRPC cases
- All cases where reimbursement exceeds **£500k** to be included in main WRPC papers
- All **AMBER GREEN** to be discussed by exception

Average Case Breakdown



■ RED ■ >£500k ■ DISCUSS ■ GREEN ■ AMBER



Former Health Authority Cases

- Currently all FHA cases are delegated to WRP for management and cases are conducted by LARS solicitors
- Since 2017 outcome reports presented to WRPC to provide scrutiny process for actions / decisions
- No formal process for decision making in respect of the conduct of cases
- The “Claims Support Officer” identified in Scheme of Delegation has not been in post since 2014
- New post of Deputy Director of Legal & Risk and Welsh Risk Pool not included in scheme of delegation
- Additionally scheme of delegation does not account for change of role title from Head of Finance (now DDoF) and does not include role of Head of Safety & Learning
- Values within Scheme of Delegation need refreshing for current case values



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Adjust WRPC TOR to add

“Establish and receive reports from the Learning Advisory Panel”

Create Learning Advisory Panel TOR

Aim

Scrutinise the learning associated with all clinical negligence and personal injury cases presented to the WRP in accordance with the reimbursement procedures and make recommendations to the WRPC

Chair

2 x Co-Chairs appointed by WRPC

Membership

- Co-Chairs
- Head of Safety & Learning or nominated deputy
- Healthcare Professionals from NHS Wales health bodies
- Claims and Redress practitioners from NHS Wales health bodies
- Invites to stakeholder and partner agencies at Co-Chair discretion

Quorum

- 1 Co-Chair
- HoSL or nominate deputy
- 2 x Healthcare professionals from NHS Wales

Frequency

- Monthly or an alternative frequency to meet the needs of the caseload

Outputs

- Recommendations of **RED** **AMBER** **GREEN** or **FOR DISCUSSION**
- Narrative report on emerging and consistent themes & trends



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AGENDA ITEM:3.2

17 September 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 July.

Llywodraethu/Governance

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

Ymgynghoriad/Consultation :

Shared Services Partnership Committee

Adduned y Pwyllgor/Committee Resolution (insert √):

DERBYN/ APPROVE	ARNODI/ ENDORSE	TRAFOD/ DISCUSS	√	NODI/ NOTE	√
Argymhelliad/ Recommendation		The Partnership Committee is to NOTE 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.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf .
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

Introduction

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

Financial Position

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 unfortunately inevitable, as discussed in my earlier report, that the risk sharing agreement for the Welsh Risk Pool will need to be invoked again this year. Detailed work is being undertaken with each of the relevant cases but it is anticipated that the final outcome will be a similar position to that reported in the IMTP. Further updates will be provided in due course.

PPE

The PPE plan is being 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.

TRAMs

The Programme Business Case is included on the agenda for approval. Significant work has been undertaken with key stakeholders in developing a number of workshops, 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. These have been endorsed by the TRAMs Project Board for approval at today's Committee.

Linked to this development would be the opportunity to establish a Quality and Safety Committee for NWSSP, which would follow similar governance principles which have been adopted when we set up the Audit Committee for Shared Services. A separate paper setting out the proposed terms of reference is also included on the agenda.

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.

In response to an initial article that appeared in the Independent Newspaper on August 12th 2020 regarding reviews of care worker deaths linked to COVID, and a subsequent statement by Welsh Government, the Medical Examiner Service has not been requested at this stage to review any cases by Welsh Government. If asked to review cases, the Medical Examiner Service would not be undertaking investigations but ensuring that they had been appropriately referred to the Coroner. The Coroner would decide on the investigation.

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 opportunity to present the business case to the Welsh Government Infrastructure Board. Further work will be required over the coming months and membership of the Project Team will be reviewed and developed to ensure that it is appropriate for the next stage of the project.

IP5

We continue to work with Welsh Government colleagues on the Strategic Outline Case to enable it to be submitted for approval. 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.

Temporary Medicines Unit

The Unit is complete and is undergoing the final checks and validations over the next few weeks with the expectation that it will be a fully licensed facility by the end of October. Recruitment to key posts has been very successful

with few remaining positions still to be filled. We continue to work with all Health Boards and Trusts to ensure minimal disruption as a result of any staff movements.

Single Lead Employer

The programme of work is progressing successfully with a number of Doctors in training and other medical professions already having started. The first pay runs have been processed by Payroll and this has gone well and will be ramped up further as larger numbers of trainees commence their studies.

This programme will help to improve the trainees' experience of working in NHS Wales and we continue to engage with HEIW to ensure a smooth transition to the new arrangements.

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 Jonathan Irvine, Director of Procurement Services, 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. Dave is staying on for the time being to assist with various projects. Mark Roscrow, the former Director of Procurement Services, will continue to lead our agreed BREXIT Preparedness Strategy.

October Planning Workshop

Finally, a reminder that invites have been sent out to all SSPC members for a planning day on Friday, October 2nd. More details will follow in due course, but your presence would be very welcome at this (virtual) event.

**Neil Frow,
Managing Director, NWSSP,
September 2020**



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AGENDA ITEM:XX

Date:

The report is Exempt

Teitl yr Adroddiad/Title of Report

All Wales TRAMS Project – Approval of Programme Business Case

**ARWEINYDD:
LEAD:** Neil Frow, Managing Director, NWSSP

**AWDUR:
AUTHOR:** Peter Elliott, TRAMS Project Manager

**SWYDDOG ADRODD:
REPORTING
OFFICER:** Neil Frow, Managing Director, NWSSP

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

For the NWSSP Committee to approve the Programme Business Case for Transforming Access to Medicines programme (TRAMS)

Llywodraethu/Governance

**Amcanion:
Objectives:** For the NWSSP Committee to approve the Programme Business Case for Transforming Access to Medicines programme (TRAMS) in NHS Wales, version 1.1

**Tystiolaeth:
Supporting
evidence:** TRAMS PBC v1.1

Ymgynghoriad/Consultation :

Significant consultation and engagement with senior pharmacy colleagues in Health Boards and Trusts in the development of a programme business case for TRAMS. A programme board is in place chaired by the WG chief pharmacist for Wales, which also includes directors of NWSSP, senior pharmacists from health boards and a health board director of finance.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE	TRAFOD/ DISCUSS	NODI/ NOTE

Argymhelliad/ Recommendation	The NWSSP Committee is requested to approve the TRAMS PBC v1.1.
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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:	The programme aims to reduce risk of prescribing errors by rationalising pharmacy production units.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Project will rationalise existing hospital pharmacy aseptic production services, in part to reduce risk of prescribing errors. The programme will enable regulatory requirements for aseptic pharmacy production to be met and reduce risk of non-compliance within existing production units in Wales.
Ariannol: Financial:	The project aims to deliver financial benefits for NHS Wales.
Risg a Aswiriant: Risk and Assurance:	Risks managed through existing programme structure risk register.
Safonau Iechyd a Gofal: Health & Care Standards:	No direct impact.
Gweithlu: Workforce:	Some impact, which will need to be worked through under the Organisational Change Process.
Deddf Rhyddid Gwybodaeth/ FOIA	None

1 BACKGROUND

The Committee will be aware of the ongoing TRAMS Project which has been running since June 2018 and resourced by NWSSP Committee approved resources. The case for a transformational change to Pharmacy Technical Services has now been developed.

The baseline version 1.0 of the Programme Business Case (PBC) was endorsed by the Project Board, Chaired by the Welsh Government Chief Pharmaceutical Officer and submitted for informal review by the Welsh Government capital team in March 2020. This version 1.1 has been developed in response to the feedback from the Welsh Government.

PBC v1.1 has been reviewed and endorsed by the Chief Pharmacists of the Health Boards and Trusts, as noted in the PBC foreword, and was approved by the TRAMs Project Board on 10 Sept 2020. It is now submitted to the Committee for approval prior to formal submission to Welsh Government.

2 KEY ISSUES

The main points that Committee members are invited to note are:

- The case is founded on service quality, continuity, and patient safety benefits
- The case also forecasts economic and financial benefits after year 4, based on a reduction in the outsourced supply of medicines
- The case also delivers benefits of increased jobs, economic activity and prosperity within Wales.
- That a new service be mobilised to carry out Pharmacy Technical Services on behalf of NHS Wales which all health boards and Trusts where appropriate.
- That this service will be delivered through NWSSP under the governance of the Shared Services Partnership Committee, which was the key outcome from the service configuration and hosting options workshop which was held in August 2020. The workshop was attended by representatives from each organisation
- The new service will require a capital investment programme of around £55m to deliver three new regional medicines hubs It also requires an element of transitional revenue funding between years 1 – 4. Funding is sought from Welsh Government.
- Approximately 220 WTE staff have been identified as having roles which would potentially transfer into the new services under the All Wales Organisational Change policy. Detailed plans are being prepared through Workforce & OD colleagues and Chief Pharmacists to ensure full and appropriate levels of engagement with staff and local staff side representatives.

- The change will act as a catalyst for significant digital initiatives and will actively support clinical transformation and upstream reconfiguration of services
- The new service will facilitate redesign of skill mixes and training pathways
- The new service will establish critical mass and standard ways of working, enabling adoption of automation and robotic production

3 Recommendation

The Shared Services Partnership Committee is requested to **approve** the PBC v1.1 prior to submission to Welsh Government

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	17/09/2020
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The report is not Exempt

Teitl yr Adroddiad/Title of Report

Temporary Medicines Unit for COVID-19 – Update & SLA

ARWEINYDD: LEAD:	Neil Frow, Managing Director
AWDUR: AUTHOR:	Peter Elliott, Project Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Neil Frow, Managing Director

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

This paper gives a progress update, and requests Committee approval for a Service Level Agreement between NWSSP and the Health Boards in support of the Temporary Medicines Unit for injectable medicines due to the impact of COVID-19.

Llywodraethu/Governance

Amcanion: Objectives:	<p>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.</p> <p>Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p>Staff - To have an appropriately skilled, productive, engaged and healthy workforce.</p>
Tystiolaeth: Supporting evidence:	-

Ymgynghoriad/Consultation :

Welsh Government, Chief Pharmacists' Group, Health Board and Trust Medical Directors.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE	TRAFOD/ DISCUSS	NODI/ NOTE
Argymhelliad/ Recommendation		The Committee is asked to approve the attached Service Level Agreement in support of the Temporary Medicines Unit.		

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
Cyfreithiol: Legal:	No direct impact
Iechyd Poblogaeth: Population Health:	The service is being introduced to improve the health of the population in response to the impact of COVID-19.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The service is being introduced to improve the health of the population in response to the impact of COVID-19.
Ariannol: Financial:	The Service Level Agreement sets out the financial controls for ordering and receipt of medicines.
Risg a Aswiriant: Risk and Assurance:	No direct impact
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open

Temporary Medicines Unit for COVID19 Project Update

SITUATION

Setting up of a Temporary Medicines Unit service within NWSSP was approved by SSPC on 18 May 2020, with capital and revenue funding provided by Welsh Government. Implementation is ongoing.

A Technical Agreement for the supply of medicines was approved by SSPC in July 2020.

The proposed Service Level Agreement sets out the financial arrangements and controls for ordering and receipt of medicines.

CAPITAL BUILD

Build of the Medicines Preparation Unit is now at an advanced stage of completion. Works ongoing at the present time include:

- Installation of the Intruder Alarm
- Connection of the Fire Alarm
- Crash barriers to protect the new unit from warehouse vehicles

Completion of the Clean Room build was delayed by around 4 weeks owing to the need to replace an off-specification part. The payment milestone for practical completion has been delayed pending resolution of this issue. The replacement part has now be delivered to the supplier and is expected to be installed on Mon 21 Sept. This will complete the physical build works.

CAPITAL SPEND

The project remains on target within the **£577,528** reported to the July meeting of the Committee.

VALIDATION

All documentation to define the validation processes (DQ/IQ/OQ/PQ) has been completed and signed off.

The contractor will now commence their validation in 21 Sept, expected to last one week.

This will be followed by six weeks of TMU staff validation activities, including:

- Baseline measurements
- Three deep cleans by a specialist contractor
- Three further measurement cycles
- Cabinet validation
- Equipment validation
- Staff & process validation

These activities are now forecast to conclude on Fri 6 Nov.

Allowing one further week for a review of all the documentation, the likely date for submission of our MHRA applications is now Fri 13 November.

- MHRA recognise that this project is COVID related and time critical. Active engagement with MHRA to understand their fast track approval process and expectations is ongoing. Both the Accountable Pharmacist and the Regional QA lead are actively participating in these discussions. Health Board staff, working flexibly on honorary engagements to NWSSP are also actively supporting preparation of the necessary documentation.

All other regulatory approvals are in place.

We retain the option to open under the Section 10 exemption in the Medicines Act if the COVID situation should require it before our MHRA licenses are granted.

REVENUE COSTS

The allocated revenue budget is forecast to meet staff and non staff operating costs up to March 2021. Monthly finance reviews are taking place to track this spend.

Recruitment actions have progressed well and we expect to mobilise our full team of staff by the end of October, including both staff recruited from Health Boards, and new staff from outside NHS Wales.

The Chief Pharmacists Group have supported us with suitable flexible arrangements, ensuring labour is available at key times to enable the unit to be brought into use, without destabilising core Health Board services.

GOVERNANCE ARRANGEMENTS

The July meeting of SSPC approved a *Technical Agreement* between NWSSP and the Health Boards for the supply of medicines.

Since that date two further *Technical Agreements* have been prepared: with NWSSP Health Courier Services, covering transport of medicines; and with Public Health Wales, covering environmental monitoring.

A single over arching Service Level Agreement (SLA) covering the financial controls and arrangements for ordering medicines from the service has now been prepared.

This SLA and the two new TAs are now presented to the Committee for **approval**.

SERVICE LEVEL AGREEMENT

Aseptic preparation and supply of intravenous injections through a Centralised Intravenous Additives Service (CIVAS)

Contract Giver (CG)

Aneurin Bevan University Health Board
Cardiff and Vale University Health Board
Cwm Taf Morganwg University Health Board
Swansea Bay University Health Board
Hywell Dda University Health Board
Betsi Cadwaladr University Health Board

Contract Acceptor (CA)

NHS Wales Temporary medicines Unit, NWSSP (TMU)
Imperial Park Building No. 5
Celtic Way,
Newport
NP10 8BE

Reference to Purchase Orders and Quality Technical Agreement

This Service Level Agreement is a supplement to any **Purchase Orders** placed by the CG to the CA and the **Quality Technical Agreement** between the CA and QG for this service.

Service description

Health Boards in Wales (CG) have increased the number of Intensive Care beds as part of contingency planning for the COVID 19 pandemic. Welsh Government has anticipated increased demand for intravenous infusions as a result of this expansion and established a Temporary Manufacturing Unit (TMU) to supplement existing UHB CIVAS capacity.

The CA will provide a Centralised Intravenous Additives Service, preparing supplying injectable medicines to UHBs in Wales for use in Intensive Care Units.

Within the duration of the agreement the CA will:

- Maintain Home Office Domestic Controlled Licence and General Pharmaceutical Council Premises (GPhC) Registration
- Undertake the necessary regulatory development work for a MHRA manufacturers' Specials (MS) licence and make a licence application.

Prior to MHRA licence approval the CA will operate under Section 10 exemption from the Medicines Act 1968.

Once a MHRA MS licence is granted, the CA will withdraw its GPhC registration.

Duration

This Service Level Agreement will be in-place from the date of the final signature of approval until 31st March 2021. Within this period the agreement can be reviewed at the request of either party.

Products and volumes

Product range and volumes are agreed by the CG and the Wales Chief Pharmacists Committee and likely to change within the duration of this agreement. These details are not included in this document.

Costing and invoicing

The CA EDS computer system will be used for purchase, inventory management, production and sales. Medicines and of batch specific consumables (starting materials) will be purchased using EDS. The EDS Production Module will be used to transfer starting materials to finished goods.

Purchases and sales

CG pharmacies will generate purchase orders according to local need, using the EDS, JAC or Wellsky computer systems and transfer these orders to the CG by EDI, Fax, e-mail or post. The CA will use the EDS Sales Module to issue finished goods in response to these purchase orders. A diagram show the flow of goods through EDs is shown in Appendix 1.

Pricing

The EDS calculates an average price for each item based on the quantity of each item in stock and the prices that was paid for the item. Production Module uses the average price of the item, the approved recipe for the finished good and the batch yield to calculate a price for the finished good.

Prices charged for finished goods will include only the costs of medicines and directly attributable consumables.

Other staff and non-staff costs will not be passed on to the user Health Boards.

Receipting

The CG pharmacies will receipt the goods into stock using EDS, JAC or Wellsky computer systems.

Invoicing

Transaction data will be transferred from EDS, JAC or Wellsky to Oracle through currently established feeds. Invoicing between NWSSP and user UHBs will be carried out through existing NHS Wales arrangements.

Performance Monitoring and Service reviews

A monthly Operational Report will be submitted to the TMU Board. This will include the following Key Performance Indicators below:

Quality

- Complaints (Datix/Number)
- Internally detected errors / process deviations (Q-Pulse/Number)

Service delivery

- Orders received (Number of order/items by product by UHB)
- Completion of user orders – On-time-in-full (OTIF %)

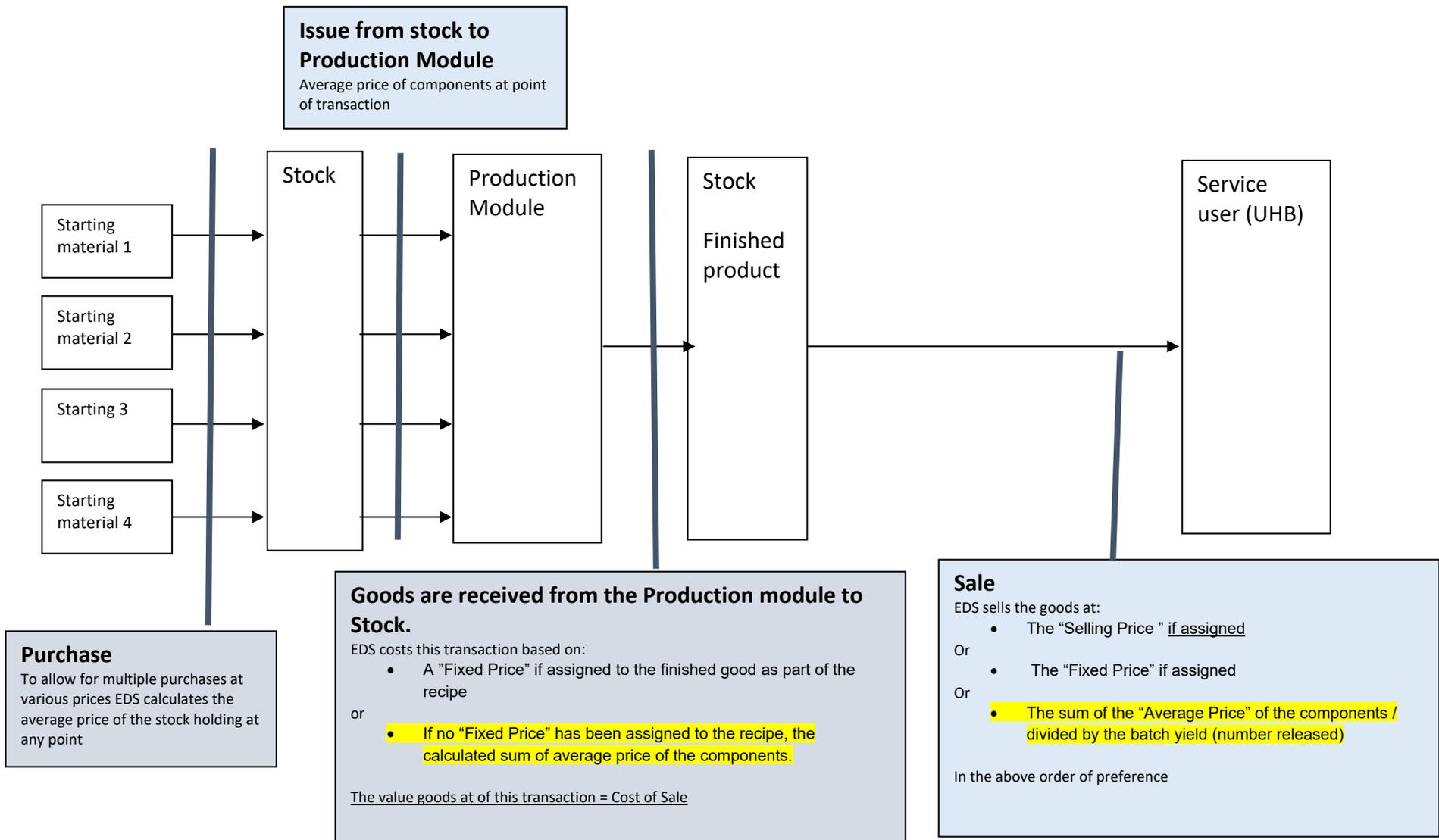
Finance

- Monthly financial position

Final Provision

Amendments of this Service Level Agreement may only be carried out by mutual consent and shall be made in writing.

Appendix1 – Flow of Goods through EDS



Approvals

NHS Wales Shared Services Partnership Committee on behalf of

Aneurin Bevan University Health Board
Cardiff and Vale University Health Board
Cwm Taf Morganwg University Health Board
Swansea Bay University Health Board
Hywell Dda University Health Board
Betsi Cadwaladr University Health Board

Date

QUALITY TECHNICAL AGREEMENT

FOR MICROBIOLOGICAL SERVICES

Contract Giver (CG)

NHS Wales Temporary medicines Unit, NWSSP (TMU)

Imperial Park Building No. 5
Celtic Way,
Newport
NP10 8BE

Contract Acceptor (CA)

Public Health Wales (PHW) Microbiology

University Hospital Llandough
Penlan Road,
Penarth,
Cardiff
CF64 2XX

DRAFT Quality Technical Agreement

1. Description of service

Microbiological testing, advisory and reporting service.

Activities will include:

- Incubation, quantification, biological kingdom level identification, MALDI identification where indicated (and enumeration of all Environmental Monitoring plates and swabs.
- Provision of appropriate Microbiological advice on request to facilitate the interpretation of results
- Incubation of media and plates for the Microbiological Validation of the following: Operator, Product, Process and of Cleaning as and when the Validations are performed by TMU

Reference to SLA / Purchase agreement

This Technical Agreement is a supplement to any financial agreement or Purchase Orders placed by the Contract Giver to the Contract Acceptor.

2. Duration

This technical agreement will be in-place from the date of the final signature of approval until 31st March 2021. Within this period the agreement can be reviewed at the request of either party.

3. Scope of Agreement

This agreement defines the roles and responsibilities between the CG and the CA relating to the provision of a microbiological testing, advisory and reporting service.

All parties agree as follows:

- The CA is a provider of microbiological services.
- The CG is a NHS pharmaceutical manufacturer

The CA hereby acknowledges that the CG is relying on the skill and experience of the CA in the microbiological services under this agreement and the CA accordingly warrants to the CG that the products shall be transferred safely and securely. The purpose of this technical agreement is to ensure that the requirements and expectations of the CG to the supply of Microbiological testing procedures provided by the CA are of the quality standards expected by the CG. In addition, this agreement shall serve to specify the technical and GMP responsibilities of the respective parties.

Both parties will strictly observe the detailed responsibilities which are specified below.

DRAFT Quality Technical Agreement

4. Regulatory information

Within the duration of the agreement the Contract Giver will undertake the necessary regulatory development work for a MHRA manufacturers' Specials (MS) licence and make a licence application.

The PHW Microbiology Laboratory, University Hospital Llandough will be named as a Contract Laboratory on the MHRA MS Licence application and subject to inspection at the discretion of the MHRA.

5. Communication arrangements

Good communication between the Contract Giver and the Contract Acceptor is necessary. The CG and CA will provide nominated individuals as primary contacts.

6. Subcontracting

CA must ensure a robust contingency plan has been arranged to ensure continuity of the service.

CA shall not delegate or sub-contract any of the work entrusted to it under the Contract Agreement without prior evaluation and approval of CG.

Any such arrangements made between CA and any approved third party shall ensure that the information relating to this contract is made available and remains confidential in the same way as between CG and CA. CA shall be responsible for inherent responsibilities of their sub-contractors.

7. Performance monitoring and service reviews

The CA's performance will be monitored and measured for all elements detailed in this Quality Technical Agreement. Failure to perform and provide the service level specified within this agreement will be discussed when required and at regular performance review meetings by both parties.

An annual service review will be conducted either virtually or face to face as appropriate.

8. Confidentiality

Each party agrees on behalf of itself and its employees not to disclose this agreement or any part of it to any third party, either in writing or verbally, without the prior written consent of the other.

The CG and the CA are mutually obliged to secrecy about their mutual know-how. After termination of this contract, neither of the contracting parties may use the know-how of the other party, made known to him as part of this contract, without consent of the other party.

9. Final Provision

Amendments of this agreement may only be carried out by mutual consent and shall be made in writing.

DRAFT Quality Technical Agreement

10. Responsibilities

General

Activity	Contract Giver	Contract Acceptor
Assessment of the legality, suitability and competence of the CA.	✓	
Monitoring and review of the performance of the CA and compliance with the agreement.	✓	
Provision of adequate testing materials, storage facilities, equipment and staff to satisfactorily carry out the service		✓
Maintenance of equipment and where appropriate independent annual calibration and temperature mapping		✓
Purchase of media, media filled plates and swabs which are used to perform testing and validation	✓	
Responsibility for the Quality and conformance to GMP of the materials purchased to perform testing validation.	✓	

Communication

Activity	Contract Giver	Contract Acceptor
Nomination of individual(s) as point of contact for purchasing and operational queries.	✓	✓
Issue of a monthly Management of Key Performance Indicator (KPI) Report (KPI)		✓
Annual service review meeting	✓	✓

Regulatory

Activity	Contract Giver	Contract Acceptor
Operation of aseptic preparation service in compliance with <i>Quality Assurance of Aseptic preparation Services</i> 5 th Edition (2016) and ensure it is adequately resourced.	✓	
Purchase, storage and distribution of medicines and media in compliance with Good Distribution Practice.	✓	

DRAFT Quality Technical Agreement

Activity	Contract Giver	Contract Acceptor
Operation of a Pharmaceutical Quality System in compliance with <i>EU Guidelines for Good Manufacturing Practice for Medicinal Products for Human and Veterinary Use (2015), Chapter 1 Pharmaceutical Quality System and Quality Assurance of Aseptic preparation Services 5th Edition (2016)</i> and ensure it is adequately resourced.	✓	
Maintenance of UKAS Accreditation		✓

Operational

Activity	Contract Giver	Contract Acceptor
Operate the service in accordance with respective Standard Operating Procedures.	✓	✓
Provide details of testing methodologies for review to assure to CG on request		✓
Incubation of all media as soon as possible after receipt.		✓
Incubation of media under the same temperature and time conditions as detailed in Appendix 1		✓
Inform CG immediately of any significant changes to work schedules that will affect the routine service provided.		✓
Provide an appropriate level of advice to the CG in the event of unusual or out-of-specification results, untoward events or trends		✓
Report Environmental Monitoring results using MRS		✓

Audit

Activity	Contract Giver	Contract Acceptor
Facilitation of periodic external audit by the All Wales QA Pharmacist or nominated deputy on behalf of WG and the CG		✓
Facilitation of external audit by MHRA as required		✓
Making all audit reports available to the CG		✓
Responding to external auditors on any matters relating to CG following consultation with CG		
Undertaking any necessary remedial action identified in external audit and inform the CG.		✓

DRAFT Quality Technical Agreement

Records

Activity	Contract Giver	Contract Acceptor
Maintenance of records of testing methodologies, Standard Operating Procedures, environmental monitoring and test results.		✓
Maintenance of all equipment within calibration and retention of certificates		✓
Maintenance and monitoring of controlled temperature storage using a system which can be regularly calibrated and is traceable to national standards in a facility that is periodically temperature mapped		✓
Providing any documents pertaining to microbiological testing and records listed above to the CG, on request.		✓
Retention of records for a duration in compliance with current guidance https://www.sps.nhs.uk/articles/retention-of-pharmacy-records .		✓

Incidents and complaints

Activity	Contract Giver	Contract Acceptor
Urgently inform CG of any information concerning any incident related to the Microbiological Testing activities that prevents normal service provision or causes the product, to be deemed adulterated. Examples are: any bacteriological contamination.		✓
Acknowledgement of all complaints within 24 hours.		✓
Record complaints using a standardised format		✓
Provision of reports detailing investigation, corrective and preventative action within 10 working days.		✓
Maintain a log of all CG related complaints and incidents which will be available for inspection at any time and submitted to the CG on an annually to show: <ul style="list-style-type: none"> • Initial complaint and date • Action taken • Action taken to prevent recurrence 		✓

DRAFT Quality Technical Agreement

Change control

Activity	Contract Giver	Contract Acceptor
Informing the CG of any change in the facilities, equipment and testing methodologies, or Standard Operating Procedures in advance of implementation.		✓

11. Contract acceptor's list of subcontractors

DRAFT Quality Technical Agreement

Appendix 1 Handling and reporting of samples

Media	Incubation Temperature	Incubation Time	Read at	Report as
Tryptone Soya Agar (TSA) plates	20-25°C 30-35°C	3 days 2 days	End of incubation	Number of Colony Forming Units (CFU) / plate
Tryptone Soya Broth (TSB) e.g. Media fills	30-35°C	14 days	7 days and end of incubation	Turbidity
Sabouraud Dextrose Agar (SDA) plates	20-25°C	7 days	End of incubation	Number of Colony Forming Units (CFU) / plate

For settle plates, contact plates, swab plates, active air plates and finger dabs in all EU GMP Grade A and B areas, the species of micro-organisms will be identified by MALDI ToF. The maximum turnaround time for results will be 2 weeks after the identification of growth or receipt of sample.

For Settle plates, contact plates, active air plates and finger dabs in all EU GMP Grade A and B areas, there will be a requirement to identify Fungi, Moulds and Yeasts. The turnaround time for results will be 4 weeks after the identification of growth or receipt of sample.

DRAFT Quality Technical Agreement

Approvals

	Contract Giver	Contract Acceptor
Signature		
Name		
Position		
Date		



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:

17/09/2020

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Single Lead Employer Programme

**ARWEINYDD:
LEAD:**

Malcolm Lewis, Medical Director NWSSP

**AWDUR:
AUTHOR:**

Rhys Owen, Project Manager NWSSP PMO

**SWYDDOG ADRODD:
REPORTING OFFICER:**

Gareth Hardacre, Director of Workforce & OD
NWSSP

**MANYLION CYSWLLT:
CONTACT DETAILS:**

Rhys Owen, Project Manager NWSSP PMO

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

The purpose of this report is to update the SSPC on the Single Lead Employer programme

Llywodraethu/Governance

**Amcanion:
Objectives:**

To develop and implement an extension of the Single Lead Employer model to all foundation and medical trainees along with dental and pharmacy trainees in training in NHS Wales

**Tystiolaeth:
Supporting
evidence:**

None

Ymgynghoriad/Consultation:

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

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:	<p>Access to the Standards can be obtained from the following link;</p> <p>http://gov.wales/docs/dhss/publications/150402/standardsen.pdf</p>
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	<p>Open or closed (i.e. is the information exempt)</p> <p>Assess if the information can be disclosed into the public domain, if not it will need to be presented as a part 2 agenda item.</p>

Single Lead Employer Programme

1. CEFNDIR/BACKGROUND

The Single Lead Employer (SLE) model for GP Specialty Trainees (GPSTs) was first piloted within NHS Wales Shared Services Partnership (NWSSP) for the new intake to the February 2015 rotation. This was quickly recognised as a great success with many benefits for the GPSTs included in the pilot and the model was rolled out to all GPSTs on a quicker timeline than was previously planned.

Following this success, medical trainees in other specialties have also sought to experience the benefits of working as part of a SLE model. In 2018, NWSSP was approached by HEIW with a request for the Pre-registration Pharmacists and Dental Foundation Trainees to join the SLE model from August and September 2020 respectively.

In 2019, HEIW undertook an options appraisal considering the potential for all core and specialty medical trainees in NHS Wales to be part of a SLE arrangement and identified a range of options for this to be undertaken.

In late 2019, NWSSP was identified as the preferred provider of this service and work has commenced for the phased intake of trainees from August 2020.

2. Current Progress

The scheme commenced in January 2020 with programme board established shortly after. To support the planning and development several key tasks and milestones were identified and the progress towards these is shown below:

Tasks

- Interim F1s on-boarded between May-July (Urgent COVID support)
- F1s on-boarded August 2020
- Trainee Pharmacists on-boarded September 2020
- Paediatrics on-boarded September 2020
- Dental Foundation Trainees on-boarded September 2020
- Radiology Trainees to be on-boarded in November 2020
- Employment Management Agreements at stage for approval and Programme Board have had sight of these – 7th September 2020

Programme Work streams

- Occupational Health, Finance, Legal and Risk and Operational Workforce work streams set up and in progress alongside an operational project team.

Workstream progress

- Finance – 043 testing worked through with Health Boards
- Finance – payment schedule discussed with Health Board Finance Leads and included within Employment Management Agreements
- Legal – walk through meeting of Employment Management Agreements held with Health Boards and HEIW
- Occupational Health – Process being mapped for OH records to ensure they go into 043 ESR
- Occupational Health – Awaiting draft Standard Operating Procedure From Occupational Health Nurses Forum
- Operational Medical Workforce – Draft Operational Procedure for application of Employment Policies Shared. Further flow charts under development.

Stage 1 on-boarding timeline

Specialty	May-July	Aug20	Sep20	Oct20	Nov20	Feb21	Aug21
Interim F1s							
F1s							
Pre-Registration Pharmacists							
Dental Foundation Trainees							
Paediatrics							
Anaesthetics				<i>Postponed (COVID-19) New date Feb or Aug 21</i>			
Radiology							
F2s/additional specialties							
Remaining specialties							

Risks (as detailed in Programme Board Highlight report)

Programme Risks (Above threshold e.g. >15) (the full list of risks are captured in the risk register)	
Risk	Action/mitigation
COVID-19 Coronavirus - delay in overseas trainees starting	Aware of individuals that would be starting in August who could be impacted by this
COVID-19 Coronavirus - availability of resource to undertake the work required to implement project	See below Payroll, expenses and SLE workforce risks
Dental Foundation Trainees (Dental Performers regulations)	PCS have written to Welsh Government to ask if an amendment can be made quickly to the regulations – 3 month timeframe for these amendments to be made between 1/09/20 – 01/12/20
Expenses resources - 2730 accounts to activate/amend for August Rotations alone this does not include any movement in September. There has been a delay in getting all of the information together and there is still some missing information. This means that expense claims for August will not be paid in September and payment will be made in October provided individuals submit claims in time for approval.	Expenses are working on the accounts both manual and uploads, will then get a notice out to staff to advise work is completed. Realistically this means that even if the work is completed by 04/09/20 evening employees would then have to submit a claim and have it approved by Sunday night. Additionally expenses have not been notified as yet of the approvers for business expenses which may produce an error when submitting a claim
Payroll and SLE workforce resource pressure – DFTs and Paediatrics payroll processing of 200 employees which can take approx. 20 minutes to do each (66 hours) Payroll require support in getting this through on time for payroll cut offs of 17/09 and 30/09. COVID has impacted payroll with additional work along with other payroll teams across Wales	Payroll requesting support from payroll teams across Wales to process all 200 employees onto payroll in readiness for payroll cut offs. Workforce have offered support where they can on this.

3. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

NOTE and DISCUSS the progress made to date.



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Governance Framework to support the management and operating arrangements to facilitate the Expansion of the Single Lead Employer function within NWSSP

ARWEINYDD: LEAD:	Malcolm Lewis, Medical Director and Programme Lead , Single Lead Employer Programme Board
AWDUR: AUTHOR:	Sarah Evans, Deputy Director of Workforce and OD
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Hardacre, Director of Workforce & OD

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

The purpose of this report is to update NHS Wales Shared Services Partnership (NWSSP) Committee in relation to the progress in developing the operating and management governance framework required to support the expansion of the current Single Lead Employment (SLE) Model.

The report also seeks final approval on the following suite of documents which have now been signed off by the Single Lead Employer Programme Board ,held on 7th September 2020.

The following suite of documents which have been updated and agreed via Programme Board :-

1. An Employment Management Agreement between NWSSP and Health Boards/NHS Trusts relating to the employment of foundation doctors, foundation dentists, pre-registration pharmacists, medical and dental core trainees, specialty medical and dental training registrars and specialty general practice registrars in Wales .
2. An Employment Management Agreement between NHS Wales Shared Services Partnership and HEIW (the regulatory body for Education and Learning in NHS Wales) relating to the employment of a number trainee professionals, namely, foundation doctors, foundation dentists, pre-registration pharmacists, medical and dental core trainees, specialty medical and dental training registrars and specialty general practice registrars in Wales
3. An Employment Management Agreement between NHS Wales Shared Services Partnership and commercially/private owned Pharmacies relating to the employment arrangements for pre-registration pharmacists in Wales;
4. An Employment Management Agreement between NHS Wales Shared Services Partnership and privately owned Dental Practices relating to the employment arrangements for Foundation Dentists in Wales;

NWSSP Committee are also asked to note that the Dental Performers Regulations have yet to be amended to reflect the Single Lead Employment Model, the potential risks aligned to this issue (Appendix F) and the action that has been taken to update the regulations to reflect a Single Lead Employment Model for foundation dentists.

Llywodraethu/Governance

Amcanion: Objectives:

- **Value for Money** – Will deliver real term savings and service quality benefits to our customers through the reduction of administration costs associated with the reduction of payroll transactions, monitoring of professional registrations, DBS, Mandatory & Statutory training compliance
- **Excellence** – The SLE model will deliver process excellence through a focus on continuous service improvement, automation and the use of technology.
- **Excellence**- Trainees will be pre-screened when they rotate to a different Health Board thus avoiding unnecessary duplication of pre-employment checks ;
- **Staff** – Trainees will only require one round of employment checks prior to the start of their Training. This will have significant benefits to the trainee, as they will no longer be required to change employer when they rotate as part of their training to different Health Boards.
- **Staff** -Trainees will be managed by one employer and have one point of contact for queries relating to their pay, terms and conditions of employment, travel expenses etc.

Tystiolaeth: Supporting evidence:

Legal and Privileged advice

Ymgynghoriad/Consultation :

Adduned y Pwyllgor/Committee Resolution (insert v):

DERBYN/
APPROVE

v

ARNODI/
ENDORSE

TRAFOD/
DISCUSS

v

NODI/
NOTE

v

Argymhelliad/ Recommendation

The Committee are asked to:

Approve the attached draft SLE documentation (Appendices A to D) which will allow the Managing Director, NWSSP to sign on behalf of the Committee in line with current delegated authority as detailed in paragraph 8.2.2 of NWSSP's Standing Orders.

Note that the Dental Performers Regulations have yet to be amended to reflect the Single Lead Employment Model and the potential risks aligned to this issue (Appendix G) along with the action that is being undertaken to update the regulations to reflect a Single Lead Employment Model for foundation dentists.

Crynodeb Dadansoddiad Effaith:

Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
Cyfreithiol: Legal:	
Iechyd Poblogaeth: Population Health:	No direct Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The SLE model will deliver process excellence through a focus on continuous service improvement, automation and the use of technology.
Ariannol: Financial:	The SLE model will deliver real term savings and service quality benefits to our customers through the reduction of administration costs associated with the reduction of payroll transactions, monitoring of professional registrations, DBS, Mandatory & Statutory training compliance
Risg a Aswiriant: Risk and Assurance:	A Risk Register detailing the risks and actions to be taken to mitigate any risks will be developed as part of the Programme Board arrangements.
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	Improved recruitment and retention of trainees Improved morale of trainees
Deddf Rhyddid Gwybodaeth/ FOIA	Not applicable currently

Expansion of the Single Lead Employment Arrangements Service Level Agreements and Operational Arrangements

BACKGROUND:

At July's NWSSP Committee Meeting, four draft Employment Management Agreements were presented to NWSSP Committee 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 the Agreements had not been fully reviewed and endorsed by the SLE Programme Board because it was not scheduled to meet until the 28th July 2020.

NWSSP Committee agreed that the Managing Director, NWSSP could sign the documentation on behalf of the Committee in line with current delegated authority as detailed in paragraph 8.2.2 of NWSSP's Standing Orders subject to: -

- The agreement being endorsed and signed off by the SLE Programme Board and
- Any changes are agreed first through Chairs action and reported to the Committee Meeting in September 2020

Following the SLE Programme Board, a number of meetings have been held in August between the respective organisations involved in the Single Lead Employment 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.

At the SLE Programme Board held on 7th September 2020, the following suite of documents were endorsed for submission to NWSSP Committee for final approval -

1. An Employment Management Agreement between NWSSP and Health Boards/NHS Trusts (Appendix A) relating to the employment of foundation doctors, foundation dentists, pre-registration pharmacists, medical and dental core trainees and specialty medical and dental training registrars and specialty general practice registrars in Wales.
2. An Employment Management Agreement (Appendix B) between NHS Wales Shared Services Partnership and HEIW (the regulatory body for Education and Learning in NHS Wales) relating to the employment of a number of trainee professionals, namely, foundation doctors, foundation dentists, pre-registration pharmacists, medical and dental core trainees, specialty medical and dental training registrars and specialty general practice registrars in Wales
3. An Employment Management Agreement (Appendix C) between NHS Wales Shared Services Partnership and commercially/privately owned Pharmacies relating to the employment arrangements for pre-registration pharmacists in Wales;

4. An Employment Management Agreement (Appendix D) between NHS Wales Shared Services Partnership and privately owned Dental Practices relating to the employment arrangements for Foundation Dentists in Wales;

For completeness schedules 1a-c (Appendix E) are attached as they are referred to in both the Employment Management Agreements between NWSSP and Health Boards/NHS Trusts and between NWSSP and HEIW.

NWSSP Committee are asked to **approve** the attached revised suite of Documents so that these can now be signed off by the Managing Director and issued to Health Boards and Host Organisations for signing.

ALIGNMENT OF THE SINGLE LEAD EMPLOYMENT MODEL WITH THE DENTAL PERFORMERS LIST

A number of risks (Appendix F) been identified which relate to the fact that the Dental Performers Regulations specify that under the current regulations Foundation Dentists should be supervised by an Educational Supervisor in the Dental Practice they are placed in during their Foundation Training and that the Foundation Dentist should also be contracted to work by the Dental Practice. The Dental Performers Regulations therefore do not align with the Single Lead Employment Model.

The requirement to change to the Dental Performers regulations to ensure they align with the Single Lead Employment model was raised earlier this year with the Chief Dental Officer, Welsh Government by HEIW who received a response on 22nd May 2020. This response was shared with NWSSP, Legal and Risk Department who provided updated advice issued on 25th August 2020 . (Appendix F)

Rather than delaying the entry of the Foundation Dentists into the Single Lead Employer model and Dental Performer lists on 01.09.20, NWSSP have agreed to employ all Foundation Dentists and on board the Foundation Dentists onto the performers list under the three-month grace period. This has provided a window of opportunity between now and 01.12.20 to change the regulation and fully on board all Foundation Dentist under amended regulation as of 01.12.20.

NWSSP are working closely with Welsh Government and the Chief Dental Officer to change the regulation. Feedback from Welsh Government is that the legislation can be amended and come into force on 1 December 2020.

RECOMMENDATION:

NWSSP Committee are asked to: -

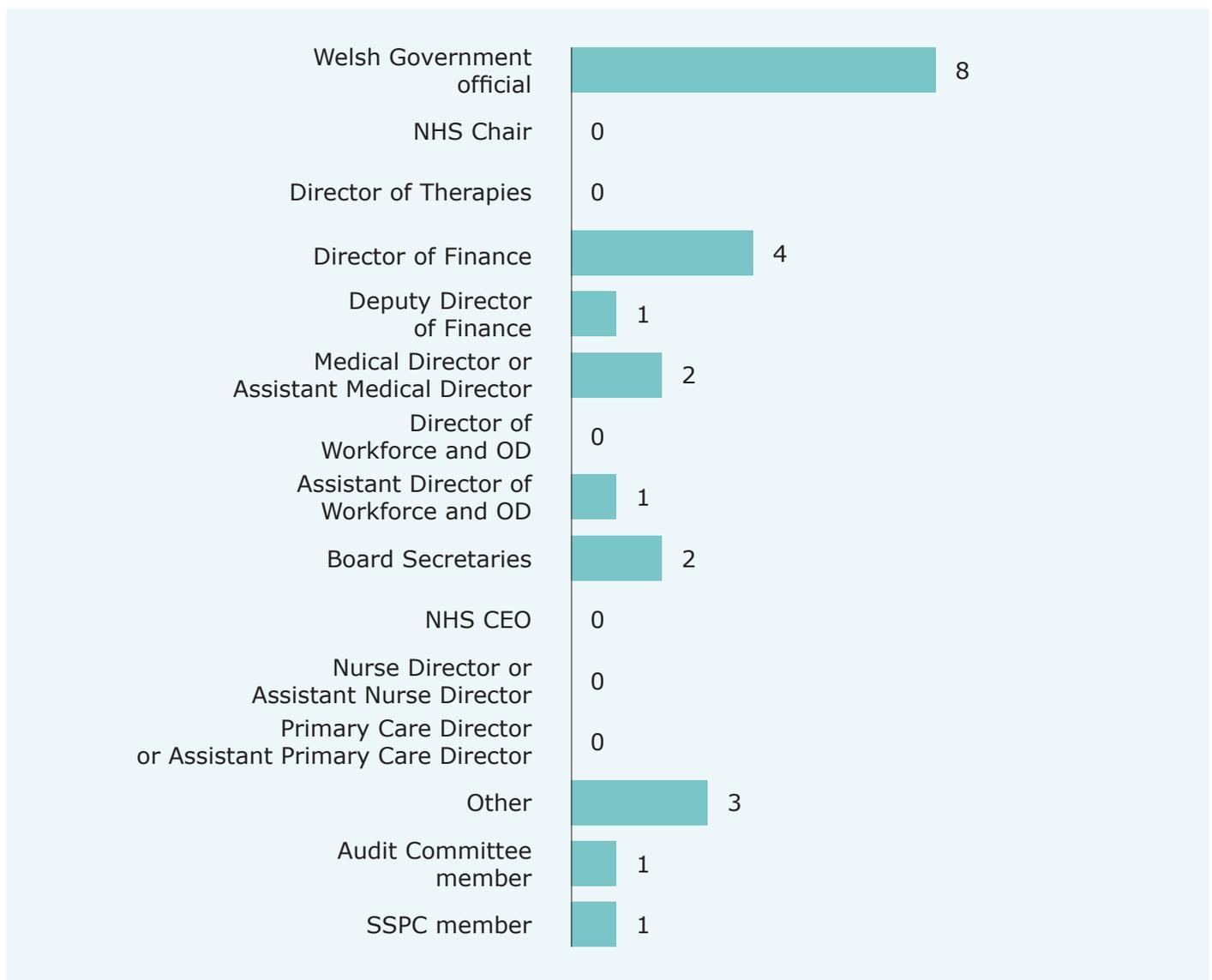
Approve the attached draft Employment Management Agreements (Appendices A to D) and agree that the Managing Director, NWSSP sign the documentation on behalf of the Committee in line with current delegated authority as detailed in paragraph 8.2.2 of NWSSP's Standing Orders.

Note that the Dental Performers Regulations have yet to be amended to reflect the Single Lead Employment Model and the potential risks aligned to this issue (Appendix F) and the action that is currently being undertaken to update the regulations to reflect a Single Lead Employment model for foundation dentists.

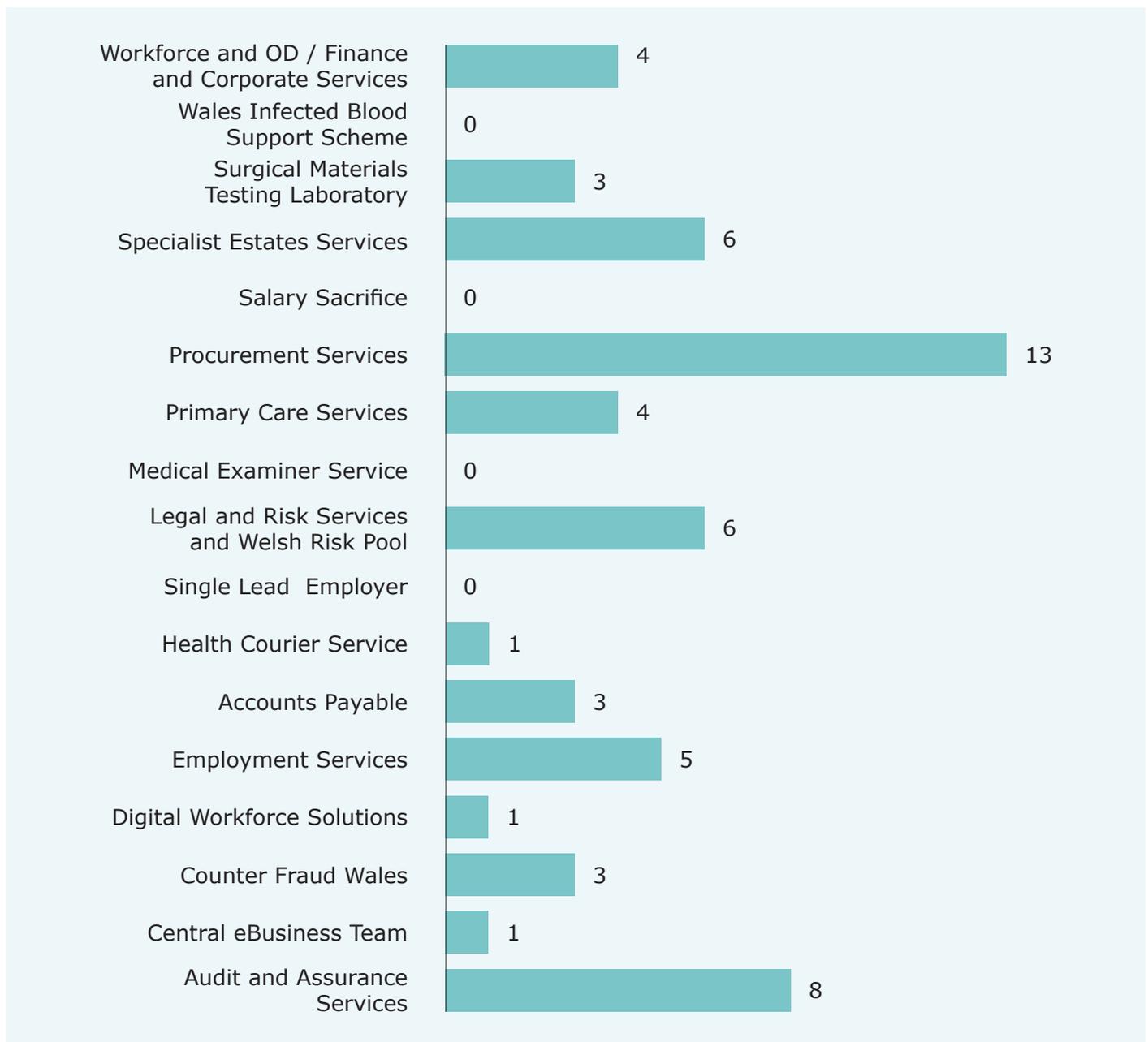
NHS Wales Shared Services Partnership

COVID-19: Customer Survey Results

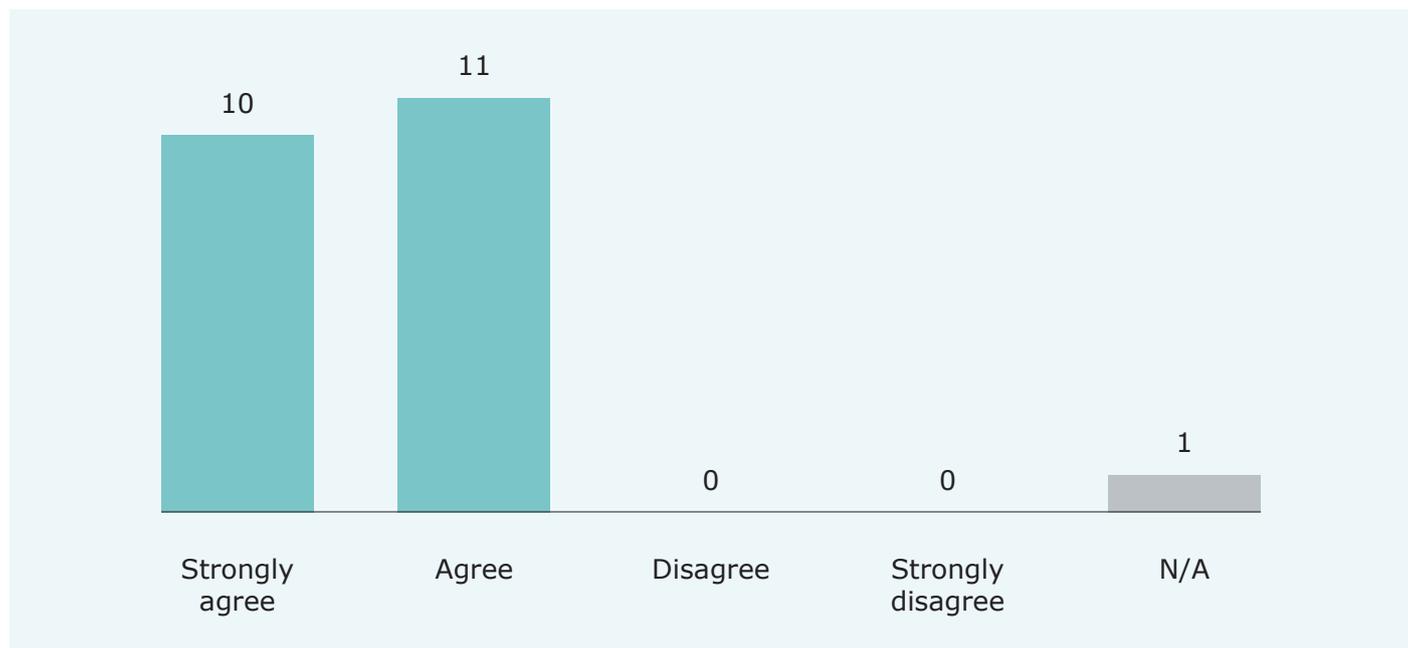
Question 1 – Please tick the box which applies to you



Question 2 – Please indicate which of the following service areas you have used during the pandemic



Question 3 – “NWSSP has met your requirements with regards to supporting your response to the pandemic”



Please provide examples to help us to respond

Staff eager to work collaboratively with others.
Fundamental to our procurement , storage and distribution of health countermeasures.
Our usual contacts have been available and able to respond appropriately.
NWSSP has demonstrated incredible leadership, resilience and innovation during the pandemic. In particular, NWSSP’s work on the procurement and distribution of PPE, supplies and equipment has been outstanding, particularly given the significance of the complexities, challenges and risks faced.
Excellent response from procurement colleagues. Internal audit colleagues have been flexible in their support.
Our procurement and employment teams have been fantastic, rising to the challenge C19 represented.
Once Virtual PEC appointments were set up these have been helpful to ensure safe recruitment. Timelines have been variable due to timeline choices given to applicants. There have been some challenges with the COVID Hub Wales platform where we have raised concerns in relation to information sharing, stakeholder involvement and experiences.

The Contracting Team liaises with the various sections of the Primary Care Services Team on a daily basis. I have noticed no change in the overall service received from PCS which is a positive thing as it has enabled us to carry on with business as usual as much as has been possible. The only change which has affected our department is the cessation of processing GP practice claims through Open Exeter. This could have been better managed by consulting with Health Boards before making the decision on the process to be followed and could also have been better communicated to practices. I am aware that FAQs were posted but there have been and continue to be many queries from practices on the operational aspects of this approach.

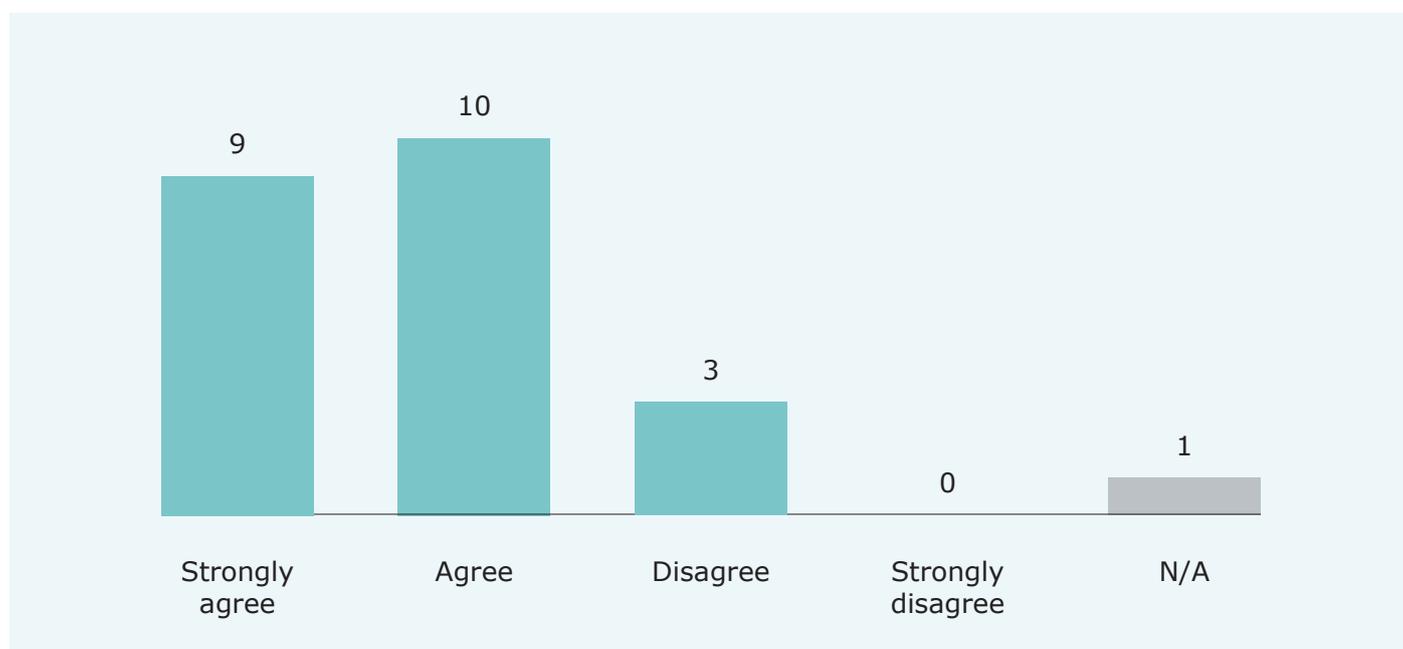
Audit team have been flexible in their approach and available to discuss issues and support the Audit Committee during the pandemic.

Good early procurement and legal advice (general) to help guide during initial outbreak. Procurement response has been fantastic.

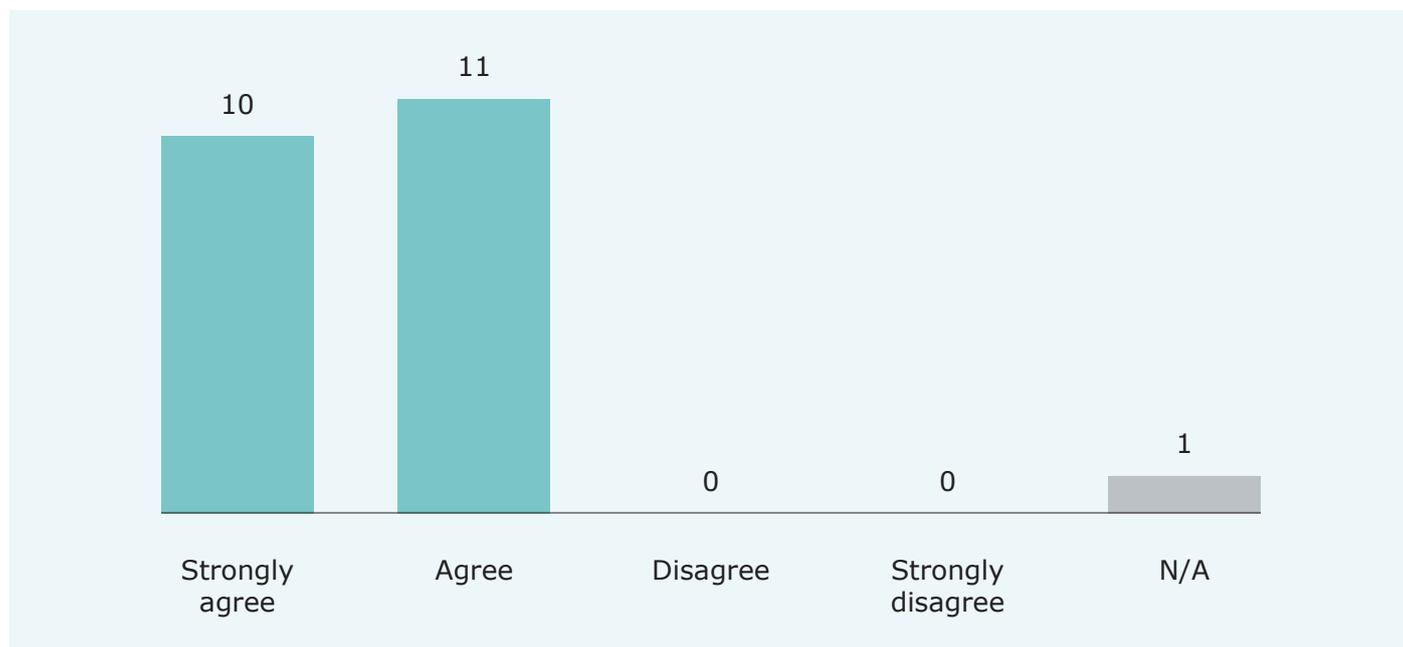
NWSSP Procurement colleagues were extremely helpful and we forged a strong and positive working relationship.

Question 4 – Information and access:

i) *"NWSSP has kept you suitably informed about the services available to support you throughout the pandemic"*



ii) *“You have been able to access the support you required without undue delay”*



Please provide examples to help us to respond

Data on PPE - Attendance and Countermeasures meetings 7/24 response to supply issues.

I don't recall receiving a briefing on continuity of the services during the pandemic but don't feel that this is of any concern.

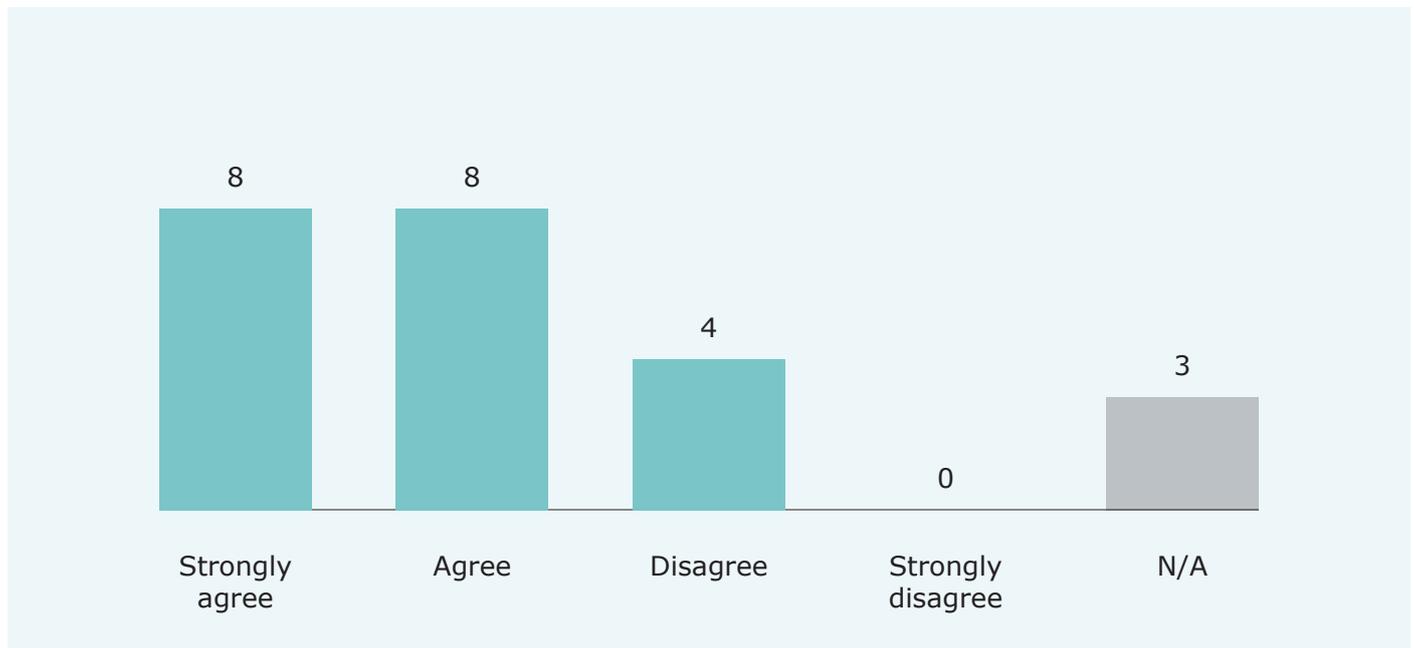
NWSSP has been agile and proactive in its approach - adapting and responding to ensure the provision of timely and reliable information.

Resourcing contacts in Employer services always engaged, available and supportive.

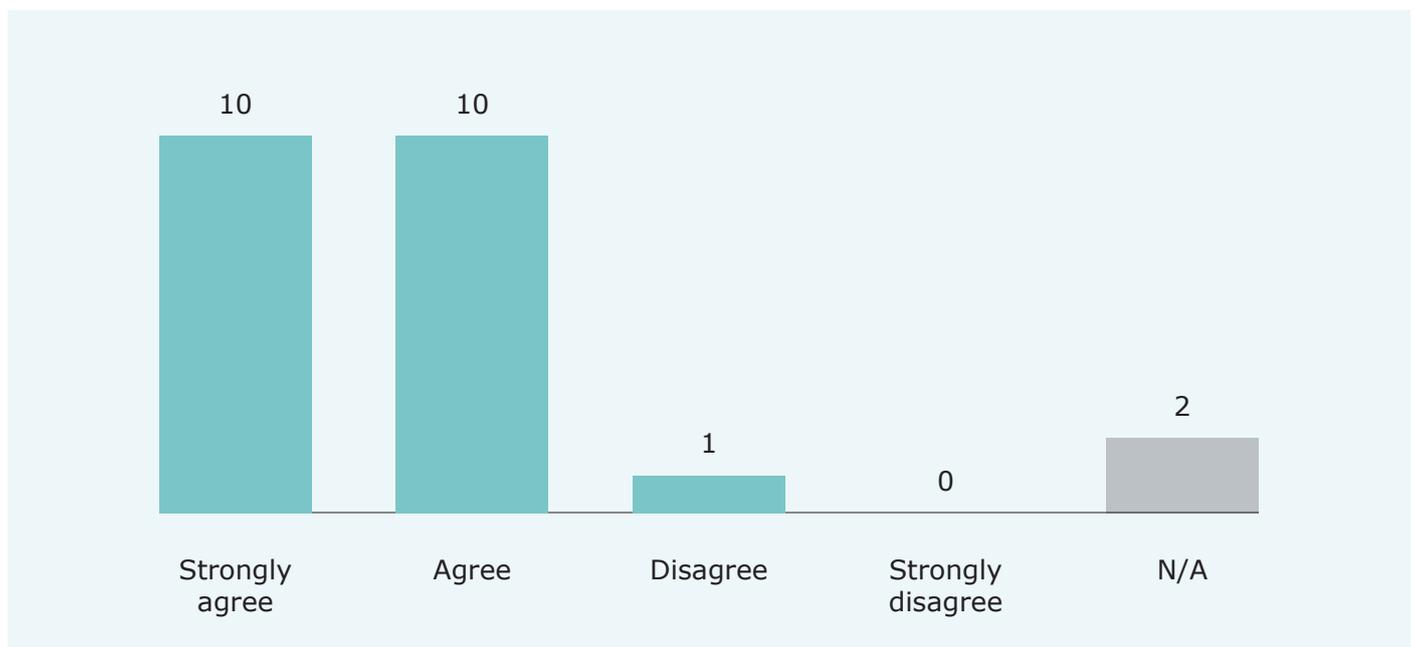
Good communication, have encountered a delay in relation to advice re a legal matter but that is understandable given priorities and issues linked to Covid.

Question 5 – Service quality and timeliness:

i) "NWSSP has delivered an improvement in service quality"



ii) "NWSSP has delivered services against agreed timescales"



Please provide examples to help us to respond

The national procurement team performed miracles and worked so hard for NHS Wales - I don't think they have received enough credit for what they achieved.

Flexibility, adaptability and speed has been needed and demonstrated throughout.

No noticeable difference in service quality.

It's not necessarily an improvement in service quality but the same service quality that remains very good.

Have not really noticed a change in the service quality (positive).

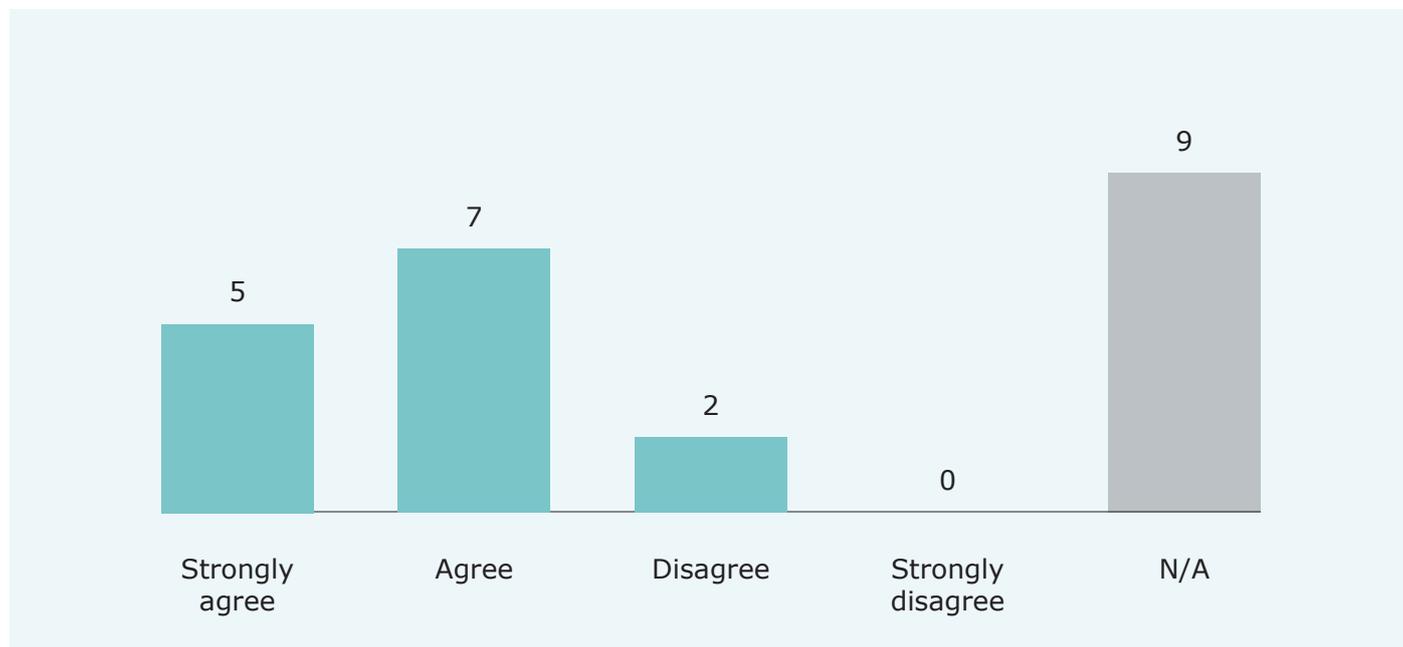
PPE procurement was not great - any significantly improved as soon as we took local ownership.

Procurement service has responded well during pandemic.

The demand for supplies, PPE and setting up of the field hospitals has required urgent and immediate action from both the procurement and the employment teams.

Procurement response has been great and improved supporting BI has developed over time.

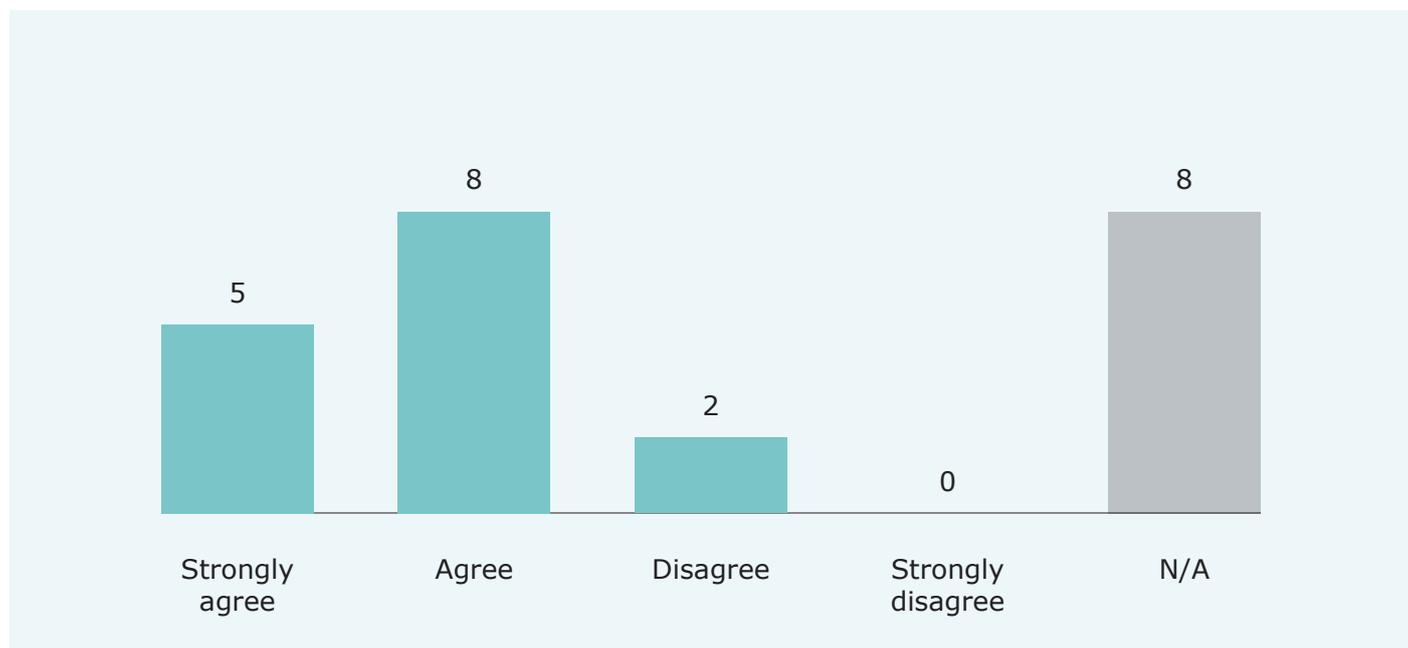
Question 6 – Innovation and use of technology: *"NWSSP has provided innovative solutions to your pandemic related requirements using effective modern technology"*



Please provide examples to help us to respond

No noticeable difference in the use of 'modern technology'.
No real change to how service has been delivered.
Can't comment as I am not aware of any.
PPE Dashboard is really informative.

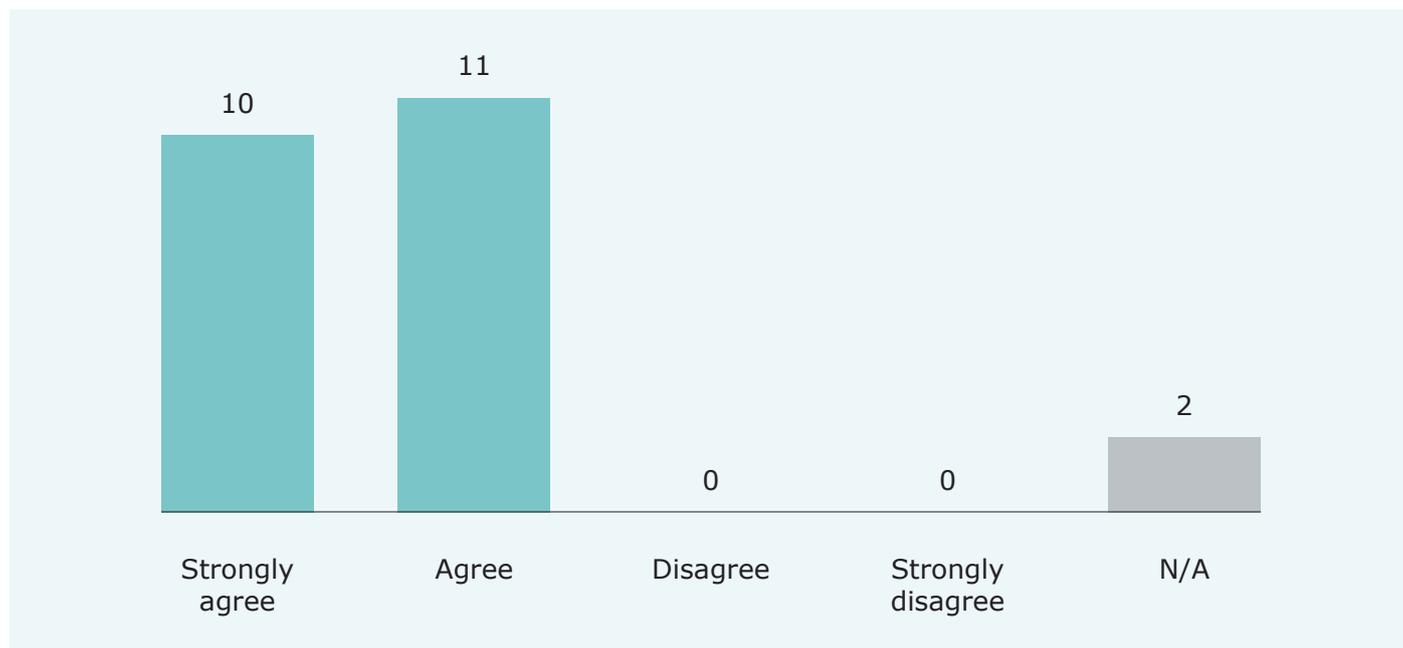
Question 7 – “NWSSP has improved levels of productivity”



Please provide examples to help us respond

It has been BAU all the way, with excellent pace to legislation changes.
Demonstrated by initiating international procurements-Wales never ran out of PPE.
No noticeable difference in levels of productivity.
This is due to the requirement for quicker turnarounds for requests during the pandemic.
I just don't know.
Can't comment as have no evidence of increased or decreased productivity.
In general in maintaining service with increased demand and tight deadlines.

Question 8 – Delivery: *"NWSSP has demonstrated its ability to work flexibly to meet your changing needs arising from the pandemic"*



Please provide examples to help us to respond

Delivering across healthcare organisations not routinely delivered to.
This is probably marginal but the fact that NWSSP has continued to provide services seamlessly in the pandemic probably reflects flexibility (e.g. via remote working, etc.)
Agree in as much as service has continued to be delivered despite individuals not being based in Companies House.
Reference previous examples.
Little disruption to services given need for home and agile working.
Queries were answered promptly to support WG working.

Question 9 – What is the main change we have already made in response to the COVID-19 pandemic that you would want us to retain? Explain why.

Being the once for Wales organisation to stop every health board/ trust and others going their own way
BAU
Covid Hub recruitment - improved time to on-board - weekly updates from PCS team re MPL application
Shared Services has continued to provide an excellent response and are fully involved in the emergency planning structures
To consider working environment. Wrong message to go back to everyone coming into the office.
not really known to me
NWSSP has really stepped up and leaned into the national response to COVID, leading the way in many areas. This proactivity and agility has always existed in the organisation, but has been all the more apparent during the pandemic.
We already had good working relations with our team but Covid has required a greater degree of Multi-disciplinary working and this needs to be retained.
More empowered local procurement service. Flexibility and response from Internal Audit. Virtual meetings
If/when business as usual returns, I wonder if the option of virtual PECs could remain.
Virtual Trac Training has been developed which has been welcomed.
As stated, being flexible with the Audit plan while working with the committee to ensure that they can adapt in real time to provide assurance relating to risks emerging e.g. revised governance arrangements.
The arrangements around PPE re supply and stock control being joined up nationally.
Forging working relationships with colleagues to ensure speed of turnaround on queries.

Question 10 – What is the main thing you believe we must change urgently to be ready for any future pandemic peak? Explain why.

The heads of procurement need to be more loyal to the NWSSP and not the health boards/trust. Maintaining IP5 and ensuring enough stock available particularly re PPE - I think in the circumstances the team were amazing.
Continue to recognise the importance of resilience and emergency planning within the organisation
This is largely already being looked it in terms of access to PPE, green zones etc.
Need to learn lessons as to what has worked and what hasn't - the availability of IP5 has been essential, but we need to make sure that we make the most of this asset.
PPE procurement
Improving health board engagement in and ownership of key, collective priorities and risks.
Greater local resilience in procurement arrangements - beneficial to local economy and less reliant on global suppliers. Needs to be balanced with obtaining reasonable value for money.
Robust supply chain; toolkit for pandemic planning, including legal and contract support.
NWSSP internal scheme of delegation.
There have been frustrations with COVID Hub Wales as there is possible duplication for applicants for vacancies. On boarding of Students has been challenging. Length of application form for COVID specific vacancies. Virtual PEC timelines - possible review to see if able to reduce.
No change needed, carry on
No obvious areas to flag, initial lack of good information re procurement of equipment etc. to support additional capacity has now been significantly improved and will inform any future action.
N/A
N/A

Question 11 – Do you have any other suggestions or new areas of work where you believe NWSSP could add value to your service over and above what we already provide?

NWSSP could provide the host for a lot of all Wales services. However, the legal status issue of an organisation in Wales doesn't help the once for Wales - organisations don't enjoy hosting and they often get the balance wrong - either too much or not enough - equally difficult for the ones being hosted.
We need to broaden our storage of health countermeasures and further develop our recycling of products.
No
No
Salary sacrifice for financial advice for pensions.
A shorter COVID application form to capture essential information.
No
N/A

Question 12 – Do you have any final comments you would like to make?

Just to thank the team at NWSSP - in all my dealings the staff are unbelievably helpful and want to make a difference.
Very grateful for the support that I have had from senior Procurement and HCS colleagues and the rest of the staff.
No
The 1st phase of COVID was very reactive. Need to learn lessons and plan ahead which is already happening.
N/A
I am personally hugely grateful for the support provided by NWSSP.

Diolch / Thank you.

Great service from James and his team. Very professional approach.

I would like to thank shared services for their impressive response and support over recent months and in particular in relation to procurement and PPE.

Great responsive service that has supported Planning and Response and enabling effective management of pandemic planning.

NWSSP colleagues in Procurement were invaluable in managing the tsunami of offers and other procurement issue which engulfed us during the first peak.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:xx

17 September 2020

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Quality and Safety Committee – Draft Terms of Reference and Operating Arrangements

**ARWEINYDD:
LEAD:**

Malcolm Lewis, Medical Director

**AWDUR:
AUTHOR:**

**Gwenan Roberts, Assistant Director,
Corporate Services, NCCU**

**SWYDDOG ADRODD:
REPORTING
OFFICER:**

Malcolm Lewis, Medical Director

**MANYLION
CYSWLLT:
CONTACT DETAILS:**

Malcolm.lewis2@wales.nhs.uk

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

For the Committee to approve the draft Terms of Reference and Operating Arrangements for the Quality and Safety Committee.

Llywodraethu/Governance

**Amcanion:
Objectives:**

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

**Tystiolaeth:
Supporting
evidence:**

Supporting terms of reference and operating arrangements.

Ymgynghoriad/Consultation :

N/a

Adduned y Pwyllgor/Committee Resolution (insert √):

**DERBYN/
APPROVE**

✓

**ARNODI/
ENDORSE**

**TRAFOD/
DISCUSS**

**NODI/
NOTE**

Argymhelliad/ Recommendation	The Committee is asked to APPROVE the draft terms of reference and operating arrangements for the Quality and Safety Committee.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	Considered where appropriate.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The document is designed to ensure that Quality and Safety is at the forefront of all relevant work undertaken by NWSSP.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	The establishment of the Committee should ensure that all relevant quality and safety risks are identified, managed and monitored.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	This document is not exempt from Freedom of Information regulations.

**Velindre University NHS Trust
Quality and Safety Committee
for the
NHS Wales Shared Services
Partnership**

**DRAFT Terms of Reference
& Operating
Arrangements**

**August
2020**

1. BACKGROUND

The Velindre University NHS Trust Shared Services Partnership Committee (to be known as the SSPC for operational purposes) was established under the **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 (2012/1261 (W.156))** (the Shared Services Regulations). The Shared Services Regulations define Shared Services at regulation 2 and the functions of the SSPC at regulation 4. The SSPC functions are subject to variations to those functions agreed from time to time by the SSPC. The SSPC is hosted by Velindre UNHST on behalf of each of the seven Health Boards, three Trusts and Special Health Authority within NHS Wales (the Partners).

Section 3 of the Standing Orders 'Sub Committees' explains where the SSPC may and, where directed by Velindre UNHST must, appoint Sub-Committees of the SSPC either to undertake specific functions on the SSPC's behalf or to provide advice and assurance to others (whether directly to the SSPC, or on behalf of the SSPC). Velindre UNHST's NWSSP officers should not normally be appointed as Sub-Committee Chairs. NWSSP officers may only be appointed to serve as members on any committee, where that committee does not have the function of holding that officer to account. These may consist wholly or partly of SSPC members or of persons who are not SSPC members.

These Terms of Reference set out the arrangements for the SSPC Quality and Safety Committee to support the discharge of those relevant functions in relation to NHS Wales Shared Services Partnership (NWSSP).

ORGANISATIONAL STRUCTURE

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

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

2. INTRODUCTION

2.1 The SSPC Standing Orders provide that "The SSPC shall establish a Sub-Committee structure that meets its own advisory and assurance needs and/or utilise Velindre UNHST's Committee arrangements to assist in discharging its governance responsibilities. The SPCC shall ensure its Sub Committee

structure meets the needs of Velindre University NHS Trust, as the host organisation, and also the needs of its Partners.

As a minimum, it shall ensure arrangements are in place to cover the following aspects of SSPC business:

- Quality and Safety
- Audit

(Page 20 Shared Services Committee Standing Orders Approved June 2020)“

- 2.2 The SSPC may make arrangements to receive and provide assurance to others through the establishment and operation of its own Sub-Committees or by placing responsibility with Velindre UNHST, as the host. Where responsibility is placed with Velindre UNHST, the arrangement shall be detailed within the Hosting Agreement between the SSPC and Velindre UNHST as the host organisation and/or the Interface Agreement between the Managing Director of NWSSP (as the Accountable Officer for NWSSP) and Velindre’s Chief Executive (as Accountable Officer for the Trust).
- 2.3 In line with Standing Orders and NWSSP’s scheme of delegation, the SSPC shall nominate, annually, a Committee to be known as the Velindre UNHST Quality and Safety Committee for NWSSP. The detailed Terms of Reference and Operating Arrangements in respect of this Committee are set out below.
- 2.4 These Terms of Reference and Operating Arrangements are based on the model Terms of Reference, as detailed in the NHS Wales Audit Committee Handbook, June 2012.

3 PURPOSE

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

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

4 DELEGATED POWERS AND AUTHORITY

4.1 With regard to its role in providing advice to the SSPC, the Quality and Safety Sub Committee will comment specifically upon:

- The adequacy of NWSSP's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance in relation to quality and safety across the whole of the organisation's activities, designed to support the public disclosure statements that flow from the assurance processes (including the Annual Quality Statement) and providing reasonable assurance on:
 - NWSSP's ability to achieve its objectives;
 - Compliance with relevant regulatory requirements, standards, quality and service delivery requirements, other directions and requirements set by the Welsh Government and others;
 - The reliability, integrity, safety and security of the information collected and used by the organisation;
 - The efficiency, effectiveness and economic use of resources; and
 - The extent to which NWSSP safeguards and protects all of its assets, including its people.
- NWSSP's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- Any particular matter or issue upon which the SSPC or the Accountable Officer may seek advice.

The purpose of the SSPC Quality and Safety Committee would be to provide timely assurance to the SSPC that it is providing high quality and safe services. This will be achieved by:

- providing advice to the SSPC including escalation of issues that require urgent consideration and action by the Committee
- Addressing concerns delegated by the SSPC
- Ensuring that Quality and Safety Committees for partnership members are informed of any issues relating to their population recognising that services may have an impact across Wales
- Develop a quality assurance framework for the SSPC to ensure high quality, safe and effective services

- Monitor and support the implementation of the quality assurance framework and ensure there is continuous improvement
 - Oversee the development of a stakeholder engagement framework if required
 - Consider the quality and safety implications arising from the development of strategies and plans including the Integrated Medium Term Plan
 - Receive from NWSSP officers when required items for urgent consideration and escalation
 - Oversee the development and implementation of the quality and safety management systems
 - Ensure lessons are learned from safety incidents and disseminated to all partners of the SSPC
 - Reporting into the SSPC and also to the Velindre UNHST Quality and Safety Committee (depending on requirements agreed)
- 4.2 In carrying out this work, the SSPC Quality and Safety Sub Committee will seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
- 4.3 This will be evidenced through the SSPC Quality and Safety Sub Committee's use of effective governance and assurance arrangements to guide its work and that of the assurance functions that report to it, and enable the SSPC Quality and Safety Sub Committee's to review and form an opinion on:
- The **comprehensiveness** of assurances in meeting the SSPC and the Accountable Officer's assurance needs across the whole of the organisation's activities related to quality and safety matters; and
 - The **reliability and integrity** of these assurances.
- 4.4 To achieve this, the SSPC Quality and Safety Sub Committee's programme of work will be designed to provide assurance that in carrying out this work, the SSPC Quality and Safety Sub Committee's will follow and implement the Shared Services Annual Work Plan and will be evidenced through meeting papers, formal minutes, and highlight reports to the SSPC, Velindre UNHST Board and annually, via the Annual Quality Statement.

Authority

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

Access

- 4.8 The Medical Director /Managing Director shall have unrestricted and confidential access to the Chair of the Committee.
- 4.9 The Chair shall have reasonable access to the Directors of the SSPC and other relevant senior staff within the NWSSP team.

Sub Committees

- 4.10 The SSPC Quality and Safety Sub Committee may, subject to the approval of the SSPC, establish Sub Committees or Task and Finish Groups to carry out on its behalf specific aspects of Committee business. Currently, there is an established Audit Committee and Welsh Risk Pool Committee which is a Sub Committee of the SSPC.

5 MEMBERSHIP

- 5.1 A minimum of 3 members, comprising:

Members

Chair	Independent member of the Board
Members	Two other independent members of the Velindre UNHST Board. The SSPC Quality and Safety Sub Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise. The Chair of the organisation shall not be a member of the SSPC Quality and Safety Sub Committee.

Attendees

NWSSP Managing Director, as Accountable Officer
NWSSP Chair
NWSSP Medical Director
NWSSP Director of Primary Care
NWSSP Corporate Services Manager
Representative of Velindre UNHST
Other Executive Directors will attend as required by the Committee Chair

By invitation The Committee Chair may invite:

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

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

The Velindre UNHST Chief Executive Officer or Clinical Executive Directors should be invited to attend, where appropriate, to discuss with the SSPC Quality and Safety Sub Committee the process for assurance that supports the Annual Quality Statement and the development of the Quality and Safety Framework.

Secretariat

5.2 As determined by the Accountable Officer

Member Appointments

- 5.3 The membership of the SSPC Quality and Safety Sub Committee shall be determined by the SSPC, based on the recommendation of the members; taking account of the balance of skills and expertise necessary to deliver the SSPC Quality and Safety Sub Committee remit and subject to any specific requirements or directions made by Welsh Government.
- 5.4 Members shall be appointed to hold office for a period of four years. Members may be re-appointed, up to a maximum of their term of office. During this time a member may resign or be removed by the SSPC.

Support to SSPC Quality and Safety Sub Committee Members

- 5.5 The NWSSP Medical Director and NWSSP Corporate Services Manager, on behalf of the SSPC Quality and Safety Sub Committee Chair, shall:
- Arrange the provision of advice and support to SSPC Quality and Safety Sub Committee on any aspect related to the conduct of their role;
 - Ensure that Committee agenda and supporting papers are issued five working days in advance of the meeting taking place; and
 - Ensure the provision of a programme of organisational development for SSPC Quality and Safety Sub Committee members as part of the SSPC's overall Organisational Development programme.

6 SSPC QUALITY AND SAFETY SUB COMMITTEE MEETINGS

Quorum

- 6.1 At least two members must be present to ensure the quorum of the SSPC Quality and Safety Sub Committee, one of whom should be the SSPC Quality and Safety Sub Committee Chair or Vice Chair.

Frequency of Meetings

- 6.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the SSPC Quality and Safety Sub Committee deems necessary, consistent with NWSSP's Annual Plan of Business. The Managing Director may request a meeting if they consider that one is necessary.

Withdrawal of Individuals in Attendance

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

7 RELATIONSHIP & ACCOUNTABILITIES WITH THE SSPC, VELINDRE UNHST DELEGATED TO THE SSPC QUALITY AND SAFETY SUB COMMITTEE

- 7.1 Although the SSPC and its Sub Committees, including the Audit Committee and Welsh Risk Pool Sub Committee, has delegated authority to the SSPC and Velindre UNHST for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 7.2 The SSPC Quality and Safety Sub Committee is directly accountable to the SSPC for its performance in exercising the functions set out in these Terms of Reference.
- 7.3 The SSPC Quality and Safety Sub Committee, through its Chair and members, shall work closely with NWSSP and its other Sub Committees to provide advice and assurance to the SSPC by taking into account:
- Joint planning and co-ordination of the SSPC business; and
 - Sharing of information
- in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into NWSSP's overall risk and assurance arrangements. This will primarily be achieved through the discussions held at the SSPC, annually, at the end of the financial year.
- 7.4 The SSPC Quality and Safety Sub Committee will consider the assurance provided through the work of the SSPC's other Committees and Sub Committees to meet its responsibilities for advising the SSPC on the adequacy of the organisation's overall system of quality and safety assurance by receipt of their annual work plans.
- 7.5 The SSPC Quality and Safety Sub Committee shall embed the SSPC's and Trust's corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8 REPORTING AND ASSURANCE ARRANGEMENTS

- 8.1 The SSPC Quality and Safety Sub Committee Chair shall:
- Report formally, regularly and on a timely basis to the SSPC and when required to the Velindre UNHST, the Accountable Officer on the SSPC Quality and Safety Sub Committee activities. This includes verbal updates on activity and the submission of committee minutes, and written highlight reports throughout the year;
 - Bring to the SSPC (and or Velindre UNHST) and the Accountable Officer's specific attention any significant matters under consideration by the SSPC Quality and Safety Sub Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the SSPC Chair, Managing Director (and Accountable Officer) or Chairs of other relevant Committees, of any urgent/critical matters that may affect the operation and/or reputation of the organisation.
- 8.2 The SSPC Quality and Safety Sub Committee shall provide a written Annual Report to the SSPC and the Accountable Officer on its work in support of the Annual Quality Statement, specifically commenting on the adequacy of the quality and safety assurance arrangements, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the SSPC Quality and Safety Sub Committee's self-assessment and evaluation.
- 8.3 The SSPC (and Velindre UNHST) may also require the SSPC Quality and Safety Sub Committee Chair to report upon the SSPC Quality and Safety Sub Committee activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the SSPC Quality and Safety Sub Committee assurance role relates to a joint or shared responsibility.
- 8.4 The NWSSP Medical Director and Corporate Services Manager, on behalf of the Partnership, shall oversee a process of regular and rigorous self-assessment and evaluation of the SSPC Quality and Safety Sub Committee performance and operation, including that of any Sub Committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 9.1 The requirements for the conduct of business as set out in the NWSSP's Standing Orders are equally applicable to the operation of the SSPC Quality and Safety Sub Committee except in the following areas:
- Quorum (*as per section on Committee meetings*)
 - Notice of meetings
 - Notifying the public of meetings
 - Admission of the public, the press and other observers

10 REVIEW

- 10.1 These Terms of Reference and operating arrangements shall be reviewed annually by the SSPC Quality and Safety Sub Committee with initial approval by the SSPC and agreement at the Velindre UNHST Board.



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Partneriaeth
Cydwasaethau
Shared Services
Partnership

MEETING	Shared Services Partnership Committee
DATE	17 September 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	Andy Butler, Director of Finance & Corporate Services

TITLE OF REPORT

Staff Benefits Portal Business Case

PURPOSE OF REPORT

The purpose of this report is to provide the Committee with an update on progress with the Staff Benefits Portal proposal.

1. BACKGROUND

The Shared Services Partnership Committee has previously agreed to support the creation of an NHS Wales Staff Benefits Portal, led by NWSSP.

The concept of such a portal has been progressed by Michelle Richards, NWSSP Salary Sacrifice Manager. Since January 2020, Project Management support has been added though Rhys Owen, a member of the NWSSP Project Management Office (PMO).

There have inevitably been delays to the project due to the COVID10 pandemic. The work has been picked back up over the summer and positive discussions had with the Directors of Workforce and Organisational Development peer group

2. SITUATION

Appendix A is the current business justification case (BJC) for the Staff Benefits Portal. The main purpose of the BJC is the 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.

All NHS Wales organisations have some form of staff benefit offering available to their employees, however these can be fragmented and with no real dedicated management resource they may not be promoted and therefore utilised to their full advantage.

A 'one stop shop' approach would act as a useful recruitment tool and aide the transition of staff who move across NHS organisations within Wales as part of their career development and employment.

Staff engagement and communication has also proved to be a strategic factor over the last few months with COVID-19 and a single dedicated portal would have proved to be an invaluable central source of information and support resources for all staff.

Three options have been considered:

Option 1	Do Nothing Some Health Boards have information available in many forms and on various platforms, this can sometimes effect the end users experience and may result in the benefits not being known/utilised effectively.
Option 2	Do Minimum Health Boards invest their time/resource in to the way that they advertise their staff benefits and link in with other organisations to share good practice. This would only assist with making their current schemes more visual and accessible and not necessarily improve or offer any additional schemes.
Option 3	Do Something Create an All-Wales Staff Benefit Portal/Platform that NHS Wales organisations can utilise. Creating a bespoke, compliant, professional looking and easy to navigate portal that places all of the relevant employee information/benefits/links in one central place.

The preferred option proposed is Option 3, which is in line with previous discussion had with the Committee.

We are keen to progress now to the procurement stage of the project with the aim of contracting and completing user acceptance testing in readiness for an April 2021 date.

It is important to note that as Health Boards and Trusts have a range of existing arrangements in place, this is likely to be a phased transition.

Achieving this timeline is dependent on receiving the following information from Health Boards and Trusts:

- complete the mapping of existing contractual arrangements in line with the proforma set out in appendix C of the attached BJC.
- confirm the Termination of Convenience terms in existing contracts, this could be anything from 30 to 90 days.

3. RECOMMENDATION

Committee Members are asked to **NOTE** the update on progress with this project.

Project Name: Staff Benefit Portal

Business Justification Case

Documenting the business justification for undertaking this project

Filename:	Staff Benefit Portal BC
Version No:	V5
Date:	04.09.2020

Version History

Version	Date issued	Brief Summary of Change	Requested by
V1	07.07.2020	draft	R Owen
V2	14.07.2020	Update draft	R Owen
V3	31.07.2020	Update draft	A Ramsey
V4	19.08.2020	Update draft to include existing arrangements	R Owen
V5	04.09.2020	Included page numbers and source of data in Appendix D	R Owen
V6	09.09.2020	For presentation to SSPC on 17 September 2020	A Butler

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1. Purpose

The 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. This could include car, bike, home electronics, Employee Assistance Programmes (EAP), Health & Wellbeing and Financial Wellbeing schemes, and also to allow NHS Wales organisations to access and continue to use local discounts that are currently in place.

2. Reasons

To create a website portal for all staff benefits information to be in a central place for a move towards consistency across NHS Wales.

All NHS Wales organisations have some form of staff benefit offering available to their employees, however these can be fragmented and with no real dedicated management resource they may not be promoted and therefore utilised to their full advantage.

A 'one stop shop' approach would act as a useful recruitment tool and aide the transition of staff who move across NHS organisations within Wales as part of their career development and employment.

Staff engagement and communication has also proved to be a strategic factor over the last few months with COVID-19 and a single dedicated portal would have proved to be an invaluable central source of information and support resources for all staff.

To understand the scale of the project measures and values have been compiled and are outlined below:

Measure	Value
All Wales Contracts	Value for money
Having everything in one place	End user experience
Technology to improve communications	Apps, immediate/push notification information to end users
Links to ESR/existing schemes and portals	All in one place, streamlining the benefits model

3. Existing Arrangements

As shown in appendix C health boards and trusts currently have a variety of existing schemes in place and different contracts lengths, terms and costs associated with these schemes. In addition to this health boards and trusts have different levels of resource who are assigned to managing and administering the schemes internally on a day to day basis.

Currently it appears from the detail provided by Health Boards and trusts within appendix D it shows that the most popular schemes in each health board and trust are car schemes, cycle schemes, Home Technology and childcare vouchers.

As set out in appendix c, we are collating information from Health Boards and Trusts, but have not yet received a full data set from all organisations. To support and move onto the next stage of the project we would require full information from all Health Boards and Trusts.

4. Business options

A review has identified the following options:

Option 1	Do Nothing Some Health Boards have information available in many forms and on various platforms, this can sometimes effect the end users experience and may result in the benefits not being known/utilised effectively.
Option 2	Do Minimum Health Boards invest their time/resource in to the way that they advertise their staff benefits and link in with other organisations to share good practice. This would only assist with making their current schemes more visual and accessible and not necessarily improve or offer any additional schemes.
Option 3	Do Something Create an All-Wales Staff Benefit Portal/Platform that NHS Wales organisations can utilise. Creating a bespoke, compliant, professional looking and easy to navigate portal that places all of the relevant employee information/benefits/links in one central place.

Option appraisal

Financial

Dependent upon the content included and the build size, there is a risk that there could be a potential cost for of this type of portal to be installed, it is hoped that this can be as low as possible or even zero to attract buy-in from the other NHS Wales organisations. Indicative discussions with potential contractors indicate that zero-cost options may be applicable to our needs.

All Wales contracts

Discussions with Procurement to secure All Wales contracts on schemes such as:

- Car schemes
- Cycle to work scheme
- Home electronics scheme
- EAP

- Loans and savings schemes

The outcome of securing All Wales contracts could result in improved contracts with suppliers that would benefit the end user financially.

Administration of scheme

There are a couple of options that could be considered such as:

1. NWSSP run the administration for schemes on behalf of the Health Boards and Trusts such as current arrangements in place i.e. cycle to work scheme and home electronics for some Health Boards and trusts for a nominal fee.
2. Health Boards and Trusts continue to administer these schemes internally.

5. Expected Benefits

By amalgamating the employee benefit schemes and sources of information under one umbrella effectively creates a 'one stop shop' approach, reducing confusion.

Replicating the portal across the organisations ensures familiarity should an employee transfer within NHS Wales' organisations.

It is also hoped that the portal will be available via an app and be capable of sending immediate notification/information to employees.

Benefits map

A benefits map has been included in appendix A which details the projects outputs, outcomes, benefits and how these link to the 5 areas of the IMTP (service development, customers, staff, excellence and value for money).

Key Benefits				
Benefit	Benefit Description	Expected Outcomes	Measurement	Realisation By
Staff discounts	<p>Increased staff discount options (UK wide or local discounts)</p> <p>Signposting to external discounts I.e. Blue Light Card</p> <p>Infinity schemes for cars</p>	<p>End user (staff) realises full benefits by getting more</p> <p>Supporting staff engagement and retention</p> <p>Supporting the recovery of the economy (COVID-19)</p>	Usage and discount amount	3-6 months after project to see impact and usage of portal
Home Electronics scheme	Accessing benefits electronically	<p>Improving IT literacy, education and training for employees.</p> <p>Making home electronics affordable and accessible for everyone</p>	Usage and staff taking up the scheme/benefit	3-6 months after project to see impact and usage of portal
Cycle to work scheme	Employees access to cycles to safety equipment and accessories	<p>Greener NHS</p> <p>Surge in applications as staff would potentially look to use this form of transport as an alternative to public transport.</p> <p>Healthier workforce and supports NHS Wales Corporate Health Standards</p>	Monitoring if there has been an increase in the use of the scheme since a centralised staff benefits portal has launched	6 months after project to see impact and usage of portal
Car benefits scheme	Cars purchased will contribute to a greener NHS as they vehicles available have	<p>Greener NHS</p> <p>Increase use in electric only vehicles – assisting the UK</p>	Monitoring if there has been an increase in the use of the scheme since a centralised staff benefits	6 months after project to see impact and usage of portal

	lower CO2 emissions	Governments zero omission plan Electric cars BIK 0% in 2021	portal has launched	
Annual leave scheme	Purchase of additional annual leave	Supports work life balance Healthier workforce and supports NHS Wales Corporate Health Standards	Monitoring if there has been an increase in the use of the scheme since a centralised staff benefits portal has launched – ESR could generate a report on take up	6 months after project to see impact and usage of portal
Health and Wellbeing	Links to the EAP websites and external sources	Supporting work life balance Supporting a healthier workforce Support the NHS Wales Corporate Health Standards	Sickness absence monitoring Generated reports to understand usage of EAP schemes Staff survey responses	6 months after project to see impact and usage of portal
Financial Wellbeing	Loan and savings offerings Credit Union – savings and loans schemes Signposting to debt advice and counselling	Prevent pay day loans and encourages sensible lending Support employee financial wellbeing	Sickness absence data Generated reports to understand usage of EAP schemes Staff survey responses	6 months after project to see impact and usage of portal

Expected dis-benefits

Dis-benefit	Dis-benefit description	Expected outcomes
Bespoke element of staff benefit portal	NHS Wales Organisation have different offerings (benefits)	Staff at some Health Boards and Trusts may not have access to the same amount of benefits as other Health Boards and Trusts offer. This tends to be reflected in local discount arrangements that Health Boards have in their area.
Cost	Potential phased on-boarding of NHS Wales Organisation due to existing contracts which could impact the supplier contracts and the discount that could be secured for employees I.e. Halfords	Buy in from as many Health Boards and Trusts at the beginning could result in securing improved All Wales contracts
Resource cost	Potential cost for a dedicated resource within an NHS Wales Organisation to administer the staff benefits scheme.	In-balance of resource/time that each Health Board and Trust is willing to invest into the administering the staff benefits scheme. This could result in an inconsistent approach across NHS Wales

6. Timescales [Project Delivery Milestones] – see appendix B

Proceeding on the basis there is support from the Health Boards and Trusts who will be key stakeholders in this project we would aim to procure and have a service in place from April 2021. NWSSP recognises that existing contractual arrangements mean that not all organisations will be able to join from 1 April 2021; and that a phased move to an All Wales Portal is more likely.

At this current stage, expected deliverables would include:

- Procurement exercise

The best route to market would be via a Framework agreement which offers a quick, simple and competitive route to procuring a Staff Benefit Portal. A framework will also be compliant within UK/EU procurement legislation, so there's no need to run a full EU procurement process which is more resource intensive. Furthermore, suppliers listed on a framework will have been assessed for their financial stability, track record, experience and technical & professional ability.

The ESPO framework is suggested as the best framework to use. The staff benefits under this framework includes:

- Managed Services provision for Staff Benefits

- Cycle to Work
- Financial wellbeing
- Technology product schemes
- Leisure and Retail schemes
- Car Leasing schemes
- Child Care Vouchers

There are 21 suppliers listed on the framework, including 3 suppliers who have actively engaged with NWSSP. The 3 suppliers have given introductory demonstration on their portals and presented their offerings.

There are two ways to procure from the framework:

1. Call Off without competition – if NHS Wales identifies which supplier best meets our requirements demonstrating value for money, we can direct award without going to tender. The terms and conditions are already agreed under the Framework and the process could take 2 weeks to agree and sign with a supplier.
2. Further competition – if NHS decides to have open competition between suppliers, the process is 3 weeks for tender, and a further 2-3 weeks to evaluate and award.

The NPS Framework was also considered, however, there is only one listed supplier. There are other market competitors, and using the ESPO agreement will allow NHS Wales more options and flexibility to test suppliers on technical and value for money capability.

- Ongoing engagement with HBs – relevant work streams
- Comms (Inc. translation)
- Finance
- Portal build (applicable if solution chosen requires this)
- NWIS/IT i.e. security considerations

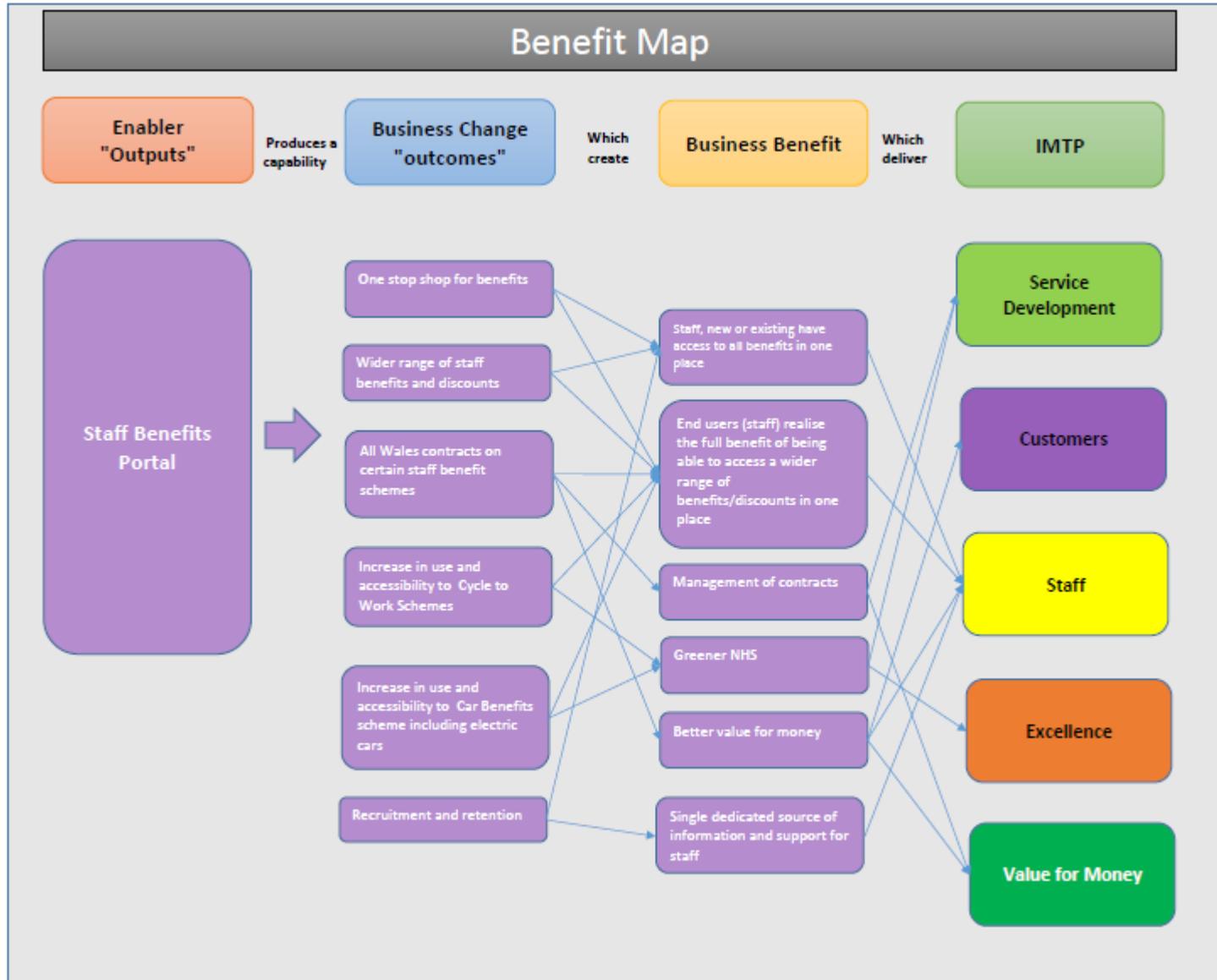
7. Major risks

1. Choosing the right portal provider who can deliver an up-to-date portal is of utmost importance to ensure compliance i.e. governance, data protection, procurement and encourage user activity.
2. Entering a contract with a portal provider for an extensive period may not be beneficial due to rapid technology changes i.e. can internal IT infrastructure keep up with external IT and technological developments?
3. NHS Wales organisations long term commitment to existing or new arrangements with service providers could impact the type or contracts and contractual agreements that are made with suppliers (see dis-benefits).
4. Cost – there could be a potential cost for a portal to be installed based on the content and build size

8. Recommendation

Option 3 is the preferred option on the basis that it would offer the widest range of benefits to all NHS Wales organisations and their employees.

Appendix A – benefits map



Appendix B – timescales and milestones

	Description	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021
Project Start up/Initiation	<i>Business Case approval</i>	WOD & DOF groups		SSPC					
Project initiation	<i>Procurement exercise to appoint supplier</i>								
Project initiation	<i>PID approval</i>					SSPC & Project Board			
Project delivery	<i>Product build</i>								
Project delivery	<i>Implementation</i>								

Appendix C – existing arrangements

	Existing contracts	Contract length/ end date	Contract cost	Time spent managing existing benefit schemes internally (days per week)	Total resource assigned to benefit scheme work	Banding of role(s) assigned to work
ANEURIN BEVAN						
BETSI CADWALADR						
CARDIFF AND VALE						
CWM TAF MORGANNWG						
HEIW						
HYWEL DDA						

	Existing contracts	Contract length/ end date	Contract cost	Time spent managing existing benefit schemes internally (days per week)	Total resource assigned to benefit scheme work	Banding of role(s) assigned to work
NWSSP						
POWYS						
PUBLIC HEALTH WALES						
SWANSEA BAY						
VELINDRE						
WAST						

Appendix D – employee data - take up of schemes at each Health Board and Trust

Cardiff & Vale

Row Labels	Count of Allowance Type
Childcare	431
Home Computing Initiative	2
Bike scheme	87
Personal Lease Car	299
Grand Total	819

Aneurin Bevan

Row Labels	Count of Allowance Type
Childcare	210
Creche Fees	2
Home Computing Initiative	4
Personal Lease Car	229
Grand Total	445

Hywel Dda

Row Labels	Count of Allowance Type
Bike Scheme	58
Childcare	142
Home Computing Initiative	1744
Personal Lease Car	93
Grand Total	2037

NWSSP, Velindre*, NWIS*, WBS* and VCC*

Row Labels	Count of Allowance Type
Childcare (combined)	134
Cycle Scheme*	6
Home Electronics*	169
NWSSP Cycle Scheme	5
NWSSP Home Electronics	122
NWSSP Personal Lease Car	45
Personal Lease Car*	99
Grand Total	580

BCU

Row Labels	Count of Allowance Type
Bike Scheme	50
Childcare	305
Home Technology	2116
Personal Lease Car	419
Grand Total	2890

CTM

Row Labels	Count of Allowance Type
Childcare	142
Cycle Scheme	166
Home Computing Initiative	886
Personal Lease Car	324
Grand Total	1518

Welsh Ambulance

Row Labels	Count of Allowance Type
Bike scheme	45
Childcare	44
Home Technology	237
Personal Lease Car	32
Grand Total	358

Powys

Row Labels	Count of Allowance Type
Bike Scheme	25
Childcare	20
Personal Lease Car	28
Grand Total	73

Swansea Bay

Row Labels	Count of Allowance Type
Bicycle Scheme	57
Childcare	221
Personal Lease Car	284
Grand Total	562

PHW

Row Labels	Count of Allowance Type
Bike Scheme	23
Childcare	101
Personal Lease Car	12
Grand Total	136

HEIW

Row Labels	Count of Allowance Type
Bike Scheme	4
Childcare	18
Personal Lease Car	4
Grand Total	26

*source: NWSSP Expenses team: 21 August 2020



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AGENDA ITEM:xx

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Samlet Road, Swansea – Health Courier Services Transport Hub Development

ARWEINYDD: LEAD:	Tony Chatfield, Head of NHS Wales Supply Chain, Logistics & Transport
AWDUR: AUTHOR:	Tony Chatfield, Head of NHS Wales Supply Chain, Logistics & Transport
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Tony.Chatfield@wales.nhs.uk

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

To seek approval from the Committee for the lease arrangements for the Samlet Road site in Swansea.

Llywodraethu/Governance

Amcanion: Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
Tystiolaeth: Supporting evidence:	Appendix 1 – Business Case

Ymgynghoriad/Consultation :

N/a

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation	The Committee is asked to approve the attached business case for the leasehold arrangements for the Samlet Road site in Swansea.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	All relevant factors considered.
Cyfreithiol: Legal:	All relevant factors considered.
Iechyd Poblogaeth: Population Health:	All relevant factors considered.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	All relevant factors considered.
Ariannol: Financial:	All relevant factors considered.
Risg a Aswiriant: Risk and Assurance:	All relevant factors considered.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	All relevant factors considered.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	The report is not exempt.

1. CEFNDIR/BACKGROUND

The present HCS site at Cwmbwrla Ambulance station is provided under the legacy arrangement with Welsh Ambulance Services NHS Trust (WAST) and the site is currently planned for redevelopment by WAST. We have been advised we will be displaced as a result and will

require alternate accommodation, and are expecting notice to vacate to be given shortly.

2. **CRYNODEB/SUMMARY**

Following work undertaken with Specialist Estates, a location at Samlet Rd, Swansea has been identified as suitable to relocate the Swansea HCS services. The unit is a constructed from steel frame and brickwork, and will be supplied as a shell for conversion to suitable accommodation. The proposed lease is a 10 year arrangement with 5 year breakout clause. The unit has a gated secure goods yard to ensure security of vehicles. Due its location, it has excellent access to the major roads network.

Benefits of the relocation to Samlet Rd include:

- Secure Goods yard to park vehicles;
- Fit for purpose Post Room to manage internal mail within the Health Board Area plus to receive internal mail, patient notes and medical records form other Health Board area and support exchange of Primary Care Service documents;
- Provide a fit for purpose transport scheduling office for Supply Chain, Logistics & Transport to concentrate on both HCS & Supply chain regional requirements;
- Provide access to a training area for staff to promote continuous professional development;
- Provide Welfare facilities for staff that are currently unavailable in Cwmbwla e.g. lockers and adequate rest facilities;
- Provide meeting room facilities;
- Provide a large 'open plan' office for other users and 'Hot Desk' capability;
- Relocation to be closer to the M4 corridor and major road infrastructure;
- Provide 'future proofing' with a building that will allow HCS to expand and develop its support to NHS Partners and allow access to training facilities; and
- Will allow the ability to accept delivery of items as a staging site, for onward delivery from its goods/store holding area.

3. **ARGYMHELLIAD/RECOMMENDATION**

The Committee are asked to **APPROVE** the attached business case for the lease of the Samlet Road site.



NHS Wales Shared Services Partnership

Supply Chain, Logistics & Transport

-

Samlet Rd Swansea

Transport Hub Development

Business Justification Case

Version No:	Version 1.1
Issue Date:	08/09/20

Version No: version 1.1

1

Date:

Author Tony Chatfield

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
1	03/9/20	Draft	Tony Chatfield
1.1			

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1.	Purpose
2.	Strategic context
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BUSINESS JUSTIFICATION CASE

NHS Wales Shared Services Partnership – Revenue Expenditure Requirement to support development plans

1. Purpose

The purpose of this document is to provide a business justification for the revenue investment of a total of £415,000 over 10 years (£51,000 pa years 1-5 (to include building works), and £32,000 pa years 5-10) in building lease costs to provide a replacement Transport base for Swansea Health Courier Services

The present site at Cwmbwrla Ambulance station is provided under the legacy arrangement with Welsh Ambulance Services NHS Trust (WAST) and the site is currently planned for redevelopment by WAST

We have been advised we will be displaced as a result and will require alternate accommodation, and expecting notice to vacate to be given shortly.

The document sets out the requirement of investment to address the current situation with accommodation at their base at Cwmbwrla in Swansea, with a recommendation of investment to relocate the service to a site located at Samlet Rd in Swansea that includes an industrial goods yard, and building that can be converted to a fit for purpose transport hub to support the Supply Chain, Logistics & Transport modernisation programme.

A modern, fit for purpose base will benefit the continuing development of the service, which has expanded services by some 40% plus since transferring to NWSSP in 2015

It should be noted that suitable sites in the Swansea area are limited in availability.

2. Strategic Context

Background

The Health Courier Services provides a wide range of courier services to NHS Wales, health alliances, local health groups and General Practitioners.

The Service runs a fleet of vehicles ranging from cars to 7.5t lorries which transport material such as mail, laundry, medical records, pathology material, blood products, pharmacy supplies, controlled drugs, medical consumables, clinical waste and the transport of nuclear medicine and radioactive isotopes.

This includes 6 million items of mail/notes per year, in excess of 9 million movements of pathology and blood samples, 200 Emergency response vehicle call outs per year, 140 vehicles and 160 plus staff.

In late 2013, the Minister accepted the advice of the Ambulance Reform Programme that the Health Courier Service (HCS) within WAST as a discrete area which could be transferred to either health boards or a national/shared services model. At the same time NHS Chief Executives recommended that HCS transfer should proceed ahead of the current modernisation of Patient Care Services (PCS) and agreed this as part of the programme plan at their February 2014 meeting.

These were organised and facilitated by the Chief Executives Support Office (CESO), Public Health Wales, which provides support to all NHS Wales Chief Executives, and is able to provide impartial and independent support for work across NHS Wales.

In the sessions, an option appraisal exercise was carried out to determine the preferred option for the future HCS organisational model, based on an objective scoring exercise and stakeholder feedback. The sessions were well attended, primarily by service leads in Health Boards; NHS Wales Shared Services Partnership (NWSSP); WAST; Welsh Government (WG); Community Health Councils; and Staff Side (Unison, Unite, GMB).

The outcome of the option appraisal exercise and wider stakeholder feedback was presented in a report and recommendations to NHS Chief Executives on 17th April 2014, with recommendations that a HCS Transfer project is set up to implement them and provide confidence and assurance that they will be delivered in planned and co-ordinated way, with risks adequately managed:

Recommendations:

1. HCS should be transferred to a National Model in that this is the preferred option.

2. Although alternative national hosting arrangements are a possibility, given the timescales for change and the infrastructure and processes in place, the logical best fit in the first instance is NWSSP. Therefore the Shared Services Partnership Committee are charged with ensuring a model that delivers local responsiveness.

3. NWSSP / the future HCS national service provider will need to carefully consider and set out how it will meet the challenges of future service delivery. This primarily relates to the four criteria of Health Board concern described in this report:

- Complexity of Change
- Confidence to Deliver – Finance
- Confidence to Deliver – Operations
- Responsiveness

4. The future HCS national service provider must engage and respond to future service needs of the new pathology network and the SWP/ARCH. As part of this work it needs to understand including any new implications of cost and complexity.

5. Although cost neutral, the new HCS national service provided must continue to focus and deliver improvement and demonstrate economies of scale and value for money.

The consequence of these recommendations is the delivery of a programme of HCS service modernisation within NWSSP. This is embedded in the NWSSP IMTP for the ongoing development of services. This sets out the vision for the Health Courier Service from 2019/20 onwards to provide a world class leading logistics service for NHS Wales incorporating Pathology Services, Internal Mail, Medical Records and Hospital Supplies with traceability and reporting.

HCS will be a distinctive and respected brand, which will have assimilated similar services currently managed within Health Boards to a single delivery model to obtain synergies, remove variation and reduce risk and harm. To date the following actions have been initiated:

- Management restructuring to provide for local responsiveness and future service modernisation, and the merger of NHS Wales Supply Chain to form NHS Wales Supply Chain, Logistics & Transport.
- Internal services and Health Board provided services being transferred to HCS to take advantage of synergies and remove geographical boundaries.
- Extend the range of services provided to NHS Wales, including taking in-house services provided through private sector arrangements.
- Implementation of Cleric - a Computer Aided Dispatch system to provide improved logistics management and performance reporting, and subsequent planned extension to NHS Wales Supply Chain
- Successful Implementation of temperature controlled pathology transport (Medical Logistics) in line with the All Wales Pathology reconfiguration programme, and to further support pharmacy distribution
- Support the Pathology Modernisation Programme in providing timely and time controlled specimen transport, with agreed KPI's pan Wales; removing Variation, Risk & Harm
- Successful Relocation projects of the Health Courier Service within Cardiff, Aneurin Bevan & BCU to free up Health Board estate.
- Wound Management Service to a number of HB partners, leading to considerable savings in consumables
- Roll out of Home Care services with delivery of consumables directly to patients, and collection of Clinical Waste for disposal under the All Wales Arrangement
- Response for non-patient transport for consumables, PPE, and pathology services for the Covid-19 pandemic

Further modernisation activities are planned, including modernising existing services, transfer of further Health Board services, expanding existing services to new partners and increasing the range of services offered.

3. Case for Change

A.	Business needs
	<p>NHS Wales Supply Chain, Logistics & Transport and specifically Health Courier Service is the 'wheels of the NHS' in Wales, supporting Health Board partners in its service delivery by providing logistics support for Pathology, Blood, Pharmacy, internal Mail, Medical Records, Vaccines, and medical consumables.</p> <p>Since transfer to NWSSP in 2015, services provided from Cwmbwrla station have expanded by almost 45%, meaning we have had to base staff and vehicles in unsecure hospital car parks, with limited access to facilities or direct contact supervision</p> <p>This was due to the nature of the service required and dependency on only having access to be able to park 16 vehicles in the current WAST operated site. The true Swansea vehicle parking requirements is for more than 22 operational vehicles (plus staff/visitor parking) ranging from small van, through to Large light commercial vehicles</p> <p>The continuing development of HCS and subsequent restructure merging to form NHS Wales Supply Chain, Logistics & Transport has seen a number of joint initiatives be developed such a Wound Management and Home Care services, which has been challenging to support and coordinate locally from Cwmbwrla due to us only having limited office space and no storage (staging) space whatsoever to hold consignments for onward distribution.</p>
B.	Benefits
	<ul style="list-style-type: none">• Benefits of the relocation to Samlet Rd, Swansea will include:<ul style="list-style-type: none">○ Secure Goods yard to park vehicles○ Fit for purpose Post Room to manage internal mail within the Health Board Area plus to receive internal mail, patient notes and medical records from other Health Board area and support exchange of Primary Care Service documents○ Provide a fit for purpose transport scheduling office for Supply Chain, Logistics & Transport to concentrate on both HCS & Supply chain regional requirements.○ Provide access to a training area for staff to promote continuous

professional development

- Provide Welfare facilities for staff that are currently unavailable in Cwmbwrla e.g. lockers and adequate rest facilities
- Provide meeting room facilities
- Provide a large 'open plan' office for other users and 'Hot Desk' capability
- Relocation to be closer to the M4 corridor and major road infrastructure
- Provide 'future proofing' with a building that will allow HCS to expand and develop its support to NHS Partners and allow access to training facilities
- Will allow the ability to accept delivery of items as a staging site, for onward delivery from its goods/store holding area

C. Risks

The present HCS base in Cwmbwrla is not fit for purpose; outdated by some 20 years is planned for alternate operational use by WAST

The current situation at site leave HCS in a position where:

- We will be without a base to operate services from.
- We are unable to develop or expand

Remaining at site would:

- Leave service delivery exposed to loss of premises long term, due to planned redevelopment at site, and this places considerable risk to service delivery as suitable replacement sites would be difficult to find.
- Mean a Hub & Spoke distribution services development risk in SW Wales

4. Available Options

Option 1

– Do Nothing/Status Quo

This is not an option due to planned change of use at site , and presents huge risk as in the event of notice to relocate

	and premises cannot be found, cost to NHS Wales could be in excess of current estimates.
Option 2	<p>- Do Minimum</p> <p>Source an industrial goods yard which could be located and temporary building (Porta-cabin style) installed. This whilst providing a solution presents its own risks in relation to Health & Safety, security, longevity and public image.</p> <p>It should be noted that whilst this may provide a temporary fix, it would not meet modern building standards and risk provision of accommodation that sits outside of expected standards of estate facility in NHS Wales.</p>
Option 3	<p>- Focused Investment</p> <p>Support development of the Samlet Rd which would provide additional office, meeting and training areas that could support other departments within NWSSP and external NHS Partners.</p>
Option 4	<p>- Do Maximum</p> <p>Undertake a larger full conversion of the Samlet Rd site to include Ground Floor and Second floor (mezzanine).</p> <p>This would provide maximum opportunity and use dead space above ceilings and allow other departments to co locate. This however is not identified as a requirement, as it would significantly increase conversion costs</p>

Option Summary

Option	Cost of Programme
1	Nil
2 – Temporary Building Option	Expected circa £30,000 PA plus rates

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3 – Samlet Rd, Swansea – Preferred Option	£32,000 PA (£61k pa years 1-5) Plus rates
4 – Samlet Rd Swansea – Maximimum Build	As above, plus additional conversion costs & rates

5. Preferred Option

The preferred option is Option 3- focussed investment. The details of items to be purchased are shown in Appendix A. This option has been selected as the preferred option for the following reasons:

- It's a predetermined site, known location that is central to local services
- It has a secure industrial goods yard (secure compound) as part of the site that can accommodate up to 30+ vehicles
- It has excellent transport links, not only being close to major highways but also to public transport links for staff and visitor access.
- Rental costs are considerably cheaper than other sites that have been located.
- The site would allow HCS to vacate Cwmbwrwla, releasing the site for development by WAST
 - Allow additional staging space, to allow items to held for handover same/next day for onward distribution

6. Procurement Route

The procurement for building works will be carried out/tendered by the landlord, as they will be responsible for the conversion.

It will also be supported and overseen by appointed agents via NWSSP Specialist Estates.

7. Funding and Affordability

The proposal is that the cost of the conversion of site to required standard will be added to the first 5 years rental, where the

Spend outlined in this case will need to be partially supported by our capital contribution of £50k of this year's already allocated capital funding from the Welsh Government, to offset some of the costs of site conversion i.e. reducing the cost of conversion from £145k to £95k, meaning £95k absorbed by the landlord will be added in the per annum charge for the first five years

at £19k pa.

The revenue costs of the chosen option are:

Annual rent £32,000 (£51,000 for years 1-5)

Rates (expected) £17,000

Service Charges £TBC

Total annual Cost expected £49,000 pa (£68,000k pa years 1-5)

It should be noted that Covid-19 pandemic has caused slippage in the project, and that the above figures are based on a Capital contribution to offset the cost of the works

Should further delays be encountered, we may not be able to fund the capital contribution this financial year, and this will mean that additional revenue expenditure will be used to fund years 1-5 as part of the lease arrangement; and this could incur an additional revenue cost of up to £16,500 per annum for years 1-5

Years 1-5

Title	Fy19/20 £ (excl VAT)	FY20/21 £ (excl VAT)	FY21/22 £ (excl VAT)	FY22/23 £ (excl VAT)	FY23/24 £ (excl VAT)	FY24/25 £ (excl VAT)	Total @ Y5
Lease Costs	Not expected to be occupied by March - any cost pro rata	£51k	£51k	£51k	£51k	£51k	255,000
Total	£Nil	£51k	£51k	£51k	£51k	£51k	255,000

Years 5-10

Title	Fy25/26 £ (excl VAT)	FY26/27 £ (excl VAT)	FY27/28 £ (excl VAT)	FY28/29 £ (excl VAT)	FY23/24 £ (excl VAT)	Years 5-10	Total £ (Inc. VAT) 10 years
Lease Costs	£32k	£32k	£32k	£32k	£32k	160,000	415,000
Total	£32k	£32k	£32k	£32k	£32k	160,000	415,000

***Contract is for the above cost, and excludes rates payable to government**

Total cost for the lease contract over 10 years in £415,00 plus rateable value

This amount is funded and available within the department's revenue budget.

8. **Management Arrangements**

A. Project Management Arrangements

Outline Proposed Project management arrangements

The project will follow key elements of the PRINCE2 methodology and will operate in a structured manner, making use of relevant practices in keeping with the principle of continuous improvement with the support of PMO and SES.

Benefits Realisation Monitoring

The NWSSP has benefit realisation arrangements in place to monitor its achievements in relation to the Business Case. The benefits from this programme will be added to the benefits register and monitored as part of the existing process.

Risk and Issue Management

Risk assessment and management is an ongoing process. Risks will be evaluated at the planning stage of each project phase, as a minimum. The escalation of any given risk is to be done in consultation between the Project Manager and the SRO.

Any question, problem or suggestion, which may impact on the Capital Programme achieving its aims and objectives, will be logged as an issue in the log file. An owner will be allocated to each issue and progress tracked until the issue is resolved. An escalation procedure is in place which will be coordinated by the Project Manager.

The risk register and issue log will be updated during the course of the Programme and will be reviewed on a regular basis with the SRO who will update the NWSSP Senior Management Team on a monthly basis.

APPENDIX A

Samlet Road, Llansamlet, Swansea

Heads of Terms - Draft

2 July 2020

Subject to Contract

- 1 Property:** Samlet Road
Llansamlet
Swansea
SA7 9AF
- 2 Landlord:** Short Bros (Developments) Limited
1 Windsor Road
Radyr
Cardiff
CF15 8BP
- 3 Tenant:** Velindre NHS Trust
2 Charnwood Court
Nantgarw
CF15 7QZ
- 4 Demised Premises:** The Demised Premises will comprise the land and detached building as outlined red on the attached Lease Plan, which is for identification purposes only.
- 5 Tenure:** Leasehold
- 6 Car Parking:** The Tenant will be permitted to park to within the Demised Premises.
- 7 Rights of Access:** The Tenant will be granted full pedestrian and vehicular access over the land hatched blue on the attached Lease Plan.
- 8 Lease:** A new lease for a term of 10 years

The Lease will be inside the Security of Tenure Provisions of the Landlord and Tenant Act 1954.

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- 9 Rent:** £32,000 per annum.
- Rent will be paid quarterly in advance.
- 10 Fit Out Rent:** The Tenant will pay an additional Fit Out Rent in respect of the Tenant Works (listed below).
- The Tenant Works will be to a maximum of £145,000 and will be based on the agreed tendered costs. This figure will include the Landlord's Project Management Costs, together with an interest and administration charge incurred in procurement and undertaking of the Tenant Works.
- The Tenant's contribution for the Tenant's Works will be agreed after the Landlord has obtained three competitive quotes and the Tenant will make a capital contribution of £50,000.
- There will be a further deduction of £5,000 from the Tenant's contribution to reflect an element of Landlord liability for some of the works.
- The Fit Out Rent payable will therefore be the amount that is remaining following these deductions and then split equally over the first 5 years of the Lease.
- 11 Rent Free:** The Tenant is to benefit from 6 months rent free at Lease Commencement. This relates to the Rent Only.
- 12 Option to Determine** The Tenant will have an Option to Determine the lease at any time during the 6th year of the term provided:
- They serve 6 months written notice of their intention to determine the Lease.
 - At the date of determination all the principal rent has been paid to the Landlord.
 - Free of third party occupation.
- 13 Rent Review:** There will be a Rent Review at the end of the 5th year to the higher of Market Rent or Passing Rent.
- Tenant Fit Out Works will be disregarded.
- 14 Repair:** The Demised Premises will be occupied on a full repairing and

insuring basis, subject to the Tenant not having to maintain in a better state of repair than evidenced by a schedule of condition prepared by the Tenant on completion of the Landlord's Works.

15 Alienation:

The Tenant will have the ability to assign or sub-let the whole of the building subject to first obtaining the Landlord's formal approval which will not be unreasonably withheld or delayed.

The Rent agreed on a sub-letting must be at open market rent at the day of the sub-letting and must be excluded from Part 2 of the Landlord & Tenant Act 1954.

Any assignment will require the Tenant to enter into an Authorised Guarantee Agreement if reasonably required by the Landlord.

Assignment or sub-letting of part only of the Demised Premises will be prohibited.

The Tenant shall be entitled to share occupation of the property with other NHS and Government bodies and only in a way that does not create or transfer a legal estate.

16 Alterations:

Alterations will be permitted subject to Landlord's prior written approval not to be unreasonably withheld or delayed.

Any alterations will be subject to a Licence for Alteration and the reasonable cost is to be borne by the Tenant.

Within 2 months of the Tenant serving the Option to Determine the Landlord is to confirm the extent of the Tenant Works that are to be removed before Lease Expiry.

The Landlord is to confirm the extent of the Tenant Works that are to be removed 6 months before Lease Expiry.

17 Insurance:

The Landlord will be responsible for insuring the Demised Premises and will recover the annual premium from the Tenant.

18 Use:

The Tenant is to apply for a Change of Use to allow them to use the Demised Premises for B1/B8 use

19 Access:

The Tenant will be permitted 24 hours access to the Demised Premises, 7 days a week.

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20 Rates: The Tenant will be responsible for Business Rates attributable to the Demised Premises, together with the responsibility for payment of all statutory utilities.

21 Signage: The Tenant is to provide the Landlord with details of the proposed signage for approval, which is not to be unreasonably withheld.

22 Works: Tenant Fit Out Works

The Landlord will undertake the Tenant Fit Out Works as part of the transaction and overall works to the Demised Premises. The works will be as per the attached Outline of Works and Layout Plan.

Full specification and layout plans are to be agreed and appended to the Agreement to Lease.

The Landlord will obtain three quotes for the Tenant Fit Out Works prior exchanging the Agreement for Lease. If the best value quote is acceptable to the Tenant, the parties will proceed to exchange of the Agreement for Lease and the successful contractor will be appointed to carry out the Fit Out Works.

Landlord Works

The Landlord will carry out repair works to an agreed specification prior to Lease commencement.

23 Agreement for Lease Both parties will commit to an Agreement for Lease to which will be attached the agreed Lease.

24 Target Timetable Agree Heads of Terms

The parties will aim to agree Heads of Terms by xx xxxx 2020.

Completion of the Agreement for Lease

Target date for completion of the Agreement for Lease will be 8 weeks after Solicitors have been instructed following agreement of

Heads of Terms.

The Agreement for Lease will subject to planning and surrender of the existing lease with Topps Tiles.

Landlord Works & Tenant Fit Out Works

Full specification of works to be prepared and agreed in conjunction with the Agreement for Lease.

Commencement of Works

The Landlord will use reasonable endeavours to commence the Works within 30 days of signing of the Agreement for Lease.

Construction contract target - Reasonable Endeavours Date

The Landlord will use Reasonable Endeavours have finalised the Landlord Works & Tenant Fit Out Works within 4 months of commencement.

Works Completion Deadline Date

If the Landlord has not completed the Works within 6 months of exchange of the Agreement for Lease, the Tenant will be able to terminate the Agreement.

25 Legal Costs: Each party to bear their own legal costs incurred in the Transaction.

26 Conditions: The letting is subject only to the following:

- Contract
- Planning
- Surrender of Lease to Topps Tiles
- Formal respective board approvals

27 Landlord's Solicitor: Berry Smith
Haywood House
Dumfries Place
Cardiff
CF10 3GA

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Date:

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Contact: Mathew Clapham
Tel: 029 2034 5511
E-mail: mclapham@berrysmith.com

28 Tenant's Solicitor: To be confirmed

Contact:
Tel:
e-mail:

29 Landlord's Surveyor: Knight Frank LLP
3 Assembly Square
Britannia Quay
Cardiff
CF10 4PL

Contact: Neil Francis
Tel: 029 2044 0147
Email: neil.francis@knightfrank.com

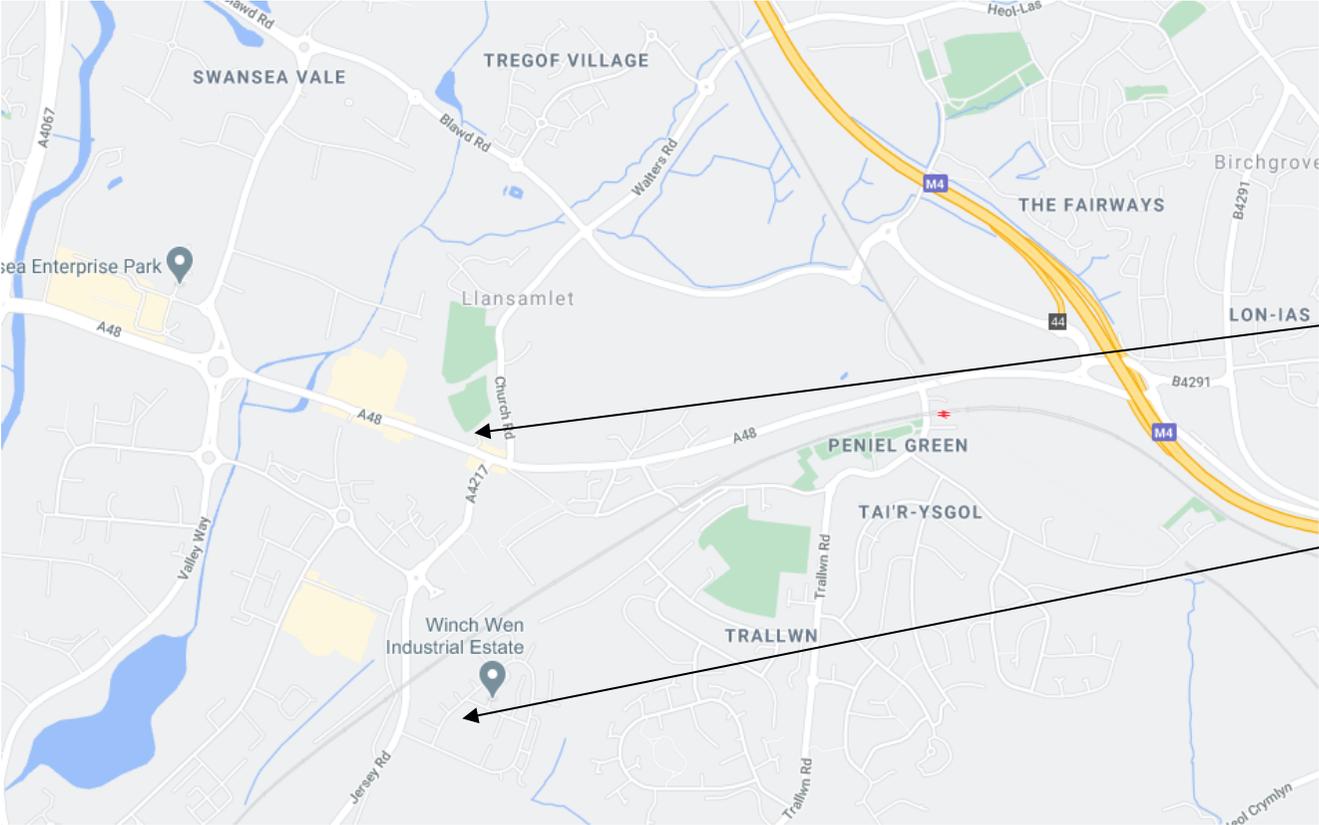
30 Tenant's Surveyor: Andrew Nash
NHS Wales Shared Services Partnership
3rd Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Contact: Andrew Nash
Tel: 07931 122176
Email: andrew.nash@wales.nhs.uk

APPENDIX B Analysis of Alternatives

Option	Location	SWOT	
Viking Way	Swansea	S: Co locates with our fleet maintenance provider	W: Relocates to a site in the middle of the enterprise park Shared vehicle compound
		O: May reduce fleet downtime	T: Nil
Samlet Rd	Swansea	S: Gated Secure Unit Location- Good Road access to major road access Rental revenue costs are low, with long term lease options	W: Shared access at entrance leading to the site secure gate. Will need clear no parking arrangements to be agreed
		O: May reduce fleet downtime due to Viking Way garage being 1 mile away	T: Nil

Appendix C Map of Locations



- 1. Samlet Rd
- 2. Viking Way

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GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM - tbc

17th September 2020

The report is **Exempt**

Teitl yr Adroddiad/Title of Report

UPDATE - NWSSP Transformation Programme

ARWEINYDD: LEAD:	Andrew Evans, Director of Primary Care Services
AWDUR: AUTHOR:	Dave Hopkins, (ex) Director of Primary Care Services
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Evans, Director of Primary Care Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andrew Evans - 02920 904080

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

To provide the NWSSPC with an update on the programme.

Llywodraethu/Governance

Amcanion: Objectives:	Value for Money, Customers, Staff, Excellence and Service Development (Modernisation) key corporate objectives
Tystiolaeth: Supporting evidence:	N/A

Ymgynghoriad/Consultation :

There has been significant consultation between the Transformation Board and key stakeholders including: NWSSP, NWIS, Welsh Government, GPC Wales, PHW, NHS Digital, NHS England and PCSE (provided by CAPITA).

NWSSP have been in close dialogue with our NHS partners in England and in particular through a variety of workshops with NHS Digital with regard to the present and future demographic systems being delivered by NHS Digital.

Adduned y Pwyllgor/Committee Resolution (insert √):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	√
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Argymhelliad/ Recommendation	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Note the current situation with regard to the replacement of the GMS system and the implementation of the Northern Ireland BSO product FPPS; 2. Note the current situation with regard to the replacement of the GOS system and the in-house development of an interim GOS claims and payments system; 3. Note the work undertaken to date in collaboration with NHS Digital for the decommissioning of the NHAIS system and the move to their successor patient demographic products.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	<p>No direct impact.</p> <p>The procurement of a successor GMS product has now been purchased as a joint development venture after approval to proceed by DoH (Northern Ireland) and in accordance with the support of the 'Hamburg Agreement', for contracting between 2 public sector bodies. This has been subject to legal advice inside NWSSP and subsequent advice and endorsement through legal counsel.</p>
Iechyd Poblogaeth: Population Health:	Systems replacement to be delivered for Patient Registration by NHS Digital must be able to meet cross border patient transfers in relation to demographic data and screening services.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	<p>New processes for patient transfers will need to be agreed as NHS Wales will be directly reliant on the NHS Digital demographic system.</p> <p>Screening related services are being handled by PHW in conjunction with PHE, NWIS and NHS Digital.</p>

<p>Ariannol: Financial:</p>	<p>Financial implications relating to the core demographic systems which will be supplied by NHS Digital are confirmed circa 25% of current charge. The overall NHAIS charges which are presently covered in our SLA for NWIS and NHS Digital will be utilised to part fund the new arrangements.</p> <p>The charges for the replacement GMS payments offering has been confirmed. A bid for Capital and Revenue injection has been approved by Welsh Government and has allowed the BSO in Northern Ireland to fully resource the implementation.</p> <p>The development of the interim GOS systems will be undertaken by diverting internal resources with support from the NWSSP Project Management Team. External resources are now deployed to support programme.</p> <p>An increase in the establishment for the Modernisation and Technical team has been agreed and these resources (approx. 3 WTE) will be deployed in the implementation of all NHAIS replacement solutions, and the ongoing support.</p> <p>As at the start of September 2020 NHS Digital have confirmed that support for all products will be available until April 2021 for GOS and GMS payments solutions. There is a cost of around £6K (agreed with NHS Digital) to meet the continued production of the GMS Global Sum calculation for Wales only.</p>
<p>Risg a Aswiriant: Risk and Assurance:</p>	<p>The withdrawing of systems in England has resulted in an increased cost to NHS Wales however funding streams have now been allocated to both GMS and GOS systems replacements, and are on target to meet the revised NHS Digital decommissioning date of April 2021.</p> <p>The current position with the COVID19 pandemic is an inherent risk to delivery of the new systems, however PCS remain confident of mitigating these risks should the current systems be affected in terms of their availability.</p>

	This programme of change is highlighted and RAG rated as a reduction in risk rating as part of the current NWSSP Corporate Risk Register.
Safonau Iechyd a Gofal: Health & Care Standards:	No direct impact.
Gweithlu: Workforce:	<p>Potential impact for NWSSP staff through modernisation of patient registration and payment/claims functions with the introduction of new systems.</p> <p>An increase in technical staff has been agreed and funded internally.</p>
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Closed - the information should be subject to exemption.

1 SERVICE IMPACT

The rollout of the Medical Record Envelopes (MREs) Service in England is now at a steady state with records moving directly between GP practices. Furthermore the overall records transfer process has been reviewed across PCS and further improvements in this area are forecast during 2020/21. The current COVID pandemic has seen a considerable reduction in patient transfer both across Wales and between Wales and England, although this is picking up slowly as lockdown eases.

In terms of timescales there has been a significant delay in the implementation of the new GMS payment system in NHSE, which was originally planned for completion in September 2017. Due to the COVID19 issues this is now forecast for October 2020, and may be delayed further. In parallel we have been in discussions with NHS Digital providing future support on an ad-hoc basis, at least until the end of 2020 calendar year on the GMS payments service. We have now concluded these discussions and have been able to negotiate a period of service up until the end of March 2021 for both GOS and GMS payments requirements.

For GOS services in NHSE the rollout of the CAPITA solution will continue past the original revamped date of October 2020 in light of the service issues surrounding COVID. 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.

In terms of the replacement of GMS, NWSSP have been in regular discussion with NHS Northern Ireland and are now fully into the implementation stage. This was initially planned to complete by July 2020, but again issues surrounding COVID have led to some delays. We are now in the detailed acceptance stages with a planned roll out from October quarter processing and full parallel running for November and December 2020. It is then planned, subject to parallel running success criteria, to cut over to the new system fully for the January quarter.

An independent audit will take place on both GOS and GMS from a systems and process perspective and will be completed prior to final sign off of the services.

2 DETAILED ACTIVITY TO DATE

The Transformation Programme Board are responsible for reporting back to the Managing Director of NWSSP and his Executive Team on a monthly basis.

2.1 NHAIS patient registration replacement (PCRM)

- Implementation of the new demographic systems are being managed between NHS Digital and NWSSP. Much preparation is taking place with NHS Wales at an advanced stage.
- Cutover to PCRM and subsequent decommissioning of NHAIS is to take place around August 2021, after which time NWSSP will be receiving its demographic service directly from NHS Digital data centres;
- The new service currently require access via smartcard technology (service provided by NWSSP) however NWIS are in dialogue to firm up feasibility and costs for NHS Wales users at GP practices to have to use Smartcards to access spine system. In any service rollout NWSSP will look to provide the necessary management for smart card services in a much expanded environment;
- Welsh Government and GPC Wales are updated on position on a regular basis.

2.2 NHAIS payments systems replacement (GMS)

- FPPS system and the SLA will include a joint development team arrangement between Northern Ireland BSO and NWSSP going forward;
- NHS Digital have advised that the current GSUM Bureau will be available in April 2021 to run data for the following quarter. Subsequently, it has been agreed that the FPPS NHS Wales incidence will be enabled for 1st October to allow a parallel run to take place during October to December;
- The FPPS Joint Service Board inaugural meeting took place on the 26th May;
- Various teams within BSO and NWSSP have been engaged in the set up the NHS Wales version. This area of work has gathered momentum and focused in the last six weeks on providing the assurance needed to implement system in timescales needed;
- NWSSP, Accounts Payable have set up and successfully tested payment via Oracle. Work continues to ensure a seamless integration between PCS payments and contract Management teams and NWSSP Accounts Payable.

2.3 Open Exeter payments systems replacement (GOS)

- NHS Digital have advised that the Open Exeter Ophthalmic Payments will be available until the end of March 2021 should this be needed;

- Preparations are now advanced in setting up the live GOS environment and planned implementation and parallel running from the October payment cycle;
- Work on QA, payment file creation, BACS transfer and reporting functionality will continue alongside the above work;
- Current payment feeds from circa 30 Specsavers sites will continue via Open Exeter until functionality is live in the interim software, planned to be completed early 2021.

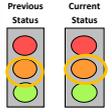
3 PLANNED ACTIONS TO TAKE PLACE

- Completion and sign off with NHS Digital of arrangements and final costing model proposed for NHS Wales to take their SPINE system and supporting PCRM and SDRS solutions;
- To complete the development of the GOS interim solution for NHS Wales claims and payments by October 2020 and implement and parallel run until go live December 2020;
- To implement the new FPPS solution to replace the NHSD GMS system by October 2020 and commence parallel running to cut over to FPPS in January 2021;
- Finalise the arrangements for decommissioning the NHAIS system and introduction of the new PCRM service by July 2021.

NWSSP Finance & Corporate PMO Monthly Report

Reporting Period	Aug - Sept	Date Completed	11/09/2020
Summary	The purpose of this report is to provide a progress update.	Completed By	Ian Rose

Summary Update :



30 projects in progress.
Three projects closed in July/August.

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	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	Large	31/03/2020	95%
	Primary Care NHAIS Ophthalmic	Neil Jenkins	Amber - Time	Medium	01/12/2020	84%
	Brexit/NSDR	Mark Roscrow	Green	Medium	31/01/2021	100%
	Locum Hub Wales- GP Wales - Employment Services Locum	Lisa Williams	Amber - Time	Medium	Not PMO Scoped	Not PMO Scoped
	TRAMS Temp TMU	Neil Frow	Amber - Scope/Quality	Medium	24/08/2020	35%
	IPS Programme SOC	Mark Roscrow	Green	Large	31/12/2020	100%
	Single Lead Employer Stage 1 (Dentists, Pharmacists , Radiol	Sarah Evans	Amber - Scope/Quality	LargeXorg	31/12/2020	72%
	Primary Care NHAIS GP Payments (MVP)	Neil Jenkins	Amber - Time	Medium	01/12/2020	74%
	COVID Hub for Temporary Worker RecruitmentOption Appra	Lisa Williams	Green	Small	Not PMO Scoped	Not PMO Scoped
	All Wales Laundry Programme - PBC	Neil Davies	Amber - Time	Large	28/07/2020	99%
	HEALTHBOARD	Community Dressings Swansea Bay - Phase 2	Tony Chatfield	Green	Medium	TBC AWI SC
Hywel Dda - Transfer of Transport Services		Tony Chatfield	Not Started	Small	30/06/2020	To Be Rescoped
Ward Stock Storage Assessment		Tony Chatfield	Green	Medium	01/03/2021	20%
ABHB transport Redesign		Gildas Griffiths	Amber - Time	Medium	AWI HB Planning	5%
NWSSP	Primary Care NHAIS - Patient Registration	Dave Hopkins	Green	Medium	31/03/2021	56%
	NHS Wales Staff Benefit Portal	Andy Butler	Green	Medium	01/04/2021	6%
	Corporate Health Standards	Gareth Hardacre	Green	Medium	31/10/2021	99%
	Student Awards System Existing Stabilisation and New System	Lisa Williams	Red - Cost	Medium	31/03/2021	9%
	Cleric - New Version for Existing Architecture	Tony Chatfield	Amber - Time	Small	AWI - NWIS & HCS	95%
	Cleric Procurement of New System / contract	Tony Chatfield	Amber - Time	Small	01/04/2021	10%
	Transfer of Transport Services from Powys	Tony Chatfield	Amber - Time	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 Accommodation (Tender)	Mark Harris	Green	Small	AWI Initial Scoping	TBC
	PPE Support Scheme	Andy Butler	Green	Small	AWI Initial Scoping	42%
	L&R Case Management System	Mark Harris	Green	Medium	AWI Initial Scoping	TBC
	New PMO software Requirements - Identifying a system (BC	Andy Butler	Green	Medium	31/07/2020	100%
	NSV Codes/Review	Tony Chatfield	Not Started	Small	AWI Initial Scoping	0%

Projects at Risk

Red - Cost

Student Awards System - Issues still remain in relation to Capital requirement and availability of budget for the new system. However positive negotiations on maintenance for the existing system are taking place with the aim to concluded as soon as possible.

Amber

Primary Care NHAIS - GP Payments - Mitigation activity and recovery action plans agreed and in place with work on going.

Primary Care NHAIS Ophthalmic - Anticipated move to green in October following extension and plan adjustment within new timescales and tolerances

Medical Examiner - Recovery plan in place to bring regions online and recover time.

TRAMS - original timescales for PBC submission have elapsed but on submission and completion of scrutiny process this stage will close and a new stage will be formed to develop the OBCs within the programme.

All Wales Laundry - Delays to Programme business case mitigated, addressing the tasks outlined by the Welsh Government. PBC submitted and scrutiny process in progress.

TRAMS TEMP TMU - manufacturer error which has been rectified and new product being issued to contractor to install.

Single Lead Employer - Corrective actions established to resolve Regulation issue and SLAs sign off.

ABHB transport Redesign - Healthboard action plan established to identify firm requirements which will enable HCS to provide robust costing and service proposal.

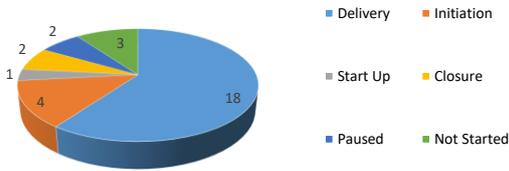
Cleric New Version (Existing System) & Cleric Procurement Due to COVID 19 in HCS and suitable timings to make changes. Review being undertaken on actual need to progress current system or potentially move to new procurement directly.

Transfer of Transport Services from Powys - Supervisor post in place and planned driver transfer in October to complete project

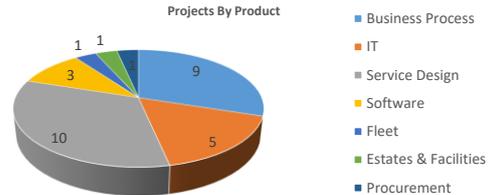
Locum Hub Wales- GP Wales - Employment Services - PMO not formally engaged and traditional measures not applied but guidance provided where beneficial

Graphs Representing Performance

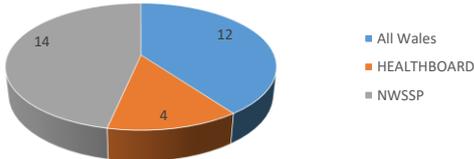
Projects In Progress - Current Stage



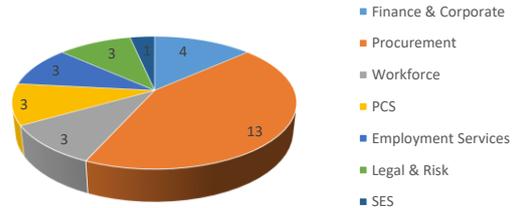
Projects By Product



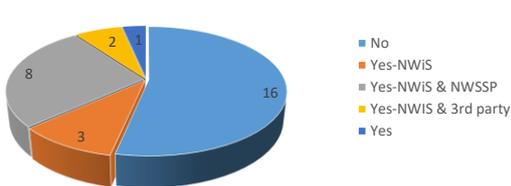
Projects by Scope



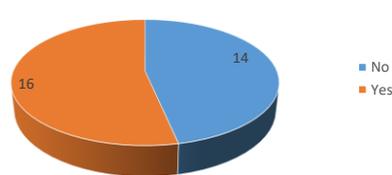
Project In Progress - Services



IT Related Projects



IMTP Related Projects



The Month Ahead

People

- Project Managers maintain support with focus returning to normal levels

Projects

- Laundry PBC - Submitted to Welsh Government and awaiting formal scrutiny.
- New projects awaiting evaluation in Workforce, Legal & Risk and SES.
- New Brexit/NSDR Scheme to be raised to replace 19/20 Brexit within register.
- Other Schemes such as Scan For Safety to be included in register.
- PPE Project to be included in register.

Processes

- Planning processes enhanced and measurement options increased to cover work/effort and critical tasks
- Additional information for RAG and Exception plan status included in master register - "the road to green"
- Work Breakdown Structure focus to support planning developed
- Agile framework development started - supporting Minimum viable product approach
- Lessons Learnt Database refined
- Focus on Risks and Issues revisited, especially if scheme is "on-board" mid Project.
- Report to differentiate between Project % Completion processes to clearly show what process is applied to what scheme.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:XX

17th September 2020

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

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

The purpose of this report is to provide the SSPC with an update on finance, workforce and performance matters within NWSSP as at 31st July 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	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Note the financial position to 31st July 2020. 2. Note the significant level of professional influence benefits generated by NWSSP to 31st July 2020. 3. Note the performance against the high-level key performance indicators to 31st July 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
Safonau 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 31st July 2020

Financial Position

As at the 31st July 2020 NWSSP is reporting a break-even position with an underlying underspend of £0.760m (compared to an underlying underspend of £0.824m as at the 31st July 2019). We have invoiced Welsh Government for the Quarter 1 Covid costs incurred of £2.197m which reduces the risk we were previously reporting. Funding for future periods, however, has not been guaranteed.

Key Performance Measures

38 of our 43 key performance indicators are currently reporting green or amber. The following 5 internal measures however, are showing as red and should be noted.

High Level - KPIs July 2020 (unless stated otherwise)	Target		Position at 30 Apr	Position at 31 st May	Position at 30 th Jun	Position at 31 st Jul
NHS Debts in excess of 17 weeks – Value	0	Monthly	£0k	£1.5k	£0.03k	£66k
NWSSP PSPP NHS % (In Month)	95%	Monthly	95.45%	77.08%	76.32%	82.22%
Variable Pay – Overtime	<£43k	Monthly	£102k	£165k	£246k	£116k
Agency % to date	<0.8%	Cumulative	2.67%	2.75%	2.18%	2.21%
Time to Shortlist by Managers	3 Days	Monthly	11.1 days	23.2 days	20.8 days	12.9 days

Aged Debts – There have been a number of old invoices relating to 2019/20 which remained unpaid. These were all paid during the first week of August.

NHS PSPP - The target for NHS Invoices paid within 30 days is 95%. For July 2020 the NWSSP achievement was 82.22%.

Variable Pay & Agency - Variable Pay has increased substantially since April 2020 and is primarily related to additional activity associated with Covid-19. During July 2020, Agency spend totalled £176k (£76k July 19), Bank totalled £151k (£75k July 19) and overtime totalled £116k (£42k July 19). The significant increase in agency usage is being monitored and where possible bank or redeployed staff will be utilised.

NWSSP Recruitment compliance – This year we are also reporting the recruitment KPIs as a percentage of the records that **achieved** the target timescales as well as the average days to process, the compliance is highlighted in the table below;

<u>NWSSP KPIs Recruitment</u>	Timescale	Target	Jun-20
Time to Approve Vacancies	10 days	70%	63%
Time to Shortlist by Managers	3 days	70%	40%
Time to notify Recruitment of Interview Outcome	3 days	90%	49%

Summary - The July 2020 financial position was within expectations, however this should be monitored as we progress through the financial year. Although funding has been confirmed by Welsh Government for Q1 of Covid19 expenditure, this has not been guaranteed in future periods.

Finance, Workforce and Performance Update Report

INTRODUCTION

This report provides an update on the following to 31st July 2020:

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

NWSSP Financial position

NWSSP reported a break-even position at the close of Month 4:

	Annual Budget £0k	YTD Budget £0	YTD Expend £0	YTD under/ overspend £0
Audit & Assurance Services	2,655	971	923	-48
Procurement Services	15,267	5,677	5,580	-97
Health Courier Services	1,616	1,201	1,125	-75
SMTL	729	276	273	-3
Stores	0	0	0	0
Employment Services	10,463	3,508	3,518	10
Primary Care Services	11,706	3,926	3,782	-144
Legal & Risk Services	2,602	859	791	-68
WIBSS	0	0	0	0
Welsh Risk Pool Services	459	175	175	0
Specialist Estates Services	3,053	1,044	957	-87
Medical Examiner Service	33	33	33	0
Single Lead Employer	511	511	511	0
E-Business Central Team Services	1,149	-51	-51	0
Accounts Payable	3,142	1,042	1,060	18
E-Enablement	530	176	173	-3
Counter Fraud Services	450	150	144	-5
Corporate Services	-1,546	-2,464	-2,510	-47
Corporate IT Support/RPA	1,756	605	593	-12
PMO/TRAMS	378	131	126	-5
Accommodation	2,354	785	736	-49
Finance	938	311	283	-27
Finance Academy	450	162	162	0
Welsh Language	192	64	50	-13
GP Training Scheme	0	0	0	0
Workforce & OD/WFIS/ESR/TEL	2,065	700	580	-120
Salary Sacrifice	-30	-10	6	16
ESR Enhanced	-60	-20	-20	0
Distribution	0	0	0	0
Corporate Reserves	-71	502	1,262	760
	60,791	20,264	20,264	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 – July 2020 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	2.028
Procurement Services	5.028
Legal & Risk Services	61.597
Total	68.653

PERFORMANCE

Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 1 reports have been produced and 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 July 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-Apr	Position at 31-May	Position at 30-Jun	Position at 31-July
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	96.90%	97.70%	97.98%	96.83%
NWSSP PSPP NON-NHS % (Cumulative)	95%	Monthly	96.90%	97.27%	97.49%	97.33%
NWSSP PSPP NHS % (In Month)	95%	Monthly	95.45%	77.08%	76.32%	82.22%

KEY PERFORMANCE MEASURES

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

High Level - KPIs July 2020 (unless stated otherwise)	Target		Position at 30 Apr	Position at 31 May	Position at 30 Jun	Position at 31 Jul
Internal Indicators						
Corporate						
NHS Debts in excess of 11 weeks – Value	<£100k	Monthly	£150k	£283k	£236k	£106k
NHS Debts in excess of 17 weeks – Value	0	Monthly	£0k	£1.5k	£0.03k	£66k
Variable Pay – Overtime	<£43k	Monthly	£102k	£164k	£246k	£116k
Agency % to date	<0.8%	Cumulative	2.67%	2.75%	2.18%	2.21%
<u>NWSSP Org KPIs Recruitment</u>						
Time to Approve Vacancies	10 days	Monthly	12.1 days	10.6 days	6.0 days	12.5 days
Time to Shortlist by Managers	3 Days	Monthly	11.1 days	23.2 days	20.8 days	12.9 days
Time to notify Recruitment of Interview Outcome	3 Days	Monthly	3.9 days	29.2 days	2.7 days	3.2 days
<u>Website & Social Media Reach</u>						
Internet hits per month	>100k	Monthly	125k	132k	27k	68k
Intranet hits per month	>75k	Monthly	71k	61k	79k	76k
Twitter Followers		Cumulative	3,359	3,395	3,433	3,479
Twitter New Followers	35	Monthly	88	68	21	52
Tweet Impressions	20k	Monthly	49k	162k	57k	42k
Tweets	20	Monthly	58	43	71	84
LinkedIn Followers		Cumulative				3,573
Professional Influence						
Professional Influence Savings	£110m annual target	Cumulative	Incomplete	Incomplete	£50m	£69m

Procurement Services						
Procurement savings *Current Year	£10.64m	Cumulative	Incomplete	Incomplete	Incomplete	£5.03m
All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	93.45%	Reported Quarterly
All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	83.71%	Reported Quarterly
Accounts Payable % Calls Handled (South)	95%	Monthly	99.6%	100%	99.7%	Not Available
Employment Services						
Payroll accuracy rate (Added Value)	99.6%	Monthly	99.84%	99.78%	99.72%	Partially Complete
<u>All Wales Org KPIs Recruitment</u>						
Time to Approve Vacancies	10 days	Monthly	12.0 days	17.2 days	10.9 days	9.1 days
Time to Shortlist by Managers	3 Days	Monthly	12.2 days	17.2 days	15.6 days	10.4 days
Time to notify Recruitment of Interview Outcome	3 Days	Monthly	4.3 days	7.6 days	6.9 days	3.0 days
<u>All Wales Org - NWSSP KPIs recruitment element</u>						
Time to Place Adverts	2 days	Monthly	2.1 days	1.4 days	1.7 days	1.6 days
Time to Send Applications to Manager	2 days	Monthly	1.1 days	1.1 days	1.0 days	1.0 days
Time to send Conditional Offer Letter	4 days	Monthly	3.3 days	3.1 days	3.2 days	3.3 days
Recruitment % Calls Handled		Monthly	87.1%	92.5%	90.1%	89.6%
Primary Care Services						
Payments made accurately and to timescale	100%	Monthly	100%	100%	100%	Not Available
Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.8%	99.21%	90.1%	Not Available
Internal audit						
Audits reported % of planned audits	5%	Cumulative	95%	Reported directly to Audit Committee	1%	4%
% of audit outputs in progress		Cumulative	5%	Reported directly to Audit Committee	17%	19%
Report turnaround management response to draft report [15 days]	80%	Cumulative	69%	Reported directly to Audit Committee	Not Applicable	50%
Report turnaround draft response to final reporting [10 days]	80%	Cumulative	99%	Reported directly to Audit Committee	Not Applicable	100%
Legal and risk						
Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	100%	100%	98%	100%
Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	100%	100%	98%	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	100%	No Committee	98%

COVID-19

The additional NWSSP operational Covid-19 spend incurred to 31st July 2020 is £2.973m. Welsh Government have funded costs incurred during the first three months of the year totalling £2.197m and it is assumed that ongoing costs will be funded at this time, although this has not been confirmed. The expenditure incurred is summarised in the table below together with the full year forecast of Covid costs submitted:

Additional COVID Expenditure	M4	Full Year Forecast
		£m
Staff costs - bank and overtime	1.072	3.948
Staff costs - agency	0.690	1.053
Interim F1s	0.511	0.511
Transportation costs	0.355	1.550
Additional cleaning/equipment/security	0.170	0.461
Distribution of shielding letters	0.051	0.051
External laboratory testing	0.052	0.077
Loss of income	0.000	0.248
Temporary Medicines Unit	0.017	0.928
Oracle Licences/Bomgar Licences	0.000	0.136
Other non pay costs	0.055	0.079
TOTAL	2.973	9.042

Capital Covid orders totalling £10.586m were approved to 31st July 2020. £3.521m of these are for expenditure on ventilators which will be treated as national assets in the short term and capitalised within NWSSP. The remainder will be recharged to UHBs/Trusts during the financial year when the costs are incurred.

We have incurred net All Wales Covid-19 non-stock revenue costs for PPE and Equipment received to 31st July 2020 of £94.505m which were recharged to Welsh Government in full. The total value of COVID non-stock purchase orders raised for All Wales PPE and Equipment (capital and revenue) in 2020/21 currently totals £211.327m, which reduces to £174.261m when recharges to other Nations for supplies of PPE are deducted.

Capital

An element of our discretionary capital funding has been allocated to services. A review of the remaining funding available continues against requests for capital funds that were made as part of the IMTP process. The NWSSP Capital Expenditure Limit at 31st July 2020 can be summarised as:

	£m
Discretionary Allocation	0.600
National Workforce Reporting System	0.163
NHAIS Replacement	0.253
Covid19 - Temporary Medicines Unit	0.537
Covid19 – IT Requirements	0.444
TOTAL	1.997

Welsh Risk Pool – July 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

Claims expenditure above the £75M core allocation and PIDR funding is subject to the Risk Share Agreement.

The IMTP forecast for 2020/21 indicates a risk sharing agreement requirement 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 31st July 2020 can be analysed as follows:-

July 2020 DEL Position	
Reimbursements	24,208,519
Managed Claims	346,123
PTR Reimbursable	3,316
Periodical Payment Orders	936,111
NHS Wales Creditor	8,323,000
Clinical Negligence & Personal Injury	33,817,069
Redress Reimbursements	789,759
YTD Expenditure	34,606,828

DEL FORECAST 2020/21

The forecast outturn position as at Month 4 remains at **£121M**. It is anticipated that the Risk Share Agreement will be invoked for 2020/21 in line with that set out in the IMTP.

The forecast includes a number of 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.

It should also be noted that COVID 19 is placing increasing uncertainty over the timing of the settlement of cases, which creates will have an impact on the overall outturn.

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	1154.023	20.201

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. To date, four letters of claim have been received (one in the first week of July). 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.

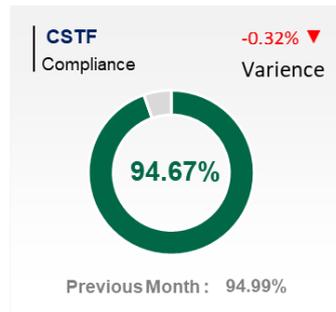
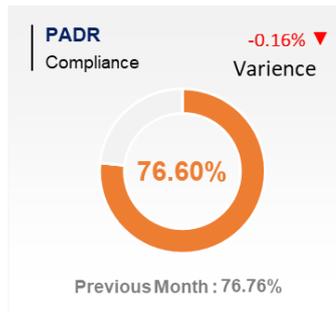
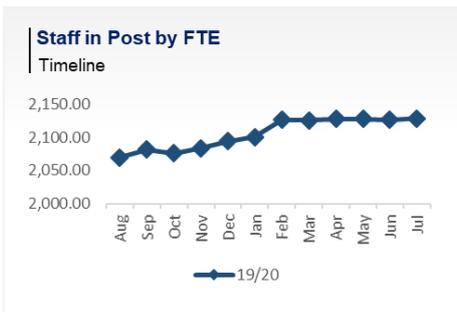
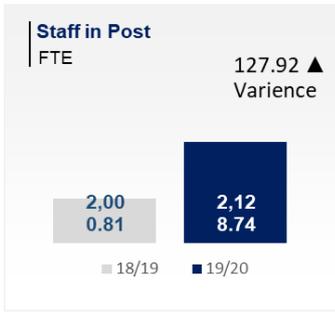
NHS WALES SHARED SERVICES SHARED SERVICES PARTNERSHIP COMMITTEE

Introduction / Summary

MEETING	Shared Services Partnership Committee (SSPC)
DATE	September 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
<i>PURPOSE OF REPORT</i> 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



Key

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

NWSSP STAFF IN POST

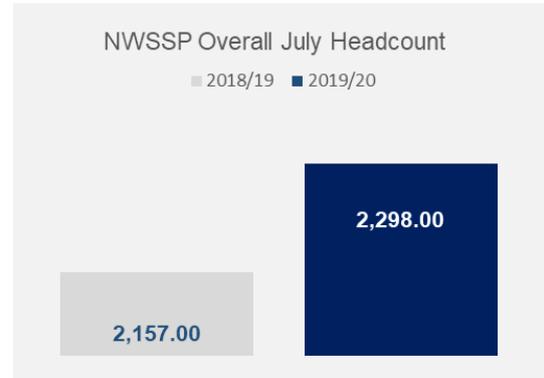
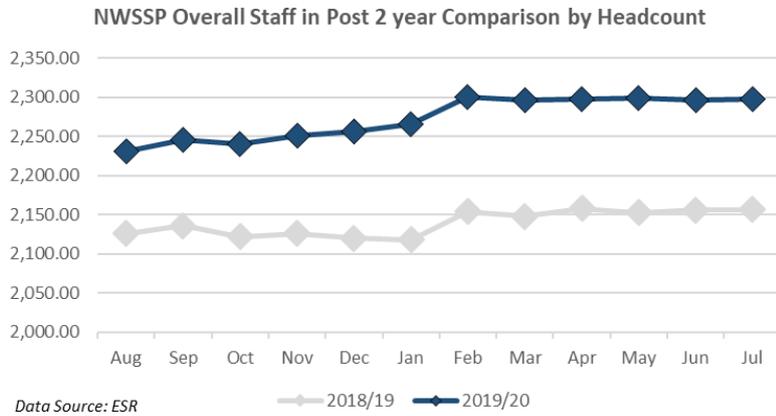
The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP as at 31st July 2020:

Section	Headcount		FTE		Headcount Change	
	Jun 20	Jul 20	Jun 20	Jul 20	Headcount Change +/-	Headcount Change +/- %
Accounts Payable Section	137	136	130.93334	130.13334	-1.00 ▼	-0.74%
Audit & Assurance Section	52	53	49.36	50.36	1.00 ▲	1.89%
Corporate Section	62	62	57.50666	57.50666	0.00	0.00%
Counter Fraud Section	7	7	7	7	0.00	0.00%
Digital Workforce Solutions Section	17	17	16	16	0.00	0.00%
E-Business Central Team Section	12	12	10.93333	10.93333	0.00	0.00%
Employment Section	358	361	326.85861	330.39194	3.00 ▲	0.83%
Finance Section	28	28	25.98001	25.98001	0.00	0.00%
GP Trainees Section	497	494	447.15	444.75	-3.00 ▼	-0.61%
Legal & Risk Section	118	118	108.24	108.24	0.00	0.00%
Medical Examiner Section	0	2	0	2	2.00 ▲	100.00%
Primary Care Section	304	306	278.25695	280.36362	2.00 ▲	0.65%
Procurement Section	605	602	572.29625	569.09625	-3.00 ▼	-0.50%
Specialist Estates Section	46	46	45.10667	45.10667	0.00	0.00%
Surgical Materials Testing (SMTL) Section	22	22	20.32	20.32	0.00	0.00%
Welsh Employers Unit Section	4	4	3.8	3.8	0.00	0.00%
Workforce & OD Section	28	28	26.75333	26.75333	0.00	0.00%
NWSSP Overall	2297	2298	2126.49515	2128.73515	1.00 ▲	0.04%

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

NWSSP OVERALL HEADCOUNT TRAJECTORY

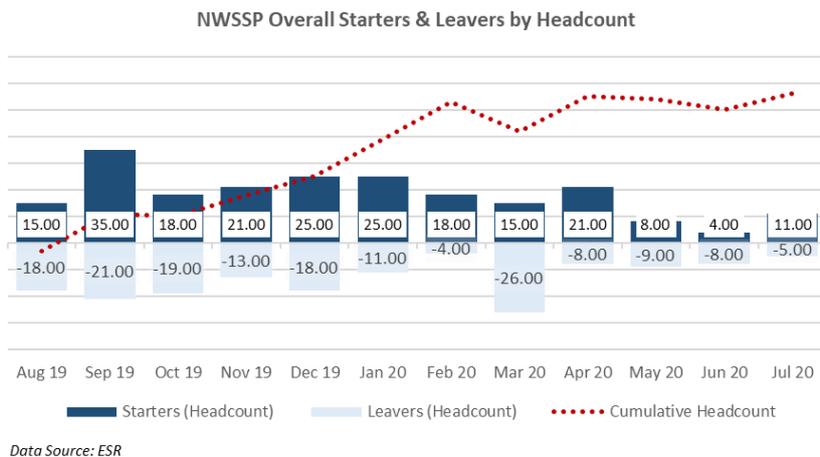
The graph below shows the rolling 12-month headcount trajectory compared to the same period for the previous year.



The significant increase in headcount is attributable to the growth in our Single Lead Employer activity.

STAFF TURNOVER

The turnover rate for NWSSP from 1st August 2019 to 31st July 2020 is **9.07%** compared to **10.37%** for the same period last year.

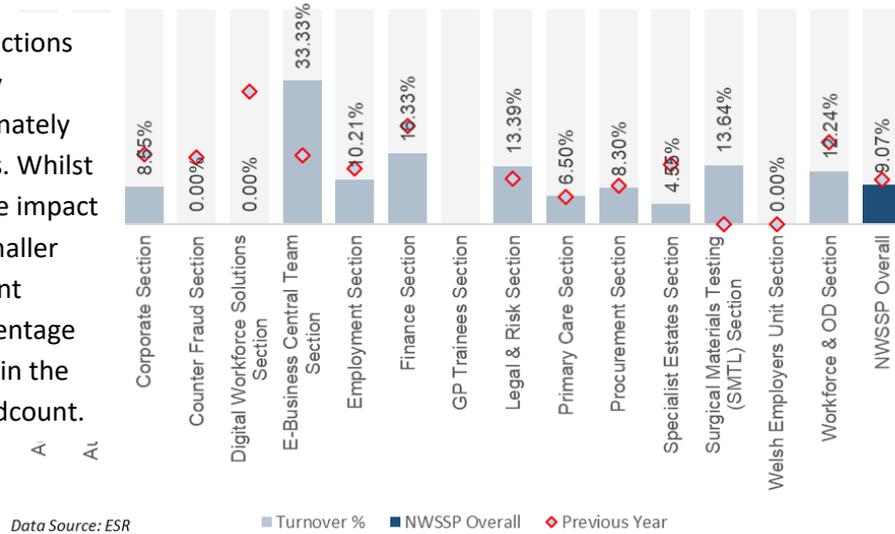


This graph shows the starters and leavers in NWSSP from August 2019 to the end of July 2020. GP Trainees and Bank workers are excluded from this information

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

NWSSP Overall Turnover % Comparison by NWSSP Service Areas

Please note that those functions with a low headcount may demonstrate disproportionately high turnover percentages. Whilst it is acknowledged that the impact of staff turnover within smaller teams can have a significant impact, the turnover percentage needs to be understood within the context of the overall headcount.



The top three reasons for staff leaving NWSSP over the last 12 months are:

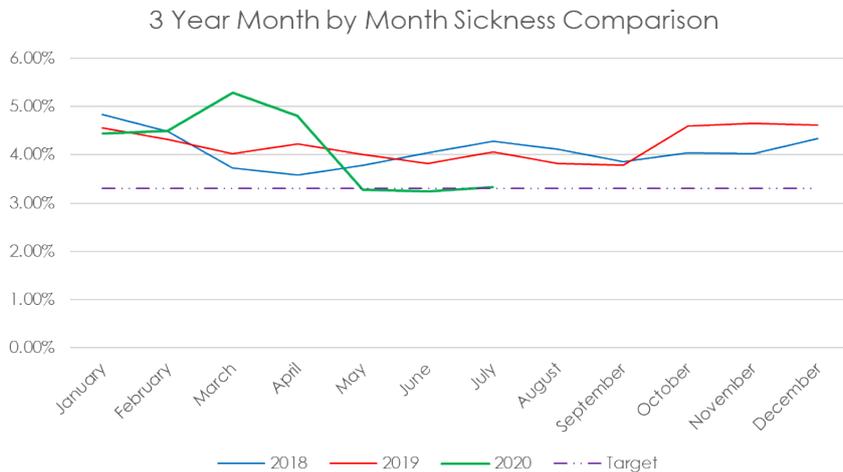
Top 3 Leaving Reasons		
Rank	Reason	Headcount
1	Sum of Voluntary Resignation - Promotion	36
2	Sum of Voluntary Resignation - Other/Not Known	32
3	Sum of Retirement Age	21

Other reasons for absence during this period include relocation (11); end of fixed term contract (11); return to study (9); and flexi retirement (9)

Of 160 staff that left the organisation during this period, 104 staff left through voluntary resignation, equivalent to 65% of all terminations. 0 dismissals occurred in July 2020.

SICKNESS ABSENCE

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



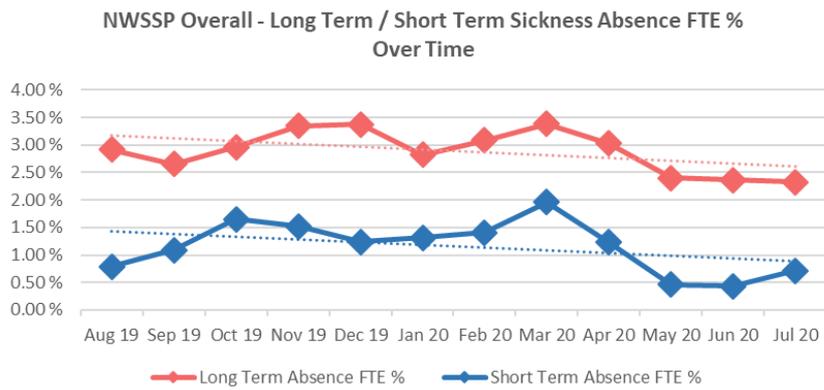
	2018	2019	2020	Target
January	4.83%	4.56%	4.44%	3.30%
February	4.48%	4.33%	4.50%	3.30%
March	3.73%	4.02%	5.29%	3.30%
April	3.59%	4.23%	4.81%	3.30%
May	3.78%	4.00%	3.27%	3.30%
June	4.04%	3.83%	3.24%	3.30%
July	4.28%	4.07%	3.34%	3.30%
August	4.12%	3.81%		3.30%
September	3.86%	3.78%		3.30%
October	4.04%	4.59%		3.30%
November	4.02%	4.66%		3.30%
December	4.34%	4.61%		3.30%

When considering the impact of COVID-19 on the overall sickness absence of NWSSP, there was a significant downward trajectory from the previous two years - 3.78% in 2018 to 4% in 2019 and **3.24%** in June 2020. There is a minor increase in July's figures which takes the organisation slightly above its target of 3.3%.

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 July 2020 was **3.04%**, which is a **0.2% increase** from the June 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 August 2019 to 31st July 2020:



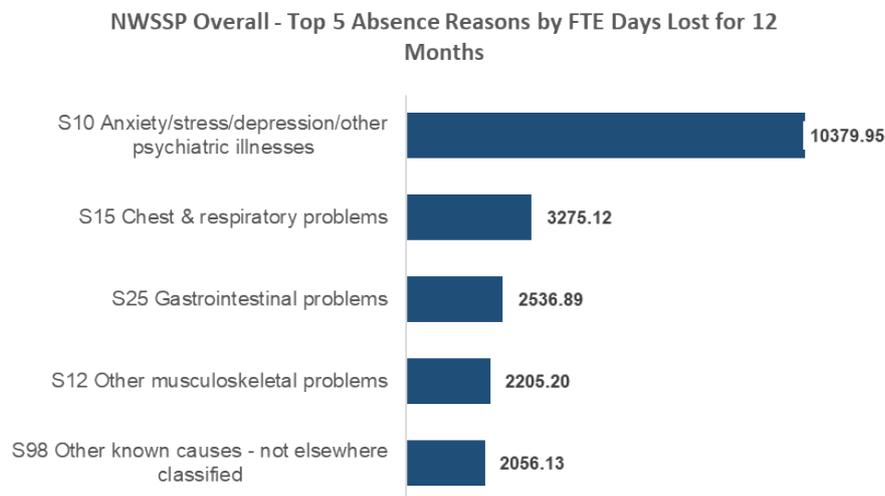
Data Source: ESR

WOD are currently supporting managers in relation to the application of the MAW Policy for 27 employees.

Please note: the figures cited in the narrative differ substantially from the 53 and 51 cited in last month’s report, due to an error in reporting. However, the percentage of long term sickness in May 2020 of 96.2% of total sickness absence remained accurate.

REASONS FOR SICKNESS ABSENCE

The charts below show the top five reasons for sickness absence within NWSSP for the period 1st August 2019 to 31st July 2020:



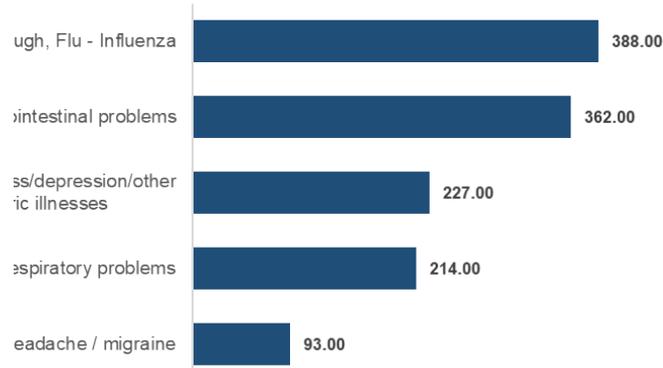
Data Source: ESR

Anxiety, stress and depression continue to account for the greatest number of days lost due for sickness absence within NWSSP with just over 10,300 hours lost per annum. These hours lost could be reflective of the long term nature of such absences.

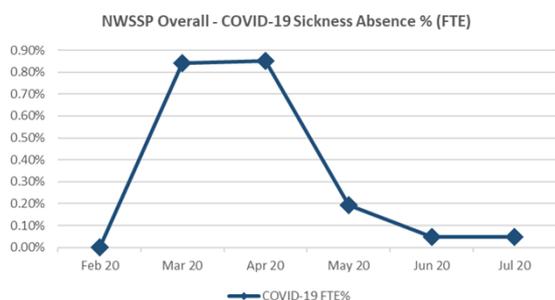
NWSSP has numerous avenues of support for those suffering with their mental health, including the introduction fo the Mental Health First Aiders Programme; the Peer Support

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

Interestingly, when you compare the hours lost to the number of absence 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.

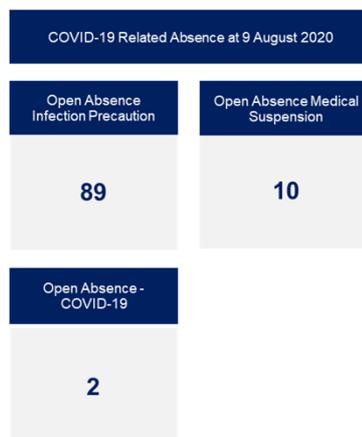


Analysis 6: This analysis shows COVID-19 sickness absence % (FTE)



Data Source: ESR

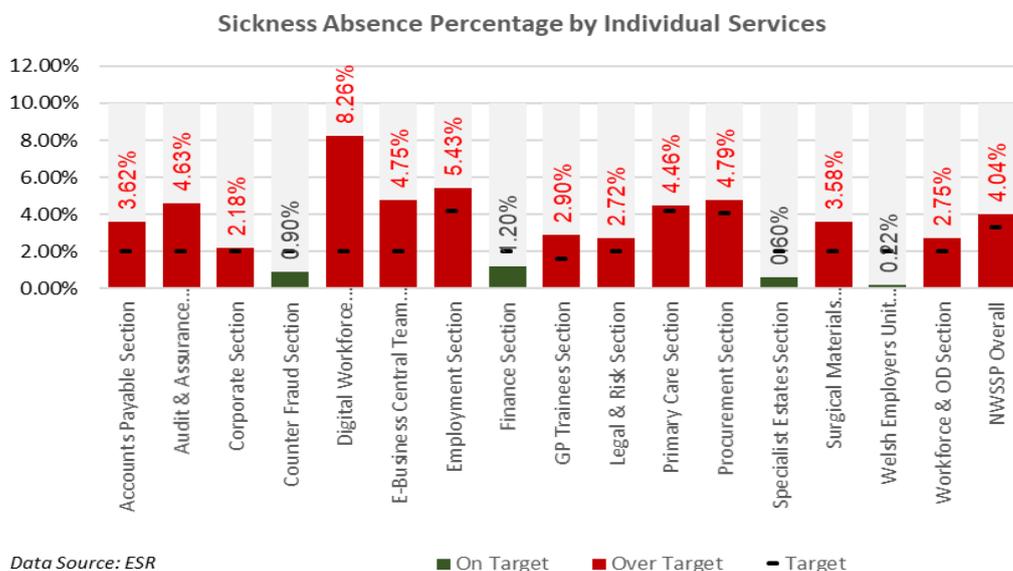
Please note: Infection Precaution and Medical Suspension are not classed as sickness absence and are not included when calculating sickness percentage.



As can be seen, Covid-19 related absences having fallen dramatically since their peak in March/April 2020. Related absences are still occurring, so we will continue to report on this over the coming months.

SICKNESS ABSENCE – SERVICES

The chart below shows the average sickness absence rate for each service from 1st August 2019 to 31st July 2020:



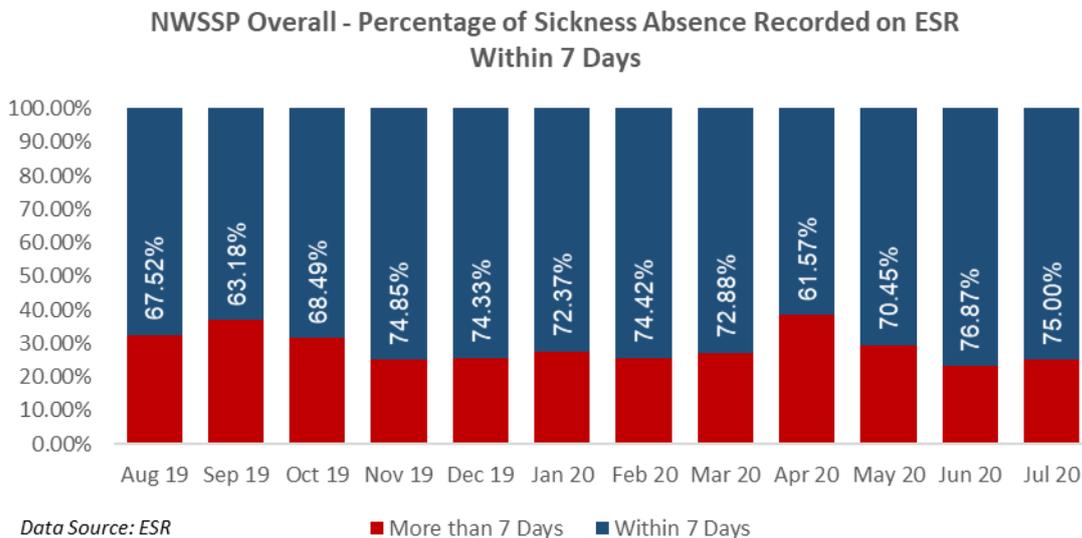
Data Source: ESR

■ On Target ■ Over Target ■ Target

PERCENTAGE OF ABSENCE ENTERED WITHIN 7 DAYS

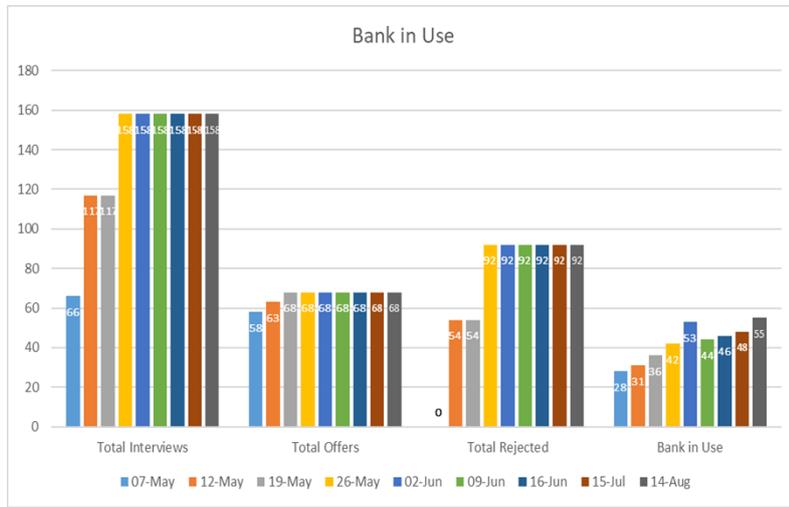
Much of the data presented in this report is correct at the time that it is drawn down from ESR. Figures in the next report for the same period may alter due to a lag time in the entering of this data.

The graph below shows the percentage of absences entered into ESR within 7 days of the first day of absence, in the period 1st August 2019 to 31st July 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.



BANK AND AGENCY

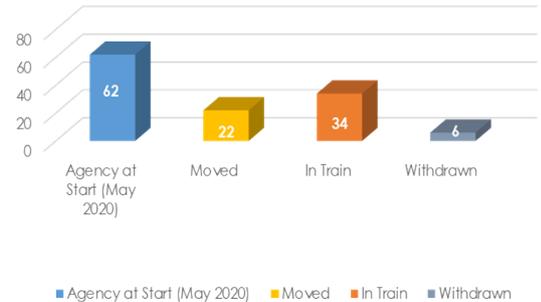
Bank Usage



Bank usage has seen a slight rise in usage since last month from 46 to 55 bank workers engaged. This may be reflective of the increase in the transfer of Agency Workers to Bank contracts.

Over the coming months we are likely to see an increase in the use of the Bank to support winter pressures and usual increases in demand across services at this time.

Agency to Bank Transfers (19th August 2020)



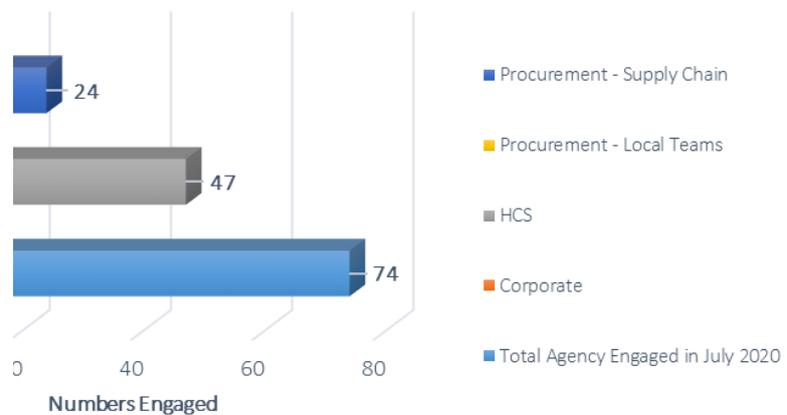
Work continues on transferring agency workers to the bank. Whilst we are seeing reductions in the use of agency staff, some services continue to approach agencies prior to consideration of using the bank.

As the new process embeds itself, this should start to shift.

Agency Usage

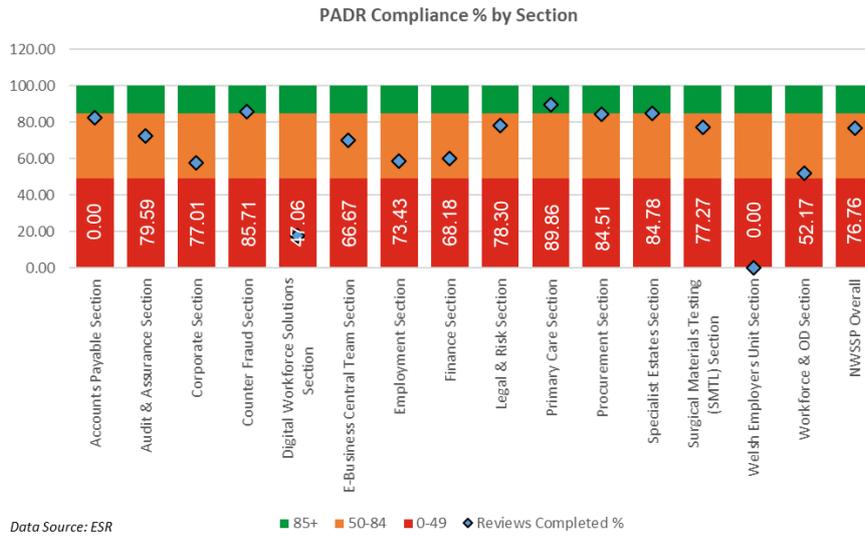
Data provided by Finance suggests that in July 2020 we engaged a total of 74 workers from Agencies, of those 47 were placed within HCS, accounting for 63.5% of the total placements. Supply Chain placed 24 (32.4%), with Procurement Local Teams and Corporate placing 2 and 1 respectively.

Agency Workers Engaged (NWSSP) in July 2020



It is anticipated that the HCS and Supply Chain numbers will continue to fall as the transfers to Bank continue.

PADR



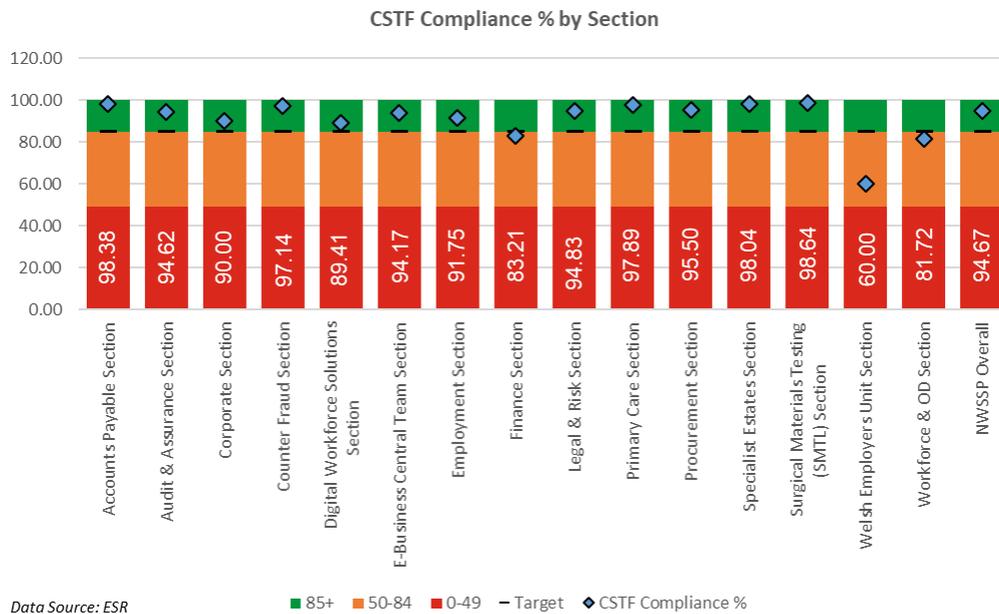
NWSSP completed **84.96%** of Appraisal Reviews as of 30th June 2020, excluding new starters for 3 months, bank workers, GP trainees and those staff who are on career break, maternity & adoption, external secondment or suspension. This is a 2.39% increase on the last reported data for July 2020 where the figure sat at 82.58%.

The message to start considering PADRs and reviewing objectives is being reinforced at local SMT's.

LEARNING COMPLIANCE

Statutory and Mandatory Training

NWSSP is currently **98.38%** compliant with the Core Skills Training Framework, which is above the recognised minimum standard for statutory and mandatory training. This figure is up by 0.35 percentage points on the previous month. Please note this excludes GP trainees and bank workers. Whilst this is a reasonably healthy position, attention needs to be paid to maintain or improve the data.





GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:xx

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Audit Wales – Review of Counter Fraud Services

ARWEINYDD: LEAD:	Andy Butler, Director of Finance & Corporate Services
AWDUR: AUTHOR:	Peter Stephenson, Head of Finance & Business Development
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Peter.stephenson2@wales.nhs.uk

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

To inform the Committee of the findings of the review and to seek endorsement to progress the actions arising from it.

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 :

Counter Fraud Steering Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	✓
----------------------------	--	----------------------------	---	----------------------------	--	-----------------------	---

Argymhelliad/ Recommendation	The Committee is asked to NOTE the findings of the review and ENDORSE the recommendations arising from it.
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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:	The findings of the report are aimed at reducing the financial losses to NHS Wales caused by fraud.
Risg a Aswiriant: Risk and Assurance:	The findings of the report are aimed at further mitigating the risks of fraudulent activity being undertaken within and against NHS Wales.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	The report is not exempt.

AUDIT WALES - REVIEW OF COUNTER FRAUD SERVICES

1. CEFNDIR/BACKGROUND

As SSPC members will know, NWSSP hosts the Counter Fraud Wales Service led by Graham Dainty. In addition the All Wales Counter Fraud Steering Group is hosted by Shared Services and is chaired by Andy Butler, with direct support from Peter Stephenson, and representation from PCS, Internal Audit and Counter Fraud Services

Wales. External representation is from Health Boards and Trusts, Welsh Government, Audit Wales and the NHS Counter Fraud Authority.

The attached report “Raising our Game – Tackling Fraud in Wales” was published by Audit Wales on 31 July 2020 and is the second phase of a review into counter-fraud arrangements across the Welsh public sector encompassing the NHS and both Central and Local Government.

2. CRYNODEB/SUMMARY

The NHS compares very favourably to Local and Central Government in the conclusions drawn throughout the report. Examples include:

Culture and Leadership:

“Other than the NHS there is an absence of any strategic approach, guidance, coordination and oversight. In NHS Wales, the NHS Counter Fraud Service provides leadership, specialist investigation skills, support and guidance to the sector and a Counter Fraud Steering Group provides strategic direction and oversight. This leadership model delivers a coordinated approach to counter-fraud across the NHS in Wales and a good counter-fraud culture complemented by inbuilt scrutiny of the arrangements”.

“whilst NHS bodies have developed comprehensive strategies informed by the national overarching strategy we found that few other public sector bodies had done so. “

Capacity and expertise

“Counter fraud is generally better resourced in the NHS than other public sector bodies”

Collaboration

“ The picture in term of collaboration is generally more positive across local NHS bodies and the Welsh Government than in local authorities and central government bodies “

Reporting and Scrutiny

The arrangements in NHS Wales to record, collate and share information about fraud are well established. In other sectors audit committees are not generally provided with as much information

Risk Management & Control Frameworks

“The NHS Fighting Fraud Strategy recognises that a key challenge for the sector is the need to develop a comprehensive analysis of specific fraud risks to ensure counter-fraud resources are being directed to the most appropriate areas within the sector. The Counter Fraud Steering group has undertaken an overall risk assessment and produced assurance maps in respect of each main area of fraud. These maps will be used to target area of proactive work”.

The Fighting Fraud Strategy was produced within Shared Services and has been signed off by Andrew Goodall. The assurance maps were similarly produced internally.

However there were some areas where the NHS did not so fare so positively

- *Even in the NHS sector counter fraud training for new staff is not generally a mandatory requirement*
- *LCFS staff are often shared amongst health boards , but they are not pooled across the entire sector*
- *Only a few examples where data analytics had been used could be identified*

In overall terms the report makes a number of recommendations across the public sector. These include:

- strengthening strategic leadership, coordination and oversight for counter-fraud across the Welsh public sector;
- increasing counter-fraud capacity and capabilities, especially across local government, and exploring the potential for sharing resources and expertise across public bodies;
- getting the right balance between proactive and reactive counter-fraud activities;
- improving awareness-raising and staff training in counter-fraud; and
- better evaluation of fraud risks and sharing of fraud information, both within and across sectors.

The Counter Fraud Steering Group reviews an action plan linked to the Fighting Fraud Strategy at each of its meetings and the recommendations listed above were already key steps in improving our approach to countering fraud across the NHS in Wales.

One action where we are having some difficulty progressing is in respect of the National Fraud Initiative (NFI), administered by the UK Cabinet Office. The NFI is run every two years and contains data where there is a flag of potential fraud, primarily relating to accounts payable and payroll data. There are some concerns that the information contained within the NFI is not being reviewed sufficiently to identify potential frauds and thereby help to address the lack of data analytics and the balance between proactive and reactive activities identified in the Audit Wales report.

The Counter Fraud Steering Group would therefore like read-only access to this data via Peter Stephenson. Whilst the source data is submitted largely by NWSSP staff, it is listed under each Health Board and Trust rather than NWSSP. Therefore, although Peter is authorised to access the database, he is unable to see any of the relevant information without the permission of each Health Board and Trust. The key contact for each Health Board and Trust is the local LCFS, but at present they are reluctant to grant the access due to perceived Information Governance concerns. We believe that these concerns can and should be overcome to ensure that NHS Wales is able to use all the tools at its disposal to help target potential frauds and we would welcome the Committee's support in achieving this aim.

3. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to **NOTE** the report and **ENDORSE** the proposal to make better and more proactive use of the information contained in the NFI database.

'Raising Our Game' Tackling Fraud in Wales

Report of the Auditor General for Wales

July 2020



This report has been prepared for presentation to the Senedd under the Government of Wales Acts 1998 and 2006 and the Public Audit (Wales) Act 2004.

The Audit Wales study team comprised Rachel Davies, Christine Nash and Ian Hughes, under the direction of Mike Usher.

The Auditor General is independent of the Senedd and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the Senedd on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Foreword by the Auditor General

- 1 In June 2019, I published a report giving an overview of the scale of fraud in the Welsh public sector, together with a description of counter-fraud arrangements across the Welsh Government, the NHS and Local Government. I noted that the sums lost annually in Wales to fraud and error are significant – and could be anywhere between £100 million and £1 billion. The Crime Survey for England and Wales recognises fraud as being one of the most prevalent crimes in society today.
- 2 However, some senior public sector leaders are sceptical about the levels of fraud within their organisations. As a result, they are reluctant to invest in counter-fraud arrangements and assign a low priority to investigating cases of potential fraud identified to them by the National Fraud Initiative, even though there are many examples of a good return on investment in this area. Their stance runs contrary to all the research being done by recognised leaders in the field such as CIPFA and the UK Government's Counter Fraud Function. This latest report, which examines the effectiveness of counter-fraud arrangements at over 40 public-sector bodies in Wales, has found that where such scepticism arises, it is not based on any significant local counter-fraud work or robust fraud risk assessments.
- 3 But we also know that fraudsters appear the very instant that an opportunity presents itself. Fifteen individuals have to date been jailed for fraud in the light of the Grenfell fire tragedy. Fraudsters and scammers were quickly on the scene earlier this year whilst the flooding in South Wales was ruining the homes and lives of local people. There has been an explosion in fraudulent activity, and especially in cyber crime, during the current COVID-19 pandemic. I welcome the proactive steps which the Welsh Government has taken to raise awareness across the public sector in Wales about this risk.

- 4 Public sector bodies can mitigate these risks by having the right organisational culture supported by strong counter-fraud arrangements. Many local authorities have invested so little in counter-fraud arrangements that they have only a few of the key components in place. Whilst the position is generally much more robust across the NHS in Wales, there is still a challenging agenda to make counter-fraud fit for the next decade where globalisation and the advent of digital technology have created new risks, and opportunities, for the fraudsters.
- 5 I was heartened to see the Welsh Government's positive response to my 2019 report and, following the one-day conference organised by the Public Accounts Committee in July 2019, the Permanent Secretary's commitment (see **Appendix 2**) to provide Wales-wide leadership in raising the profile of counter-fraud activity.
- 6 In this latest report, based on a more extensive programme of field work, we identify a significant range of further opportunities to improve on the current national position, including:
 - a strengthening strategic leadership, coordination and oversight for counter-fraud across the Welsh public sector;
 - b increasing counter-fraud capacity and capabilities, especially across local government, and exploring the potential for sharing resources and expertise across public bodies;
 - c getting the right balance between proactive and reactive counter-fraud activities;
 - d improving awareness-raising and staff training in counter-fraud; and
 - e better evaluation of fraud risks and sharing of fraud information, both within and across sectors.
- 7 There is also significant potential for Wales to take advantage, where appropriate, of many of the counter-fraud initiatives underway across the wider UK public sector. These include the recent establishment of a recognised government counter-fraud profession, with defined competencies and career paths, and the increasing focus on tackling fraud by smarter use of data analytics.

- 8 As I publish this report, Wales continues to grapple with the effects of the COVID-19 pandemic. This report contains a timely illustration of some of the ways in which fraudsters have moved rapidly in recent months to exploit the pandemic for criminal gain. I have already taken steps to extend the scope of our National Fraud Initiative (NFI) to enable local authorities in Wales to undertake eligibility checks on applications for COVID-19 support grants. I am also proposing to mandate that all local authorities, together with the Welsh Government, should submit COVID-19 grant and payment data to the NFI, to help identify fraudulent applications.



Adrian Crompton

Auditor General for Wales

Summary and recommendations

Ensuring that the arrangements for preventing and detecting fraud in the Welsh public sector are effective

This report examines seven '**key themes**' that all public bodies need to focus on in raising their game to tackle fraud more effectively:

- leadership and culture;
- risk management and control frameworks;
- policies and training;
- capacity and expertise;
- tools and data;
- collaboration; and
- reporting and scrutiny.

For each theme in turn, the report examines:

- why it is important;
- what our audit fieldwork identified in terms of current working practices and their effectiveness across the 40 Welsh public sector bodies that we examined (listed in **Appendix 1**); and
- what needs to happen next to generate improvement.

Our **recommendations for improvement** which are addressed to all public bodies in Wales within the Auditor General's remit, are as follows:

Theme

What needs to happen next?

Leadership and Culture



- R1** The Welsh Government should enhance its strategic leadership of counter-fraud across the public service in Wales, playing a coordinating role where it can, while recognising that individual bodies remain responsible for their own counter-fraud activities.
- R2** All public bodies should champion the importance of a good anti-fraud culture and actively promote its importance to give confidence to staff and members of the public that fraud is not tolerated.

Risk management and Control framework



- R3** All public bodies should undertake comprehensive fraud risk assessments, using appropriately skilled staff and considering national intelligence as well as organisation-specific intelligence.
- R4** Fraud risk assessments should be used as a live resource and integrated within the general risk management framework to ensure that these risks are appropriately managed and escalated as necessary.

Policies and Training



- R5** All public bodies need to have a comprehensive and up-to-date set of policies and procedures which together represent a cohesive strategy for identifying, managing and responding to fraud risks.
- R6** Staff working across the Welsh public sector should receive fraud awareness training as appropriate to their role in order to increase organisational effectiveness in preventing, detecting and responding to fraud.
- R7** Cases where fraud is identified and successfully addressed should be publicised to re-enforce a robust message from the top that fraud will not be tolerated.

Theme

Capacity and Expertise



What needs to happen next?

- R8** All public bodies need to build sufficient capacity to ensure that counter-fraud work is resourced effectively, so that investigations are undertaken professionally and in a manner that results in successful sanctions against the perpetrators and the recovery of losses.
- R9** All public bodies should have access to trained counter-fraud staff that meet recognised professional standards.
- R10** All public bodies should consider models adopted elsewhere in the UK relating to the pooling /sharing of resources in order to maximise the availability of appropriately skilled staff.

Tools and Data



- R11** All public bodies need to develop and maintain dynamic and agile counter-fraud responses which maximise the likelihood of a successful enforcement action and re-enforces the tone from the top that the organisation does not tolerate fraud.
- R12** All public bodies should explore and embrace opportunities to innovate with data analytics in order to strengthen both the prevention and detection of fraud.

Collaboration



- R13** Public bodies should work together, under the Digital Economy Act and using developments in data analytics, to share data and information to help find and fight fraud.

Reporting and Scrutiny



- R14** Public bodies need to collate information about losses and recoveries and share fraud intelligence with each other to establish a more accurate national picture, strengthen controls, and enhance monitoring and support targeted action.
- R15** Audit committees must become fully engaged with counter-fraud, providing support and direction, monitoring and holding officials to account.



The COVID-19 pandemic: a case study in how scammers and fraudsters are ready to exploit a crisis

We know from experience that fraudsters appear the very instant that an opportunity presents itself. Fifteen individuals have to date been jailed for fraud in the light of the Grenfell fire tragedy. Fraudsters and scammers were quickly on the scene earlier this year whilst the flooding in South Wales was ruining the homes and lives of local people.

Predictably, there has been an explosion in fraudulent activity, and especially in cyber crime, during the current COVID-19 pandemic.

The first reported positive cases of COVID-19 were reported in the UK on 31 January 2020. By this time the fraudsters and scammers had mobilised and were already hard at work.

The first fraud report relating to COVID-19 was received on February 9 by Action Fraud, the UK's fraud reporting centre. Since that time, the number of reports has increased significantly across the UK – the media reporting an unprecedented number of scams linked to the virus.

We have seen examples of good practice by some public bodies and organisations in Wales in identifying the fraud risks and sharing them with other bodies and citizens. The Welsh Government is liaising with the UK Cabinet Office and is sharing its guidance and learning on counter-fraud with the rest of the public service in Wales, including Local Authority Counter Fraud leads. Welsh Government officials have agreed to maintain and develop this group post-COVID. The intelligence obtained from these meetings has also assisted the Head of Counter Fraud with fraud intelligence sharing with Cabinet Office and the three other devolved administration fraud leads.

But has the Welsh public sector response been more reactive than proactive? What can we do better? Whilst globalisation has benefited the fraudsters it can also be to the advantage of counter-fraud specialists; we had early notice of scams from thousands of miles away a few weeks before the first case of COVID-19 was identified in the UK.

The COVID-19 pandemic: a case study in how scammers and fraudsters are ready to exploit a crisis

We believe that the COVID-19 pandemic provides an important opportunity for the Welsh counter-fraud community to come together (by appropriate means) and reflect on the speed and effectiveness of its response to the scammers and fraudsters.

The key issues and recommendations set out in this report could help set an agenda or framework for such an event. There has never been a timelier opportunity for Welsh public sector leaders and counter-fraud specialists to consider how to:

- create stronger strategic leadership, coordination and oversight for counter-fraud across the Welsh public sector;
- make best use of counter-fraud capacity and capabilities and explore the potential for shared arrangements, resources and expertise;
- get a better balance between proactive and reactive counter-fraud activities;
- raise awareness amongst employees and provide the necessary training to those most likely to come across a fraud; and
- evaluate fraud risks more effectively and share fraud information both within and across sectors.

So, what do we already know about the fraudsters' response to the pandemic?

The mobilisation of fraudsters has benefited from a number of factors, for example:

- more people are spending time online to shop and socially interact. Elderly people are seen as particularly vulnerable, being generally less computer literate and more susceptible to scams such as phishing emails and ordering fake products such as face masks and sanitisers.
- working patterns have changed at short notice which can leave weaknesses in processes and procedures.
- an unprecedented amount of public money has been put into a range of new and innovative financial support schemes to businesses and individuals.

The COVID-19 pandemic: a case study in how scammers and fraudsters are ready to exploit a crisis

Fraudsters and scammers mobilised quickly for a number of reasons:

- they are very good at evaluating risks and exploiting vulnerabilities which can be at a process or at an individual level;
- they have well-established tools and methodologies and can adapt them at short notice to a new opportunity; and
- they do not recognise geographical boundaries and can be effective individually and by collaborating with like-minded individuals.

There are more examples of COVID-19 frauds and scams coming to light than can be mentioned here. There are, however, a number of themes emerging:

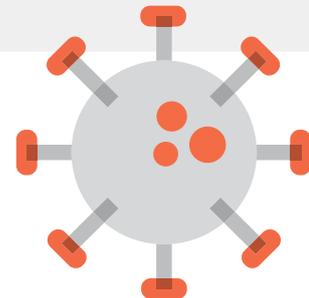
- the early reports related to the sale of Personal Protective Equipment such as face masks and hand sanitiser and testing kits. Typically, the items were fake or often failed to arrive after payment had been made¹.
- the next to emerge were phishing emails. For example, one claiming to be from the Department for Work and Pensions (DWP) asking the individual for debit or credit card details by saying that they are entitled to a council tax refund.
- as the attentions and resources of organisations were diverted to new ways of working and many staff were laid off, the incidence of cyber security attacks to steal business-sensitive and personal data increased.
- with more people working from home following the UK-wide lockdown, phishing campaigns then targeted applications that are being relied upon during remote working, in particular popular conference calling applications and parcel delivery firms.

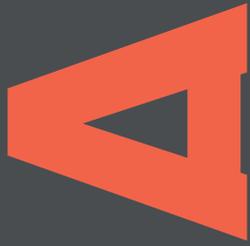
¹ NHS in Wales introduced arrangements to mitigate against this fraud risk and it did not become an issue.

The COVID-19 pandemic: a case study in how scammers and fraudsters are ready to exploit a crisis

- as the national focus turned to test and track, the fraudster's net became wide and indiscriminate, as shown by a fake text message attempting to dupe people into believing they have been in contact with someone who has tested positive for the virus, directing recipients to a website for more information. The link is then used to harvest personal and financial data.

A world-leading counter-fraud response would mean that counter-fraud specialists had identified the risks at least at the same pace as the fraudsters, if not sooner. It would also mean they had the right tools to prevent and detect fraudsters exploiting any new opportunities; and that the counter-fraud response was mobilised rapidly through effective collaboration and information sharing.





Culture and leadership across the Welsh public sector

01

Why is it important?

- 1.1 The Crime Survey for England and Wales recognises fraud as one of the most prevalent crimes in society today. Every pound stolen from the public sector means that there is less to spend on key services such as health, education and social services. Public sector bodies can mitigate the risks from fraud by having the right organisational culture supported by effective counter-fraud arrangements.
- 1.2 Strong leadership sets the appropriate tone from the top of an organisation and plays a crucial part in fostering a culture of high ethical standards. It is important that senior management leads by example and sends a clear message that fraud will not be tolerated either from inside or outside of the organisation. A strong tone at the top can raise the profile of fraud risks and promote the best standards and approaches in counter-fraud work.

What did we find?

- 1.3 Other than in the NHS there is an absence of any overarching strategic approach, guidance, coordination and oversight.
- 1.4 In NHS Wales, the NHS Counter Fraud Service² provides leadership, specialist investigation skills, support and guidance to the sector and a Counter Fraud Steering Group³ provides strategic direction and oversight. This leadership model delivers a coordinated approach to counter-fraud across the NHS in Wales and a good counter-fraud culture complemented by inbuilt scrutiny of the arrangements. The legal framework specific to the NHS Wales and the levels of investment give counter-fraud a high profile and robust enforcement and recovery mechanisms. At a local level, strategic leadership was evident within Health Boards through the dissemination of a consistent message, both internally and externally, that fraud is not tolerated.

2 Which is hosted by the NHS Wales Shared Services Partnership

3 A sub-group of the All Wales Directors of Finance Forum

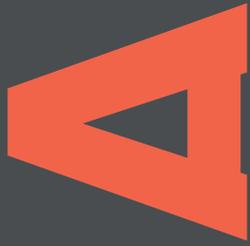
- 1.5 Across local authorities there is an absence of sector-wide strategic leadership, guidance, coordination and oversight of counter fraud. Within the individual authorities we found statements espousing a zero tolerance of fraud in policies and strategic documents. But there is much more that can be done to re-enforce the tone from the top at a practical level. We found examples where the leadership team actively promotes the importance of a good anti-fraud culture through awareness campaigns, newsletters to staff and active engagement with counter-fraud teams. But we also found in many authorities that there was little evidence that the message is driven down from the top and little priority is given to counter-fraud work. There were often competing priorities and, as a result, little time was given to counter-fraud and it often had a low profile.
- 1.6 In Central Government, the position is mixed. Within Welsh Government, we found evidence that counter-fraud is taken seriously, and a small team has achieved many successful outcomes, albeit its emphasis leans towards reactive rather than proactive work. We have been encouraged to see that the Welsh Government has accepted both of the recommendations made by the Public Accounts Committee following our first report. However, there remains a leadership gap that still needs to be addressed.
- 1.7 Across the other central government bodies that we examined, counter-fraud is not always given such a high priority. One reason for this appears to be the very low incidence of fraud being identified and reported; this poses the difficult question of whether this is due to a lack of investment in counter-fraud or a genuine low incidence of crime taking place. However, this latter explanation runs contrary to all the research being done by recognised leaders in the field such as CIPFA and the National Crime Agency.

- 1.8 The threat posed by fraud is also getting greater recognition within the UK. The UK government, for example, is working to make central government, and the public sector more widely, a place where fraud is actively found and robustly dealt with. It is transforming its whole approach to counter-fraud by:
- a establishing a counter-fraud function;
 - b developing and launching a Government Functional Standard (GovS013);
 - c establishing a 'Government Counter Fraud Profession' to develop people and increase capability;
 - d providing expert advice to the rest of government on how to deal with fraud;
 - e delivering specialist services to assist public bodies; and
 - f collaborating with overseas governments to bring further expertise to the UK.

What can the Welsh public sector do to improve?

Recommendations

- R1** The Welsh Government should enhance its strategic leadership of counter-fraud across the public service in Wales, playing a co-ordinating role where it can, while recognising that individual bodies remain responsible for their own counter-fraud activities. In doing so it could consider:
- forming strategic partnerships with the key players nationally and internationally;
 - developing and delivering an all Wales counter-fraud strategy and vision;
 - advocating/promoting minimum standards in terms of public sector counter-fraud arrangements similar to those established by the UK Government;
 - elevating the status of counter-fraud staff by recognising counter fraud as a profession with essential competencies;
 - supporting the other sectors by, for example, providing invest-to-save funding opportunities, and supporting the development of professional competencies across the Welsh public sector; and
 - providing timely advice and guidance on 'hot' issues by gathering and disseminating important information and analysing trends.
- R2** All public bodies should champion the importance of a good anti-fraud culture and actively promote its importance to give confidence to staff and members of the public that fraud is not tolerated.



Risk management and control frameworks

02

Why is it important?

- 2.1 Fraudsters are becoming more sophisticated and are evaluating opportunities and risks on a real-time basis. The management and mitigation of risk in public bodies often fails to keep up with changes in the nature and impact of potential fraud. The recent flooding in South Wales created opportunities for scams within days of the floods. Security experts have reported an explosion in fraudulent activity during the COVID-19 outbreak as the pandemic has created a myriad of opportunities for fraudsters (see **Case Study on page 10**).
- 2.2 A fraud risk assessment should be an honest appraisal of risks using a range of sources such as national intelligence, local intelligence, audit reports, brainstorming exercises and data-matching results. Risk assessments should be live documents and kept under constant review. Having identified the risks, bodies can then evaluate them, assessing their likelihood and the impact if the fraud were to occur. It is only when risks are properly identified and evaluated that public bodies can tackle the risks in a prioritised and proportionate way and put appropriate actions and controls in place to manage or mitigate these risks.
- 2.3 It is important that organisations have an effective control framework to help mitigate the risks identified. A strong internal control environment can help to prevent fraud from happening in the first place and detect fraud if an instance has occurred. Fraudsters will try to circumvent established controls and it is important that controls are regularly reviewed. A strong control programme whereby fraudsters are faced with a real prospect of detection helps mitigate the risk. When frauds are discovered, controls should be reviewed to identify weaknesses and introduce improvements. Internal Audit have expertise in designing and testing controls and they should undertake work on key systems on a risk-based approach.

What did we find?

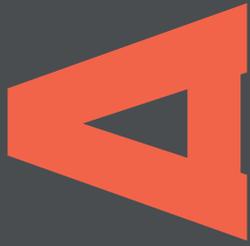
- 2.4 The quality of counter-fraud risk assessment and mitigation varies significantly in the Welsh public sector and there is generally scope to improve their quality and timeliness.
- 2.5 In the NHS, National Fraud Risk Alerts are produced by the NHS Counter Fraud Authority. These are routinely circulated to all Local Counter Fraud Specialists (LCFS) and Directors of Finance across NHS Wales. The LCFS are also required to conduct their own local risk assessments. This is a relatively new requirement and we found that these assessments are still being developed and embedded. The NHS Fighting Fraud Strategy recognises that a key challenge for the sector is the need to develop a comprehensive analysis of specific fraud risks to ensure counter-fraud resources are being directed to the most appropriate areas within the sector. The Counter Fraud Steering group has undertaken an overall risk assessment and produced assurance maps in respect of each main area of fraud. These maps will be used to target area of proactive work.
- 2.6 Our work identified that while some local authorities and central government bodies have undertaken fraud risk assessments, there were many who had not prepared a fraud risk assessment for several years. Some bodies in these sectors did not have a fraud risk assessment and therefore had not properly assessed the likelihood or impact of the risk. Without this key component, bodies cannot direct resources appropriately or adequately mitigate the risks of losses due to fraud. As a result, fraud strategies and work programmes are not particularly useful or relevant as they are not targeting the key areas of risk.
- 2.7 Our work also identified that, even where risk assessments were undertaken, they may not be integrated within the wider risk management framework. Fraud is not commonly reflected in corporate risk registers. We did not find many coordinated mechanisms for ensuring that fraud risks are appropriately communicated, owned and monitored within the audited body. Instead, fraud risk assessments are often held as standalone documents without any corporate ownership or active management of the risk. As a result of this approach, fraud risks are not adequately shared across departments.

- 2.8 We did identify some good practice in the sharing of fraud risks. In response to the Coronavirus pandemic, the Welsh Government issued a fraud risk bulletin early in April 2020, highlighting the emerging risks to the Welsh public sector. Ahead of the Welsh Government's bulletin, the UK Government Counter Fraud Function published its own guide: [Fraud Control in Emergency Management – COVID-19 UK Government Guidance](#). The guide highlights the importance of risk assessment, effective payment verification and due diligence arrangements and the need for robust claw-back arrangements to recover funds that are paid out incorrectly. There were also good examples in local authorities of raising awareness of scams with local residents.
- 2.9 We found that, in general, public bodies across all sectors have internal control frameworks that are well established and internal audit teams test controls as part of their annual programmes of assurance work. However, we found that internal audit teams do not always consider the fraud risks associated with systems as part of their work programmes. Furthermore, where new systems and processes are established, we found that organisations are not always using counter-fraud contacts and internal audit teams to try to design fraud out of systems.

What can the Welsh public sector do to improve?

Recommendations

- R3** All public bodies should undertake comprehensive fraud risk assessments, using appropriately skilled staff and considering national intelligence as well as organisation-specific intelligence.
- R4** Fraud risk assessments should be used as a live resource and integrated within the general risk management framework to ensure that these risks are appropriately managed and escalated as necessary.



Policies and training



03

Why is it important?

- 3.1 A sound policy framework enables organisations to direct their approach to counter-fraud and to promote good ethical behaviour. There should be a suite of policies and procedures in place that set out what is expected and what the consequences are for breaking the rules. Codes of conduct should set out the standards expected of employees and highlight the importance of declaring conflicts of interest and establish rules around gifts and hospitality.
- 3.2 Publicising frauds and the recovery action undertaken, helps to re-enforce the message from the top that fraud will not be tolerated. Publicity can help to discourage wrongdoing by others as it can highlight the damaging repercussions of their actions.
- 3.3 Staff are often the first to notice something irregular or potentially fraudulent and are often the first line of defence in the fight against fraud. These staff need easy access to a good counter-fraud policy and whistleblowing policy so they can be clear about their roles and responsibilities and the process they must follow if they suspect a fraud.
- 3.4 Effective training helps staff interpret policies and codes of conduct, giving them the confidence and skills to report suspected fraud. However, training and awareness-raising campaigns should be kept under continual review and must be linked to the live risk assessments so that new frauds or risks facing public bodies are quickly shared amongst staff and contractors if appropriate.

What did we find?

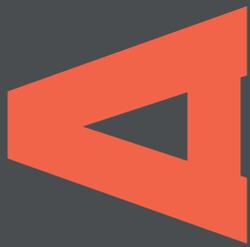
- 3.5 Generally, we found that public bodies have prepared and approved a range of policies setting out the processes to follow if staff suspect that they have uncovered a fraud. However, we identified that some policies were outdated, some were still in draft form and some were not easily accessible to staff.
- 3.6 Whilst NHS bodies have each developed comprehensive counter-fraud strategies (informed by an over-arching national strategy), we found that only a few other public sector bodies had done so. Such strategies set out clear approaches to managing fraud risks along with responses and actions, they define roles and responsibilities and are cross-referenced to other policies so that they can be readily understood by staff.

- 3.7 The NHS has a policy of proactively publicising successful fraud cases. The NHS Counter Fraud Service does this by issuing press releases and engaging with local media for interviews and promotional opportunities. Publicity helps raise awareness of fraud risks and also deters staff and contractors from committing fraud. By publicising counter-fraud work and raising awareness of the effects of fraud, the NHS involves staff, key stakeholders and the public in the fight against fraud.
- 3.8 We did not identify the same level of proactive publicity work in other sectors. Some local authorities take the view that publicising cases can be reputationally damaging and are therefore reluctant to publish such information. The Welsh Government recognises that more can be done to publicise fraud cases. The very low levels of fraud identified at central government bodies also means there is little publicity that can act as a further deterrent.
- 3.9 Our audit work also identified wide variation in levels of training and awareness-raising specifically relating to counter-fraud across the Welsh public sector. We found that a few public bodies provide fraud awareness training to all their staff. Some others provide training as part of the induction of new staff but do not provide this training for longstanding staff. We found some examples of refresher training sessions and e-learning modules provided for staff, but these are not widespread. There are many bodies that do not provide any counter-fraud training or awareness-raising events.
- 3.10 These findings suggest that there could be a significant proportion of the public sector workforce in Wales who have either received no fraud-awareness training at all or have not received training for several years.
- 3.11 There are good examples of awareness-raising in the NHS where the LCFS has an ongoing work programme to develop and maintain an anti-fraud culture within their health board. These programmes include the preparation of presentations and publications to raise awareness of fraud. There are also examples of LCFS undertaking staff surveys to capture the levels of staff awareness of fraud in order to act if necessary. In addition, the NHS has developed a fraud awareness e learning package for all staff and levels of compliance across organisations is reported the Directors of Finance on a quarterly basis. However, even in the NHS sector, counter-fraud training for new staff is generally not a mandatory requirement.

What can the Welsh public sector do to improve?

Recommendations

- R5** All public bodies need to have a comprehensive and up-to-date set of policies and procedures which together represent a cohesive strategy for identifying, managing and responding to fraud risks.
- R6** Staff working across the Welsh public sector should receive fraud-awareness training as appropriate to their role in order to increase organisational effectiveness in preventing, detecting and responding to fraud.
- R7** Cases where fraud is identified and successfully addressed should be publicised to re-enforce a robust message from the top that fraud will not be tolerated.



Capacity and expertise



04

Why is it important?

- 4.1 It is important that public bodies each designate a counter-fraud champion who understands fraud and leads the organisation's approach and response. Public bodies need access to sufficient appropriately skilled counter-fraud specialists to prevent, detect and investigate suspected fraud and protect their assets. As fraud risks change, public bodies should have resources available to provide a response that is appropriate to the threat.
- 4.2 Skilled and experienced staff will also help to ensure investigations are undertaken properly with evidence being obtained and handled lawfully in order to secure successful sanctions and the recovery of losses.
- 4.3 Investigations, whilst crucial, can be time consuming and costly and the low numbers of successful prosecutions mean that public bodies cannot rely on investigations alone to combat fraud. Public bodies need to have the capacity to undertake both proactive counter-fraud work and reactive investigation work. Proactive work includes fraud awareness campaigns, training, designing policies and strategies and strengthening controls to prevent attacks.

What did we find?

- 4.4 Insufficient capacity arose frequently as a key challenge faced by public bodies in their efforts to combat fraud. On the ground, capacity and skills in counter-fraud vary widely across and within public sector bodies in Wales. Most of the capacity is allocated to responsive work and investigations with any spare capacity being used in preventative counter-fraud work.
- 4.5 In local government, some officers are sceptical about the levels of fraud within their organisations and question the need for additional resources. However, these same local authorities allocate little resource to counter-fraud arrangements, do not have robust fraud risk assessments and the following up of matches from the National Fraud Initiative is assigned a low priority. Their assumptions about low levels of fraud run contrary to all the research being done by recognised leaders in the field such as CIPFA and the National Crime Agency.

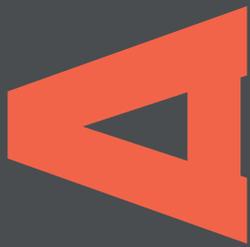
- 4.6 Local authorities suffered a significant loss in counter-fraud capacity when the independent Single Fraud Investigation Service (SFIS) was created in 2014. SFIS is a partnership between the Department for Work and Pensions, HMRC and local authorities and which covers welfare benefit fraud. Most of the counter-fraud specialists left the sector to work for this new organisation. A small number of authorities have retained experienced and skilled counter-fraud staff, but the workload has mostly fallen on Internal Audit teams.
- 4.7 Our work found that the counter-fraud arrangements were generally more advanced in the local authorities that retained a dedicated and specialist counter-fraud resource. Where Internal Audit teams carry out the counter-fraud work we found a trade-off between counter-fraud work and the general programme of assurance work due to limited resources and competing priorities.
- 4.8 We also found that, within some local authorities, several teams play a role in counter-fraud work; for example, Internal Audit, Council Tax, and Human Resources teams all contribute. Whilst helpful in terms of adding capacity, we found that this can result in a lack of coordination and integration between these teams and a lack of clarity in the overall picture of counter-fraud activity.
- 4.9 Counter-fraud is generally better resourced in the NHS than other public sector bodies and there has been an increase in LCFS resource over recent years. There is a central team within the NHS Counter Fraud Service Wales which investigates complex, large scale frauds and provides a financial investigation resource. The team also provides guidance, intelligence and investigative support to the network of finance directors and LCFS at health bodies in Wales. In addition, Welsh Government Directions require that each health body should appoint at least one LCFS who is an accredited counter-fraud professional. These LCFS are the primary points of contact for counter-fraud work at their respective health bodies and have a key role in fraud prevention and detection. Increasing staffing levels above the minimum number is a matter of local discretion.
- 4.10 The mixture of LCFS and support and guidance from the NHS Counter Fraud Service and the Counter Fraud Steering Group has resulted in improved counter-fraud arrangements within the NHS sector in comparison to the other sectors. However, whilst LCFS staff are often shared between individual health boards, they are not pooled across the entire sector. As a result, the relatively low counter-fraud staff numbers in some health boards can cause issues if staff members are absent from work. Even within the NHS Wales, there is a general recognition that more proactive work should be undertaken.

- 4.11 The Counter Fraud Team at the Welsh Government is skilled and experienced and has secured a number of high-profile prosecutions over recent years. However, a recent Government Internal Audit Agency review of the Welsh Government in 2017 concluded that the counter-fraud function could achieve more with increased resources. The Counter Fraud Team is able to draw on resources from within the Welsh Government to assist with investigations where appropriate and there are plans to increase the resource in the team in the near future.
- 4.12 Our audit also found that public bodies in Wales are generally following traditional counter-fraud approaches with a focus on detection and investigation rather than prevention. Most public bodies recognise that more proactive and preventative work should be done, but they acknowledge that the lack of time, resources and expertise are barriers to making this shift of focus.
- 4.13 We did not find many examples of public bodies in Wales outside the NHS pooling resources to help reduce duplication of effort and improve the efficiency and effectiveness of counter-fraud arrangements across sectors. Pooled resources could also help to improve continuity and add flexibility to adapt to changing needs going forward.
- 4.14 In 2018 the UK government launched the Counter-Fraud Profession to enhance overall counter-fraud capability across government. The profession develops the skills of specialist staff and moves beyond the traditional focus of investigations, placing greater emphasis on fraud prevention and the use of data analytics. Membership across UK Government Departments has been steadily increasing, and the Welsh Government is engaged with this initiative. Organisations joining the profession are required to have learning environments that support their staff to develop and maintain professional standards.

What can the Welsh public sector do to improve?

Recommendations

- R8** All public bodies need to build sufficient capacity to ensure that counter-fraud work is resourced effectively, so that investigations are undertaken professionally and in a manner that results in successful sanctions against the perpetrators and the recovery of losses.
- R9** All public bodies should have access to trained counter-fraud staff that meet recognised professional standards.
- R10** All public bodies should consider models adopted elsewhere in the UK relating to the pooling and/or sharing of resources in order to maximise the availability of appropriately skilled staff.



Tools and data



05

Why is it important?

- 5.1 An effective counter-fraud function will ensure that those responsible for it are equipped with up-to-date methodologies and the right tools for the job. Counter-fraud staff must make best use of data and intelligence in order to:
 - a prevent fraud by 'fraud-proofing' systems and processes; and
 - b mounting an effective response to suspicions of fraud.
- 5.2 New fraud threats are continually emerging, both globally and nationally. It is important that public bodies have flexible, cutting-edge counter-fraud approaches that are fit for a digital age and agile enough to keep up with, or better still, ahead of the fraudsters.
- 5.3 Cyber-attacks are an alternative means of committing traditional frauds such as the theft of assets, cash or intellectual property. PricewaterhouseCoopers' most recent global economic crime survey found that cyber crime is now the most common fraud facing UK businesses, overtaking asset misappropriation for the first time since the survey began. We can see this in the explosion in number of cyber scams linked to the COVID-19 pandemic.
- 5.4 Preventing fraud is always preferable to responding to an instance. Many organisations are now looking to 'fraud-proof' systems at the point of entry using the latest developments in data analytics. For example:
 - a the Cabinet Office has developed on-line tools that can look at 10,000 records in seven seconds to provide due diligence checks on grant applications; and
 - b the Department of Work and Pensions have been trialling an Artificial Intelligence system that detects fraudulent claims by searching for certain behaviour patterns, such as benefit applications that use the same phone number or are written in a similar style. Any suspicious activity is then passed on to specialist investigators.
- 5.5 Data analytics provide an increasingly important tool in preventing fraud as well as in its detection. We look at how public bodies can share data to help find fraud in the next section of this report.
- 5.6 Sophisticated technology and data analytics are of little use if they are not used effectively and this requires adequately trained resource to understand it. Therefore, it is important that public bodies have access to staff adept in data analytics in order to achieve better counter-fraud results.

- 5.7 Knowing what to do in the event of a suspected fraud improves the chances of a successful enforcement action. It also re-enforces the tone from the top that the organisation does not tolerate fraud. Fraud response plans need to provide a clear direction to relevant parties so that bodies are able to respond to allegations quickly and appropriately. A response plan should be reviewed regularly to ensure that responses to fraud keep abreast with changing times and emerging risks. They should outline:
- a the fraud investigation process from receipt of allegation to outcome report;
 - b roles and procedures for securing evidence and undertaking interviews;
 - c details of how and when to contact the police;
 - d a commitment to pursuing a range of sanctions;
 - e reporting arrangements; and
 - f how lessons learned will be used to strengthen system and process controls.

What did we find?

- 5.8 Generally speaking, we found that more work is needed to bring counter-fraud tools and methodologies up to date to reflect the new world of cyber attacks and digitally-facilitated crimes. Many local authorities and central government bodies we looked at as part of our fieldwork did not have information security policies that reflected the risks associated with cyber crime. The situation was more positive in NHS Wales bodies.
- 5.9 Our review identified only a few examples of data analytics being used as a means of preventing fraud. Data analytics are used more widely to detect fraud, in following up on NFI data matches, for example, but our previous audit work⁴ has shown that the level of engagement with the NFI varies considerably across Welsh public bodies.
- 5.10 We found that some local authorities and central government bodies did not have a fraud response plan that was communicated to all staff and which made it clear that all allegations of fraud would be investigated. The Welsh Government had a fraud response plan, but this was in draft form at the time of our audit work and was not, therefore, available to staff. Again, the position was much more positive in NHS Wales.

4 **Our October 2018 NFI report** stated that 'most Welsh public sector bodies participating in the NFI were proactive in reviewing the data matches, but a small number of participants did not review the matches in a timely or effective manner'.

- 5.11 NHS bodies all use the same case management system to record and monitor the progress of potential fraud cases. In other sectors, few bodies have a case management system although some do have a spreadsheet log that records information. The variation in the information collected makes it very difficult to report an all-Wales position on the level of fraud taking place. The reasons that many local authorities and central government bodies do not have a case management system or detailed records was the very low numbers of fraud cases that were being identified and handled.
- 5.12 Most of the public bodies we looked at consider the full range of possible sanctions (disciplinary, regulatory, civil and criminal) against fraudsters and will seek redress including the recovery of assets and money where possible. However, many bodies report such low levels of fraud that it is impossible to substantiate their claims. For any internal frauds identified, most bodies tend to deal with the perpetrators through internal disciplinary procedures.
- 5.13 Most of the public bodies we looked at reflected on the weaknesses revealed by instances of proven fraud and corruption and fed back to departments and teams so that they might fraud-proof their systems. The arrangements at local NHS bodies were particularly robust because fraud cases in their case management system cannot be closed down without providing assurance that any system weaknesses have been considered and remedied if necessary.

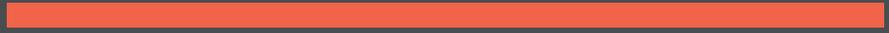
What can the Welsh public sector do to improve?

Recommendations

- R11** All public bodies need to develop and maintain dynamic and agile counter-fraud responses which maximise the likelihood of a successful enforcement action and re-enforce the tone from the top that the organisation does not tolerate fraud.
- R12** All public bodies should explore and embrace opportunities to innovate with data analytics in order to strengthen both the prevention and detection of fraud.



Collaboration



06

Why is it important?

- 6.1 Fraudsters do not respect geographical or other boundaries. This means that individual public sector bodies cannot establish effective counter-fraud arrangements by themselves. They must work collaboratively to maximise the effectiveness of their response to fraud.
- 6.2 Collaboration is an increasingly important aspect of public service, particularly in the context of reduced funding and the need to do more with less. Collaboration is also one of the 'five ways of working' as defined in the Welsh Government's 'Well-being of Future Generations (Wales) Act 2015: the essentials'⁵ document. It is therefore essential that collaboration and the sharing of intelligence and good practice take place between public, private and third-sector bodies across the UK and internationally.
- 6.3 Collaboration can mean sharing people or pooling resources and, more commonly these days, in the sharing of information. This information can be shared between departments, between bodies, across different elements of the public sector and with other key stakeholders such as law enforcement authorities and the private sector. The information shared can be about the nature of a fraud or information about the identities of the perpetrators.
- 6.4 The sharing of data to help find fraud is a rapidly evolving area and is being facilitated by changes in the law. In 2017, the Digital Economy Act became law, enabling public authorities to share personal data to prevent, detect, investigate and prosecute public sector fraud. The Act recognises that the wider use of data-sharing could improve the prevention, detection and investigation of fraud in a number of ways, including:
 - a improved targeting and risk-profiling of potentially fraudulent individuals;
 - b streamlining processes, enabling the government to act more quickly; and
 - c simplifying the legislative landscape.

5 Well-being of Future Generations (Wales) Act 2015: the essentials', Welsh Government (2015)

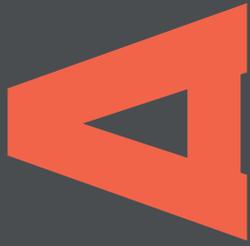
What did we find?

- 6.5 Our field work across forty public sector bodies in Wales found that collaboration was insufficiently developed, reinforcing the findings of our 2019 review.
- 6.6 Within local authorities and central government bodies there are some good examples of bodies working jointly and some regional networks, but these tend to be informal arrangements and there is no consistency in approach. Formalising arrangements can help improve accountability and governance and can influence commitment and results.
- 6.7 The picture is generally more positive across local NHS bodies and the Welsh Government than in local authorities and central government bodies. However, there is scope for all public bodies to work more closely with each other and with other stakeholders to tackle fraud.
- 6.8 Because of the tiered approach to counter-fraud within NHS Wales and established formal partnerships with the NHS Counter Fraud Authority, there is good access to specialist fraud investigation teams such as surveillance, computer forensics, asset recovery and financial investigations. The NHS Counter Fraud Service Wales provide the surveillance, asset recovery and financial investigations services to NHS Wales, while the NHS Counter Fraud Authority provides forensic computing services and other specialist support services to NHS Wales under the terms of their annual agreement with Welsh Government.
- 6.9 The existence of these formal access arrangements is less well established within other sectors, but most organisations told us that they could access specialist services if required. The low level of fraud being identified was one of the reasons given for the absence of formal partnerships between public sector bodies.
- 6.10 We also found wide variations in the amounts of data that are shared. In most bodies, the sharing of data was typically limited to the National Fraud Initiative (NFI), although not all central government bodies currently take part in NFI. We found that some local authorities do not invest much resource into following up NFI matches and these are often the same authorities in which counter-fraud arrangements were limited.
- 6.11 There were very few examples of organisations working frequently across internal and external boundaries and sharing information. Common reasons for this lack of collaboration was lack of time and resources, and concerns about the sharing of data.

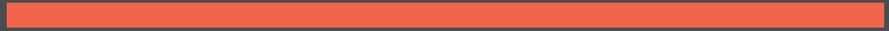
What can the Welsh public sector do to improve?

Recommendations

R13 Public bodies should work together, under the Digital Economy Act and using developments in data analytics, to share data and information to help find and fight fraud.



Reporting and scrutiny



07

Why is it important?

- 7.1 Arriving at a reliable estimate for the cost of fraud is a difficult task. This is particularly so for the Welsh public sector as our 2019 report highlighted. Whilst the UK Government produces annual estimates, there is no breakdown of this estimate to each of the devolved administrations in the UK. CIPFA's most recent analysis estimates that fraud costs the UK public sector £40.3 billion annually. The Cabinet Office⁶ estimates losses due to fraud and error at between 0.5% and 5% of budget. Applying this range to annual public expenditure in Wales of around £20 billion gives a possible estimated value of losses to fraud and error between £100 million and £1 billion per annum. The losses are therefore significant and take valuable funding away from our public services.
- 7.2 Fraud is often under-reported as some suspicious activity identified through NFI matches, for example, is not classified as fraudulent and therefore not reported. Also, some public bodies fail to report fraud as it can attract unwanted publicity and perceived reputational damage. This situation leads to an incomplete national intelligence picture.
- 7.3 The International Public Sector Fraud Forum⁷ has recognised that 'finding fraud is a good thing' and this is one of their 'Key Fraud and Corruption Principles'. The Forum noted that, if bodies do not find fraud, then they are unable to fight it, and that a change of perspective is needed so that the identification of fraud is seen as a positive and proactive achievement.
- 7.4 Reporting fraud to those charged with the governance of public sector organisations is important as it provides managers and audit committees, for example, with the information and intelligence they need to challenge and scrutinise. To facilitate accountability, public bodies should provide copies of counter-fraud reports detailing numbers of cases and outcomes to audit committees so that they are fully informed of any issues of concern and can hold management and counter-fraud teams to account. Audit committees can also promote the message that fraud will not be tolerated, supporting the efforts of counter-fraud teams.

6 Cabinet Office Cross Government Fraud Landscape Report 2018

7 International Public Sector Fraud Forum A Guide to Managing Fraud for Public Bodies in Feb 2019

What did we find?

- 7.5 The arrangements in NHS Wales to record, collate and share information about fraud losses and recoveries are well established. The NHS Counter Fraud Service collates information on the number of fraud cases and recoveries from each health body as a matter of course. There are quarterly and annual Operational Performance Reports which summarise information about resources, referrals and the work of the Counter-Fraud Service and LCFS based at each health body. These reports are reviewed by the Counter Fraud Steering Group and shared with Directors of Finance and the audit committees of each health body, helping to facilitate meaningful comparisons within the sector. The NHS Counter Fraud Authority also reports to the Welsh Government on a quarterly basis.
- 7.6 In other sectors, audit committees are not generally provided with as much information:
- a in the Welsh Government, the Audit and Risk Assurance Committee is not provided with, nor does it request, detailed information about fraud cases, although information about major cases and anti-fraud activity is included in the regular report from the Head of Internal Audit;
 - b in the local government sector, fewer than half the authorities report information about fraud cases, losses and recoveries to their audit committees on a regular basis; and
 - c even fewer central government bodies report on cases of fraud, reflecting a very low incidence of fraud being identified and managed.
- 7.7 The absence of both the reporting of information and arrangements to collate and share this information across the Welsh public sector is troubling for a number of reasons. It does little to help re-enforce a zero-tolerance message from the top of an organisation to both staff and external stakeholders. It may also send the wrong message to fraudsters that Wales does not see fraud as a priority and makes it difficult to assess the level of risk and how best to respond to it by senior public sector officials and politicians.
- 7.8 When frauds are identified, Internal Audit (or, where they exist, counter-fraud specialists) provide audit committees with reports and updates. On balance, however, audit committees outside of the NHS Wales have not been sufficiently proactive in recognising the increasing risk of fraud and in asking the searching questions necessary about the matching of resources to risk or about the lack of information being supplied about fraud risk.

What can the Welsh public sector do to improve?

Recommendations

- R14** Public bodies need to collate information about losses and recoveries and share fraud intelligence with each other to establish a more accurate national picture, strengthen controls, and enhance monitoring and support targeted action.
- R15** Audit committees must become fully engaged with counter-fraud, providing demonstrable support and direction, monitoring and holding officials to account if insufficient information is being provided about counter-fraud activity.



Appendices

- 1 Audit methods
- 2 The Welsh Government's response to the July 2019 recommendations of the Public Accounts Committee

1 Audit methods

Our audit was structured around seven key lines of enquiry to help us answer the overall question: 'Are the arrangements for preventing and detecting fraud in the Welsh public sector effective?':

- Does the top tier demonstrate a commitment to counter-fraud and provide the necessary leadership to fight fraud?
- Does the organisation have a suitable structure and sufficient skilled resources to prevent and detect fraud?
- Does the organisation have a sound policy framework to support effective counter-fraud arrangements?
- Does the organisation have an effective fraud risk assessment together with appropriate responses to emerging issues?
- Does the organisation's internal control environment support effective arrangements for preventing and detecting fraud?
- Does the organisation have an appropriate response to fraud?
- Does the organisation have proper reporting and scrutiny in place to ensure its counter-fraud culture and framework is operating effectively?

The audit fieldwork was carried out by our local audit teams between November 2019 and February 2020. Their fieldwork included:

- structured interviews – interviews with key individuals in order to understand the counter-fraud arrangements in place at each audited body; and
- document reviews – where these existed, they typically included the counter-fraud strategy, risk assessment, work plans, corporate risk register, fraud response plan, Codes of Conduct, whistleblowing policy, guidelines and procedures for local fraud investigators and counter-fraud reports/updates provided to Audit Committee.

Teams also issued a core information request in order to gather some information directly from audited bodies.

The project team collated and reviewed the local findings to distil the key messages for inclusion in this report. Our audit teams have been providing tailored feedback on their local findings to relevant staff at each audited body.

The audited bodies included in this study are:

Local Government bodies:

- Blaenau Gwent County Borough Council
- Bridgend County Borough Council
- Caerphilly County Borough Council
- Cardiff Council
- Carmarthenshire County Council
- Ceredigion County Council
- Conwy County Borough Council
- Denbighshire County Council
- Flintshire County Council
- Gwynedd Council
- Isle of Anglesey County Council
- Merthyr Tydfil County Borough Council
- Monmouthshire County Council
- Neath Port Talbot County Borough Council
- Newport City Council
- Pembrokeshire County Council
- Powys County Council
- Rhondda Cynon Taf County Borough Council
- City and County of Swansea
- The Vale of Glamorgan Council
- Torfaen County Borough Council
- Wrexham County Borough Council

NHS Wales bodies:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board
- Health Education and Improvement Wales
- Velindre NHS Trust
- Public Health Wales Trust
- Welsh Ambulance Service NHS Trust

Central Government bodies:

- Welsh Government
- Welsh Revenue Authority
- Arts Council for Wales
- Higher Education Funding Council for Wales
- National Museums and Galleries Wales
- Natural Resources Wales
- National Library of Wales
- Sport Wales
- Senedd Commission

2 The Welsh Government's response to the July 2019 recommendations of the Public Accounts Committee

PAC Recommendation

We ask that the Welsh Government consider whether there is scope and potential to support a national counter fraud team to work across Wales to ensure that at least a basic level of counter fraud work is undertaken in each local authority area by suitably trained staff.

We ask that the Welsh Government consider whether there is scope and potential to support a national counter fraud team to work across Wales to ensure that at least a basic level of counter fraud work is undertaken in each local authority area by suitably trained staff.

Response from the Welsh Government's Permanent Secretary

The Welsh Government recognises and fully supports local authorities addressing fraud within the £8 billion of their general revenue expenditure.

As independent democratically led organisations, the prime responsibility for the detection and prevention of fraud is for each of the 22 councils themselves. As such, we would expect all to be fully engaged in this work and for local politicians to understand and provide leadership.

To make sure that the recommendation is understood and given priority, officials will raise the matter with Ministers to secure an item on the Partnership Council agenda as well as its Finance Sub Committee. Subject to Ministers' agreement, we will agenda an item for the next possible meeting.

I am supportive of any move to increase the understanding of fraud and the consistent application of best practice techniques across the Welsh Public Sector and there exists already a vehicle to bring together counter-fraud practitioners and other interested parties and drive forward a common understanding of this important area.

The Welsh Government's Head of Counter-Fraud is Deputy Chair of the Wales Fraud Forum (WFF), which is a not-for-profit company run by a strategic board of volunteers. Its aims are to help prevent fraud in Wales by raising awareness in the public and private sectors and amongst individuals. In particular, its stated objectives include to:

- bring the public and private sectors together to fight fraud and financial crime and to protect the economy of Wales;

PAC Recommendation **Response from the Welsh Government's Permanent Secretary**

- promote fraud awareness amongst its membership, organisations and individuals throughout the region;
- create good practice cultures by encouraging and developing anti-fraud strategies for its membership to utilise;
- establish a best practice between its members for fraud prevention, investigation and detection; and
- promote an open and co-operative environment between the membership in both the public and private sectors.

The Forum is held in high regard; in 2017 the current First Minister gave the keynote address at its annual conference and outlined his support for effective counter-fraud arrangements across Wales. Forum membership includes the Audit Wales as well as a number of public and private sector organisations.

Therefore, I believe the Welsh Government can achieve the outcome desired by identifying strategies to support the work of the Forum, raising its profile within the Welsh Public Sector and seek a high level of commitment to support it. I will ask Officials to engage with the Forum to discuss strategies for strengthening its effectiveness by the end of the calendar year.

We agree there is potential in the use of data sharing between Welsh public bodies to improve the impact of counter-fraud activities. The introduction of the Digital Economy Act gives the Welsh Government and certain scheduled Welsh public bodies useful new powers to share data with each other compliantly to identify potential fraud. Officials are working on setting up the appropriate governance for taking forward the use of these new powers in Wales, and are aiming for a panel to be in place by the end of the financial year to consider potential uses of the powers.



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GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:6.2
17 SEPTEMBER 2020

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Update – September 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
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**Pwrpas yr Adroddiad:
Purpose of the Report:**

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

Llywodraethu/Governance

Amcanion: Objectives:	Excellence – to develop an organisation that delivers 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.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Standard 1.1 Health Promotion, Protection and Improvement
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP CORPORATE RISK REGISTER UPDATE September 2020

1. INTRODUCTION

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

RISKS FOR ACTION

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

Current Risk Rating	September 2020
Red Risk	4
Amber Risk	10
Yellow Risk	1
Green Risk	0
Total	15

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.

The first phase of additional expenditure relating to COVID has been agreed with, and invoiced to, finance colleagues in Welsh Government.

2.2 New/Deleted Risks

The following risks have been removed from the Corporate Risk Register since the last meeting of the SSPC. These changes to the Register were agreed at the August SMT. The detail of the risks, and the reasons for the removal, are given below:

Risk	Reason for Removal
A4	NWSSP are unable to recruit and retain sufficient numbers and quality of staff for certain professional services (Procurement Services) resulting in a potential failure to meet desired performance targets and/or deliver service improvements
A6	Lack of effective succession planning at a senior level will adversely impact the future and strategic direction of NWSSP due to the age profile of the SMT
A9	Risk to services provided at Mamhilad following notice that Landlord may look to sell site for housing from 2023.
A11	Failure to comply with Welsh Language requirements and capacity to meet the increased demand for Welsh translation services resulting from the implementation of the Welsh Language Standards leading to reputational damage for NWSSP
M2	Operational performance is adversely affected through the use of some out-of-date software systems, lack of consistent IT support across

	NHS Wales resulting in interoperability issues and the limited capacity of NWIS to meet the demand for IT development to develop our services.	Substantial sums are available again during 2020/21 to buy further kit, complete the Windows 10 upgrades, and further develop the Office365 functionality.
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2. RISKS FOR MONITORING

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

Current Risk Rating	September 2020
Red Risk	0
Amber Risk	0
Yellow Risk	1
Green Risk	0
Total	1

3. ASSESSMENT/GOVERNANCE & RISK ISSUES

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

4. RECOMMENDATION

The Committee are asked to:

- **NOTE** to the Corporate Risk Register as at September 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)	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.	↓	31-des.-20
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Risks to continuity of supplies and services to NHS Wales resulting from a no-deal Brexit (added Apr 2019)	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	↑	31-des.-20
	Strategic Objective - Customers									Risk Lead: Director of Procurement Services		
A3	NHS Digital are withdrawing the Ophthalmics Payment service from the end of September 2020. (Added June 2019)	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	→	30-sep.-20
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
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)	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	↑	30-sep.-20
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
A5	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019)	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 30/6/20) 2. Implement actions from Fighting Fraud Strategy (PS On-going) 3. Formally present Counter Fraud Work Plan to SMT (Complete)	Risk increased due to COVID-19 and significant increase in expenditure.	→	30-sep.-20
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		

A6	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019)	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	Consider introduction of mandatory cyber security e-learn (Complete) Follow up progress with Cyber Security Plan (AB On-going) Complete actions from internal audit review of BCP (Complete) Promote use of Self-Serve ESR (Complete) Move all desktop devices to Windows 10 by the Windows 7 end of support (PS 31/12/20) Undertake further IA review of Cyber Security (Complete)	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	→	31-des.-20
Strategic Objective - Service Development												
A7	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)	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 responsibilities 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.	→	31-jul.-20
Strategic Objective - Staff												
COVID-19 Risks												
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.	Costs of COVID-19 direct expenditure being accurately and regularly recorded. First phase of costs have now been agreed and invoiced.	→	30-sep.-20
Risk Lead: Director of Finance & Corporate Services												
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. 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. A&FC Group and Site Leads' Group to produce a Return to Work Plan. Undertake Risk Assessments for all staff (w/c 1 June)	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 assessment exercise issued week commencing 1 June.	→	30-sep.-20
Risk Lead: Senior Management Team												
CV3	NWSSP are unable to procure sufficient orders of PPE, medical consumables and equipment resulting in clinical 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	Finance Governance Committee authorising expenditure on daily basis 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.	2	5	10	Development of PPE Plan.	The PPE plan is being 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	→	30-sep.-20
Risk Lead: Director of Procurement Services												
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 on September SSPC agenda. 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.	→	30-sep.-20
Risk Lead: Senior Management Team												

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 w/c 16 June and found to be largely	→	30-sep.-20
CV6	Current reduction in the need for Field Hospitals is leaving IP5 full of surplus equipment which impacts current and future plans for its 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.	The IP5 Board considered this matter at its meeting on 13/5/2020. Some equipment has now been removed from the site and Stephen Harry is leading the COO Group to consider the kitting out of field hospitals. SH presented on this matter to SSPC on 21 May. IP5 will definitely be used for the mini-TRAMS project and a testing facility for COVID. "Lighthouse Laboratory" being established on behalf of UK Government. Main impact may now be on storage space for Medical Records - looking at additional storage capacity	↓	30-sep.-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.	↓	30-sep.-20
CV8	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.	→	30-sep.-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



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MEETING	NWSSP Partnership Committee
DATE	17 September 2020
AGENDA ITEM	xx
PREPARED BY	Alison Ramsey, Deputy Director of Finance and Corporate Services
PRESENTED BY	For Information
RESPONSIBLE HEAD OF SERVICE	Mark Harris, Director of Legal and Risk Services

TITLE OF REPORT

Impact and Reach Report – NWSSP Legal and Risk Services

PURPOSE OF REPORT

To provide NHS Chairs with an overview of the breadth of services now provided by NWSSP Legal and Risk Services including the Welsh Risk Pool.

1. INTRODUCTION

The purpose of the attached report is to provide an overview of all our Legal and Risk work including learning from clinical negligence events and our wider portfolio encompassing employment, commercial and property law.

2. KEY HIGHLIGHTS

- **Change in leadership**
Mark Harris now leads our Legal and Risk Services Division as Director, this follows the retirement of Anne-Louise Ferguson.
- **Clinical Negligence Teams**
Our core aim is to ensure that in every case, the outcome is fair and reasonable to the patient and to the NHS and its staff.

September 2020

Every NHS organisation in Wales has a named contact for clinical negligence; and these teams work closely with health board and trust staff.

Early involvement can have a marked impact on the overall costs in a case and in the approach taken in relation to any admissions to be made in the case. We have introduced an Early Reporting Scheme for maternity cases where there may be life-changing impact to a baby's health which requires organisations to notify us within 30 days. This enables us to allocate an experienced lawyer to support organisations in ensuring the investigative process undertaken locally is as effective as possible.

- **Welsh Risk Pool Team**

The Welsh Risk Pool team administers the Welsh Risk Pool claim and reimbursement process but also carries out a broad programme of proactive and preventative learning and support work including:

- **Improving the learning from events**
We have introduced earlier scrutiny of learning from events within organisations.
- **Practical Obstetric Multi Professional Training (PROMPT)**
We continue to lead the implementation of PROMPT in all maternity services. This now includes a community package focussed at midwives delivering care in the community or at midwifery led units.
- **Consent to Examination and Treatment**
During 2019-20, the development and adoption of Wales specific consent information related to the use of surgical mesh related incontinence was co-ordinated by the WRP. Looking forward the digitisation of the consent process is an area of focus for 20-21.
- **Once for Wales Case Management System (OFWCMS)**
The team provides project implementation support to the OFWCMS Programme Board. This maybe more readily understood as the 'new Datix system' that will deliver greater consistency in recording and reporting of incidents across NHS Wales.

Some further examples are set out on Page 19 of the full report.

- **General Medical Practice Indemnity (GMPI)**

The Wales scheme for GMPI went live on 1 April 2019. It is a discretionary state-backed scheme providing indemnity for providers of GP services relating to the care, diagnosis and treatment of a patient following incidents on or after 1 April 2019. NWSSP Legal and Risk Services operate the scheme on behalf of the Welsh Government.

The GMPI team has attended meetings with GP practice managers and various Health Board CPD events across Wales throughout 2019-20 providing workshops, newsletters and practical guidance regarding the new scheme including when and how to report a claim.

The GMPI team also benefit from the “in-house” assistance of the NWSSP Medical Director, Professor Malcolm Lewis, who is an experienced GP and medico legal expert and supports the team by providing a clinical perspective on complaints and claims, which fall within the scope of the GMPI scheme.

As a new scheme, most contact with the team to date has related to general enquiries and FAQs about the scheme itself, and advising on patient concerns and complaints i.e. pre claim stage.

- **Wider portfolio**

Our Legal and Risk Division offers competitive rates compared to the private firms, and we are increasing our influence in the following areas:

- Employment
- Property
- Personal Injury
- Commercial and Procurement

Additionally our Complex Patient team continues to see an increase in demand for services to support health boards when acting in the best interests of the patient e.g. Court of Protection, End of Life Decision Making, Deprivation of Liberty, Mental Capacity Act and Best Interests for Children.

- **COVID-19 response**

We established a hub of experienced lawyers to provide advice on issues as they arose during the height of the pandemic. The Welsh Risk Pool team also advised on a number of indemnity related enquiries.

We are currently providing advice in readiness for any future public enquiries into the handling of the pandemic, including the recording of relevant information.

3. WELSH RISK POOL EXPENDITURE

In 2019/20 the total expenditure was £120.197M compared to £112.412M in 2018/19. A contribution of £3.974M was agreed through the Risk Sharing agreement in addition to an additional contribution from Welsh Government of £10.7M to the 2019-20 funding.

Forecasting when claims will settle, and for what value, is not an exact science. The forecast changes over the life cycle of a case as claims mature and more evidence becomes available. The forecast is calculated on a case-by-case basis through the application of professional judgment from our Legal and Risk solicitors, working with the local claims handling teams within NHS organisations.

Increasingly claimants are asking for more to be put into the lump sum part of their damages and less to be paid by way of periodical payments (PPOs). This emerging trend is linked to the change in PIDR rates in 2017 and has not been reversed by the announcement made by the Lord Chancellor in July 2019 to changes the PIDR from minus 0.75% to minus 0.25%. Quite often, this does not become apparent until the settlement meeting, late in the overall process.

The impact is in respect of the timing of cash flows and the level of payments made within the financial year (the DEL) and not on the overall value of the claims (the AME) which is payable over a longer period of time and included in the provision of the Welsh Risk Pool.

The value of provisions across NHS Wales increased to £1.134BN in 2019/20 this was an increase of £52.524M compared to 2018/19. Provisions relate only to those cases where there is a probable or certain likelihood of settling a claim.

The increase in provisions mostly related to the increasing value of claims, and the reasons behind this include:

- Claimants are living longer due to advances in medical treatments with longer life expectancies which increase settlement values.
- Cases are becoming more complex, with more treatment options for claimants, more multiple defendant cases and subsequently more expert contribution across multiple fields.
- General inflationary factors affecting large purchases e.g., house purchases, adaptations and carer's wages factored into the initial claims values.

The forecast clinical negligence expenditure for 2020-21 is £121M. This is as at Month 4 and remains in line with the estimate shared last year with other NHS organisations for IMTP planning purposes. This assumes the Risk Share contribution for 2019-20 of £13.779M will be required.

The cost of clinical negligence is expected to rise in each of the next three years. Consequently, invoking the risk sharing agreement is the 'most likely' scenario for members of the Welsh Risk Pool.

4. CONCLUSION

Our intention is to publish this report twice a year, and to include case studies that highlight the impact of the work of the specialist teams, across all the portfolios of work. The report includes links to more detailed information about our work.

Mark Harris and his team would be delighted to meet with individual organisations including with independent members or certain sub-committees to discuss further our role and how we can support NHS organisations.



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Legal and Risk Services

Impact and Reach Report

**NWSSP Legal and Risk Services
including the Welsh Risk Pool**

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Introduction

Welcome to our 'Impact and Reach' report, we hope that this is helpful to your understanding of our work in Legal and Risk Services, for you, our NHS partners and customers.



Anne-Louise Ferguson MBE



Mark Harris

This report provides an overview of our work, not only in clinical negligence but also across our growing portfolio encompassing personal injury, employment, regulatory and commercial, property law, complex patients, safety and learning together with our comprehensive legal advice service to the NHS in Wales. We plan to issue this report twice a year, to share information about the impact of an ever-changing legal and healthcare environment on your local services, financial position and patient and staff experience.

We would welcome your views on the format and content of this report, to ensure that it is timely, helpful to your understanding of our services, and informative for action you may need to take in response to local and national issues.

Anne-Louise Ferguson MBE, retired from the role of Director of Legal and Risk Services at the end of March 2020 after 24 years of outstanding leadership and service. We would like to pay tribute to her commitment and that of her team for their efforts in improving outcomes and reducing the burden of harm on the NHS in Wales.

Mark Harris has been appointed to the role of Director of Legal and Risk Services. Mark was previously Deputy Director of Legal and Risk Services and took up his new post on 1 April 2020.

Who we are

Legal and Risk Services is a division of the NHS Wales Shared Services Partnership (NWSSP) and acts for NHS bodies in Wales, employing specialist lawyers to provide tailored, high quality, cost effective legal services and advice. Welsh Risk Pool (WRP) is part of Legal and Risk Services and manages the reimbursement arrangements for claims and engages with NHS bodies to ensure that lessons are learned.

We work with the health service to provide integrated legal risk management advice, to identify areas of concern, achieve improvement and share good practice.

Our key purpose is:

- to provide a comprehensive in-house legal and risk service to NHS Wales that is recognised as approachable, responsive and reliable; and
- to support health bodies in learning lessons from things that go wrong.

We employ 65 qualified lawyers, supported by 45 administrative, secretarial, and paralegal and trainee solicitor staff, across 14 teams.

The Welsh Risk Pool employs six substantive staff supported by 20 sessional and secondment staff managing the claims reimbursement process, feedback on lessons learned, promoting improved practice and delivering the quality and safety improvement programmes. The team provides support and training across NHS Wales to Board Members, clinicians, claims managers and administrators.

In recent years, we have grown our corporate legal services such as employment, property, regulatory, commercial and procurement law. The remit and breadth of the work undertaken by our Complex Patient Team has also grown significantly.

Ever changing operating environment

2020 will be another year of significant change for clinical negligence litigation. The introduction of a long debated fixed recoverable costs scheme for lower value clinical negligence claims may finally happen, leading to a reduction in costs that the NHS pays to Claimant's solicitors. We are part of the working group of interested parties which culminated in the proposals set out in the publication of the Civil Justice Council Report in October 2019. We are told that the Department of Health and Social Care will proceed to a further public consultation. However, following the disappointingly modest change in the personal injury discount rate (PIDR) last year, from -0.75% to -0.25%, it is difficult to speculate on potential savings at this stage.

We have introduced the Early Reporting Scheme across Wales requiring potential claims in respect of brain injuries suffered at birth to be reported to us within 30 days of the event. We hope this will result in earlier payments to families where the brain injury is proven to have been caused by negligent treatment and, the securing of evidence at an early stage to assist the defence of those cases which are defensible.

We will continue to fight dishonestly exaggerated claims against the NHS and pursue proven dishonest claimants through the legal system to ensure the imposition of both financial and custodial penalties wherever possible. The WRP committee has formally approved the use of surveillance in appropriate cases.

The **Health and Social Care (Quality & Engagement) Wales Bill** is set to become law this summer. It will implement an organisational Duty of Candour. This obligation will require Health Bodies to be open and honest with patients and families when things go wrong to promote a culture of openness and improve quality of care. The "candour" procedure will be set out in new Regulations and accompanying guidance, which we understand will fit in neatly with the present arrangements for openness and transparency under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. There will be a requirement that the Health Bodies report annually on when the duty has come into effect and the steps that have been taken to prevent any future occurrence.

In addition, it will create a new national body which will represent the interests of both health and social care services in Wales, replacing the Community Health Councils. It is hoped that this new body will strengthen the voice of service users, making sure they are listened to and to continue to support them when making a complaint about their care. **The Public Services Ombudsman (Wales) Act 2019** became law on 22 May 2019. The Act gives the Public Services Ombudsman for Wales ("PSOW") extended powers in a number of areas relevant to Health Bodies such as the ability to accept oral complaints, to investigate private medical treatment in cases where there is a NHS/private care pathway and, the ability to undertake own initiative investigations. This is arguably the most significant change to the PSOW powers.

Legal and Risk Services are pleased to be assisting the PSOW Network in liaising with the PSOW regarding the new powers.

Clinical Negligence

Our Clinical Negligence teams provide advice and guidance to all NHS Wales organisations. Every NHS organisation has a named contact or Team Leader for clinical negligence:

- Liz Dawson**
Betsi Cadwaladr University Health Board and Welsh Ambulance Services NHS Trust
- Sarah Watt**
Cardiff & Vale University Health Board and Velindre NHS Trust
- Vanessa Llewellyn**
Cwm Taf Morgannwg University Health Board and Public Health Wales
- Fiona Webber**
Swansea Bay University Health Board
- Alison Walcot**
Aneurin Bevan University Health Board
- Anne Sparkes**
Hywel Dda University Health Board and Powys Teaching Health Board
- Mark Harris**
Public Health Wales



Liz Dawson



Sarah Watt



Vanessa Llewellyn



Fiona Webber



Alison Walcot



Anne Sparkes

The team defend all clinical negligence claims made against the NHS in Wales. Our aim is to ensure in every case that the outcome is fair and reasonable to the patient and to the NHS and its staff.

Where claims are justified we aim for early settlement. Claims are managed proactively and robustly to ensure a fair and equitable settlement. However, where unjustified claims are made, these are robustly defended, to a trial if necessary.

We investigate claims as quickly as possible. We meet with clinical and other staff and obtain expert evidence as appropriate. Due to our unique relationship with our clients we are able to provide unparalleled support to members of staff who are witnesses in claims.

An increasing number of claims made against the NHS Wales are worth in excess of £1million. These claims are often very complex and require management by our highly

skilled solicitors. We have extensive experience in managing such high value claims. We have a specialist costs team which monitors all claims for costs, advising throughout the team to ensure Claimant solicitors' costs are robustly managed. Significant costs savings are regularly made.

Some cases require the early involvement of the legal team, which can have a marked impact on the overall costs in a case and the approach taken in relation to admissions made. A key area where this early involvement has benefits is in relation to maternity cases where there may be life-changing impact to a baby's health. We have introduced the Early Reporting Scheme which requires organisations to notify the Legal & Risk Team of specified cases within 30 days. This enables us to allocate an experienced lawyer to support organisations in ensuring that the investigative process being undertaken locally is as effective as possible.

The law governing clinical negligence litigation is complex and constantly changing. We pride ourselves on keeping our clients up to date with significant legal changes. Members of the clinical negligence team give regular talks to a wide variety of staff groups across the NHS in Wales.

General Medical Practice Indemnity (GMPI)

The Scheme for GMPI went live on 1 April 2019. GMPI is a discretionary state-backed scheme providing indemnity for providers of GP services in Wales for compensation arising from clinical negligence claims relating to the care, diagnosis and treatment of a patient following incidents on or after 1 April 2019. NWSSP Legal and Risk Services have been commissioned by Welsh Government to operate the scheme.

We have established a GMPI FAQs section on our website to reflect the actual queries received since the scheme went live on 1 April 2019. A copy was sent to all GP practices and GPs on the medical performers list in Wales. Queries have been received from Health Boards, practices and individual GP staff. Queries come to the team via the GMPI telephone helpline or dedicated GMPI e-mail address.

You can find these along with our detailed guidance note on GMPI on our website here: <http://www.nwssp.wales.nhs.uk/general-medical-practice-indemnity>.

Our GMPI team offers practices guidance in dealing with concerns raised via the Putting Things Right scheme and we have supported a number of practices with complex complaints received relating to treatment provided post 1 April 2019. The team also benefit from the "in-house" assistance of the NWSSP newly appointed Medical Director, Professor Malcolm Lewis, who is an experienced GP and medico legal expert and supports the team by providing a clinical perspective on complaints and claims, which fall within the scope of the GMPI scheme.

The team have attended GP Practice Manager meetings and various Health Board CPD events across Wales throughout 2019-20 providing workshops, newsletters and practical guidance regarding the new scheme including when and how to report a claim post 1 April 2019. These sessions have been well received and this proactive and collaborative approach has enabled GP staff to better understand the role of Legal and Risk and the interface between Legal and Risk and the continuing role of the medical defence organisations. The team attends the claims manager network to provide Health Board staff with an update on the scheme. The team plan to provide workshops to GP Practices on managing Putting Things Right complaints in 2020-21.

The current caseload consists of the following:

- 1,393 GMPI communications i.e. general queries
- 929 patient concerns or complain notifications
- 23 potential clinical negligence claims notified
- 2 letters of claim received (not yet quantifiable)

Two letters of claim were received before the yearend date and have a 'Possible' status in terms of likely settlement. These have been classified as contingent liabilities rather than provisions at the 31 March 2020 and have a combined quantum value of approximately £96k. If you are interested in hearing more about the GMPI scheme, then please contact the team via email GMPI@wales.nhs.uk.

Welsh Risk Pool

The Welsh Risk Pool (WRP) forms part of our Legal and Risk Services Division. The WRP has responsibility for reimbursement of claims handled under NHS Indemnity over £25,000 and reimbursement of all claims handled under the GMPI Scheme (the £25,000 threshold does not apply to GMPI matters). The cases reimbursed mainly relate to clinical negligence and personal injury matters, although the scope of the WRP includes buildings and, in exceptional circumstances, equipment.



Jonathan Webb

The role of the Welsh Risk Pool was expanded in 2018 to include responsibility for the appropriate reimbursement of permitted costs and damages arising from Redress cases. Redress cases, introduced in 2011 through the 'Putting Things Right' arrangements, deal with matters where there is a qualifying liability arising from complaints and healthcare reported incidents. Effective use of the Redress process has a direct impact on the litigation costs for each organisation, with average savings of over £30k in claimants' costs.

It is essential to have effective processes for ensuring that NHS Wales learns from events to limit the risk of recurrence and improve the quality and safety for both patients and staff, and the WRP oversees the Learning from Events process for Claims, Complaints and Redress Cases.

In addition to reviewing events that have occurred, our clinical assessors and safety & learning team undertake a range of proactive clinical assessments in sectors which are high-risk for litigation, as well as assessing the arrangements for the management of concerns and learning from events.

NWSSP has responsibility for the administration of the WRP including the management of the Welsh Risk Pool Budget. In line with standing orders, the NWSSP has resolved to establish a sub-committee to be known as the Welsh Risk Pool Committee (WRPC). The WRPC is a sub-committee of the NWSSP Committee and has no executive powers, other than those specifically delegated in the Terms of Reference. The WRPC has its membership and Terms of Reference updated to reflect the additional responsibilities relating to GMPI.

The WRPC comprises of representation from senior NHS professionals from Trusts, Local Health Boards, Legal and Risk Services and the Welsh Government, and the

Chair is Margaret Foster, Chair of the NWSSP. The WRPC has met 6 times during 2019-20:

- May 2019
- September 2019
- January 2020
- July 2019
- November 2019
- March 2020

Improving Learning from events

The WRP has during 2019 implemented a revised process to bring the scrutiny of learning in relation to all claims and redress cases much earlier in the process than previously.

From reviews of 2017 and 2018 claim cases, it was clear that learning reports are frequently only commenced at the point that they need to be submitted as part of the reimbursement process. This is despite the index events occurring a number of years prior to the reimbursement request and therefore there is a loss of opportunity in implementing action and improvements to reduce the risk of a reoccurrence.

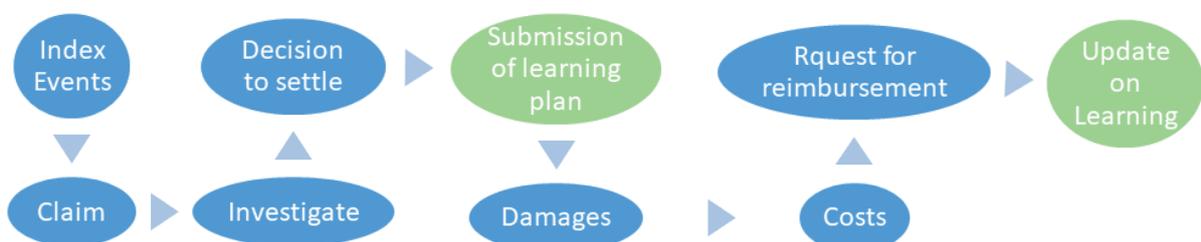
The aim therefore is to alter the point when scrutiny of learning takes place from the point when reimbursement is requested from the WRP to a defined period (60 working days) from when the decision to settle a claim is reached.

Our research conducted on a sample of just over 250 claim cases shows that by bringing forward the scrutiny of learning in this way will mean that action plans are produced and implemented an average of 18 months earlier than previously. Pilots of the revised process were implemented in 4 claims teams across Wales which showed that there is a need to introduce a sense of urgency and important to this issue in order to gain the support of the clinical teams but that the alternative process provides the opportunity for local governance of learning plans.

Fig 1. Outlines the former process for scrutiny of learning from claims – with learning plans submitted at the point of reimbursement:



Fig 2. Highlights the opportunity to introduce earlier scrutiny of learning at the point of a decision to settle a case:



Casual Factor Analysis

It is clear that careful analysis of the circumstances of a claim provides an opportunity to establish the themes and trends, and to ensure that priority is given to actions addresses the identified issues. The Welsh Risk Pool analyses the risk data held within claim records to determine common findings.

- **Generic Causal Factors**

Research into the claims and redress case records identifies three generic causal factors and this enables organisations to align their improvement work to these issues.

Communication Issues: Failures and errors in communication between healthcare professionals, teams and services. Issues in communication with patients and their carers

Documentation Issues: Errors and failings in record keeping capture of pertinent clinical information to aid decision making and loss of information.

Escalation issues: Issues relating to failures to escalate care to senior clinical staff or alternative specialty staff.

- **Thematic Analysis**

Through the review of causal factors, lessons learned and actions implemented in relation to cases across NHS Wales, the Welsh Risk Pool is in a unique position to be able to identify specific areas where improvement in clinical and organisational practice is needed.

Maternity Services – CTG analysis and Human Factors

The Welsh Risk Pool budget continues to experience pressure from a dominance of claim values related to care within maternity services and the analysis of these cases demonstrate a clear trend of communication issues which have ultimately led to the circumstances in which a claim arose. The analysis, recording and action taken in relation to Cardio Toco Graph (CTG) reviews is an area which needs additional focus and the WRP has established an improvement programme to further build on previous work in this area. Communication issues when obstetric complications and emergencies occur remain a theme from claims, but the work of the PROMPT Wales programme in enhancing human factor awareness among clinical groups has already been identified in safety attitude and preparedness reviews as having a positive effect.

Access to Regional Services

An increasing area of focus from claims and redress cases during the last year relates to delays in referrals to, and acceptance by, regional specialist services, including neurosurgery and vascular services. The WRP will work with specialist services and central commissioning bodies to identify potential areas for improvement and monitoring.

Radiological Investigations

Delays and errors in interpreting radiological investigations has been a theme in claims and redress cases for some years and this is mirrored in other areas of UK healthcare. The national review of radiology services undertaken by the WRP in 2018-19 has highlighted that all organisations have discrepancy review processes, which monitor and reflect on errors in interpretation of images. Case reviews demonstrate that there is limited sharing of learning from these discrepancy processes – both locally within organisations and more widely across NHS Wales, and more needs to be done in this area. Additionally, with an increase in the

outsourcing of radiology reporting, organisations need to ensure that effective monitoring and oversight is in place.

Delays in acting upon unexpected and incidental findings on radiological reports is a stubbornly common theme, especially when the finding relates to a clinical specialty that did not request the investigation. The WRP national review of radiology services highlighted that a national electronic solution to ensure that findings were both communicated and acted upon was needed and would be welcomed by clinical teams. However, until an electronic solution is available, organisations need to invest in processes to avoid the delay or failure to act on an important finding.

The WRP will be undertaking a follow-up review from its national review and seeking updates on the actions taken by organisations.

Consent to Examination & Treatment

Cases involving allegations of a failure to adequately provide appropriate information on the risks, benefits and alternatives of procedures are increasing and the claims experience is that claimants are including these allegations in matters which may have a further issue or allegations – such as complications.

Building on the national work led by Welsh Government, the WRP has established a national team to drive the consent agenda across all services.

An unfortunately common finding is that information shared with patients is deemed inadequate during the investigation of a claim, but the information already available to clinicians via the EIDO Consent Information Download Centre would have presented a robust opportunity to defend the claim. The WRP has funded the EIDO system for a number of years and use of the information leaflets is very high. However, some clinical areas continue to use alternative forms of consent information. The WRP Committee has determined that during 2020-21 a requirement will be implemented, where claims are unlikely to be reimbursed unless the EIDO patient information leaflets are utilised.

Continuing Professional Development is being rolled out by the WRP - to aid the understanding and practical application of the principles of Consent to Examination & Treatment amongst healthcare professionals who participate in the consenting processes. This will be presented via a range of e-learning, workshops, webinars and conferences.

Pressure Ulcer Causal Factors

Despite almost all health bodies having organisation-wide strategies to address pressure damage, the frequency of such cases continues to be stubbornly high and many such cases, where the damage is deemed to have been avoidable, are resolved as redress cases or claims.

Having rolled out specialised Scrutiny Panel Training to over 170 Matrons and Ward Managers through one health board, the Welsh Risk Pool has been able to provide assurance in relation to the effectiveness of the case scrutiny process.

The Welsh Risk Pool also analysed over 160 serious incident, pressure damage cases and established a series of direct and indirect causal factors, which contributed to the occurrence of these events. This found that issues were commonly linked to failures in basic nursing care – rather than a need for complex

solutions.

The development of a Casual Factor table, which can be uploaded onto the Datix system, enables organisations to map their pressure ulcer prevention strategies to the causal factors that are identified as occurring in the organisation as a whole or more locally at ward or department level.

Implementing effective learning lessons from Redress Cases

The transfer of responsibility for reimbursement of redress cases moved from Welsh Government to Welsh Risk Pool on 1st April 2019 and a period of transition has been established to support health bodies during the change.

A key driver for this change was the need to implement scrutiny of the learning from each case – in a similar way that is undertaken for negligence claims, and move the redress process from a purely financial reimbursement model.

To provide support to health bodies during the period of transition, WRP Safety and Learning Advisors have been deployed to assist organisations to analyse redress case investigation findings and to link learning and improvement actions to these.

- **Progress to date**

Over 591 redress cases have been scrutinised since the transfer of responsibility for reimbursement and learning assurance has been confirmed in the majority of these cases. Claims teams have broadly welcomed the process for the provision of structured learning information. They are able to encourage clinical teams and departments to provide the required information and implement actions plans.

Review of the learning from redress cases has also undergone a significant change, with the creation of a peer-review panel. Formed of junior leadership clinicians from around Wales, the peer-review group shares the learning from all redress cases and makes recommendations to the Welsh Risk Pool Committee about whether the learning information is suitable and sufficient.

- **Streamlining the submission of information**

As part of the roll out of a new Once for Wales Concerns Management System (the replacement for current Datix systems), a portal system will be introduced which enables information about a case to be shared with the Welsh Risk Pool team and scrutiny of learning to be even swifter. This will reduce the burden on both local teams and the WRP Operations Team and free up more time to focus on learning from cases.

The majority of redress cases are managed locally within a health body, with limited involvement of the Legal and Risk Service. This a proportionate approach to dealing with cases, whilst there remains a need to ensure governance about how the financial values of a case are reached and that these offer value for money for NHS Wales.

The introduction of the requirement for health bodies to produce a Case Management Report provides the opportunity for local governance teams to review how the quantum (damages and other costs associated with a case) has been determined. This will provide an effective local scrutiny tool and facilitate all-Wales sharing of case management data between redress teams.

Safety & Learning Programmes

Analysis of the rich data available to the Welsh Risk Pool provides an insight into the types of claim, which are occurring. It is clear that the most expensive claims are those relating to maternity services, and a common incidental finding in a claim case relates to an issue with the consent-to-examination & treatment process.

The Welsh Risk Pool is supporting organisations in addressing these themes through its Safety & Learning Programmes.

PROMPT WALES

A national WRP team, leads the implementation and operation of PROMPT Wales in all maternity services across Wales.

This team develops national tools & resources, delivers train-the-trainer sessions and quality assures local training.



PROMPT Wales building on the well-established international PROMPT (PRactical Obstetric Multi-Professional Training) programme of human factors and situational awareness scenarios, which prepare clinical teams to recognise and deal with obstetric emergencies.

The introduction of PROMPT Wales is supported by Welsh Government and national standards for organisations to meet have been established and distributed via Welsh Health Circular WHC/2019/022. These will be reviewed during 2020-21 by the Welsh Risk Pool.

During 2019-20, the WRP, supported by colleagues from Powys Teaching Health Board, has developed and rolled out a Community PROMPT Wales package – specifically focussed at midwives delivering care in the community or midwifery-led units. PROMPT has been introduced into maternity services across the world and the implementation by the WRP within NHS Wales has been recognised by the PROMPT Maternity Foundation as achieving rapid and consistent adoption and roll-out. The implementation process has also been recognised by the Obstetrics & Gynaecology Society.

As part of data collection processes to measure the positive impact of PROMPT Wales, early results of from staff safety attitude surveys demonstrates that participation in PROMPT Wales training enhances the confidence of all grades and specialties of healthcare professionals who may respond to an obstetric emergency. Working with the Maternity & Neonatal Network, the Welsh Risk Pool aims to support the introduction of a national data measures for maternity services during 2020-21, which will strengthen the measurement of the impact of PROMPT Wales within all NHS Wales organisations.

CONSENT TO EXAMINATION & TREATMENT

The All-Wales Consent to Examination Treatment National Team has been formed by the WRP and has drawn together various national strands of work in this topic.

The WRP provides the EIDO Healthcare Download Centre of Consent Patient



Information Leaflets for all organisations in NHS Wales. These are already widely used throughout all organisations and arrangements for the development of new leaflets are in place to support the growing number of alternative procedures and pathways.

During 2019-20, the development and adoption of Wales-specific consent information related to the use of surgical mesh for stress-related incontinence was coordinated by the WRP – ensuring that NHS Wales has appropriate information available for use by clinicians across all organisations in respect of this UK-wide issue.

The digitisation of the consent to examination & treatment process is a workstream for the WRP during 2020-22. The existing contractual arrangements with the provider of the leaflet download centre facilitate the development and roll out of a digital platform for sharing information, capturing patient queries, identifying patient-specific risks and recording consent.

Building on the All-Wales Policy, published via Welsh Health Circular WHC/2017/036, The WRP will be undertaking a national review of Consent to Examination & Treatment through all NHS Wales organisations during 2020-21 - aimed at assisting organisations to establish local improvement plans and identify national themes and trends.

A national clinical group for Consent to Examination & Treatment will be re-focused during 2020-21 – helping organisations to recognise and understand the consent themes associated with their own claims and redress cases and determining national approaches to achieve consistency.

The support for learning and enhancing undertaking of the consent process by all healthcare professionals who participate in obtaining and recording consent is a key aim for the national team. A series of roadshows, webinars and conference-style learning sessions are planned for 2020-21, alongside the provision of a Wales-specific e-learning package on consent-to-treatment which is awarded CPD points by key royal colleges.

Once for Wales Case Management System

The Once for Wales Concerns Management System (OFWCMS) Programme Board has been established to support implementation during 2019-22. During 2019-20, the Programme Executive sponsor was Claire Bevan, former Executive Director for Quality and Nursing Welsh Ambulance Service NHS Trust.

The preferred provider following a tender exercise is RLDatix Ltd. Considerable work has already been completed to produce a system that meets the needs of NHS Wales now and in the future.

The new system will operate differently from the existing systems and the aim is to improve how data is captured and stored to strengthen the consistency in reporting across organisations and on a NHS Wales basis. The system also offered additional functionality including a case management process for Redress cases in NHS Wales, dedicated safeguarding referrals and management system and a process for recording and monitoring Deprivations of Liberty Safeguards.

An added area of strength will be how it facilitates the capture, escalation and presentation of risks, both as Risk Registers and Assurance Frameworks. The Board Secretary group are engaged in supporting common terminology and systems to enable this. The new system will also be able to support primary care services including community optometrists, dental practices and GP practices.

A small number of early adopters have been identified: Hywel Dda UHB, Swansea Bay UHB and Velindre University NHS Trust. Other NHS organisations will have the opportunity to be involved in piloting and trialling new functions that were not previously available on older systems.

All organisations will need to have a structured plan place on how they will support the system and business change 'roll out' and a single point of contact has been identified between the programme team and every organisation to ensure that effective communications are in place. Regular updates will also be provided through the Director's of Nursing forum, the Board Secretaries group and the National Quality & Safety Forum.

The rollout was originally planned over two financial years. However, to align with the introduction of a revised Serious Incident Framework, Welsh Government are currently working with the programme team to accelerate the introduction of the complaints and incidents functionalities.

Maria Stolzenberg leads the Programme Team, and a dedicated email address has been established at OnceForWales.CMS@wales.nhs.uk

Wider remit of our team

Commercial, Regulatory and Procurement Team

Our Commercial, Regulatory and Procurement Team have an exceptional number of years of experience in dealing with a vast array of legal disputes, overseeing the procurement process and advising on procedural fairness throughout NHS Wales.

The team advises health bodies throughout Wales on all manner of issues, both contentious and non-contentious, which includes Commercial (contractual arrangements) and public law matters (judicial reviews). We also help the NHS understand the complexities of the maze of regulation that exists.

Below is a non-exhaustive list of some of the topics that we are able to advise on:

- Commercial contracts
- Procurement law (Advice on regulations and procedure)
- Procurement documentation (Advice on drafting Invitations To Tender (ITT), Pre-Qualification Questionnaires (PQQ) and specification)
- Procurement challenges
- Outsourcing treatment and services
- Intellectual Property
- Regulatory law
- Public contract law (General Medical Services/General Dental Services Contracts)
- Public/Private partnership (National Cancer Service)
- Judicial Review
- Commercial Litigation

- Residency disputes
- Disputes between public authorities regarding funding
- Dispute resolution
- Policy drafting
- Construction
- Criminal
- Civil Fraud
- Injunctions
- Defamation
- TUPE
- Information law (Data Protection and FOI issues).
- Debt collection
- International law (Memoranda Of Understanding & Service Level Agreements with foreign governments).

Personal Injury Team

The Personal Injury (PI) team is headed by Andrew Hynes and deals with personal injury claims across all of the Health Boards. The claims dealt with can range from relatively low value slip and trip claims to more complex matters such as mesothelioma and incidents resulting in permanent injuries.

The team provides advice in the following fields:

- Employers and Public liability
- Work related stress
- Bullying and harassment
- Violence & Aggression
- Industrial disease, including
- Asbestos
- Hearing loss
- Object and person manual handling
- Repetitive strain injury
- Defective equipment
- Infection Control
- Slip and trip cases

The PI team work well together to deliver an excellent service to our clients, including a bi-annual education day. This day allows colleagues from across NHS Wales the chance to update and refresh their legal knowledge and provides an opportunity to network. Guest speakers including Barristers have also kindly provided talks on a range of subjects and exciting mock trials.

The team also provides valuable analysis of trends as well as focusing upon learning lessons and giving practical risk management advice in areas that have been identified as vulnerable. Prevention is better than cure.

The team has also become involved in a range of projects; most recently being the NHS Anti-Violence Collaborative titled "Obligatory Responses to Violence in Healthcare", which we are working towards publishing as a Welsh Health Circular. It is recognised that NHS staff (Hospital, Ambulance, Community and Primary Care) are among those most likely to face violence and abuse during the course of their employment and there is a strong public interest in prosecuting those who verbally and physically assault NHS staff deliberately.

To address this the NHS Wales Anti Violence Collaborative (AVC) has been established which has representation from NHS Wales, the Police, CPS, Welsh Government and Unions.

Some of the aims of the Collaborative are as follows:

1. To improve the reporting of violent incidents;
2. To strengthen the investigation and prosecution process, by improving the quality and timeliness of shared information; and
3. To improve victim and witness care and confidence.

Information regarding the NHS Wales Anti Violence Collaborative can be found via our Communications Toolkit. <http://www.nwssp.wales.nhs.uk/communications-toolkit>.



Complex Patient (Court of Protection)

Our Complex Patient team is led by Gavin Knox; a specialist team which is comfortable dealing with highly complex and sensitive clinical situations where a patient's life or liberty might be at stake. Early intervention will often improve outcomes for patients. This may be by helping ensure Health Board staff are acting in the best interests of the patient, or by resolving disputes that can in themselves cause distress to the individual.

- **Mental Capacity Act and Best Interests for Children** - there is a growing need for NHS staff to understand and implement the principles and provisions of the Mental Capacity Act. Our team offers a rapid and reasoned response to any capacity or best interests related query. By engaging early with clinicians, patients and families, we can usually assist in resolving disputes or ethical dilemmas and avoid the need for applications to be made to Court. The same applies to disputes about medical treatment or end of life decisions for children.
- **Deprivation of Liberty** - The full impact of the Supreme Court decision in Cheshire West, that redefined what amounted to a deprivation of liberty, is still being realised with enormous impact on NHS resources. We help Health Boards avoid unlawful deprivations and provide representation in the Court of Protection when a patient appeals against their detention.
- **End of Life Decision Making (adults and children)** - There are no more important decisions than those relating to the end of life. We are regularly instructed where disputes arise between clinicians and patients or their family about what treatment can lawfully be given.
- **Mental Health** - We help staff navigate the legislation and the difficult conflicts and interfaces with the Mental Capacity Act and Deprivation of Liberty.
- **Court of Protection & High Court Applications** - Not all issues can be resolved locally and ultimately some decisions need to be made by a Court. Often these can be highly contentious, complex, and emotive cases with the health, liberty or life of a vulnerable adult or child in the balance. We have extensive experience of making applications to both the Court of Protection and the High Court, each with their own particular rules and procedures. We offer a service that aims to resolve disputes quickly and sensitively to preserve therapeutic relationships with patients or families.
- **Inquests** – the team has overseen the whole inquest service in recent years, focussing on those that raise complex Human Rights issues such as suicides, deaths

in prison or Mental Health detention, gross negligence, or systemic Health Board failings. Demand is such that plans are being developed for a separate team to deal with all inquests.

All NHS Wales organisations are aware of how to contact this team out of hours for urgent advice.

Employment Team

Our Employment Team is led by Daniela Mahapatra. Since its inception in 2012, the team has acted for Health Boards and Trusts in a wide and diverse range of Employment Tribunal and County Court cases. The team has also had the privilege of advising on high level strategic policy issues.

The team can help with all types of claims in the Employment Tribunal including, but not limited to:

- Unfair dismissal (conduct and capability)
- Various types of discrimination (disability, sexual orientation, race, age, gender etc)
- Unlawful deduction of wages
- Holiday pay
- Whistleblowing
- Pension
- Agency worker rights
- Doctor disciplinary cases

The team can also help with the following non-contentious issues:

- Interpretation of policies and procedures on an All Wales level
- Issues arising out of the employment relationship (including advising on grievances and disciplinary hearings) including termination of employment
- Family friendly policies (i.e. Shared Parental Leave regime)
- Clinician banding appeals
- Severance packages and drafting settlement agreements.
- The Transfer of Undertaking (Protection of Employment) Regulations 2006
- Voluntary Early Release Schemes and queries
- Doctor disciplinary issues
- All Wales matters in association with the Welsh Government
- Employment status
- Consultations and Redundancies
- Union Recognition
- Restructures

As well as helping clients to manage cases when things go wrong, the team also works with clients to train Workforce teams and line managers to reduce the risk of claims. Employment law is constantly evolving.

Our Employment team can offer a wide range of educational talks and seminars that can be delivered at our fully equipped premises. We are also able to tailor quarter, half or full day packages at a location to suit our client. Recent topics include:

- Training on the Upholding Professional Standards Policy
- Disciplinary investigations training
- Employment updates

- TUPE training
- Dignity at Work
- Whistleblowing

Property Team

Our property team provides advice across the NHS Wales estate, delivering a quality service at competitive rates. The team has extensive knowledge and experience in commercial property and of the NHS Wales estate. The team works closely with NWSSP Specialist Estates team and undertakes a range of work, which encompasses:

- Leasehold acquisition of offices on behalf of NHS Trusts and Health Boards;
- Lease re-gears, including varying principal lease terms and break dates, as well as general management work (licences to alter etc) in support of tenant works;
- Freehold sales of surplus commercial and residential properties, including provisions to protect future development rights of adjacent land retained by NHS Wales;
- Freehold acquisitions in connection with large-scale developments by NHS Trusts and Health Boards; and
- General, one-off property queries on sundry matters, including in the primary care field.

Our Response to COVID-19

All staff in the health & social care sector are working incredibly hard to increase capacity and to provide care to patients in these very challenging circumstances. It is important that indemnity concerns do not become a barrier to effective care arrangements and the development of alternative delivery models to support patient needs.

The NWSSP Legal & Risk Service has established a hub of experienced lawyers to provide advice on legal issues arising from the Coronavirus pandemic. This is co-ordinated by Senior Solicitor Sarah Watt and enquiries should be emailed in the first instance to Sarah.Watt@Wales.nhs.uk.

The Welsh Risk Pool Operations Team is able to provide advice on indemnity arrangements. The main WRP is of course closed but voicemails will be picked up. Anyone who has an indemnity query should address it in the first instance to the Head of Safety & Learning, Jonathan Webb, via email Jonathan.Webb@wales.nhs.uk or telephone 07850 521999.

Learning more about our work

We publish newsletters that contain valuable recent case studies reflecting our casework and the NHS in Wales. These newsletters help promote good practice and safeguard the wellbeing and care of patients and staff. They illustrate the impact of the work we do to deliver positive outcomes for the NHS in Wales.

You can access our regular newsletters on our [intranet pages here](#).

Key Messages for NHS Wales Health Bodies

We hope that the information contained in this report assists each organisation to focus quality and safety activities towards reducing the risk of harm and associated litigation.

Each organisation is asked to consider the areas of focus which are relevant to their own claims and redress case experience and develop improvement plans.

The Welsh Risk Pool Operations Team can assist in compiling a summary of claims for each organisation. The scope of these case summaries is currently limited due to the restrictions of the database currently used to store information, but as the new systems are implemented, the extent of claims and redress summaries will be further enhanced. If organisations would like to discuss the potential use of WRP data, please contact the team via email welsh.riskpool@wales.nhs.uk.

Some key messages for organisations to note include:

- **Early Reporting Policy**

For organisations which provide maternity services, ensure that appropriate staff are familiar with the requirements of the Early Reporting Policy, introduced in October 2019 – requiring organisations to notify Legal & Risk Services of specified cases. This is an important policy and reimbursement by the Welsh Risk Pool is dependent on compliance with the notification requirements, which are aimed at enhancing investigations and reducing litigation costs.

- **Learning from Events & Case Management processes**

All organisations are encouraged to review their corporate and local approach to learning from claims, complaints and redress cases – focussing on identifying lessons learned and monitoring / tracking actions agreed. Additionally, organisations should ensure that processes in place for case management, particularly redress cases, is efficient and complies with the PTR requirements.

The WRP will be undertaking a new style of WRP Assessments during 2020-21, focussed on ensuring processes are compliant with PTR requirements and encourage learning. The outcomes from these assessments will be included in the overall matrix of the risk share agreement.

- **Radiology**

Organisations which undertake radiological investigations are asked to note the findings of the previous review undertaken into this topic and ensure that improvement plans are in place. The WRP will undertake a further, focussed review during 2020-21.

- **Consent to Examination & Treatment**

All organisations are encouraged to ensure that their local policies are compliant with the all-Wales Policy on Consent to Examination & Treatment (WHC/2017/036) and to ensure that where an EIDO Consent Patient Information Leaflet is published it is utilised. The WRP will publish a Risk Management Alert during 2020-21 - with organisations required to demonstrate compliance with a range of requirements aimed at reducing the litigation profile for this topic.

- **Regional Specialist Services**

Providers and organisations accessing regional specialist services are encouraged to consider the arrangements for referrals and acceptance of patients into these services, with a process of risk-assessing patients who are waiting to determine clinical priority. The WRP has identified a growing trend of claims and redress cases arising from delays associated with some regional services and will work with partner organisations to identify improvements.

Welsh Risk Pool Finances

Estimated Resource Requirement

The complexity and uncertainty of underlying liabilities has long been recognised as the timeframe extends and because of changes in the Personal Injury Discount Rate (PIDR).

In February 2017, the Lord Chancellor announced a change in the PIDR from a positive 2.5% to a minus 0.75%. This PIDR change has led to a significant increase in the value of individual settlements and in particular to the amount attributable to future losses with lump sum compensation payments.

In addition, the solicitor time required on open cases has increased the average value of damages and costs are rising, as medicine and care costs have become more advanced and complex.

The most significant element of expenditure relates to clinical negligence matters that include the annual costs of claims settle using a periodical payment order (PPO) and/or lump sum payment order.

The Welsh Government provides the NWSSP with two distinct funding stream in respect of the WRP:

- i. **Departmental Expenditure Limit** (the DEL) to meet in year costs associated with settled claims arising within Health Boards and Trusts e.g. a lump sum or periodic payment order.
- ii. **Annually Managed Expenditure** (the AME) to meet the costs of accounting for the long term liabilities of claims i.e. the provision for the future costs of claims.

In the event that the annual revenue allocation from the Welsh Government is not sufficient to meet the value of the forecast in year expenditure i.e. the DEL, then the service bears the risk of any variation from the estimate and the excess will be subject to an agreed risk sharing agreement with the NHS Wales member organisations.

The DEL resource cover required by the WRP can be broadly summarised as follows:

- Reimbursements to member NHS Wales organisations in respect settled claims.
- Movement on the WRP claims creditor (where a claim has been settled by an NHS body but the payment was not made by the WRP before the yearend).
- Payments made in respect of WRP managed claims i.e. a former Health Authority claim.
- Payments made in respect of claims settled using a Periodic Payment Order.

Forecasting when claims will settle, and for what value, changes frequently as claims mature and more evidence becomes available. These forecasts are calculated on a case-by-case basis through the application of professional judgment from NWSSP Legal and Risk solicitors. They also take into account the monthly returns of expenditure received from the individual NHS organisations.

Increasingly claimants are asking for more to be put into the lump sum part of their damages and less to be paid by way of periodical payments (PPOs). This emerging trend is linked to the change in PIDR rates in 2017 and has not been reversed by the announcement made by the Lord Chancellor in July 2019 to change the PIDR from minus 0.75% to minus 0.25%. Quite often, this does not become apparent until the settlement meeting, late in the overall process. The impact is in respect of the timing

of cash flows and the level of payments made within the financial year (the DEL) and not on the overall value of the claims (the AME) which is payable over a longer period of time and include in the provision of the WRP.

The cost of clinical negligence is expected to rise in each of the next three years. Most of this additional cost relates to the change in PIDR. Consequently, invoking the risk-sharing agreement is the 'most likely' scenario for members of the WRP.

The risk-sharing model

The risk-sharing model was reviewed by the Welsh Risk Pool Committee and was revised as recently as 2016/17. Made up of five key areas, the model calculates a weighted risk sharing percentage per NHS organisation as follows:

	Area	Weighting
A	Hospital and Community Health Services and Prescribing Allocation	30%
B	Claims History	20%
C	New claims passed to Legal and Risk Services for Litigation	10%
D	Claims potentially affecting next years' spend: i. cases with estimated cash flows within a year ii. Periodic payment orders	25%
E	Management of concerns and learning from events.	15%

The model:

- Weights various contributory factors in order to provide a balanced and equitable system,
- Is transparent and auditable in its application,
- Accounts for the percentage of the allocation that is utilised before any in year settlements,
- Provides reward for managing Putting Things Right effectively,
- Can be updated every year to reflect recent activity and progress,
- Does not rely heavily on past events,
- Provides emphasis on activity and behaviours of the last year,
- Allows the inclusion of NHS Trusts that impact on the allocation usage but which were ignored in historic formula,
- Has systems and databases in place, which can easily manipulate and analyse information in a timely manner to derive the formula for future years.

Expenditure 2019/20

The indicative forecast revenue that was included in the NWSSP 2019-2022 IMTP is summarised below:

	2019/20 £M	2020/21 £M	2021/22 £M
Core allocation	75.000	75.000	75.000
PIDR funding (HMT)	31.500	32.800	33.400
Risk Sharing agreement income	3.701	6.900	8.700
Total	110.201	114.700	117.100

The 2019/20 allocation for the 2019/20 financial year was therefore anticipated to be £106.5M for clinical negligence and personal injury claims. £75M related to the

core allocation and £31.5M related to the impact of the change in the personal injury discount rate (PIDR) estimate, and the balance of £3.7M met from the risk sharing agreement.

At Month 4, an adjustment of approximately £4M was applied to take account of the announcement on 15 July 2019 by the Lord Chancellor to change the PIDR applicable to future losses within lump sum compensation payments, from minus 0.75% to minus 0.25%.

At Month 6, the DEL forecast was updated to a most likely scenario of approximately £110M. Assuming the funding from HM Treasury was reduced in line with the PIDR adjustment (£30M to £26M) then the net income requirement from the Risk Sharing Agreement rose from £3.701 to £9M.

At Month 7, the DEL forecast was revised to a most likely scenario of approximately £116.378M. The net income requirements from the Risk Sharing Agreement had therefore risen from £9M to £15.378M.

Following discussion with the WRPC and Directors of Finance group in November, Legal and Risk carried out a detailed case review on all those cases anticipated to settle in either the final quarter of 2019/20 or first quarter of 2020/21. Consequently, at Month 8 the DEL forecast was revised to a most likely scenario of approximately £110.851M. The net income requirement from the Risk Sharing Agreement being estimated at £9.851M.

There was little movement during Months 9 and 10 with a most likely scenario of £110.718M. The most likely net income requirement from the Risk Sharing Agreement was adjusted to £9.718M.

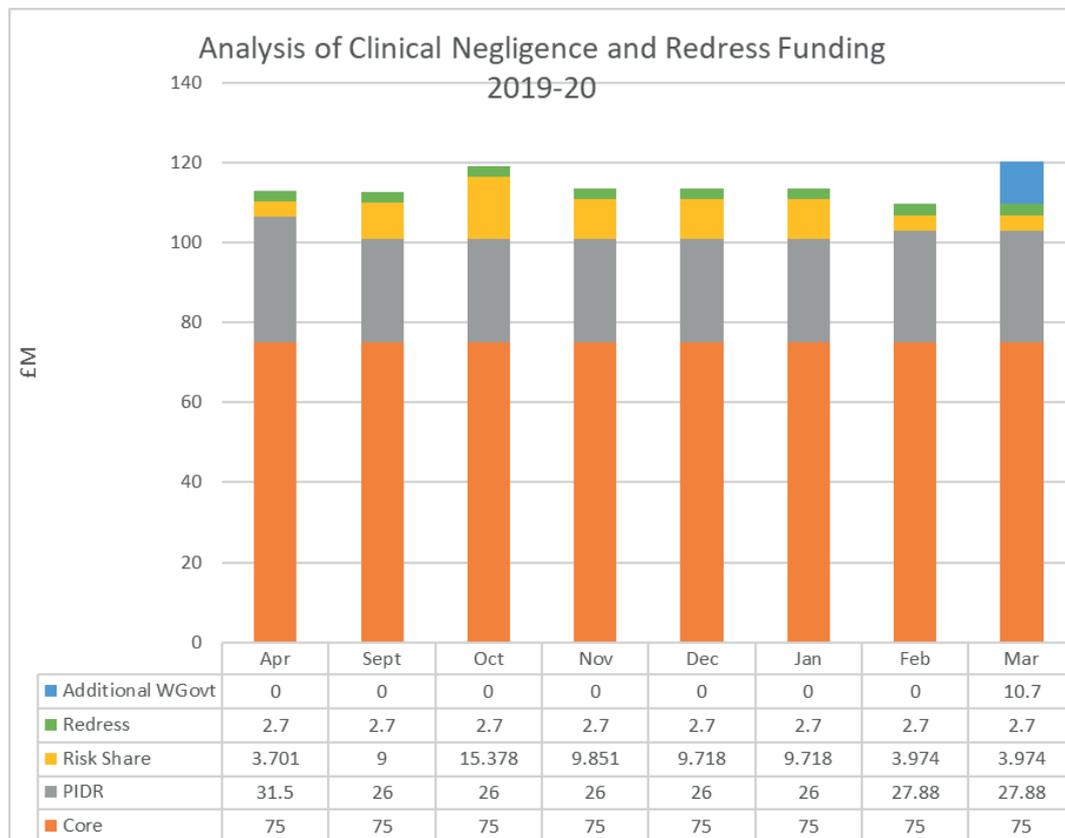
During February 2020, the Welsh Government was able to secure an additional £1.88M funding from HM Treasury as a contribution to the impact of PIDR. This and further changes to the timing and value of settlements resulted in a revised DEL forecast of £106.854M.

The Welsh Government agreed with Directors of Finance that the net income requirement from the Risk Sharing Agreement would be £3.974M to facilitate year end planning. A summary of the Risk Sharing agreement by organisation is set out in Appendix 1.

Any residual movements on the DEL forecast were managed between NWSSP and the Welsh Government, subject to available funding. This amounted to an additional £10.7M for two cases that settled late in March 2020. Welsh Government will apply a resource adjustment to Health Boards annual revenue allocation to recover the funding and will invoice the Trusts for their proportion.

By 31 March 2020, the total funding for 2019/20 was as follows:-

Funding Streams	£M
Welsh Government Core	75.000
PIDR Tranche 1	26.000
PIDR Tranche 2	1.880
NHS Wales Risk Sharing Agreement	3.974
Welsh Government Additional Funding	10.700
Subtotal before Redress	117.554
Welsh Government Redress	2.700
Total Funding	120.254



Resource utilised during 2019/20

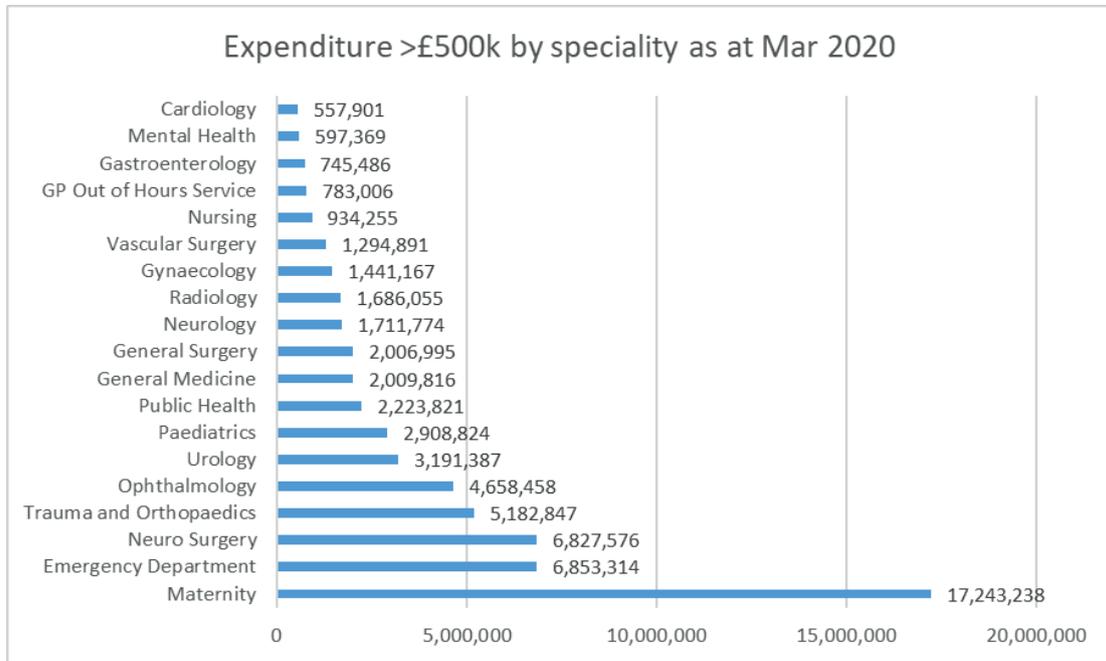
The total DEL expenditure amounted to £120.197M (including Redress) and a detailed breakdown is provided below:

Expenditure type	Position as at 2018/19 £M	Position as at 2019/20 £M
Claims reimbursed & WRP Managed Expenditure	102.994	68.036
Periodical Payments made to date	12.054	13.972
Redress Reimbursements	1.671	1.431
EIDO – Patient consent	0.062	0.238
Movement on Claims Creditor	(4.369)	36.520
Year to date expenditure	112.412	120.197

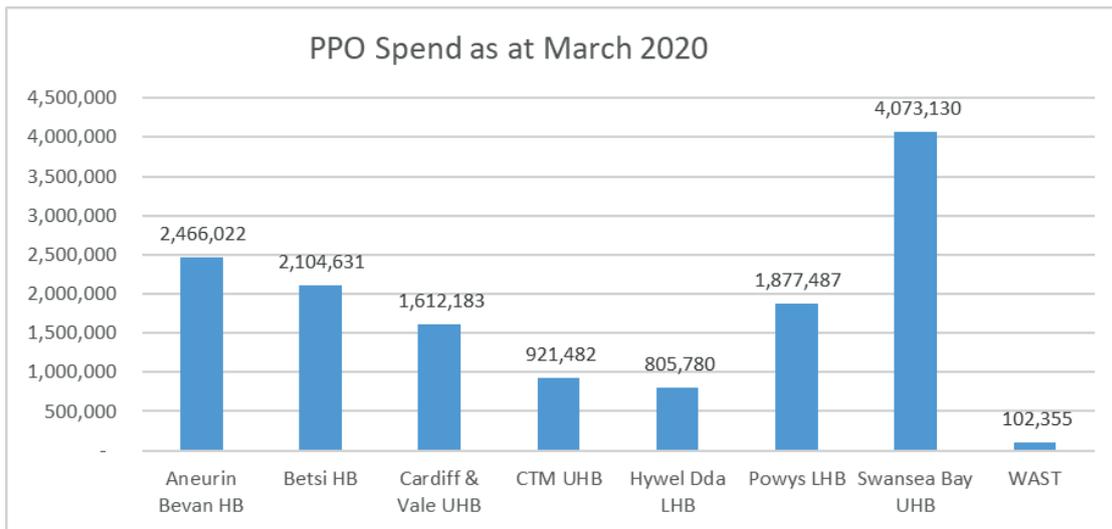
The increase in the movement on the claims creditor compared to last year can be explained by an unusually high number of high value cases settling in February and March. Health Boards and Trusts have not yet had the opportunity to seek reimbursement for these cases from the WRP.

Similarly, the decrease in claims reimbursements compared to last year relates to the same timing issues as the claims creditor. These cases have either not yet been submitted by Health Boards and Trusts to the WRP team for consideration or not yet been approved for reimbursement via WRP committee.

A summary breakdown of the reimbursement expenditure (£68.036M by speciality (specialties with spend >£500k) is below:



A breakdown of PPO expenditure as at end of March 2020 (£13.972M) by organisation is summarised below:



Provisions

Total provisions have risen to £1,133.965M in 2019/20, an increase of £52.524M compared to a £18.227M increase in provisions in 2018/19.

	Closing Provision 2018/19 £M	Closing Provision 2019/20 £M	Movement £M
Probable or certain	658.925	692.902	33.977
Structured Settlements/PPOs	422.516	441.063	18.547
	1,081.441	1,133.965	52.524

The effect of the Personal Injury Discount Rate change in March 2017 reached a plateau in 2018/19 after two financial years of significant increases in provisions. The subsequent change in August 2019 from -0.75% to -0.25% has had minimal effect compared to the previous change in 2017, when rates moved from a 2.5% positive rate to a negative -0.75%.

The movement on PPO's can be analysed as follows:-

	2018/19 £M	2019/20 £M
Opening balance	369.466	422.516
New PPOs	65.119	32.011
PPOs removed	-2.179	-6.840
Application of discount rates and RPI	-9.89	-6.624
	422.516	441.063

Total case numbers have reduced (1,793 at the start of the year compared to 1,674 on 31 March 2020) although probable and certain cases have remained relatively constant - a slight increase from 667 at the end of 2018/19 to 670 cases at the end of 2019/20.

As the 2017 PIDR effect has been fully provided for in claims valuations for the past two years, the increase in the provision mostly relates to the increasing value of claims for other reasons. An analysis of increasing claims values has been previously reported in the context of increasing annual spend, but the following also applies to the provisions elements:-

- Claimants are living longer due to advances in medical treatments with longer life expectancies which increase settlement values
- Cases are becoming more complex, with more treatment options for claimants, more multiple defendant cases and subsequently more expert contribution across multiple fields.
- General inflationary factors affecting large purchases e.g., house purchases, adaptations and carer's wages factored into the initial claims values.

Analysis of ongoing claims

	2018/19 No of Cases	£M	2019/20 No of Cases	£M
Probable	123	103.387	130	73.335
Certain	544	555.538	540	619.567
TOTAL	667	658.925	670	692.902
Contingent Liabilities	1,126		1,004	
TOTAL	1,793		1,674	
AVERAGE VALUE PER CLAIM	0.987		1.034	

The above table shows a reduction in the number of cases categorised as being contingent. The reduction is limited to contingent liabilities rather than provisions, i.e. remote and possible cases rather than probable and certain cases.

The average value of a claim for Probable & Certain cases has increased from £987K to £1.034M from 2018/19 to 2019/20. Provision values remain high, with the very high value cases becoming more expensive over the past few years due to a number of factors including:-

- Impact of the PIDR change in 2016/17
- Increasing complexity of high value cases
- Cases litigated at court involve far more work
- Increasing life longevity of claimants

A breakdown per Health Board and Trust for open claims including remote contingent and contingent liabilities is provided in Appendix 2.

Looking ahead to 2020/21

The allocation for 2020/21 has not yet been confirmed, but the table below reflects the figures in the approved NWSSP IMTP 2020-2023. These figures have also been shared with the NHS organisations party to the Risk Sharing agreement for planning purposes. The current forecast shows a resource requirement of £121M for 2020/21 and includes an assumption the Risk Sharing Agreement will be invoked, this is included in Appendix 3 by organisation.

The table below shows £13.78M relating to core claims growth to be re-charged to NHS Wales in 2020/21. The impact from the Personal Injury Discount Rate (PIDR) is estimated to be £32M and these assumptions are based on the current core WG allocation of £75M. Consistent with prior years neither Treasury nor WG will cover any movement above the annual £75M core allocation that does not relate to PIDR change (i.e. relating to general growth in claims costs).

	2020/21 £M	2021/22 £M	2022/23 £M
Core WGovt Allocation	75.000	75.000	75.000
PIDR impact – Separately funded	32.170	31.450	31.980
Risk Sharing Agreement (Core claims growth)	13.780	11.768	13.250
Total DEL forecast	120.95	118.218	120.23

Professional influence savings

During 2019/20, Legal and Risk has reported professional influence savings of £79.3M compared to £66.1M in 2018/19.

The table below provides an overview of the professional influence savings recorded for 2019/20 and reflects significant achievements in reducing the final settlements from that of the claimant's initial estimate.

Savings	£M
Claims above £100k	69.6
Claims less than £100k	4.64
Savings in relation to costs	1.8
Repudiated claims	3.1
Miscellaneous	0.2
Total	79.3

Note:

The final position for the Welsh Risk Pool annual accounts as at 31 March 2020 will be audited by the Wales Audit Office. These accounts are then consolidated into the annual accounts of Velindre University NHS Trust and published.

Appendix 1

Revised Risk Sharing Agreement 2019-20

	Total	Total	HSCS Allocation	Claims History	PTR	Cash flow < 1 year	PPO	Lessons learnt	Share of £3.974	Share of £3.701M Original Estimate
	2018/19	2019/20	A	B	C	Di	Dii	E	£M	£M
Aneurin Bevan	17.34%	17.04%	5.69%	2.49%	2.01%	3.49%	2.20%	1.16%	0.677	0.631
Betsi Cadwaladr	18.37%	18.44%	6.68%	3.39%	1.51%	3.12%	1.60%	2.14%	0.733	0.682
Cardiff & Vale	16.38%	15.32%	4.18%	4.59%	1.83%	2.33%	1.17%	1.22%	0.609	0.567
Cwm Taf Morgannwg	10.84%	11.97%	4.53%	1.63%	0.96%	2.85%	0.67%	1.33%	0.476	0.443
Hywel Dda	9.85%	10.72%	3.76%	1.66%	1.28%	1.82%	0.63%	1.57%	0.426	0.397
Powys	6.51%	5.86%	1.36%	0.72%	0.14%	0.60%	0.54%	2.50%	0.233	0.217
Public Health Wales	1.26%	1.20%	0.00%	0.19%	0.05%	0.04%	0.00%	0.92%	0.048	0.044
Swansea Bay	16.37%	16.09%	3.80%	4.64%	2.05%	0.75%	3.11%	1.74%	0.639	0.595
Velindre	1.10%	1.13%	0.00%	0.08%	0.00%	0.00%	0.00%	1.05%	0.045	0.042
Welsh Ambulance Service	1.98%	2.23%	0.00%	0.61%	0.18%	0.00%	0.08%	1.36%	0.089	0.083
	100.00%	100.00%	30.00%	20.00%	10.00%	15.00%	10.00%	15.00%	3.974	3.701

Appendix 2 -

Analysis of caseload activity for clinical negligence matters by Health Board & Trust at February 2020

2019/20	SBU	BCU	AB	CTM	HD	C&V	Powys	WAST	Velindre	PHW	Grand Total
Opening Month 1	360	342	318	215	265	239	13	27	4	10	1793
Closing Mth 12	311	318	297	229	212	246	12	29	7	13	1674
Movement	-49	-24	-21	14	-53	7	-1	2	3	3	119
Total opened 2019/2020	75	107	89	76	41	109	5	13	3	6	524
Total closed 2019/2020	-124	-131	-110	-62	-94	-102	-6	-11	0	-3	-643

2018/19	ABMU	BCU	AB	CTM	HD	C&V	Powys	WAST	Velindre	PHW	Grand Total
Opening Month 1	423	397	331	255	297	286	16	22	8	13	2048
Closing Month 12	360	342	318	215	265	239	13	27	4	10	1793
Movement	-63	-55	-13	-40	-32	-47	-3	5	-4	-3	-255
Total opened 2018/2019	104	67	83	37	55	74	3	8	2	3	436
Total closed 2018/2019	-167	-122	-96	-77	-87	-121	-6	-3	-6	-6	-691

Appendix 3

Forecast Risk Sharing Agreement by organisation

	RSA 2020/21	2020/21 April £	2021/22 £	2022/23 £
ANEURIN BEVAN	17.04%	2,348,310	2,005,582	2,257,983
SWANSEA BAY	16.09%	2,217,476	1,893,843	2,132,183
BETSI CADWALADR	18.44%	2,540,430	2,169,662	2,442,714
CARDIFF & VALE	15.32%	2,110,872	1,802,796	2,029,679
CWM TAF MORGANNWG	11.97%	1,648,925	1,408,270	1,585,500
HYWEL DDA	10.72%	1,477,117	1,261,537	1,420,301
POWYS	5.86%	806,778	689,031	775,746
PHW	1.20%	165,925	141,709	159,543
VELINDRE	1.13%	156,217	133,418	150,208
WAST	2.23%	306,950	262,152	295,143
TOTAL	100.00%	13,779,000	11,768,000	13,249,000

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 4 – JULY 2020

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for July 2020 and should be read in conjunction with the Monitoring Return tables submitted for Month 4.

Thank you for your letter of 27th July 2020 responding to the Month 3 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 4 is reported at break-even. This is based on the assumption that all additional COVID19 related expenditure will be fully funded by Welsh Government. Thank you for confirmation that the Quarter 1 costs will now be funded. We have raised the invoice in respect of these charges in August.

Per the updated request the additional tables and narrative have been completed in this Month 4 monitoring return submission.

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 completion of the Savings Tracker, Table C3 from Month 4 has fed through savings overachievements and income generation underachievements. The year to date position has been reported in Month 4 to not impact the prior months **(Action Point 3.6)**.

The inclusion of a new reserve for potential distribution and/or reinvestment has been included from Month 4 to offset the net savings overachievement forecast for the remainder of the financial year. We are currently developing a PPE plan for the next 12 months in association with Welsh Government. It is anticipated

that there will be additional resource requirements arising from this work which are not currently factored into our forecast outturn.

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 in addition to the increased operational costs being incurred within NWSSP to support Covid. A reconciliation of this expenditure is included in section 3 below.

2. Overview of Key Risks & Opportunities (Table A2)

The risk of the assumption of Covid funding for operational NWSSP support costs has been amended and the All Wales Covid costs included from Month 4 (**Action Point 2.1**). These have been calculated per the table below (**Action Point 3.1**).

	Total Costs	Invoiced M1-4	Invoiced M5	Net Risk
	£m	£m	£m	£m
NWSSP Operational Covid Costs	9.042		-2.196	6.846
All Wales Covid costs	248.891	190.000	-20.000	38.891

The remainder of the risks and opportunities are included at the values within our IMTP with some minor amendments after a high level review of these.

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 £666.850m has decreased from the £701.257m forecast at Month 3 due to a reduction in the forecast PPE requirements for Primary Care. 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 NHS income line is reporting a negative figure in Month 4 due to the year to date adjustment of stores income of £17.563m that was initially being accounted for against both Velindre and Welsh Government income lines due to the stores billing process and the Covid funding from Welsh Government. This required adjustment was noted in the Month 3 monitoring return submission.

- The Welsh Government income fluctuates monthly per the current forecast expenditure profile on PPE & Equipment. This includes forecast income for the issues to Social Care and Primary Care and will change dependent upon the value of issues made and any new orders placed.
- The Welsh Government income for Month 4 was less than forecast at Month 4 due to a number of orders forecast to be delivered in July not arriving before the end of the month. The income has been deferred and the forecast expenditure has been reprofiled into August.
- The Welsh NHS income increases from August as we commence 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.
- 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 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.
- £34.607m income and expenditure is included to Month 4 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 and reported in our Month 3 monitoring return. There is therefore no additional risk to note and include in Table A2 (**Action Point 3.4**). This has been communicated to UHBs/Trusts in time for the Month 4 reporting.

- Agency expenditure of £0.783m has been reported to the end of Month 4, £0.689m of which has been incurred to support additional Covid work. The profile of agency expenditure reduces in future months due to a significant number of ancillary agency workers being transferred to the NWSSP bank in the coming months.
- Table C3 details the year to date and forecast Covid additional expenditure. 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 4 and is based on the assumption of support continuing to be required at current levels with a 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	12.353	34.182	33.295	14.675	66.071	16.045	12.045	12.045	12.045	12.045	12.045	12.045	94.505	248.891
NWSSP Operational Costs	0.688	0.559	0.949	0.776	0.872	0.585	0.770	0.789	0.848	0.734	0.736	0.734	2.973	9.042
TOTAL	13.041	34.741	34.244	15.451	66.943	16.63	12.815	12.834	12.893	12.779	12.781	12.779	97.478	257.933

The All Wales Covid expenditure includes the profile of the non-stock PPE & equipment orders placed to date, issues of PPE to Social care and planned issues to Primary Care per the table below:

All Wales	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	TOTAL
Non stock PPE/Equipment orders placed	12.293	31.495	26.380	6.774	58.170	5.000	1.000	1.000	1.000	1.000	1.000	1.000	76.942	146.112
Social Care PPE issues	0.060	2.687	6.915	7.901	7.901	7.901	7.901	7.901	7.901	7.901	7.901	7.901	17.563	80.771
Primary Care PPE issues						3.144	3.144	3.144	3.144	3.144	3.144	3.144	0	22.008
TOTAL	12.353	34.182	33.295	14.675	66.071	16.045	12.045	12.045	12.045	12.045	12.045	12.045	94.505	248.891

The NWSSP operational costs are now forecast to be £9.042m. The movements between months are summarised in the table below:

Additional COVID Expenditure	M2	M3	M4
Full Year Forecast	£m	£m	£m
Staff costs - bank and overtime	1.245	3.723	3.948
Staff costs - agency	0.95	1	1.053
Interim F1s		0.571	0.511
Transportation costs	0.402	1.493	1.55
Additional cleaning/equipment/security	0.236	0.424	0.461
Distribution of shielding letters	0.051	0.051	0.051
External laboratory testing	0.041	0.08	0.077
Loss of income	0.138	0.248	0.248
Temporary Medicines Unit			0.928
Oracle Licences/Bomgar Licences			0.136
Other non pay costs	0.035	0.166	0.079
TOTAL	3.098	7.756	9.042

The main reasons for the increase in forecast since Month 2 are **(Action Point 3.2)**:

Bank & overtime – the large increase between months 2 & 3 was due to a change in assumptions. The initial assumptions used to complete Table B3 were for Quarter 1 to forecast costs at March 2020 activity levels with a 50% reduction in Quarter 2 and reverting back to business as usual from Quarter 3. These were refined in Month 3 when it was clear that the activity levels and therefore costs were going to remain at increased levels. The increase between months 3 & 4 is due to the inclusion of the additional staff costs that will be incurred to distribute PPE to Primary Care **(Action Point 3.3)**

Interim F1s – the forecast costs of the interim F1s employed before their F1 rotations to support the Covid efforts were included from Month 3. The forecast reduced slightly in Month 4 due to confirmation that the formal F1 posts were commencing on 30th July and not 5th August as previously assumed.

Transportation Costs - these costs have increased due to the requirement for additional Social and Primary Care deliveries in addition to supporting increased volumes of deliveries to UHB/Trust sites.

Cleaning/Equipment/Security Costs – these costs have increased due to the requirement for more roll cages for stock deliveries and increased

decontamination of these after each use. This is in addition to increased security costs at our warehouses due to the significant increase in the volume and value of our PPE stock levels.

Temporary Medicines Unit – the funding limit for this has been agreed and has been included in Table B3 from Month 4. It is likely that due to the slippage in appointing to posts that the 2020/21 costs will be less than the funding requested of £0.928m.

Licences – Costs of £0.136m have been included from Month 4. This is due to the requirement for increased annual licences (£0.100m) due to additional staff in our warehouses requiring access to Oracle and the requirement to purchase additional annual Bomgar licences (£0.036m) to ensure our Primary Care staff can continue to process payments to Contractors when working from home.

WTE's have been included from Month 4 for the temporary staff working in the Temporary Medicines Unit and the Interim F1's (**Action Point 3.5**)

Test, Trace & Protect

The TTP tables have been completed as requested and include the antibody test cassettes (£5.246m) and test swabs (£0.068m) that we have purchased within NWSSP that are included as part of the £248.891m of All Wales Covid expenditure. These are separately reported in Table B3 in the major projects sub-table.

4. Savings (Table C, C1, C2 & C3)

The Savings Tracker, Table C3, has been completed for the first time in Month 4. This has been populated with the plan per the savings and income generation schemes detailed in the IMTP and updated with the actual achievement to Month 4 with any revised forecasts to the year end. Additional in year NWSSP wide schemes have been included to enable a reconciliation of the over/under-achievement of savings and income generation to the ledger.

5. Welsh NHS Assumptions (Table D)

The NWSSP Table D submission to Welsh Government has been left blank as requested.

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. At present we are unable to determine the split of the expansion of the Single Lead Employer income between UHBs so this income has been classified under 'other' in Month 4.

The All Wales PPE and Equipment forecast of £248.891m has been included with the income invoiced to the end of July of £190m shown on a separate line for transparency (**Action Point 3.7**)

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 4 was 96.85%%

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 £1.997m which was updated on 20th July 2020.

Capital expenditure of £1.892m is included to Month 4 in respect of COVID19 equipment purchases that are to be treated as national assets in the immediate future and capitalised within NWSSP. The full year forecast expenditure of £3.521m is also included. £0.012m is also included for fit testing equipment for our Surgical Materials Testing Laboratory. We have returned our capital approval funding letter and await an increase to our CEL in August in respect of these and to enable cash draw down to support the cash outflows.

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 are finalising the quotations for additional racking at IP5 to increase our storage capacity of PPE and will provide these to Welsh Government by mid August to include in our Covid Capital funding request. We await confirmation of additional funding for additional vehicles to support the distribution of PPE.

We have no capital disposals to include in Table K in Month 4.

10. Aged Debtors (Table M)

At 31st July there were five NHS invoices outstanding for payment over 17 weeks, all of which have now been paid. It is pleasing to note that at the submission date the value of invoices outstanding over 11 weeks is only £0.005m (**Action Point 1.6**).

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 4 Financial Monitoring Return, along with the Month 5 return, at the next meeting on 17th September 2020.

14. Authorisation of Return



.....
ANDREW BUTLER
DIRECTOR OF FINANCE AND
CORPORATE SERVICES



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP

13th August 2020

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
1 Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2 New Cost Pressures - as per 3 year plan (Negative Value)	-23,962	-15,693	-8,269	-8,269
3 Opening Cost Pressures	-23,962	-15,693	-8,269	-8,269
4 Welsh Government Funding (Positive Value)	4,106	2,803	1,303	1,303
5 Identified Savings Plan (Positive Value)	1,820	25	1,796	1,804
6 Planned Net Income Generated (Positive Value)	1,182	0	1,182	1,182
7 Planned Accountancy Gains (Positive Value)	0	0	0	0
8 Planned Profit / (Loss) on Disposal of Assets	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
11 Planning Assumptions still to be finalised at Month 1	0	0	0	0
12 IMTP / Annual Operating Plan	0	914	-914	-906
13 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
14 Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	0	0	0	0
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	1,775	1,775	0	0
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	41	41	0	0
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	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)	257,933	257,933	0	0
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-257,933	-257,933	0	0
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0	0	0
25 (Positive Value)	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	-1,816	-1,816	0	0
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	914	-914	-906

	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													0	0
2	-798	-798	-797	-792	-792	-792	-902	-902	-903	-903	-4,603	-10,980	-3,185	-23,962
3	-798	-798	-797	-792	-792	-792	-902	-902	-903	-903	-4,603	-10,980	-3,185	-23,962
4	342	342	342	342	342	342	342	342	342	342	342	344	1,368	4,106
5	156	156	155	150	150	150	150	150	151	151	151	151	617	1,820
6	98	98	98	98	98	98	98	98	98	98	98	99	394	1,182
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8													0	0
9													0	0
10	202	202	202	202	202	202	312	312	312	312	4,012	10,386	806	16,853
11													0	0
12	0	0	0	0										
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	900	115	115	115	115	115	100	100	100	900	1,775
17	0	0	0	-139	23	23	23	23	23	23	23	23	-139	41
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19													0	0
20													0	0
21													0	0
22	13,041	34,741	34,244	15,451	66,943	16,630	12,815	12,834	12,893	12,779	12,781	12,779	97,478	257,933
23	-13,041	-34,741	-34,244	-15,451	-66,943	-16,630	-12,815	-12,834	-12,893	-12,779	-12,781	-12,779	-97,478	-257,933
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26													0	0
27				-761	-138	-138	-138	-138	-138	-122	-123	-123	-761	-1,816
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	0	0	0	0										

NHS Wales Shared Services Partnership

Period : Jul 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	(150)	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	(120)	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	(60)	Low
16	NWSSP Operational COVID 19 costs are not funded	(6,846)	Medium
17	All Wales Covid 19 costs incurred are not funded	(38,891)	Low
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(46,467)	
Further Opportunities (positive values)			
27	Turnover factor is greater than budgeted	500	Medium
28	Overachievement of savings schemes	230	Medium
29			
30			
31			
32			
33			
34	Total Further Opportunities	730	
Current Reported Forecast Outturn			
35		(0)	
IMTP / AOP Outturn Scenario			
36		(0)	
Worst Case Outturn Scenario			
37		(45,737)	
Best Case Outturn Scenario			
38		730	

IS Wales Shared Services Partnership

YTD Months to be completed from Month: **1**
 Forecast Months to be completed from Month: **3**

B - Monthly Positions

Period :

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
		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	£'000	£'000
Revenue Resource Limit	Actual/F'cast													0	0
Capital Donation / Government Grant Income	Actual/F'cast													0	0
Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	7,647	9,840	16,140	(537)	14,384	15,551	15,606	15,990	16,015	16,040	20,837	29,683	33,090	177,195
WHSSC Income	Actual/F'cast													0	0
Welsh Government Income (Non RRL)	Actual/F'cast	22,516	47,250	49,881	35,753	84,631	33,462	30,313	30,332	30,396	30,370	27,865	19,333	155,400	442,103
Other Income	Actual/F'cast	454	21,166	8,433	7,582	364	2,076	364	364	2,077	364	364	3,947	37,635	47,553
Income Total		30,617	78,256	74,454	42,798	99,378	51,089	46,282	46,685	48,488	46,774	49,066	52,963	226,125	666,850
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
Primary Care - Drugs & Appliances	Actual/F'cast													0	0
Provided Services - Pay	Actual/F'cast	7,850	7,772	8,124	7,994	10,080	10,969	11,154	11,514	11,544	11,606	13,896	13,944	31,740	126,448
Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	18,943	64,124	55,765	20,033	77,914	28,736	23,705	23,748	25,520	23,732	23,734	27,584	158,864	413,538
Secondary Care - Drugs	Actual/F'cast													0	0
Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
Other Private & Voluntary Sector	Actual/F'cast													0	0
Joint Financing and Other	Actual/F'cast													0	0
Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	3,604	6,140	10,345	14,518	11,131	11,131	11,131	11,131	11,131	11,131	11,131	11,131	34,607	123,655
Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	220	220	220	253	253	253	292	292	292	304	304	304	914	3,208
AME Donated Depreciation\Impairments	Actual/F'cast													0	0
Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
Profit/Loss Disposal of Assets	Actual/F'cast													0	0
Cost - Total		30,617	78,256	74,454	42,798	99,378	51,089	46,282	46,686	48,488	46,773	49,066	52,963	226,125	666,850
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	0
34. Year to Date Trend Scenario	0

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000		£'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	0
3		Variance	0	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	0
6		Variance	0	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	0
9		Variance	0	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	161	484		484	0				
11		Actual/F'cast	40	40	40	142	55	55	55	55	55	40	40	40	263	661	39.84%	661	0	177	484	484	
12		Variance	0	0	0	102	15	15	15	15	15	0	0	0	102	177	63.24%	177	0				
13	Pay	Budget/Plan	115	115	115	110	110	110	110	110	111	111	111	111	456	1,337		1,112	225				
14		Actual/F'cast	115	115	115	908	210	210	210	210	211	211	211	211	1,254	2,935	42.72%	2,710	225	1,623	1,312	1,320	
15		Variance	0	0	0	798	100	100	100	100	100	100	100	100	798	1,598	175.12%	1,598	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	617	1,820		1,595	225				
20		Actual/F'cast	156	156	155	1,050	265	265	265	265	266	251	251	251	1,517	3,595	42.19%	3,370	225	1,800	1,796	1,804	
21		Variance	0	0	0	900	115	115	115	115	115	100	100	100	900	1,775	145.88%	1,775	0				
22	Variance in month in month achievement against	0.00%	0.00%	0.00%	600.25%	76.70%	76.70%	76.70%	76.70%	76.70%	76.19%	66.25%	66.25%	66.25%	145.88%								
23	FY forecast	4.33%	4.33%	4.32%	29.20%	7.37%	7.37%	7.37%	7.37%	7.40%	6.98%	6.98%	6.98%										

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Changes in Staffing Establishment	Budget/Plan	115	115	115	110	110	110	110	111	111	111	111	456	1,337			1,112	225			
2		Actual/F'cast	115	115	115	908	210	210	210	210	211	211	211	1,254	2,935	42.72%		2,710	225	1,623	1,312	1,320
3		Variance	0	0	0	798	100	100	100	100	100	100	100	798	1,598	175.12%		1,598	0			
4	Variable Pay	Budget/Plan	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
6		Variance	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			
8		Actual/F'cast	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			
10	Agency / Locum paid at a premium	Budget/Plan	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
12		Variance	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			
14		Actual/F'cast	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			
16	Other (Please Specify)	Budget/Plan	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
18		Variance	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	111	111	111	111	456	1,337			1,112	225			
20		Actual/F'cast	115	115	115	908	210	210	210	210	211	211	211	1,254	2,935	42.72%		2,710	225	1,623	1,312	1,320
21		Variance	0	0	0	798	100	100	100	100	100	100	100	798	1,598	175.12%		1,598	0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'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			
2		Actual/F'cast	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			
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			
5		Actual/F'cast	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			
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			
8		Actual/F'cast	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			
10	Other (Please Specify)	Budget/Plan	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
12		Variance	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			
14		Actual/F'cast	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			

This Table is currently showing 2 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	617	1,820	25	1,894	17	1,820	
	Month 1 - Actual/Forecast	156	156	155	150	150	150	150	150	151	151	151	151	617	1,820	25	1,894	17	1,820	
	Variance	0	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	0
	In Year - Actual/Forecast	0	0	0	900	115	115	115	115	115	115	100	100	100	900	1,775	1,775	0	1,775	1,775
	Variance	(0)	(0)	(0)	900	115	115	115	115	115	115	100	100	100	900	1,775	1,775	0	1,775	1,775
	Total Plan	156	156	155	150	150	150	150	150	150	151	151	151	151	617	1,820	25	1,894	17	1,820
	Total Actual/Forecast	156	156	155	1,050	265	265	265	265	265	266	251	251	251	1,517	3,595	1,800	1,804	1,792	3,595
	Total Variance	(0)	(0)	(0)	900	115	115	115	115	115	115	100	100	100	900	1,775	1,775	0	1,775	1,775
Income Generation	Month 1 - Plan	98	98	98	98	98	98	98	98	98	98	98	99	394	1,182	0	1,182	0	1,182	
	Month 1 - Actual/Forecast	98	98	(82)	121	121	121	121	121	121	121	121	122	214	1,182	0	1,182	0	1,182	
	Variance	0	0	(180)	23	23	23	23	23	23	23	23	23	(180)	(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	41	0	0	0	0	0	0	0	0	0	41	41	41	0	41	41
	Variance	(0)	(0)	(0)	41	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	41	41	41	0	41	41
	Total Plan	98	98	98	98	98	98	98	98	98	98	98	98	99	394	1,182	0	1,182	0	1,182
	Total Actual/Forecast	98	98	(41)	121	121	121	121	121	121	121	121	121	122	255	1,223	41	1,182	41	1,223
	Total Variance	(0)	(0)	(139)	22	22	22	22	22	22	22	22	22	22	(139)	41	41	(0)	41	41
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	1,011	3,002	25	2,986	17	3,002	
	Month 1 - Actual/Forecast	254	254	254	68	271	271	271	271	272	272	272	273	831	3,002	25	2,986	17	3,002	
	Variance	0	0	0	(180)	23	23	23	23	23	23	23	23	(180)	(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	941	115	115	115	115	115	100	100	100	941	1,816	1,816	0	1,816	1,816	
	Variance	(0)	(0)	(0)	941	115	115	115	115	115	100	100	100	941	1,816	1,816	0	1,816	1,816	
	Total Plan	254	254	254	248	248	248	248	248	249	249	249	250	1,011	3,003	25	2,986	17	3,003	
	Total Actual/Forecast	254	254	254	1,009	386	386	386	386	387	372	372	373	1,772	4,818	1,841	2,986	1,833	4,818	
	Total Variance	(0)	(0)	(0)	761	137	137	137	137	137	122	122	122	761	1,816	1,816	(0)	1,816	1,816	



GIG
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Shared Services
Partnership

NHS Wales Shared Services Partnership Annual Review 2019-20

Adding value through partnership, innovation and excellence

NHS Wales Shared Services Partnership Annual Review 2019-20

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Executive summary



Introduction from the Managing Director and Chair

Welcome to the NHS Wales Shared Services Partnership (NWSSP) Annual Review for 2019-20. This is our ninth annual report and, as in previous years, shows how we are continually improving our services to meet the demands of our partners and customers and our ongoing commitment to adding value through partnership working, innovation and excellence. At our annual Senior Management Team Horizon Scanning Day, in September 2019, we also updated the NWSSP vision and mission to reflect this.

2019-20 was another challenging year during which NWSSP not only continued to meet the expectations of NHS Wales in providing best in support services, but also being at the forefront of the introduction of new and leading-edge initiatives and services to help drive forward the agenda for NHS Wales.

A few examples of this include preparation of the National Distribution Centre and warehouse facility at Imperial Park, to meet the risks arising from a no-deal Brexit and the introduction of new services such as the GP Indemnity Scheme, the Medical Examiner Unit and the development of the Single Lead Employer Scheme for GP Specialist Registrar Trainees.

Since March 2020, NWSSP and the NHS in Wales has been facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who have been affected by COVID-19, whilst also planning to resume other activity, where this has been impacted. The required response has meant the whole organisation has had to work very differently, both internally and with our staff, partners and stakeholders and it has been necessary to revise the way in which the governance and operational frameworks are discharged. To learn more about our COVID-19 response, please see [Appendix 1](#).

Our organisational values underpin our commitment to deliver excellent services; we continue to listen and learn from our partners, working together across NHS Wales, taking responsibility through all our actions and innovating to deliver the best results for the people of Wales. None of these achievements would be possible without the hard work and dedication of our staff which we continue to formally recognise through our annual Staff Recognition Awards.

We hope that you enjoy reading about our achievements in this Annual Review, and we look forward to continuing to meet and exceed the expectations of our stakeholders across Wales during 2020-2021.



Margaret Foster
Chair
Shared Services Partnership Committee



Neil Frow
Managing Director
NWSSP



Executive summary

NWSSP is an integral part of the NHS Wales family. As a hosted organisation, it operates under the legal framework of Velindre University NHS Trust. The Managing Director is accountable to Health Boards and Trusts, through the Shared Services Partnership Committee (SSPC), which comprises of representatives from each NHS organisation using our services, plus the Welsh Government.

The SSPC is a decision-making Committee setting the Shared Services policy for NHS Wales, adding value through partnership, excellence and innovation, it performs a critical role in the monitoring of performance and supporting strategic development of NWSSP and its services.

We also have several Sub-Committees and Advisory Groups, which include members drawn from our partners, stakeholders and service users. Partnership working and collaboration are essential to our journey in ensuring sustainable, successful delivery and development of services for the future of the NHS in Wales.

We interact and engage with our partners in a variety of ways, developing trusted partnerships to support efficiency changes and service development, championing sustainable, data driven systems.

We are committed to creating and developing a positive approach to customer service, striving to consistently exceed expectations and create an environment in which customer service is a core component of the management and delivery of our services.

We value our diverse workforce and work in partnership with our Trade Union colleagues. Through our Local Partnership Forum, we jointly address the management of effective change to safeguard the quality of service and employment opportunities and strive to be an employer of choice.

Key statistics 2019-20



2,148 members of staff



Operating from **24** buildings



Budget of over **£400m**



95% of all NHS Wales expenditure is processed through NWSSP systems and processes



Professional influence benefits of over **£125m**



We reinvest savings for the benefit of NHS Wales

Our services



Audit and Assurance Services



Central e-Business Team



Counter Fraud Service



Digital Workforce Solutions



Employment Services



Finance Academy (*hosted*)



Health Courier Service



Lead Employer for GP Specialist Registrar Trainees



Legal and Risk Services and Welsh Risk Pool



Medical Examiner Service



Primary Care Services



Procurement Services



Specialist Estates Services



Salary Sacrifice



Surgical Materials Testing Laboratory



Wales Infected Blood Support Scheme

Internal support services:



Finance and Corporate Services



Workforce and Organisational Development

Our core values



Our strategic objectives

Value for money	A highly efficient and effective organisation to deliver real term savings and service quality benefits to its customers
Customers and partners	Open and transparent customer-focused culture that supports the delivery of high quality services
Staff	An appropriately skilled, productive, engaged and healthy workforce
Excellence	An organisation delivering process excellence with a focus on continuous service improvement, automation and use of technology
Service development	Extend the range of high quality services provided to NHS Wales and the Welsh public sector

Our overarching goals

1

We will promote a consistency of service across Wales by engaging with our partners whilst respecting local needs and requirements

2

We will extend the scope of our services, embracing sustainability, within NHS Wales and the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales

3

We will continue to add value by standardising, innovating and modernising our service delivery models to achieve the well-being goals and benefits of prudent healthcare

4

We will be an employer of choice for today and future generations by attracting, training and retaining a highly-skilled and resilient workforce, who are developed to reach their full potential

5

We will maintain a balanced financial plan whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into our economy

6

We will provide excellent customer service, ensuring that our services maximise efficiency, effectiveness and value for money through system leadership and a Once For Wales approach

7

We will work in partnership to deliver world-class service to help NHS Wales tackle key issues, lead to a healthier Wales and support sustainable Primary Care

8

We will help NHS Wales to meet their challenges by being a catalyst for learning lessons, sharing good practice and identifying further opportunities to deliver high-quality service

Our achievements



Our achievements and case studies

This is a summary of achievements against our overarching goals for 2019-20, together with our library of case studies to bring our journey to life.

1 *We will promote a consistency of service across Wales by engaging with our partners whilst respecting local needs and requirements*

- ▶ Our Project Management Office supported health boards and trusts in delivering service transformation and innovation. Examples include the All Wales Laundry Service, Specialist and Critical Care, Transforming Cancer Services and Transforming Access to Medicines.
- ▶ Implemented requirements of ministerial direction concerning tax implications for pensions schemes of clinicians.
- ▶ Procurement Services introduced Value Based Principles into business-as-usual contracting, testing the adoption in practice; this included point of care testing for all anti-coagulation monitoring, introduction of sacral nerve stimulation technology, utilisation of Enhanced Recovery After Service (ERAS) methodology and reconfiguration of stoma services.
- ▶ Advisory stakeholder and responsive delivery of NHS Pay Awards and expansion of expenses services, include bringing HEIW online.
- ▶ SMTL investigating medical devices, defect reports and contacting manufacturers to ensure they take appropriate action and detection of systematic problems.
- ▶ Full deployment of ESR Self Service Portal across NHS Wales that enables real-time digital workforce interactions and removes paper dependency.
- ▶ All Wales survey of community dentistry decontamination and isolation rooms completed with the aim of promoting safe, compliant and consistent services across NHS Wales.
- ▶ Developed a certification evaluation process in order to triage potential suppliers of COVID-19 personal protective equipment.
- ▶ Through SMTL's testing programme for Procurement, we ensure that medical devices bought across Wales are of a consistent quality and performance.
- ▶ A review was undertaken of safe haven, violent patient and alternative treatment schemes across all health boards, harmonising the service on a 'Once for Wales' basis; the National Alternative Treatment Scheme is provided from our St Asaph office.

- ▶ The National Electronic Claims and Fees system (NECAF) has rapidly developed additional claims functionality to enable delivery against a number of new national pharmacy service specifications.
- ▶ Increased engagement with key stakeholders, such as board secretaries, directors of finance and audit committee chairs, to ensure an appropriate balance of national and local audit work.
- ▶ Audit and Assurance Services used the results of our Quality Assurance and Improvement Programme to support and drive audit quality and consistency.

Case study: [Publication of Usability Assessment of Medical Devices](#)

2

We will extend the scope of our services, embracing sustainability, within NHS Wales and the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales

- ▶ Introduction of new services for NWSSP, including the Single Lead Employer Service, Medical Examiner Service, General Medical Practice Indemnity (GMPI) Service and Collaborative Bank Project.
- ▶ Primary Care Services began the phased implementation stage of the Optometry Data Warehouse.
- ▶ Provided support to Critical Care and Emergency Medical Retrieval and Transport Service (EMRTS) on an All Wales basis, without boundaries.
- ▶ Certifications achieved included Customer Service Excellence, STS Food Safety, Lexcel Accreditation, ISO 14001 Environment, ISO 9001 Quality, ISO 27001 Information Security and the OHSAS 18001 Health and Safety Standard.
- ▶ Achieved 99% paperless office within Legal and Risk Services and Accounts Payable processed 1.8 million invoices electronically – 94.2% of the total.
- ▶ Specialist Estates Serviced developed an Enhanced set of community benefits for the third generation Building for Wales construction procurement frameworks.
- ▶ To encourage the use of appropriately-sized work environments across NHS Wales, a space utilisation service using the OccupEye under-desk sensor system was developed and a training workshop was held. Initial promotion of the system has been well received by NHS Wales organisations, with several expressions of interest.
- ▶ SMTL have worked with Procurement Services to curb the use of non-evidence based technologies (for example, LIPUS) to ensure that NHS Wales is not wasting resource.

- ▶ SMTL developed test methods to assess the quality of surgical masks for use as personal protective equipment during the COVID-19 pandemic.
- ▶ GP Patient Records Summarising Service expanded and is now extended directly to General Medical Service practices, in addition to health board-managed practices.
- ▶ Review and introduction of a revised National Outstanding Medical Records Protocol, to improve the transport of patient paper records on new GP practice registration.
- ▶ Further service developments around major capital schemes and national IT audits.

Case study: [Automating Suppliers' Statement Reconciliations](#)

3

We will continue to add value by standardising, innovating and modernising our service delivery models to achieve the well-being goals and benefits of prudent healthcare

- ▶ Changed processes, driving efficiencies and improving governance through utilisation of technology (e.g. robotics process automation developments, such as streamlining processes through new appointment form and other service improvements).
- ▶ Accounts Payable have seen an overall increase in the number of suppliers trading with NHS Wales, with 95% of all expenditure processed through NWSSP.
- ▶ Collaborated with stakeholders to support the All Wales Medical Workforce Group and implementation of medical agency rates, reducing the use of off-contract agency.
- ▶ Recruitment Services placed adverts for general practitioners in primary care roles.
- ▶ Making procurement rules accessible and understandable with the publication of a revised Procurement Manual.
- ▶ Legal and Risk Services have taken steps to allow surveillance of claimants suspected of making invalid claims.
- ▶ Proactive approach to legislative compliance (such as recruitment and translations through Welsh Language Unit, qualitative case studies and integrated reporting).
- ▶ Bespoke lease management reports (using ePIMS data) were created for NHS Wales organisations, notifying health boards and trusts of impending lease expiry and break deadlines to support decision making in this regard.
- ▶ Project Bank Accounts on Building for Wales schemes were introduced in order to improve the efficiency and timeliness of supply chain payments.
- ▶ Adapted IT compatibility with other divisions' systems to enable remote meetings and facilitate agile working.

- ▶ Moved to electronic signing of test reports which enables a completely digital transmission model for test reports to customers as well as enhanced security.
- ▶ Introduction of a Disclosure Barring Service (DBS) video-checking facility allowing health boards a timelier way to on-board clinical staff.
- ▶ Integrated Audit and Assurance plans for three major capital schemes, developed and delivered by our specialist Capital and Estates Team, to support a modern NHS Wales.
- ▶ 95% of IT audits across NHS Wales undertaken by the specialist IT audit team.

Case study: [Embracing Innovation and Collaboration in Public Sector Wales through Learning@Wales National eLearning](#)

4

We will be an employer of choice for today and future generations by attracting, training and retaining a highly-skilled and resilient workforce, who are developed to reach their full potential

- ▶ Introduction of mental health support advisor and mental health first aider roles.
- ▶ Establishment of the Health and Well-being Staff Partnership, working towards achievement of Corporate Health Standard.
- ▶ Celebrated the fifth NWSSP annual Staff Recognition Awards in December 2020.
- ▶ Expansion of the Single Lead Employer Service to pre-registration pharmacists, dental foundation trainees and core specialist medical trainees, with 71% of trainees reporting better experience, increasing the fill rate to a high of 91%.
- ▶ In-house training opportunities through Learning and Development and e-learning packages aligned to the Well-being of Future Generations (Wales) Act 2015.
- ▶ Attendance at university law career fairs to highlight opportunities available at Legal and Risk Services. Increased work experience placements available at Legal and Risk for students and any other interested candidates.
- ▶ Successful Network 75 and graduate management training schemes.
- ▶ Specialist Estates Services provided opportunities for young engineers in NHS Wales by recruiting two further Network 75 students during 2019-20, bringing the total in the division to five.
- ▶ Chartered estates professionals' continuing professional development needs recorded in annual PADR with progress monitored on a monthly basis.
- ▶ COSHH Level 2 training undertaken for member of the Quality Assurance department.

- ▶ PgCert in Health Economics for Health Professionals undertaken by a member of the research and development team to develop skills.
- ▶ Introduced our first graduate posts to continue to promote Audit and Assurance Services as an employer of choice.
- ▶ Continued focus on professional training to enhance our skill base and to ensure our people can maximise their potential.

Case study: [Single Lead Employer](#)

5

We will maintain a balanced financial plan whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into our economy

- ▶ Distributed £2 million of direct cash releasing savings to NHS Wales in 2019-20.
- ▶ Absorbed additional service demands (e.g. enablement focus on local delays, compliance with IR35 off-payroll working and HMRC requirements).
- ▶ Property Surveyor hourly rate £33 per-hour less than Senior Consultant rate at the NPS-PS-0027-15 Construction Consultancy (Infrastructure Estates) Framework.
- ▶ Offering our services to other organisations in NHS Wales, such as communications design work and creating a Welsh Language Unit to support bilingual translation in a timely and cost-effective manner, promoting value for money and driving efficiencies.
- ▶ The Salary Sacrifice Lease Car Scheme received 475 orders, saving £300k per annum, covering all NHS Wales organisations except Hywel Dda and Betsi Cadwaladr University Health Boards.
- ▶ The Salary Sacrifice Home Electronics Scheme received 510 orders, saving £38k per annum and the Cycle to Work Scheme received 54 orders. Both schemes cover Velindre, NWSSP and the Welsh Ambulance Service.
- ▶ Specialist Estates generated £1.8 million of lease management savings for NHS Wales from 67 completed cases. £14.2 million of efficiency savings were generated through the Design for Life: Building for Wales national construction frameworks.
- ▶ Achieved a balanced financial plan for 2019-20 financial year.
- ▶ Legal and Risk Services' hourly rate is on average £95 less than the NPS rates for legal services.
- ▶ Legal and Risk's savings and successes totalled £79.3 million in 2019-20.

- ▶ SMTL recorded projects related to Welsh manufacturers on a routine basis; for example SMTL is the main water-testing laboratory for Biomet in Bridgend.
- ▶ Post Payment Verification remote access was rolled out, allowing us to verify GP claims data remotely, by accessing the General Medical Services IT system. This will be extended to high street opticians and pharmacies in 2020-21.
- ▶ Successful South Wales Principal Auditor recruitment reduced the use of agency staff and supported a more agile approach to audit delivery.
- ▶ Key savings targets continue to be met on an ongoing basis.

Case study: [Wound Dressing Savings – Procurement Services](#)

6

We will provide excellent customer service, ensuring that our services maximise efficiency, effectiveness and value for money through system leadership and a Once For Wales approach

- ▶ Positive feedback received from committee self-assessments, annual reviews and satisfaction and effectiveness surveys.
- ▶ Investment in Imperial Park 5 National Warehouse and Distribution Centre for Brexit preparedness, including the relocation of staff from Cwmbran Stores site office.
- ▶ Consolidation laundry services in NHS Wales through the Project Management Office.
- ▶ NHS Wales Equality Leadership Group development of Once for Wales work plan and priorities, such as equality integrated impact assessments and the socio-economic duty.
- ▶ Development of a decarbonisation strategy for NHS Wales by Specialist Estates Services.
- ▶ The Property Team completed 171 assessments of GP surgeries for rental reimbursement purposes and reviews of 122 sites for the Land and Property Portfolio (an estates terrier) for five NHS Wales organisations.
- ▶ Legal and Risk Services achieved commendatory audits under the Law Society's Lexcel Quality Assurance and Customer Service Excellence Standards with Compliance Plus Awarded.
- ▶ Completed testing programme for pulp devices as part of an All Wales procurement process. This provided an additional assessment stage to ensure that the greatest value was achieved.
- ▶ Continued monitoring of customer service feedback and implementing any identified improvements within SMTL.

- ▶ Introduction of the Electronic Transfer of Claims service across community pharmacy, meeting prevailing Drug Tariff requirements and creating efficiency at the customer site. This allows for automatic processing of up to 80% (around 65 million) of prescription items at Primary Care Services.
- ▶ Effective working with new NHS Wales organisations such as HEIW and NWIS.
- ▶ Focus on communicating audit results effectively to support improvement by further training all staff on report writing skills.

Case study: [All Wales Catering IT System – Project Management Office](#)

7

We will work in partnership to deliver world-class service to help NHS Wales tackle key issues, lead to a healthier Wales and support sustainable Primary Care

- ▶ Scanning solutions at Primary Care Services to reduce on site paper and free up space for GP practices across NHS Wales for patient care.
- ▶ Brexit preparedness for NHS Wales included acquisition of the National Distribution Warehouse at Imperial Park 5 and the procurement and storage of goods in readiness for the event of a no-deal Brexit.
- ▶ New ledger builds on Once for Wales basis for early life support introduced by the Central e-Business Team.
- ▶ QlikView dashboard upgrades to support Health Courier and Procurement Services.
- ▶ Development of All Wales Rostering Programme through Workforce and Organisational Development ESR Team.
- ▶ Achieved the successful implementation of the Once for Wales Datix Concerns Management System.
- ▶ GP Locum Register launch featured collaborative working across divisions of NWSSP.
- ▶ Integration of Primary Care Services transport and distribution into the Health Courier Service and the continued development of services provided.
- ▶ Specialist Estates Services' Property Team completed the registration of all freehold assets for NHS Wales, with recognition by HM Land Registry as being the first public body in England and Wales to achieve this.
- ▶ Support Health Boards with the delivery of the primary care pipeline supporting investment of £72.5 million for 19 primary care projects.

- ▶ Assessing evidence and attending Health Technology Wales' Assessment Group, where handheld ultrasonic devices were considered for the benefit of primary care.
- ▶ Sitting on the Lymphoedema Network Wales Strategy Board, to support innovation and service development for primary care services in Wales.
- ▶ Patient Medical Record store and scan-on-demand service, creating valuable estate to enhance service delivery in GP practice directly supporting the national strategy of delivering services closer to the patient home.
- ▶ Development of a national optometry database, allowing planning, performance measurement and modelling by service commissioners.
- ▶ Greater focus on advisory work to support improvement at the start of the change process.
- ▶ Working with the Board Secretaries Network to ensure that changes to our audit processes support and help deliver the priorities of NHS Wales.

Case study: [Electronic Transfer of Prescription Claims](#)

8

We will help NHS Wales to meet their challenges by being a catalyst for learning lessons, sharing good practice and identifying further opportunities to deliver high-quality service

- ▶ Development and implementation of Welsh Trac recruitment system.
- ▶ Performance management system and updated quarterly review process, following a review of strategic and performance reporting.
- ▶ Annual items of lessons learned and good practice shared with Senior Management Team, the Shared Services and Audit committees and Local Partnership Forum.
- ▶ All Wales forums of best practice and collaboration, including Equality Leadership Group and Welsh Health Environmental Forum.
- ▶ Legal and Risk Services' Employment team have developed employment relations training packages to share best practice and lessons learnt.
- ▶ Cyber security e-learning package designed and launched to increase awareness across NHS Wales.
- ▶ Specialist Estates Services developed Community Benefits Guidance for Better Business Cases.
- ▶ Organised and delivered All Wales training days, such as Getting It Right and Mechanical Services seminar, promoting lessons learnt and good practice.

- ▶ Completion of a design and construction post project evaluation report on the Sub Regional Neonatal Intensive Care Centre, sharing best practice and lessons learnt.
- ▶ Working with Public Health Wales to produce an evidence review and advice statement for the Evidence Based Procurement Board, to prevent use of a medical device (Farco-Fill protect) where there was insufficient evidence to support its use.
- ▶ SMTL worked with wound care experts across Wales to develop a guideline for antimicrobial dressings use, where the aim was to prevent the unnecessary use of expensive dressings.
- ▶ Post Payment Verification educational pathway for service users, attending a variety of General Ophthalmic Services, General Medical Services and Community Pharmacy events, informing stakeholders of best practice in order to improve quality of service claims.
- ▶ Enhanced use of data analytics to capture all of the learning from audits and reviews across NHS Wales.
- ▶ Specific reviews of major estate risks, such as Control of Contractors and Water Safety, to ensuring good practice, common risk areas and lessons learnt are shared across NHS Wales.

Case study library



Highlights



Calendar 2019-20

April 2019

Specialist Estates Service Property Team support Maggie's Centre Cardiff, opened at Velindre Cancer Centre



Integrated Medium Term Plan Launched for 2019-22

Dr Jason Shannon announced as Lead Medical Examiner for Wales

Retirement of Mark Roscrow MBE, Director of Procurement and Health Courier Services

Legal and Risk's Employment Team shortlisted for In-House Team of the Year in the Wales Legal Awards and for Employment Service of the Year in the South Wales Law Awards

May 2019

NWSSP translator Mared Roberts won the Drama Medal in the Cardiff and Vale National Urdd Eisteddfod



June 2019

Land Registry



Specialist Estates Services awarded certificate by HM Land Registry – first public body in Wales to register all freehold land assets



Daniela Mahapatra, Employment Team Leader, was awarded 'Solicitor of the Year' in the South Wales Law Awards

July 2019

STS Food Safety Certification for Procurement Services



Nic Cowley from Procurement Services' Sourcing Team raised money for Macmillan by completing the 100km Wales Dragon Ride on his bike



August 2019



NWSSP and NHS Wales staff attend Pride Cymru Parade in Cardiff

Continued recertification to ISO Management Standards – 14001 (Environment), 9001 (Quality) and 27001 (Information Security)

September 2019

Appointment of Jonathan Irvine as Director of Procurement and Health Courier Services

Annual Senior Management Team horizon scanning day

NHS Wales Shared Services Partnership signs the TUC's 'Dying to Work' Charter



Calendar 2019-20

October 2019

NWSSP initiative for World Menopause Day – social media and intranet campaign, designated buddies



Anne-Louise Ferguson MBE, Director of Legal and Risk, highly commended at Law Society Awards (In-house solicitor of the year category)



Black history month

November 2019

Procurement Services host UK Civil Service College and delegates from the Sri Lankan Government at IP5 site



December 2019



Annual Staff Recognition Awards Ceremony held in Cardiff

Mr X Christmas Toy Appeal

January 2020

NWSSP undergoes mock assessment for Corporate Health Standard, the national mark of quality for health and well-being in the workplace



Gavin Knox of Legal and Risk completed Year of Endurance, running over 1000km – raising £5,463 for Velindre Cancer Centre



February 2020



NWSSP marks Time to Talk Day for mental health awareness with information stands and meetings at several sites

LGBT+ History Month and 'Show Your Rainbow' lanyard campaign

Staff donations and collections in aid of Nantgarw community affected by floods

March 2020

International Women's Day

St David's Day Celebrations

NWSSP responds to COVID-19 challenges



Charity and corporate social responsibility

A bake sale was held in aid of the Alzheimer's Society and Carers Wales

Staff donated over £400 to various homeless charities and shelters across Wales



Staff collected food and emergency supplies for Nantgarw flood victims in February 2020



£381 was raised for the Children In Need appeal

£139 raised for St David's Hospice



Jeans for genes day raised £156

£160 was raised for Mind

Christmas jumper day raised almost £200 for Save the Children



Macmillan coffee mornings raised £155 and £185

£127 was raised for the Congenital Diaphragmatic Hernia Support Charity

Legal and Risk staff raised money for Breast Cancer Now by wearing pink



Kathy Dawkins of Matrix House raised £493 by holding a bake sale, raffle and running a half-marathon to raise money for Tommy's charity, supporting parents who experience miscarriage, stillbirth and premature birth

Staff donated £165 to Barnados



Lowenna Taylor of Legal and Risk raised £700 for Cancer Research on the Shine Night Walk

World Mental Health Day events raised over £200

Performance



Governance framework

Our Governance and Assurance Framework is comprised of two main Committees that scrutinise, assess and monitor performance, namely the Shared Services Partnership Committee (SSPC) and Audit Committee for NWSSP. There are also sub-committees and advisory boards, being the Welsh Risk Pool Committee, Evidenced Based Procurement Board, All Wales Medical Consumables and Devices Strategy Group and ESR Programme Group.

Committee papers are published and [available on our website](#).

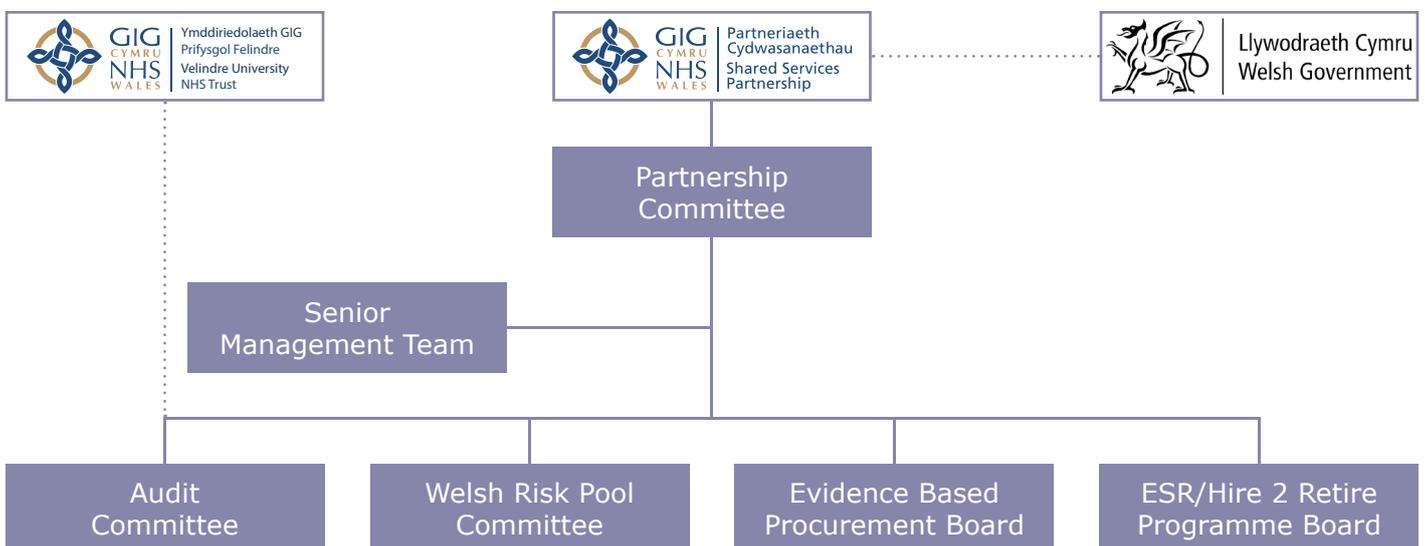
The SSPC membership includes an Independent Chair, Managing Director of NWSSP and either the Chief Executive or another nominated representative, who acts on behalf of each NHS Wales Health Board or Trust. The SSPC ensures that NWSSP consistently follows the principles of good governance, maintains oversight and development of systems and processes for financial and organisational control, governance and risk management.

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

The [Annual Governance Statement](#) is a key feature of our performance report, demonstrating our management and control of resources during 2019-20 and the extent to which we complied with our own governance requirements. It brings together all disclosures relating to governance, risk and control.

The Head of Internal Audit provides an annual opinion on the adequacy and effectiveness of the risk management, control and governance processes, which was reasonable assurance for 2019-20.

Our structure



Welsh language

There is a greater awareness in the delivery of service of the need to deliver our services in a bilingually proactive manner. This has led to an unprecedented increase in the demand for translation services delivered by the Welsh Language Unit, across all services and the wider NHS in Wales.

During 2019-20, NWSSP has worked with All Wales Workforce & Organisational Development Directors and NHS Employers to translate Job Descriptions as part of the Job Description Collaborative and this work will continue for several years in order to enable Health Boards and Trusts to become fully compliant with Standards 106A and 107A (ch). The Welsh Language Unit has supported the translation and review of Workforce and Organisational Development policies on an all Wales basis, by working with the NHS Confederation.

The Welsh Language Unit has also established a Service Level Agreement to support Public Health Wales and NWIS with translation services, and has also supported Velindre University NHS Trust, Health Education and Improvement Wales (HEIW) and Welsh Health Specialised Services Committee (WHSCC), on an ad-hoc basis.

During 2019, the Welsh Language Unit also supported Employment Services and the Welsh Government in launching a bilingual site, GP Wales.



Translation services

2,217 requests received for translation services during 2019-20:

- **97%** English to Welsh
- **3%** Welsh to English

Number of words translated:

- 2016-17: 230,841
- 2017-18: 356,415
- 2018-19: 756,894
- **2019-20: 2,898,128**

Training and learning

- **593** staff received Welsh Language Awareness training across all NWSSP sites
- **127** managers received Welsh Language Awareness training across all NWSSP sites
- **All staff** attending Corporate Induction received Welsh Language Awareness training
- **11** Welsh classes hosted during 2019-20 with **60** staff in attendance

Job vacancies

450 jobs advertised in 2019-20:

- **7** Welsh essential
- **443** Welsh desirable
- **0** Welsh is not a required skill
- **0** Welsh needs to be learnt

Information governance

 <p>60 face-to-face information governance classes run in 2019-20</p>	 <p>1,700+ staff trained within two year compliance target</p>
 <p>596 staff attended an information governance classroom session</p>	 <p>91% average IG eLearning core skills compliance across NWSSP</p>
 <p>66 Freedom of Information requests received</p>	 <p>97% compliance in responding to FOI requests within 20 working days</p>
 <p>11 Privacy Impact Assessments completed; including Employment Services call recording, All Wales occupational health processes, desk management functionality, GP Locum Hub and Welsh Language software</p>	 <p>100% completion of the new All Wales IG toolkit</p> <p>Substantial assurance with audit programmes</p>

Communications

<p>1.32 million hits on our website</p>	<ul style="list-style-type: none"> • In 2019-20 we worked on the migration our website to a new content management system, preparing to launch our new website at the beginning of 2020-21 • Our website is bilingual and we are working to ensure it meets W3C Accessibility Standards for visitors with disabilities
<p>1.36 million hits on our intranet pages</p>	<ul style="list-style-type: none"> • Our intranet pages have been a key channel of communication to staff during the COVID-19 pandemic
<p>3,475 followers on twitter</p>	<ul style="list-style-type: none"> • An increase of almost 800 in the past year • Followers include key stakeholders as well as members of the public • Our tweets often reach a far greater audience through successful follower interaction

Financial management of budget

NWSSP provides support to all NHS bodies across Wales and, as such, must use the budget allocated to meet the running costs with a requirement to break even each year. In addition, NWSSP has a target to distribute savings of £0.75m a year to health bodies across Wales. As well as ensuring revenue spend is within limits, there is also requirement to ensure any capital spend is within the Capital Expenditure Limit provided by Welsh Government. Finally, the Public Sector Payment Policy (PSPP) requires NWSSP to pay invoices to non-NHS suppliers within 30 days of an invoice being issued or the goods received. During 2019-20 we achieved all of our financial performance targets, exceeded our savings targets and were able to distribute £2million of savings to NHS Wales.

	Target	Actual
Financial position – forecast outturn	Break-even	£11k surplus
Capital Financial Position	Within capital expenditure limit	Achieved
Distribution of savings	£0.75m	£2.00m
NWSSP Public Sector Pay Policy %	95%	98%

NWSSP income and expenditure can be summarised as follows:

	2019-20 £m	2018-19 £m
Income	334.609	326.768
Expenditure	334.599	312.754
Surplus	0.010	0.014

Revenue spend

During the 2019-20 financial year, total expenditure was £334.599m, of which £87.568m was spent on pay costs, with £197.929m being spent on non-pay costs.

Revenue spend	£m
Pay costs	87.568
Non-pay costs	247.031
Total	334.599

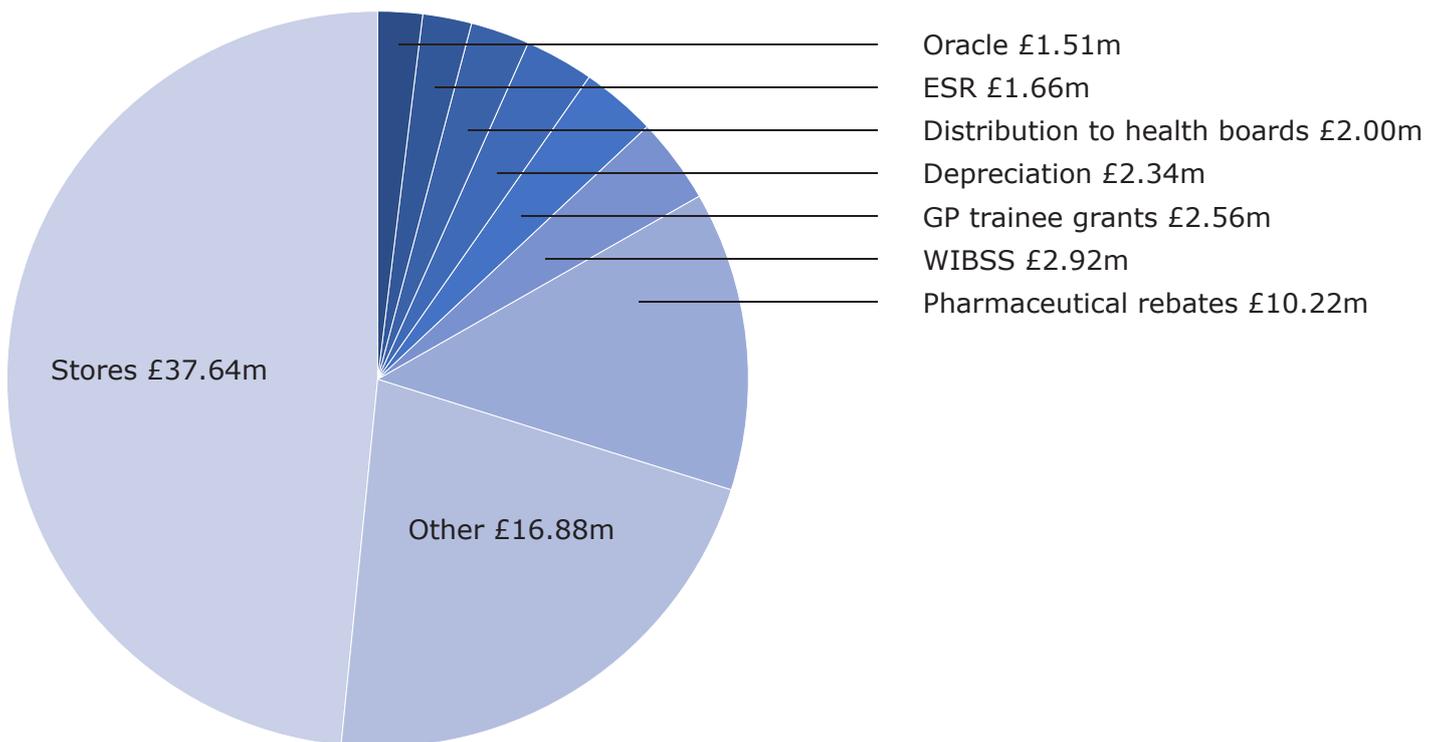
Pay spend

Spend on bank and agency staff is generally in relation to the covering of vacant posts or long-term vacancies, but is minimised as much as possible.

Pay spend	£m
Pay	85.770
Bank	0.797
Agency	1.000
Total	87.568

Non-pay spend

Non-pay spend for the 2019-20 financial year totalled £77.73m, excluding Welsh Risk Pool payments. The chart below shows the main categories of non-pay spend for the 2019-20 financial year with the 'other' spend broken down further in the table on the next page. The table below shows the spend categorised as *Other* in the non-pay spend chart.



Section	£m
Cleaning and maintenance	0.64
Computer and software costs	2.34
Intra NHS charges	2.02
Laboratory products	0.31
Office equipment and furniture	0.38
Other	0.32
Postage, carriage, packing and storage	0.90
Printing and stationery	1.13
Professional fees	0.81
Rent, rates and utilities	3.13
Trainee doctors' relocation expenses	1.11
Training and conferences	0.89
Travel and subsistence	0.83
Vehicles and vehicle running costs	2.07
Total	16.88

Capital investments

During the 2019-20 financial year, a total of £3.068m has been invested by NWSSP in a wide range of projects. Most of this funding (£1.439m) has been invested in IT infrastructure. The majority of this cost related to the upgrade of laptops and PCs to Office 365. In addition £0.832m has been spent on works associated with the Imperial Park Warehouse in Newport.

Discretionary capital categories	£m
IT	0.434
Equipment	0.094
Estates	0.072
Total	0.600

Additional capital schemes	£m
Repair works for Imperial Park	0.546
Surgical Materials Testing Laboratory equipment	0.018
Digital funding	0.644
National Workforce Reporting System	0.109
NHAIS replacement service	0.253
Health Courier Service vehicles	0.226
Imperial Park works	0.286
Medical Examiner Service	0.052
COVID-19 equipment March 2020	0.334
Total	2.468

Key performance indicators

The table below outlines our key performance indicators and targets for the financial reporting period from 1 April 2019 to 31 March 2020.

High level KPIs and targets		Frequency	2019-20 Actual	2019-20 Target
Internal indicators	Corporate			
	Financial Position – Forecast Outturn	Monthly	£11k underspend	Break-even
	Capital Financial Position	Monthly	Within CRL	Within CRL
	Planned Distribution (£m)	Annual	£2m	£0.75m
	NWSSP PSPP %	Monthly	98%	95%
	NWSSP Org KPIs Recruitment			
	Time to Approve Vacancies (days)	Monthly	10	10
	Time to Shortlist by Managers (days)	Monthly	8	3
	Time to notify Recruitment of Interview Outcome (days)	Monthly	4	3
	Workforce			
	Staff Sickness	Cumulative	4.36%	3.30%
	PADR Compliance	Monthly	81%	85%
	Statutory and Mandatory Training	Monthly	95%	85%
	Agency % to Date	Cumulative	1.19%	<0.8%
External indicators	Professional influence			
	Professional Influence Savings	Cumulative	£125m	£100m
	Procurement Services			
	Procurement savings *Current Year	Cumulative	£34m	£24m
	All Wales PSPP	Quarterly	96%	95%
	Accounts Payable % Calls Handled (South)	Monthly	99.7%	95%
	Employment Services			
	Payroll accuracy rate (Added Value)	Monthly	99.75%	95%
	All Wales Org KPIs Recruitment			
	Time to Approve Vacancies (days)	Monthly	10	10
Time to Shortlist by Managers (days)	Monthly	7	3	
Time to notify Recruitment of Interview Outcome (days)	Monthly	3	3	

High level KPIs and targets		Frequency	2019-20 Actual	2019-20 Target
Internal indicators	All Wales organisation NWSSP KPIs – recruitment element			
	Time to place adverts (days)	Monthly	1	2
	Time to send applications to manager (days)	Monthly	1	2
	Time to send conditional offer letter (days)	Monthly	4	4
	Recruitment % calls handled	Monthly	98%	No target
	Primary Care Services			
	Payments made accurately and to timescale	Monthly	100%	100%
	Prescription – keying accuracy rates	Monthly	99.89%	99%
	Internal Audit (April)			
	Audit plans agreed	Cumulative	100%	100%
	Audit opinions/annual reports compiled	Cumulative	100%	100%
	Audits reported over total planned audits*	Cumulative	100%	100%
	Report turnaround fieldwork to draft reporting (10 days)**	Cumulative	92%	80%
	Report turnaround management response to draft report (15 days)**	Cumulative	69%	80%
	Report turnaround draft response to final reporting (10 days)**	Cumulative	99%	80%
	Legal and Risk Services			
	Timeliness of advice – acknowledgement within 24 hours	Monthly	100%	90%
	Timeliness of advice response – within 3 days or agreed timescale	Monthly	100%	90%
	Welsh Risk Pool Services			
	Acknowledgement of receipt of claim	Monthly	100%	100%
Valid claims received within deadline processed in time for next WRP Committee	Monthly	100%	100%	
Claims agreed paid within 10 days	Monthly	100%	100%	

The tables above outlines performance against our high level KPIs and targets for the period 2019-20. In addition, each division has their own set of indicators as part of their Service Delivery Plans outlined in our Integrated Medium Term Plan (IMTP).

During 2019-20, we updated our Performance Framework to bring together KPIs that highlight our strategic performance, as well as the inputs and outputs needed to achieve this. We continue to provide case studies and other qualitative means to demonstrate our performance.

Where targets have not been met for the financial year 2019-20, an overview of how we are addressing performance going forward is set out overleaf.

NHS Wales Recruitment KPIs

As a service that provides recruitment administration for all NHS organisations in Wales, we work collaboratively with them to ensure they are processing recruitment activity efficiently, but also safely.

To aid their efficiency we provide them with the following support:

- Access to the Trac Recruitment system;
- Recruitment Helpdesk open 08:30–17:00 Monday to Friday;
- A comprehensive package of 'Reducing time to hire' resources including bespoke sessions, top tips and FAQs;
- Web based documentation, instruction and templates;
- Classroom training, taking place face to face in each Health Board area; and
- Fora for more general questions and updates such as User Groups.

We make performance data available to organisations on a monthly basis and follow this reporting up with regular customer meetings, where we advise workforce teams on how to support managers to turn around recruitment activity more efficiently. We are constantly reviewing the process and engaging with new technologies such as RPA to streamline further and add more value into the way we conduct recruitment activity.

NWSSP Workforce KPIs

We have introduced a number of measures to improve our staff sickness including encouraging staff to become mental health first aiders at work and appointment of a mental health advisor role. We have also launched the Staff Health and Well-being Partnership Group and promote well-being champions, advertising a range of benefits staff have access to and have put in place a peer support group network.

The end of year reporting for PADR completion reflects a slight increase due to the effects of COVID-19 pandemic felt by key service areas, towards the end of the reporting period.

Additional support was required from agency staff due to the effects of COVID-19 in key service areas. We have since committed to engaging agency workers via the bank in order to keep within targets, going forward.

NHS Wales Internal Audit KPIs

As at 31 May 2020 (when all final Opinions were issued), KPIs for 2019-20 were as reported overleaf.

* Due to the impact of COVID-19 we delivered 364 outputs (Final and Draft reports) out of an expected total of 406 (as at 29 February 2020). There were 42 reviews that we were not able to complete although a number were work in progress.

** The KPI for the three report turnaround timescale (3) indicators are reported at 30 April 2020 (but includes some estimated numbers).

Sustainable development



Well-being of Future Generations

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

For this reason, the content of the Act is the golden thread running through the heart of everything we do, underpinning our policies, strategies and plans. Embedding the five ways of working ensures we safeguard the needs of future generations, without compromising that of the present, ensuring our robust governance arrangements improve the cultural, social, economic and environmental well-being of Wales, through utilisation of the Sustainable Development Principle.



We produced our inaugural Well-being Statement and Objectives in 2016-2017 to support achievement of the well-being goals that Wales should be prosperous, resilient, healthier, more-equal, globally responsible and a country of cohesive communities that have a vibrant culture and thriving Welsh language and to date, our corporate goals remain integrated with our Overarching Well-being Goals for the organisation. In order to best offer a qualitative approach to our progress and achievements, we have included case studies and initiatives, to demonstrate how each of us can have a genuine positive influence on both the organisation's contribution and the national well-being agenda. We do this to bring our achievements to life through the use of case studies and to share our journey of working in partnership, to add value and achieve excellence for the NHS in Wales and beyond.

During 2019-20 we began to adapt and incorporate the Future Generations Commissioner's Journey Checker approach into our planning arrangements. To capture the simple chances, we wanted to improve existing services, as well as create new service developments, where we will lead the way; in doing so, we established six key themes in 2019-20, that we aim to delivery over the life-cycle of Integrated Medium Term Plan (2020-2023):

- Supporting the delivery of sustainable Primary Care;
- Enhancing service support and customer support;
- Once for Wales opportunities for service delivery;
- Sharing best practice and informing decisions;
- NWSSP going from strength to strength; and
- Supporting major capital transformation projects.

Sustainable development principle

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



Long term



Integration



Involvement



Collaboration



Prevention

Long term

1. Gap analysis and initial scoping exercise completed for extension to scope of ISO14001 certification for Surgical Materials Testing Laboratory and IP5 National Distribution Centre
2. Greater emphasis and consideration for the life-cycle perspective of waste associated with our activities; the 'reduce, reuse and recycle' ethos; implementation of recycling schemes on sites for specific waste streams (e.g. spectacles, bottle tops, batteries, photocopier toners, stamps, crisp packets, pens and stationery with Terracycle, textiles with Wales Air Ambulance)
3. Installation of energy efficient A-rated condenser boilers and kitchen refurbishment project at Charnwood Court, Headquarters
4. Consideration for scoping works such as solar panels and cycle shelters commenced across various sites

Integration

1. Sustainable Development Principle embedded into the IMTP planning process and our Strategic Objectives merged with our Well-being Goals; integration and embedding of the agenda; greater focus on integrated reporting.
2. Our innovative carbon footprint monitoring is a well-integrated process and we are looking to further integrate waste and water usage to improve our data collection and accuracy across all sites
3. Strengthening links and aligning our local Sustainable Development & ISO14001 Groups, including the revision of our Sustainability Objectives; working in partnership with Interested Parties and key stakeholders

4. Annual Staff Recognition Awards Ceremony held with inclusion of a Environmental Sustainability category
5. Introduction of a Health and Well-being Staff Partnership Group which will inform staff engagement and foster Environmental Champions and initiatives, organically

Involvement

1. Celebrating two years of A4 Sustainable Development Group updates for the ISO14001 Green Team
2. NWSSP Procurement Services successful winners of the Leadership in Procurement category award in the Go Awards 2020
3. Director of Workforce and OD acting in capacity as our Anti-Slavery and Ethical Employment in Supply Chain Champion signed our Ethical Employment Statement for 2019-20
4. Staff walking groups support the active sustainable travel agenda with Matrix House's Lakeside Walking Group being a shining example
5. Opportunities for staff to get involved in the agenda and make a difference through becoming a volunteer Environmental Champion

Collaboration

1. Active travel stands and cycle to work roadshow celebrations held to support the Travel Plan, at local sites throughout the year, in conjunction with Cycle Solutions; additional Scheme opening as a result of demands following COVID-19
2. Working in partnership with colleagues, customers and partners to take part in initiatives such as NHS Sustainability Day, Keep Wales Tidy, WRAP Cymru, etc
3. Sustainability website revamp conducted to be a single hub of information that is up to date and relevant for users; conducted through engagement with Interested Parties and key stakeholders

Prevention

1. Implementation of AdminControl for Committee meetings to reduce paper usage and further roll out to Steering and Advisory Groups
2. Sustainability Risk Assessments undertaken for all procurement activity over £25,000 - audits of this process are carried out
3. Promotion of agile, flexible and remote working, to reduce usage of scarce and finite resources, such as paper and energy and business mileage
4. Recording of green energy sites, boasting zero carbon emissions from usage at Alder House, Charnwood Court, Denbigh Stores and Westpoint Industrial Estate.
5. Procurement and installation of Electric Vehicle Charging Points at 8 sites across our estate portfolio

Sustainability performance and objectives

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

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The last external assessment was undertaken in August 2019. The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products or services on the environment. NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy.



We are committed to reducing our carbon footprint by implementing various environmental initiatives and efficiencies at our sites within the scope of our ISO14001:2015 certification. As part of our commitment to reduce our contribution to climate change, a target of 3% reduction in our carbon emissions (year on year, from a baseline of carbon footprint established in 2016-17), was agreed and this was reflected within our Environmental Sustainability Objectives.

For more information in relation to our sustainability performance, please refer to the following page and [Appendix 3](#).

During 2019-20 we achieved our target and obtained a 12.04% reduction overall in CO₂ emissions, details of which are set out in the narrative of [Appendix 3](#).

	Target	2016-17	2017-18	2018-19	2019-20	Achieved
Electricity CO₂e	3% ↓	11% ↓	18% ↓	11.5% ↓	27% ↓	✓
Gas CO₂e	3% ↓	13% ↑	7% ↓	38% ↓	35% ↑	See note below
Water m³	3% ↓	51% ↑	9% ↓	6% ↑	50% ↓	✓
Waste CO₂e Recycled/recovered	70% ↓	62% ↓	95% ↓	89% ↓	94.68% ↓	✓
Business mileage	15% by 2021 ↓	7% ↓	11% ↓	10% ↑	19% ↓	✓
Business mileage expenditure	15% by 2021 ↓	6% ↓	15% ↓	11% ↑	14% ↓	✓
Overall carbon footprint		5.37% ↑	3.78% ↓	11.32% ↓	12.04% ↓	

Gas consumption

The increase in gas consumption is due to the inclusion of two additional buildings in the scope in 2019-20. If these two buildings are excluded there has been a **reduction of 19%** in gas consumption, year on year.

Ethical employment in supply chain and modern slavery

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

It covers employment issues such as modern slavery, human rights abuses, blacklisting, false self-employment, unfair use of umbrella schemes, zero hours contracts and paying the living wage. We have committed to ensuring that procurement activity conducted on behalf of NHS Wales is done so in an ethical way. We will ensure that workers within the supply chains through which we source our goods and services are treated fairly. We signed up to the Code and developed an action plan to monitor our progress. We appointed our Director of Workforce and Organisational Development as our Ethical Employment Champion. Our Ethical Employment Statement can be found [here](#).

Transparency in Supply Chains (TiSC) is a centralised database that gives access to Modern Slavery Statements posted by suppliers. These Statements are used during tendering exercises undertaken, as part of the Ethical Employment Code of Practice Commitments. The site allows NWSSP to publicly declare our anti-slavery stance and associated policies. The site is sponsored by Welsh Government and acts as a step towards eradicating modern slavery in supply chains.



NWSSP Procurement Services has provided training to those involved in procuring on modern slavery and ethical employment practices, through various mediums of training; developed standard questions that ensure ethical employment practices are considered as part of the procurement process; became a signatory to the TiSC register and published NWSSP's Ethical Employment Statement; requested our suppliers sign up to the TiSC register and publish their own policies and statements; and influenced our hosts, Velindre University NHS Trust, to update their overarching Raising Concerns (Whistle-blowing) Policy and developed communications to support its effective promotion.

Looking forward



Looking forward

We have begun to adapt and incorporate the Future Generations Commissioner’s Journey Checker approach into our planning arrangements. To capture the simple chances, we want to improve existing services, as well as create new service developments, where we will lead the way.

By focussing on the policy landscape and what our customers and partners need, we established six key themes in 2019-20, that we aim to deliver over the life-cycle of Integrated Medium Term Plan (2020-23).

- Supporting the delivery of sustainable Primary Care;
- Enhancing service support and customer support;
- Once for Wales opportunities for service delivery;
- Sharing best practice and informing decisions;
- NWSSP going from strength to strength; and
- Supporting major capital transformation projects.

Journey checker



Supporting the delivery of sustainable Primary Care

Aim	We will help to create the environment for A Healthier Wales and to proactively support a modern primary care and social care system.
Making simple changes	Utilise the same lead employer model. Assist in the promotion of the GP training scheme by attending various conferences and events in collaboration with Health Education and Improvement Wales.
Being adventurous	Expansion of the optometry data warehouse to enable surveillance services to be deployed (Post Payment Verification) and to provide data to NHS Wales stakeholders to inform future service planning.
Leading the way	Expansion of lead employer arrangement for pre-registration pharmacists, dental foundation trainees and core and specialist medical trainees over the period of the plan.

Enhancing service support and customer support

<p>Aim</p>	<p>We will aim to continuously improve the service we provide to our customers and partners that helps deliver better outcomes to their resident populations and staff.</p>
<p>Making simple changes</p>	<p>Increase the number of suppliers that we trade with across Wales, using two-way matching in Accounts Payable.</p>
<p>Being adventurous</p>	<p>All Wales review of decontamination arrangements in relation to Central Sterile Services Department (CSSD), endoscopy and community and Primary Care dental services.</p>
<p>Leading the way</p>	<p>Build business intelligence and data analytics capability, including development of handheld devices and integrated dashboards in Procurement and Health Courier Services. With further development across NWSSP, including Digital Workforce solutions, and as an organisational approach for performance reporting.</p>

Once for Wales opportunities for service delivery

<p>Aim</p>	<p>We will continue to explore opportunities for NHS Wales to achieve economies of scale, standardisation where appropriate and provide more cost-effective processes and high-quality services.</p>
<p>Making simple changes</p>	<p>Study clinical waste capacity in the current market in order to establish options for satisfying the demands of NHS Wales in this regard, including possible investment in an in-house incinerator facility.</p>
<p>Being adventurous</p>	<p>Create a new Medical Examiner Service for Wales, for improved patient safety and death certification accuracy.</p>
<p>Leading the way</p>	<p>We are supporting an All Wales project to scope possible reconfiguration of Pharmacy Technical Services (Transforming Access to Medicines, TRAMS).</p>

Sharing best practice and informing decisions

<p>Aim</p>	<p>We will continue to understand our customers' and partners' needs and share best practice and opportunities for improvement with them.</p>
<p>Making simple changes</p>	<p>Deliver All Wales Collaborative Bank pilot with a view to wider adoption across Wales to allow cross-boundary working of bank staff, with the aim of delivering weekly pay and obtaining greater clarity on working time directives and contracted hours, to improve patient care and safety.</p>
<p>Being adventurous</p>	<p>Improved use of All Wales ESR Self Service functionality which meets the evolving needs of NHS Wales in line with changes to legislation. This includes use of e-forms to support hire, termination and exit questionnaires, appraisal, pay progression and talent management, empowerment of service user and managers, better reporting, efficient and standardised processes.</p>
<p>Leading the way</p>	<p>Improve Counter Fraud Service Wales' financial investigation resource. Share good practice with All Wales Local Counter Fraud Services to raise standards of investigation and increase sanctions across NHS Wales.</p>

NWSSP going from strength to strength

<p>Aim</p>	<p>We will continue to ensure we are supporting our own staff, customers and partners in the most effective and efficient way.</p>
<p>Making simple changes</p>	<p>Achieve ISO27000 Information Security accreditation.</p>
<p>Being adventurous</p>	<p>The Counter Fraud Service will introduce the new CMS system (Clue 3) across NHS Wales, for improved case reporting and recording of sanctions.</p>
<p>Leading the way</p>	<p>Explore the use of robotics and informatics to develop an NWSSP data warehouse and subsequent QlikView reporting dashboard.</p>

Supporting major capital transformation projects

Aim	We will continue to support major capital projects by providing professional and technical advice to support NHS Wales.
Making simple changes	Health Courier Services will develop an agreed national and local, financial and non-financial savings and reporting strategy, enabling further savings and improvement opportunities.
Being adventurous	Develop national warehousing and distribution model for NHS Wales (IP5) to maximise cost and process efficiencies for NWSSP and NHS Wales.
Leading the way	Implement an All Wales Laundry Service to provide an efficient, compliant and equitable service for NHS Wales.

COVID-19

We need to review the above, in the light of the effect and impact of the pandemic during 2020, with respect to our Integrated Medium Term Plan (IMTP). To find out more about how our services were supporting NHS Wales during COVID-19, please see our infographic at [Appendix 1](#).

Appendices



Appendix 1: Our COVID-19 response

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



PRIMARY CARE SERVICES

Primary Care Services have **continued** to maintain primary care payments and introduced COVID-19 support payments to Primary Care contractors including: Community Pharmacy

- Payments made to **715** pharmacy contractors and **4** appliance contractors - **£60,927,435**
- Plus an additional one-off advance payment to **715** pharmacy contractors - **£47,149,661**
- General Medical Services - Payments made to **411** GP practices - **£37,571,088**
- General Ophthalmic Services - Payments made to **410** ophthalmic accounts - **£4,177,621**
- General Dental Services - Application of **521** dental contract adjustments

WE HAVE

supported the delivery of **105,000** patient letters with Welsh Government

Reviewed

and **tested** IT solutions that has enabled staff to maintain prescription processing requirements whilst working from home

This has enabled Primary Care Services to maintain business as usual to successfully process **3,155,876** prescription forms and priced **6,405,465** items within the last month to ensure there was no compromise to contractor cash flow

Developed an emergency on-boarding pathway for **250** GP returners to apply for re-inclusion to the Medical Performer list

Over **80%** of our staff have remained in the service, working diligently to support Health Boards and contractors in ensuring 'Business As Usual' principles are maintained

These staff have worked within government guide lines to accommodate social distancing whilst retaining an office presence and have also supported Primary Care Services with home working and changes to normal hours and routines thus ensure we continue to provide necessary services

Supporting Aneurin Bevan University Health Board to manage a surgery closure and dispersal of **4,000** patients to surrounding practices

Ophthalmic

survey - developed a survey to allow Welsh Government to understand the workforce profile of Ophthalmic Practices across Wales to inform its response to the COVID-19 pandemic

The survey was distributed electronically to all contractors and **313** responses were received

Primary Care Services then worked with Welsh Government and HEIW to interpret the responses and cleanse the data.

This involved direct contact with **56** contractor representatives to clarify and cleanse the data for **120** of the practices' responses



ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE



HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



WORKFORCE AND ORGANISATIONAL DEVELOPMENT

DIGITAL WORKFORCE HAVE:

Developed guidance to standardise COVID-19 related absence in both ESR and rostering systems to support central reporting

Developed a dashboard to effectively report from ESR

Supporting Velindre University NHS Trust in the procurement of Allocate Health Roster System

Progressing the pilot of the NHS Wales Collaborative Bank – go live date 20th April 2020

Supporting the accelerated roll-out of Office365 and Microsoft Teams, liaising with the PMO for controlled release of communications

Supporting the procurement of additional COHORT licences on behalf of NHS Wales in line with the current All Wales contract

WE ARE an interconnected set of solutions to meet digital and employment needs to positively influence and develop staff and organisational success



Operational Workforce have

200+ staff on deployment register

26 deployed

11 ready to start deployment

Other key statistics

60+ key worker letters issued

375 risk assessments processed

850 calls responded to, including bank (average is

300 a month)

4 additional retire and returners

Organisational Development
Developed **well-being support** services

Developing a **Peer Support Network**

Bank
12 new bank roles advertised for COVID-19 support

177 applications

66 interviewed

29 offers processed to date

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE



HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



WORKFORCE AND ORGANISATIONAL DEVELOPMENT

DIGITAL LEARNING TEAM HAVE:

Create training section for Dental workers being redeployed to access training on Learning@Wales.

Scheduled webinars with Local Authorities across Wales to highlight available resources to support COVID-19

Working with Employment Services Covid Hub for temporary workers to access training prior to commencing work

Increase of activity on Learning@Wales by 334% (68,374-297.385)

WE ARE

an interconnected set of solutions to meet digital and employment needs to positively influence and develop staff and organisational success



Digital Learning Team

have streamlined access to key courses in ESR for identified staff groups: COVID-19 Additional Training, Redeployment training for AHP staff, - Redeployment training for registered nurses being redeployed

Local Induction sites built with training for **mass**

volunteers for Health Boards: Aneurin Bevan, Cardiff & Vale, Hywel Dda, Betsj Cadwaladr, Velindre, and Swansea Bay on Learning@Wales for

c6,000 users via streamlined process

Supported **HEIW** with update of patient care assistant training

Update and launch of **HCSW** Code of Conduct Training

Developed a Medical Gases Module

Increase in calls to helpdesk by **50%**

Piloted **key elearning**

programmes to support COVID-19 with Nursing /Residential Homes in Swansea Bay

Subsequent rollout of these programmes to rest of Wales

c1450 users

Supported Welsh Government in opening access to Violence Against Women module

due to rise in incidents **c1800** users accessed in 10 days

Support users from public/private/voluntary to access the above module

Create training section for **Dental**

workers being redeployed to access training on Learning@Wales

Update of the Nutritional Skills module to support COVID-19

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE



HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

Our **Recruitment** and **Payroll** teams have **redesigned** the workflows within the department to ensure **business continuity** has been maintained despite the significant impacts of COVID-19 on staff

Home working for Employment Services teams has been facilitated by a **fast-tracked** implementation of laptops, Office 365 and VPN functionality

Our **Pension teams** are reacting to the sad loss of Health Board staff by liaising with the employing Health Boards to calculate and fast track any death in service awards

We have **supported** the COVID-19 requirements through the development and management of a COVID-19

Recruitment Hub which has been launched to support with recruitment and deployment of re-registrants and students

The Recruitment Hub is currently supporting the process of on-boarding **1,948 Nursing Students** and **1,240 Re-registrants**

Payroll teams are currently working through the enrolment of additional ad-hoc staff to meet COVID-19 requirements including the students and re-registrants being recruited through the **COVID-19 Hub**

WE ARE continuing to deliver a full range of **Hire to Retire** **Services to NHS Wales** using innovation and new processes to provide a **'business as usual approach'** to our customers



EMPLOYMENT SERVICES

OUR BUSINESS AS USUAL

Employment Services continues to deliver a high quality, customer focused professional service to the Health Boards and Trusts in NHS Wales – through the full range of Hire to Retire Services to NHS Wales including Payroll, Pensions, Student Awards, Recruitment, Staff Expenses and Lease Car Administration.



ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



EMPLOYMENT SERVICES



WE ARE continuing to deliver a full range of **Hire to Retire Services** to NHS Wales using innovation and new processes to provide a 'business as usual approach' to our customers

Recruitment

Services to support the NHS Wales COVID-19 response has enhanced during this period through:

Virtual Pre-Employment check meetings implemented and being carried out across all NHS Wales organisations

Standard processes redesigned to meet new **Disclosure and Barring** service parameters and virtual face to face ID checks

Engaging with Health Boards and offering a flexible approach to the recruitment process in terms of supporting their needs

Recruitment activity has included **1,360** booked pre-employment checks in April which include over almost **500** COVID-19 related appointments

Engagement with the Trac Recruitment management developers to ensure revised functionality supports COVID-19 recruitment within NHS Wales

Measures taken to maintain service have included:

Introduction of **shift working** to assist us to distance staff

Payroll staff working overtime, weekends and bank holidays to meet additional **demand**

Payroll Services has had to maintain business continuity during April despite the impact of COVID-19 on Payroll staff and additional pressures such as implementation of the **AfC pay award**, revised **Tax Codes** and inputting requests for **Annual Leave** purchase

Regular weekly virtual meetings with **Health Boards** to work through how the payroll service will deal with the additional requirements they are putting in place to react to COVID-19

Processing batches of additional temporary staffing, additional overtime for Health Boards and internal redeployment of Health Board staff into clinical areas

Some staff working from home to enable social distancing for staff working within the office, staff **alternating** one week home and one week office



ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



SURGICAL MATERIALS TESTING LABORATORY

OUR BUSINESS AS USUAL

We are continuing to provide medical device testing and technical services regarding medical devices to the Welsh NHS, enabling Procurement Services and others in the NHS to undertake evidence based purchasing.

We are also continuing to provide commercial testing services to the international medical device industry, who use the test reports to tender for new business, submit to notified bodies and to develop new medical devices and technologies.

WE ARE supporting procurement through **certification** and test report checks for **PPE** and **devices**



Ensuring that fraudulent applications are dealt with **appropriately**

We have had **222** submissions, **38** fraudulent documents from **28** submissions, **19** suspected fraudulent documents from 16 submissions

In total: **57** documents which are either confirmed as fake or are suspect from **222** submissions, **40** submissions that contained suspected fraudulent documents

Primary focus on ensuring that purchased products provide the appropriate level of **protection** to staff

Partnership working with **CERET** (COVID-19 Emergency Response Engineering Team), **Welsh**

Government, CEDAR and **HTW**

Turning submissions around within hours for **urgent cases** and within the day for others

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE



HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

SPECIALIST ESTATES SERVICES

OUR BUSINESS AS USUAL

Our chartered architects, engineers, surveyors and other specialists, are continuing to use their expertise to advise the Welsh Government and NHS Wales organisations on a wide range of building, estates and facilities matters.

In addition, Specialist Estates Services continues to deliver specialist engineering services to NHS Wales – such as the provision of Authorising Engineers for a range of disciplines including: decontamination, high voltage, low voltage, ventilation, water, medical gases and fire safety.

WE ARE supporting the creation of up to **50** surge hospital and COVID-19 testing facilities across NHS Wales



Produced an **Advisory Note** for Welsh Government and NHS Wales on framework contractual issues in relation to COVID-19

Integral to the development and validation of surge hospital engineering solutions

Advised on the provision of oxygen, medical gases, fire safety, legionella, clinical waste and the safety and adequacy of electricity systems



ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



LEGAL & RISK and WELSH RISK POOL SERVICES

The **Personal Injury** team have been providing **advice** and **assistance** across Wales regarding the use / availability of PPE and Public liability and employers liability for temporary premises/new sites

The **Property Team** have been advising Health Boards about the agreements that they have entered to establish **field hospitals**

The **Putting Things Right** team has dealt with queries including the issue of **documenting** consent where there are complaints by third parties

The **GP/GMPI team** has managed a high volume of queries, including cluster working and setting up COVID-19 treatment hubs

Indemnity Issues
There have been a number of queries in respect of NHS indemnity, particularly due to the new and evolving NHS workforce including the provision of advice on the following:
NHS **engaging** private providers; **Staff** carrying out different roles; Staff working in different **premises**; Staff working for different **organisations**; **Volunteers**; **PL/EL** temporary premises / new sites; **Military** personnel driving ambulances etc; **Medical students**; Prescribing **oxygen** at home

WE HAVE worked with and provided **advice** to **Health Boards and Trusts**, **Directors of Workforce & OD, HR teams and Director of NHS Confederation** to support the **First Minister, Welsh Government**

Worked collaboratively with **Local Authorities and private enterprises**



The Clinical Negligence teams have focused on litigated cases and have been fielding queries in respect of: Issues re consenting **patients** remotely; Using anaesthetic machines for long term ventilation; Vicarious liability/indemnity

A COVID-19 **strategy** group and **Hub** has been established to manage staff and client issues at a high level and to guide the directorate and to provide a panel of experts from each practice area to decide how best to manage new queries arising from the pandemic and to advise on **best practice** respectively

Court of Protection / Medical Ethics has been providing clear advice to clinicians and managers, including: End of life disputes re COVID-19; Decision making around allocating ventilators; Debunk fake news on social media

The Employment team have provided advice to NHS Wales and NHS Confederation; assisted with All Wales FAQs; Agreements on Mutual Aid; Advised on potential discriminatory issues regarding rotas and PPE; COVID-19 specific employment contracts; Engaging staff on furlough from their substantive employers; Advice on the Working Time Directive, junior doctor rotas and breaks

Commercial and regulatory advising on: Contracts for field hospitals; Contractual staff arrangements between the NHS and Local Authorities; Procurement issues; GP cluster hubs; Managing non-compliant patients; Judicial review of treatment decisions; Detention of prisoners with COVID-19 due to be released; Children's Continuing Care Contract; Provisions of the Coronavirus Act

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE



HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

Student Awards Services continues to implement the NHS Wales Bursary Schemes, which provides funding for healthcare students on NHS funded courses in Wales and Welsh domiciled medical and dental students within the UK.



STUDENT AWARDS SERVICES

WE HAVE have maintained a 'business as usual' service

Innovative

options to continue maintaining service levels have been made in order to support our service users during these challenging times and to continue to provide an **essential** Student Awards Service



MEDICAL EXAMINER SERVICE

Ongoing work with Hywel Dda University Health Board to assist in their planning for management of excess death

Work started with Hensol Venue Field Hospital to develop a service of death certification



WE HAVE

implemented a 'Qualified Death Certifier' role within Cwm Taf Morgannwg Health Board to ease the burden on front line doctors

Bursary Applications and Disabled Student's Allowance (DSA)

applications undertaken as normal within the 20 working day time frame

Practice Placement Expenses

assessment of PPE applications undertaken as normal (Medical and Dental students only)

Revised **procedure** for submitting PPE Claims and extension to the current six month submission deadline, in the event of a university having a backlog of claims, in place

Student Award Services Helpdesk

the helpdesk has been operating an **urgent enquiries** line in order to provide the best support to service users

Childcare Claims

students contacted directly as a result of the closure of some childcare facilities

Students currently in receipt of Childcare Allowance expenses contacted to establish if service users are still accessing childcare provisions and therefore require continued access to these payments

Developed and coordinated a central advice service for the changes to death certification and cremation regulations

Developed a central

web page for a **Death Certification Advice Hub** which has collated guidance from England and Wales to provide an up to date source of information and guidance



ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

We are continuing to provide audit assurance through the independent and objective assessment of governance, risk management and internal control.



AUDIT AND ASSURANCE SERVICES

WE ARE supporting effective governance across NHS Wales



Working with health bodies to ensure annual opinions delivered to **support effective governance**

Providing **ongoing advice and support** as NHS bodies revise governance and control arrangements

Chairing the Finance NWSSP Group to ensure effective governance over major procurement contracts

Planning for 2020/21 to provide the **right level of assurance and consultancy** during the recovery phase

Providing **resources to support** other NHS bodies and NWSSP Directorates



COUNTER FRAUD SERVICES

Highlighting all new fraud risks to key stakeholders in NHS Wales to minimise potential losses to economic crime and provide specialist advice in relation to potential system and process weaknesses

Established a working protocol with Police Regional Crime Units and National Crime Agency to share reliable intelligence to help protect the NHS from Organised Crime Syndicates and actively disrupt their activities

WE ARE supporting NHS Wales by providing specialist guidance in relation to the current Recruitment, Procurement and Supply Chain processes to help prevent fraud during COVID-19



Established key working partnership with NWSSP Head of Sourcing - Medical / Clinical to help identify fraudulent approaches of those taking advantage of the COVID-19 uncertainty and taking **positive** action in the ongoing fight against fraud

Maintaining a **robust** operational presence to swiftly investigate all ongoing cases of economic crime against NHS Wales and continue to provide **guidance** to the network of Local Counter Fraud Specialists at health bodies in Wales



ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



CENTRAL TEAM eBUSINESS SERVICES

OUR BUSINESS AS USUAL

Central Team eBusiness Services continues to ensure a centrally coordinated, strategic and corporate approach is taken to manage, support as well as enhance a number of core national enterprise systems for the Finance and Procurement communities across the NHS in Wales.

WE ARE providing **24-7 support** for our Supply Chain, Procurement and Finance enterprise systems across NHS Wales, this includes setting up **urgent** COVID-19 suppliers



In **partnership** with health organisations and key suppliers, we have fast tracked and implemented a development to notify keys users of COVID-19 related orders that require urgent approval

As a **BACS Bureau Service** for NHS Wales, we have continued to ensure payments are processed for suppliers

Working with other NWSSP divisions to deliver simplified and **accurate** stock reporting

Worked in **collaboration** with ICT departments to address remote access to our enterprise systems



ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

Procurement Services continues to deliver a high quality, customer focused professional service to the Health Boards and Trusts in NHS Wales – through Sourcing, Frontline, Supply Chain, eEnablement and Accounts Payable functions

Health Courier Service continues to support front line services across Wales, operating where required 24 hours a day, 365 days a year including providing vital Clinical Logistical Support services for Primary and Unscheduled Care in Hospitals, Clinics, Surgeries, GP Practices, Pharmacies, Schools (Flu Vaccines).



PROCUREMENT SERVICES & HEALTH COURIER SERVICES



WE ARE providing **sourcing, procurement, distribution and transport services** across Wales to help NHS Wales meet COVID-19 surge capacity demands

Sourcing and distributing **50 million** items of PPE to Health and Social Care sites across Wales -not only to hospitals but also **Primary Care sites, optometrists, GP Covid Hub** and **dental clinics** providing **emergency** order same day delivery

Actively involved in procurement, storage, distribution and logistics support for **key equipment** to allow for rapid expansion of **Critical Care** capacity as well as equipment and consumables for Field Hospitals

Working in **partnership** with **CERET** to identify and bring to market new manufacturing capacity within Wales for PPE and equipment

Providing **24/7 cover** as a transport contact co-ordination centre for Health Boards across Wales through a **National Transport Hub**

Distributing palliative care CD packs across Wales as part of a **24/7 Palliative Care Response Service** Distributed within **120 minutes anywhere in Wales** to support the sickest patients when needed via a single point of contact using approved Apps in full compliance e.g. Hospify

Working with **Public Health Wales** and the **Military** on the Mass COVID-19 testing programme, for national roll out



ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

WALES INFECTED BLOOD SUPPORT SERVICE

OUR BUSINESS AS USUAL

Wales Infected Blood Support Scheme (WIBSS) continues to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue.

WE ARE operating a "Business As Usual" service for WIBSS except that we cannot currently offer home visits

We are **regularly** updating our website with information from Government about COVID-19 that is relevant to our **beneficiaries** including links to information from Public Health England and Public Health Wales

We have issued a **newsletter** providing advice and guidance on all the benefits/grants etc. that are currently available from Government

We are **accepting** referrals and offering assessments and interventions in a timely fashion

We have moved from offering face to face interventions to **telephone** and **video** calling with regards to our psychology and counselling **service**

Those who had been accessing these services have been very **understanding** about the need to change and a high proportion have wanted to **continue** the support

Staff have relocated (with their agreement) to **facilitate** the above changes

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE



Appendix 2: Workforce data

A breakdown of our diverse workforce profile, as at **31 March 2020**, is set out below. Where reference is made to the categories of 'unspecified', no data is currently held for the data field, for 'not disclosed' a response has not been entered into the data field and 'other' relates to GP Trainees who are captured within our staff in post figures.

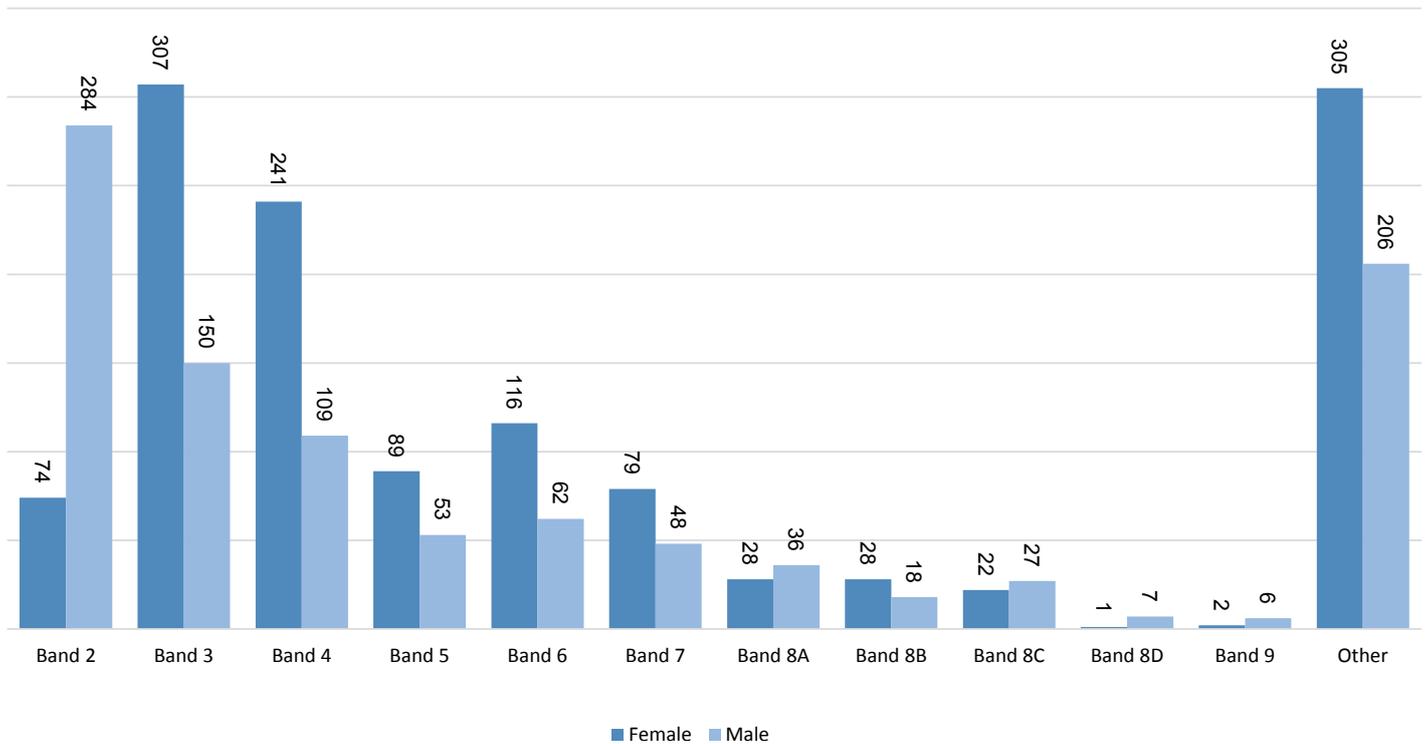
Source of data: Electronic Staff Record

Staff in post

NWSSP directorate or section	Headcount	FTE
Accounts Payable	136	130.60
Audit and Assurance Services	53	50.23
Corporate	62	57.31
Counter Fraud Service	7	7.00
Digital Workforce Solutions	17	16.00
eBusiness Central Team	10	8.93
Employment Services	360	327.69
• Employment Services Management Service	17	16.59
• Expenses	24	21.31
• Payroll	174	157.56
• Pensions	38	34.64
• Recruitment	94	85.36
• Student Awards	13	12.23
Finance	26	24.05
GP Trainees	502	450.45
Legal and Risk Services	113	103.89
Primary Care Services	309	284.55
• Engagement and Support Services	83	79.74
• Primary Care Management Services	6	6.00
• Prescribing	27	25.73
• Transaction Services	193	173.08
Procurement Services	606	572.39
• Corporate Procurement Services	14	n/a
• Health Courier Service	170	n/a
• Local Procurement Services	133	n/a
• Sourcing Services	110	n/a
• Supply Chain Services	179	n/a
Specialist Estates Services	47	45.96
Surgical Materials Testing Laboratory	21	19.72
Welsh Language Unit	4	3.80
Workforce and Occupational Development Services	25	23.90
Total	2,298	2,126.47

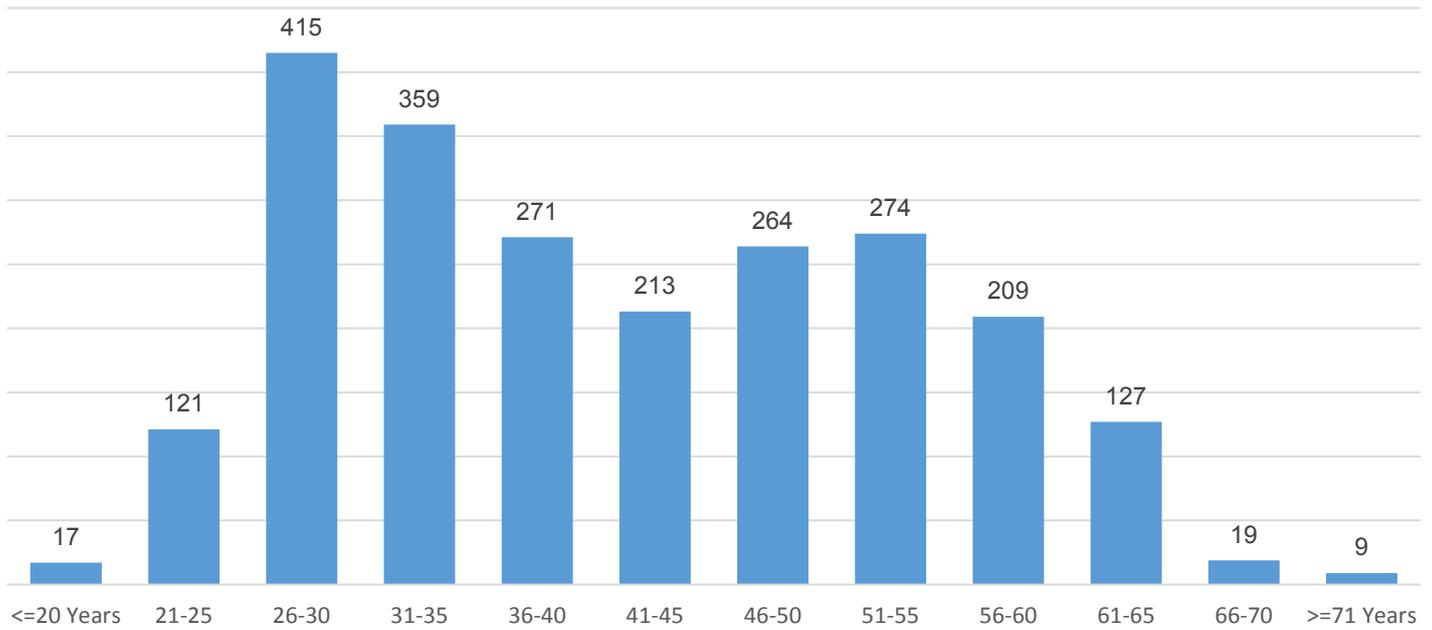
Pay bands by gender

Band	2	3	4	5	6	7	8A	8B	8C	8D	9	Other
Female	74	307	241	89	116	79	28	28	22	1	2	305
Male	284	150	109	53	62	48	36	18	27	7	6	206
Total	358	457	350	142	178	127	64	46	49	8	8	511



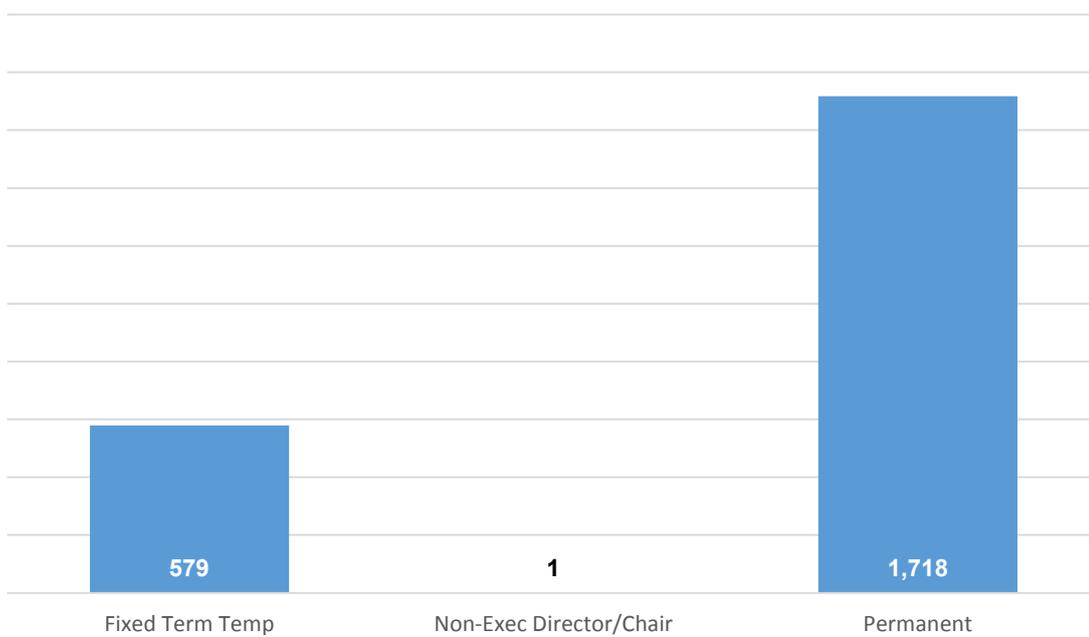
Age profile by headcount

Age band	Headcount	Percentage of workforce	FTE
<=20	17	0.74	16.50
21-25	121	5.27	117.87
26-30	415	18.06	395.34
31-35	359	15.62	322.75
36-40	271	11.79	243.31
41-45	213	9.27	195.73
46-50	264	11.49	248.55
51-55	274	11.92	256.63
56-60	209	9.09	196.70
61-65	127	5.53	112.71
66-70	19	0.83	13.17
>=70	9	0.39	6.03
Total			



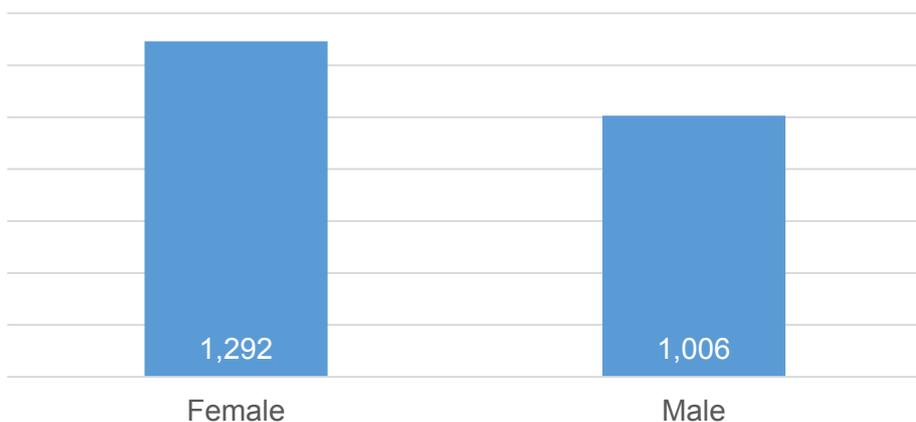
Assignment category by headcount

Assignment category	Headcount	Percentage of workforce	FTE
Fixed term temporary	579	25.20	520.26
Non-executive director/chair	1	0.04	1.00
Permanent	1,718	74.76	1604.01
Total	2,298	100.00	2,125.27



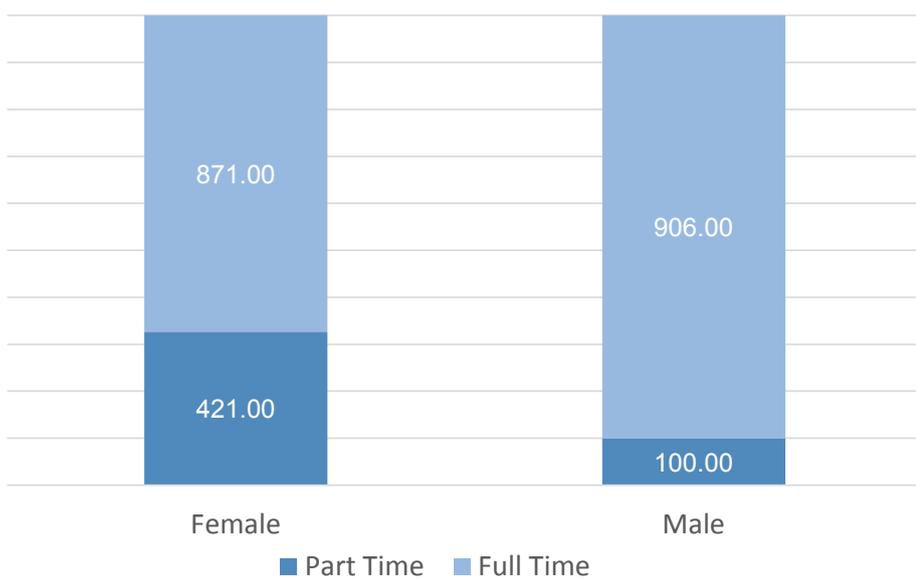
Gender by headcount

Gender	Headcount	Percentage of workforce	FTE
Female	1,292	56.2	1,154.91
Male	1,006	43.8	970.36
Total	2,298	100.00	2,125.27



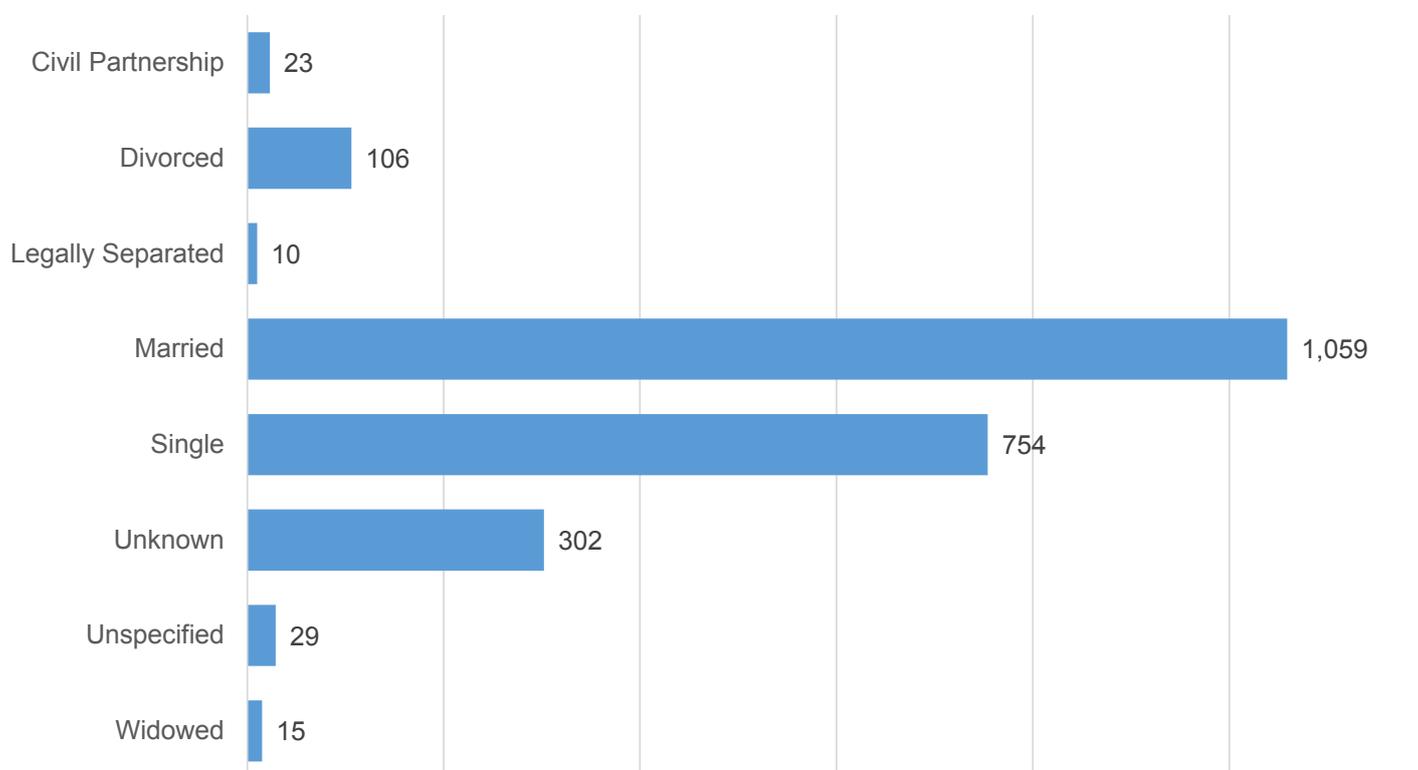
Employee category and gender by headcount

	Part time	Full time
Female	421	871
Male	100	906



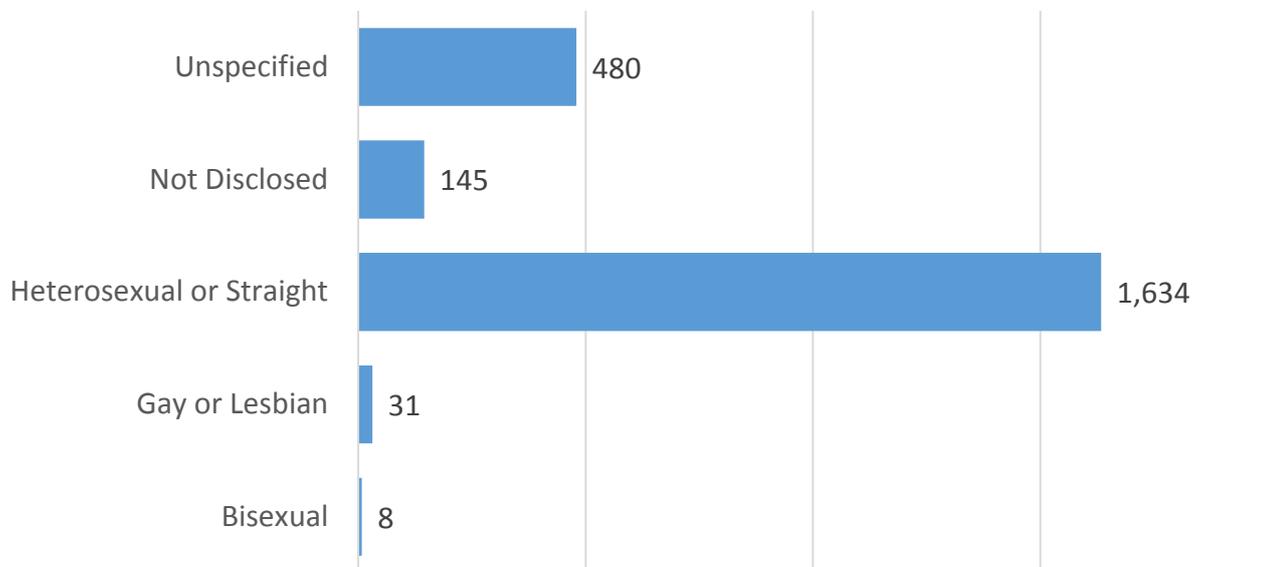
Marital status by headcount

Marital status	Headcount	Percentage of workforce	FTE
Civil partnership	23	1.00	21.96
Divorced	106	4.61	99.04
Legally separated	10	0.44	8.82
Married	1,059	46.08	953.53
Single	754	32.81	713.20
Unknown	302	13.14	287.22
Unspecified	29	1.26	27.50
Widowed	15	0.65	14.00
Total	2,298	100.00	2,125.27



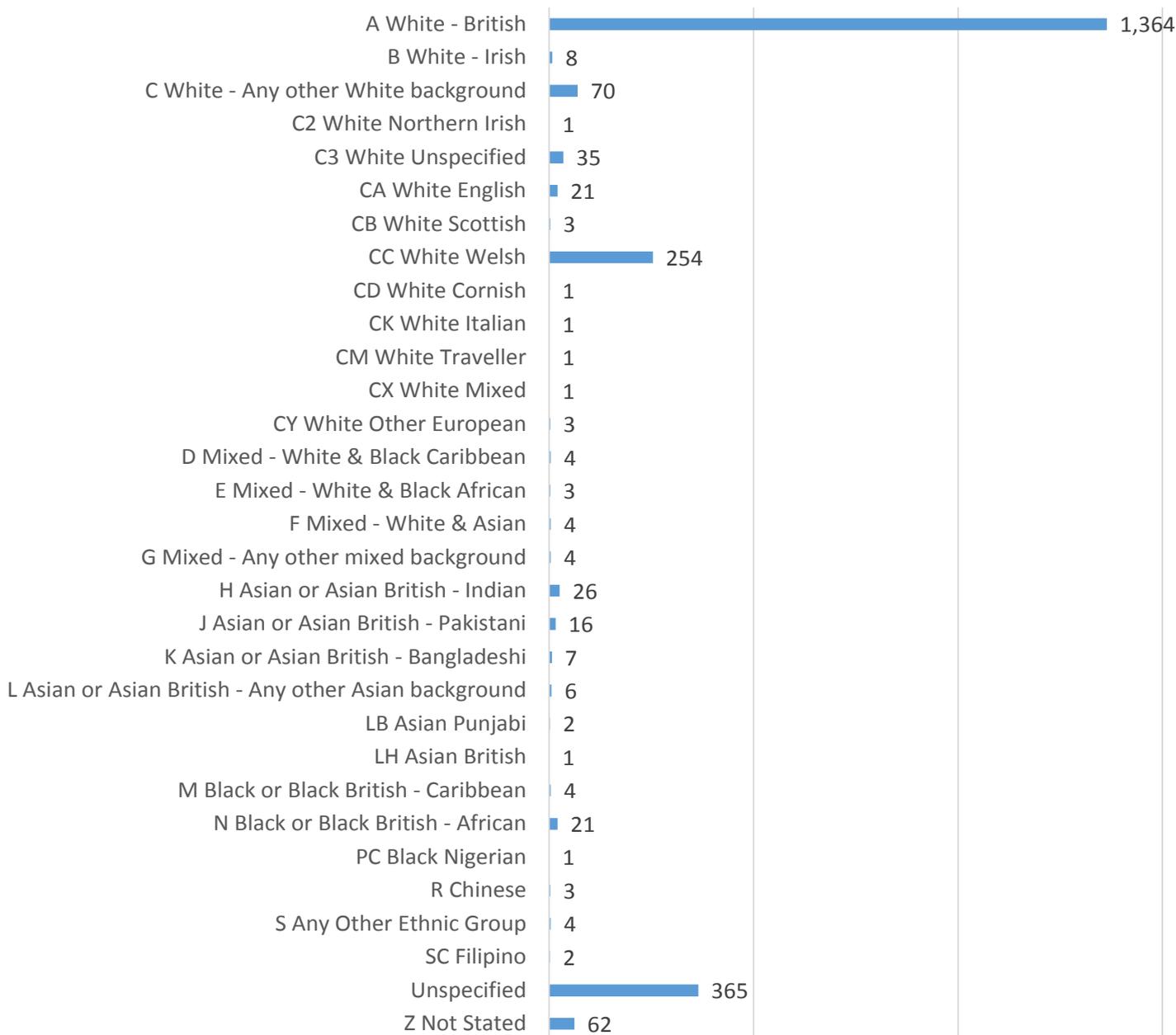
Sexual orientation by headcount

Sexual orientation	Headcount	Percentage of workforce	FTE
Bisexual	8	0.35	7.40
Gay or lesbian	31	1.35	29.18
Heterosexual or straight	1,634	71.11	1,516.94
Not disclosed	145	6.31	135.54
Unspecified	480	20.89	436.20
Total	2,298	100.00	2,125.27



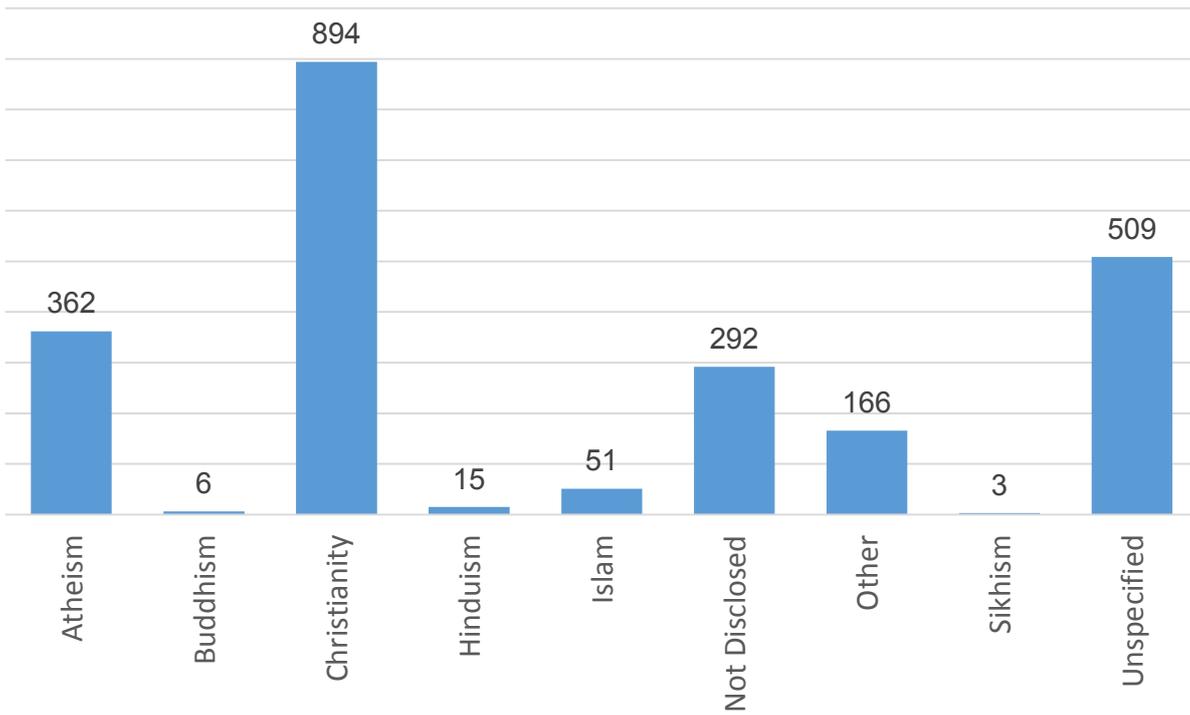
Ethnicity by headcount

Ethnic group	Headcount	Percentage of workforce	FTE
A: White British	1,364	59.36	1265.76
B: White Irish	8	0.35	6.40
C: White – any other White background	70	3.05	67.04
C2: White Northern Irish	1	0.04	0.88
C3: White – unspecified	35	1.52	32.09
CA: White English	21	0.91	18.88
CB: White Scottish	3	0.13	3.00
CC: White Welsh	254	11.05	232.43
CD: White Cornish	1	0.04	1.00
CK: White Italian	1	0.04	0.64
CM: White Traveller	1	0.04	1.00
CX: White – mixed	1	0.04	1.00
CY: White – other European	3	0.13	1.93
D: Mixed – White and Black Caribbean	4	0.17	3.07
E: Mixed – White and Black African	3	0.13	2.56
F: Mixed – White and Asian	4	0.17	3.60
G: Mixed – any other Mixed background	4	0.17	3.50
H: Asian or Asian British – Indian	26	1.13	23.13
J: Asian or Asian British – Pakistani	16	0.70	13.90
K: Asian or Asian British – Bangladeshi	7	0.30	6.29
L: Asian or Asian British – any other Asian background	6	0.26	5.80
LB: Asian Punjabi	2	0.09	2.00
LH: Asian British	1	0.04	1.00
M: Black or Black British – Caribbean	4	0.17	3.75
N: Black or Black British – African	21	0.91	19.71
PC: Black Nigerian	1	0.04	1.00
R: Chinese	3	0.13	3.00
S: Any other ethnic group	4	0.17	4.00
SC: Filipino	2	0.09	2.00
Unspecified	365	15.88	338.40
Z: Not stated	62	2.70	56.50
Total	2,298	100.00	2,125.27



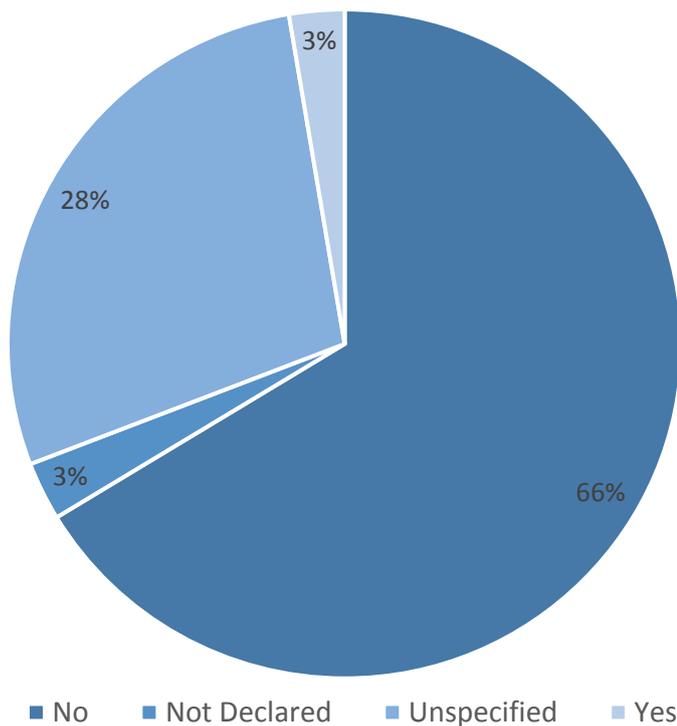
Religion by headcount

Religious belief	Headcount	Percentage of workforce	FTE
Atheism	362	15.75	339.10
Buddhism	6	0.26	5.59
Christianity	894	38.90	820.24
Hinduism	15	0.65	13.70
Islam	51	2.22	45.39
Not disclosed	292	12.71	276.63
Other	166	7.22	159.38
Sikhism	3	0.13	2.23
Unspecified	509	22.15	463.00
Total	2,298	100.00	2,125.27



Disability status by headcount

Disability flag	Headcount	Percentage of workforce	FTE
No	1,524	66.3	1,414.06
Not declared	65	2.8	58.39
Unspecified	648	28.2	595.50
Yes	61	2.7	57.33
Total	2,298	100.00	2,125.27



Appendix 3: Sustainability reporting

NWSSP ANNUAL SUSTAINABILITY REPORT DATA													% Difference
Gas, Electricity and Business Emissions & Mileage													
Year	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020			
Non Financial Indicators (1,000 tCO2e)	Total Gross Emissions	0	0	0	0.00	1.00	1.40	1.16	0.83	0.76	-7.78%		
	Total Net Emissions	0	0	0	0.00	1.00	1.40	1.16	0.83	0.76	-7.78%		
	Gross emissions Scope 1	0	0	0	0.00	0.09	0.37	0.36	0.25	0.34	35.48%		
	Gross Emission Scope 2 & 3	0	0	0	0.00	0.91	1.03	0.80	0.57	0.42	-26.92%		
Related Energy Consumption (million kWh)	Electricity: non renewable	0	0	0	0.00	1.97	2.17	1.92	2.01	1.64	-18.39%		
	Electricity: Renewable	0	0	0	0	0.00	0.00	0.00	0.00	0.48	#DIV/0!		
	Gas	0	0	0	0.00	0.49	1.97	1.90	1.38	2.24	61.61%		
	LPG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!		
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!		
Financial Indicators (£million)	Expenditure on Energy	0	0	0	0.00	0.00	0.37	0.34	0.23	0.29	29.13%		
	CRC Licence	0	0	0	0	0	0	0.00	0.00	0.00	#DIV/0!		
	Expenditure on accredited offsets eg GCOF	0	0	0	0	0	0	0.00	0.00	0.00	#DIV/0!		
	Expenditure on Official business travel	0	0	0	0.00	0.00	0.21	0.21	0.23	0.20	-13.91%		
Water													
Non financial indicators (000m3)	Water Consumption (office)	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	-49.83%		
	supplied	0	0	0	0	0	0	0	0	0	#DIV/0!		
	abstracted	0	0	0	0	0	0	0	0	0	#DIV/0!		
	per fe	0	0	0	0	0	0	0	0	0	#DIV/0!		
Financial Indicators (£million)	Water Consumption (non office)	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!		
	supplied	0	0	0	0	0	0	0	0	0	#DIV/0!		
	abstracted	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!		
	water supply costs (office)	0	0	0.000	0.000	0.000	0.041	0.037	0.041	0.043	6.77%		
water supply costs (non office)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	#DIV/0!			
Waste													
Non financial indicators (tonnes)	Total Waste	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	83.23%		
	Landfill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-58.35%		
	Re-used / Recycled	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	139.19%		
	Composted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!		
Financial Indicators (£million)	Incinerated with Energy/recovery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82.74%		
	Incinerated without Energy recovery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!		
	Total Disposal Cost	0.000	0.000	0.000	0.000	0.000	0.082	0.210	0.086	0.104	21.12%		
	Landfill	0.000	0.000	0.000	0.000	0.000	0.026	0.010	0.021	0.009	-58.84%		
Financial Indicators (£million)	Re-used / Recycled	0.000	0.000	0.000	0.000	0.000	0.034	0.125	0.046	0.057	25.33%		
	Composted	0.000	0.000	0.000	0.000	0.000	0.000	0.002	0.000	0.000	#DIV/0!		
	Incinerated with Energy/recovery	0.000	0.000	0.000	0.000	0.000	0.023	0.073	0.019	0.038	103.23%		
	Incinerated without Energy recovery	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	#DIV/0!		

NWSSP Sustainability Reporting Narrative 2019-20

● Performance

We are pleased to report a reduction in the carbon emissions reported during 2019-20 of 12.04%. This represents a continued reduction in Co₂e since 2017-18, boasting a cumulative reduction of 27.14% to date. The reporting period included a wealth of proactive initiatives in order to achieve the target of 3% reduction in carbon emissions. We are pleased to be able to report green energy at several sites, where carbon emissions equate to zero. Where we did not achieve a reduction in gas usage, this was due to various factors, such as the cold winter and snow experienced, increased staff on site, improved reporting accuracy at sites and the inclusion of data for a new site, the Surgical Materials Testing Laboratory (SMTL).

● Scope of Certification

Baseline figures established for SMTL within Princess of Wales Hospital, Bridgend, for which inclusion with scope of certification to be sought within 2020-21 and the inclusion of these figures resulted in an increase of gas usage being reported during 2019-20. IP5 National Distribution Centre in Newport was a change of address to the scope, following relocation from Cwmbran Stores and baseline figures for this site will be sought from April 2020. During 2021-21 we will undertake a full review of the Environmental Management System and the recording and reporting mechanisms in place, in order to strengthen these processes and the validity of the data provided.

● Business Mileage and Expenditure

The data shows claims paid between 1 April 2019 and 31 March 2020. These claims will include travel undertaken before 1 April 2019 and do not include any travel undertaken in the last couple of months of the 2019-20 financial year if claims had not been submitted. Further, the updated approach mitigates the need to extend the deadline for finalising reporting at the end of June in future years, which is a welcome alignment with the revision to the Welsh Government timetable for submission.

● Calculation

Calculation of costs based on consistent approach with previous years; baseline cost applied to all sites due to scope of availability (i.e. leased and hosted sites within health boards, etc). British Gas all-Wales day rate applied for electricity and gas, all costs excluding VAT, where direct costs from bills or landlords could not be obtained; any gaps in reporting as at year-end used estimated data based on previous usage or average figures, as appropriate. Waste expenditure calculated based on Velindre methodology of 1.43kg per recycled bag at 0.94p per kg/2.3kg per landfill bag at 0.80p per kg, where actual costs could not be obtained. Water usage is based primarily on square footage and taken from the baseline reporting for Charnwood Court site, where direct bills and usage information is not readily available. Comments and notes can be found throughout the carbon footprint recording documentation included, as evidence for sampling by NWSSP Internal Audit.



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Contact us

Thank you for reading our Annual Review 2019-20. If you would like to find out more about our organisation or comment on this publication please visit our website, our social media channels, or use the contact details below.

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AGENDA ITEM:xx

The report is not Exempt

Teitl yr Adroddiad/Title of Report

BUSINESS CONTINUITY PLANNING – COVID UPDATE

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

To update the Committee on business continuity arrangements in preparation for further waves of COVID-19.

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 attached document was approved by the August meeting of the NWSSP SMT.

Adduned y Pwyllgor/Committee Resolution (insert √):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation	The Committee are asked to NOTE the attached report.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Cyfreithiol: Legal:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Iechyd Poblogaeth: Population Health:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Ariannol: Financial:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Risg a Aswiriant: Risk and Assurance:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	This is an update report only, but all relevant factors are taken into account on making any formal decisions.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	The report is subject to freedom of information regulations.

NWSSP – BUSINESS CONTINUITY PLANNING UPDATE

1. CEFNDIR/BACKGROUND

The report set out below provides both a backward look at the measures taken to deal with the 1st wave of the pandemic and sets out potential risks and suggested mitigations to maintain services during a further wave of the virus.

Introduction

Over recent months, the impact of COVID-19 has resulted in a huge change in the way that NWSSP has had to operate but staff have responded fantastically to the challenge. The majority of our main services were not stood down and we continued to operate in very difficult and challenging conditions. The rapid roll out of Office 365, supported by significant investment in IT equipment, was instrumental in achieving a safer working environment for staff with many able to work from home, allowing greater flexibility for socially distancing measures to be implemented at our main hubs and sites.

When the likely impact of COVID-19 became apparent, NWSSP Business Continuity processes were immediately implemented. This paper reflects on the lessons learned from recent months and aims to ensure that NWSSP remains well-prepared to cope with any further waves of the virus. Appendix A provides a summary of the position by directorate, while Appendix B gives an example of an updated Business Continuity Action Card.

Summary of Measures Taken

In mid-March NWSSP set up a Planning and Response Group to provide strategic leadership and governance in real time. The Group met at least weekly and the membership comprised:

Name	Position
Neil Frow	Managing Director
Andy Butler	Director of Finance & Corporate Services
Gareth Hardacre	Director of Workforce & OD
Simon Cookson	Director of Audit & Assurance
Dave Hopkins	Director of Primary Care Services
Paul Thomas	Director of Employment Services
Neil Davies	Director of Specialist Estates
Mark Harris	Director of Legal & Risk Services

Jonathan Irvine	Director of Procurement
Malcolm Lewis	Medical Director
Pete Phillips	Head of Surgical Materials Testing Laboratory
Alwyn Hockin	Trade Union Representative
Mark Roscrow	IP5 Programme Director
Alison Ramsey	Deputy Director of Finance
Sarah Evans	Deputy Director of Workforce & OD
Darren Davies	Communications Manager
Peter Stephenson	Head of Finance & Business Development

Early decisions taken by the Group to strengthen business resilience included:

- Requiring all directorates to update their own business continuity plans and/or BCP action cards;
- Establishing sub-groups to focus on IT and on the safety and accessibility of our buildings;
- Ensuring that as many staff as possible were provided with laptops and VPNs to enable them to work remotely – over 450 of each were issued to staff in the first few weeks of the pandemic;
- Increasing the number of softphones available so that staff were able to make and receive external calls from their laptops;
- Instructing NWIS to migrate all staff to Office365 which again increased the capacity of NWSSP staff to work remotely – over 1500 staff were migrated in a three week period;
- Ensuring that social distancing measures were put into place including appropriate floor and wall signage, perspex screens for reception areas, and a review of work settings using expert input from Specialist Estates;
- Increasing approval limits for senior staff to provide more flexibility in procuring critical equipment in very competitive and time-pressured markets;
- Extending the opening hours of all NWSSP sites so that staff could work more flexibly and maintain social distancing;
- Discouraging staff from travelling to face-to-face meetings by moving all meetings on to skype (and later Teams);
- Establishing the Finance Governance Committee to provide a speedy and comprehensive approval process for urgent procurement requests (and particularly PPE);
- Overseeing the transfer of agency-contracted staff to bank contracts to maintain flexible capacity but with better value-for-money; and
- Introducing personal health risk assessments for all staff.

Additional Documentation

Documentation has been introduced and enhanced to ensure that staff are able to work safely and productively, whether working remotely from home or continuing to work in NWSSP and other NHS Wales locations. This includes:

- **Building Risk Assessments** – every location in which NWSSP staff are employed now has its own risk assessment which is updated as changes to legislation concerning COVID-19 are announced. A review of each risk assessment is undertaken with the relevant site lead on a regular basis by the Corporate Services Manager, the Health & Safety Manager, the Business Quality Manager and a Workforce representative;
- **Site Spacing Plans** – every location has had a spacing plan drawn up by staff from Specialist Estates Services that ensures that staff are able to work safely and in accordance with Welsh Government legislation;
- **Safe Systems of Work on Social Distancing at Sites** - this guidance set out measures to maintain safe working practices within NWSSP buildings in order to reduce the possibility of transmission of COVID-19 in the workplace, now and as and when lockdown restrictions are eased;
- **Checklist for Social Distancing at Sites** – in conjunction with the Safe Systems of Work document this is to be completed to ensure that social distancing actions are being adhered to at each site;
- **Working in Close Proximity** – this document provides guidance and appropriate mitigations where the requirements of the task, and the environment it is performed in, make it physically impossible to maintain social distancing;
- **New Ways of Working (Site Information)** – guidance tailored to specific sites so that staff can be made fully aware of what to expect at their normal work location before they return to the workplace;
- **Returning to the Workplace Checklist** – an assessment to be undertaken by line managers with their staff to make sure that all staff who do return to the workplace are fully aware of changes in working practice and work settings as a result of the virus;
- **Risk Assessment for NWSSP Staff** – an assessment to be completed by all NWSSP staff that assesses the degree of potential risk to each individual so that necessary precautions can be taken for those staff at a higher level of risk;
- **Working from Home Policy** – as working from home becomes likely to be a longer term activity, the Policy provides guidance on maintaining appropriate health and safety, and information

governance guidance in the home environment. This is supported by a related checklist;

- **Other Documentation** – further guidance supports health and safety, and maintenance of positive mental health under COVID-19.

Key Messages for Staff (August 2020)

- Continue to work from home if you are able to;
- 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 Public Health Wales 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; and
 - Follow the Test, Trace and Protect process.

For more information and the latest guidance, please visit: <https://gov.wales/test-trace-protect-process-summary>

If an individual experiences symptoms whilst in work, then their local team are to clean/sanitise the work station, in addition to anything the individual may have come into contact with. It is imperative at this point in time that you make the Site Lead / Business Support Manager aware immediately and contact the Workforce Department. Also, ensure there is a list compiled of those who may have been in close proximity of the individual (within 2 metres) and up to 2 days prior to symptoms starting, as they may be contacted by contact tracers if the individual tests positive for COVID-19.

Lessons Learned

The response to COVID-19 has largely been a successful one for NWSSP, with the following some of the lessons learned:

- Large numbers of our staff are able to work from home and in some instances have been more productive than they were previously working in the office. At the same time, reported sickness levels, despite the impact of COVID-19, are at an all-time low:

- For those staff unable to work from home, NWSSP can still offer an agile way of working through flexible working patterns and extending the opening hours of our buildings;
- The move from face-to-face to virtual meetings (whether formal management meetings or pre-employment checks) has worked well and has led to a more efficient use of time, whether in the meeting itself, or in the time not having to be spent travelling to and from the meeting;
- A talent/skills pool would have helped support the rollout of a deployment pool more quickly;
- There were some difficulties in transferring telephone numbers to alternative devices, and an increased investment in softphones should help to address this;
- Cramming an increasing number of desks into already crowded offices is not the way forward.

Issues and Risks

While the experience to date has been largely positive, there are some risks that could impact a further successful response to a 2nd wave of the virus. These include:

Cyber Security – as large numbers of staff continue to work from home and greater accessibility is available through personal devices, the cyber security risk is increased. Higher levels of hacking and phishing attacks have been noted in recent weeks and at least one did breach security measures;

IT Support – linked to the above is that as large numbers of staff continue to work from home, and are therefore more reliant on IT equipment to undertake work, attend meetings and communicate with colleagues, the task of maintaining that equipment becomes more difficult. At the same time, undertaking health and safety assessments at the home are a challenge, and if working from home continues, the provision of screens, chairs and other equipment may need to be considered for some colleagues.

Helpdesks – there were some issues with Helpdesks being unable to respond at the outbreak of the pandemic, which led to some services being stood down for a short period. During a pandemic, the demand from NHS Wales staff for helpdesk services increased substantially and there is a need to ensure that we are sufficiently prepared to meet this level of activity again, with helpdesk staff potentially unable to access NWSSP locations;

Staff adapting to continued change – staff have responded very positively to the changes introduced as a result of COVID-19 in recent

months. As time progresses, the challenge will be to maintain current enthusiasm and motivation to continue to work in a very different way to that which staff are generally used to. The induction of new staff into the organisation in a virtual environment also presents challenges that need to be considered.

Next Steps

As we prepare for the potential of a further wave of COVID-19, NWSSP can take a good deal of confidence that the BCP measures already in place prior to the virus, and additionally those implemented in recent months, have been, and will be, effective in helping to ensure that services continue to be provided in future. However, there is more that can be done to improve the resilience within the organisation including:

- Ensuring that all directorates have updated their action cards and/or their business continuity plans (if they have them);
- Verifying that cyber security plans are updated to ensure that NWSSP is protected as much as possible from cyber-attacks;
- Reviewing the operation of helpdesks (and particularly expanding the use of soft phones) as part of the work on Contact Centre Consolidation; and
- Considering how to ensure that staff working from home are able to keep their IT equipment suitably maintained – obviously for most staff they may be able to make an appointment to attend the office for a particular issue dependent on whether lockdown measures are in force at that time.
- Review the accommodation strategy going forward as the success of home working warrants a wider review of the space requirements for the organisation and the potential cost savings.
- Update the wider BCP plan taking into account all the lessons learnt.

NWSSP COVID-19 Preparedness

Service	Inherent Risk	Current Risk	Staff Mobility	Interdependencies	Specific Risks	Additional Actions
Payroll				Health Boards and Trusts providing accurate and timely information.	Some of the recent measures introduced by UK Government such as the payment of Standard Sick Pay from Day 1 cannot be processed automatically through ESR, and therefore need manual intervention, which adds complexity to the process.	Further extension of O365 and multi-factor authentication should provide greater resilience, particularly for those staff unable to access the office(s).
	Essentially the service provided is a positive payroll meaning that if no action is taken, all existing staff would still receive their basic pay. The vast majority of staff in payroll have laptops and VPNs and it is possible to update and action payroll information from alternative locations (in the event of a building closure) or from staff at working at home.					
Recruitment				Health Boards and Trusts providing accurate and timely information.	If the current relaxation of the rules which have facilitated virtual pre-employment checks are not extended – this would be a UK Government decision.	Further extension of O365 and multi-factor authentication should provide greater resilience, particularly for those staff unable to access the office(s).
	The majority of recruitment staff have laptops and VPNs allowing them to work from home. All-Wales Recruitment mailboxes have been mapped to these staff. Recruitment staff can also switch between NWSSP sites, should a specific location become unavailable. Access to TRAC is possible without a VPN. Pre-employment checks are currently undertaken virtually.					
Accounts Payable				PCS - Invoice Scanning. Health Boards and Trust staff available to approve payments and the release of funds.	If suppliers not paid, danger that NHS Wales will be placed on their stop list and/or threatens the viability of supplier.	Further extension of O365 and multi-factor authentication should provide greater resilience, particularly for those staff unable to access the office(s).
	The majority of staff now have laptops and VPNs and are able to work remotely. Payments can therefore be actioned by staff working from home or alternative locations but this will be dependent on invoices being scanned and staff in Health Boards and Trusts being available to approve payments and release funds. All invoices < £500 being paid on two-way matching.					

Service	Inherent Risk	Current Risk	Staff Mobility	Interdependencies	Specific Risks	Additional Actions
Primary Care Services				Accounts Payable Primary Care Contractors NHS Digital NHS England	Services have continued largely unaffected but PCS staff have become aware that they are one of the few divisions not working from home in large numbers. There are also a number of major initiatives underway such as the replacement of the GMS and GOS systems which will have a major impact on the operation of the Division.	Increase the number of staff able to work remotely through provision of laptops and VPNs and possible extension of the Bomgar system.
Health Courier Services				Co-ordination with Health Boards to consolidate the scheduling of runs/collections for Covid-19 tests. Further co-ordination with Health Boards to re-prioritise “essential services” as the situation develops.	Availability of drivers in the event of staff absence due to self-isolation/infection. The wider expectation on HCS to support Social Care, Primary Care and a wider vaccination programme, and managing the expectations of Welsh Government in this regard.	Non-essential meetings cancelled. Overtime and weekend working has been implemented.

Service	Inherent Risk	Current Risk	Staff Mobility	Interdependencies	Specific Risks	Additional Actions
Supply Chain				Requires co-ordinated approach to management of demand with Health Boards and Welsh Government to prevent stockpiling and depletion of existing warehouse stocks	Availability of warehouse operatives in the event of staff absence due to self-isolation/infection.	Overtime to accommodate additional picking requirements – additional shifts. Specific additional picking and distribution of packs for GPs and Pharmacy through overtime. Training being provided to office based staff to allow support in the event of staff shortages.
Procurement – Frontline				Network access to allow staff to work remotely – transactional activity through Oracle can be undertaken at home but relies on resilient VPN connection and availability of laptops	Reliance on China for majority of PPE and other medical equipment. Maintaining a collaborative approach across Health Boards.	Further extension of O365 and multi-factor authentication should provide greater resilience, particularly for those staff unable to access the office(s).
Procurement – Central Sourcing				Network access to allow staff to work remotely – most staff have laptops and VPNs however the resilience of the network to support demand will be critical	Network resilience	Finance Governance Committee established to oversee and approve high value transactions.
Specialist Estates Services				Health Boards and Trusts in terms of site visits.	The risk for the SES service is that teams of individual specialists are very small and	Further extension of O365 and multi-factor authentication should provide

Service	Inherent Risk	Current Risk	Staff Mobility	Interdependencies	Specific Risks	Additional Actions
	mobile phones. Much of the work involves specialist engineers visiting NHS Wales sites and this work can be postponed or delayed to reduce the risk to SES staff.				therefore the loss of a particular member of staff could result in that particular service becoming unavailable.	greater resilience, particularly for those staff unable to access the office(s).
Legal & Risk				Scanning services for post. Velindre Finance Function for payments. Health Boards and Trusts for accrual figures.	Workload has actually increased during COVID and there is a concern over the high level of COVID-related claims that we are likely to see.	Further extension of O365 and multi-factor authentication should provide greater resilience, particularly for those staff unable to access the office(s).
Audit & Assurance				Health Boards and Trusts to enable internal audits to be undertaken.	A further wave is likely to see audits stopped and may make it very difficult to deliver the full programme and provide a HoIA opinion.	Further extension of O365 and multi-factor authentication should provide greater resilience, particularly for those staff unable to access the office(s).
Workforce				Network access to allow staff to work remotely – most staff have laptops and VPNs however the resilience of the network to support demand will be critical	Number of workforce procedures e.g. grievance investigations, job panel reviews – have been unable to be undertaken. Need to investigate whether these can now be undertaken remotely.	Recommence all Workforce related meetings and procedures such as grievance investigations, job evaluation panels etc.
BS&I				NWIS	Risk of cyber-attacks has	Complete IT review to better

Service	Inherent Risk	Current Risk	Staff Mobility	Interdependencies	Specific Risks	Additional Actions
	The IT network has coped well over lockdown and staff have been provided with large numbers of laptops and VPNs. The concerns over system capacity have not materialised and the team, with the support of NWIS, have been able to respond positively and proactively to the organisation's needs.			Other Health Boards providing IT support	increased due to more staff working remotely and/or using their own devices for work. More difficult to maintain an IT support function where large numbers of staff are working from home.	understand how total IT resource across NWSSP can be better employed to meet the needs of the organisation.
Finance				Velindre Finance	None identified – the last few months have demonstrated that the team are able to work effectively from home.	Further extension of O365 and multi-factor authentication should provide greater resilience, particularly for those staff unable to access the office(s).
Corporate Services				Network resilience	None identified – the last few months have demonstrated that the team are able to work effectively from home.	Further extension of O365 and multi-factor authentication should provide greater resilience, particularly for those staff unable to access the office(s).

Primary Card Holders: Andy Butler, Peter Stephenson

Alternative Card Holders : Alison Ramsey, Carly Wilce, Roxann Davies

Overview

In light of the COVID pandemic, the vast majority of F&CS staff have laptops and VPNS and have been upgraded to Office365 to enable them to work remotely. Weekly Finance SMT and team meetings are undertaken via Teams which is working well. For Corporate Services the Head of Finance and Business Development has regular catch-ups over Teams with key staff, and the secretarial inputs to senior meetings such as SSPP, SMT and Audit Committee have continued to enable these meetings to be held virtually. Some finance staff have preferred to continue working from the office and a number of corporate staff are required to work from the office to perform their roles (e.g. Building Managers, IT staff). Offices and other work locations have been re-designed to ensure that they comply with Welsh Government guidance and legislation.

PLANNING

Planning for further waves of COVID should be able to be done with confidence within Finance & Corporate Services. Staff are largely able to work remotely and the year-end accounts for 2019/20 were closed down on time, despite the pandemic. Corporate staff have helped to re-design offices and other locations to make them safe for staff and documentation is available to staff in a variety of formats to guide them.

KEY DOCUMENTS

- Site Specific Risk Assessment
- Safe Systems of Work for Social Distancing
- Adapting to New Ways of Working
- Returning to the Workplace - Checklist for Managers
- Checklist when planning to work from home
- Site Information Toolkit

The Senior Manager at affected location should:

1	Ensure that all staff are aware of the corporate guidance and any specific guidance relating to their usual place of work.
2	Ensure that any new starters are provided with the above guidance and with suitable IT provision to work remotely, unless their job demands an on-site presence.
3	Complete Returning to the Workplace Checklist.
4	Ensure that regular catch-ups with teams and individuals are scheduled – probably virtually.
5	Ensure that all staff are kept up to date with key communications and instructions related to their site in a timely manner (e.g. building opening and closing arrangements), to be updated and published on the website and social media.
6	Maintain appropriate levels of cleaning and sanitisation supplies on site, as determined by staff complement.
7	Management of control of contractors, maintenance, visitors, staff on site, insofar as compliance with additional controls introduced on site.
8	Maintain up to date WhatsApp Group for the Building Management Group to communicate outside of normal working / office hours and in an emergency situation.

	Recovery – Returning to normal operations
1	Site Specific Action Plans aligned to Welsh Government guidance and Regulations; Risk Assessments and above key documentation listed.
2	Regular communications to staff for assurance.