



**NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE AGENDA**  
**18TH JANUARY 2018 - 10:00 TO 13:00 - BOARDROOM, NWSSP HQ, CHARNWOOD COURT**

SSPC Agenda - Part 1 - 18th January 2018.doc

- 1 PRELIMINARY MATTERS
  - 1.1 Welcome and Introductions - Chair
  - 1.2 Apologies for Absence- Chair
  - 1.3 Declarations of Interest- Chair
  - 1.4 Unconfirmed Minutes of Meeting Held On 16th November 2017- Chair
    - 1.4 "Unconfirmed" Minutes of meeting held on 16th November 2017.docx
  - 1.5 Action Log - Chair
    - 1.5 Action Log.doc
  - 1.6 Matters Arising not considered on the Action Log - Chair
- 2 SERVICE REVIEW
  - 2.1 Draft Integrated Medium Term Plan (IMTP) 2018-2021 (Presentation) - Andy Butler  
*PLEASE NOTE: THIS IS A WORKING DRAFT. SHOULD YOU WISH TO PRINT A COPY AHEAD OF THE MEETING, IT IS ADVISED THAT YOU NEED ONLY PRINT SECTION ONE. MANY THANKS*
    - 2.1 Draft NWSSP IMTP 2018-2021 SSPC Review 11 Jan 18.pdf
- 3 CHAIR AND MANAGING DIRECTOR'S REPORTS
  - 3.1 Chairman's Report (Verbal) - Chair
  - 3.2 Managing Director's Report (Verbal) - Managing Director
- 4 ITEMS FOR APPROVAL / ENDORSEMENT
  - 4.1 Feedback on Laundry Review (Verbal) - All
- 5 PROJECT UPDATES
  - 5.1 Prudent Procurement - Managing Director
    - 5.1 Prudent Procurement.docx
    - 5.1 Appendix 1 Prudent Procurement.pdf
  - 5.2 Purchase to Pay Update – No P.O. No Pay Policy - Mark Roscrow
    - 5.2 Purchase to Pay Update – No P.O. No Pay Policy.docx
    - 5.2 Appendix 1 Purchase to Pay Update – No P.O. No Pay Policy.docx
  - 5.3 Priority Supplier Programme - Head of Accounts Payable
    - 5.3 Priority Supplier Programme.docx
  - 5.4 Health Education and Improvement Wales (HEIW) Update - Managing Director
    - 5.4 Health Education and Improvement Wales (HEIW) Update.doc
  - 5.5 Technology Enabled Learning (TEL) Business Case - Hazel Robinson
    - 5.5 Technology Enabled Learning (Tel) Business Case.docx
  - 5.6 Salary Sacrifice Portal - Lease Cars (Verbal) - Andy Butler
  - 5.7 PROMPT Business Case - Andy Butler
    - 5.7 PROMPT Business Case.docx
  - 5.8 National Health Applications and Infrastructure Services (NHAIS) - Dave Hopkins
    - 5.8 National Health Applications and Infrastructure Services (NHAIS).docx
  - 5.9 Patient Medical Record (PMR) Service Update - Dave Hopkins
    - 5.9 Patient Medical Record (PMR) service update.docx
    - 5.9 Appendix 1 Patient Medical Record (PMR) service update.docx
    - 5.9 Appendix 2 Patient Medical Record (PMR) service update.docx
- 6 GOVERNANCE, PERFORMANCE AND ASSURANCE
  - 6.1 Finance and Performance Report - Andy Butler
    - 6.1 Finance and Performance Report.docx
  - 6.2 Welsh Risk Pool Financial Position (Verbal) - Andy Butler

- 6.3 Corporate Risk Register - Andy Butler
  - [6.3 Corporate Risk Register.docx](#)
  - [6.3 Appendix 1 Corporate Risk Register.pdf](#)
- 7 ITEMS FOR INFORMATION / DISCUSSION
  - 7.1 National Improvement Plan (NIP) Update (Verbal) - Managing Director
  - 7.2 National Procurement Service (NPS) Update (Verbal) - Managing Director
  - 7.3 Audit Committee Highlight Report - Andy Butler
    - [7.3 Audit Committee Highlight Report.docx](#)
  - 7.4 ISO14001 Environmental Management - Andy Butler
    - [7.4 ISO14001 Environmental Management.docx](#)
    - [7.4 Appendix 1 ISO14001 Environmental Management.pdf](#)
  - 7.5 WAO Public Procurement in Wales and National Procurement Service Reviews - Mark Roscrow
    - [7.5 Caffael Cyhoeddus.pdf](#)
    - [7.5 Public Procurement.pdf](#)
  - 7.6 Strategic Outline Programme DOF Feedback - Andy Butler
    - [7.6 Strategic Outline Programme DOF Feedback 3.docx](#)
- 8 OTHER MATTERS
  - 8.1 Any Other Urgent Business - Chair
  - 8.2 Date of Next Meeting - Tuesday, 27th March 2018, Boardroom, NWSSP Headquarters, Nantgarw

**NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**  
**THURSDAY 18<sup>TH</sup> JANUARY 2018**  
**10:00 – 13:00**  
**BOARDROOM, CHARNWOOD COURT, NANTGARW**

**AGENDA**

<b>PART 1</b>		
<b>1. PRELIMINARY MATTERS</b>		<b>LEAD/ ATTACHMENTS</b>
1.1	Welcome and Introductions	Chair
1.2	Apologies for absence	Chair
1.3	Declarations of Interest	Chair
1.4	"Unconfirmed" Minutes of meeting held on 16 <sup>th</sup> November 2017	Chair
1.5	Action Log	Chair
1.6	Matters Arising not considered on the action log	Chair
<b>2. SERVICE REVIEW</b>		
2.1	Draft Integrated Medium Term Plan (IMTP) 2018-2021	Director of Finance & Corporate Services <b>Presentation</b>
<b>3. CHAIR AND MANAGING DIRECTOR'S REPORTS</b>		
3.1	Chairman's Report	Chair <b>Verbal</b>
3.2	Managing Director's Report	Managing Director <b>Verbal</b>
<b>4. ITEMS FOR APPROVAL/ENDORSEMENT</b>		
4.1	Feedback on Laundry Review	All <b>Verbal</b>
<b>5. PROJECT UPDATES</b>		
5.1	Prudent Procurement	Managing Director

5.2	Purchase to Pay Update – No P.O. No Pay Policy	Director of Procurement Services
5.3	Priority Supplier Programme	Head of Accounts Payable
5.4	Health Education and Improvement Wales (HEIW) Update	Managing Director
5.5	Technology Enabled Learning (TEL) Business Case	Director of Workforce & Organisational Development
5.6	Salary Sacrifice Portal – Lease Cars	Director of Finance & Corporate Services <b>Verbal</b>
5.7	PROMPT Business Case	Director of Finance & Corporate Services
5.8	National Health Applications and Infrastructure Services (NHAIS)	Director of Primary Care Services (PCS)
5.9	Patient Medical Record (PMR) service update	Director of Primary Care Services (PCS)
<b>6. GOVERNANCE, PERFORMANCE AND ASSURANCE</b>		
6.1	Finance and Performance Report	Director of Finance & Corporate Services
6.2	Welsh Risk Pool Financial Position	Director of Finance & Corporate Services <b>Verbal</b>
6.3	Corporate Risk Register – January 2018	Director of Finance & Corporate Services
<b>7. ITEMS FOR INFORMATION/DISCUSSION</b>		
7.1	National Improvement Plan (NIP) Update	Managing Director <b>Verbal</b>
7.2	National Procurement Service (NPS) Update	Managing Director <b>Verbal</b>



7.3	Audit Committee Highlight Report	Director of Finance & Corporate Services
7.4	ISO14001 Environmental Management	Director of Finance & Corporate Services
7.5	WAO Public Procurement in Wales and National Procurement Service Reviews	Director of Procurement Services
7.6	Strategic Outline Programme Feedback	Director of Finance & Corporate Services
<b>8.OTHER MATTERS</b>		
8.1	Any Other Urgent Business	Chair
8.2	<u>Date of Next Meeting</u> Tuesday, 27 <sup>th</sup> March 2018, Boardroom, NWSSP Headquarters, Nantgarw	Chair

**MINUTES OF THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)**

**THURSDAY 16<sup>TH</sup> NOVEMBER 2017**

**10:00 – 13:00**

**NWSSP HQ, BOARDROOM**

**Present:**

<b>Attendance</b>	<b>Designation</b>	<b>Health Board / Trust</b>
Margaret Foster (MF)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Geraint Evans (GE)	Director of Workforce and Organisational Development	ABUHB
Jo Davies (JD)	Director of Workforce and Organisational Development	Cwm Taf UHB
Chris Lewis (CL)	Assistant Director of Finance	Cardiff & Vale UHB
Steve Ham (SH)	Chief Executive	Velindre NHS Trust
Sue Morgan (SM)	Director of Nursing and Service Improvement	Velindre NHS Trust
Nia Williams (NW)	Executive Project Manager	Hywel Dda UHB
Melanie Westlake (MW)	Board Secretary/Head of Corporate Governance	Public Health Wales
Chris Turley (CL)	Assistant Director of Finance	WAST
Navjot Kalra (NK)	Head of Commissioning Intelligence Procurement	ABMU
Julian Rhys Quirk (JRQ)	Head of Workforce Localities	ABMU
Steve Elliott (SE)	Director of Finance	Welsh Government
Robert Williams	Director of Governance	Cwm Taf UHB
Andy Butler (AB)	Director of Finance	NWSSP
Hazel Robinson (HR)	Director of Workforce and Operational Development	NWSSP
Jacqui Maunder (JM)	Head of Corporate Services	NWSSP
Martha Catterson (MC)	Secretariat	NWSSP

Graham Dainty (GD) Item 2.1	Head of Operational Fraud, NHS Counter Fraud Services Wales (NHSCFSW)	NWSSP
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## 1. PRELIMINARY MATTERS

### WELCOME AND INTRODUCTIONS

No.	Minute	Action
1.1	The Chair welcomed everyone to the November 2017 Shared Services Partnership Committee (SSPC) meeting.	

### APOLOGIES FOR ABSENCE

1.2	Apologies of absence were <b>received</b> from the following:										
	<table border="1"> <tr> <td>Karen Jones</td><td>Director of Finance</td><td>ABMU</td></tr> <tr> <td>Eifion Williams</td><td>Director of Finance</td><td>Powys THB</td></tr> <tr> <td>Patsy Roseblade</td><td>Executive Director of Finance &amp; Deputy Chief Executive</td><td>WAST</td></tr> </table>	Karen Jones	Director of Finance	ABMU	Eifion Williams	Director of Finance	Powys THB	Patsy Roseblade	Executive Director of Finance & Deputy Chief Executive	WAST	
Karen Jones	Director of Finance	ABMU									
Eifion Williams	Director of Finance	Powys THB									
Patsy Roseblade	Executive Director of Finance & Deputy Chief Executive	WAST									

### DECLARATIONS OF INTEREST

1.3	There were no additional declarations of interest to those already declared.	
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### UNCONFIRMED MINUTES OF THE MEETING HELD ON 16<sup>th</sup> NOVEMBER 2017

1.4	The unconfirmed minutes of the meeting held on 16 <sup>th</sup> November 2017 were agreed as a true and accurate record of the meeting with the exception of the word "not" being added to the paragraph at the bottom of page 4.	
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### ACTION LOG

1.5	Members <b>NOTED</b> the updates provided and <b>ENDORSED</b> the Action Log.	
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### MATTERS ARISING

1.6	No matters were raised.	
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2	SERVICE REVIEW	
DEEP DIVE – Counter Fraud Service (CFS)		
2.1	<p>The Committee <b>received</b> an informative presentation from Graham Dainty (GD), Head of Operational Fraud, NHS Counter Fraud Services Wales (NHSCFSW) on the work of the Counter Fraud Service in Wales. GD advised that the NHS Wales counter fraud were hosted by NWSSP. The specialist NHS Counter Fraud Service (CFS) Wales Team and the Local Counter Fraud Services (LCFS) teams investigate fraud and corruption issues across NHS Wales and are funded by the Welsh Government and operationally managed via NHS Counter Fraud Authority.</p> <p>GD gave a summary of a recent cases and in particular focused on one high profile case that had received a great deal of media attention and will result in a recovery of monies for the Public Sector. It was highlighted that the CFS team had worked in collaboration with Local Authorities and the Department for Work and Pensions.</p> <p>GD emphasised the importance of training for raising awareness and deterring fraudulent activity and advised that the NHS Wales Counter Fraud Steering Group, which was chaired by NWSSP Director of Finance, had devised an online training module on “counter fraud”. The DOFs group had been approached to request consideration of mandating the module an additional online training module to supplement the ten mandatory online training modules already in existence within the NHS Wales Core skills training framework (accessible via ESR). The Committee <b>noted</b> that different Health Boards/Trusts had differing views on the need to mandate the online counter fraud training module. Some felt that counter fraud was already covered adequately through corporate induction training and others felt it was more important to focus on completing the ten mandated modules first before adding any additional modules.</p> <p>The Committee noted that staff could still complete the “counter fraud” module as an optional “add on” and it was suggested that in future it would be useful to know how many staff had completed the optional module and how many staff had attended face to face training which included counter fraud, e.g. corporate induction training.</p> <p>RW advised that Cwm Taf UHB had discussed incorporating the module alongside the existing ten mandatory modules</p>	

	<p>and were also focussing on broader general staff awareness of Counter fraud issues.</p> <p>MW advised it would be useful to understand what the difference was between completion of e-learning modules across NHS Wales and if there was a correlation between corporate induction training and online learning.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>4. CHAIR AND MANAGING DIRECTOR'S REPORT</b>		
<b>CHAIRMAN'S REPORT</b>		
<b>4.1</b>	<p>The verbal update from the Chair was <b>received</b>.</p> <p>The Chair advised that she would be visiting Cardiff and Vale UHB on the 6<sup>th</sup> December 2017 as part of her annual programme of visits to Health Boards and Trusts. The Chair advised that she had attended the Royal College of Nursing's (RCN's) Nurse of the Year Awards and that the finalists had demonstrated a passion for the nursing profession and exemplified distinction in care, leadership, service and innovation. The Chair also congratulated Louise Walby, a respiratory nurse facilitator from Cwm Taf UHB, who emerged as the overall winner on the evening, in recognition of her work in tackling some of the worst mortality rates from chronic lung disease in Britain.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>MANAGING DIRECTOR'S REPORT</b>		
<b>4.2</b>	<p>The verbal report from the Managing Director, NWSSP was <b>received</b>.</p> <p>The update included:</p> <ul style="list-style-type: none"> <li>• <b>National Improvement Programme</b> – following on from the NHS Chief Executives Group requesting that the Welsh NHS Confederation work with the all Wales peer groups to develop a National improvement programme in support of agreed priorities, the published plan for 2017-2018 outlined a number of actions in which NWSSP were to support the peer groups. NWSSP contribution to the work programme was progressing well and the majority of the work already aligned to NWSSP's Integrated Medium Term Plan (IMTP). A particular focus of future discussions</li> </ul>	

	<p>would need to be on “missed opportunities” and Committee members agreed to put forward any potential ideas they had on improvement areas for NWSSP to take into consideration.</p> <ul style="list-style-type: none"> <li>• <b>National Health Applications and Infrastructure Services (NHAIS) replacement</b> – progress was ongoing with regard to developing the options for the replacement of the NHAIS system. There had been a number of issues with the system being developed in NHS England and discussions were ongoing with CAPITA to try and understand what the cost of replicating the software solution from NHS England in Wales would be. NF advised that report setting out the options would need to be considered by the Committee early on in 2018 as this area still remained one of the main operational risks facing the organisation as outlined on the corporate risk register. <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul> </li></ul>	
<b>5. ITEMS FOR APPROVAL/ENDORSEMENT</b>		
<b>Service Level Agreement (SLA)</b>		
<b>5.1</b>	<p>The from Jacqui Maunder (JM), Head of Corporate Services requesting approval for the updated Service Level Agreement (SLA) schedules which accompany NWSSP’s overarching SLA with HBs/Trusts was <b>received</b>.</p> <p>It was highlighted that all relevant Service areas review and update their SLA schedules on an annual basis to ensure that there are effective arrangements in place for operational management and governance. The Committee noted that individual service areas had consulted with a variety of stakeholders including the Assistant Directors of Finance group, the Board Secretaries Group, the Directors of Workforce &amp; Organisational Development group, the Directors of Planning group, the Heads of Primary Care group, Facilities directorate managers and Heads of Pathology.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the revised SLA schedules.</li> </ul>	

Establishment of the Wales Infected Blood Support Service		
5.2	<p>The report from Andy Butler, Director of Finance &amp; Corporate Services on the establishment of the Wales Infected Blood Support Service was <b>received</b>.</p> <p>On 30th March 2017 the Cabinet Secretary for Health, Well-Being and Sport announced new support arrangements for individuals and their families affected by hepatitis C and HIV through treatment with contaminated blood in Wales. The report highlighted the significant work undertaken by NWSSP, working association with Welsh Government, to set up the new Service which had gone live with effect from the 1<sup>st</sup> November 2017.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	
IMTP Progress Update 2018-2019		
5.3	<p>The update report from the Director of Finance &amp; Corporate Services on the feedback received from Welsh Government on progress in delivering the performance measures outlined within the IMTP 2017-2018 was <b>received</b>.</p> <p>The feedback stated that NWSSP had a strong plan and NWSSP were keen to strengthen its arrangements for consulting and engaging with HBs/Trusts on its IMTP and had devised an engagement table to collect information on how NWSSP could further support NHS bodies in Wales. The Committee <b>noted</b> that NWSSP would be participating in the IMTP Winter Planning event at the SWALEC stadium on the 23<sup>rd</sup> November 2017 and that this would be a useful opportunity to identify how NWSSP could further support NHS Wales organisations who were not already receiving support services from NWSSP, for example the new Health, Education Improvement Wales (HEIW) body once established.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
SSPC Forward Plan of Business		
5.4	The annual forward plan of business for 2018-2019 which outlined the key decisions and information that the	

	<p>Committee will deal with, diary dates for meetings and venues for meetings was <b>received</b>.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the plan.</li> </ul>	
<b>Annual Review of Standing Orders</b>		
5.5	<p>The report on the updated standing orders was <b>received</b>.</p> <p>JM advised that minor updates has been made in relation to terminology and that there was a need to include a reference to recognise the need to contribute to achieving NWSSP's strategic objectives and to comply with the provisions of the Well-being of Future Generations Act 2015 and NWSSP Well-being statement and objectives, and it was suggested that the following paragraph be included:</p> <p><i>"embed NWSSP's strategic objectives and priorities through the conduct of its business and in so doing, and in transacting its business shall ensure that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act, the Welsh Government Guidance on Ethical Procurement and the Code of Practice on ethical employment in supply chains."</i></p> <p>Annexe 5 was also updated to make reference to the new "Governance Code on Public Appointments" which came into effect on 1st January 2017 and sets out the regulatory framework for public appointments processes within the Commissioner's remit.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the proposed changes and incorporate them into the Standing orders and the terms of references for sub-committees.</li> </ul>	
<b>Pharmacy Rebate Scheme</b>		
5.6	<p>The report from Mark Roscrow (MR), Director of Procurement Services and Alex Curley (AC), Head of Sourcing providing an update on the "One Wales" approach to the assessment and implementation of any primary care rebate schemes offered from the pharmaceutical industry to NHS Wales, which had been agreed by Chief Pharmacists in October 2015 was <b>received</b>.</p>	



	<p>Since the launch of the “One Wales” medicine management dashboard in October 2015 for the Primary Care Rebate Schemes it has generated a significant income for the health boards between October 2015 and December 2016. During the same period there was also a lost opportunity cost due to various contract compliance issues. To address this NHS Wales had worked with CDQ-Solutions on a number of enhancements to the original specification of the platform to support the health boards. E.g. functionality for NHS Wales to confidently deliver cost effective medicines with associated Patient Access Schemes dispense by the community pharmacy without incurring a net increase in the acquisition cost. This enabled NHS Wales to be able to put the patients first, at the heart of their treatment choice and to be supported by their local community pharmacist without a financial penalty.</p> <p>Community Pharmacy Wales would benefit from the high cost dispensing fee and the alternative cost effective supply route would be via a medicines homecare service whose value for money and patient care profile had not been verified.</p> <p>A single central approach would further minimise the administrative burden for both the health boards and the suppliers. It would mean a consolidated rebate payment from each supplier back to NHS Wales via NWSSP and a transfer of the allocated amounts back to the relevant health boards. Also, the management fees that the health board pay to CDQ-Solutions under their service level agreement could be settled from the rebate income by NWSSP as a single invoice payment which would further streamline the process for all parties.</p> <p>The Committee noted that the Procurement Team were interrogating data to gather business intelligence and requested that further work be done on looking at making greater efficiency gains through improved use of the data. The Chair requested that an update on progress be brought back to the Committee early on in the New Year.</p> <p>HT queried if Chief pharmacists had agreed to the changes and MR confirmed that the All Wales Drug Committee had approved IT and THAT Dr Andrew Goodall, Chief Executive NHS Wales was also aware of it.</p> <p>The Chair advised that the Committee needed to endorse the approach taken to consolidate the rebate claiming</p>	
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	<p>process and MR advised that there was also a need for executive buy in.</p> <p>The Chair stated that was there no need to bring the report back to the committee provided the Committee agreed to endorse the approach.</p> <p>HT queried if additional investment was required, MR advised that there was a possibility and there could be opportunities to analyse prescribing habits.</p> <p>NF queried other benefits, MR advised currently interrogating data to gather business intelligence. NF advised clear course of action required if financial efficiencies were identified.</p> <p>The Chair queried timescales for completion and MR advised a few months provided adequate resource was in place to support progress. The Chair requested that a progress report be presented to Committee in 6 months time with an assessment of progress.</p> <p>HT stated that there was a lot of opportunity for analysing data held to harness business intelligence.</p> <p>The Chair advised that for the project to be done properly it would require investment and Information Technology (IT) could be used as a support. NF asked that this be included in the IMTP as part of the recast.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the approach being taken to consolidate the rebate claiming process.</li> </ul>	
<b>Procurement Strategy 2017-2022</b>		
<b>5.7</b>	<p>The report from Mark Roscrow (MR), Director of Procurement Services on progress in developing the Procurement Strategy 2017-2022 was <b>received</b>.</p> <p>The Directors of Finance, Assistant Directors of Finance and Heads of Service within NWSSP Procurement Services had worked collaboratively to agree a 5 year strategy for Procurement across NHS Wales. The strategy had previously been endorsed by the DOFs group, and required final approval by the SSPC prior to being issued to HBs/Trusts. The Committee <b>noted</b> the importance of having an updated procurement strategy, which had had been referenced in a recent Wales Audit Office (WAO) report "Public Procurement</p>	

	<p>in Wales” and was an important element of NWSSP’s commitment to delivering value for Wales.</p> <p>NF advised that the Committee need to formally approve the strategy and that the document had also been referenced in the Wales Audit Office (WAO) “Public procurement in Wales” report published in October 2017.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Procurement Strategy 2017-2022</li> </ul>	
<b>6. PROJECT UPDATES</b>		
<b>Prudent Procurement Report</b>		
<b>6.1</b>	<p>The verbal update from MR on the work of the <b>All Wales Medical Consumables and Devices Strategy Group (AWMCDSG)</b> in driving forward the standardisation of variation in medical consumables and devices was <b>received</b>.</p> <p>MR advised that Welsh Government was setting up a working group to manage the prudent elements of the project in tandem with the values based project. The pilot was progressing well and the first patient centred outcome had related to patient pathways and data for cataracts.</p> <p>Some progress had been made with the medical devices group and the composition of the group was currently under review. Regular updates were provided to Dr Andrew Goodall’s “Efficiency group” and work was going to improve the communications from the group.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>Purchase to Pay</b>		
<b>6.2</b>	<p>The verbal report from Mark Roscrow, Director of Procurement Services, on progress with the Finance Academy’s Purchase to Pay (P2P) work stream was <b>received</b>. A project resource had been allocated, implementation of the Oxygen Finance Initiative was ongoing, initially at ABMU as a pilot site, and the DOF’s group were supporting the no Purchase order, no pay policy. Workshops had been undertaken to explore non PO areas to shape process improvement and develop services.</p> <p>The Committee <b>RESOLVED</b> to:</p>	

	<ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>Health Education and Improvement Wales (HEIW) Update</b>		
<b>6.3</b>	<p>The verbal report from Neil Frow, Managing Director on progress in establishing the “Health Education Improvement Wales (HEIW)” single body for workforce planning, development and commissioning of education and training was <b>received</b>. Approximately nineteen NWSSP staff from the Workforce, Education and Development Services (WEDS) team would be migrating across to the HIEW under the Transfer of Undertakings (Protection of Employment) regulations (TUPE).</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>Designed for Life (DFL) Frameworks</b>		
<b>6.4</b>	<p>The report from Neil Frow, Managing Director providing an update on the programme for the 3<sup>rd</sup> Generation of construction and consultant Designed for Life (DFL) frameworks for major capital projects was <b>received</b>.</p> <p>Due to delays associated with extensions granted to the private sector parties to complete their bids, extensions to the subsequent evaluation process and Welsh Government contract queries, it was now anticipated that the frameworks will commence in February 2018. The Special Estates Services Team issued letter (SESN 17/07) to NHS bodies confirming the current position and offering support to HBs/Trusts that needed to progress capital projects utilising alternative construction and consultant frameworks prior to February 2018. SES had established that alternative frameworks could be utilised by HBs/Trusts during the interim period.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>Audit Committee Terms of Reference</b>		
<b>6.5</b>	<p>The revised terms of reference for the Velindre Audit Committee for the NHS Wales Shared Services Partnership (NWSSP) were <b>received</b>.</p> <p>The Committee <b>RESOLVED</b> to:</p>	

	<ul style="list-style-type: none"> <li>• <b>NOTE</b> the updated terms of reference</li> </ul>	
<b>7. GOVERNANCE, PERFORMANCE AND ASSURANCE</b>		
<b>Finance and Performance Report</b>		
<b>7.1</b>	<p>The report from the Director of Finance &amp; Corporate Services summarising the latest <b>financial position</b> and key performance indicators (KPIs) was <b>received</b>. It was reported that the NWSSP distribution would be increased by £750,000 and initial discussions had been held with Welsh Government to broker £1million into 2017/18. It was noted that NWSSP would still be able to break even. It was however highlighted that the NWSSP capital allocation was insufficient to take forward a number of key initiatives but discussions with Welsh Government were ongoing.</p> <p>Committee members reviewed and discussed performance as part of the scrutiny process.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	
<b>Corporate Risk Register – October 2017</b>		
<b>7.2</b>	<p>The report on the Corporate Risk Register was <b>received</b>.</p> <p>The Committee received an update on <b>key risks</b> and reviewed the updated Corporate Risk Register. The risks contained within the risk register included matters discussed within the business of the meeting.</p> <p>AB advised that there were currently three red risks identified on the register relating to:</p> <ul style="list-style-type: none"> <li>• the ongoing issues following the changes made by NHS England in relation to primary care records transfers and the proposed changes to the Exeter payment and patient registration system;</li> <li>• The Technology Enabled Learning (TEL) portal requires additional support from NWIS to ensure that user capacity is aligned with forecasted usage and is fully supported and managed.</li> <li>• recruitment challenges in professional service areas including procurement and engineering posts within the Specialist Estates Services department</li> </ul> <p>Hazel Robinson, Director of Workforce &amp; organisational Development Services (WODS) stated that the TEL team were supporting over 260,000 moodle users via the ESR platform and that it was critical that the NHS Wales</p>	

	<p>Informatics Service (NWIS) worked with NWSSP to mitigate the inherent risks. JD suggested that the risk should be escalated via the NHS Wales DWODS peer group and GE agreed to raise it at the next DWODS meeting.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	
<b>8.ITEMS FOR INFORMATION</b>		
<b>National Improvement Plan (NIP) Update</b>		
<b>8.1</b>	<p>The verbal update on the work of the <b>National</b> Improvement Plan (NIP) was <b>received</b>.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>National Procurement Service (NPS) Update</b>		
<b>8.2</b>	<p>The verbal update on the work of the <b>National</b> Procurement Service (NPS) was <b>received</b>.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>Wales Audit Report – Public Procurement in Wales</b>		
<b>8.3</b>	<p>The Wales Audit Office (WAO) Report on Public Procurement in Wales was <b>received</b>.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	
<b>9. OTHER MATTERS</b>		
	No other business matters were raised.	
<b>FUTURE MEETINGS</b>		
	<p>Date of Future Meetings:</p> <p>18<sup>th</sup> January 2018, Boardroom, NWSSP HQ, Nantgarw</p>	
<b>10. RESOLUTION TO EXCLUDE OBSERVERS, THE PUBLIC AND MEMBERS OF THE PRESS FROM THE REMAINDER OF THE MEETING</b>		
<b>10.1</b>	<p>The Committee <b>RESOLVED</b> that:</p> <p>"pursuant to Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960 and clause 6.4.7 of the</p>	

	Standing Orders, that representatives of the press and other members of the public be excluded from the remainder of this meeting, for the reason, that if they were present, it is likely that there would be a disclosure to them of information relating to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	
<b>National Optical Fraud Update</b>		
<b>10.2</b>	<p>The report on National Optical Fraud Update was <b>received</b>.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	
<b>Laundry Review Outline Business Case</b>		
<b>10.3</b>	<p>The report on the Outline Business Case for the Laundry Review Project was <b>received</b>.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the preferred Option and recommendations within the report and fully supported moving to the next stage. However, as Laundry Services did not fall under the current NWSSP portfolio of services the Committee agreed for members to seek support from their own organisations before NWSSP proceeded to the development of a full business case.</li> </ul>	
<b>All Wales Catering Project</b>		
<b>10.4</b>	<p>The report on the All Wales Catering Project was <b>received</b>.</p> <p>The report outlined the options to support the procurement of a catering Information Management and Technology (IM&amp;T) system in line with the recommendations of the National Assembly for Wales' Public Accounts Committee.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	

**ACTION LOG**  
**SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)**  
**UPDATE FOR 18TH JANUARY 2018 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS JANUARY 2017
1	SSPC/4/17	22 <sup>nd</sup> June 2017	<u>Potential Areas for the National Improvement Programme (NIP)</u> Committee members to provide AB with suggestions for any potential additional services that could be considered for NWSSP to host or manage as part of the National Improvement Programme (NIP) work. Responses to AB by 3 <sup>rd</sup> July 2017.	AB	January 2018	IMTP discussion on agenda
2	SSPC/11/17	16 <sup>th</sup> November 2018	<u>Prudent Procurement Report</u> The forward work plan of the All Wales Medical Consumables Group (AWMCG) to be presented to a future meeting	AB	March 2018	Not yet due
3	SSPC/11/17	16 <sup>th</sup> November 2018	<u>Corporate Risk Register – TEL/ESR</u> Risk concerning support being received from NWIS for ESR and moodle use. GE to escalate within ABUHB	HR/GE	January 2018	Verbal update under Matters Arising
4	SSPC/11/17	16 <sup>th</sup> November 2018	<u>Pharmacy Rebate Scheme</u> The Chair requested that a progress report be presented to Committee in 6 months time with an assessment of progress.	NF/MR	May 2018	Not yet due
5	SSPC/11/17	16 <sup>th</sup>	<u>Laundry Review Project</u>	NF	March 2018	On agenda for



List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS JANUARY 2017
		<b>November 2018</b>	As Laundry Services did not fall under the current NWSSP portfolio of services the Committee agreed for members to seek support from their own organisations before NWSSP proceeded to the development of a full business case for the laundry review project.			verbal update  Next report due March 2018



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

2018 - 21

# NHS WALES SHARED SERVICES PARTNERSHIP INTEGRATED MEDIUM TERM PLAN



Listening and learning

Working together

Taking responsibility

Innovating

# NHS Wales Shared Services Partnership

## Integrated Medium Term Plan 2018-21

# *Adding Value Through Partnership*

### **Our Vision**

To be recognised as a world class shared service through the excellence of our people, services and processes

### **Our Mission**

To enable the delivery of world class public services in Wales through customer-focus, collaboration and innovation

If you require additional copies of this document, it can be downloaded in both English and Welsh versions from our website. Alternatively, if you require the document in an alternative format, we can provide a summary of this document in different languages, larger print or Braille (English only)

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## Message from the Chair and Managing Director



(To be updated)

Our Integrated Medium Term Plan (IMTP) describes who we are, the progress we have already made and what we are planning to achieve over the next three years.

2017/18 was another year of progress, challenge and transformation on our journey to world class. We continue to listen to our partners needs working together to improve quality and efficiency. We **add value through partnership** by developing, improving and extending our services to meet our partner's needs aligned to Well-being future generations.

It is more important than ever to deliver the 'Triple Aim' of improving outcomes, improving experience and achieving best value in the way we use our resources. The launch of Prosperity for All has placed a brighter spotlight on the need for a whole system approach to sustainable services

Over the last six years, we have continuously developed our people, processes and systems to add value through our "Once for Wales" approach. We are uniquely placed to identify better ways of working and offer opportunities to work differently that prevent repetition and reduce waste across organisations. Our systems and processes are a rich source of information to facilitate reducing inappropriate variation and share lessons learnt.

To deliver the transformational change required and develop the Wales we want for 2050 working in partnership across boundaries is critical. We need to be trusted partners with our data used as intelligent information to adopt best practice

Over the next three years and beyond we will continue to support Health Boards and Trusts meet the prudent healthcare agenda and provide the people of Wales the best possible care from the available resource.

The aims we have set out in this IMTP are challenging, however we are confident we have the dedication and capability to deliver against this plan.



**Neil Frow,**  
Managing Director  
NHS Wales Shared Services Partnership

**Margaret Foster**  
Chair of the Shared Services  
Partnership Committee

# Contents

## SECTION 1

*This section will provide you with the IMTP for NWSSP as a whole pulling together the detail from each of the division's delivery plan into a whole organisation picture. At the end of the chapters (2-6) is a summary page outlining the well-being goals and key priorities for action from that chapter.*

### Executive Summary

<b>1. Introduction</b> <i>Who are we and what do we do?</i>	<b>10</b>
<b>2. Strategic Overview</b> <i>Where do we want to go?</i>	<b>17</b>
<b>3. Achievements in 2017/18</b> <i>What difference are we making?</i>	<b>26</b>
<b>4. Opportunities and Challenges in 2018-21</b> <i>What do we need to develop and improve?</i>	<b>30</b>
<b>5. Service Change</b> <i>How will we develop and improve?</i>	<b>42</b>
<b>6. Enablers</b> <i>What will enable us to get there?</i>	<b>47</b>

## SECTION 2 *How we will deliver our plan?*

*This section contains our divisions delivery plans to refer to if you would like further detail on any of their individual three years plans. Each delivery plan can be read without the requirement to read section 1.*

### APPENDICES **(to be included at a later date)**

*Our appendices provide supplementary information that may be of interest.*

**Appendix 1** – Our Services and journey to world class

**Appendix 2** – Our Engagement and Review Process

**Appendix 3** - Our Structure

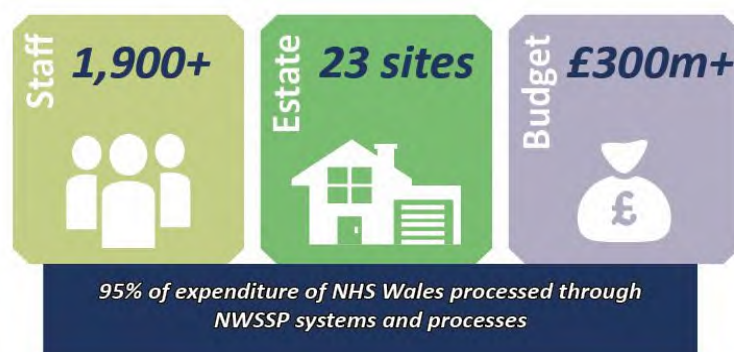
**Appendix 4** – Shared Services Partnership Committee Membership

**Appendix 5** – Workforce Statistics

**Appendix 6** – Missed Opportunities

## Executive Summary

NHS Wales Shared Services Partnership (NWSSP) provides a range of high quality, customer-focussed professional, technical and administrative services to NHS Wales. The NWSSP was created to allow Health Boards and Trusts to focus on the delivery of front line services and to provide a greater focus on transactional functions and the development of high quality professional services.



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

Our Services	
Audit and Assurance Services	Legal Services
Employment Services	Welsh Risk Pool
Primary Care Services	Procurement Services
Workforce Education and Development Services	Counter Fraud Wales
GP Specialist Registrar Trainees (Lead Employer)	Specialist Estates Services
Health Courier Service	Digital Workforce Solutions
Surgical Medical Testing Laboratory	Finance Academy (host)
Central E Business Team	Wales Infected Blood Support Schemes
Students Award Services	Lease Car Salary Sacrifice

A full summary of all of our services is included in appendix 1.



## Our Overarching Goals

We have reviewed our overarching goals from last year and integrated them with our well-being objectives to set our strategic direction. These are our long-term goals and demonstrate how we are contributing to the Wales we want in 2050. Over the next three years, we will be focusing on actions that help Wales tackle key issues, support the development of sustainable services and lead to a healthier Wales.



1

We will promote a consistency of service across Wales by engagement with our partners whilst respecting local needs and requirements



2

We will extend the scope of our services within NHS Wales and into the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales



3

We will continue to standardise, innovate and modernise our service delivery models to achieve the well-being goals and the 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 meet their maximum 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 the 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 that will help NHS Wales tackle key issues and lead to a healthier Wales.



8

We will support NHS Wales by influencing innovation, modernisation and consistency through sharing lessons learnt and delivering high quality services

## Key priorities for action over the next three years

We have taken our strategic objectives and developed our key priorities for action over the next three years. These are our route map for 2018-2021 and demonstrate how we are building on the work undertaken in last year's IMTP. .

### 1. VALUE FOR MONEY

*To develop a highly efficient and effective shared services organisation which delivers real term savings and service quality benefits to its customers.*

Delivering a sustainable shared support service which allows greater opportunities for service development

Improve the quality of our service whilst maintaining a financially balanced plan

Deliver professional influence benefits > £100m

Secure sustainable capital funding for technology, systems and infrastructure

Invest in services aligned to our stakeholder requirements:

Invest in

- Project management skills development
- IT technologies and robotic process automation
- Service user contact management systems
- Salary Sacrifice Schemes
- Value Based Procurement

Deliver process efficiency and driving down costs by working with our partners.

Continue the focused effort to ensure cost containment and prevent cost growth

### 2. CUSTOMERS

*To develop an open and transparent customer focused culture that supports the delivery of high quality services.*

Strengthen our relationships with our customers so we are recognised as trusted partners

Ensure we provide an excellent customer experience in all we do

Develop engagement and co-production to improve quality and user experience

Work with our customers to remove inappropriate variation

Turn our data into intelligent information to support the NHS Wales quality and safety agenda

Support customers in the delivery of their plans

Support our partners' significant service change whilst leading and facilitating NHS Wales's priorities including:

- Learning lessons from efficiency agenda
- Shift to Primary Care
- Data Driven System
- Major capital programmes

### 3. STAFF

*To have an appropriately skilled, productive, engaged and healthy workforce resourced to meet service needs.*

Improve recruitment, retention and succession planning ensuring we have a workforce that meets our customer needs

Develop internal pipeline to counteract the competitive employment market

Develop leadership, innovation and people skills; harnessing creativity and ideas supporting staff with the right skills

Support staff to live the values of NWSSP

Continue to refocus the culture of the organisation around continuous improvement and customer service

Further develop the emotional well-being support programme

Continue to implement our action plan based on the latest national staff survey outcomes



Ensure staff are supported through change management working with our Local Partnership Forum  
Continue the rollout of a robust performance management  
Further support NHS Wales Staff as a whole enhancing the quality of their employment experience

#### 4. EXCELLENCE

*To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.*

Ongoing standardisation, modernisation and automation through the 'Once for Wales' principles

Use our All Wales performance data to highlight improvement opportunities.

Continue refinement of Key Performance Indicators in partnership with customers

Work in partnership with Directors of Finance and Workforce to drive excellence in systems and procedures: initial priorities to improve further performance in our processes are:

- Purchase to Pay
- Hire to Retire

Continue our investment in technology driving efficiency and quality improvements, including:

- Digital Workforce solutions
- Intelligent document scanning
- All Wales Risk Software
- Improved legal case management system

Take full advantage of larger regional centres of excellence for resilience, efficiency, standardisation and collaboration

Embed Robotic Process Automation which underpins efficient service delivery of transactional processes and allows our staff to use their knowledge and experience to add value

#### 5. SERVICE DEVELOPMENT

*To develop and extend the range of high quality services provided to NHS Wales and the wider public sector.*

Engage with customers to define needs for new service areas; foster best practice and innovation

Seek to identify potential opportunities for further collaboration across the wider public sector

Explore future Shared Services organisational delivery models across the NHS and the broader public sector. e.g. Laundry and Welsh language hub

Oversee the identification and delivery of "invest to save" opportunities

Extend our current portfolio of services to support and enable sustainable systems in the Primary Care sector,

Act as an enabler for NHS Wales and support the implementation of Prosperity for all

## Our enablers and risks

Business planning and risk management is at the centre of governance arrangements within NWSSP. There are a number of critical key enablers that need to be in place to ensure we can achieve our key priorities for action over the next three years. If some of these enablers are not in place support us to deliver our ambitions they can become a risk. There are also risks separate from the enablers which if not managed appropriately could affect delivery of our key priorities.

### Our enablers

#### Capital Funding

Capital investment is a key enabler for the delivery of improved efficiency and service improvement. An increase of discretionary capital funding is essential to deliver the full benefits of cash releasing savings, cost avoidance, improved quality and health and safety developments.

#### Once for Wales

We are able to make a fundamental contribution to wider All Wales priorities in support of prudent healthcare adopting a Once for Wales approach. We endeavour through collaborative working to carefully manage service improvements so benefits can be fully realised for NHS Wales. However, this is only possible if our partners are all willing to adopt one standardised process.

#### Critical Relationships

Engagement and the mechanisms to engage about planning and priorities by Health Boards and Trusts is critical to our success. The benefits and value we can bring will only be fully realised by working in partnership.

#### IT & Modernisation

IT modernisation is critical to driving efficiency through automation and innovation, as on organisation we run pan Wales IT Systems. However, NWSSP must be recognised as a strategic partner by our IT providers in order to ensure we can have the functionality we require to deliver the level of transformational change on a timely basis.

### Our risks

#### Reputation and Confidence

How we are perceived influences the confidence others have in us to deliver services effectively. Through regular reviews and engagement at all levels we will demonstrate our successes and the benefits our services bring as well as areas where our performance does not meet service user needs and expectations.

#### Recruitment, retention and development of our staff

A consistent risk within the professional services is recruitment and retention is challenging within A4C pay scales in comparison to the private sector. We will continue to develop 'social sourcing' strategies coupled with ongoing development of existing workforce to ensure all staff possess the skills and knowledge to deliver high quality services.

#### Succession planning

The challenges of an ageing workforce must be recognised as a risk internally. Further succession planning is required to ensure we have future leadership capacity. Our leadership development programme will be critical in helping develop the next generation of managers and staff at all levels in the organisation.

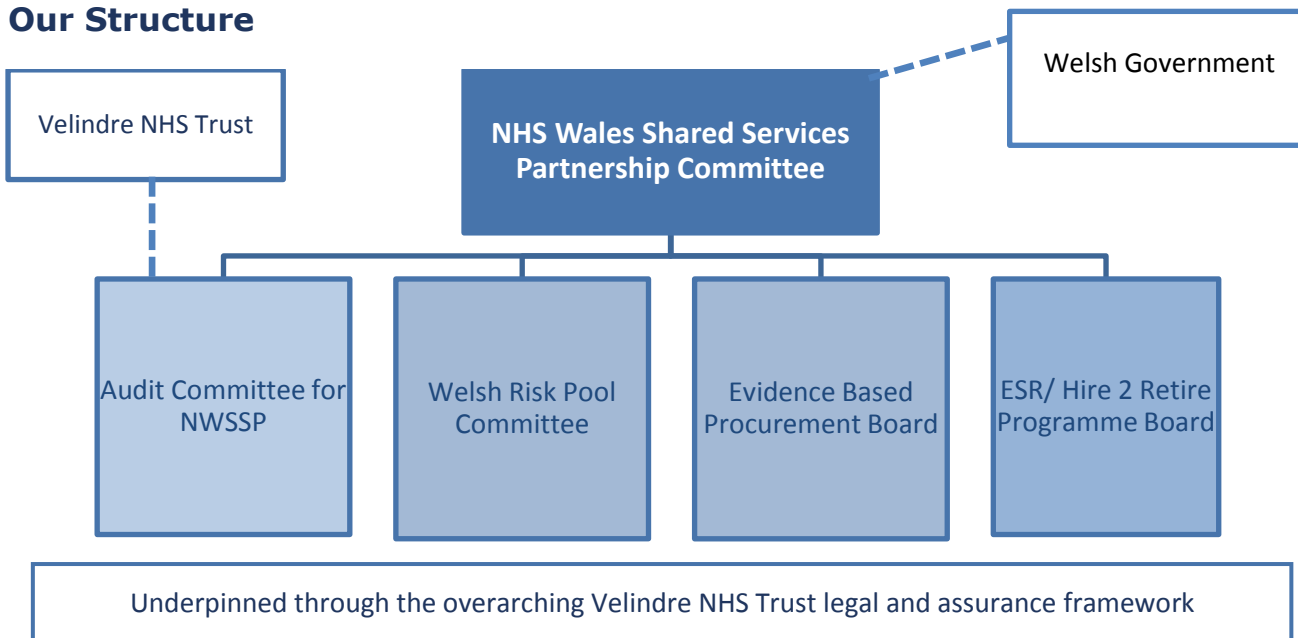
#### Resistance to collaboration

To take best advantage of Shared Services there must be an appetite for collaboration within NHS and beyond. During times of pressure, there can be a tendency to protect individual needs without seeing the bigger picture. In order to ensure success a step change of behaviour is needed that supports working together.

## 1. Introduction

NWSSP is an independent mutual organisation, owned and directed by NHS Wales. It was set up on 1st April 2011 to provide a range of high quality, customer-focussed professional, technical and administrative services on behalf of all Health Boards and Trusts in NHS Wales.

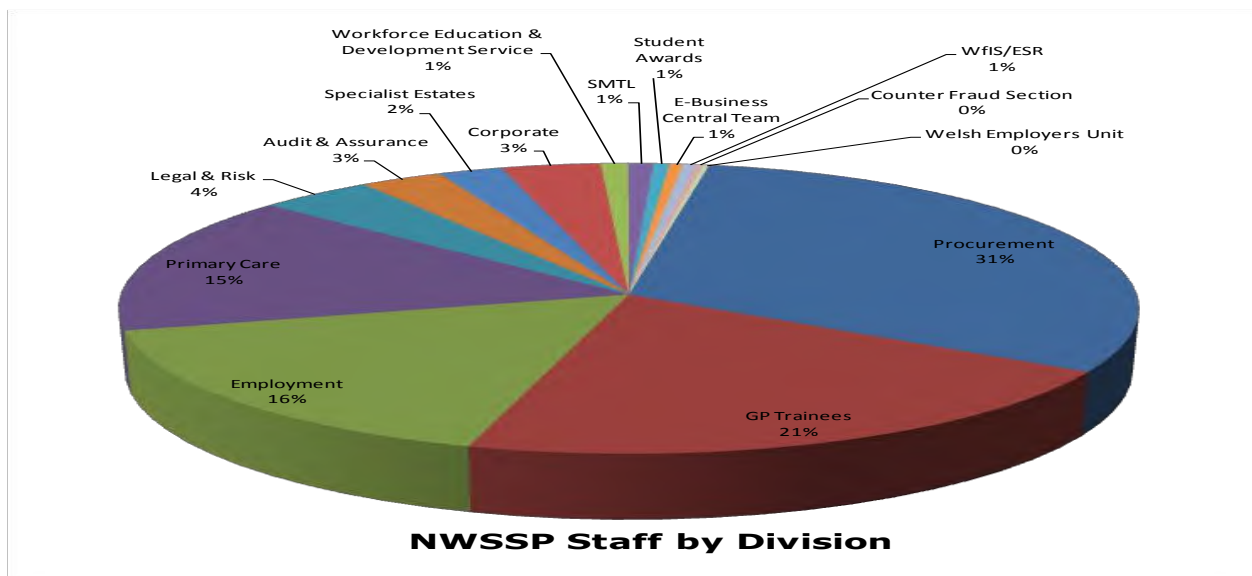
### Our Structure



A full organisation chart is shown in Appendix 3.

### Our Workforce

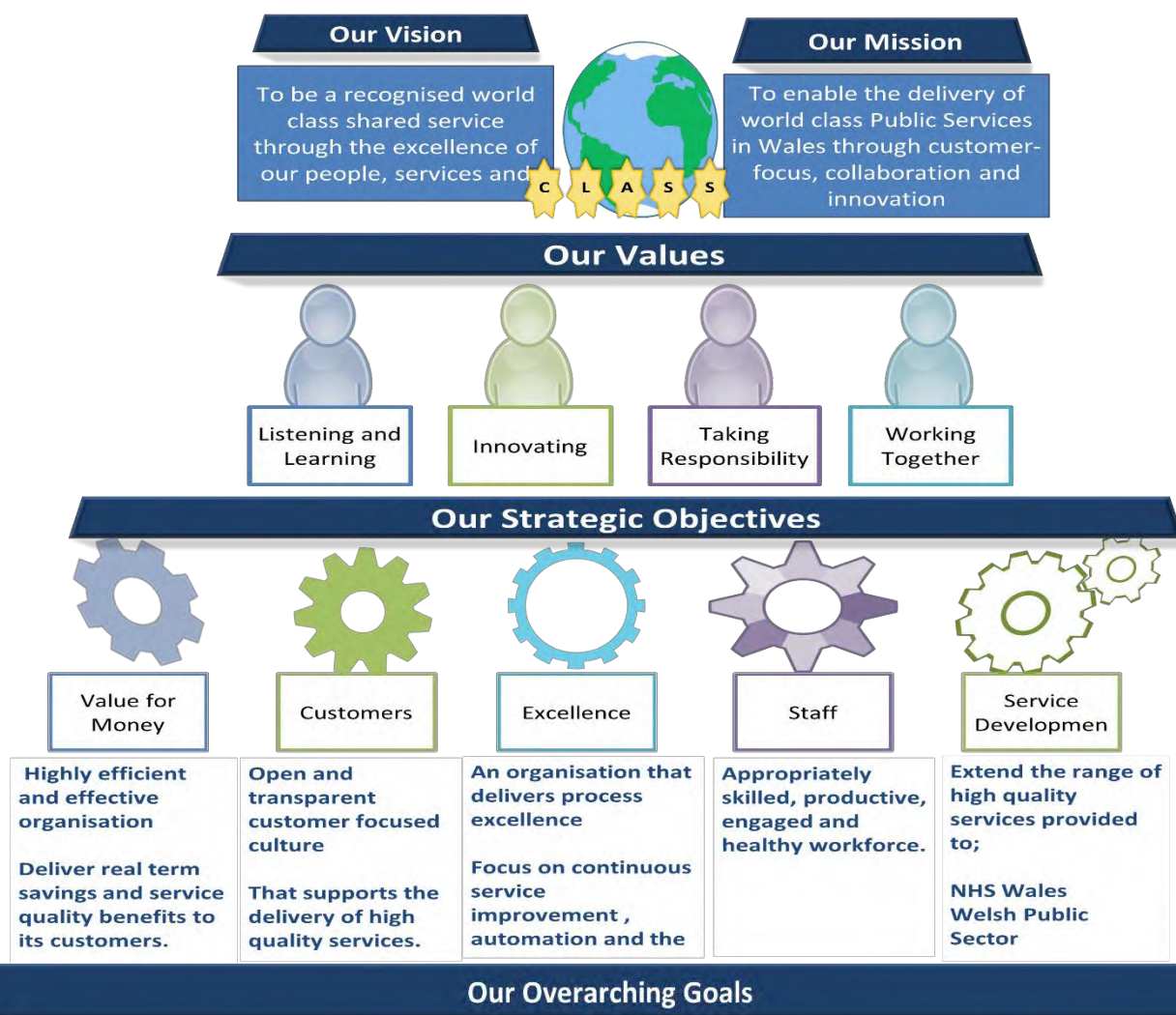
NWSSP currently employs 1,973 staff in technical, professional and transactional roles.



### Our Strategic Direction

We shaped the NWSSP strategy map at our annual planning and horizon scanning day with senior management from across the organisation. We have used this as a focal point for this year's IMTP development through our annual planning cycle.

# Adding Value Through Partnership



- We will promote a consistency of service across Wales by engagement with our partners whilst respecting local needs and requirements
- We will extend the scope of our services into NHS Wales and the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales
- We will continue to standardise, innovate and modernise our service delivery models to achieve the well being goals and the benefits of prudent healthcare
- We will be an employer of choice for today and future generations by attracting, training and retaining a highly skilled and resilient workforce who are developed to meet their maximum potential
- We will maintain a balanced financial plan whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into the economy
- We will provide excellent customer service ensuring that our services maximise efficiency, effectiveness and value for money, through system leadership and a 'Once for Wales' approach.
- We will work in partnership to deliver world class service that will help NHS Wales tackle key issues and lead to a healthier Wales
- We will support NHS Wales by influencing innovation, modernisation and consistency through sharing lessons learnt and delivering high quality services

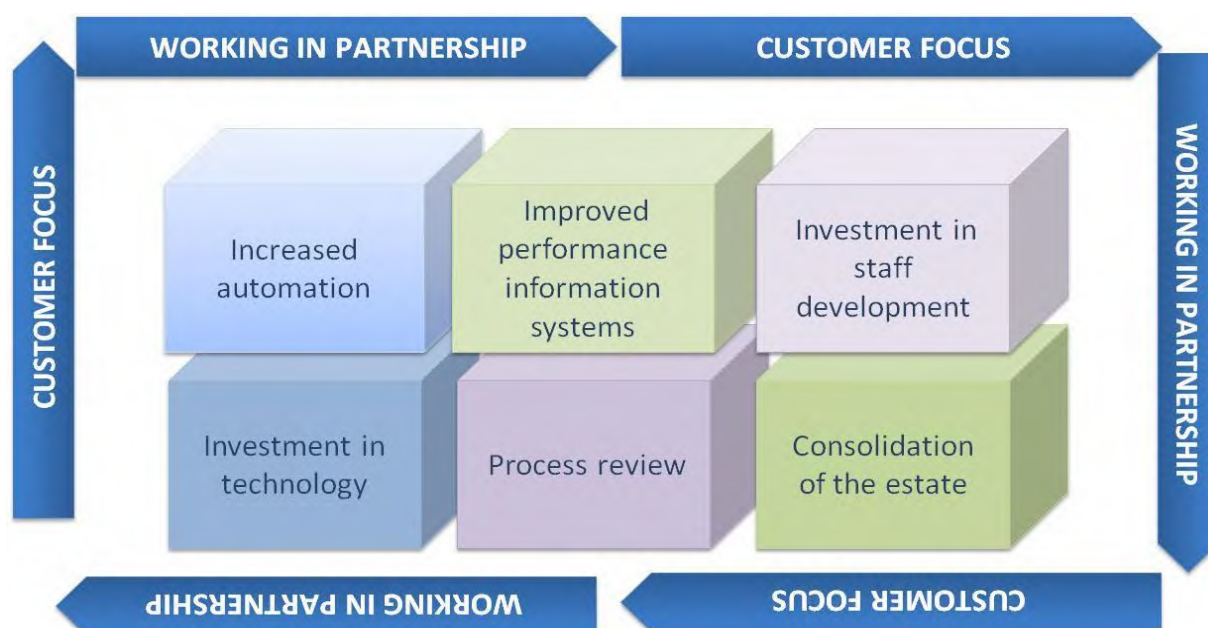


## Transformation

We recognised that both the services we inherited from health bodies in 2011 and the new services joining us later would develop in 3 distinct phases:

- Establishment and consolidation;
- Transformation and modernisation; and
- Growth and development.

Significant progress has been made in consolidating, transforming, modernising all of our service divisions. This in the main has been facilitated through increased automation, investment in technology, investment in staff development, process review and the consolidation of the estate as part of an ambitious accommodation strategy.



## Financial Performance

We have achieved all our financial targets and operated within budget during our first five years of operation. During this period we have made direct savings of more than **£26m**. These savings were used to fund agreed central costs, absorb cost pressures and generate surpluses of **£15m** that were distributed to health organisations and Welsh Government.

The financial benefits to be gained by health organisations from professional influence savings are significantly greater than those outlined above. Working with organisations, the professional influence and advice from our services has helped generate significant savings and cost avoidance for NHS Wales. Indicative financial benefits within health bodies over the first five years **exceed £550m**.

## Direct Savings within NWSSP

### Recruitment Services

Through streamlining of processes the average on boarding recruitment time has reduced from 60 to 34 days , creating an annual cost avoidance of **£8.4m** for NHS Wales.

### Legal and Risk

The pro-active approach adopted by the Legal and Risk services and the Welsh Risk Pool ensures that claims are only settled where it is appropriate to do so. These avoided and reduced costs are estimated **£50m** each year.

### Payroll

Through establishing a regional model for service delivery payroll services have saved each Health Board and Trust **£1** per payslip produced which equates to **£2.5m** savings.

### Accounts Payable

Through establishing a regional model for service delivery accounts payable have reduced the cost of per invoice by **£1.10** . This reduction has saved NHS Wales **£1.5m**.

## Professional influence savings within Health Boards and Trusts

### Specialist Estate Services

Property management advice, management of leases, scrutiny of business cases and construction frameworks help Health Boards, Trusts and Welsh Government avoid and reduce costs of around **£4m** each year.

### Procurement Sourcing

Through clinically driven evidence based sourcing ensure patient care quality and safety benefits. Financial savings by Health Boards and Trusts working with procurement are **£26m** each year.

### WEDS

Working with health organisations, universities and student groups to significantly lower attrition rate in NHS Wales each year, creating an efficiency saving of **£7.5m**.

### Audit and Assurance

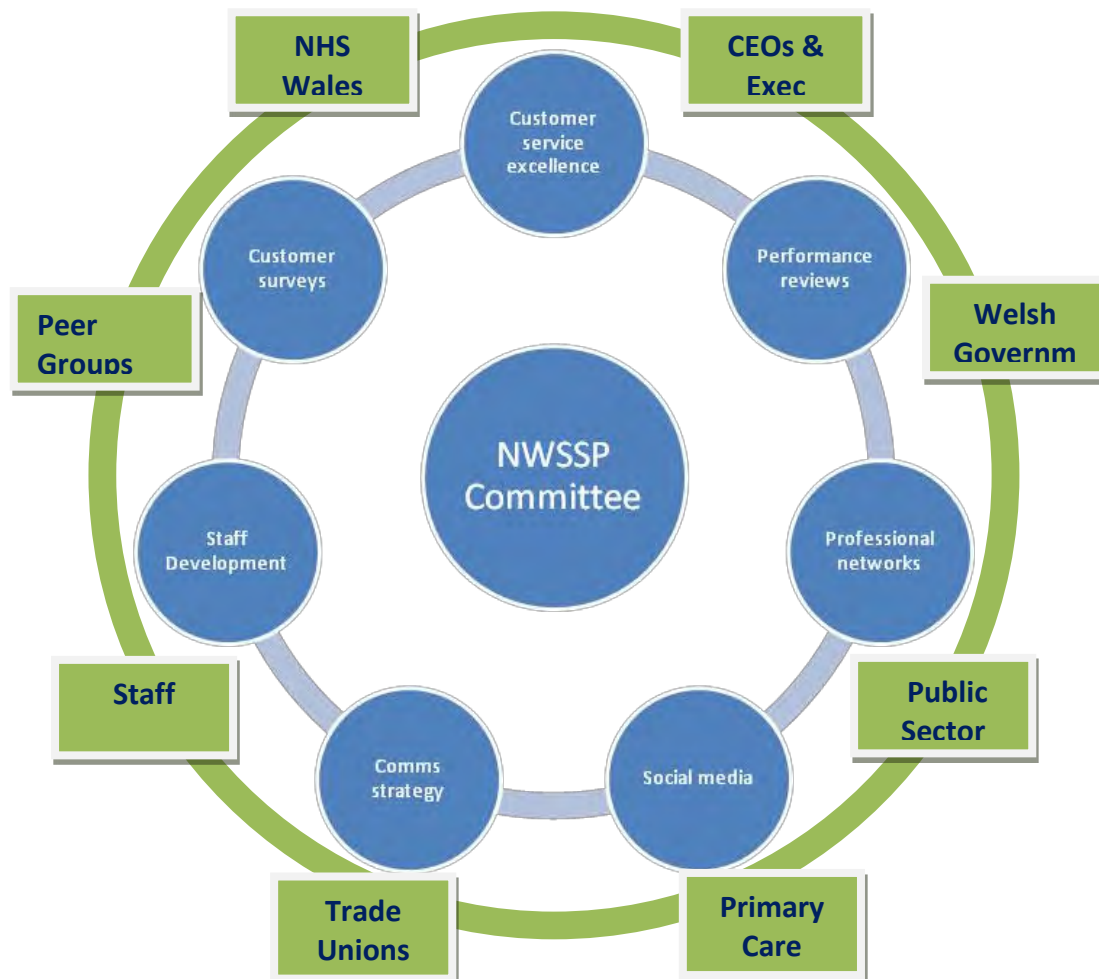
Financial savings of approximately **£0.6m** per annum based on internal day rates of **£350** in comparison to commercial audit day rates of **£500**



## Our Engagement and Partnership Working

Partnership working is very important to our journey in ensuring our successful development. We interact with our partners in a variety of ways. As an organisation we wish to develop **trusted partnerships** across NHS Wales so that we can support the efficiency changes required through the data we hold ensuring we champion a data driven system.

Effective customer engagement processes are essential to establishing and responding to their needs and challenges. Due to the wide variety of our customers we use a number of different methods of engagement, as illustrated in Appendix 2 and summarised in the diagram overleaf.



The Shared Services Partnership Committee is a decision making committee setting the Shared Services policy for NHS Wales and performs a critical role in monitoring the performance and supporting the strategic development of NWSSP and its services. Our Chair and Managing Director also meets with each of the Health Board and Trust Chief Executives to gain a clearer understanding of their organisation's needs. Over the last year we have developed assurance reports that are considered as part of Health Boards and Trusts executive board meetings.

In addition, Service Directors and other senior staff have a variety of mechanisms for local engagement with customers through routine customer liaison meetings to discuss performance and service delivery (outlined in *Section 2*).

Individual performance reports are shared with health bodies on a quarterly basis, detailing performance data in respect of a number of services we provide. Following feedback from stakeholders on the initial reports, a standard set of reports have been developed for each organisation providing data on all our services. These performance reports are a key part of our performance discussions with Shared Services Partnership Committee, and a crucial part of our internal operational review of each service, which are being strengthened to build in a systematic review of the key priorities in each Service Delivery Plan.

We value our staff and work closely with our trade union colleagues and through our Local Partnership Forum jointly address the management of change to safeguard the quality of service and employment opportunities.



## 2. Strategic Overview

We regularly review the existing and emerging strategic themes from Welsh Government, the wider NHS and the wider public sector that are informing our strategic direction. These key themes are summarised below, and have been built into our plan both from the perspective of NWSSP as whole into our overarching goals and for each service area when developing their delivery plans.

### Key National Drivers

Our services are directed and impact upon a number of key national priorities, strategies and policy documents.

#### Prosperity for all

The National Strategy “Prosperity for All” has now been published supporting the strategic direction of collaboration and a focus on how all parts of the public sector can work together to achieve a healthier Wales. In order to meet this ambition, we need to; Deliver quality health and care services fit for the future, promote good health and well-being for everyone and build healthier communities and better environments. We need to continue to develop and strengthen relationships with key partners, third sector, social services and others involved in the provision of high quality patient care. Throughout our plan we have shown how we are supporting our partners not only to meet their short term delivery targets but also to develop a sustainable health care system fit for the future. We as an organisation are committed to supporting the communities in Wales this is evidenced by our strategy map and the inclusion of our well-being goals.

#### Parliamentary Review of Health and Social Care

The full Parliamentary Review will be published in the New Year and we will shape our 2019 IMTP submission on its findings. In readiness this year we wish to engage to see how our Once for Wales strategies and processes can support the Public Service and Regional Partnership Boards. Through our work to embed the Well-being of Future Generations act we have been developing relationships with the third sector and we will continue to work in partnership with them.

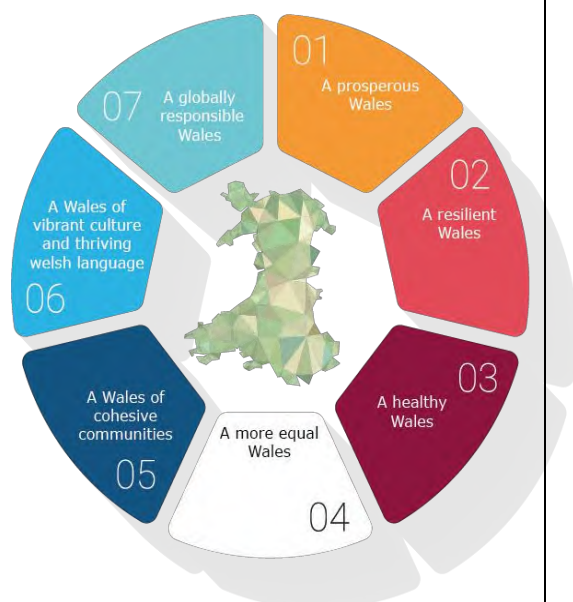
Some examples of our partnership work includes; We participated in Pride Cymru for the first time in August 2017, joining forces with NHS Wales Health Boards and Trusts to facilitate a good presence for support of this event. We have undertaken active travel celebrations, events, roadshows and legacy to include collaboration on active travel agenda with Sustrans Cymru, and Cycle Solutions.

#### Well-being of Future Generations Act

The Well-being of Future Generations Act sets ambitious, long-term goals to reflect the Wales we want to see, both now and in the future.

As a non-statutory hosted organisation of Velindre NHS Trust, we are not specifically named in the Act and, as an organisation; we are not legally obligated by the Well-being Duty to produce a Well-being Statement and Objectives, but have voluntarily elected to develop the same as we recognise the importance of protecting future generations.

The Act sets ambitious, long-term goals to achieve the vision of the Wales We Want by 2050 and to safeguard the needs of future generations without compromising that of the present, by ensuring governance arrangements improve the cultural, social, economic and environmental well-being of Wales, through utilisation of the Sustainable Development Principle.

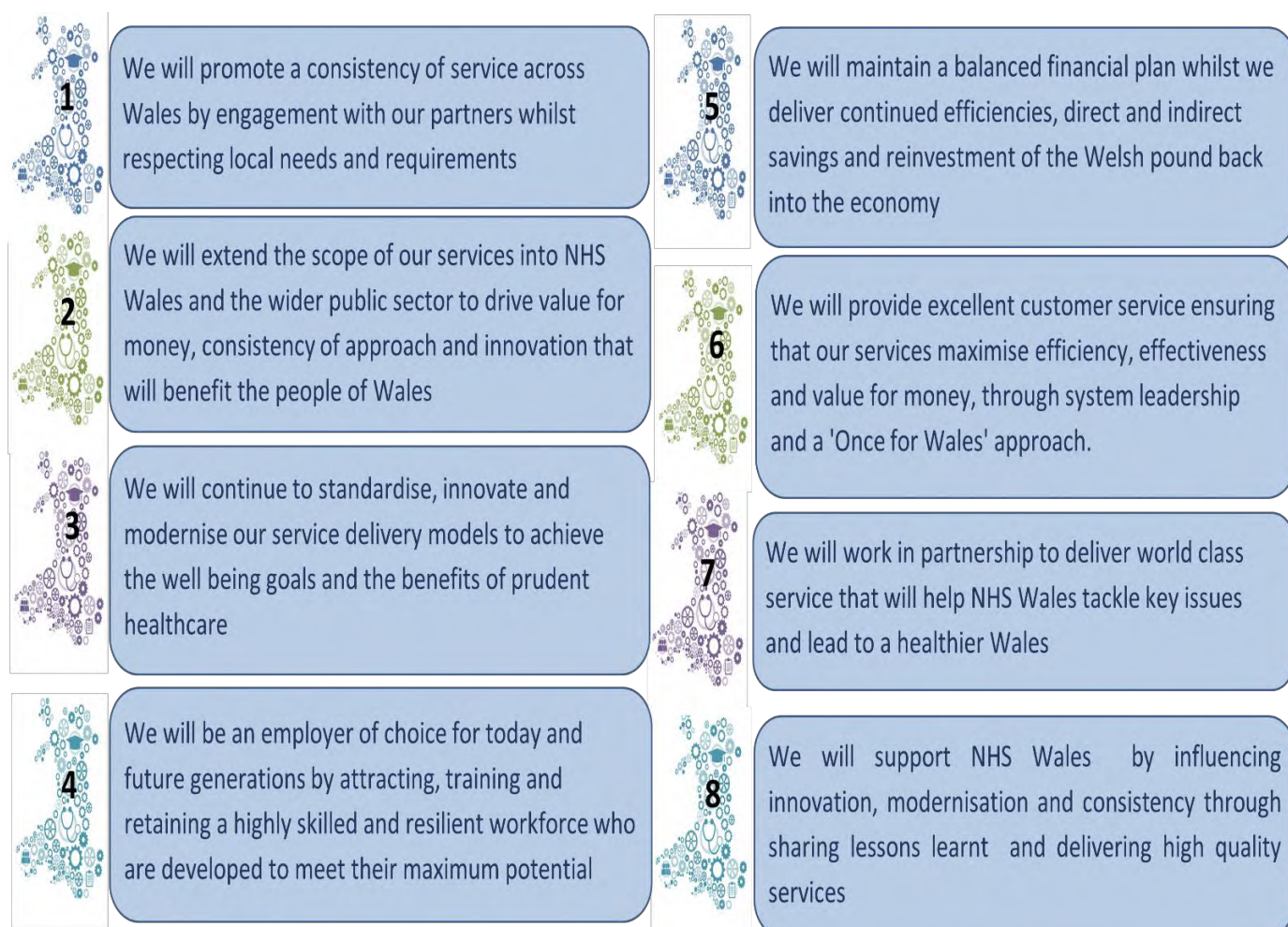




## Development of our well-being goals

In partnership with our Senior Management Team and key individuals across directorates, we have produced a Well-being Statement and Objectives which demonstrates how we are supporting achievement of the Well-being Goals that Wales should be; prosperous, resilient, healthier, more equal, globally responsible and a country of cohesive communities, have a vibrant culture and a thriving Welsh language. Additionally, our integrated reporting framework provides assurance to align with the 7 themes contained within the Act. We also hosted Well-being Workshops to develop our Objectives, carried out SWOT Analysis exercises and welcomed Rita Singh, Head of Policy, Future Generations Commissioner's Office and Sophie Howe, Future Generations Commissioner, to meet our SMT and discuss the well-being agenda.

Further, for 2018-2019, we have considered the long term integration plans for the organisations Well-being Objectives and accordingly developed a more robust strategic view of well-being, through alignment of our Overarching Goals with our Well-being Objectives.



## Our commitment to well-being and sustainable development

We are highly committed to developing and implementing Once for Wales approaches, where possible, across the NHS Wales, together with the Sustainable Development Principle and the associated 5 Ways of Working, which are the keys to providing for the Well-being of Future Generations, for our staff, communities and patients; to think about the long-term, to strengthen and improve our working partnerships and to communicate effectively with partners with a view to working in collaboration to prevent problems and take a more joined up approach to service delivery.



## Where do we want to go?

## Strategic Overview

Frequent engagement with our stakeholders and partners, to ensure continuous improvement and development to the services we provide; to include standardisation, innovation and modernisation  
Utilising Primary Care System to monitor the aspirations of GPs and their future plans to inform the long term GP workforce landscape  
Develop a network of clinical specialities to support improvement sharing the learning from Welsh Risk Pool  
Collaborative procurement strategy developed in partnership with customers, suppliers and staff  
Equality Integrated Impact Assessments to be incorporated into the Project Management System



Focus on sharing best practice and common risks/challenges, as they emerge  
Added value through Hire2Retire services, that are safe, quick and efficient, releasing clinical time to patient care  
Exploration of a holistic approach to development of apprenticeship roles, staff programmes and succession planning  
Reduce the administrative burden on GP practices by providing back-office administration support  
Due regard and consideration given for life cycle and sustainable, ethical procurement practices



A digitally enabled workforce system, through the use of technology, that will eliminate the paper based element of workforce transactions  
Robust succession planning across the organisation to counter the ageing workforce  
Duty of care and compliance integration with e-expenses  
Continually monitor and improve transport fleet use to minimise carbon footprint  
Wales-wide learning and risk reduction turning our data into intelligent information  
Offering training and raising awareness as to legislative, regulatory and statutory duties to prevent issues and looking at a pro-active approach to lessons learnt  
ISO14001 environmental initiatives to reduce carbon footprint of organisation



Build opportunities for expansion of audit services provided, within the wider public sector  
Retention and efficient matching of healthcare graduates with employment throughout NHS Wales  
Working in collaboration to increase the number of GP trainees and GP returners, in line with Welsh Government targets  
Support the development and roll-out of a Once For Wales Concerns Management System  
Expansion of generic PCS services across additional Welsh public sector bodies  
Building Frameworks in areas such as environmental performance, low carbon and community benefits



Integration with additional service providers, for greater assurance levels  
Implement transferability of information from Welsh Health Graduate Education  
Manage the on-boarding of other public sector organisations to the Learning@Wales Moodle e-platform  
Offer legal advice services to other public bodies throughout England and Wales  
Supporting Health Boards in the development and delivery of modern services, to meet the Primary Care sustainability agenda  
Raise the profile of the Modern Slavery Act legislation and Ethical Employment in Supply Chain Code of Practice guidance issued by Welsh Government; including raising awareness and further developing upon integration opportunities across the organisation



**Prudent and Value based healthcare**

We are helping make prudent healthcare happen for NHS Wales through both our system leadership and support roles. Some of the ways in which we are supporting the current three main areas of required national action:

**APPROPRIATE** tests, treatments and medications

- Support the sustainable and prudent procurement agendas through clinically driven evidence based sourcing ensuring patient care, quality and safety benefits.
- Removal of variation and waste through implementing the ESR Occupational Health bi-directional interface across 3 organisations. This will enable an estimated £1 million costs avoided per annum when fully deployed.
- Ensuring appropriate activation of 'Emergency Transport' based on clinical need, agreed with NHS partners including Welsh Blood Service to provide immediate Non Patient 'Blue Light' Response Service for Blood, Transplant Services, Specialist Histo-Pathology and Operating Theatre Equipment.

Public services **WORKING TOGETHER** to improve healthcare

- Working with Universities to streamline recruitment of healthcare students so that individuals are offered posts based on their preferences at the end of their course without the need to complete multiple applications.
- Extending e-learning to GP Practices, Local Authorities and Wales university health students for early access to NHS Wales learning materials enabling portability and avoidable re-training.
- To introduce a National Ophthalmic Performance comparators service at contractor, cluster and Health Board levels.
- Working with Health Boards to enable GP practices to rationalise estate and react to increasing Primary Care service demands.


**Empowering** and **Enabling** – public, professionals and public service leaders

- Developing a 'Once for Wales' approach in information delivery providing operational data to front line professionals enabling aggregated performance management information at national, Health Board and local/cluster levels.
- Added value Hire to Retire service that is safe, quick and efficient releasing clinical time to patient care

We have also considered how we are able to adopt prudent principles in the way we provide and develop our own services. Some examples are shown overleaf, with more details provided for each service area in *Section 2*.

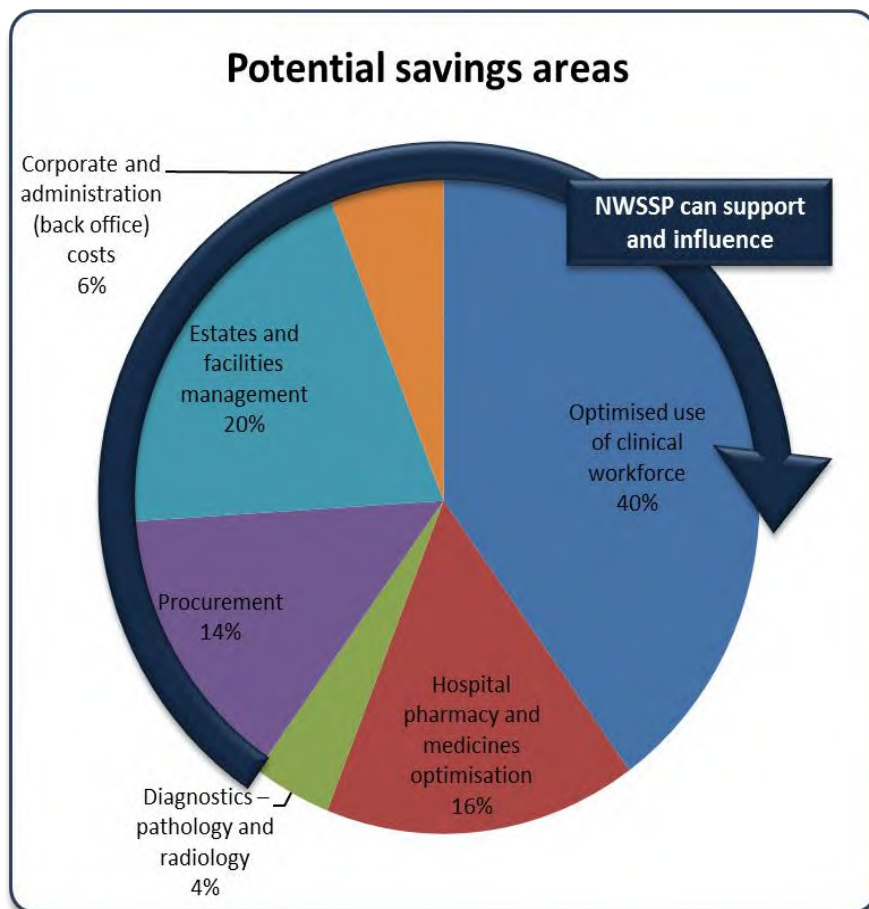


**Path to Prudent and Once for Wales**

- 
- Co- delivery with NHS organisations through technology that promotes standardisation and innovation
  - Safe recruitment and employment of staff in accordance with employment best practice guidelines and immigration legislation
  - Working in partnership with Welsh Government, NHS Wales and suppliers/contractors to achieve better health and well-being outcomes through value based procurement
  - Establishment of an integrated ESR Self Service and Learning support function to promote standardisation of use and remove transactional queries
  - National service provision and solutions to reduce variation adopting best practice solutions Once for Wales
  - Technology enabled hire process where pre-employment checks are complete prior to individuals commencing work with no delay in payment of first salary
  - Supporting medical staff to order goods and services seamlessly via FMS systems, to deliver clinical services
  - Development of GP trainee exit documentation to establish views on SLE service and consider improvements that can be adopted
  - To introduce a National Ophthalmic Performance comparators service at contractor, cluster and Health Board levels
  - Use of technology in P2P transactional processes to maximize efficiencies with performance comparable with 'Best in Class'
  - Constantly review the new NHS Building for Wales (BfW) construction frameworks to ensure that pre-determined benefits are continuing to be accrued.
  - Enable NHS Wales customers to develop and maintain modern and safe environments through the support of best practice estates and facilities guidance
  - Introduced a robust and transparent risk sharing agreement agreed by all health bodies.
  - Working with NHS Wales to support service change and service redesign
  - Provide training for clinical staff at all levels of experience and seniority at health bodies in Wales re the legal context of their practice
  - Work with Health Board partners to ensure equitable access to transport within expected timeframes supporting timely processing of clinical results

### Driving efficiency

The Lord Carter Review (Operational Performance and Productivity in English NHS Acute Hospitals) calls for the NHS to deliver efficiency improvements through collaboration across the entire healthcare system. Many of the areas highlighted in the Carter report - clinical staff, pharmacy and medicines, diagnostics and imaging, procurement, back-office functions, and estates and facilities - are areas where we can provide systems leadership and business intelligence. We can help health organisations provide the best possible care to patients within the available resources. SES will further utilise the findings of the Lord Carter of Coles report in order to create and facilitate appropriate forums for estates related benchmarking.



The level of compliance of usage in Wales is 81.1%. at the end of this financial year Lord Carter suggests trusts in England should be operating at 80% by September 2017. The existence of a single Oracle platform across Wales provides structure and ease of data access that is not in place in England. As a consequence of this and the joint vision of Finance and Procurement colleagues 20 years ago Wales has full reporting capability across its non-pay expenditure. Further detail is provided in chapter 5, driving efficiency and delivering transformation.

### Developing the role of primary care

Since the publication of the Primary Care Plan and the Primary Care Workforce Plan primary care clusters are being advanced across Wales to treat the root causes of ill health and prevent people from going into hospital unnecessarily. This requires a marked shift in the delivery of care from secondary hospital focused to care closer to home.

We have developed a number of our services to support the required shift to primary care in many cases providing a function absent from clusters and general practices previously. Examples of this include;

- GP rental reimbursement triennial reviews
- Assist in procuring commissioned services including dental and GP services where a need is assessed/required
- Provision of Clinical waste collections and disposals at GP premises
- Undertake cyclical audits of Primary Care's compliance with policies and procedures.

We became the lead employer for GPST registrars in February 2015, ultimately the initiative seeks to improve the recruitment and retention of GPSTRs and GPs. Last year we established a Single Point of Contact (SPOC) service in support of the Welsh Government marketing campaign of Train, Work and Live this resulted in an improved GPSTR fill rates to 91% following success of SPOC for employment queries. We support the sustainability of the primary care workforce and ensure employment opportunities are distributed among GP Trainees to improve GP Trainee retention in

Wales. A further example is collaborative working with primary care sector extending hire to retire service delivery and single platform for working in NHS Wales.

Primary Care estate is in great need as Health Boards and Trusts undertake the necessary shift in the provision of health care. To support this our primary care services are offering a storage and Scan on demand of patient records. This will provide more space for patient care instead of record storage.

There are further development opportunities for NWSSP to support the required shift from secondary care to primary care these potentially include:

- Providing expert HR support and advice to GP practices
- Supporting GP and GP practice staff recruitment thought through the use of NHS Jobs and the processing of all pre-employment checks
- Providing payroll services to GP practices through the utilisation of the Electronic Staff Record
- Expenses and subsistence payments through an e-expenses system
- Governance training to GP practices on the following areas; record keeping, being a witness, clinical negligence claims and consent law
- Advice on national procured contracts
- Provision of welsh translations services to primary care

This would bring a much wider range of benefits through the utilisation of all ESR functionality including consistent workforce information recording and reporting which would provide the baseline on which to effectively workforce plan. Additionally, we could provide support through the provision of advice and translation that would free up valuable clinical time that could be spent on directly providing patient care.

### **A data driven system**

The Organisation for Economic Co-operation and Development report published in 2016 highlighted the importance of NHS Wales becoming a data driven system. We are already a rich source of data across the secondary and primary care through our procurement supply chain, procurement contract management and ESR Business Intelligence.

NWSSP processing 95% of NHS Wales expenditure through its processes and systems has the potential to act as a central catalyst. A system that is rich in information through sustainable systems has the ability to foster innovation and service improvements through lessons learnt. We are committed to developing our data analysis function to act as an enabler to organisations providing them real time information and trends that can shape the direction of their services for the future.

### **Social services and well-being act**

The Social Services and Well-being (Wales) Act 2014 places duties on statutory bodies to improve services, work together with the public to promote well-being and give people a greater voice in and control over their care. This puts the individual at the centre, promoting independence, responsibility and coordinates services around people, motivating self-care and meeting their needs at or as close to home as possible. NWSSP are committed to supports integration between Health and Social Care through their enabling services such as procurement, specialist estate services, e-workforce solutions and employment services. Legal and Risk service have already developed guidance on how best to manage the developing relationships; manage the risks and remain compliant with the law.

### **National Improvement Programme**

Through Team Wales seven priorities have been developed for Chief Executives to drive and deliver. Subsequently each Peer Group (Directors of Workforce, Directors of Finance and Nurse Directors etc) and our Senior Management team have considered what we can deliver for NHS Wales in line with seven priorities.

1. To develop a long term vision and ten-year strategy for sustainable health and care services in Wales

2. To develop a deliverable workforce and organisational development plan to support the long term strategy;
3. To make best use of the physical, financial, workforce and technological resources available;
4. To co-design, commission and provide joined up health services and to work with partners to provide patients with an integrated health and care experience;
5. To work with public sector partners to invest time and resources in services and actions that promote health, well-being and personal responsibility;
6. To drive consistently high quality services and outcomes and develop a performance management framework that supports this; and
7. To provide clear and consistent leadership and take strategic decisions on national priorities and programmes.

A number of enabling actions have been identified to deliver the national improvement programme. We are supporting this work by contributing under three actions we have provided a sample in the table below;

Enabling Action	Supporting Work from NWSSP
Identify no-value or low value adding activity that could be stopped	a) <u>Removal of weekly pay (substantive staff)</u>
	We are working with ABUHB on the implementation of a migration of substantive weekly paid to monthly in February 2018.
	b) <u>Removal of paper payslips</u>
	All organisations agreed to remove paper payslips by 31st March 2018.
	c) <u>Streamlining Student Recruitment</u>
	Implementation now being planned for March 2018 cohort.
	d) <u>All Wales Staff Bank</u>
	A feasibility study has been undertaken and presented to CEOs. Confirmation of Welsh Government funding for project support is awaited to enable the detailed work to commence.
	e) <u>Influenceable Spend &amp; Spend Analysis</u>
	Work completed to establish the proportion of organisational spend that may be reduced by Procurement Services intervention.
	f) <u>Priority Supplier Payment Programme</u>
	Successful assessment in February 2017 of the potential adoption of priority supplier payment programme. ABMU have agreed to act as the pilot for the scheme.
Identify a further two good practices that could be rolled out across Wales within six months	a) <u>Job evaluation collaborative</u>
	Confirmation of funding transfer is awaited from some organisations to enable the co-ordination team to be put in place.
	b) <u>ESR National helpdesk</u>
	Confirmation of funding to establish the All Wales ESR Helpdesk is still awaited.

	<p>c) Electronic Claims Transfer (ETC)</p> <p>Complete accreditation and pilot of remaining suppliers' systems by December 2017.</p> <p>Deploy accredited systems to all community pharmacies by April 2018.</p> <p>d) Patient Medical Record (PMR) Storage and Scan on demand</p> <p>Business case for capacity expansion for up to 80% of Welsh practices to store their live records underway.</p> <p>e) Proposal of introducing a common set of audits (all with the same scopes) for the 2018/19 financial year.</p> <p>A paper is being prepared for the Shared Services Partnership Committee (and Board Secretaries).</p> <p>f) Streamlining Occupational Health assessments utilised for recruitment purposes</p> <p>All Wales OH lead has indicated go live will be by March 2018 at the latest.</p>
Develop national guidance on best practice in facilities management	<p>a) Benchmarking sub-group</p> <p>Established Benchmarking Sub-Group has been established to facilitate detailed analysis of major estates and facilities cost centres to better understand the data variances - Phase 1 – Cleaning.</p> <p>b) Estates Best Practice guidance</p> <p>Output of best practice guidance and saving opportunities to be discussed at NWSSP Partnership Committee, with a view to agreeing areas to take forward on a National/Regional basis.</p>

### Strengthening health and care quality and governance in Wales

The Welsh Government's White Paper Services Fit for the Future, Quality and Governance in Health and Care in Wales, includes common standards and joint complaints handling; better decision making across health boards through a new Duty of Quality for the population of Wales; a clearer process for service change; and further promotes a culture of openness.

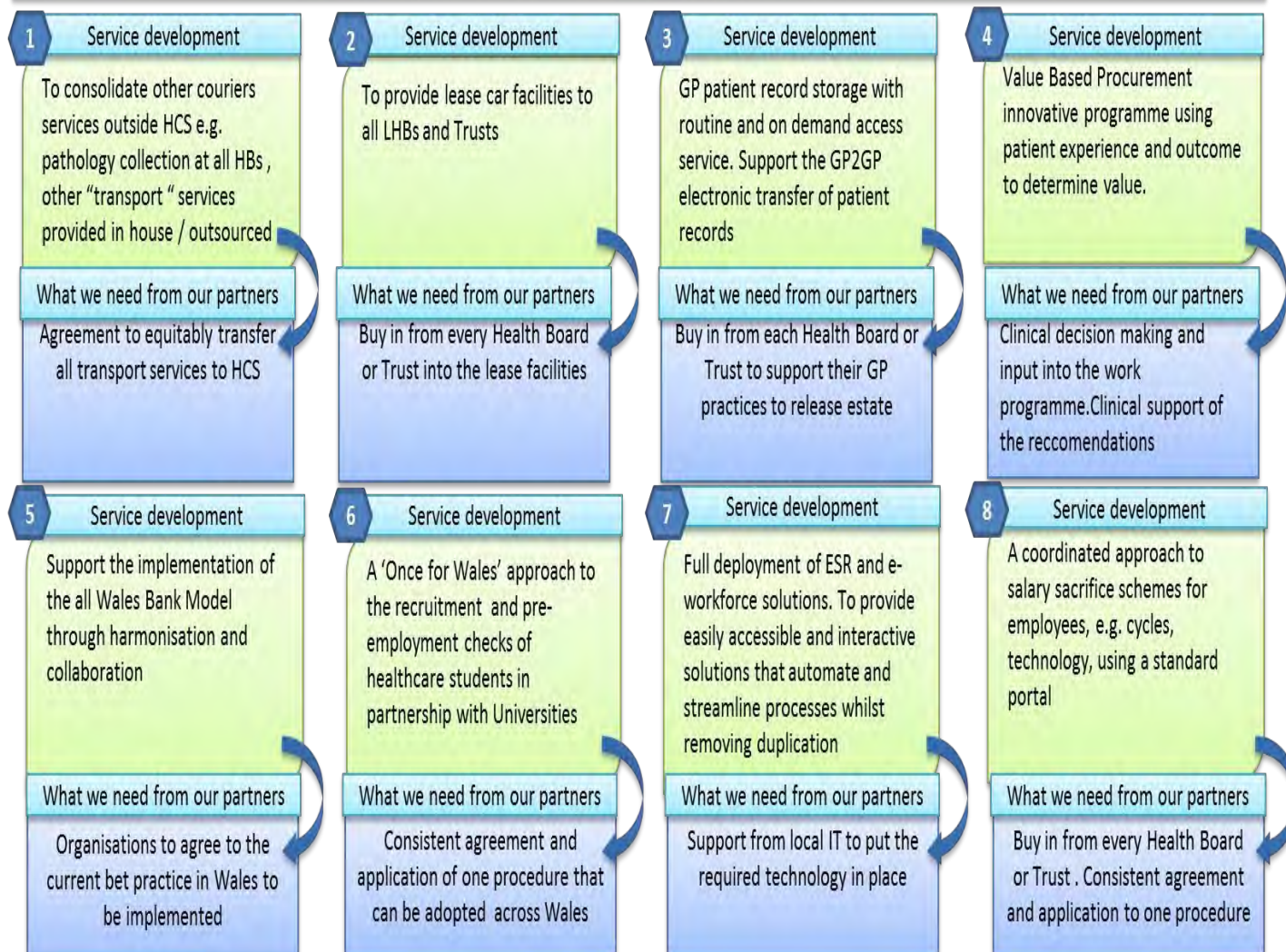
We are committed to supporting quality and governance across NHS Wales. This is demonstrated in the training provided to independent members by our Audit and Assurance Services. Our Legal and Risk Services also provide robust and useful feedback to health bodies re lessons learned.

Throughout our planning and service delivery we also consider and align with the following strategic drivers; NHS Wales Financial Position, NHS Wales Core Principles, Welsh Language Standards and Modern Slavery Act to develop a long term vision and ten-year strategy for sustainable health and care services in Wales.



## Our roadmap of development over the next three years (to be updated)

### NWSSP IMTP SERVICE DEVELOPMENT ROADMAP 2018 -19



### NWSSP IMTP SERVICE DEVELOPMENT ROADMAP 2019 -20







### Future state – what good looks like in 3 years

Our vision is to be recognised as a world class shared services organisation through the excellence of our people, services and processes.

We are committed to creating and developing a positive approach to customer service in which we strive to consistently exceed the expectations of our customers and create an environment within which customer service is a core component of the management and delivery of services.

The table below identifies, against each of our key strategic objectives, some of the ways in which we will deliver and measure our *Success*.

#### VALUE FOR MONEY

*To develop a highly efficient and effective shared services organisation which delivers real term savings and service quality benefits to its customers.*

Delivery of overall financial targets

A well established, financially stable business model with future benefits and growth identified

Maximised utilisation of economies of scale through the implementation of the Regional centre accommodation model

Continued realisation of significant Professional Influence savings

Identification and maximisation of income generation opportunities

Centrally manage a range of salary sacrifice schemes for NHS Wales

IT technologies and robotic process automation embedded delivering efficiencies

Receiving and automatically processing 90% of prescription forms through the Electronic Transfer of Claims (ETC) rollout

Strategic procurement closely integrated with NHS Wales policy and strategy

Embedded project management skills development across the organisation

Maximising efficiencies for logistics and transport for -Patient Transport in NHS Wales

**CUSTOMERS**

*To develop an open and transparent customer focused culture that supports the delivery of high quality services.*

Services externally visible and understood by customers  
 Ongoing customer appraisal, feedback and business review  
 An embedded trusted partnership relation across NHS Wales  
 Well-developed customer service strategy and customer focus realised through high customer satisfaction levels across all services  
 Providing our customer group with a quality service offering a timely single point of contact seconds and transparent monitoring of all customer transactional activity  
 Developed strong mechanisms for engagement and co-production to improve quality and user experience  
 Our data is used as intelligent information to support the NHS Wales quality and safety agenda  
 Responsive and supportive to our partner's significant service change whilst leading and facilitating NHS Wales priorities  
 The NHAIS systems will have been decommissioned and we will have implemented the NHS Wales Transition Programme with regard to GMS and GOS services  
 Supporting the transformational needs of Health Board/Trusts through the development of a new generation of construction frameworks aimed at improving the built environment

**STAFF**

*To have an appropriately skilled, productive, engaged and healthy workforce resourced to meet service needs.*

A multi-skilled and motivated workforce to support workforce development and continuous improvement  
 Developed the leadership, innovation and people skills in managers  
 Delivered the action plan based on the staff survey outcomes and reviewing its impact  
 Staff are supported through change management e.g. Health Education Wales  
 Fully established pan organisation values based recruitment, recruiting the right people aligned to our values  
 A workforce which embodies the values of NWSSP  
 Workforce with the capacity and resilience to react to increases in demand or changes in requirements  
 Customer service excellence and Service improvement skills embedded in all roles  
 A fully implemented talent management strategy developed to address identified retention and recruitment challenges  
 Implemented agile working strategy, increasing the flexibility and productivity through effective team working  
 A well-established support programme for staff that promotes emotional well-being  
 Cost improvement programme to have stronger links in to the PADR process

**EXCELLENCE**

*To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.*

Larger regional centres of excellence, resulting in greater resilience, efficiency, standardisation and collaboration across co-located services

Established suite of key performance indicators which drive continuous service improvement and established cycles of service performance reviews to monitor continuous service improvement

Established plan for service improvement priorities informed from innovation

Comparable assessments and benchmarking of our services and achievements against world class requirements and industry competitors

Continued innovation and development of ESR and interfacing workforce solutions

A greater understanding of the prioritisation required in the continuous improvement program (CIP) so we can have the greatest benefit of efficiencies

Using metrics to help improve our performance in a more proactive manner adding value through our service user contact management systems

The Single Point of Contact to be fully established as the central portal in enhancing recruitment across Wales

**SERVICE DEVELOPMENT**

*To develop and extend the range of high quality services provided to NHS Wales and the wider public sector.*

Fully maximising ESR e-learning and Moodle to support the technology enabled learning agenda for NHS Wales, local government, national government and the wider public sector in Wales

Storing up to 25% of GP Practice patient paper records within PCS and providing a scanning function to these practices wishing to receive records in our store and demand service

Leading the way as a Welsh Language Hub for NHS Wales

Developing our all Wales service following the review of current arrangements

Providing support and services to the all Wales temporary staff bank arrangements to increase the supply of nursing

Further develop a clear information management structure to help leverage the volume of data into a rich intelligence source for service development

Further specialities to be employed under the lead employer model offering the same streamlined processes

Provide a holistic legal advice service across the public sector in Wales

Extension of our support services into Primary Care sector e.g. payroll, recruitment and procurement

Provide a professional printing and design facility and scanning service for NHS Wales

**GOVERNANCE**

Refined governance arrangements based on a mutual model that reflect the complexity and diversity of the services provided

Mature, robust governance arrangements in place with fully engaged stakeholder groups

Enhanced leadership from Shared Services Partnership Committee to drive the strategic direction of NWSSP

The table below outlines our key performance indicators and targets. We have looked at our current year's performance and set ourselves improvement targets until 2021. **to be updated at a later date)**

High Level - KPIs and Targets	Current Year	2018/19 Target	2019/20 Target	2020/21 Target
<b>Internal Indicators</b>				
<b>Corporate</b>				
Financial Position – Forecast Outturn	Break even	Break even	Break even	Break even
Capital financial position	Within CRL	Within CRL	Within CRL	Within CRL
Planned Distribution	£1.75m	£0.75m	£0.75m	£0.75m
NWSSP PSPP %	95%	96%	96%	96%
Agency % to date (Cumulative)	1.78%	<1.5%	<1.25%	<0.8%
<b><u>NWSSP Org KPIs Recruitment</u></b>				
Time to Approve Vacancies (7 days)	73.9%	80%	90%	90%
Time to Shortlist by Managers (7 Days)	50%	80%	90%	90%
Time to notify Recruitment of Interview Outcome (4 Days)	37%	80%	90%	90%
Internet hits per month	14.6k	15k	17k	20k
Intranet hits per month	54k	60k	65k	70k
<b>Workforce</b>				
Staff Sickness (Cumulative)	3.3%	3.3%	3.2%	3.0%
PADR Compliance	69.33%	>78.5%	>90%	>90%
Statutory and Mandatory Training	93.08%	>85%	>85%	>85%
<b>External Indicators</b>				
<b>Professional Influence</b>				
Professional Influence Savings	£111m	£100m	£100m	£100m
<b>Procurement Services</b>				
All Wales PSPP	93.8%	95%	95%	95%
<b>Employment Services</b>				
<b><u>All Wales Org KPIs Recruitment</u></b>				
Time to Approve Vacancies (7 days)	67.6%	80%	90%	90%

High Level - KPIs and Targets	Current Year	2018/19 Target	2019/20 Target	2020/21 Target
Time to Shortlist by Managers (7 Days)	49.7%	80%	90%	90%
Time to notify Recruitment of Interview Outcome (4 Days)	66.4%	80%	90%	90%
<b><u>NWSSP KPIs Recruitment</u></b>				
Time to Place Adverts	99.4%	99%	99%	99%
Time to Send Applications to Manager	99.7%	99%	99%	99%
Time to send Conditional Offer Letter	98.3%	99%	99%	99%
<b>Primary Care Services</b>				
Payments made accurately and to timescale	100%	99%	99%	99%
Prescription - keying Accuracy rates	99.5%	99%	99%	99%
<b>Internal audit</b>				
Report turnaround LHB / Trust management response to Draft report	80%	80%	80%	80%
Report turnaround draft response to final reporting	80%	80%	80%	80%
<b>Legal and risk</b>				
Timeliness of advice acknowledgement - within 24 hours	100%	99%	99%	99%
Timeliness of advice response – within 3 days or agreed timescale	100%	99%	99%	99%
<b>Welsh Risk Pool</b>				
Acknowledgement of receipt of claim	100%	99%	99%	99%
Valid claims received within deadline processed in time for next WRP committee	100%	99%	99%	99%
Claims agreed paid within 10 days	100%	99%	99%	99%
<b>WEDS</b>				
% of Contracts Agreed in principle by January	100%	100%	100%	100%

## Where do we want to go?

### OVERARCHING GOALS

We will apply the lessons learnt from the Lord Carter of Coles report where appropriate

We will help NHS Wales strengthen primary care


We will help NHS Wales deliver the well-being of future generations

We will ensure our data can be used across NHS Wales as intelligent information

We will continuously enhance and improve our services driving forward the benefits of prudent healthcare

We will support integration between Health and Social Care through our enabling services

### KEY PRIORITIES FOR THE NEXT THREE YEARS

Value for Money		Our Customers		
<ul style="list-style-type: none"><li>• Deliver overall financial targets</li><li>• Continue to realise significant Professional Influence savings</li><li>• Strategic procurement closely integrated with NHS Wales policy and strategy</li></ul>	<ul style="list-style-type: none"><li>• Work with Welsh Government to develop primary care workforce data for Wales</li><li>• Provide our customer group with a quality service offering a timely single point of contact</li><li>• Develop strong mechanisms for engagement and co-production to improve quality and user experience</li></ul>	<div><div>Adding Value Through Partnership</div></div>		
Service Development		Our Staff		Excellence
<ul style="list-style-type: none"><li>• Provide payroll services to GP practices through the utilisation of the Electronic Staff Record</li><li>• Leading the way as a Welsh Language Hub for NHS Wales</li><li>• Develop our all Wales service following the review of current arrangements potential areas could include Occupational Health and Laundry</li></ul>	<ul style="list-style-type: none"><li>• Customer service excellence and Service improvement skills embedded in all roles</li><li>• Implement fully a talent management strategy to address identified retention and recruitment challenges</li><li>• Have a well-established support programme for staff that promotes emotional well-being</li><li>• Deliver and review the action plan based on the staff survey outcome</li></ul>	<ul style="list-style-type: none"><li>• Deliver efficiencies through IT technologies and robotic process automation</li></ul>		

Adding Value Through Partnership











### 3. Achievements in 2017/18

We have made a significant number of organisational achievements, most notably;









1. We have an approved and financially balanced IMTP
2. We have delivered significant professional influence savings for NHS Wales
3. We have been a key enabler in delivering the National Improvement Programme
4. We have maintained service delivery during periods of organisational change
5. We have successfully created new all Wales services

This is our assessment of our achievements against our overarching goals from last year as at 31<sup>st</sup> January 2018.

Goal 1 - We will use our resources effectively to address additional service pressures and demand whilst maintaining a **balanced financial plan**

-  Deliver financial targets
-  Deliver procurement savings target
-  Deliver cost efficiencies across Hire to Retire transactional services
-  Deliver allocative efficiency principles by investing in value added services in particular procurement services, employment and legal services to deliver further savings and meet increased demand
-  Redistribute annual budget of primary care service and specialist estates services, whilst expanding services
-  Phase 1 of certificate of sponsorship management for medical and dental trainees resulted in £22,288 estimated savings made for NHS Wales and £111,434 estimated savings made to individuals
-  Secure capital budget that enables us to progress our key priorities
-  Reduce staff sickness and ensure the target of 3.3%

Goal 2 - We will **support NHS Wales** to improve quality of patient care and the quality of the employment experience through **continuous improvement** and innovation









-  Centrally undertaken the Certificate of Sponsorship management for NHS Wales reducing risk and costs
-  Introduced new service delivery models including providing 24 Hour cover within HCS and expanding "Blue Light" Non Patient Emergency Transport
-  Fully implement TRAC and reduce the average Wales vacancy approval time from 45 days to 12 days
-  Achieve Statutory and Mandatory higher than compliance target of 85%
-  Continuation of annual staff recognition awards and linked pay progression to innovation and compliance with core values
-  Improve PSPP performance across Wales and achieve 95% target
-  Maximising the Welsh seat on the ESR Programme Board to have Welsh specific requirements recognised
-  Increase pace and progress in standardisation of processes and investment in technology to deliver savings

Goal 3 - We will maximise **efficiency, effectiveness and value for money** through system leadership and a '**Once for Wales**' approach








-  Established new Value Based Procurement team to add pace to the work programme
-  SES: Meet rebates and recoveries targets
-  Provide QlikView 2nd Line Support and complete developments in house saving £60k per annum
-  Continue our investment in technology driving efficiency and quality improvements including intelligent document scanning and service user contact management systems
-  Invest in project management support to drive excellence in systems and procedures e.g. purchase to pay and hire to retire
-  Take full advantage of larger regional centres of excellence for resilience, efficiency, standardisation and collaboration
-  Provide greater automation through the use of 'BOTS'
-  Worked with Version One to provide a suitable solution for financial management systems to meet the needs of NHS Wales



Goal 4 - We will ensure **business continuity** offering a consistency of service across Wales as we further develop existing and additional service areas and our staff

-  Successful transfer of PMCAT into NWSSP
-  Introduced new HCS Service Delivery Models to include providing 24 Hour/ Out of Hours cover
-  Improved PADR compliance despite the implementation of the pay progression policy
-  Recruitment and retention of some staff within our professional services due to market influences
-  Continue to deliver existing services whilst exploring new all Wales functions such as the Welsh Infected Blood Service
-  Develop and implement an action plan based on the 2016 national staff survey outcomes
-  Complete business continuity plans for all directorates
-  Complete assurance mapping exercise for all directorates

Goal 5 - We will **add value** as exemplars of good practice and use our skills and expertise to help NHS Wales **tackle key issues**

-  Improved patient safety through good risk management and sharing of lessons learnt through the WRP and improved procurement processes
-  Continued focus by our Audit and Assurance services on sharing lessons learnt and good practice across organisations
-  Provided dedicated resource to project manager the All Wales Bank feasibility study that generated an accepted model for NHS Wales
-  Provide new shared services to NHS Wales and the wider public sector e.g. Single lead employer and National Clinical Assessment Service
-  Successful roll out of ESR Employee Self Service to all GP Trainees

Goal 6 - We will continue to **enhance and improve** the quality of all of our services, driving forward the **benefits and principles of prudent healthcare**

-  Continued project management support to the Temporary Nurse Staffing Capacity Steering Group and the underpinning workstreams
-  Offered a straightforward route to access legal services as and when they are needed

	Shared learnt lessons from Welsh Risk Pool audits
	Successful transfer of staff to Matrix House, Swansea
	Over 70,000 NHS Wales employees with ESR Self Service access
	Disposed of surplus health related property to the value of £3m in 2016/17.
	Pace of initial recommendations from the All-Wales Medical Device and Consumables
	Strategy Group
Goal 7 - We will help NHS Wales deliver their <b>key strategic objectives</b> and continue to <b>support health bodies</b> in the delivery of their <b>efficiency programme</b> to maximise value	
	Unlocked capacity of GP Practice Managers by managing all employment processes
	Established a single point of contact that current and future primary care medical staffing and nursing staff can utilise for training and employment opportunities.
	Introduced a "One Wales Primary Care Rebate Scheme" to include a new IT platform
	Removal of variation and waste through deployment of ESR and interfacing technologies
	Offer a high quality employment experience for GP trainees
	Privatisation of NHS England Primary Care services and the impact of this on NHAIS system replacement
	Complete Procurement Strategy for Wales
	Managed new Student Bursary Scheme to support commissioned training places
	Develop all Wales Assurance Strategy
Goal 8 - We will continue to develop and strengthen <b>communication, partnerships and engagement</b> with our staff and our partners to ensure we address their priorities and needs	
	Chair and Director to meet all NHS bodies' Boards during year
	Regular meetings with health bodies' Executive Teams
	Regular feedback obtained through service questionnaires and telephone interviews
	Targeted communications about our service developments that include workshops, education, information bulletins, e-learning, and use of social media
	Improve ratings for Wales Quality Centre and Customer Service Excellence reviews
	Continue refinement of Key Performance Indicators in partnership with customers
Goal 9 - We will <b>develop partnerships</b> and provide services with <b>other public sector organisations</b> to provide mutual benefit	
	Development of the Store and Scan on Demand service within Primary Care Services reducing pressures on GP Practices estates
	Enhanced the e-learning solution to enable accessibility to over 300 courses for NHS Wales and the wider public sector including Local Authorities and Welsh Government
	Substantially increased advertising vacancies for Primary Care sector

## Benefits of additional services

This financial year NWSSP has transferred in the Wales Infected Blood Support Scheme (WIBSS). This is a new service hosted by NWSSP on behalf of Welsh Government. Established in October 2017 WIBSS aims to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue in the 1980s and 1990s. Taking over from the existing UK schemes (Eileen Trust, Macfarlane Trust, MFET Ltd, Skipton Fund and

Caxton Foundation), WIBSS also aims to provide seamless service with a single point of contact as well as

- A dedicated support service operated by experienced Welfare Rights Advisors
- A reliable, responsive, and accurate Payments Process
- A dedicated website that will be maintained with useful information
- Ensure the beneficiaries circumstances are understood, providing a sensitive and dignified service
- Supporting people navigate the healthcare system by acting as their key worker
- A development of outcome based reporting measures and an independent appeals process

## What difference are we making?

### OVERARCHING GOALS

We will use our resources effectively to address additional service pressures and demand

We will ensure business continuity as we further develop new and transferred service areas

We will continuously enhance and improve the quality of all of our services

We will add value and use our skills and expertise to help NHS Wales tackle key issues

We will continue to improve communication, partnerships and engagement to ensure we address our partners' priorities and needs

We will develop partnerships and provide services with other public sector organisations to provide mutual benefit

### KEY PRIORITIES FOR THE NEXT THREE YEARS

Value for Money	Our Customers	 <b>Adding Value Through Partnership</b>
<ul style="list-style-type: none"> <li>Continue to maintain sickness levels below our target of 3.3%</li> <li>Continue to have a balanced financial plan ensuring we contain any cost growth</li> </ul>	<ul style="list-style-type: none"> <li>We will continue to provide our partners with the Shared Services Partnership Committee Assurance Report and explore other potential mechanisms for engagement</li> <li>We will continue to attend peer group and operational level meetings to ensure we address our partner's priorities and needs</li> </ul>	
Service Development	Our Staff	Excellence
<ul style="list-style-type: none"> <li>Minimise the impact of privatisation of NHS England Primary Care services and the NHAIS system replacement ensuring Wales has the best solution to meets its needs</li> <li>Achieve with our partners a 25% roll out of the Store and Scan on Demand service providing a scanning function to GP Practices</li> </ul>	<ul style="list-style-type: none"> <li>Work to improve recruitment and retention of staff within our professional services</li> <li>Ensure we are developing our own pool of professional staff to meet future service needs</li> <li>Increase our PADR compliance whilst embedding the pay progression policy</li> </ul>	<ul style="list-style-type: none"> <li>Continue to progress the ESR enhanced functionality roll out across NHS Wales</li> </ul>

## 4. Opportunities & Challenges in 2018-21

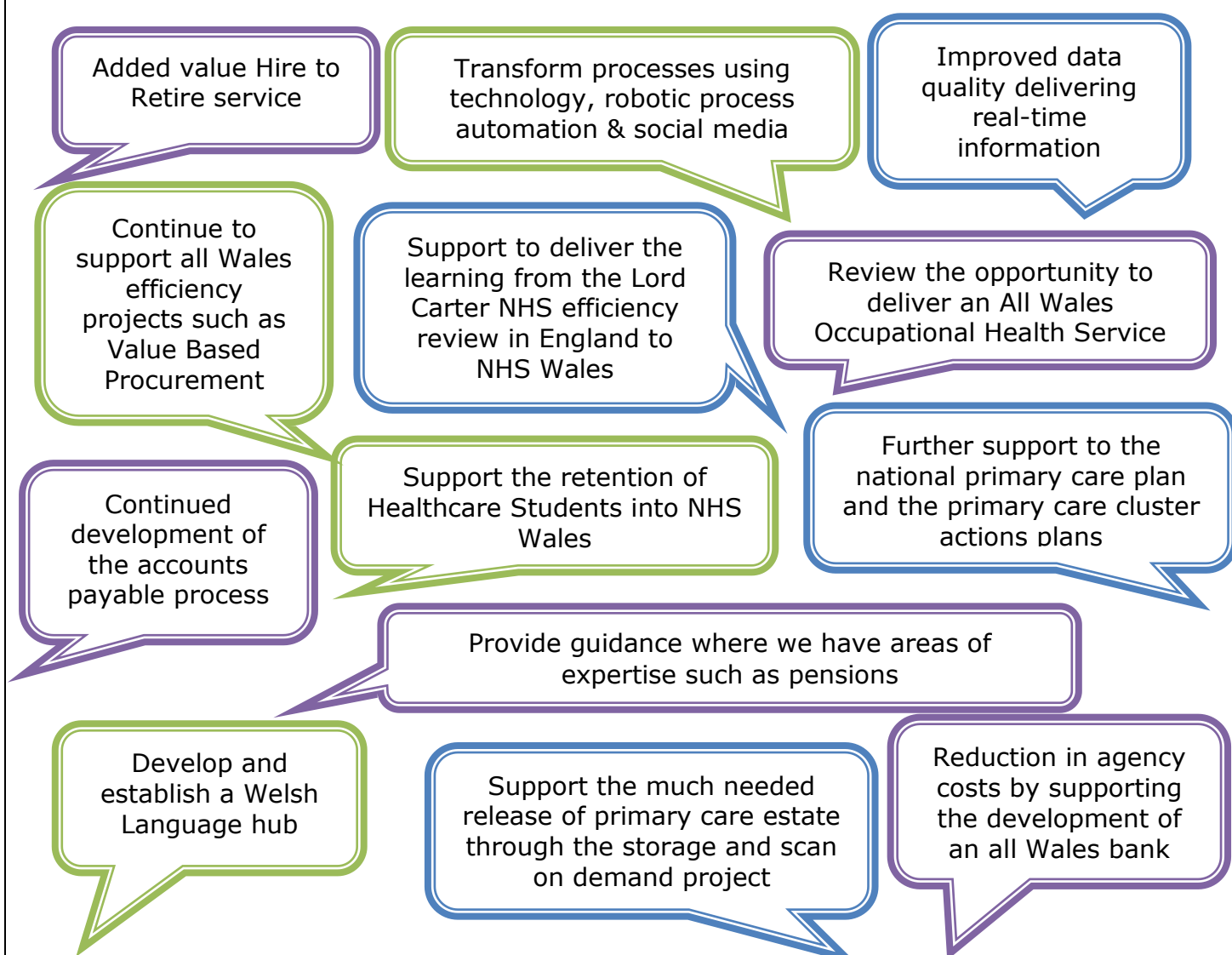
Throughout this chapter we will address how we can further develop our trusted partnership relationship outlining the needs and challenges of our partners, how we are working to meet those needs and what we need from our partners. Additionally, we will identify the risks and issues that could prevent us meeting the needs of our partners and our continuous efforts to improve quality in all that we do.

Central to our planning is conversations with our partners about their plans for the future and how we can support them with these plans. The Shared Services Partnership Committee are regularly asked how we can enable them to deliver for the communities in Wales the committee members provide us with insight into how we can align our service developments with their needs.

### The needs and challenges of our partners

As a support organisation we have to ensure that we are meeting the needs and challenges of our partners. This has been the most austere decade in terms of funding growth and the Health Foundation have outlined £600m savings are required to support the sustainability of the NHS in Wales. This undoubtedly places great financial pressures on our partners and in response to those pressures we have a key role in ensuring sustainable workforce and finance.

We have engaged with our partners to understand what they want from us over the next three years. This is evidenced by each of the divisions in their delivery plans (*Section 2*) below are the key areas highlighted through all of our ongoing conversations and engagement.



Our partners have told us what they would like us to focus on and we have taken these on board and delivered the following actions aligned to our well-being goals:

How we are supporting the needs and challenges of NHS Wales	
We will promote a consistency of service across Wales by engagement with our partners whilst respecting local needs and requirements	<p><i>Audit and Assurance Services</i> – provide assurance to boards and chief executives on governance, risk management and control. We also use our audit software to facilitate a more interactive audit process with our organisations</p> <p><i>Primary Care Services</i> – Continued delivery of timely and quality focused stakeholder service developments that support Health Boards in the development and delivery of modern services to meet the Primary Care Sustainability Agenda</p> <p><i>Procurement Services</i> - Supporting "Referral to Treatment" targets within Health Boards via various outsourcing arrangements with non NHS Wales providers.</p>
We will extend the scope of our services into NHS Wales and the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales	<p><i>Specialist Estates Services</i> – support strategic development of primary care estate, including development of Primary Care Resource Centres that interface between clinical settings</p> <p><i>Legal and Risk Services</i> – supporting the development of 111 and the extension of GP Out of Hours</p> <p><i>Technology Enabled Learning (TEL)</i> - Programme providing e-learning support, content design and hosting solutions to NHS Wales and the wider public sector</p>
We will continue to standardise, innovate and modernise our service delivery models to achieve the well-being goals and the benefits of prudent healthcare	<p><i>Employment Services</i> – ensure safe timely recruitment through improving internal processes and supporting organisations to streamline local processes developing an added value Hire to Retire service.</p> <p><i>Primary Care Services</i> – facilitate service change and modernisation through a one site one service model, increased use of automation and technology,</p> <p><i>Procurement Services</i> – support the provision of high quality and clinically and cost effective patient care through engagement with suppliers and customers, including clinicians</p>
We will be an employer of choice for today and future generations by attracting, training and retaining a highly skilled and resilient workforce who are developed to meet their maximum potential	<p><i>NWSSP wide</i> – a series of Mindfulness courses have been offered to staff across all our regions to support managing stress in the workplace</p> <p><i>Single lead employer for GP registrars</i> – increase recruitment through consistent standard of training and simplified processes</p>
We will maintain a balanced financial plan whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh	<p><i>NWSSP wide</i> – release cash resources and support cost improvement and avoidance through professional influence savings</p>

pound back into the economy	<i>Specialist Estates Services</i> – support strategic change, capital probity and effective use of resources through business case scrutiny and construction procurement frameworks
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.	<i>Audit and Assurance Services</i> - provide further financial savings by removing the recharges for Capital audit work and integrating into the main audit plans  <i>Central Team E Business</i> - provide a 2nd line and 3rd line Business Intelligence service desk to assist our customers to understand immediate business operational incidents  <i>Digital Workforce Solutions</i> – developed 10 new ESR BI dashboard analysis reports for Wales
We will work in partnership to deliver world class service that will help NHS Wales tackle key issues and lead to a healthier Wales	<i>Employment Services</i> - meet the increased recruitment needs of health organisations to meet safe clinical staffing levels and introduce changes in skill mix and structures to deliver significant service changes  <i>Health Courier Services</i> – provide efficient, timely transport of samples and results between primary and secondary care through simplification, centralisation and economies of scale  <i>Procurement Services</i> – provided dedicated support to each Health Board to increase the supply of nursing through contract agencies.
We will support NHS Wales by influencing innovation, modernisation and consistency through sharing lessons learnt and delivering high quality services	<i>Legal and Risk Services and Welsh Risk Pool</i> – reduce harm and risk through sharing good practice and lessons learnt and supporting the development of safe clinical processes; and supporting patient quality and satisfaction through “Putting Things Right”

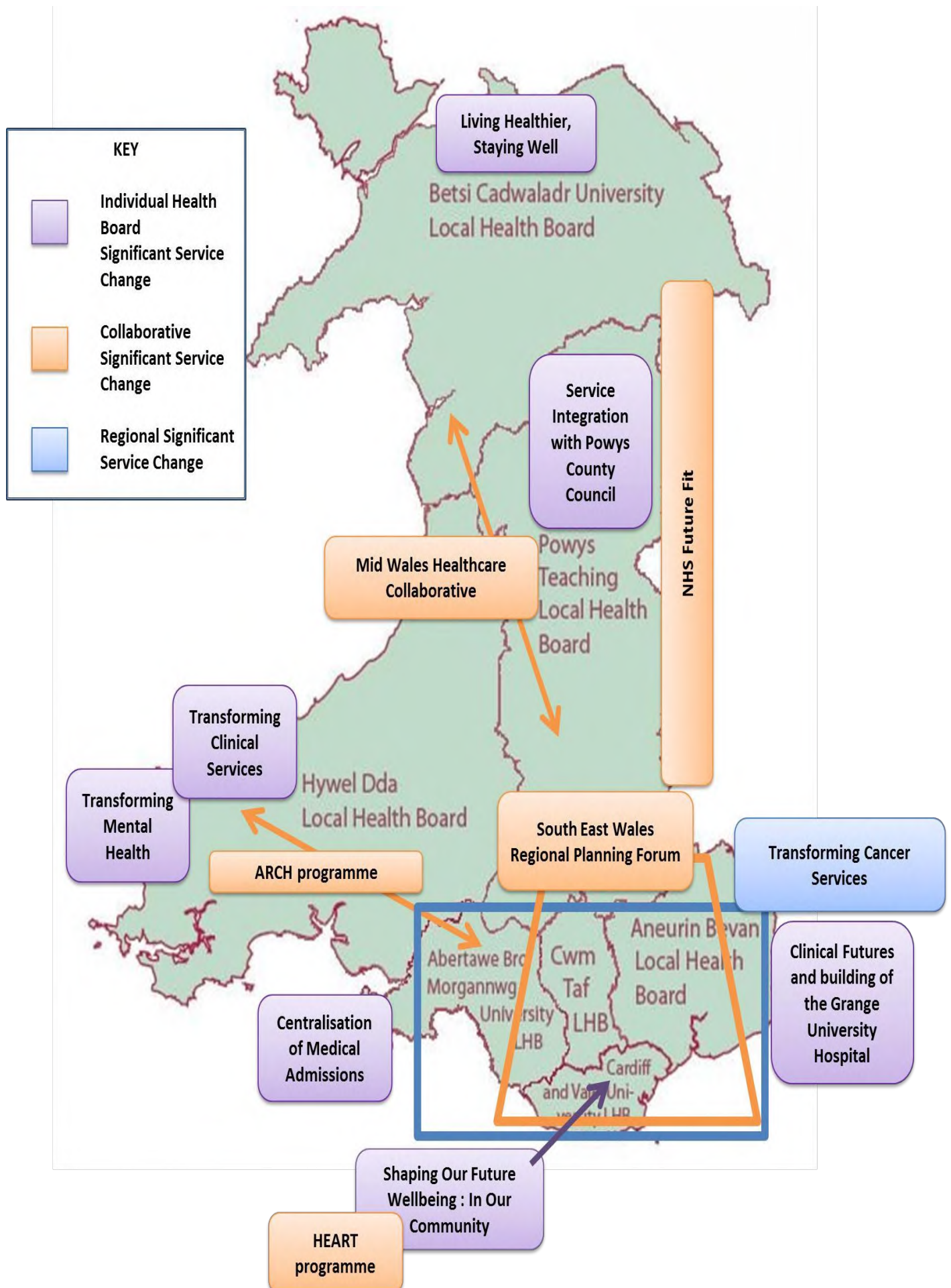
## How we are supporting local needs and challenges

As well as the socio-economic pressures NWSSP must be in a place to support and respond to the significant local service change taking place through attendance at the IMTP winter event we were able to engage with our partners about their planned service changes.

As a supporting organisation we are a critical enabler to service change across Wales. When models of care change within Health Boards and Trusts this has an impact on their recruitment, procurement and estates infrastructure. NWSSP can also provide valuable intelligence to organisations highlighting areas through procurement that they can make non pay savings through reducing inappropriate variation.

In the diagram overleaf we highlight some of the significant service change that is planned over the next three years by our partners. We have gathered this information through our ongoing conversations in different forums such as the IMTP winter event, Shared Services Partnership Committee and Assistant Directors of Planning. The map only shows some of the significant service changes at this point time and they are likely to change over the next three years.





## What we need from our partners

Central to being an enabling trusted partner is the requirement for organisations to adopt the once for Wales systems and processes we put in place to drive efficiency. Without the cooperation of our partners we can't truly implement a continuous improvement through a unified approach. If systems and processes are not adopted in a consistent manner and different organisations require variations the full benefits can't be realised across Wales.

<b>NWSSP Service Developments</b>	<b>Purpose</b>	<b>What we need from our partners</b>
<b>Full deployment digital workforce solutions and systems (incl ESR Enhance)</b>	<ul style="list-style-type: none"> <li>Easily accessible and interactive workforce solutions</li> <li>Automate and streamline processes removing waste</li> </ul>	<ul style="list-style-type: none"> <li>Engagement with local IT leads</li> <li>Full roll out and use of ESR self-service portal</li> <li>Implement recommendations of Hire to retire</li> <li>Occupational Health Interface</li> </ul>
<b>Purchase to Pay</b>	<ul style="list-style-type: none"> <li>A modern world class end to end Purchase to Pay process</li> <li>Lower unit costs</li> <li>Better information</li> </ul>	<ul style="list-style-type: none"> <li>All organisations to implement no PO no Pay policy</li> <li>Maximise cash savings from Priority payment programme</li> </ul>
<b>Value based procurement – Evidence Based procurement Board</b>	<ul style="list-style-type: none"> <li>Reduce unwarranted variation</li> <li>Purchase medical consumables and devices, optimum patient outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Medical Director and clinicians buy in</li> <li>Adopt the recommendations of the Board</li> </ul>
<b>Student Streamlining Recruitment Process</b>	Recruitment of healthcare students in partnership with Universities	<ul style="list-style-type: none"> <li>Consistent agreement and application of one procedure</li> </ul>
<b>Ongoing development of paper-lite payroll processes</b>	Reduce the reliance on paper within local payroll processes	<ul style="list-style-type: none"> <li>Stop the use of paper payslips from 31<sup>st</sup> March 2018</li> <li>Full implementation of ESR</li> </ul>
<b>Prescription - Electronic Transfer of Claims in Primary Care</b>	<ul style="list-style-type: none"> <li>Reduce the reliance on paper</li> <li>Increase efficiencies</li> <li>Better financial information</li> </ul>	<ul style="list-style-type: none"> <li>Consistent application of the process</li> <li>Collaborate NWSSP &amp; GPW</li> </ul>
<b>Storage and Scan on demand in Primary Care through the electronic storage of records</b>	<ul style="list-style-type: none"> <li>Free up the Primary Care estate</li> <li>Improvement Grant savings</li> <li>Shift to primary care</li> </ul>	<ul style="list-style-type: none"> <li>Promote in Primary Care Plans</li> <li>Support to clusters</li> </ul>
<b>NHAIS replacement</b>	<ul style="list-style-type: none"> <li>Replacement of the system for registering patients and making payments to primary care practitioners</li> </ul>	<ul style="list-style-type: none"> <li>Consistent application of the changes and ongoing communication through deployment</li> <li>Engagement and support</li> </ul>
<b>Audit and Assurance</b>	<ul style="list-style-type: none"> <li>Ability to implement, improvements and share best practice</li> </ul>	<ul style="list-style-type: none"> <li>Greater engagement around creating action plans</li> <li>Smarter management responses</li> </ul>

## Risks and Issues

As an organisation we routinely manage the risks and issues that could prevent the delivery of the goals and objectives outlined in our IMTP. We hold a central risk register that is discussed monthly at our SMT meetings. Additionally, as part of their delivery plan development we all asked all divisions to identify the risks for each delivery objective and overarching risks that would be detrimental to their steps in world class journey they wish to achieve by 2021. These are summarised into four categories below:

Critical Relationships	External Factors
<ul style="list-style-type: none"> <li>Engagement and ability to release resource in NHS Wales due to competing priorities</li> <li>Ability to engage about planning &amp; priorities by Health Boards and Trusts</li> <li>Health Boards and Trusts expectations may exceed resources</li> <li>Capacity to redirect resource to support unpredictable peaks in activity</li> <li>Possible resistance from Health Boards on further lead arrangements and service developments</li> <li>Cascade of information within Health Boards and Trusts about service developments and projects</li> <li>Unwillingness of Health Boards and Trusts to adopt a once for Wales approach</li> </ul>	<ul style="list-style-type: none"> <li>Impact of major projects eg Specialist &amp; Critical Care Centre</li> <li>Financial pressures and continued austerity will require us to demonstrate Value for Money</li> <li>Delay in delivery of required legislative change, in particular regard to paper records reduction.</li> <li>Establishment of Health Education Wales and the impact on our staff</li> <li>Financial uncertainty from commercial income generation and Brexit</li> </ul>
Capital Funding, IT & Modernisation	Recruitment, Retention and Retirements
<ul style="list-style-type: none"> <li>Competing demands on strategic partners NHS Wales Informatics Services (NWIS) to deliver required infrastructure support</li> <li>Ability of our ICT network to cope with demand</li> <li>Access to technical expertise to support ICT systems</li> <li>Our current Estate will limit our ability to expand with the increasing service demand</li> <li>Lack of available capital for the modernisation of equipment and IT systems</li> </ul>	<ul style="list-style-type: none"> <li>Business continuity and loss of skilled staff as a result of cessation of excess travel and age profile</li> <li>Inability to recruit to vacant positions from the market due to the scarcity of professionals in some areas and the restrictions of the A4C system</li> <li>Ability to attract and retain staff with required technical expertise to support systems</li> <li>Inadequate delivery of succession planning</li> </ul>

## **Improving Quality**

Many of our divisions as part of their journey to world class have increased the quality in their provision of service through the use of automation. For example, Primary Care Services have enabled this across the organisation through their scanning services removing the requirement for staff to input information. Additionally, e-Workforce solutions have a fundamental role in facilitating an increase in quality in workforce data through supporting the use of the full capabilities of ESR and technology enabled learning. The once for Wales approach in itself is a quality measure reducing inappropriate variation and ensuring consistency of application in processes.

### **Meeting and exceeding performance standards**

Supporting progress towards the achievement of excellence is the commitment to continuous development through the adoption of a number of best practice quality models, awards and standards. These provide quality assurance as well as sustained short-term and long term improvement.

NWSSP working with DoFS and WODs through the delivering excellence programme are striving to improve performance and incorporate good practice amongst health boards and trusts. Key performance indicators will be further refined following the output from the Hire to Retire and purchase to pay national and local workstreams. Individual action plans for the delivering excellence programme are created to resolve any ongoing issues with clear timescale and responsibilities in terms of ownership of actions.

### **Quality performance indicators**

Key performance indicators have been identified for each service, and are also summarised in their delivery plans (Section 2). A number of these relate specifically to quality and service improvement. The continued development of the balanced scorecard and associated performance reporting during 2016-17 will seek to consolidate and take forward work in this area.

Quarterly performance reports which incorporate detailed Key performance information are prepared for each Health Board and Trust. These reports form the basis for discussions with executive officers during regular meetings throughout the year. In addition individual services produce more detailed key performance indicators which are discussed with LHB and Trust managers during the course of the year. The information provided to each Health body contains key performance indicators for all Health bodies and areas of good practice and strong or performance are highlighted.

### **Service Level Agreements (SLAs)**

A key element of effective service provision is understanding the respective roles of NWSSP and the requirements of the individual NHS Wales. The SLAs ensures:

- That each party to the agreement understands their role and responsibilities. This is done through clear definition of duties with quarterly review meetings to monitor progress
- that risk is shared equally between all organisations
- Appropriate performance measures are in place to measure both qualitative and quantitative information

As well as providing performance reports to offer quality assurance, SLAs define the service and quality service users can expect. These are monitored in liaison with our key customers.

### **Customer Service Excellence Standard**

Supporting our corporate objectives that focuses on customer experience, a number of our divisions, including: Procurement, Employment Services, Primary Care Services, Specialist Estates Services and Legal and Risk, have all achieved and maintain the Cabinet Office's Customer Service Excellence Standard. Other NWSSP services are working towards this as part of their service development as we strive to provide services with increased efficiency and quality.

### **Wales Quality Awards**

Our commitment to customer service has been recognised through a number of our services gaining both the Wales Quality Centre "Business Excellence Award" and the Customer Service Excellence Award, both of which are nationally recognised awards for good practice.

To achieve these awards, the services undertake a robust assessment across a range of criteria. These assessments are undertaken through a document review and site visits by independent assessors, are a valuable part of our quality improvement process. Every year we work hard within our divisions to attain accreditation from the Wales Quality Centre who undertake an in-depth assessment on the following criteria;

- Leadership
- Strategy & Planning
- People Management
- Partnership & Resources
- Processes
- Customer Results
- People Results
- Society Results
- Key Business Results
- Customer Insight
- The Culture of the Organisation
- Information and Access
- Delivery
- Timeliness and Quality of Service

Each year our services continue to improve the scores received by the Wales Quality Centre. Over the last year each service has been putting in place the recommendations received to strengthen their services. Next year it is the intention that we will undertake the assessment as a whole organisation rather than individual services.

### **Awards and Recognition**

Awards and Recognition is an important to encourage staff of the value of their work. We believe it helps to drive the quality of our services encouraging a culture of continuous improvement. In support of this we continue to hold our annual staff recognition awards aligned to our values. The awards are positively received by staff and planning for the 2018 is underway as this is an established annual event in the NWSSP calendar.

A measure of the quality of our services is the I recognition we have received from national bodies. Our services have been nominated for and won a number of prestigious external awards;

- Chartered Institute of Professional Development
- Health Service Journal
- GO, Excellence in Public Procurement
- Healthcare People Management Association
- Institute of Directors Wales
- The Law Society of England and Wales

This year and we will continue to support staff to enter awards to recognise their dedication to our journey of being a world class shared services organisation.

### **Improving quality together**

Quality services can only be provided if the driving forces, the staff, are appropriately skilled and empowered to deliver excellence. Our organisational values are intrinsic to supporting our staff to listen, learn, take responsibility, innovate and work together to achieve quality. Coupled with this our staff development programme has a strong focus on quality. All staff are required to undertake the Bronze Improving Quality Together (IQT) training and encouraged to do the Silver and Gold IQT. Innovation is a Core Value of NWSSP and an essential element of IQT Silver. There are seven cohorts of 15 places IQT Silver planned across NWSSP next year and further cohort dates to be released.



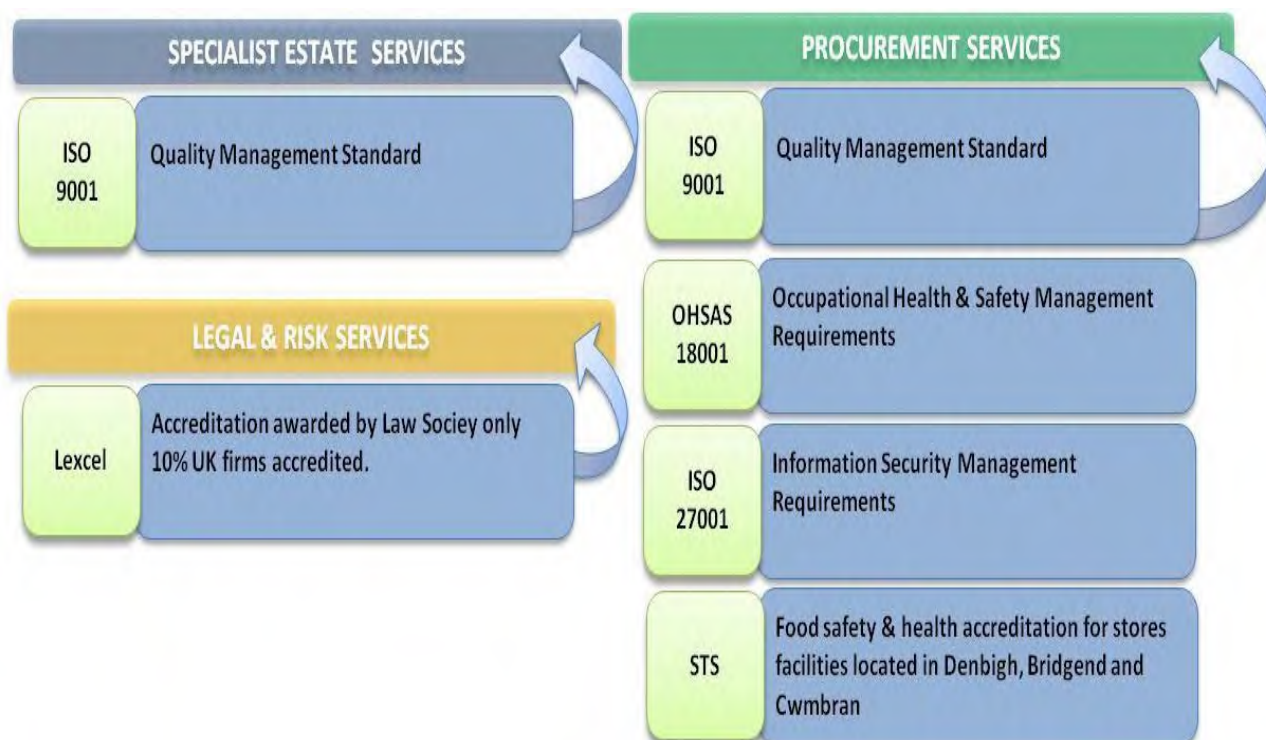
## Quality Standards

As an organisation, we achieved the ISO14001:2004 Standard with our Environmental Management System and have maintained continued certification since 2014. Looking forward, we are aiming to transition to the ISO14001:2015 Standard in May 2017 and to extend the scope of the accreditation to include our newest services, such as Health Courier Services.

Procurement services undertook the OHSAS 18001 this year and the external audit was an extremely good outcome with no non compliances raised. In addition to this the ISO 9001 standard was majorly revised in 2015, procurement services were able to meet the revised standards for their external audit this year.

It was agreed by the SMT that we will ensure as an organisation we have the ISO27001 Information Security Management Standard (ISMS). We have developed an organisation wide cyber-security action plan which will be implemented prior to ISO 27001. We recently took part in a cyber –security audit and our plan will be updated following the receipt of the recommendations. The standard aims to improve resilience and responsiveness to threats to information, preserving confidentiality, integrity and availability of information (CIA) by applying a risk management process. It deals with the need for prevention and all aspects of protocol including technical, physical and legal control.

Each of our divisions are undertaking quality initiatives and gaining recognised quality accreditation and awards that are appropriate to the services provided. Some examples include:





## What do we need to develop and improve?

### OVERARCHING GOALS

We will help NHS Wales respond to the socio-economic pressures it is facing

We will ensure our staff are appropriately skilled and empowered to deliver excellence

We will support and respond to Health Boards and Trusts significant local service change

We will continue to increase the quality in our services through the use of automation

We will work with our partners to ensure consistent application of our systems and processes, through a Once for Wales approach

We will maintain our commitment to and delivery of excellent customer service

### KEY PRIORITIES FOR THE NEXT THREE YEARS

Value for Money	Our Customers	Adding Value Through Partnership
<ul style="list-style-type: none"> <li>Ongoing development of paper-lite payroll processes</li> <li>Reduce unwarranted variation in purchasing of medical consumables and devices through value based procurement</li> <li>Reduce the reliance on paper and increase efficiencies within Primary Care through the roll out of Electronic Transfer of Claims</li> </ul>	<ul style="list-style-type: none"> <li>A 'Once for Wales' approach to the recruitment and pre-employment checks of healthcare students in partnership with Universities</li> <li>Work towards all our services being recognised by the Cabinet Office's Customer Service Excellence Standard</li> </ul>	
Service Development	Our Staff	Excellence
<ul style="list-style-type: none"> <li>Further support to the national primary care plan and the primary care cluster actions plans</li> <li>Support the strategic development of primary care estate, including the development of Primary Care Resource Centres</li> <li>Develop and establish a Welsh Language hub</li> </ul>	<ul style="list-style-type: none"> <li>Continue to support staff to undertake the Improving Quality Together Silver training</li> <li>Continue to support staff to enter awards to recognise their dedication</li> <li>Ensure our staff recognition awards are a standing event in the NWSSP calendar recognising how our staff live our values</li> </ul>	<ul style="list-style-type: none"> <li>Improve our data quality so we are able to deliver real-time information to our partners</li> <li>Commit to improve the Wales Quality Centre audit of services over the next three years</li> </ul>



## 5. Service Change

Service change is a necessary component to ensure continuous improvement and to reflect the needs and challenges of our partners. Each division will be undertaking service developments over the next three years as part of their journey to being world class these are outlined in detail in their delivery plans (*Section 2*). This chapter provides an overview to the significant service change NWSSP will experience over the next three years.

### Driving efficiency and delivering transformation

We have already begun implementing processes that will maximise efficiency, effectiveness and value for money, supporting organisations to apply lessons from the Lord Carter Report by minimising variation through world class standards.

The primary focus of reducing unwarranted variation is explicitly linked with the work already progressed on Prudent Healthcare. In his report Lord Carter identifies four themes Workforce, Hospital Pharmacy and Medicine Optimisation, Estates Management and Procurement. Some examples of where we are driving the work across NHS Wales to optimise resources, increase quality and efficiency are:

#### Workforce

**Hire to Retire** automated modernised processes that support staff from first job application to payment of pension. The benefits include quicker recruitment, better performing staff improved communication with staff and portability of staff information.

**Implementing key digital information systems** including the developments in ESR functionality which will empower managers to manage and staff to take responsibility for their own data to drive up data quality

**Collaboration of workforce processes** supporting a once for Wales approach that will drive standardisation in areas such as workforce planning, helpdesk support and job evaluation supporting the implementation of the All Wales Bank.

#### Hospital Pharmacy and Medicine Optimisation

Drive automation and efficiency in prescribing by receiving and automatically processing prescription forms through the **Electronic Transfer of Claims (ETC)** rollout

**All Wales Drug Contracts** provide hospital pharmacy departments the drugs they purchase, ensuring quality of product at value for money prices. The contracts cover all branded drugs (patented), as well as generic contracts and provide a One Wales approach to procurement and rationalisation to one provider where clinically possible.

#### Estates Management

Centrally **procure and manage National and Regional construction** and consultant frameworks for use by NHS Health Boards and Trusts on major capital projects in excess of £4m construction cost.

Assistance to Health Boards and Trusts in the **management of contractor and designer supply chains** with the establishment of Project Manager and Cost Adviser frameworks

Initial NHS Wales **Estates benchmarking** data shared and discussed at the All-Wales Directors of Planning Group

#### Procurement

**Purchase to Pay** looking to ensure that goods and services are sourced, ordered, delivered and paid for efficiently, ensuring NHS Wales has what it needs at the right time and at the best price.

**Clinically led procurement** acting as a focus for developing and refining local professional opinions on products purchased by reviewing evaluations and assessments to test the existing evidence base and support the rationalisation/standardisation agenda.

## Service Change across NWSSP

All of our divisions and services are on a continuous journey to being world class and undertaking service improvements these have been summarised in appendix 1 –Our services and their journey to world class. As a growing organisation we also undergo significant service change on an annual basis with the growth of existing services, addition of new services, service relocations through the realisation of our accommodation strategy and the reallocation of services to other health bodies. Many of the services changes that are being implemented have common themes.



In order to embed our well-being objectives we have considered how to grow our services aligned to the five ways of working and ultimately to drive forward the requirements of Prosperity for All.

<b>Service change aligned to :</b>	<div data-bbox="399 1411 526 1545"> </div> <div data-bbox="542 1377 1449 1545"> <p><b>Collaboration</b></p> <p>Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.</p> </div>
<p><b>NWSSP Wide</b></p> <p>Consider opportunities for additional work outside on NHS Wales by building n current non-NHS work to widen coverage to other areas that impact significantly on the work of NHS Wales</p> <p><b>Health Courier Services</b></p> <p>Continue work with the NHS Wales Collaborative on centralisation of Specialist Pathology Services to centres of excellence.</p> <p><b>Procurement Services</b></p> <p>Introduction and application of Value Based Procurement principles as a new way of working to be embedded by March 2020.</p>	

**Service  
change  
aligned to :**



#### Integration

Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

#### Digital Workforce Solutions

Deployment of an agreed programme of ESR e-Learning products for NHS Wales and the wider public sector

#### Employment Services

Payroll and Pension Process to all practices Primary Care Sector to generate capacity to redirect teams to patient care.

#### Specialist Estate Services

Develop the current property related service to support the investment of new capital, revenue and third party funding for Primary Care developments.

**Service  
change  
aligned to :**



#### Involvement

The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

#### Digital Workforce Solutions

Establishment of an accredited 'All Wales' Self Service & Learning Support Function that maximises economies of scale and enables local capacity

#### Primary Care Services

General Ophthalmic Data Warehouse development in order to provide required assurance through improved collaboration with NHS Wales Counter Fraud Services

#### SMTL

Pilot Usability Testing to provide procurement with additional evidence on which to select devices for Welsh contracts, and to enable clinicians to have confidence in the products that are awarded as a result of the process

**Service  
change  
aligned to :**



#### Prevention

How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

#### Employment Services

Certificates of Sponsorship management centrally undertaken for all Medical and Dental staff this will ensure Once for Wales portability, reduced costs to NHS Wales, HEIW and individual

#### Procurement Services

Roll out of Action Point across Procurement Services due to internal need to improve call logging and management.

### **Welsh Risk Pool Services**

Support the development and roll out of a Once for Wales Concerns Management System. To address the Evans Report "Using the Gift of Complaints" and to identify and focus on themes

### **Service**

### **change**

### **aligned to :**



### **Long term**

The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.

### **NWSSP Wide**

Expansion of the use of Robotics to ensure we are working in a modern and efficient manner; releasing and redirecting resource capacity to qualitative value added activities.

### **Primary Care Services**

Internal service review to consider further service consolidation and site rationalisation through a potential restructure.

### **Procurement Services**

Utilising technology and Oxygen Finance for prompt payment. P2P process efficiencies will be ongoing and realised over the contract term until 2023.

## How will we develop and improve?

### OVERARCHING GOALS

We will implement processes that will maximise efficiency, effectiveness and value for money

We will continue to develop and integrate our new services

We will apply lessons from the Lord Carter Report by minimising variation through world class standards

We will support the growth of existing services to meet our partner's needs

We will recognise that we are on a continuous journey to being world class undertaking service improvements to support this

### KEY PRIORITIES FOR THE NEXT THREE YEARS

#### Value for Money

- 

#### Our Customers

- 

Adding Value Through Partnership



#### Service Development

- Support the implementation of the Jenkins review recommendations
- E-learning on board to Welsh Government and other wider public sector bodies
- Develop and expand to support Primary Care with their recruitment and payroll requirements

#### Our Staff

- Make sure that staff feel supported through change management
- Promote agile working environments in all of our staff relocations

#### Excellence

-



## 6. Enablers

Throughout this chapter we will address what will enable us to deliver our plan. There are many components that support us in our journey to being world class; our people, finances, infrastructure, ICT and governance. Without these components working together we would not be able to continue to add value through partnership.

### Our people

The workforce and OD plan sets out the key priorities to support the delivery of the service development strategy outlined in this plan. The improvements made to date as an organisation have been achieved through the support, hard work, dedication, commitment and skill of our workforce. Our staff will continue to play a fundamental role in ensuring that this plan, the service commitments and developments are successfully delivered.

### Organisational Change

*Ongoing organisational change* has been a reality for NWSSP since its inception and will continue over the period of this IMPT. Re-structuring of services and organisational structures continues and is an ongoing requirement as services continue to develop and grow.

In addition, further relocations of staff will also be a reality for the foreseeable future as NWSSP continues to implement the strategic Accommodation Strategy and further align and reduce the number of sites it operates from. This included the transfer of circa 150 staff from central Swansea to Matrix House in autumn 2017 and will include the transfer of some services to NWSSP HQ at Nantgarw when space becomes available following the transfer of WEDS staff to HEIW in 2018. . In addition, there is a proposal to relocate Health Courier Services from various locations in the Aneurin Bevan Health Board area to Mamhalid Park Estate in 2018.

*New roles* are being developed aligned to service need. Service improvement team roles have now been established in all transactional areas and the benefit and expansion of these roles and other complimentary roles will continue to be explored and implemented.

The new roles will include further expansion and integrated provision of helpdesk services to fully support stakeholder needs to provide an accessible and responsive service to all users. In addition, new roles are being developed to support the utilisation of robotic technologies that will facilitate the automation of identified labour intensive transactional processes.

*Alignment of future staff levels/skill to service plans* will continue to be reviewed and adjusted to reflect the changes in service models and the requirements of individual services plans. In summary, the broad areas of significant change are highlighted below, with further detail outlined in individual plans.

*New services*, including SMTL, PMCATT and the management of NCAS from Welsh Government have recently transferred into NWSSP. The effective integration and alignment of these services into NWSSP workforce operating practices will continue. Subject to the outcome of the current review and business case there is also potential for the provision of laundry services to transfer to NWSSP in the future. In addition, following extensive scoping work led by NWSSP work will continue on supporting the establishment of an All Wales Staff bank.

*Transferring services* – a significant change in 2017/18 was the transfer of WEDS staff to Health Education and Improvement Wales. This process required significant support from the workforce team to ensure that the consultation process, management of change and the ultimate TUPE process is effectively managed, working with the key stakeholders such as the Welsh Government, Cardiff University and Wales Deanery.

**Procurement**

Local/Central Sourcing – recruitment to vacant posts and further investment in staffing levels in professional procurement roles continues as requested by stakeholders. Internally delivered CIPS development programme to support future supply of qualified staff. A number of band 5 roles have been established to facilitate career progression and the internal talent pipeline

Supply Chain – no material changes to resourcing levels but ability to supply short-term gaps to be supplemented by internal driver bank. Some potential increase in staff numbers where additional Receipt and distribution opportunities and a wider supply chain service might develop.

Accounts Payable – the ongoing review of staffing levels continues as progress made in automating processes may reduce staff needs. Eradicate the use of agency staff through recruitment to substantive posts and the utilisation of the in house bank. Wider adoption of home working for some aspects of the function

**Primary care**

Most notable area of change relates to the overall reduction in staff required for prescription pricing as automated process are further rolled out. Retraining/redeployment strategy will be required to support affected staff

**HCS**

Further small-scale expansion of workforce as additional services transfer from Health Boards and integrated into HCS model. Further attempts to recruit HGV drivers and a wider development of the management of the transport function.

**Student Awards Service**

No immediate change in early years of plan and future staff needs contingent on the Welsh Government policy position regard student bursaries

**Employment Services**

Payroll– development of services provided to primary care will require additional staffing to be deployed. In addition a small investment in pay modelling expertise will be required to support the strategic pay agenda for NHS Wales. A Head of payroll services to be appointed during 2018.

Pensions - No significant change to overall resourcing levels for pension transactional activity although short term capacity will need to be identified to support the TUPE transfer of Cardiff University staff into HEIW. A review of expertise requirements to proactively support pension implications of changes to annual and lifetime allowances will be undertaken and may need additional investment.

Recruitment – development of services provided to primary care will require additional staffing to be deployed. Ongoing support and potential increase in staff levels to support the Train, Work, Live campaign and Single Point of Contact service. Refocusing of roles to support end to end process change and work in closer partnership with stakeholders to support the development and improvement of local processes

E expenses - - No significant change to overall resourcing levels

Service Improvement team – further development across full range of services to maximise process efficiencies

Technology Advancement – Investment in dedicated developer roles to deliver customer portal and process efficiencies through robotics and digital technology

**E workforce solutions**

Future review of funding and staffing levels in light of development in Local Government and Welsh Government users and the potential to establish an all Wales ESR helpdesk facility. Additional resource will be required. Business cases submitted to Welsh Government and W&ODs.

**WEDS**

TUPE transfer to staff into HEW should be completed during the first year of the IMTP period

### Corporate Functions

Small number of additional posts for Robotics, Project Management Office and IT

#### Welsh Risk Pool

Refocusing staff to fully support lessons learnt agenda across NHS Wales

#### Legal and Risk Services

Potential to continue to expand legal team to further supply in house solution to NHS Wales and further reduce the instruction and cost of external legal services providers

#### GPSTR

Potential to further develop services to provide a wider range of workforce services to primary care partners.

#### Audit and Assurance Services

Further recruit a small number of substantive staff as the dependency on external support is reduced

#### Specialist Estates

No significant change to overall resourcing levels

#### Counter Fraud

No significant change to overall resourcing levels

#### SMTL

No significant change to overall resourcing levels

*New services*, including SMTL and PMCAT have recently transferred into NWSSP. The effective integration and alignment of these services into NWSSP workforce operating practices will continue. Further services are anticipated during the duration of the plan including the transfer of the management of NCAS from Welsh Government in 2017, and Optometrics/Dental Services from Public Health Wales. Subject to the outcome of the current review there is also potential for the provision of laundry services to transfer to NWSSP in the future.

*Transferring services* – a significant change in 2017/18 will be the transfer of WEDS staff to Health Education Wales. This process will require significant support from the workforce team to ensure that the consultation process, management of change and the ultimate TUPE process is effectively managed, working with the key stakeholders such as the Welsh Government and Wales Deanery.

### Values

The journey to embed the NWSSP values of Listening and Learning, Taking Responsibility, Innovation and Working Together continues. To address this a number of targeted interventions continue to be provided:

A values invasion group was established and mapped all the broader NHS Values and Core Principles to NWSSPs Values. The group also developed an action plan which includes:

- Branding and awareness campaign
- All staff to update their signature strip to reflect our branded values–
- PADR Pay progression process has been aligned to our values
- Each service area to demonstrate how they are putting values into action with a planned intervention with workforce
- Values shields for all training events including corporate induction events
- Staff recognition awards are aligned to our values
- Staff Newsletter will continue to campaign and promote values based stories
- Values based recruitment models
- Values have been built into all team based working programmes
- Progress on its implementation will be reported to NWSSPs corporate communication group
- Regular updates are provided to Welsh Government on our values agenda

In addition, the organisation has developed a poster to showcase the work done in embedding the values for display at the NHS Confederation Exhibition in February 2018.

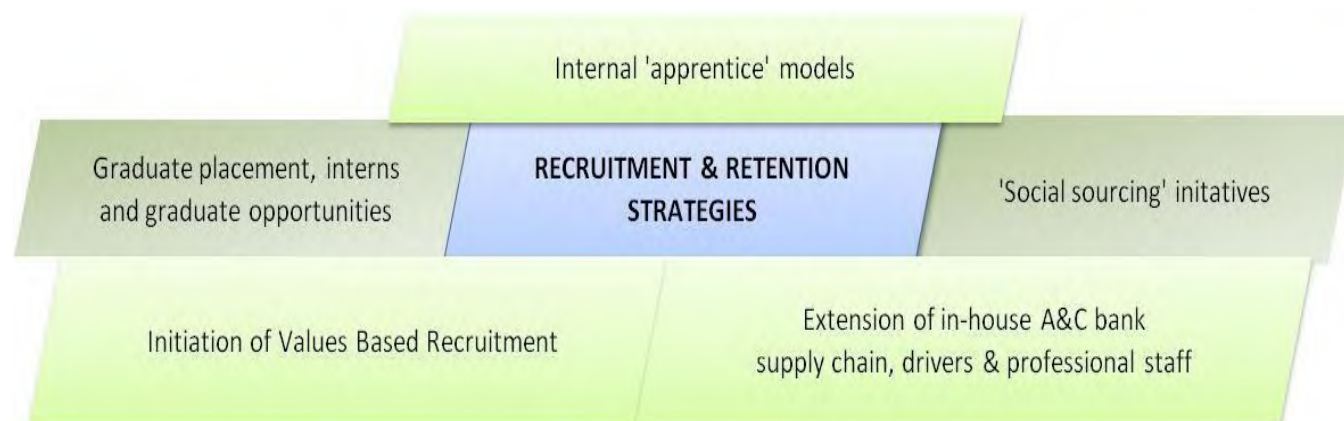
### Recruitment and Retention

Recruitment and retention continues to be one of the most significant areas of challenge to NWSSP. The constraints of Agenda for Change pay has a detrimental impact on both recruitment and retention in a number of the professional and technical services where NWSSP competes for

staff with the private sector and other parts of the public sector. The services most notably affected are Procurement Services, Specialist Estates Services and Audit and Assurance Services where remuneration levels in the private sector and other parts of the public sector are generally higher and the local labour market is very competitive.

A further review of the opportunities to improve recruitment and retention in these services is critical to ensure that a lack of a skilled and adequate workforce does not have a detrimental impact on service delivery and development.

A blended portfolio of recruitment initiatives will continue to be deployed, to include:



To further help mitigate the impact of recruitment and retention challenges robust internal staff development and succession planning arrangements are being put in place to help 'grow our own' workforce and equip our staff for future role sand opportunities. One key example of this is the investment in an internal CIPS programme which is supporting circa 25 junior procurement staff to attain the relevant professional qualification.

Other initiatives will include the establishment of an 'apprentice' employment model within Employment Services where junior level staff are supported to rotate through a variety of areas, thus gaining a broad range of skills and experience. The Specialist Estates Service has also introduced an apprentice style scheme which will be evaluated and considered for further expansion.

In addition, the Clerical Bank has provided a resource solution as individuals registered on the Bank have been recruited into permanent posts within the organisation.

Recruitment to transactional services remains robust. However, long term retention of junior staff remains challenging. These staff gain very transferable skills which are attractive to other employers.

The On-boarder and Exit questionnaire mechanisms that have been put in place in 2016 has provided a critical insight into what needs to be improved and what action needs to be taken to ensure that staff are retained in the organisation as far as possible. The feedback from these surveys has provided a very useful insight in the behaviours of staff. The outcomes of the 'On border' survey has indicated that NWSSP should review the skills and experience of staff appointed to these 'junior' roles. Often, highly educated individuals have been recruited. The consequence is that NWSSP at times is unable to meet the career aspirations of these staff, which in turn results in unplanned turnover.

NWSSP recognises that to ensure that staff retention is maximised all staff need to have a 'best in class' employment experience and feel engaged, supported, motivated and enabled to develop their careers within NWSSP. This will rely heavily on the 'people management skills' of our leaders, managers and supervisors which is being addressed as part of the organisations learning and development strategy.

### Staff Survey

The 2017 staff survey provides positive news for NWSSP. The results for NWSSP show that 91% of all questions reported positive improvement between the 2013 and 2016 surveys. In addition, NWSSP survey results were more positive than the rest of Wales in 70% of areas.

One of the main target areas remains the drive to improve the Engagement Index Score. Whilst this shows an improvement since the 2013 survey the overall score lies just below the average score for NHS Wales.

An overarching action plan has been developed and in addition, each service areas has identified its own top priorities for action. These include:

- Staff Development
- Health & Wellbeing
- Improved Communication between Senior Management & Staff
- Leadership & Change Management
- Engagement & Feedback

Regular organisation wide and local staff pulse surveys will be routinely used during the duration of the plan to monitor progress and improvement. –

Each service area will provide a regular update to LPF detailing progress and improvement and in addition to this NWSSP staff survey action group will be exploring cross cutting themes emerging from the results - the group will be responsible for delivering the staff survey action plan.

Our programme of work to date includes:

- A number of service areas conducting pulse surveys working towards improving the communication and staff engagement agenda
- Ongoing work of staff focus groups within Employment Services, Primary Care and Procurement Services
- Launch of the AP Triple 3 Cultural Change Programme
- Team Based programmes within Procurement and Employment Services to embed team based working philosophy

### **Workforce Performance**

Positive improvement continues to be achieved across a range of core workforce performance indicators.

Sickness absence - Significant focus has been given to driving down levels of sickness absence with a challenging organisational target of 3.3% being set. This target has now been achieved but maintenance at the target performance is an ongoing challenge. The rolling average sickness rate is currently 3.4%. Performance against this will continue to be closely monitored. Overall short term sickness has improved and is now XX. The management of long term absence remains a priority. In recognition that stress, anxiety is the most common cause of sickness absence, active steps are being taken to address the impact of this as detailed below to provide staff with tools and strategies to handle difficult situations, breakdown the stigma surrounding mental health and enable staff to be able to hold sensitive conversations.

A number of further developments will be delivered during the duration of this plan, including:

A further small reduction in the agreed sickness absence target

Improvements in the management of long term absence through a review of the provision and access to occupational health services. The option to access OH support from external providers has now been put in place and is utilised on a case by case, needs based assessment where this may deliver improved absence management and facilitate quicker return to work

Improved awareness and training on the management of stress and anxiety in the workplace for both managers and staff. In the first year of this plan a comprehensive suite of training and awareness events will be provided to support both managers and staff in better understanding and supporting mental health in the workplace.

PADR and Pay Progression – work will continue to fully embed PADR and pay progression within NWSSP. Compliance rates have stabilised over the last year at around 83-85%. Focussed activity will continue to ensure that the Welsh Government target of 85% is achieved and maintained.

The staff survey results indicate that the PADR process has a significant positive impact with 80% of staff stating that they had clear work objectives. However, there is more that can be done and the content of the PADR and pay progression conversation will be further developed to ensure that all staff discuss prudent principles and their contribution to these during the review discussion.

Ongoing audits will continue with NWSSP to ensure that the agreed pay progression criteria are appropriately assessed during the PADR process.

Turnover –this current stands at circa 10% and reducing staff turnover continues to be a challenge. To better understand the reasons driving turnover and On-boarder and Exit survey process has been established which have provided useful feedback and insight. These mechanisms have provided critical intelligence to inform what action is needed to improve current turnover rates which have been previously referred to above.

Statutory and Mandatory Training – significant effort has been put into ensuring that all staff are fully compliant with these training needs. Compliance is current in excess of 94% and a further detail training analysis has been undertaken to identify staff requiring a higher level of skill in the workplace consistent with their job role.

### **Developing our staff**

The development of staff remains a key priority for NWSSP. Significant progress has already been made and the staff survey results show a significant improvement between 2013 and 2016 in all of the 25 training and development measures. However, for 57% of all training and development measures the NWSSP results show a less positive position than the all Wales average.

These results reinforce the continued focus and investment that NWSSP must continue to make ensuring appropriate development opportunities for staff.

In response NWSSP has recently approved a new Learning and Development Strategy to underpin and provide focus for the future provision of staff development and growth.

We will continue to develop and offer a comprehensive range of in-house programmes that support the professional and personal development of our staff. To underpin the L&D strategy and in recognition that Leaders, Managers and Staff need support and development to enable them to function effectively within the context of delivering a world class service, our Leadership, Management and Staff Development framework supports this aim. It is underpinned by the NHS Health Care Leadership Model as well as the Management Competency framework.

The programmes supported within the framework includes:



Improving the **people management skills** of all managers and supervisors has been a key strategic priority. The staff survey results confirm that positive progress has been made with the results demonstrating an improvement in every area since the 2013 survey. A skills passport will be developed and implemented across all parts of NWSSP.

New for 2017 and the future will be **IQT Silver Qualification**. In November in partnership with Public Health Wales we launched a series of IQT Silver workshops across all Shared Service sites. IQT Silver explores the Model for Improvement in detail, looking at how you can apply these to improvement projects in the workplace. An initial series of 4 IQT Silver Cohorts will take place in Cardiff and in North Wales in early 2017.

We have developed a **cultural change programme** in partnership with Unison, which will implement a programme of transformation and modernisation for staff working in Accounts Payable.



Our **leadership development programmes** will be supplemented by a short behavioural based leadership development intervention, commissioned from and delivered in partnership with a local university

We continue to support service areas with their **professional development** and in 2017 we shall be working in partnership with Employment services and Specialist Estates to implement apprenticeship schemes

## Succession planning and talent management

Over the duration of this plan it is likely that a number of very senior staff will retire and effective succession planning is key to ensuring business continuity. Consideration has already been given as to how a number of the most senior posts can be effectively recruited to in the future. In addition, a number of senior post holders within individual services will retire during the duration of the plans and plans have again been formulated to explore how these posts can be filled in future years – from internal progression or from the external labour market.

The NHS Wales National Succession Strategy sets out the ambition to deliver a pipeline of talent of NHS staff at local and national levels, underpinned by a technical solution through ESR. In 2018 NWSSP will utilise the National strategy to better support consistent mechanisms for succession planning and inform senior level succession planning across NHS Wales.

To ensure that the training needs and training provision for all posts is fully aligned the ESR Talent management functionality will be rolled out across all services during the duration of the IMPT. This will ensure that the competencies required for each post are fully identified and the progress staff make to meeting these competencies can be monitored on an ongoing basis, enable targeted and intelligent investment decision to be made.

## Digital Workforce solutions

The utilisation of ESR is well embedded in NWSSP good progress continues to be made.

A number of developments have been achieved, including:

- Full portal deployment across NWSSP. Utilisation audits demonstrate that in excess of 87% are using the new functionality.
- Withdrawal of paper payslips

- Utilisation of ESR through mobile technologies
- Migration of all e learning into ESR
- Utilisation of employee relations technology

However, there will be an ongoing and continued focus on the ongoing development and further utilisation of a wide portfolio of e workforce solutions, including:

- Establishment of an ESR Project board/project plan to ensure full deployment of ESR functionality from hire to retire
- Deployment of all ESR Enhance functionality including the utilisation of Talent Management and Appraisal
- Full deployment and maximum utilisation of ESR Manager and Employee self-service and the resultant removal of paper systems where they continue to be used
- Further development use of ESR BI reporting technology
- Procurement of bank management software
- Streamlining expenses and study leave e systems for GPSTRs

### Further opportunities

A number of 'national workforce related services' are currently very successfully provided by the NWSSP wider workforce team. These include:

- E workforce solutions, including ESR Enhance, Hire to Retire Programme and Technology Enabled Learning
- Lead Employer for GPSTRs, GP returner and inductees, the GP Incentive Scheme and the national marketing campaign Single Point of Contact (SPOC)

There are potential opportunities to expand further national workforce related services, which, subject to agreement could include:

- National/Regional Bank management
- Lead Employer for a wider range of junior doctors
- GP locum management
- Job Evaluation collaboration
- All Wales ESR helpdesk
- All Wales HR helpdesk
- Job Evaluation collaboration

### Our finances **to be updated at a later date**

The financial plan sets out our financial strategy, which enables the delivery of the service development strategy outlined in this plan. Together with NHS Wales, NWSSP is facing significant challenges to enable major service changes to be delivered within our financial resources to ensure high quality services are provided. We have a key role to play to enable NHS Wales to deliver their required changes and the financial plan aims to reflect this.

The financial context for NWSSP will continue to be very demanding and with the exception of wage award and other pay/pensions related funding, we are anticipating having to operate without any funding for growth. The financial plan is balanced over the three year period and will continue to provide a revenue distribution to NHS Wales of £0.750m per year and deliver significant professional influence benefits.

To ensure the achievement of our plan and enable the changes required in the delivery of our services, we will need to:

- Identify savings to cover increased demand for our services, absorb cost pressures and make service investments
- Transfer funding between our services to help us meet NHS Wales priorities and demands.
- Invest in service modernisation technology to provide more cost effective and higher quality services
- Work in partnership with our stakeholders to deliver change and modernise services
- Increase the number of professional healthcare training places at Universities to help NHS Wales meet future workload requirements

- Manage clinical negligence claims and implement a more sophisticated risk sharing agreement and mechanism to spread best practice and lessons learnt.
- Receive sufficient capital funding to enable revenue savings

Finance continues to support and enable change through the management and control of budgets within the four key areas:

- NWSSP Core Services
- Non Medical Education and Training
- All Wales Risk Pool
- Capital

### NWSSP revenue budgets

2016/17 has seen a number of developments and expansion of Services provided within NWSSP including:

- The transfer of the Surgical Materials Testing Laboratory from Abertawe Bro Morgannwg University Health Board from 1st October 2017
- The absorption of the Primary Medical Care Advisory Team into our Primary Care Services division which was previously part of Public Health Wales NHS Trust.
- The expansion of the GP Lead Employer Arrangements to cover the payment of study leave courses and GP returners

Finance has enabled significant change within NWSSP during 2016/17 through the planned reinvestment of £0.750m in Service priority areas. Investments were primarily made within procurement, employment and health courier services to provide greater capacity for these services to support and enable the delivery of change across NHS Wales.

Looking ahead, 2017/18 will see preparations made for the transfer to a new Oracle support provider which will be managed through NWSSP.

The table below summarises the revenue income available to NWSSP to enable the changes required to support Service delivery plans:

<b>NWSSP Revenue Position</b>	<b>2017/18 £m</b>	<b>2018/19 £m</b>	<b>2019/20 £m</b>
<b>WG Allocation</b>			
NWSSP Core Services	54.118	54.822	56.241
Non Medical Education and Training	70.491	76.575	79.424
Student Bursaries	22.978	25.080	25.994
Welsh Risk Pool Service core allocation	75.000	75.000	75.000
<b>TOTAL ALLOCATION</b>	<b>222.587</b>	<b>231.477</b>	<b>236.659</b>
Other Core invoiced income	77.885	79.491	79.297
Welsh Risk Pool Service - risk sharing agreement income	6.000	14.000	26.000
<b>TOTAL INCOME</b>	<b>306.472</b>	<b>324.968</b>	<b>341.956</b>

### NWSSP core services

This area incorporates the income and expenditure budgets associated with the running of the main services we provide. An element of this income is received through our top-slice funding agreement with Welsh Government with the remainder generated through invoicing which is detailed in the table below.

<b>Core Services Income</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
-----------------------------	----------------	----------------	----------------

	£m	£m	£m
WG Allocation	54.118	54.822	56.241
Other income (including brokerage)	5.330	3.981	3.981
Health Courier Service	4.646	4.646	4.646
GP Trainees - Single Lead Employer	24.000	24.000	24.000
Stores issues	38.000	38.000	38.000
Junior Doctor Relocation expenses	1.000	1.000	1.000
ESR Enhance	2.444	1.993	1.835
Depreciation	1.699	1.855	1.819
Surgical Materials Testing Laboratory	0.516	0.516	0.516
Primary Care Hire to Retire Service	0.250	1.000	1.000
Oracle Managed Service Consortium		2.500	2.500
<b>TOTAL CORE SERVICES INCOME</b>	<b>132.003</b>	<b>134.313</b>	<b>135.538</b>
<b>Expenditure</b>			
NWSSP Expenditure	93.253	95.563	96.788
Stores Purchases	38.000	38.000	38.000
<b>TOTAL EXPENDITURE</b>	<b>131.253</b>	<b>133.563</b>	<b>134.788</b>
<b>SURPLUS FOR DISTRIBUTION</b>	<b>0.750</b>	<b>0.750</b>	<b>0.750</b>

The Welsh Government allocation has been taken from the 2017/18 Health Board Revenue Allocation (Table 3 – Shared Services Funding top-slice) issued in December 2016. This includes an allocation in respect of 2017/18 pay and prices funding which is sufficient to cover a 1% pay award, a 40p increase in the living wage, the apprenticeship levy, the NHS Pensions administration and non-pay inflation in the financial year.

Recurrent funding has been assumed for an anticipated 1% pay award and a 40p increase in the living wage award in each year 2018/19 (£0.704m) and 2019/20 (£0.799m) although it is recognised that any pay award or associated funding has not been confirmed by Welsh Government. Recurrent funding has also been assumed to cover the increased costs resulting from the potential increase in the pensions discount rate from 2019/20 (£0.620m). We anticipate the implementation of auto-enrolment from 1<sup>st</sup> October 2017 will impact NWSSP £0.207m in 2017/18 and £0.418m from 2018/19, however it is anticipated that these costs can be absorbed within NWSSP.

The summary income and expenditure table indicates we will generate a surplus in each of the 3 years and enable a cash distribution to be made to Welsh Government and NHS Wales. The expected cash distribution will be repatriated to individual NHS bodies in line with the allocation contribution formula, unless organisations have already agreed a recurrent reinvestment of any savings within NWSSP. The table below indicates the 2016/17 distribution percentage and identifies where funds will be retained within NWSSP as agreed by LHBs/Trusts from 2017/18.

Health Board /Trust	%	Planned Distribution £	Agreed Reinvestment £	Total Cash Distribution £
Aneurin Bevan	9.85	73,844		73,844

## What will enable us to get there?

## Enablers

ABMU	12.43	93,251		93,251
BCU	11.98	89,815	(89,815)	0
Cardiff and Vale	10.49	78,652		78,652
Cwm Taf	6.97	52,305		52,305
Hywel Dda	7.77	58,293		58,293
Powys	1.95	14,598	(14,598)	0
Velindre	1.17	8,781		8,781
WAST	1.28	9,580	(9,580)	0
Public Health Wales	0.87	6,530	(6,530)	0
Welsh Government	35.25	264,351	(264,351)	0
<b>Total</b>	<b>100</b>	<b>750,000</b>	<b>(384,874)</b>	<b>365,126</b>

In setting budgets for 2017/18-2019/20 we will absorb a number of recurrent cost pressures in relation to cost growth, demand/service growth and local cost pressures as identified in our delivery plans and detailed in Table C3. These are summarised in the table below, together with a summary of how these will be funded:

	2017/18	2018/19	2019/20
	£m	£m	£m
Brought forward pressures funded non-recurrently	0.341		
Inflationary/Cost Growth	1.089	2.135	2.862
Demand/Service Growth Core	1.657	1.358	0.000
Demand/Service Growth NMET	8.169	7.996	3.574
Demand/Service Growth WRP	6.000	14.000	26.000
Local Cost Pressures	0.600	0.093	0.100
<b>TOTAL PRESSURES</b>	<b>17.856</b>	<b>25.582</b>	<b>32.536</b>
<b>Funded by:</b>			
Savings Plans – identified	1.520	0.826	0.839
Savings Plans – to be identified	0.443	0.836	0.515
Brokerage	1.000		
Income Generation	0.653	1.000	
WG funding/allocation	8.240	8.920	5.182
WRP Risk Sharing Agreement	6.000	14.000	26.000
<b>UNFUNDED PRESSURES</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

As Table C3 identifies, the significant demand/service growth pressures relate to the increase in the non-medical education commissioning numbers and the anticipated WRP DEL expenditure in excess of the £75m budget.

The WG funding/allocation included primarily relates to the assumed pay award/pensions funding and the additional non-medical and education funding in respect of increased student places



commissioned. The table also identifies £1m of non-recurrent investments that we are looking to make in 2017/18 that will be enabled through the use of brokerage funds from 2016/17.

Work continues to identify further savings schemes to meet the pressures included with the aim of reducing unidentified savings to zero by the start of the 2017/18 financial year. Savings schemes identified to date are in the main attributable to pay savings from the review of posts as we refine structures and non pay savings resulting from bursary and contract reviews.

### Non Medical Education and Training

The budget for education commissions in 2016/17 was **£85.4m**. This was an increase of £4.7m (5.9%) from 2015/16 budget levels. New commissions in 2016/17 totalled **2,741** WTE and in many professions the numbers commissioned were the highest in the last 20 years. In response to the direction provided by Welsh Government and the Chief Executives four scenarios have been developed:

*a) Welsh Government Budget range of £85.4m* - This is the same budget level as 2016/17; however due to the increase in student numbers over the past 2 years this would result in an estimated 23% decrease in new student training places.

*b) Commissioning the Same level as 2016/17 (£90.2m)* - a 6.4% increase on the 2016/17 funding level.

*c) Welsh Government Budget range of £91.6m* - allows 2,884 (WTE) new students to be commissioned. This allows flexibility of 143 new students, 5.2% above 2016/17 commissioned places.

*d) NWSSP Scenario (£93.5m)* - Based on past trends and understanding current capacity, the IMTPs and policy directives from Welsh Government NWSSP has developed an "achievable" commissioning scenario. This costs £93.5m and commissions 3,118 (WTE) students. This would require a budget increase of £8.7m, 10.2% above 2016/17 budget levels. This scenario funds a 13.8% increase on the 16/17 commissioning levels. The NWSSP scenario identifies what is considered to be the maximum number of students which could be accommodated in Wales for those areas identified as posing a significant workforce challenges. Chief Executives have acknowledged that commissioning above the NWSSP level is not deliverable in 2017/18 due to both capacity within universities and placement availability. The Chief Executives have indicated this as their preferred option.

	<b>2017/18 £m</b>	<b>2018/19 £m</b>	<b>2019/20 £m</b>
Core	70.191	76.275	79.124
Bursaries	22.978	25.080	25.994
Non-Medical Prescribing	0.300	0.300	0.300
	<b>93.469</b>	<b>101.655</b>	<b>105.418</b>

*This modelling is predicated on the assumption that commissioning numbers in future remain at 2017/18 levels. Any additional/reduced commissions in future years, together with changes in cost patterns and attrition levels will skew the figures.*

### All Wales risk pool

WRPS accounts for its share of the liabilities (i.e. amounts over £25,000). Long term liabilities include provision in respect of ongoing matters and also the estimate of future costs associated with settling claims using a periodical payment order (PPO). PPOs are used for large value claims which include large elements of care. Historically a significant lump sum would be paid and be invested by the claimant to enable care to be purchased. Since 2008 periodical payments have become common place for large value claims, with the payment of a smaller lump sum and annual



payments to cover care costs. The care package annual sums agreed at settlement have increased significantly and annual amounts in excess of £100,000 are not uncommon.

### Welsh Risk Pool expenditure

The settlement of a claim by a Health Board or Trust or the payment of a PPO by WRPS uses in-year resource from the Departmental Expenditure Limit budget for NHS Wales. This budget also funds NHS Wales and therefore any WRPS expenditure re-directs funds from patient care.

WRPS receives a base annual allocation of £75m with the service bearing the risk of any deviations from the estimate. The interim risk sharing agreement apportions risk across members using the value of the healthcare allocations for each Health Board. The development of a new robust risk sharing agreement aligning clinical risk management with the financial regime is in an advanced stage and a draft report will be shared with the Service in 2017/18.

### Estimated resource requirement for 2017/18 -2019/20

As part of the three year planning framework, resource modelling over the forthcoming three financial years has been undertaken. However, the complexity and uncertainty of the underlying liabilities has long been recognised and this is increased as the timeframe extends.

Over the last 15 years, NHS Wales experienced an annual average increase of 10% in the number of open matters. A high level analysis of claims by probability and value shows the scale of the financial challenge faced by NHS Wales.

Assessment of probability	Number of claims	Estimated Value £'m
Unspecified	51	0.3
Remote	100	61.3
Possible	1658	765.6
Probable	154	133.8
Certain	539	368.9
Finalised	128	-
<b>Total</b>	<b>2,630</b>	<b>1,329.9</b>

The probable and certain matters are the ones for which there is unfavourable evidence and it is more likely than not that there will be a settlement at some time in the future. Currently there are 693 open clinical negligence claims which have been assessed as probable or certain with a cumulative estimated cost of £503m. There are 94 matters with a total quantum of over £1m with an estimated future WRPS share of the liability of £386m. Therefore, 14% of the total number of open claims accounts for 77% of the liability.

The probables and certain all contain cash flows and, together with future PPO costs, a model has been developed to forecast expenditure over the next 3 years.

A detailed exercise will be undertaken in April/May 2017 to the likely expenditure in each of the three years of this IMTP. Initial high level estimates are:

Anticipated	2017/18 £m	2018/19 £m	2019/20 £m
	<b>81</b>	<b>89</b>	<b>101</b>

The allocation from Welsh Gov for 2017/18 is 75 million therefore the split of the six million for 2017/18 which needs to be reflected in health organisations is as follows;

Organisation	Number of claims
Aneurin Bevan Health Board	£1,086,720
ABMU Health Board	£1,035,764
Betsi Cadwaladr Health Board	£1,079,634
Cardiff & Vale University Health Board	£933,729
Cwm Taf Health Board	£626,859
Hywel Dda Health Board	£677,330
Powys NHS Trust	£310,801
Public Health Wales NHS Trust	£75,249
Velindre NHS Trust	£63,624
Welsh Ambulance Service NHS Trust	£110,290
<b>Total</b>	<b>£6,000,000</b>

**However, a potential change to the discount rate applied to Long Term Provisions could materially affect this.** The Ministry of Justice commissioned a review in 2013, undertaken by Ipsos MORI Social Research Institute, entitled "Personal Injury Discount Rate Research". A decision is pending from the Lord Chancellor to be announced by the 31<sup>st</sup> January 2017. The current discount rate applied to damages awarded for future pecuniary losses was set at 2.5% in 2001 and has not changed since.

A change in discount rates will also affect the funding required in 2017/18 as it is applied to the "future cost" element of all lump sum payments.

A financial modelling tool is being developed and tested to measure the impact of any changes.

## Asset and Capital expenditure plan

### Context

When we were established as a hosted organisation in June 2012 a review of fixed assets was conducted. Our review of our initial assets identified that:

- The IT assets inherited were in many cases old and beyond their economic life. (A survey undertaken by NWIS identified the need to replace two thirds of the PCs and laptops).
- Stores buildings need considerable work to bring them to a modern operational standard.
- No capital funding and limited depreciation budget had been transferred.

A capital plan was developed with the following aims:

- To upgrade IT capability including significant PC and Laptop replacement as well as upgrade of a number of aging servers.
- To modernise key processes across the services provided by NWSSP by using specific software applications.
- To support the implementation of the accommodation strategy with the intent to consolidate services in 3 regional centres.

In recent years we have, with Welsh Government support, made a significant investment to achieve those aims. The benefits of this have included a significant reduction in the number of sites and enabled us to bring together a number of disparate teams to concentrate its operations from three main regional centres. Whilst this has already produced some efficiency, the reduced number of sites now provides a firm foundation for us to modernise and enhance a number of key services with relatively modest capital investment.

In addition, we have taken on a number of additional services including the transfer of Health Courier Services and more recently SMTL. Both services require significant investment to modernise the service.

### Current capital position

In 2017/8 discretionary funding is £381k, additional funding has also been secured through applications for additional funding for specific schemes. This relates to completion of the new regional centre in Swansea £370k and replacement of the Pandemic Store £2,081k The utilisation of this funding is shown in the following table:

Area of Spend	Discretionary Funding £000	Additional Funding £000
IT Hardware	219	
IT Software	109	
Vehicle Replacement	-	
Equipment Replacement	30	
Accommodation	23	2,451
<b>Total Spend</b>	<b>381</b>	<b>2,451</b>

### Future Expenditure Programme

We have identified that further spend will be required to develop the organisation further to deliver quality and efficiency benefits. In assessing our future capital need we have identified 5 main areas of capital spend. The position and need in each area is outline below.

- **Accommodation** – In recent years we have implemented an accommodation strategy which has resulted in a significant site consolidation. Funding is need in future years for modifications to current sites as part of service development plans. An on-going annual cost of £100k is forecast for this area of spend.
- **Service support equipment** – This relates mainly to the supply chain and processing areas. Due to the age of larger items of equipment it is anticipated that annual spend of £140k will also be required on an annual basis. This includes replacement stores scanners and handling equipment. This equipment is need to maintain service continuity.
- **IT infrastructure** - This is a major area of spend for us both in replacing aging equipment and enabling efficiency improvement. Assessment identifies a need for circa £300k per year. This is split between £200k on end user equipment and £100k on Network related assets This spend is key to support the changes outlined in the service improvement programmes contained within this plan.
- **IT Software Solutions** – We have looked to procure software to enable efficiency improvement. Spend in this area includes digital dictation software, and application development to support service improvement. The current forecast identifies that there is an annual on-going need for investment of circa £60k per year in new software developments to support service change and development. This spend is key to support the changes outlined in the service improvement programmes contained within this plan.
- **Vehicle replacement** - In addition to the discretionary funding requirement we will require funding for the Health Courier Service Vehicles which transferred from Welsh Ambulance Service Trust in April 2015. The cost of the vehicle replacement programme is significant and is shown in the table overleaf.

The investment outlined above will not only ensure business continuity for the services that we provide to NHS Wales it will also enable delivery of a number of key saving schemes outlined within this plan. The benefits of these schemes will in part be reinvested in the services and the balance will be returned to health bodies and the Welsh Government.

A number of service development projects which will require additional capital funding have been identified. These are major investments which are not covered by the discretionary capital allocation. These investments are important in delivering the service transformation outlined in this plan. The main schemes are outlined in the following table:

<b>Scheme Title</b>	<b>2018/19 Spend £000</b>	<b>2019/20 Spend £000</b>	<b>2020/21 Spend £000</b>
Employment Services Electronic Platforms	205	86	
PMR Roller Racking and Fire Suppression	1,112		
Document Management and OCR	126	115	
Legal Case Management System		240	105
Swansea site replacement HCS	50		
Contractor Payments System (NHAIS Replacement) Hardware	350		
SMTL Improvement Programme	52	38	41
<b>Total Development Projects</b>	<b>1,895</b>	<b>479</b>	<b>146</b>

### Funding Summary

A number of discussions are being held with Welsh Government in respects of the discretionary capital requirement. The future funding required during the plan period is as follows:

<b>Scheme Type</b>	<b>2018/19 Spend £000</b>	<b>2019/20 Spend £000</b>	<b>2020/21 Spend £000</b>
Discretionary – IT Software	60	60	60
Discretionary – IT Hardware	300	300	300
Discretionary - Accommodation	100	100	100
Discretionary – Support Equipment	140	140	140
<b>Discretionary Funding Total</b>	<b>600</b>	<b>600</b>	<b>600</b>
<b>HCS Vehicle Funding</b>	<b>1,063</b>	<b>214</b>	<b>214</b>
<b>Service Development Projects</b>	<b>1,895</b>	<b>479</b>	<b>146</b>
<b>Total Forecast Capital Needs</b>	<b>3,558</b>	<b>1,293</b>	<b>960</b>

Capital investment is a key enabler for the delivery of improved efficiency and service improvement. All capital schemes will deliver revenue benefits in terms of cash releasing savings, cost avoidance, improved quality or health and safety developments. **Review of annual spend requirements indicates that our on-going discretionary capital need is circa £600k per annum.** The current base level allocation of £381k has been in place for some time and does not take into account the development and expansion of our services. An increase in discretionary capital funding is essential to deliver the full benefits that arise from the changes proposed in this IMTP. Without this funding capital schemes would need to be scaled down and prioritised based on the level of benefits that they could be deliver.

We will continue to produce business cases for large specific projects as well as continuing to review the potential alternative sources of funding for example Invest to Save. These management actions would mitigate but not remove the impact of increased capital funding not being available.

It should be noted that we have limited funding for depreciation and that revenue funding would need to be provided for this spend. It is anticipated that the revenue effective of the above programme would be for a full year:

	<b>Full Year Programme Impact £ 000</b>	<b>Cumulative Impact £ 000</b>
Year 1	560	560
Year 2	236	796
Year 3	170	966

Our Capital Programme is based on an overall Capital Plan which is reviewed on an annual basis with input from all services; sign off at senior management level and final approval by the Shared Services Partnership Committee. This ensures that capital plans remain relevant and maximise benefits to the organisation.

### **Our ICT journey so far**

The business systems and informatics department was established in 2014. When established we had ICT services provided by 10 organisations and did not have a centralised ICT team. ICT support was provided by staff based within services and providers in other NHS Wales organisations. A review concluded that we needed to put in place a coordinated team to centralise Information and Communications Technology (ICT) support and implement a more strategic focused approach.

Since establishment the BS&I team has:

- Set up a core team and processes
- ICT Strategy developed following detailed consultation
- Implemented an Initial Desktop and Laptop replacement programme now 95% complete
- Developed a working partnership with NWIS and reduced the number of organisations supporting our staff
- Established an ICT Project Management Capability
- Produced a Strategic Outline Programme Case for ICT which is currently being finalised following detailed review and comments from a range of stakeholders.

### **Development of ICT during the next 3 years**

We have recently refreshed its ICT strategy to support a move to data-driven systems and processes. During this review process, four themes have been identified as outlined below.

- **Partnership** – We work in partnership with NWIS as a key strategic partner with continued collaboration with Health Boards and Trusts. IT support consolidation has resulted in the reduction of providers from nine to six.

Migration of our users to NWIS desktop support will continue during 2017/18 with the intention to reduce the number of IT support providers by a further three. We are also working on ways to develop and improve our partnership which will improve services for end users and aid faster implementation of improvement projects.

- **Business Continuity** - National Programme funding was provided in 2016/17 to enable the implementation of a modern and resilient infrastructure including telephony. Systems will be migrated onto this infrastructure in the next 12 months. The new infrastructure is robust and scalable to enable necessary expansion as existing infrastructure become obsolete.

This change will result in improved resilience and disaster recovery as new servers will be mirrored and backed up to a secondary remote location. Our new infrastructure will help consolidate and rationalise the server estate. Initially the review revealed we had systems and services on over 120 servers which made change management and resilience planning very difficult. The server estate is now less than 90 with further reduction planned over the next 12 months as systems are migrated to the new infrastructure.

- **Security** - With growing cyber security threats, corporate information and systems are increasingly under risk of attack and theft. To attain an effective position, we need to put in place better detection, prevention and monitoring solutions e.g. security incident and event management system (SIEM). This work is being progressed as part of the ICT work plan over the next 12-24 months. A cyber plan has been developed and will be reviewed regularly to reflect best practice and continuous improvement.

We completed a cyber-threat assessment and following this work undertook the development of an action plan to improve its readiness to respond to Cyber threats and to improve resilience. Lessons from recent global cyber incidents has further emphasised the importance of having robust security measures in place.

We are working in partnership with NWIS to provide the monitoring and management system needed to actualise elements of the plan. NWIS intends to make the SIEM system available on all-Wales basis after the pilot with us.

- **Service Development** - To meet IMTP objectives around service quality and efficiency IT service development is critical. The BS&I department and NWIS will continue to implement ICT solutions to support service improvements. This will include the implementation of Robotic Process Analysis (RPA) and a modern telecommunications system to enable more flexible and resilient working arrangements.

### **Governance and Risk Management**

Oversight of the NWSSP ICT strategy is undertaken by the ICT Steering Group which has representatives from all NWSSP functions and acts as a key communications link and provides appropriate scrutiny. The Steering Group is responsible to the NWSSP SMT for ensuring that the ICT Strategy continues to develop and meet the needs of the organisation.

The group also monitors and reviews the ICT risk register and escalates and delegates as appropriate to ensure that risks are managed / mitigated.

### **Research, development and innovation**

Innovation is encouraged throughout the organisation and is one of our four values. We encourage divisions to consider how they innovate their services to drive efficiencies. A primary example of this is the future use of robotics with an initial programme of work within three services; Accounts Payable, Supply Chain and Payroll. "Robotic Process Automation (RPA)" principles is about using suitable tools that can replicate and automate repeatable human tasks performed on systems to assist staff freeing them to undertake more value added duties. During 2017 we have piloted the use of RPA on a few processes for test purposes and following completion of successful trials is currently establishing an RPA team to drive forward the use of this technology. This will not only improve process efficiency but evidence from other organisations shows it improves process quality as well leading to improved customer satisfaction.

Innovation through the use of technology and automation is a central strategic theme to many of our divisions. Over the next three years further advancements will be made in these areas with Primary Care Services continuing to roll out Electronic Transfer of Claims and Patient Medical Records store and scan on demand programme. Employment services will build on the success of the electronic New Appointment Form. This form is integrated into the Recruitment process and provides an improved user experience for hiring managers, new members of staff and to the Payroll Teams who enrol on average 900 new appointees a month across NHS Wales.

Innovation through technology will continue to play a vital role in the delivery of services over the next three years. Procurement are continually improving the procure to pay process through the use of technology an example of this for the future is the implementation of voice pick technology at regional stores. Paperless online communication is a consistent theme through our delivery plans. Divisions such as Student Awards Services decommissioning their paper based bursary system with all sources being directed to the online system. Legal and Risk services operate solely within an electronic virtual cabinet significantly reducing their use of paper across the division and will expand this with case management software. e-Workforce Solutions are



committed by 2020 100% of workforce processes and transactions will be achieved through direct interaction with electronic solutions including ESR, interfaces and mobile enabled technology.

Research and development will play a key part in the successful implementation of the driving excellence projects we are taking forward with the Finance Academy– Purchase to Pay, Hire to Retire and Record to Report.

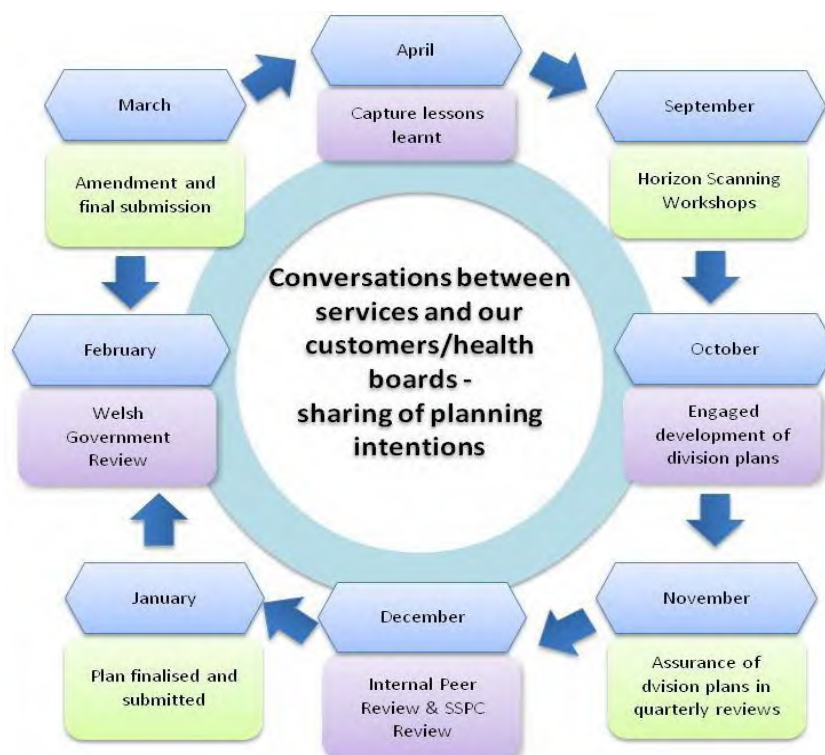
We are also developing our relationships with local universities who can support us with our research. CEB Shared Services Leadership Council provides key data, diagnostics, tools, answers, and training to heads of shared services and their teams in an effort to help companies globalize and/or expand operations, maximize cost savings and efficiencies, and improve performance.

## Governance

### Our planning model

The next challenge in our planning progression is to continue to ensure that planning is a continuous and embedded process and is much more than the development of a paper document that is produced once a year. NWSSP endeavour to develop an integrated planning system which is; dynamic and engaging, grounded in quality information and successfully balancing ambition with realism. To achieve this aim we have strengthened our planning model this year through the following arrangements:

- IMTP Lessons Learnt workshops held across the organisation
- NWSSP strategy map developed through the SMT horizon scanning and planning day
- Planning guidance issued to SMT and divisional planning leads outlining; national drivers, Welsh Government requirements and NWSSP key planning assumptions
- Each division allocated a finance and workforce IMTP link to support planning process
- All divisions are required to present their draft delivery plan to the Managing Director, Director of Finance and Corporate Services and the Director of Workforce and Organisational Development in their individual quarterly review meetings
- NWSSP held an internal peer review to review quality and assurance prior to the document being submitted to Welsh Government



Our plan is formally reviewed and updated annually, and the Shared Services Partnership Committee (SSPC) review and approve the plan prior to submission to Welsh Government.

**Co-production and delivery**

The development of our plan is supported by a structured formal and informal partner engagement process led by our SMT, predicated on frequent, open and honest dialogue which ensures effective working relationships are maintained and developed.

Progress against our overall plan is monitored and reviewed on an ongoing basis by our SMT and the Shared Services Partnership Committee.

We also use a number of other mechanisms to determine whether we are delivering our plan's objectives. Our detailed performance reports demonstrate whether we are achieving targets against KPIs, and these are also systematically reported to health organisations and to the Shared Services Partnership Committee. We also use our formal and informal engagement processes at a number of levels to gain feedback on our plan delivery and discuss actions we can take to ensure our objectives are achieved.

Progress against individual service delivery plans is monitored within each service area and are reported and reviewed through a formal performance review by the Managing Director, Director of Finance and Corporate Services and Director of Workforce and Organisational Development with each Service Management Team on a quarterly basis.

In tandem with the business intelligence and learning obtained from our internal planning model we have also developed a quarterly review process with Health Boards and Trusts. These are the mechanism for regular and effective consultation and engagement to ensure our individual service areas are meeting their wants and needs. Each quarter now has a specific focus and progress against the delivery plans is scrutinised at the most senior level.

**Risk management**

During 2017/18 the risk management framework and approach was subject to a detailed review by a risk management specialist which built on the recommendations of an internal audit report that was issued in March 2017. This report contained a number of findings that highlighted the need to make risk management both more effective and dynamic within NWSSP and two workshops were held in the spring of 2017 to share the findings with directors and senior management.

Changes have since been made to the format of both the corporate and directorate risk registers to ensure that they are both consistent and that they provide a more concise picture of the current position with each risk. Going forward, the Finance and Corporate Services Directorate will work with Directors and their Senior Management Teams to ensure that the risks recorded within each register remains up-to-date and that there is focus on achievement of planned actions to mitigate the risk. This will be reinforced through the quarterly review process of each directorate where review of the directorate risk register will become a standing agenda item.

In 2017/18 assurance maps were produced for each of the directorates to provide a view on how their key operational or business-as-usual risks were being mitigated. These were presented to the Audit Committee in November 2017 and it is intended that they will be updated and reviewed by the Audit Committee annually. This exercise also identified that further forms of assurance were needed in two specific areas (Business Systems & Information and Health Courier Services) and more work will be undertaken in 2018/19 to action this.

While much of the approach that was already in place (e.g. escalating red-rated directorate risks to the Corporate Risk Register which is regularly reviewed by the Senior Management Team, the Audit Committee and the Shared Services Partnership Committee) will remain unchanged, there is a need to update the Risk Management Protocol for NWSSP to ensure that it reflects the revised arrangements.

**Leadership and accountability**

As Accountable Officer, the Managing Director has responsibility for maintaining a sound system of internal control that supports the achievement of NWSSP and our hosts - Velindre NHS Trust's

- policies, aims and objectives. The Managing Director safeguards the public funds and departmental assets for which he is personally responsible for, in accordance with the responsibilities assigned to him. The Managing Director is also responsible for ensuring that NWSSP is administered prudently and economically and that resources are applied efficiently and effectively. For further information, please view our Annual Governance Statement 2016-2017 on this link.

<http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/Annual%20Governance%20Statement%202016-17.pdf>

Effective governance is paramount to the successful and safe operation of NWSSP's services. This is achieved through a combination of "hard governance" systems and processes including standing orders, policies, protocols and processes; and "soft governance" involving effective leadership and ethical behaviour (Nolan principles).

The Managing Director of Shared Services is accountable to the Shared Services Partnership Committee in relation to those functions delegated to it. The Managing Director is also accountable to the Chief Executive of Velindre in respect of the hosting arrangements supporting the operation of Shared Services and to the Velindre NHS Trust Audit Committee for NWSSP.

The SMT are responsible for determining NWSSP policy, setting the strategic direction and aims of NWSSP to ensure that there are effective systems of internal control and that high standards of governance and behaviour are maintained. In addition, the SMT are responsible for making sure that NWSSP is responsive to the needs of the Health Boards and Trusts.

### **Health and Safety**

We have a duty of care towards approximately 2,000 employees located in its various locations across Wales and a legal duty to put in place suitable arrangements to manage for health and safety. We promote a positive Health and Safety culture through regular training, communication and awareness raising. We are committed to continual improvement, to prevent injury and ill health and to comply with all applicable legislation.

We encourage a common sense and practical approach to managing for health and safety. We view health and safety as part of the everyday process and it is an integral part of workplace behaviours and attitudes. An analysis of the past 18 months had been undertaken into accidents and incidents. This has shaped our seven health and safety objectives and the associated action plan we will implement over the next three years.

1. Aim to reduce work related slips, trips and falls in the workplace, aspiring to a 10% reduction over 2 years.
2. Aim to reduce work related contact-with-an-object incidents in the workplace, aspiring to a 10% reduction over 2 years.
3. Aim to reduce work related manual handling incidents in the workplace, aspiring to a 10% reduction over 2 years.
4. Develop and enhance the health & safety and risk management knowledge and skills of managers and supervisors throughout NWSSP.
5. Continually improve the health and safety culture within NWSSP.
6. Regularly monitor and evaluate the health and safety performance throughout NWSSP.
7. Promote a zero tolerance culture in relation to violence and aggression incidents across NWSSP, aspiring to improve incident reporting and investigations and reduce the number of incidents by 30% over two years.

### **Equality, diversity & inclusion**

We are committed to eliminating discrimination, valuing diversity and promoting inclusion and equality of opportunity in everything we do. Our priority is to develop a culture that values each person for the contribution that they can make to our services for NHS Wales.

As a non-statutory hosted organisation under Velindre NHS Trust, we are required to adhere to Velindre NHS Trust's Equality and Diversity Policy, Strategic Equality Plan 2016-2020 and Equality

Objectives, which set out the Trust's commitment and legislative requirements to promoting inclusion.

We work together with colleagues across NHS Wales to get involved with events, facilitate workshops, training sessions, issue communications and articles as to equality, diversity and inclusion, together with the promotion of dignity and respect. We are in the process of setting up a South Wales LGBT+ Staff Network and have successfully worked together with Betsi Cadwaladr and WAST to facilitate a North Wales LGBT+ Staff Network, Celtic Pride.

We also benefit from the proactive work, undertaken by our host organisation, to strengthen compliance with equality and diversity legislation; the Trust has received the Positive About Disabled People "Double Tick" symbol which demonstrates we encourage application for people who identify as having a disability. In addition, the Trust has attained "The Rainbow Mark" which is an equality mark sponsored by the Welsh Assembly Government and supported by the Welsh Local Government Association and Tai Pawb. The Mark is a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing those who identify as lesbian, gay, bisexual, and transgender (LGBT+) in Wales.

We have worked with the NHS Wales Centre for Equality & Human Rights (CEHR) to introduce our own process for undertaking Equality Integrated Impact Assessments (EQIIA), which we are working to fully integrated into our Project Management System software. The EQIIA will consider the needs of the protected characteristics identified under the Equality Act 2010 (including the Welsh specific duties), Human Rights Act 1998, Well-being of Future Generations (Wales) Act 2015, incorporating Environmental Sustainability, Modern Slavery Act 2015, incorporating Ethical Employment in Supply Chains Code of Practice (2017), Welsh Language, Information Governance and Health and Safety aspects.

We have provided key Managers with training on the EQIIA process and we have introduced an "Equality Integrated Impact Assessment Panel" to review completed assessments to ensure that our policies, projects and events do not discriminate against any vulnerable or disadvantaged people. We also ensure compliance with the engagement provisions of the "Gunning Principles" and the duty to have "due regard" laid out in the "Brown Principles" when reviewing existing policies, or assessing new policies for impact on protected characteristics.

Our Assistant Director of Workforce and Organisational Development is also member of the Equality Group within Velindre NHS Trust and any NWSSP specific issues are integrated into this process. Our Head of Corporate Services is a member of the NHS Wales Centre for Equality and Human Rights (CEHR) Business Planning Group and the NHS Wales Equality Leadership Group, together with our Compliance Officer, who also sits on the All Wales Senior Offices Group for Equality. We adhere to the CEHR "Governance and Scrutiny: A Guide for Boards" in respect of EQIIAs.

Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes: Ethnic Origin; Nationality; Country of Birth; Religious Belief, Sexual Orientation and Welsh language competencies.

NWSSP has a statutory and mandatory induction training programme for all new recruits which includes the NHS Wales "Treat Me Fairly" e-learning module which focuses on equality and diversity. The module is a national training package and the statistical information pertinent to NWSSP completion contributes to the overall figure for NHS Wales. NWSSP provides a "Core Skills for Managers" Training Programme and the "Managing Conflict" module includes an awareness session on the Dignity at Work Policy and Procedure.

The "NHS Jobs" all Wales recruitment service, run by NWSSP adheres to all of the practices and principles in accordance with the Equality Act and quality checks the adverts and supporting information to ensure that there are no discriminatory elements.

## Information governance

We take Information Governance (IG) very seriously and have established arrangements in place to ensure that information is handled in a confidential and secure manner and that the right information is available to the right people, when and where it's needed.

Currently, work is being completed to ensure that changes to the Data Protection law, initially introduced in 1984, are considered. The new regulation, from May 2018, will be known as the General Data Protection Regulation (GDPR). This is currently being achieved by:

- A local work plan in place to address the changes to the law and the introduction of the General Data Protection Regulation (GDPR) by May 2018;
- An established list of Information Asset Owners and Administrators (IAO/IAA) and a detailed Information Asset Register (IAR);
- The Information Governance Manager chairs a meeting to develop All Wales "Your Information, Your Rights" information that will replace the existing one with updates to reflect arrangements to be considered under GDPR;
- Representation at a National working group and local Velindre Task & Finish group in relation to GDPR; and
- A full Privacy by Design (or Privacy Impact Assessment) process.

Furthermore, we will continue to maintain our standards through;

- Holding quarterly "Information Governance Steering Group" meetings comprising of "Information Asset Owners" from each directorate. The group focuses on IG issues including GDPR, Data Protection, Freedom of Information, IG breaches, data quality, information security and records management;
- Completing the annual Caldicott Principles into Practice (C-PIP) self-assessment. Compliance for the 2017/18 assessment is measured at 96%;
- Participating in a training audit undertaken by the Information Commissioners Office (ICO) in September 2017 and participating in internal audits that relate to Information Governance;
- Ensuring that, under openness and transparency, that Freedom of Information requests are handled in an effective and timely manner;
- Delivering face to face Information Governance training to staff and ensuring staff complete the information governance module contained within the online core skills training framework. Currently over 1,000 staff have been trained in a classroom based environment and over 90% are fully compliant in the eLearning module.

## Welsh Language

We are committed to treating the English and Welsh language on the basis of equality. As a non-statutory, hosted organisation NWSSP are required to adhere to the Velindre NHS Trust Welsh Language scheme and the provisions of the Welsh Language (Wales) Measure 2011.

We provide a wide range of support services for all members of staff at the NWSSP which include:

- Welsh Language Awareness Raising
- Welsh Language Training at Work
- Advice, guidance and support with regards to providing a fully bilingual service
- Ensuring that the Welsh Language is treated fairly and equally at all times
- Managing Compliance with the Welsh Language Act of 1993, the Welsh Language Measure of 2011
- Ensuring we meets its current requirements to offer a high quality service in both Welsh and English equally
- Achieving the KPI's within our existing Welsh Language Scheme
- Positioning ourselves to meet the requirements of the Welsh Language Standards [Health Sector] Regulations 2016
- Translation services for the NWSSP

All these functions, support and influence each division in realising their Welsh language agendas and providing their services bilingually to our partners, stakeholders, staff and patients.

Our Welsh Language Strategy will be launched in March 2018 and will be fully aligned to the national policy context. The Strategy will be produced and published in line with the IMTP but also in order to report on performance as outlined in the Welsh Language Standards.

There are 5 Key Strategic Areas that have been identified for us to achieve our vision to operate as a fully bilingual organisation.

<b>Strategic Area 1: Welsh Language Services and the workplace.</b>	
Vision: High quality services are available in Welsh and English equally and without delay.	Outcome: Increase in the use of Welsh language services across all NWSSP service delivery areas.
<b>Strategic Area 2: The Welsh Language Prominent in our Corporate Identity</b>	
Vision: All websites, publications, communications, and corporate branding resources available in Welsh	Outcome: All forms of communications, marketing and corporate resources available to service users, stakeholders, patients and the public and the NWSSP proactively welcoming the use of Welsh in day to day business operations and delivery.
<b>Strategic Area 3: Welsh Language Workforce Planning</b>	
Vision: A bilingual workforce that is confident in meeting the requirements of the service user, stakeholders, patients and the public in both Welsh and English equally without delay.	Outcome: Increase in the number of staff that can speak and understand Welsh within the organisation and to utilise Welsh reading and writing skills in day to day operations and service delivery.
<b>Strategic Area 4: Welsh Language Considerations in the Procurement and Delivery of Contracted Services</b>	
Vision: To provide a sourcing, supply chain, purchasing and accounts payable service to Health Boards and NHS Trusts across Wales through the medium of both Welsh and English equally and without delay.	Outcome: Specific service delivery contracts with a Welsh language requirement are done so effectively and within the realms of the Welsh Government Procurement Strategy.
<b>Strategic Area 5: Primary Care Services</b>	
Vision: Engagement and collaboration with stakeholders and patients in order to support the primary care sustainability agenda in Welsh and English equally and without delay.	Outcome: Provide a wide range of services to and on behalf of Health Boards and NHS Trusts covering primary care contractors, and patient registration services in Welsh when required and/or requested



## What will enable us to get there?

### OVERARCHING GOALS

We will continue to develop and offer a comprehensive range of in-house programmes that support the professional and personal

We will continue to establish effective succession planning to ensure business continuity

We will enable major service changes to be delivered within our financial resources to ensure high quality services are provided

We will evolve the ICT strategy to support a move to data driven systems and processes

We will ensure that planning is a continuous and embedded process

We will continue to promote equality of opportunity in everything we do

### KEY PRIORITIES FOR THE NEXT THREE YEARS

#### Value for Money

- Identify savings to cover increased demand for our services, absorb cost pressures and make service investments
- Invest in service modernisation technology to provide more cost effective and higher quality services
- Work in partnership with our stakeholders to deliver change and modernise services

#### Our Customers

- Support NHS Wales to strengthen Welsh language compliance
- Ensure that NWSSP is responsive to the needs of the Health Boards and Trusts through peer group engagement
- Continue to develop our quarterly review process with Health Boards and Trusts to ensure our individual service areas are meeting their priorities

Adding Value Through Partnership



#### Service Development

- 

#### Our Staff

- Develop new roles aligned to service need
- Continue the alignment of future staff levels/skill to service plans

#### Excellence

-

## **SECTION 2** *How we will deliver our plan?*

This section includes all the individual divisions delivery plans to provide the considerably more detail on each divisions integrated medium term plan for 2018-2021.

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# Audit and Assurance Services

To provide world class internal audit and consulting services to NHS Wales

## WHO ARE WE AND WHAT DO WE DO?



Deliver professional internal audit, assurance and consulting services to NHS Wales.

We add value by helping organisations accomplish their objectives through a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, systems of internal control and governance processes.



**60 staff,**  
**Regional and Specialist Teams**

**Tailored  
assurance audit  
and response at  
each Health  
body**

**400 reviews across  
our 8 assurance  
domains  
supporting  
improvements**

**Increased  
automation of  
audit process**

**Focus on added  
value consulting  
work to support  
organisational  
change**

How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>• Strategy focus through the Shared Services Partnership Committee</li> <li>• Board Secretaries network</li> <li>• Chairs of Audit Committees network</li> <li>• Individual meetings with Finance Directors</li> <li>• Welsh Government</li> <li>• Audit feedback forms</li> <li>• Annual SLA update</li> <li>• Tailored approach at each HB and Trust to meet specific audit needs</li> <li>• Director of Audit &amp; Assurance is a member of the Public Sector Internal Audit Standards Board</li> </ul>	<ul style="list-style-type: none"> <li>• Internal Audit delivering high quality independent assurance and consulting support</li> <li>• Benchmarking and sharing good practice</li> <li>• A focussed risk based approach to audit programmes</li> <li>• Early warning on potential risk areas identified</li> <li>• Avoiding any unnecessary duplication with other regulators and assurance providers</li> <li>• Effective liaison on issues and approach through Board Secretaries and Audit Committee Chairs</li> </ul>	<ul style="list-style-type: none"> <li>• Develop further the IM&amp;T capacity and capability through targeted training and development</li> <li>• Client use of our Team Mate audit software to facilitate a more interactive audit process with integrated recommendation tracking.</li> <li>• Implement the results of our External Quality Assessment (EQA) against the Public Sector Internal Audit Standards</li> <li>• Share best practice and opportunities to deliver value added service and improvements</li> <li>• Link, where appropriate, with external providers to supplement specific areas of knowledge</li> <li>• Use the outcomes of the stakeholder meetings to focus developing audit programmes</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• Financial savings of approximately £0.6m per annum based on internal day rates of £350 in comparison to commercial audit day rates of £500</li> <li>• Cost avoidance opportunities across a number of risk areas</li> <li>• Consistency in audit reporting and opinions</li> <li>• Resilience to respond to resource pressures</li> <li>• Rigorous assurance process to support organisations manage key risks</li> <li>• Profile of Internal Audit raised at board and committee level across Wales</li> <li>• Training for Independent Members on governance and risk matters</li> </ul>	<ul style="list-style-type: none"> <li>• Effective assurance around risk management, internal control and governance</li> <li>• Provide a service wide Quality Assurance and Improvement Programme</li> <li>• Investment in training and skills to secure the long term future of internal audit</li> <li>• Used external support to augment own skills</li> <li>• Effective support of national initiatives such as the FD's Financial Governance, P2P and Hire to Retire.</li> <li>• Positive feedback from Audit Committee annual reviews and audit satisfaction surveys.</li> <li>• Delivering a quality service evidenced by no recommendations in the Wales Audit Office review of Internal Audit.</li> </ul>	<ul style="list-style-type: none"> <li>• Greater focus on information Governance and cyber security</li> <li>• Working more with the wider public sector</li> <li>• A more forward looking audit to support organisations with their response to the Well-being of Future Generations and Social Care (Wales) Acts</li> <li>• Audit focus on automated processes</li> <li>• Taking on the audit of HEIW – additional</li> </ul>

## KEY PRIORITIES 2018-21

Value for Money	Our Customers
<ul style="list-style-type: none"> <li>• Providing further financial savings by removing the recharges for Capital audit work and integrating into the main audit plans</li> <li>• Continue to recruit externally to augment skills and reduce use of framework and agency contracts</li> <li>• Sharing more good practice and opportunities for improvement</li> <li>• Supporting Health Boards and Trusts delivery of the efficiency programme to maximise value</li> </ul>	<ul style="list-style-type: none"> <li>• Further investment in senior posts to adopt a business partnering approach</li> <li>• Focus on sharing best practice and common risks/challenges as they emerge</li> <li>• More integrated assurance reporting to audit committees</li> <li>• Work with Welsh Government to ensure their requests for UHBs and Trusts to provide them with any 'limited/no assurance' audit reports does not hinder internal audit's independence</li> <li>• Supporting our customers to deliver services in line with the Well-being of Future Generations and Social Care (Wales) Acts, by delivering tailored audit reviews and risk focused workshops.</li> </ul>

Service Development	Our Staff	Excellence
<ul style="list-style-type: none"> <li>• Working with NWIS to increase assurance on key IM&amp;T systems</li> <li>• Greater focus on IM&amp;T data led audits</li> <li>• Consider national audit programmes to address common risks/challenges</li> <li>• Audit software used to facilitate a more collaborative audit approach</li> <li>• Provide support to national projects such as Hire to Retire and P2P</li> <li>• Develop additional quality based KPIs Opportunity to take on wider public sector work that supports skills development and the breadth of audit coverage</li> <li>• Development of our service to meet the needs of Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting professional and skills training</li> <li>• Structure that provides opportunity for development and promotion</li> <li>• New accommodation for South Central team</li> <li>• Succession planning</li> <li>• Recruit externally to augment skills and reduce use of framework and agency contracts</li> <li>• Work with Universities to develop talent pipeline</li> </ul>	<ul style="list-style-type: none"> <li>• Develop further our Quality Assurance and Improvement Programme</li> <li>• External Quality Assessment in 2017 and repeated before 2021</li> <li>• Work with Board Secretaries to introduce a more streamlined audit planning and opinion approach</li> <li>• Continued involvement with the Welsh Quality Centre</li> <li>• Greater focus on supportive consultancy work to drive organisational improvements</li> </ul>



## In 3 Years We Will Be

### OUR JOURNEY

Operating with modern business systems and approaches, particularly around IT audit and assurance, to deliver a fully collaborative approach with our health organisations.

At the forefront of Assurance provision across NHS Wales and the wider public sector.

Developing the service further to ensure we are an all-Wales, future looking service linked to the aspirations of our organisations and the Well Being of Future Generations and Social Care (Wales) Acts.

Using our audit software to derive and support improvement across NHS Wales.



Taking  
Responsibility



Listening and  
Learning



Innovating



Working  
Together

- **The risks to achieving this could include;**  
Recruitment and Retention difficulties in particular in South East Wales
- Insufficient resources to invest in IT audit hardware and software
- Insufficient resources to invest in relevant training and development
- Insufficient resources effectively manage succession planning

### PATH TO PRUDENT AND ONCE FOR WALES

Co- delivery with NHS organisations of recommendation tracking through audit software technology.

Greater audit focus on Clinical Audit and Governance. Focusing on priority areas and the ability to respond to concerns in order to support the management of risks around the quality and safety of patient services.

Sharing best practice with effective and necessary controls.

Providing Health Boards with the opportunity to identify and implement key improvements.

Greater focus on consulting support early on in change management to support improvement.

Continued development of risk focussed work that reflects the risk appetite and tolerance of our organisations.

Continued focus in all audit work on the principles of Prudent Healthcare.



## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Achievement of sustainable workforce	To ensure the structure is fit for purpose to deliver an All-Wales future focussed service	Introduction of additional management, graduate and specialist posts with reduction in more general audit posts	December 2018	In partnership with staff	Failure to recruit and retain puts risk on service delivery.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: full complement of staff to deliver services and reduction in temporary staff costs							
Successful outcome from External Quality Assessment	Required by the Public sector Internal Audit Standards (PSIAS)	External validation of own self-assessment	By March 2018 and implement in 2018/19	Staff and stakeholders	Inability to demonstrate quality of service provided.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	
Success will be: Report highlighting compliance with PSIAS							
Recognised Information management & technology (IM&T) focus that leads to a data led audit approach and focus	Staff survey recognised this area as a key focus for training and development and service re-provision	Further recruitment into the IM&T Team and roll out of 'champions' in each office	December 2018	Heads of Internal Audit (HIAs) & IM&T Team	Investment does not provide the benefits anticipated. The aim is greater coverage	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: a data led audit process for risk assessment and prioritising work							

Fit for purpose accommodation and IT provision for the South central (Cardiff) team to support delivery	Current accommodation and IT is undermining service delivery and adversely impacts on staff morale	Discussions with senior management in NWSSP and needs assessment of the South central team	Spring/Summer 2018	NWSSP and South central team	Availability of appropriate accommodation.	Value for Money	
						Customers	
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: accommodation and IT that allows the team to deliver effectively							
Further roll out of audit software to our NHS organisations after a pilot in BCUHB	To help improve roll out and effective and implementation of audit recommendations	Use roll out at BCUHB to raise awareness and secure further requests for the approach. Velindre Trust have expressed interest on an early implementation.	September 2018	HIAs and IM&T team	Unable to deliver a more 'integrated' audit approach with NHS organisations	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: improvements in the process for responding to and implementing audit recommendations							
Further enhanced planning and opinion process	To provide a shorter and clearer rationale for our internal audit work programmes and year end opinions	Work with stakeholders to refine current approach	Plan and Strategy June 2018  Opinion April 2018	Director of A&A, HIAs and key stakeholders	Unable to modernise audit approach to meet client expectations	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: easier and more understandable audit planning and opinion process for stakeholders							
Specific audit plans for major	To ensure audit focuses on key	Agree long terms audit plans for	During 2018			Value for Money	✓

NHS change programmes	strategic risks for NHS Wales	approval by Audit Committees		Director of A&A, HIAs and key stakeholders	Audit misses opportunity to add value and provide longer term assurance	Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: recognised long term support on key areas of strategic change							
Focus on succession planning	A number of staff are potentially due to retire at around this time	Continued focus on training and development, both professional and skills/competencies based, aiming to improve recruitment and retention.	March 2019	Key staff and stakeholders	Training and recruitment /retention.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: smooth transition as a number of staff leave NWSSP							
Sharing best practice	Recognition that we could share more learning for the wider benefit of NHS Wales	Identify areas where audit outputs could be shared to benefit all NHS Wales organisations	During 2018	Key stakeholders	Not seen as an all Wales service but need to factor in requirements of confidentiality	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: seen as a more informed critical friend for NHS Wales organisations							

**To achieve this we will need:**

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• To continue to support training of professional qualifications, CPD and skills updates</li> <li>• Succession planning to be implemented effectively</li> <li>• To consider more flexible working for part of the workforce to respond to fluctuating demands</li> <li>• Recruit to outstanding vacancies particularly for South East Wales teams</li> </ul>	<ul style="list-style-type: none"> <li>• Continued non-recurrent funding to support structure and changes to audit approach, as well as IT and accommodation requirements.</li> <li>• Continued funding of training and developing.</li> <li>• Restructure of budget setting, recharging and reporting to reflect all-Wales approach</li> <li>• Additional funding for new posts to create a resilient structure with both development and promotion opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Continued investment in new hardware and software</li> <li>• Resolution of IT and accommodation issues for the Cardiff &amp; Vale team</li> <li>• Additional hardware and software to support the data led audit approach</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>• Further roll-out of Team Mate functionality</li> <li>• Further roll-out of audit software functionality working with Health Boards, Trusts and customers to take advantage of the full functionality of Team Mate</li> <li>• Revisions to the Quality manual to reflect EQA outcomes and revised Public Sector Internal Audit Standards</li> </ul>	<ul style="list-style-type: none"> <li>• Continued close working with key stakeholders</li> <li>• Greater need for partnership working with other public sector bodies and Boards</li> <li>• Closer working with both National Counter-Fraud team and Post Payment Verification team (PPV) assurances from</li> <li>• IM&amp;T work Likely need to work closer with NWIS to deliver NHS Wales wide</li> </ul>	

## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Closer working between NWSSP divisions.	To improve overall effectiveness and integration of service provision.	Discussions and possible implementation of closer working arrangements	During 2019	NWSSP senior management	Time for cooperation between divisions.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: recognised improvement by stakeholders in terms of 'assurance' offering from NWSSP							
Consider opportunities for additional work outside on NHS Wales	To complement work in the NHS and to reflect partnership nature of Well Being of Future Generations and Social Care (Wales) Acts	Build on current non-NHS work to widen coverage to other areas that impact significantly on the work of NHS Wales	During 2019	NWSSP senior management	Resources to deliver NHS Wales work in first instance.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: clear focus and findings on NHS areas that impact on other organisations							
Implementation of New / Upgraded audit software	To ensure audit processes stay best in class	Research and discussions of audit need with key stakeholders.	During 2019	A&A senior management	Funding and resource for implementation process.	Value for Money	✓
		Implementation project.				Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓

Success will be: recognised modern and best in class audit approach							
More flexible working to reduce accommodation needs and travel costs	To reflect modern working patterns based on technology in order to support recruitment and retention.	Better IT and connectivity. New policies and procedures.	During 2018 and 2019	All staff, NWSSP senior management	IT functionality and appropriate policies and procedures.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: flexible and efficient workforce and reduction in staff turnover							
Continuation and refinement of 2018/19 objectives	To further develop and improve internal audit	Using actions set out for 2018/19	During 2018 and 2019	All staff, NWSSP senior management, and stakeholders	Available resources.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: continued view of Internal Audit adding value to NHS Wales							

To achieve this we will need:		
Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>Continue training and development programme for professional qualifications, specific skills e.g IT and a CPD policy to ensure staff can meet requirements of professional bodies.</li> </ul>	<ul style="list-style-type: none"> <li>Capital to support new software and hardware</li> </ul>	<ul style="list-style-type: none"> <li>Tablets to allow more flexible working</li> <li>Remote working technology</li> </ul>
Processes		Dependencies
<ul style="list-style-type: none"> <li>Continue to keep up to date on best practice</li> <li>Implement any changes to the PSIAS</li> </ul>		<ul style="list-style-type: none"> <li>Close working with WAO, NWIS and other assurance providers</li> </ul>



### WHAT WILL WE DELIVER IN 2020-21?

- ✓ Continued development of best in class approach
- ✓ Refresh of audit approach
- ✓ Greater integration with other assurance providers
- ✓ More collaborative work with other parts of the public sector

### The risks to achieving this include

Pressure on costs and resources as we are a support function and resources require targeting at front line patient services.

#### To achieve this we will need; Resources

As above, focus on training, development and skills

#### We will continue to engage with; Customers and Stakeholders

Continued dialogue with key stakeholders

### BEYOND 2021

Recognition as a specialist and future focused provider of assurance to NHS Wales

Full use of functionality of Team Mate or successor software

Closer integration with other assurance providers in both NHS Wales and the wider public sector

Structure that balances individual organisational needs and national specialist delivery 'Once for Wales' approach

## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

External Quality assessment

Capacity and resilience

Skills training and development

Develop internal specialism around IM&T

R&D and market intelligence  
Income generation opportunities

Demonstrating professional influence

Restructure at other grades

Recognised expert in Internal Audit

Entering new markets across the Welsh Public Sector

Visible external profile

Partnership working

Recognised IM&T Specialism

Fit for purpose accommodation

Succession Planning

Sharing best practice

Refresh of audit process in line with expected developments in internal audit

Continued refresh of audit software and hardware to deliver a more efficient audit process – likely more home based working and less need for office accommodation

Greater integration with other assurance providers to deliver a more joined up assessment of governance and control.

More collaborative work with other parts of the public sector

More "Future Focus Audits"

Further refresh of audit process in line with expected developments in internal audit

Review of structure and processes to ensure fit for purpose for next IMTP process.

Full use of functionality of Team Mate or successor software

Closer integration with other assurance providers in both NHS Wales and the wider public sector

Structure that balances individual organisational needs and national specialist delivery 'Once for Wales' approach

## KEY PERFORMANCE INDICATORS

The KPIs reported monthly for Internal Audit are:

Description of Key Performance Indicator	SLA	2018/19 Target	2019/20 Target	Oct 2017 Actual
Audit plans 2017/18 agreed/in draft	√	100%	100%	100%
Audit opinions 2016/17 delivered	√	100%	100%	100%
Audits reported vs. total planned audits – as at 31 <sup>st</sup> October	√	35%	40%	33%
% of audit outputs in progress	No	20%	20%	21%
Report turnaround fieldwork to draft reporting [10 days]	√	80%	90%	86%
Report turnaround management response to draft report [15 days]	√	80%	80%	61%
Report turnaround draft response to final reporting [10 days]	√	80%	90%	99%

# Central Team eBusiness Services (CTeS)

Deliver value to our customers, be an enabler to support the delivery of world class processes whilst acting as the Centre of Excellence on service, change and programme management on all matters pertaining to enterprise digital technologies for Finance and Procurement users (FMS Services) across the NHS in Wales and potentially broader.

## WHO ARE WE AND WHAT DO WE DO?



Manages and supports the Strategy Enterprise Oracle Financial and Procurement system and associated services and systems on behalf of NHS Wales.

The teams activities include: monitoring the ERP contract and SLAs, managing change requests and financial costs, taking forward strategic programmes/projects, as well as providing operational and technical support



**13 staff,**  
excluding student placements

**£6.5m**  
contract value  
excluding  
developments  
and licences

**£2.5b**  
of spend  
BI/Reporting  
services

**10,000** users

**100%**  
standing data item  
requests and  
document imaging  
errors in 48 hours

How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>• Structured Customer Satisfaction Surveys, Annual Visits held with individual Health Boards and Trusts, with feedback presented through Governance Groups</li> <li>• CTeS facilitates and is represented on all FMS Governance Groups (Strategy &amp; Development, Accounting, Purchase to Pay, Business Intelligence and Contract Retender Group)</li> <li>• CTeS provide a 2<sup>nd</sup> line and 3<sup>rd</sup> line Business Intelligence service desk to assist our customers to understand immediate business operational incidents</li> <li>• STRAD reviewed and developed work plan in partnership.</li> <li>• Regular engagement with DoFs</li> </ul>	<ul style="list-style-type: none"> <li>• Access to FMS Services that are fit for use and purpose</li> <li>• FMS Services supported by CTeS and by Version One Solutions Ltd</li> <li>• Continual Service Improvement support to enhance existing services and deliver modern digital services</li> <li>• FMS Services Retender to be Programme Managed by CTeS, reducing resource reliance on customers</li> </ul>	<ul style="list-style-type: none"> <li>• To be a centre of excellence in terms of skills, knowledge and expertise on relevant digital services</li> <li>• Quality controls, procedures and maintaining high professional standards</li> <li>• Horizon scan and benchmark services against similar structured departments in NHS England and other Public Sector Organisations</li> <li>• Working through the STRAD group to co-produce and agree improvements based on operational requirements</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• Working in partnership with NWSSP Procurement Services and Health Organisation leads have awarded the FMS Services Managed Contract resulting in the same level of support being offered to NHS Wales with no increase in contributions for Consortium members.</li> <li>• Provide QlikView 2nd Line Support and complete developments in house saving £60k per annum</li> <li>• Realising over £50k of service credits in the present managed service contract</li> <li>• Worked with Version One to provide a suitable solution to meet the needs of NHS Wales</li> <li>• Developed a solution in house which when fully rolled out will replace Discoverer</li> <li>• Replaced the fax line solution with a web based solution reducing service risk and realising ongoing costs savings</li> <li>• Develop offering to take on more first line support in house</li> </ul>	<ul style="list-style-type: none"> <li>• Proven track record of project, programme, change and risk management</li> <li>• Manage and support the FMS Governance Groups – including preparing agenda, papers &amp; meeting notes</li> <li>• All aspects of Contract and Service Management – with third party supplier recommending the CTeS approach to their other customer base</li> <li>• Work collaboratively and act as a conduit between Health Organisations and Suppliers</li> <li>• Comprehensive documentation and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Provide services to wider Public sector bodies and non-departmental government bodies</li> <li>• On-board and support Health Education Improvement Wales into FMS Services Extending the use of software robotic ('Bots') automation</li> <li>• Ensure we are achieving and exceeding expectations</li> <li>• Extending the present support offering thereby providing greater value to our customers</li> <li>• Provide 2nd Line Support for all FMS Services</li> <li>• Develop enhancements, working in partnership with Managed Service Provider to deploy</li> <li>• Developing QlikView for NHS Wales</li> </ul>

## KEY PRIORITIES 2018-21

### Value for Money

- Deliver developments in-house, previously completed by 3rd parties, based on Consortium approved scope
- Transfer BAC's processing in-house for NHS Wales and review any wider offering to other Public Sector bodies
- Support implementation of Health Education Improvement Wales
- Expand Business Intelligence 2nd line support to all FMS Services
- Fully replace current Reporting solution with a replacement delivered in-house, saving at least £70k development costs on 3rd party proposal and recurring support costs
- Continue to review our existing internal lean activities, agile approach, skills and expertise to ensure we continue to add value
- Supporting Health Boards and Trusts delivery of the efficiency programme to maximise value

### Our Customers

- Presence at all FMS Governance groups to agree work programme with all NHS Wales Trusts and Organisations, including NWSSP
- Review of all Governance Groups to ensure they align to the FMS Retender requirements
- Provide a value added conduit between our customers and Service Providers
- Complete annual customer service excellence reviews and enhance KPIs to measure quality
- Provide timely updates to Customers on key Programme deliverables through Newsletters and Howis updates
- Ensure we are supporting our customers to deliver services in line with the Well-being of Future Generations and Social Care (Wales) Acts



### Service Development

- Engagement with Public Sector 3rd party support teams to share knowledge
- Roll out and All Wales utilisation of QlikView enhancements to support reporting, such as intercompany transactions
- Ensure any developments are delivered in accordance with the Common Operating Model (COM) and documentation remains up to date
- Enhance the COM to ensure further alignments of settings and processes for FMS Services
- Review Service Desk tools to ensure CTeS can deliver services as required to customers
- Development of our service to meet the needs of Primary Care
- Expand the use of 'BOTS'

### Our Staff

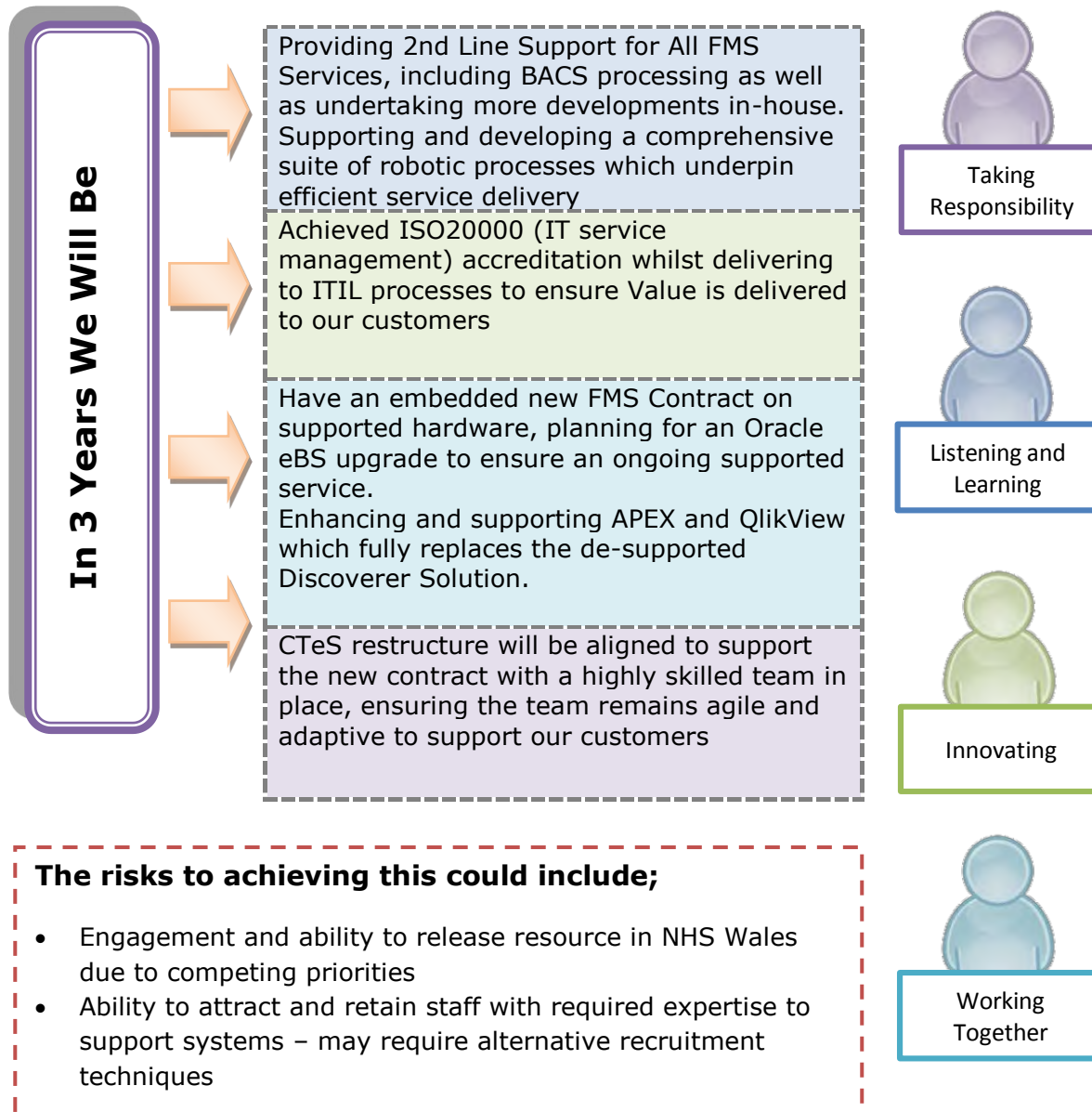
- Ensure PADR's, Statutory and Mandatory Training are completed
- Retain full complement of staff
- Ensure staff development and training is provided where necessary, particularly to support broadening of support provided to NHS Wales colleagues and new Services supported
- Appointing into restructure planned 2017-18 to align to FMS retender

### Excellence

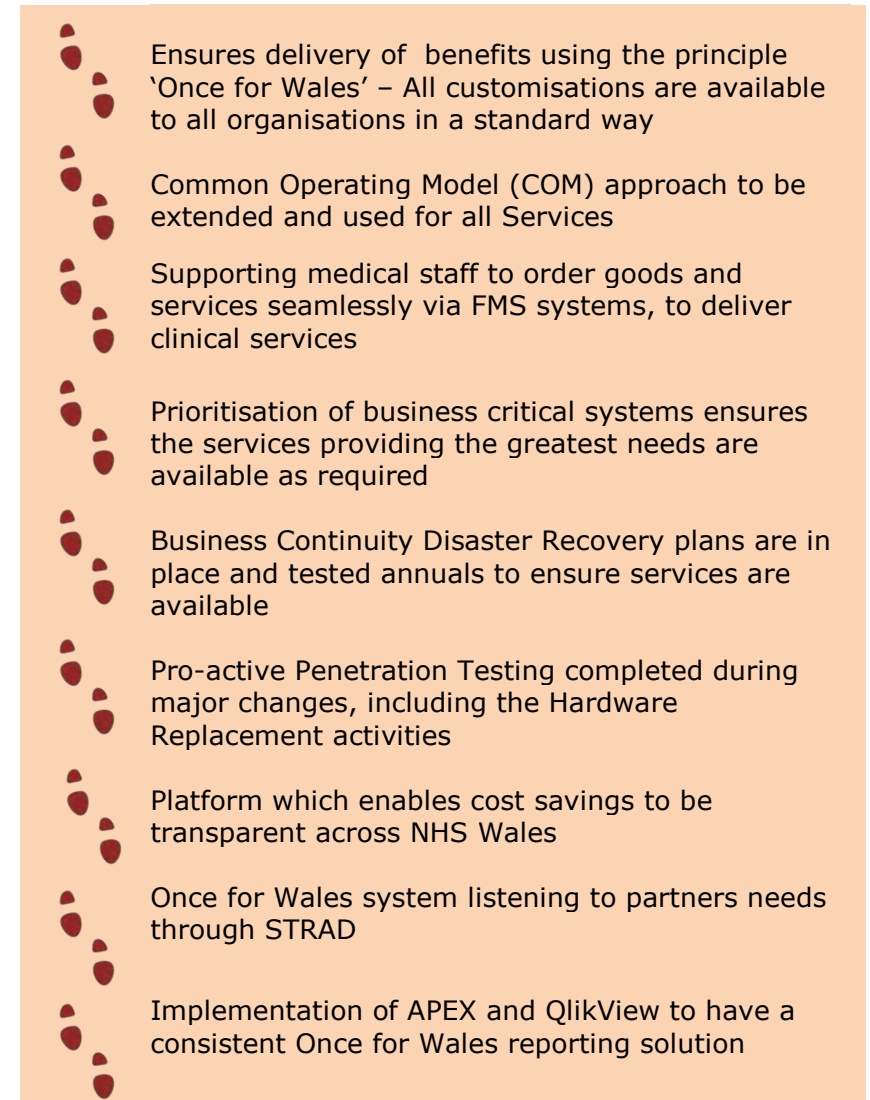
- Continuous Service Improvement policies in place to facilitate and drive CSI whilst maximising use of existing toolset
- Ensuring all services remain on fully supported versions and plan to replace legacy systems such as Discoverer and upgrades where necessary
- Full hardware refresh of all services to ensure optimum server architecture to support availability, call response and resolution times as well as performance timings across all services



## OUR JOURNEY



## PATH TO PRUDENT AND ONCE FOR WALES



## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
BI/reporting solution for the legacy Oracle Discoverer Business Intelligence tool fully replaced and supported	Discoverer was de-supported in 2017. Presently still significant reliance on the tool	Deliver replacement solutions using Oracle APEX and QlikView	By April 2019 as potentially will not be supported in future FMS Contract and requires gaps to be presented by Health Organisations	CTES supported by supplier(s) and customers	Retention and recruitment of skilled staff.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: No reliance on the Discoverer reporting tool by NHS Wales							
Programme to deliver a new FMS contract by April 2018 for the complex range of FMS services	Present Managed Services Contract with Version 1 ends in May 2018 – no option to extend	Programme Manage and support the Programme of work	Transition to be complete by April 2018	NHS Wales and third party supplier	Availability of NHS Wales colleagues	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: FMS Retender Programme delivered to timetable							
Phase 1 Using software automation ('BOTS') solutions more extensively	Release resources to focus on more value adding tasks, reduce errors, increase productivity	Configure BOTS to replicate relevant activities to create a "virtual" workforce	Embedded five robotic processes by April 19	CTeS	Insufficient funds to purchase additional software robot licences	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Reducing workers undertaking non value adding activities and carrying out more value added tasks							

Team restructure to support FMS Retender and to ensure in house services can be supported and extended	Reducing reliance on third party and costs – to be more self-reliant by transferring some activities in house	Restructure and recruitment of additional resources	By April 2018	CTeS	Staff recruitment Additional funding Training requirements Business Services resistant to change	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Fully resourced team providing value added benefit to the Consortium at expected satisfaction levels							
On-board HEIW into Consortium arrangements	HEIW is a new Organisation from April 2018 to support the deployment of the workforce requiring FMS Systems	Working with Welsh Government programme to deliver the financial supporting systems infrastructure	By October 2018 at the latest	CTeS Managed Services Provider HEIW Programme and Testing Team	Lack of HEIW testing resources Availability of CTeS resources to support and Project Manage the Programme alongside the FMS Retender Programme	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> HEIW go live on all FMS Services and attending all Governance Group Meetings							

### To achieve this we will need:

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Restructure including head count increase, due to widening of support services and duties performed by the team</li> <li>• Given the nature of the specialist expertise and skills provided, it is important we continue to enhance skills through professional training courses and research / development</li> </ul>	<ul style="list-style-type: none"> <li>• A review of existing funding and staff resources will be required to support the FMS Retender Programme</li> <li>• Securing additional funding has continued to remain a challenge for the department</li> </ul>	<ul style="list-style-type: none"> <li>• NWSSP IT to support bi-annual Penetration Testing for all Oracle, QlikView and OCR services in order to ensure no vulnerabilities are introduced</li> <li>• NWSSP IT to support testing of FMS systems as part of FMS Retender Programme during build</li> <li>• Ongoing engagement with Cardiff and Vale IT for continued Data Centre Support</li> <li>• Access to the latest digital technologies</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>• Team familiar with PRINCE 2 methodology, ITIL and Managing Successful Programmes (MSP), Management of Risk (MoR) and Lean Six Sigma processes</li> </ul>	<ul style="list-style-type: none"> <li>• Managed Service Provider and other 3<sup>rd</sup> parties</li> <li>• Continued collaboration and standardisation of operating processes</li> <li>• Continuation of a Once for Wales approach</li> </ul>	

## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Agreeing Work programme and priorities for any transformation projects post transition	Change freeze will be released	Work with Governance Groups and Service Provider to identify requirements	Once transition is complete and all services are business as usual	NHS Wales and third party supplier	Insufficient funds or willingness of NHS colleagues	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Restoring quarterly patching cycles and implementing continuous service improvement requests (CSI)							
Delivering 2 <sup>nd</sup> line support for all Services	Reduce 3 <sup>rd</sup> party costs and increase skills and knowledge within NHS Wales to support all Services	Managed through FMS Contractual provisions	June 2019	CTeS	Tools such as Service Desk and CTeS restructure to ensure resources are in place. Co-operation of Managed Service Provider for change to contractual provisions.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: CTeS achieving SLA's in place and satisfied customers							
Commence Phase 2 - Using software automation ('BOTS') solutions more extensively	Release resources to focus on more value adding tasks, reduce errors, increase productivity	Configure BOTS to replicate relevant activities to create a "virtual" workforce	Working with wider NHS on non-clinical administrative processes by April 20	CTeS	Insufficient funds to purchase additional software robot licences	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Reducing workers undertaking non value adding activities and carrying out more value added tasks							

To achieve this we will need:		
Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>Appoint based on team restructure and knowledge required to ensure appropriate level of support is provide to customers</li> </ul>	Consideration of any funding requirements to implement CSI changes once the change freeze has been lifted – over and above the All Wales SIP Fund	<ul style="list-style-type: none"> <li>Service Desk Tool that’s fit for purpose and use to enable timely call resolution and reporting for enhanced call volumes and priority calls</li> <li>Access to the latest digital technologies</li> </ul>
Processes		Dependencies
<ul style="list-style-type: none"> <li>Ongoing review of revised processes in line with ITIL to support providing extended services to include 2<sup>nd</sup> line support and BAC’s processing</li> <li>Finalising and enhancing processes to align with any new Managed Service provider</li> <li>Consideration of any processes which can be automated through the use of BOTS</li> </ul>		<ul style="list-style-type: none"> <li>Managed Service Provider and other 3<sup>rd</sup> parties</li> <li>NHS Wales Colleagues</li> </ul>

### WHAT WILL WE DELIVER IN 2020-21?


✓ Revised Support Model
✓ Plan to ensure Oracle eBusiness Suite is upgraded before support expires – Horizon scanning for the right version / product
✓ Processes to ISO 20000
✓ More developments in-house
✓ Ongoing support for further Continuous Service Improvement
✓ Excellent relationship with our Customers adding expected Value

### The risks to achieving this could include;

Resources to deliver  
 Lack of Organisation engagement to develop All Wales solutions  
 Team Skills

To achieve this we will need;	We will continue to engage with;
<b>Resources</b> Financial Support An adequately resourced team in place Agreed procurement strategy	<b>Customers and Stakeholders</b> Health Boards NWSSP 3rd Party Providers Public Sector Bodies

## BEYOND 2021



Ensure team structure and skills remain aligned to customer and business requirements

Focus will remain on CSI and extending support offering

Ensure all Services remain on supported platforms and consider cloud technology. Replacement of all current hardware

Review Supporting Wider Public Sector for FMS Services and beyond



## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Resource shift to support contract retender exercise

Established cycles of implementing improvement initiatives, aligned for all Services

Continue to develop relationships with other Public Sector organisations for mutual benefit

Business Intelligence roll out and enhancements

Complete annual customer service excellence reviews and enhance KPIs to measure quality

Required skills mix – consider team restructure to support new contract

Upgrade reporting services to remain supported and to gain from improvements/enhanced offering

Continued training and professional development to enhance existing expertise

Provide greater automation through the use of 'BOTS'

Resource shift to support contract retender exercise

Upgrade aging and unsupported hardware as part of transition for all services

Expertise in IT and enterprise systems and technical architecture

Implement team restructure to support retender exercise, shape of support and customer requirements

Plan to ensure seamless support to Consortium end users where services have transition into CTes

Enhance internal KPI's with customers to ensure support meets requirements

Provide greater intelligence to customers on calls being raised to reduce repeat failures

Excellence in ISO 20000 processes

Consolidation of systems and IT service skills

Broader cross functional expertise

Seamless infrastructure, technology and application boundaries

Staff development plan fully implemented

Enhanced process automation and appropriate management of administrative activities

Extended team service offering

Enhance in-house support offering to include BAC's services and 2<sup>nd</sup> line support for all services

Broaden offerings to wider Public Sector if and where appropriate, within the context of the COM

Critical review of standards and practices against industry best practice

Maximise existing toolsets

Strategic IT and systems services integrated with NHS Wales policy and strategy

Value chain optimisation

Ability to freely innovate and provide enabling technologies and IT services for businesses

Agile department structure

Mature partnerships with Public Sector Organisations driving change for mutual benefit

Professional highly skilled workforce

Innovation to inform service development to drive improvement and reduce cost of ownership of IT services

Ongoing modernisation to improve service quality and standardisation of processes or services

Start to consider future Oracle FMS upgrade and options to move to a cloud based offering

## KEY PERFORMANCE INDICATORS

Description of Key Performance Indicator	2017-18 Target	2018-19 Target
KPI 1 - Successfully process All Wales Oracle standing data item requests and document imaging errors within 48 hours of the request being received and to 100% accuracy rate	100%	100%
KPI 2 - Support governance groups - prepare agendas and minutes within 5 days of planned meeting	90%	90%
KPI 3 - Undertake Oracle contract service reviews with managed service provider on a monthly basis	100%	100%
KPI 4 - To undertake monthly/annual Oracle audit and control reviews	100%	100%
KPI 5 - Deliver services within allocated annual department budget	100%	100%
KPI 6 - Undertake PADR reviews for all staff on an annual basis and 2 months prior to staff anniversary date	100%	100%
KPI 7 - Achieve a customer satisfaction index of good (80%) or better on an annual basis	95%	95%
KPI 8 – All incidents raised with the Central Team are responded to within 2 hours between the time of 9am-5pm	95%	95%
KPI 9 – All P1 and P2 incidents raised with the Central Team are resolved within 8 hours (within capability)	95%	95%
KPI 10 – Agreed All Wales developments deliverable by the Central Team are included in the next Central Team patch release to ensure momentum of CSI is maintained	95%	95%

# Digital Workforce Solutions

The Digital Workforce Solution Team manage the Electronic Staff Record (ESR) System for NHS Wales. ESR is a digital solution that integrates with other workforce and finance systems providing an end to end streamlined solution to manage the employee journey from recruitment through to retirement.

Through robust governance and a complex stakeholder engagement model, ESR capability is developed, promoted and deployed through an NHS Wales wide 'ESR Hire to Retire' Programme

## About us:


- ✓ Over 70,000 NHS Wales employees with ESR Self Service access
- ✓ 15% increase in Statutory and mandatory compliance across NHS Wales
- ✓ 10 New ESR BI Dashboard analysis reports developed for Wales
- ✓ £1.2 million cost avoidance savings through technology enabled learning solutions

To provide world class electronic workforce and learning solutions to NHS Wales and the wider public sector, accessible through internet and mobile technologies in a real time environment.

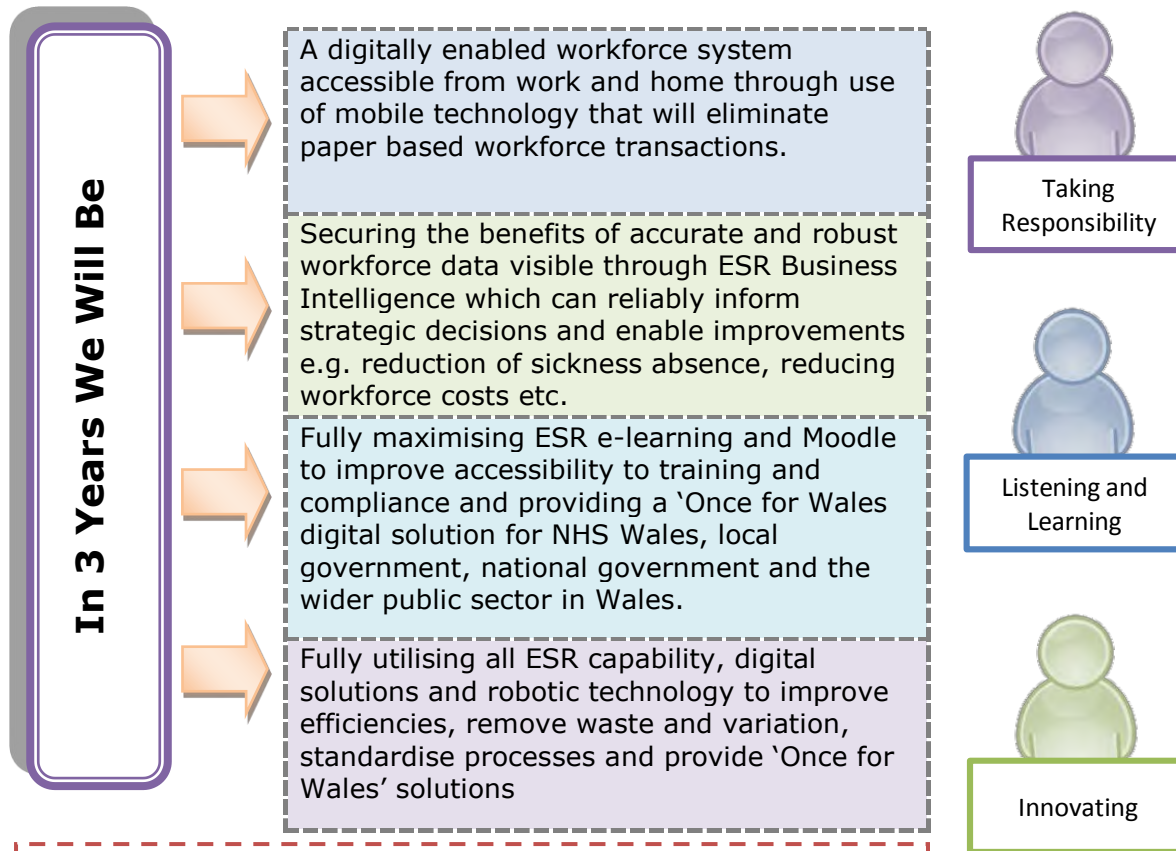
To replace paper dependant manual workforce transactions with ESR, interfaces, mobile technology and robotic solutions. Acting as the Centre of Excellence using technology to deliver significant change and improvement in processing.

How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>• ESR Hire to Retire audits and reviews with individual Health Boards and Trusts and local ESR hire to Retire Programme Boards</li> <li>• Through a formerly managed programme structure that is functionally organised, project driven and encompasses national and local agendas</li> <li>• Targeted communications that include workshops, education, information bulletins, e-learning, guidance documents and use of social media</li> <li>• Represent NHS Wales at national ESR project and special interest groups</li> <li>• Establishing a work programme which underpins the changes needed by Health Boards, Finance Academy, NIP, WODs and DoFs</li> </ul>	<ul style="list-style-type: none"> <li>• An intuitive, easily accessible modern workforce system that removes paper processes, duplication and waste</li> <li>• Timely, accurate workforce intelligence available to inform business decisions at the 'touch of a button'</li> <li>• Simple, standardised workflows and processes</li> <li>• Guidance and support to enable a consistent approach to maximising ESR functionality in line with world class standards</li> <li>• Continued ESR enhancements in line with organisational priorities and NHS Wales policy</li> </ul>	<ul style="list-style-type: none"> <li>• By removing unnecessary duplication of data entry and waste through use of technology and robotic solutions</li> <li>• Through a professional digital workforce solutions team that centrally supports the national and local agendas through an expert knowledge base.</li> <li>• Through improving the accessibility of ESR through mobile technology and Apps</li> <li>• Through facilitating costing and benefits workshops within organisations to join up and streamline processes whilst providing evidence of improved benefits and efficiencies</li> <li>• Facilitating their ability to use once for Wales systems</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• Removal of variation and waste through implementing the ESR Occupational Health bi-directional interface across 3 organisations. This will enable an estimated £1 million costs avoided per annum when fully deployed (March 19)</li> <li>• Improved quality and completeness of workforce data to inform business critical decisions</li> <li>• Improved visibility of assurance, productivity and compliance</li> <li>• Significant cost efficiencies and cost avoidance savings through deployment of ESR e-Learning</li> <li>• Improved skills and capacity across NHS Wales through provision of ESR and e-learning training</li> <li>• Maximising the Welsh seat on the ESR Programme Board to have Welsh specific requirements recognised</li> </ul>	<ul style="list-style-type: none"> <li>• Maximise the ESR contract through a co-productive partnership with the DH ESR Team and NHS key stakeholders</li> <li>• Programme manage the NHS Wales Hire to Retire strategic workforce improvement agenda</li> <li>• Support and deploy national projects that deliver workforce capabilities and solutions that meet service requirements</li> <li>• Sharing best practice through formal conferences and all Wales events, ESR bulletins, Local ESR Programme Boards</li> <li>• Catalyst for collaboration between WODs and DoFs</li> <li>• Manage the contract and interface with Department of Health for NHS Wales</li> <li>• Deliver excellence: <ul style="list-style-type: none"> <li>➢ HSJ Finalist 2017</li> <li>➢ HPMA Wales Winner 2017</li> <li>➢ HPMA National Winner 2017</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Establish an integrated Learning and Self Service Support function. Requested by the service this will enable economies of scale and remove a significant volume of transactional ESR queries</li> <li>• Standardise the Occupational Health (OH) contract and enable economies of scales through a 'Once for Wales' contract</li> <li>• Implement the ESR Occupational Health bi-directional interface across all NHS Wales organisations</li> <li>• Enable transferability of OH information from NHS Wales health graduate education</li> <li>• Full deployment of the ESR Deanery Interface to streamline and automate the doctors and dentists in training rotation</li> <li>• Extend provision of e-learning materials to the two remaining local authorities and wider public sector</li> <li>• Organisations to make better use of ESR and Business Intelligence functionality</li> </ul>

KEY PRIORITIES 2018-21

Value for Money	Our Customers	
<ul style="list-style-type: none"><li>• Further enhance the national integrated ESR and Learning Support function to maximises economies of scale and standardisation</li><li>• Enhancing the national e-learning materials in line with national policy and local business requirements available in Welsh and English</li><li>• Manage the on-boarding of other public sector organisations to the Learning@Wales Moodle e-learning platform</li><li>• Evidence costs efficiencies and value for money for all Hire to Retire projects through a costing model steeped in academic and financial rigour</li><li>• Fully deploy ESR Occupational Health bi-directional interface across all NHS Wales organisations</li><li>• Support Health Boards and Trusts delivery of ESR capability, interfacing technology and use of robotics</li></ul>	<ul style="list-style-type: none"><li>• Continue to increase the ESR capacity and capability of workforce and OD practitioners so ESR can be deployed throughout organisations in line with world class standards</li><li>• Provide a service that is agile and responsive to the requirements of stakeholders</li><li>• Continue to champion the workforce solutions requirements of NHS Wales at national forums including ESR Programme Boards, Special Interest Groups, National User Groups etc</li><li>• Ensure we are supporting our customers to deliver services in line with the Well-being of Future Generations and Social Care (Wales) Acts</li><li>• Provide an ESR helpdesk to NHS Wales</li></ul>	
Service Development	Our Staff	Excellence
<ul style="list-style-type: none"><li>• Working in collaboration with key stakeholders to enhance the design and capability of the ESR national solution</li><li>• Provide digital and interfacing solutions including use of robotic software</li><li>• Deploy the ESR Self Service Portal</li><li>• Deploy ESR Self Service and Manager Self Service through mobile and tablet devices</li><li>• Develop and deploy the ESR solution in line with national and service requirements</li><li>• Maximise a 'Once for Wales' solution where possible to enable capacity within organisations and align to Prudent Healthcare principles</li><li>• Automate transactional processes and remove duplication &amp; variation through maximised use of ESR, workforce interfaces, digital solutions and use of robotics</li></ul>	<p>The Digital Workforce Solutions Team have:</p> <ul style="list-style-type: none"><li>• ESR technical expertise</li><li>• E-learning development and quality assurance expertise</li><li>• Accredited to national training standards</li><li>• Project and Programme Management technical expertise</li><li>• Expertise in use of Blue Prism robotic software</li><li>• Expertise in process mapping and opportunities costing</li><li>• Enable ESR developments and enhancements through stakeholder engagement and leverage at an all Wales level</li></ul>	<ul style="list-style-type: none"><li>• Programme delivered in line with Managing Successful Programmes (MSP) standards</li><li>• Formal governance established to manage the complexity and diversity of the Hire to Retire work programme</li><li>• National awards and recognition received for the ESR Hire to Retire Work Programme</li><li>• Nationally published articles and case studies showcasing excellence, value for money and service development</li><li>• Utilise CAMMS project management capability to transparently manage a complex portfolio of projects with effective governance and controls</li><li>• Working with Health Boards and Trusts to maximise the benefits and using full functionality of ESR</li></ul>

## OUR JOURNEY



### The risks to achieving this could include;

- Competing demands on strategic partners NWIS to deliver required infrastructure support
- Non-compliance with required IT standards and capability
- Lack of capacity and capability within Health Boards and Trusts to effectively manage business change to deploy the benefits of ESR and integrated systems fully
- Failure to maximise 'Once for Wales' solutions and financially 'pump prime' enabling projects
- Failure to embrace technology with continued dependency by organisations on paper and legacy systems
- Failure to implement standard operating processes

## PATH TO PRUDENT AND ONCE FOR WALES

### Once for Wales Technology

Provision of a centralised e-learning service to develop, assure and host e-learning for NHS Wales and the wider public sector

### Service Redesign

Remove duplication and non-added value workforce transactions through effective use of workforce technology

### Reduction of service variation

Standardisation of workforce processes in line with world class standards through published operating procedures and process maps

### Maximisation of interfaces

Development and implementation of new interfaces to remove manual data input

### Improved data quality

Implementation of data standards programme of work. Continued development of ESR Business Intelligence and KPIs that reflect the requirements of NHS Wales

### Expansion of Services

Establishment of an integrated ESR Self Service and Learning support function to promote standardisation of use and remove transactional queries from Health boards and Trusts

### Improving capacity and capability of the NHS Wales Workforce family

Provision of guidance, support, education and conferences to ensure the skills of the workforce family are enhanced in line with the requirements of the ESR Hire to Retire work programme



## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Deliver phase 2 ESR Hire to Retire Programme of work	To deploy ESR capability that promotes the redesign of workforce processes that maximise efficiencies and reduce duplication and variation	Deployment of a range of prioritised workforce projects that meet the priorities of the NHS Wales Workforce and Finance Directors	Between Apr 18 and Mar 19.	NWSSP Digital Workforce Solutions Team, NHS Execs, NHS Service, WG, Suppliers, Workforce and ESR Users	Organisational capability & capacity and appetite for change	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Deployment of ESR Hire to Retire Programme of Work and Project Deliverables Within Timescales							
Establishment of an accredited 'All Wales' Self Service & Learning Support Function that maximises economies of scale and enables local capacity	To release capacity within NHS Wales workforce functions, remove variation and promote standardisation	Extend the existing e-Learning Support function already established within the Digital Workforce Solution Team	By Apr 18	NWSSP Digital Workforce Solutions Team	Funding/resources for establishment of team	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Establishment of an Integrated ESR Self Service & Learning Support Function for NHS Wales							
Maximised use of ESR capability across NHS Wales through a structured Blue Prism robotics work programme	To maximise efficiencies & use of resources, remove variation & waste and standardise workforce processes across NHS wales	Through ESR Hire to Retire Work Programme, Governance and stakeholder engagement and robotic technology	Between Apr 18 and Mar 19.	NWSSP Digital Workforce Solutions Team, NHS Execs, NHS Service, WG, ESR DH, Suppliers, Workforce and ESR Users	Lack of capacity within organisations Workforce & OD Teams	Value for Money	✓
					Failure to maximise ESR Portal or manage IT requirements	Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Maximised use of ESR, Digital Solutions and Robotic Capability							
Delivery of Costing and Benefits	To maximise efficiencies and	Utilise Costing and Benefits	Between Apr 18 and Mar 19.	NWSSP Digital Workforce Solutions	Failure by organisations to review processes,	Value for Money	✓

workshops across NHS Wales to: <ul style="list-style-type: none"><li>Standardise processes</li><li>Maximise ESR and digital capability</li><li>Demonstrate efficiencies and benefits</li></ul>	modernise processes across NHS Wales workforce functions	methodology designed by PHW and Professor Nick Rich and endorsed by NHS Wales Directors of Finance as a costing mechanism for Workforce efficiencies		Team, NHS organisational Workforce and ESR Users	standardise procedures embrace change	Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Financial Efficiencies and improved processes with agreed financial and governance controls							
80% of all workforce transactions will be undertaken through paperless processes and full deployment of the ESR Self Service portal	Remove duplication, waste and non-added value processes and maximise efficiencies in line with prudent health care principles	Remove paper payslips  Fully deploy ESR Self Service via Portal, external access and use of workflow notifications across all NHS Wales organisations.  Remove legacy paper systems for key self-service transactions	By Apr 18	NWSSP Digital Workforce Solutions Team, NHS Wales organisations	Lack of one Wales Self Service function (to maximised local capacity)  Lack of capacity within organisations Workforce & OD Teams  Failure to maximise ESR Portal or manage IT requirements	Value for Money	✓
			By Jun 18			Customers	✓
						Excellence	✓
						Staff	✓
			By Jun 18			Service Development	✓
Success will be: Paperless transactions for 80% of all workforce processes							
Deployment of an agreed programme of ESR e-Learning products for NHS Wales and the wider public sector	To maximise efficiencies, economies of scale, reduce variation of learning and enable portability	Using PMO project software to enable visibility of project scope and deliverables.	Between Apr 18 and Mar 19.	NWSSP Digital Workforce Solutions Team, NHS L&D e-learning leads, Public Sector e-learning leads, TEL SMB	NHS Wales organisational capacity to support the delivery schedule  Capacity of the NWSSP Digital Workforce Solution Team to meet demand	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓

	of learning and competence	Development of a suite of e-learning modules that are aligned to service and WG priorities			NWIS capacity to improve server capacity and support developments including improved reporting.	Service Development	✓
Success will be: 100% e-learning undertaken through ESR for NHS Wales Employees with agile e-learning development programme							
Delivery of an enhanced Learning@Wales solution and ESR Learning Server hosted within NWIS DMZ including full service support model	To stabilise and enhance the IT infrastructure, improve the reporting solution and maximise the security of the e-learning hosting Servers	Through a project managed approach that has been agreed and resourced by NWIS	Between Apr 18 and Mar 19.	NWSSP Digital Workforce Solutions Team, NWIS, Identified Suppliers	Capacity of the NWIS to resource the project work	Value for Money	✓
					Financial implications not yet identified	Customers	✓
					Scarcity of Moodle experience	Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Fully supported e-Learning Server and Support through NWIS in line with NWSSP specifications							
Maximise the use of ESR to effectively manage appraisal, performance, talent & succession planning	To ensure sufficient capacity and capability safely provide Services aligned with IMTP and workforce plans	Provide support, education and training so ESR capability is maximised	Between Apr 18 and Mar 19.	NWSSP Digital Workforce Solutions Team, ESR DH Team, ADoDS Trust & Health Boards L&D and ESR Leads	Lack of capability and capacity within organisations to fully utilise ESR	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: OLM fully utilised to Manage Performance, Talent and Succession Planning							
Implement the ESR Occupational Health (OH) bi-directional interface across all NHS wales organisations providing OH	To reduce recruitment times, speed up OH clearance processes, enable safer recruitment and improve the	Develop one Cohort OH contract for Wales that includes the latest technology and applications.	By Dec 17	NWSSP Digital Workforce Solutions Team,, NWSSP Recruitment Team, ESR DH Team, Medgate (Cohort Supplier), NHS Wales	Lack of standardised procedures across NHS Wales OH services	Value for Money	✓
					Adherence and compliance with required IT specifications	Customers	✓
						Excellence	✓
						Staff	✓

services. This will include deployment of Cohort Version 10 and hosting technology	employee on-boarding experience	Deploy Cohort Version 10 to release improved technology that will enable portability of data and digital processes	Between Apr 18 and Mar 19.	OH Service, Medical Workforce, Resourcing & ESR Teams	Failure by organisations to meet project milestones through conflicting priorities	Service Development	✓
Success will be: Deployment of Cohort Version 10 hosted solution across all OH provider NHS Wales organisations							
Develop and Implement Key Data Quality measures	To assure the quality of key data within ESR to enable accurate workforce reporting and workforce planning	Develop Key Data Quality measures: <ul style="list-style-type: none"><li>Workforce Information Verifier</li><li>Clinical Professional Registrations</li></ul>	Between Apr 18 and Mar 19.	Digital Workforce Solutions Team, Data Standards, Health Boards, Trusts, WEDS, ESR DH Team	Capacity and conflicting priorities of the ESR DH Team to deploy BI reports for NHS Wales	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Implementation of all Data Quality Measures by Health Boards and Trusts							
Develop ESRBI Dashboards in line with NHS Wales Workforce Policies and priorities	ESRBI analysis enables quick, consistent and easy reporting for Organisations and Managers	Small T&FG to develop key dashboards in line with NHS Wales BI development flowchart	Between Apr 18 and Mar 19.	Digital Workforce Solutions Manager – Data Standards, Health Boards, Trusts, WEDS, DH ESRBI Central Team	Failure to maximise ESR Business Intelligence and develop reporting solutions that meet the requirements of NHS Wales	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Complete Reporting Capability available digitally for Improved Management of Services							

## To achieve this we will need:

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>Funded and established Digital Learning Solutions team to include:               <ul style="list-style-type: none"> <li>1 Band 6</li> <li>1 Band 5</li> <li>1 Band 4</li> <li>1 Band 3</li> </ul>               (over and above existing structure) ESR             </li> <li>Through an agreed resource model with Health Boards and Trusts</li> <li>Maintain the existing substantive Digital Workforce Solutions structure</li> <li>Accredited support staff</li> <li>Key links with stakeholders through robust programme management and governance to embed ESR within Trusts and Health Boards</li> </ul>	<ul style="list-style-type: none"> <li>Continued financial support from Welsh Government to secure the Digital Learning Solutions element of the ESR Hire to Retire programme</li> <li>Funding to update and provide to the NHS Wales and wider public sector appropriate Articulate (e-learning software) licences</li> <li>Support from Health Boards to finance ESR helpdesk</li> </ul>	<ul style="list-style-type: none"> <li>Laptops, MS Office 2016 including Skype for at least 6 of the team</li> <li>Prioritised service and established escalation to NWSSP/NWIS IT support for ESR and Learning@Wales all Wales issues/solutions</li> <li>Continued support for the use of bespoke software and systems essential to the delivery of the Digital Workforce Solutions Service incl Blue Prism</li> <li>Migration of ESR e-Learning Server to NWIS DMZ or appropriate solution</li> <li>Full NWIS service support and server capacity for Learning@Wales</li> <li>Enhanced Moodle reporting solution from NWIS</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>Develop standard operating processes and enhance governance for the Digital Learning Solutions work programme</li> <li>Establish standard operating processes, process maps financial controls and governance for all ESR transactions</li> <li>Identify the benefits realised from all ESR self-service transactions</li> <li>Utilise robotic solutions (Blue Prism) to maximise the use and deployment of ESR</li> <li>Developed KPIs within Zen Desk (support software) for monitoring service and support provided to Trusts and Health Boards</li> </ul>	<ul style="list-style-type: none"> <li>NWIS for Moodle and server support, software updates and maintenance</li> <li>ESR DH Team &amp; IBM for ESR developments that reflect Wales policy and legislation</li> <li>Adherence by organisations to the ESR MM-0100 minimum IT requirements</li> <li>NHS Wales stakeholders and governance to embed the ESR capability realised through the Hire to Retire work programme</li> <li>Technology Enabled Learning Service Management Board</li> <li>NHS Wales and Public Sector networks to ensure deployment of ESR and e-learning is maximised</li> </ul>	

## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Streamlined recruitment processes	To improve the on boarding experience, reduce recruitment timescales, maximise efficiencies and reduce duplication of processes	Maximise ESR Deanery Interface, review ESR e-reference functionality and enhance TRAC to negate the requirement for direct hires	Dec 2019	Digital workforce Solutions, Employment Services, ESR DH, Trusts & Health Boards	Limitations and length of timescales incurred to enhance TRAC and ESR  Business process changed required by organisations.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: full implementation of Deanery Interface or use of TRAC to remove use of Direct Hires							
Extend access to Learning@Wales for wider public sector	Economies of scales are significant and the Moodle learning platform is easily flexed and up scaled	Effective project management of Moodle and definitive on-boarding SLAs	Between Apr 19 and Mar 20	Digital workforce Solutions, Public Sector organisations, NWIS, TEL Service Management Board	Capacity of Moodle to ensure no system degradation  Capacity of Digital Workforce Solutions Team	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Extend the usage of Learning@Wales to the wiser public Sector							
Deploy an agreed programme of ESR e-Learning products for NHS Wales and the wider public sector	Maximise efficiencies, economies of scale, reduce variation of learning and enable portability of learning and competence	Development of a suite of e-learning modules that are aligned to NHS service, local authority and WG priorities	Between Apr 19 and Mar 20	NWSSP Digital Workforce Solutions Team, NHS L&D e-learning leads, Public Sector e-learning leads, TEL SMB	NHS Wales organisational capacity to support the delivery schedule  Capacity of the NWSSP Digital Workforce Solution Team to meet demand  NWIS capacity to improve server capacity and support developments including improved reporting.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Delivery of suite of prioritised e-learning modules for NHS Wales and wider public sector							



Manage the deliverables of the ESR contract for NHS Wales	To ensure ESR enhancements and operability reflect NHS Wales requirements	Through a robust governance structure with NHS Wales organisations, ESR DH Team and complex network of stakeholders	Between Apr 19 and Mar 20	Digital Workforce Solutions Team, NWSSP, Welsh Government, ESRDH, NHS Wales organisations	Limitations of ESR and interfacing technology  Capacity of organisations to deploy and maximise ESR capability	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Maximised deployment and use of ESR and interfacing technology across NHS Wales							
Delivery of ESR Hire to Retire Programme of work aligned with Workforce and Finance Directors strategic objectives	Deploy ESR and interfacing capability that promotes excellence in Workforce processes and maximises efficiencies	Deploy a range of prioritised workforce projects that meet the priorities of the NHS Wales Workforce and Finance Directors	Between Apr 19 and Mar 20	NWSSP Digital Workforce Solutions Team, NHS Execs, NHS Service, WG, Suppliers, Workforce and ESR Users	Organisational capability & capacity and appetite for change	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Deployment of ESR Hire to Retire prioritised programme of work to agreed timescales							
Improved data quality and almost real time reporting for operational and strategic workforce planning and analysis	To enable informed operational and strategic decisions to be undertaken based on accurate workforce data	Adherence by organisations to the Data Quality and Data Standards programme of work	Between Apr 19 and Mar 20.	Digital Workforce Solutions Team, WEDs, ESR DH, NHS Wales organisations	Capacity within organisations to comply with data quality work programme	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Improved data quality and real time reporting capability across NHS Wales							

<b>To achieve this we will need:</b>		
<b>Workforce</b>	<b>Finance &amp; Capital</b>	<b>IT</b>
Welsh Translation support for e-learning modules	No additional finance required	No additional requirements. Same requirements as already stated
<b>Processes</b>		<b>Dependencies</b>
Continued development of paperless process through full use of ESR and integrated workforce solutions		As previously stated

### WHAT WILL WE DELIVER IN 2020-21?

✓ Full deployment of the defined ESR solution across NHS Wales including education support and training
✓ Management of a new programme of ESR and workforce enhancements to reflect NHS Wales requirements
✓ Improved capacity and capability of the NHS Wales workforce with regards to ESR competence and usage
✓ Continued management of Learning@Wales including help desk and an agreed e-learning development programme that will be available in both Welsh and English
✓ Enhanced use of ESR business intelligence reporting and alerting for improved operational management and efficiencies
✓ Continued communications, support and engagement with NHS Wales organisations to ensure maximised use of ESR
✓ Continued implementation of data standards in line with the national workforce data sets

### The risks to achieving this could include;

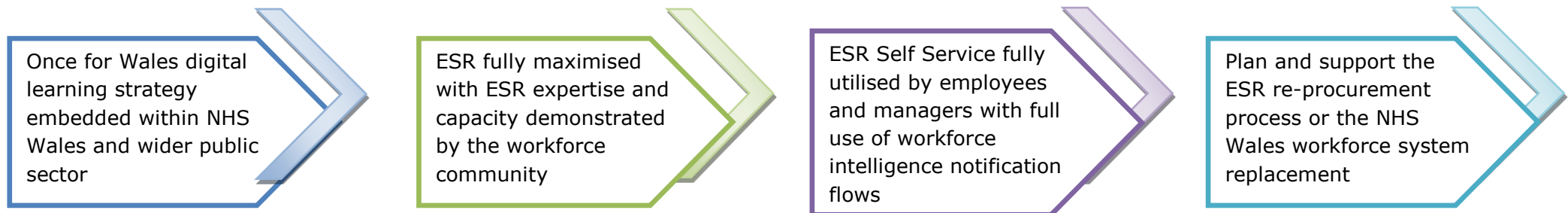
- Capacity of Digital Workforce Solutions Team to deliver full efficiencies and maximise all benefits available
- Lack of capacity, skills and prioritisation by organisations to implement ESR capability to defined timescales
- Lack of 'Once Wales' approach and centrally funded programme support
- Failure to secure NWIS support and resources to deliver the requirements defined from a Server and support perspective
- Competing NWSSP agendas and priorities
- Non engagement with national and local IT to maintain the required IT specification to maximise ESR capability

**To achieve this we will need;****Resources**

- Fully resourced central Digital Workforce Solutions Team to lead and deliver ESR Hire to Retire outputs
- NHS Wales organisational compliance with IT minimum specifications (locally and nationally)
- Executive engagement and support from Workforce and finance Directors

**We will continue to engage with;****Customers and Stakeholders**

- Finance and Workforce Directors
- NHS Wales organisations
- ESR DH Central Team / IBM
- NWIS
- ESR professional stakeholders

**BEYOND 2021**

## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Full deployment of ESR enhanced capability in line with contractual requirements

Full deployment of ESR Self Service and portal

Proof of concept for ESR Occupational Health bi-directional interface and hosted solution pilot

Implementation of Manager Self Service via the internet with email workflow notifications fully enabled

Transition to ESR e-learning for NHS Wales employees

Migration to Moodle for Local authorities and public sector

IT dependencies reflected in NWIS IMTP and delivered in line with project timescales

Deliver the ESR Hire to Retire work programme within timescales

Continued development of e-learning development schedule in Welsh and English

Deployment of the ESR OH project deliverables to support the reduction in recruitment timescales

Scale up Learning@Wales enabling access to common and national e-learning content for other public sector organisations

Mature use of talent management and succession planning in ESR

All workforce transactions undertaken through ESR and interfacing technology (no paper)

Continued enhancement of ESR in line with requirements through established ESR networks and communities

Transactional processes undertaken (where relevant) using robotics to release efficiencies and enable added value where human interaction is required

Continued central programme support to 'maximise 'Once for Wales' solutions and ensure unnecessary variation is avoided

Support the ESR re-procurement or the relevant NHS Wales workforce system

A culture engaged in use of e solutions for workforce transactions, learning, managing talent and succession planning, revalidation etc.

Complete and accurate workforce data and mature use of data analysis

## KEY PERFORMANCE INDICATORS

Description of Key Performance Indicator
100% deployment of ESR Self Service Portal across all NHS Wales organisations
100% deployment of ESR Employee and Manager Self Service across all NHS Wales organisations including internet access
100% of absence recorded by NHS Wales organisations in ESR within 11 days of the absence occurring
10% IT compliance with ESR MM-0100 IT specification (all NHS Wales organisations)
100% compliance with the ESR data quality and data standards work programme (all NHS Wales organisations)
85% compliance (minimum) with Core Skills & Training Framework Statutory and Mandatory level 1 competences (all NHS Wales organisations)
100% compliance with ESR Self Service for Personal Changes (all NHS Wales organisations)
Compliance with Digital Learning Solutions Help Desk KPI (95% of calls answered within 2 working days)
Full compliance by Digital Workforce Solutions team of quarterly service reviews with NHS Service and Local Government
95% compliance with auto Inter Authority Transfers (IAT) (all NHS Wales organisations)
No Direct Hires generated for new employees with agreed exceptions (all NHS Wales organisations)
95% of Occupational Health Clearances updated to Recruitment Services (TRAC) within 2 working days
75% of CSTF Level 1 competence requirements undertaken via e-learning within ESR (all NHS Wales organisations)
100% of appropriate CSTF competences accepted by L&D for the Applicant via the pre-IAT process (all NHS Wales organisations including medical and dental, Bank and local resources teams)
100% of applicants with ESR Self Service enabled via the internet for immediate access to CSTF e-learning (all NHS Wales organisations)

# Employment Services

## Introduction

Employment Services provides a range of hire to retire processing services to Health Boards and NHS Trusts across Wales. The service includes Recruitment, Payroll, Pensions, staff Expense Payments and Lease Car administration.

These functions provide key transactional support and professional guidance and influence to Health Bodies in realising their strategic workforce and patient agendas. Employment Services has established strong collaboration with Health Boards, NHS Trusts, Welsh Government and other stakeholders to deliver the best service through the provision of teams with specialist knowledge, skills and experience.

During 2016/17 Employment Services has focused proactively on designing and implementing standardised and modernised processes and building sustainability within its teams.

Key Performance Indicators:

- Payroll Customer Service Team efficiencies delivering 99.8% responsiveness to calls achieving 75% first point resolution
- Recruitment Helpdesk maintain 98% responsiveness with an average increase of 200 calls per month
- Produce 1.4million payslips with an accuracy rating of 99.8%
- Recruitment Performance consistently delivered 16/17
- 98% Student Bursary Applications processed in <20 days
- Pension Auto-Enrol
- £XX savings to NHS Wales as a result of

Delivering a prudent, efficient, cost-effective hire to retire modern service through our Trusted Partnership Approach 'Once for Wales



How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>• Structured annual SLA modernisation reviews held with individual Health Boards and Trusts</li> <li>• Monthly operational performance reviews</li> <li>• Quarterly performance reviews facilitating collaboration of service modernisation</li> <li>• Service Director member of Assistant Workforce Directors</li> <li>• Once for Wales driving innovation of systems at National and 3<sup>rd</sup> party provider level</li> <li>• Professional influence at Hire to Retire Performance work streams</li> <li>• Customer Pulse Surveys and workshops</li> <li>• Service development and modernisation through Shared Services Partnership Committee</li> <li>• National innovation sharing Efficiency Board</li> <li>• Advisory stakeholder to Welsh Government</li> </ul>	<ul style="list-style-type: none"> <li>• Added value Hire to Retire service delivering safe recruitment, accurate payments, monitoring and pro-active management of activities</li> <li>• A service based on quality interactions through strong governance and innovation</li> <li>• Transparent service modernisation that sets out individual HB/T implementation plans</li> <li>• Facilitate recruitment and retention numbers through pro-active management</li> <li>• Professional guidance and tips in specialist areas</li> <li>• Transform transactional processes using technology and social media</li> <li>• Improved data quality delivering real-time information and evidence based change proposals</li> <li>• Once for Wales salary sacrifice</li> </ul>	<ul style="list-style-type: none"> <li>• Cease all non-value-added activity to drive quicker and more effective processing</li> <li>• Pulse surveys to really understand what our customers and partners need</li> <li>• Driving modernisation through policy and technology enabled process redesign</li> <li>• An enablement team working directly with operational partners driving quality improvements</li> <li>• Consistent safer recruitment service for Primary Care Sector</li> <li>• Retention and quicker recruitment of Graduate Students in NHS Wales</li> <li>• IMTP Peer Reviews delivering customer needs</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• Managed new Student Bursary Scheme to support commissioned training places</li> <li>• Agreed Student Streamlining Model to quickly match graduates with employment</li> <li>• Vacancy advertising for Primary Care sector</li> <li>• Supporting Welsh Government Train, Work, Live campaign increasing professional appointments</li> <li>• Strong governance across Hire to Retire transactional service Home Office Audit compliance</li> <li>• Reduced costs and risk through Certificate of Sponsorship management</li> <li>• Delivered new legislative compliance on behalf of HB/T on IR35 and Widening Access Schemes</li> <li>• Customer Service Excellence Compliance+ for implementation of TRAC</li> <li>• Added value Hire to Retire service that is safe, quick and efficient releasing clinical time to patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Advisory stakeholder for NHS Wales Pay Award implementation and T&amp;C negotiations</li> <li>• We are a catalyst for change - Recognition as an exemplar service sharing best practice and experience hosting UK wide shared service visits</li> <li>• Forged strong relationships performing an advisory and professional influencing role to Welsh Government, Department of Health and 3<sup>rd</sup> part system providers</li> <li>• Reactive to local pressures and national programmes supporting delivery of service plans</li> <li>• Savings to HB/T through reduced cost per payslip and recruitment FTE</li> <li>• Frequent engagement capturing customer needs to inform service modernisation</li> <li>• Hub of excellence driving system development and procuring Once for Wales e.g. roster system</li> <li>• Capture and monitor performance against benefit outcomes as a result of service improvement deliverables</li> </ul>	<ul style="list-style-type: none"> <li>• Remove non-value-added local process and policy variations</li> <li>• Improved use of data intelligence to assist HB/T achieve greater local service performance and quality</li> <li>• Extend Salary Sacrifice scheme to maximise next generation technology</li> <li>• Full Hire to Retire service delivery to Primary Care, Local Authorities and HEIW</li> <li>• Extend Certificate of Sponsorship service in line with Home Office Regulations</li> <li>• Increase customer engagement through workshops and road shows</li> <li>• Greater use of technology to provide customers with flexible communication</li> <li>• Once for Wales process and policy redesign resulting in financial re-investment delivered with pace</li> </ul>

## KEY PRIORITIES 2018-21

### Value for Money

- Pro-active support to drive down recruitment timeline e.g. Occupational Health self-declaration and ESR interface
- Robust pay modelling to inform Welsh Government position on pay awards
- Once for Wales Certificate of Sponsorship savings to HEIW, HB/T and individual
- Robust Student Bursary recovery process
- Direct savings from robotic technology and Once for Wales redesign delivering re-investment opportunities to expand service
- Extract further benefit efficiencies through pro-active data analysis
- Create opportunities to drive down costs on contract negotiations
- Cost avoidance and efficiencies with increased time deployed to patient care through retention and matching of healthcare graduates with employment in NHS Wales
- Supporting Health Boards and Trusts delivery of the efficiency programme to maximise value

### Our Customers

- Collaboration on a simplistic Hire to Retire cycle facilitating quicker movement of staff during winter pressures and clinical service redesign
- Supporting customers to maximise qualitative and financial benefits on Modernisation Outcome Tracker (MOT)
- Performance framework that measures the consistency of our service quality and customer experience
- Develop comprehensive customer journeys that empower our service users with improved interactive sign-posting 'what is required of them'
- Strengthen understanding of NHS pay bill with harmonisation of pay elements e.g. development bank and locum cap
- Ensure we are supporting our customers to deliver services in line with the Well-being of Future Generations and Social Care (Wales) Acts e.g. Duty of Care, Salary Sacrifice Lease Cars, more staff development increasing service delivery through welsh language



### Service Development

- Interactive and transparent Customer Portal to monitor activity flow and service performance
- Pro-active focus on supporting HB/T achieve 75-day reduction in recruitment timeline and fulfilment of Student Streamlining graduates with employment
- Eminent in our area of expertise influencing discussions and developing strong working solutions through stakeholder co-production e.g. alternative pathway for overseas recruitment
- Once for Wales opportunities e.g. single ESR Record and pre-employment checks Medical and Dental staff
- Development of our service to meet the needs of Primary Care and HEIW

### Our Staff

- Engaged workforce facilitated by staff group incorporating NWSSP Values to focus on enhancing staff morale and participation in service change
- Staff development programme, succession planning and exploration of apprenticeship role
- Quality assessment of PADR experience developed by Staff
- Problem solvers embracing NWSSP Core Values
- Strengthened team working identifying and extending talent across service boundaries
- Modernised team structure to equal service innovation calling for the development of new roles such as business analysts, pay modelling and customer first responders

### Excellence

- Robust Hire to Retire service delivering on strong governance and legislative compliance; leading benchmark position
- Removal non-essential paper transactions
- Bespoke MOT to support HB/T achieve qualitative and financial savings
- Service decisions driven by quality data enhanced through technology automation
- IQT approach to planned service change utilising evidence based drivers, measurable outcomes effective KPI's
- Quality Service measured by improved EFQM assessment and full compliance Customer Service Excellence

## OUR JOURNEY

### In 3 Years We Will Be



Providing our customer group with a **quality service** offering single point of contact with a first response within 10 seconds and transparent e-monitoring of all customer transactional activity



Hire to retire service performance with **quicker Student Bursary outcomes, quicker recruitment** timelines and **increased pay accuracy** fortifying our position as a world class benchmarking beacon



Fully **skilled workforce** achieving our learning pathway aligned to our strategic delivery plan operating from four regional offices



Evidence based service developments supplying innovative technological solutions that deliver modern process and policy standardisation **Once for Wales**

### The risks to achieving this could include;

- ESR Contract extension to Primary Care Services
- New levy for Certificates of Sponsorship £1kp.a.p.p
- Business continuity and loss of skilled staff as a result of cessation of excess travel and age profile
- Inability to achieve succession planning
- Capacity to redirect resource to support unpredictable peaks in activity and support to service redesign
- Commitment to reinvest technology and infrastructure in parallel with demand to improve services
- Lack of timely collaboration from customers
- Telephone infrastructure essential to Customer needs



Taking Responsibility



Listening and Learning



Innovating



Working Together

## PATH TO PRUDENT AND ONCE FOR WALES

### Once for Wales:

Application of Student Bursary terms and conditions supported by efficient recovery process

Time released by streamlining hire to retire record for M&D Trainees to single lifetime record

Duty of Care deployment to ensure staff remain compliant with legislation to claim expenses

Savings and portability by extending Certificates of Sponsorship management for all M&D staff

### Reducing Recruitment Timeline

Synchronised to Student Bursary commitment to work in NHS Wales increase conversion rate of students into posts through Student Streamlined process

Technology enabled hire process where pre-employment checks are complete prior to commencing work with no delay in payment

Collaborative working with primary care sector extending hire to retire service delivery and single platform for working in NHS Wales

### Skilled Workforce:

Successful staff development programme delivering succession planning, quality PADR and apprenticeships

### Quality Service:

Safe recruitment and employment of staff in accordance with employment best practice ensuring staff are safely and quickly recruited

Improved pay accuracy and standardisation

Interactive Customer Portal and efficiency tracker delivering transparency and improved performance

Redesigned processes based on improved data intelligence and robotic efficiencies

## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Once for Wales:  Train.Work.Live Single Point of Contact (SPOC)	Extend SPOC to AHP's Alternative pathway for overseas recruitment	Co-ordinated management of professionals seeking to train.work.live in wales	Feb 2018	NWSSP SPOC in partnership with Welsh Government and HB/T Leads	Successful registration with UK professional bodies Agreement on alternative pathway for overseas recruitment	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Increased appointments to posts via Train.Work.Live campaign							
Once for Wales:  Pay Modelling	Informed decision on pay award and application through ESR	Data analysis and modelling award options and impact	May 2018	Director ES NHS Confederation WG	Variation to pay award	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Accurate application of Pay Award in ESR							
Once for Wales:  Student Bursary	Support new bursary T&C's Recovery of bursary Alignment Student Streamlining	Development Bursary application system and recovery process	Jan 2018	Student Award Service Enablement Team WEDs	System development to support March 18 cohort Notification from Universities of students no longer training	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Recovery of all bursary payments in line with T&C's							
Once for Wales:  Single lifetime record for medical and dental trainees	Removes duplication bi-annual peaks of transactional volume through use single ESR system	Identify single ESR entity develop transition plan using MOCP process	Nov 2018	Payroll Managers supported by enablement team	Availability of ESR MOCP process Volume and timeline critical	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Medical and Dental hire to retire managed through single lifetime record							

Once for Wales: Certificates of Sponsorship management – M&D	Once for Wales Portability Reduced costs to NHS Wales, HEIW and individual	Develop process, roles and responsibilities under memorandum of association	2018/19	Enablement Team in partnership with operational leads	Financial impact of £1,000 p.a. government levy per individual Timely change of circumstances from HB	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
<b>Success will be:</b> Portability of Certification and reduced costs							
Once for Wales: Duty of Care Compliance	All staff claiming expenses hold appropriate levels of certification	Deployment of expenses functionality across Wales	March 2019	Business Support Alder House	NWSSP Committee ratification Timely adoption by HB/T Financial investment in resource and functionality roll-out costs	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> 99.9% of staff claiming expenses holds vehicle licence, MOT, business insurance							
Once for Wales: End to End Payroll and Pension Process to Phase 1 GP Practices	Response to primary care request to provide service Generate capacity to redirect to patient care	Engagement GP Practices Scoping T&C variations Rollout of core hire to retire systems	Jun 2018	Payroll Managers Working in collaboration with Enablement Team Primary Care Dedicated T&FG	ESR extended contract to Primary Care Sector  Outcome of T&C variations and adoption of NHS Wales hire to retire systems	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
<b>Success will be:</b> Payroll and pension process delivered within 99.8% accuracy							
Once for Wales: Single point advertise and on boarding	Standardisation policy and process Release Generate capacity to redirect to patient care	Engagement GP Practices Rollout of core hire to retire systems	Sept 2018	Recruitment senior Team working in collaboration with Enablement Team, Primary Care Dedicated T&FG	Current process variation and expectations of customer as result of introducing NHS Standard	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
<b>Success will be:</b> Efficient and safe recruitment process delivered within service KPI's							

Quality Service:  Customer Excellence	Peer review of service delivery and quality by industry standard	Independent assessor	March 2018	Enablement Team	Availability of assessor	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	
Success will be: Awarded Customer Excellence Certification							
Quality Service:  EFQM Excellence Model	Peer review of service delivery and quality by industry standard	Wales Quality Centre Assessment	Summer 2018	Employment Services Senior Team	Availability of assessor	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	
Success will be: Improved Assessment score							
Quality Service:  Customer Support Point	Transparency, clear and consistent response times for customers	All Payroll calls CH via Team Scope transfer first point calls HDUHB Capital investment in telephony infrastructure	Jan 2018	Customer Support Team in partnership with E-enablement and Operational Team	Alignment of first response Funding for additional resource and upgrade of telephones to support call recording	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: First point of contact achieving 98% responsiveness to calls							
Quality Service:  Improved Data Intelligence	Effective use of data intelligence to inform business redesign Realise financial savings aligned performance	Use core system data inform policy and process change eg Trac/EARL Data correlation Qlikview	Dec 2018	Enablement Team Operational Teams	Investment in role Implementation of data standards e-Enabled technology and portal development HB utilisation of ESR SS 3 <sup>rd</sup> party interfaces	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Performance platform that informs business redesign and financial savings							



Quality Service:  95% reduction in Paper Transactions	Remove manual paper processes to deliver data validation and timely submission all activity outside ESR MSS	Customer Portal development Regional scanning and document management	March 2019	Payroll Managers	Server capacity Funding for additional scanner licences Allocation of dedicated system developer	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: 95% of Transactional activity received electronically							
Quality Service:  Process efficiencies through Robotics	Standardise and automate hire to retire processes Releasing and redirecting resource capacity to qualitative activities	Identify 3 priority processes suitable for automation Engage stakeholders Programme robotics	March 2019	Enablement Team working collaboratively with operational teams external stakeholders and corporate function	New skill set – effective training and capacity to support roll-out Availability of capital funding	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Improved quality, quicker processing routine tasks							
Quality Service:  Improved Payroll Accuracy and Assurance	Poor quality and late transactions Requirement additional manual or over payment unnecessary duplication and rework	Development customer portal removing paper submissions Internal Audit assessment	March 2019	Enablement Team working collaboratively with operational teams external stakeholders and corporate function	Dedicated developer resource	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Sustained payroll accuracy 99.8% - Substantial Assurance							
Quality Service:  Customer Modernisation Outcome Tracker	Adoption of service change programme by HB/T at different rate Missed opportunities and financial savings	Individual assessment of HB/T progress on modernisation change programme	April 18	Developed by ES Presented at performance reviews		Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: 95% adoption of modernisation change programme							
Quality Service:	Duplication Release time clinical/departmental resource	e-Payslips NWSSP Extract references	March 18 April 18  April 18	HB/T Employment Services	Not supported by NIP Commitment by local teams to adopt	Value for Money	✓
						Customers	✓
						Excellence	✓

Cease non-added-value activity	Wellbeing-Future Generation Act	Once for Wales manual Payments Policy	Jan 18			Staff	✓
		Remove CSD from Contract	Mar 18			Service Development	✓
		Electronic WLI payments	Jan 18				
		Stop half pay letters	Jan 18				
		NWSSP retain appointment files	Apr 18				
		Portability of O/H					
Success will be: All non-added-value activity ceased							
Reducing Recruitment Timeline:  Student Streamlining	Retention of Healthcare Graduates in NHS Wales Retention of Healthcare Graduates in NHS Wales Avoid unnecessary duplication - associated costs quicker start times to clinical areas	Collaborative working with HB/T and education sector	October 2018	E-enablement team working in collaboration with recruitment senior team and dedicated multi-disciplinary T&FG	System development High volume Lack of collaboration from HB/T	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Financial savings and student benefits as result of match allocation							
Reduce Recruitment Timeline:  Mandate DBS Update Service	Remove duplication and cost of multiple DBS checks 60 day refresh update Graduates already subscribe Negate 3 year check requirement DBS Capita contract expiry May 18	Policy decision to mandate subscription  Change safer recruitment standard	April 18	Head of Recruitment in consultation with AWOD	Reliant on NHS Wales Policy decision to mandate Requirement to procure replacement Capital DBS contract May 18	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Financial savings and quicker recruitment							

Reduce Recruitment Timeline:  Occupational Health Self-Declaration for applicants	Efficient processing of health clearance Quicker start dates resulting in increased operational time	Engagement Occupational Health clinicians Development of Trac and e-form ESR Interface	Mar 2018	Co-design with Occupational Health and workforce leads	Minimal collaboration from HB/T Enablement capacity to develop e-form Timeline for development of recruitment Trac system	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Quicker Occupational Health checks							
Reducing Recruitment Timeline:  75 day process efficiencies	Local steps in process exceed agreed performance levels Cost of agency and locum expenditure WOD work stream objective	Maximise technology Appointing Manager Workshops KPI focus on hot spot areas Pro-active intervention by NWSSP driving outcomes	June 18	Head of Recruitment Appointing manager AWOD	Commitment of appointing managers to achieve performance targets  Re-direct NWSSP recruitment teams from non-value added tasks	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	
Success will be: Options Appraisal and Recommendations for consideration by ESMT							
Reducing Recruitment Timeline:  Recruiting Manager Efficiencies Pilot BCUHB	Work with BCUHB to reduce time to hire Quicker turnaround by appointing manager Reduce agency and bank spend Continuity of service through quicker recruitment	Pro-active intervention by NWSSP driving outcomes Maximise use of Trac functionality	Sept 18	Head of Recruitment Appointing managers BCUHB	BCUHB funding 3FTE B3 for Pilot proof of concept Commitment of appointing managers to achieve performance targets	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Options Appraisal and Recommendations for consideration by ESMT							
Skilled Workforce:  Exploration of Apprenticeship Opportunities	Availability of applicants meeting Person Specifications Develop staff with core values	Establish requirements of apprenticeship Develop options appraisal make recommendation	March 2018	Enablement Team working collaboratively with Workforce & OD and local educational bodies	NHS Wales Policy Impact apprenticeship levy calculation May 2017	Value for Money	✓
						Customers	✓
						Excellence	✓

	Flexibility across service Widening employment opportunities in community	and draft JD's				Staff	✓
						Service Development	
<b>Success will be:</b> Options Appraisal and Recommendations for consideration by ESMT							
Skilled Workforce:  Staff Development Programme	Response to Staff Survey and People Skills Survey	HCLM Jun 18 Launch Jan 18 Evaluation Dec 18	Dec 2018	Asst Director ES Staff Focus Group Head of Learning & Development	Availability of training resource Release of operational team to attend training	Value for Money	✓
	Support PADR/PDP process					Customers	✓
	Workforce plan and succession planning					Excellence	✓
						Staff	✓
						Service Development	
<b>Success will be:</b> Programme launch and evaluation							
Skilled Workforce:  Staff Survey Action Plan	Response to Staff Survey	Staff Focus Group Pulse Survey Identify in-house subject matter experts Develop quality PADR tools Customer Pulse Survey results	March 2018	Staff Focus Group Asst Director ES Head of Learning & Development		Value for Money	✓
	Improved engagement/Communication					Customers	✓
	Quality PADR process					Excellence	✓
						Staff	✓
						Service Development	
<b>Success will be:</b> Action Plan complete							
Skilled Workforce:  Payroll Restructure	Standardise process and modernise service	Understand local variations, restrictions Develop new job roles and structure	2018	Enablement Team Payroll Managers Staff Representative	Skill mix to support regional model	Value for Money	✓
	Skill mix and structure inconsistencies					Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Payroll Restructure complete							

## To achieve this we will need:

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Student Streamlining: 1FTE B4 (NM &amp; GP Trainee)</li> <li>• Deliver hire to retire service to 10,000 staff primary care sector: Recruitment - 1FTE B3 (F/T to Perm) Payroll – 2FTE B4</li> <li>• Customer Contact Point: Inconsistencies grade in single model (B2/3) Team Leader 1FTE B6</li> <li>• Quality/Data Analyst: 1FTE B6</li> <li>• Duty of Care: 1FTE B3 (F/T to Perm) 1 FTE B4 (F/T to Perm)</li> <li>• Certificate of Sponsorship: 1FTE B4/5</li> <li>• TWL SPOC: 1FTE B6 (WG)</li> <li>• HEIW: 1FTE B4 Payroll; 1FTE B3 Recruitment</li> <li>• Salary Sacrifice: 1FTE B4</li> <li>• Pay Modelling: 1FTE B6; 1FTE B8b (WG)</li> <li>• Training requirements: Customer Services; Lean Techniques IQT Silver and Gold, Telephone Conflict Training, HCL</li> <li>• Payroll Service Review (reinvestment opportunities)exploration of apprenticeship role</li> </ul>	<ul style="list-style-type: none"> <li>• Budget setting to support workforce expansion</li> <li>• Training costs for staff over training budget</li> <li>• Business continuity review including expiry of capita contract e-DBS service and Software Europe e-expenses (May 19)</li> <li>• Additional system set-up and annual costs in region of £12,000p.a. per primary care cluster for recruitment through Trac</li> <li>• Additional system set-up and annual costs in region of £12,000p.a. to support Trac and Expenses for HEIW</li> <li>• Introduction of £1,000 p.a. government levy per individual for Certificate of Sponsorships</li> <li>• £240,550 Capital requirement to support: <ul style="list-style-type: none"> <li>• Document Management (£36,000)</li> <li>• Student Streamlining (£50,000)</li> <li>• Customer Point of Contact and Portal with process automation through technology (£154,550)</li> </ul> </li> <li>• Once for Wales procurement e-Rostering system</li> </ul>	<ul style="list-style-type: none"> <li>• Extension of ESR IBM contract to primary care services</li> <li>• Dedicated developer to deliver agile track able transactional processes via web-based Customer Portal supported by 'apps', interactive FAQ's and web-chat functionality</li> <li>• Agile working through external development of social media, 'apps' and web-based forms</li> <li>• Evaluation of e-solution to support matching of Graduates to employment opportunities – inform permanent solution</li> <li>• Expertise and developer access to deliver process modernisation through Robotics</li> <li>• Procured project management software specification meets requirements to fully embed all projects</li> <li>• NWSSP telephone upgrade to support call recording and infrastructure upgrade NWRO and SWRO – Licensing to support model</li> <li>• Move to laptops to support agile working and business continuity</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>• Unknown effects of EU exit on legislation and operational impact</li> <li>• Effective NHS Wales Student Bursary recovery and appeal process</li> <li>• Evaluation of Student Streamlining end to end process and matching algorithm including adaptability of model to GP Trainees</li> <li>• Adoption of recruitment timeline efficiencies by all stakeholders</li> <li>• Alternative recruitment process to support Overseas appointments</li> <li>• Uncertainty of strategic requirement to support Single Bank e.g. increased demand for weekly pay and annualised hours</li> <li>• Change management methodology aligned to NWSSP Programme Management Office (PMO)</li> <li>• Process redesign to support 'Once for Wales' Certificate of Sponsorship; Single Bank; Salary Sacrifice and Duty of Care</li> </ul>	<ul style="list-style-type: none"> <li>• Welsh Government funding to support Train.Work.Live campaigns B6</li> <li>• Primary care terms and conditions and long term considerations against national NHS terms</li> <li>• Timescales and operational support to TUPE transfers e.g. HIEW</li> <li>• Sufficient allocation of capital funding to advance service change through technology</li> <li>• Collaboration of HB/T to adopt innovation in a timely manner</li> <li>• Impact of legislative changes e.g. bursary and government levy being applied to certificate of sponsorship</li> <li>• Compatibility of telephone infrastructure upgrade with Contact Centre Software</li> <li>• Uptake of Welsh Language functionality for Applicants</li> <li>• NWIS: NHSJ 3<sup>rd</sup> party provider for Primary Care; Core operations</li> </ul>	

## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Once for Wales:  Streamlining GP Trainees	Avoid unnecessary duplication - associated costs quicker start times to primary care	Adopt NWSSP Streamlining Strategy to GP Trainee	Aug 2019	WF&OD E-Enablement Team	System development High volume Lack of collaboration from HB/T	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Reaching World Class Status for Hire to Retire Measures							
Once for Wales:  Payroll and Pension Process to all practices Primary Care Sector	Standardisation policy and process Generate capacity to redirect teams to patient care	Engagement GP Practices Rollout of core hire to retire systems	Mar 2020	Enablement Team Working in collaboration with Payroll Managers, Primary Care Dedicated T&FG	Current process variation and expectations of customer as result of introducing NHS Standard	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Efficient payroll and pension process delivered within 99.8% pay accuracy							
Once for Wales:  Certificates of Sponsorship management – non M&D	Once for Wales Portability Reduced costs to NHS Wales and individual	Develop process, roles and responsibilities under memorandum of association	March 2020	Enablement Team in partnership with operational leads	Financial impact of £1,000 p.a. government levy per individual Timely change of circumstances from HB Home Office Audit	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Portability of Certification and reduced costs							
Quality Service:  Pay Element Review	Improved data governance of all elements NHS pay bill	Standardisation of pay elements across all organisations Use of Robotics to apply new standard Once for Wales	Mar 2020	Payroll Managers AWOD NHS Confederation	NHS Wales agreement to streamline and standardise elements Capacity of automation available to service to support transition	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Robust pay bill data based on standard definitions and application of pay elements							
Quality Service		Identify core hire to retire	Dec 2020	Enablement Team working		Value for Money	✓
						Customers	✓



Maximise Robotics opportunities	Standardise and automate hire to retire processes Releasing and redirecting resource capacity to qualitative activities	processes suitable for automation Engage stakeholders Develop detailed process maps		collaboratively with operational teams and external stakeholders	New skill set – effective training and capacity to support roll-out Availability of capital funding	Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Improved quality, quicker processing routine tasks							
Quality Service: Internal Audit Standard Terms of Reference assessing Hire to Retire Process	Demonstrate Substantial Assurance Strong Governance controls	Review 2017 terms of reference Assessment of 2017 service redesign	April 2019	Internal Audit ESMT	Development of e-processes Timely submissions by operational managers	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
					Service Development	✓	
Success will be: Substantial Assurance across Payroll Teams							
Quality Service:  Customer Excellence	Peer review of service delivery and quality by industry standard	Independent assessor	March 2019	Enablement Team	Availability of assessor	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
							Service Development
Success will be: Awarded Customer Excellence Certification							
Quality Service:  EFQM Excellence Model	Peer review of service delivery and quality by industry standard	Wales Quality Centre Assessment	Summer 2019	Employment Services Senior Team	Availability of assessor	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
							Service Development
Success will be: Improved Assessment score							
Reducing Recruitment Timeline:  End to End Recruitment Process to Primary Care Sector	Consistency of approach and compliance NHS Safer Recruitment Standards	Engagement GP Practices Rollout of core hire to retire systems	Mar 2020	Enablement Team Working in collaboration with Recruitment senior Team, Primary Care Dedicated T&FG	Current process variation and expectations of customer as result of introducing NHS Standard	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
							Service Development

<b>Success will be:</b> Efficient and safe recruitment process delivered within service KPI's							
Skilled Workforce:  Succession planning	Sustainable skilled workforce  Well-being of Future Generations Act	Educational links to provide work experience and summer placements Staff Training Programme	Jan 2019	E-Enablement Team	Engagement of educational providers Uptake	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
<b>Success will be:</b> Annual appointment to placement programme							
Skilled Workforce:  Workforce alignment to leadership model with full use of ESR Talent Management	Evaluation and modernisation of Staff Training Programme Understand skills and training needs Support succession planning	Training needs analysis Full roll-out of ESR Talent Management	Sep 2019	Enablement Team	Workforce capacity to deliver ongoing HCL programme	Value for Money	
						Customers	
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Full utilisation of ESR Talent Management							

To achieve this we will need:		
Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Deliver hire to retire service to 10,000 staff primary care sector: Recruitment – 1FTE B3 WG single platform NHSJ (early demand require additional resource in 18/19) Payroll - 1FTE B5; 4FTE B4</li> <li>• Dedicated lead for CoS 1FTE B4</li> <li>• Expand service improvement roles within operational teams</li> <li>• Role redesign supporting process automation</li> <li>• Apprenticeship Role and work experience programme</li> <li>• Training requirements include; Lean Techniques, IQT Silver and Gold, Telephone Conflict Training in-year appointments</li> </ul> 2 <sup>nd</sup> Healthcare Leadership cohort	<ul style="list-style-type: none"> <li>• £86k capital to deliver e-platforms and process automation</li> <li>• Continued access to Robotics software/server, developer training and subject matter expert</li> </ul>	<ul style="list-style-type: none"> <li>• Maintenance and ongoing development of payroll performance module Internal development of e-training platforms through ESR</li> <li>• Web-enabled forms managing activity outside of ESR Self Service through customer portal and aps</li> <li>• Collaborative working with Department of Health scoping NHS Jobs Platform requirements</li> <li>• Operational system support to core systems and software upgrades</li> </ul>
Processes		Dependencies
<ul style="list-style-type: none"> <li>• Cost effective hire to retire processes comply with legislation changes affected by European Union exit</li> <li>• Continue to extend service across health and social sectors</li> <li>• Document management that supports electronic personal files and strong document management governance</li> </ul>		<ul style="list-style-type: none"> <li>• Access to dedicated developer time to support web-enabled forms and customer portal</li> <li>• Ongoing investment in technology to deliver process automation</li> <li>• Upgrade to telecommunications to support regional customer contact point</li> </ul>

## WHAT WILL WE DELIVER IN 2020-21?

✓ Payroll service delivery accuracy rate of 99.9%
✓ Impact Assessment of exiting European Union
✓ Customer Service Strategy delivering a customer focused service
✓ Paper-lite transactional processes to support hire to retire activities
✓ Professional, highly skilled workforce aligned to service improvement
✓ Continuous service improvements to meet internationally recognised management standards

**The risks to achieving this could include;**

- Pay awards in Wales and England
- True partnership approach by stakeholders
- Transparency of future legislative changes with direct impact on hire to retire service
- Detailed forecasting and workforce planning by HB to inform activity volumes

**To achieve this we will need;**

**Resources**

Reinvestment of monies to deliver continued process redesign through technologies and IT platforms  
Continuous development of workforce skills e.g. data analysts  
Co-operation of local resource to apply agreed process and performance measures

**We will continue to engage with;**

**Customers and Stakeholders**

Continued professional influence and engagement with core workforce system providers, Welsh Government, HMRC, Pension Agency, Health and social care sector

**BEYOND 2021**



## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

NHS pay bill capped locum/bank elements and Pay Modelling  
Application Student Bursary  
Student Streamlining 1<sup>st</sup> Cohort  
TWL Overseas Pathway  
Customer Service Contact Centre for NHS Wales  
Develop Customer Portal  
Reduced Recruitment Timeline (74d)  
Occupational Health Self Declaration  
Mandate e-DBS Update Service  
Evaluation Duty of Care Pilot  
Certificates of Sponsorship M&D  
First phase service to Primary Care  
Development customer  
Modernisation Outcome Tracker  
Full implementation of NWSSP  
Leadership Model  
CSE and EFQM Excellence Model

Sustained payroll accuracy rate of 99.8%  
Trainee Medical Staff paid by single VPD  
Roll-out of Duty of Care Model  
95% reduction of paper transactions to payroll  
Robotic development of 3 priority processes  
GP Trainee Streamlining  
Extend service delivery to HEIW  
Remove non-added-value activity  
Evaluation Staff Development Programme  
2018 Pulse Surveys  
Deliver Apprenticeship and succession plans  
Ongoing harmonisation and development of paper-lite payroll processes and robotics  
CSE and EFQM Excellence Model

Payroll service delivery accuracy rate of 99.9%  
Internal Audit assessment achieve Substantial Assurance  
Full review of NHS Wales Pay bill and standardisation of elements  
Full roll-out services to Primary Care  
Certificates of Sponsorship to non M&D staff  
Customer Service Strategy delivering a customer focused service  
Professional, highly skilled workforce aligned to service improvement  
Robust benchmarking demonstrating sustained reductions in key business performance areas  
Continued transformation through robotics  
Monitoring of workforce alignment to leadership model with full use of ESR Talent Management  
CSE and EFQM Excellence Model

Payroll service delivery accuracy rate of 99.9%  
Impact Assessment of exiting European Union  
Customer Service Strategy delivering a customer focused service  
Paper-lite transactional processes to support hire to retire activities  
Professional, highly skilled workforce aligned to service improvement  
Continuous service improvements to meet internationally recognised management standards  
Maximise transformation through robotics  
Innovative Policy development driven by evidence based intelligence  
CSE and EFQM Excellence Model

## KEY PERFORMANCE INDICATORS

Description of Key Performance Indicator	Current 2016-17	2017-18 Target	2018-19 Target	2019-2020 Target
KPI 1: Time to Place Advert (2 working days)*	1.3	2	2	2
KPI 2: Send Applications to Manager (2 working days)	1.7	1.6	1.6	1
KPI 3: Send Conditional Offer Letter (5 working days)	3	5	4	3
KPI 4: Send Unconditional Offer Letter (2 working days)	3.3	2	2	2
KPI 5: NWSSP Pay Processing Accuracy	99.88%	99.92%	99.94%	99.97%
KPI 6: Reduce Manual Payments Produced (impact on accuracy)	99.95%	99.97%	99.98%	99.99%
KPI 7: Reduce Over Payments Produced (impact on accuracy)	99.95%	99.97%	99.98%	99.99%
KPI 8: Customer Calls Answered – Recruitment	95%	97.5%	98.5%	98.5%
KPI 9: Customer Calls Answered – Payroll	90.4%	95%	97.5%	98.5%
<b>Health Board / Trust Indicators:</b>				
KPI 10: Time to Approve Vacancy (10 working days)	12.7	10	8	6
KPI 11: Time to Shortlist Applicants (3 working days)	9.1	8	7	6
KPI 12: Time to Notify of Interview Outcome (3 working days)	4.6	4	3	2
KPI 13: HB/T Pay Processing Accuracy	99.5%	99.8%	99.94%	99.97%
KPI 14: Reduce Manual Payments Produced (impact on accuracy)	99.74%	99.83%	99.91%	99.97%
KPI 15: Reduce Over Payments Produced (impact on accuracy)	99.82%	99.86%	99.91%	99.97%

\*Intention to retain performance during transition of extending service delivery into primary care sector




## **GP Speciality Registrar Lead Employer**

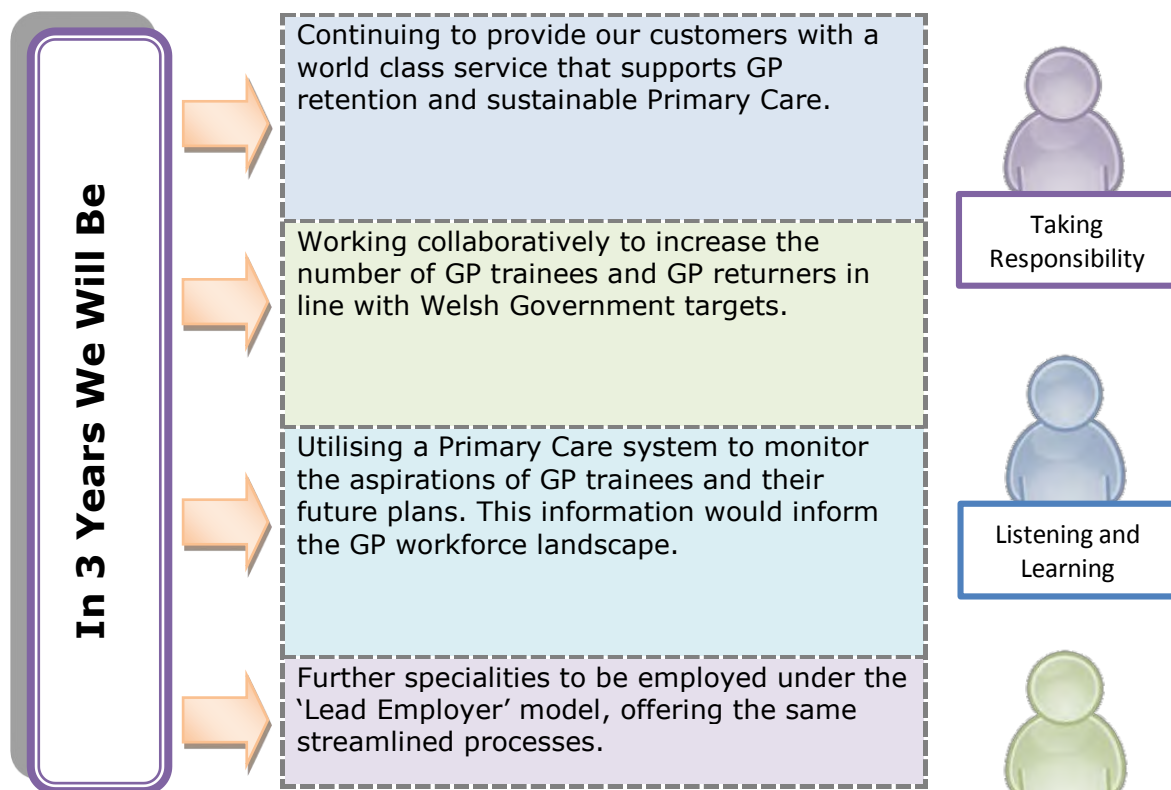
An innovative service managing the employment of all GP trainees in Wales, providing a consistent employment arrangement for the duration of the GP's training. The service plays a fundamental role in the All Wales Primary Care agenda

How and who have we engaged with to develop our IMTP?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>• Structured annual SLA modernisation reviews held with individual Health Boards and Trusts</li> <li>• Monthly GP Executive Group</li> <li>• All Wales Medical Workforce Managers</li> <li>• Bi Annual GP School Board</li> <li>• Practice Managers meetings</li> <li>• Programme Directors meetings</li> <li>• Wales Deanery</li> <li>• Welsh Government</li> <li>• Directors of Primary Care</li> <li>• Development of Service Level Agreements with Wales Deanery and GP practices</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care data identifying transition from trainee to GP</li> <li>• Robust sickness management process</li> <li>• Wales as place of choice for training and working</li> <li>• Provision of best in class expert workforce advice</li> <li>• Improved recruitment and retention to GPSTR programme and subsequently qualified GPs</li> <li>• Pro-active Single Point of contact mechanisms to support the Wales Offer and national marketing campaign</li> <li>• Seamless and efficient workforce processes</li> <li>• Responsive customer service</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with all GP trainees</li> <li>• Continual engagement with your partners such as the Wales Deanery and host organisations</li> <li>• Manage and monitor the GP incentives within the Wales Offer</li> <li>• Sickness monitoring system</li> <li>• Working in partnership with Deanery and Welsh Government to deliver agreed service levels</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• Continued indemnity savings</li> <li>• Inductees and returners implemented</li> <li>• Correct management of doctor's sickness in line with the All Wales sickness policy</li> <li>• ESR Self Service successfully implemented for all GP Trainees</li> <li>• Removal of paper payslips with all GP Trainees now receiving electronic payslips</li> <li>• Improved GPSTR fill rates to 91% following success of the Single Point of Contact (SPOC) for employment queries</li> <li>• Streamlining of Expense claiming process, including the introduction of a paperless system</li> <li>• Enhanced Occupational health interface to streamline rotations between placements</li> <li>• Development of the incentive agreement, Terms &amp; Conditions, repayment guidelines and FAQs in conjunction with Welsh Government, along with providing administrative support for incentive payments</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Response times in dealing with any queries submitted through Action Point</li> <li>• Workforce data for GP trainees</li> <li>• Frequent engagement with our partners to ensure continuous improvement in the services we provide</li> <li>• Minimising the use of direct hires by utilising the interface between the Wales Deanery Intrepid database and ESR</li> <li>• 100% compliance for payroll enrolment by start date</li> <li>• Provide high-quality HR advice</li> <li>• Provide support for the Single Point of Contact in association with the 'Train.Work.Live' campaign</li> <li>• Monitoring of incentive payments and ensuring trainees adhere to the incentive contract</li> <li>• Use of Contact point as the single point of contact for the GPSTR SLE team</li> <li>• Facilitation of 4 year programme implementation for Global Health Trainees</li> </ul>	<ul style="list-style-type: none"> <li>• Lead employer model for other medical specialities</li> <li>• Assist in improving GP recruitment through promotion of the 'Train.Work.Live' campaign</li> <li>• Study leave processes</li> <li>• Introduction of Placement feedback questionnaires</li> <li>• Facilitate use of ESR Manager Self Service</li> <li>• Enhanced sickness management</li> <li>• Streamlining of Core Statutory and Mandatory Training requirements</li> <li>• Informative quarterly newsletters</li> <li>• Landscaping of future career intentions to inform GP workforce planning</li> <li>• Support/ training to Health boards/ Practice managers in managing sickness absence at informal stages of the policy</li> </ul>

## KEY PRIORITIES 2018-21

Value for Money	Our Customers	
<ul style="list-style-type: none"> <li>• Robust sickness management system for GP trainees in line with the All Wales Sickness Policy</li> <li>• Responsive customer service based on best practice and knowledge sharing from other “lead employer” providers</li> <li>• Supporting Health Boards and Trusts delivery of the efficiency programme to maximise value</li> <li>• Ensure employment opportunities are distributed among GP Trainees to improve GP Trainee retention in Wales</li> </ul>	<ul style="list-style-type: none"> <li>• The responsibility of GP Inductee and returner through a terms of engagement relationship</li> <li>• Increasing the number of GP trainees employed by NWSSP through employing those trainees who have chosen the GP route following their 2-year Broad Based Training</li> <li>• Continual engagement with the GP Executive Group and GP School Board. Direct participation in any changes that would impact on the GP trainee’s journey</li> <li>• Engagement with Practice Managers at workshops to ensure a continually improved service is offered</li> <li>• Ensure GP Inductions meet the needs of the trainees</li> <li>• Excellent support for customers to ensure delivery of services in line with the Well-being of Future Generations and Social Care (Wales) Acts</li> <li>• Placement feedback to enhance available data and improve trainee experience</li> </ul>	
Service Development	Our Staff	Excellence
<ul style="list-style-type: none"> <li>• Data capture to assist in the improvement of GP training and to increase the GP workforce capacity</li> <li>• Exploring further opportunities for lead employer arrangement within Primary and Secondary Care settings</li> <li>• Partnership working with current GP trainees and Customers to continue development and improvement of current service provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Stabilisation of knowledgeable Medical Workforce team to maintain a professional and expert service</li> <li>• An engaged and motivated Medical Workforce team with NWSSP values embedded into their daily routine</li> <li>• Share best practice, skills and knowledge across the Workforce team.</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of ‘Lead Employer’ experience both within and outside of Health Education across the UK</li> <li>• Streamlining of Core Skills Training Framework</li> </ul>

## OUR JOURNEY



### The risks to achieving this could include;

- Stabilisation of Medical Workforce team
- Difficulties in appointing in GP recruitment rounds, particularly in the more rural training areas
- Availability of Primary Care and GP Trainee data
- Possible resistance from Health Boards on further Lead Employer arrangements

## PATH TO PRUDENT AND ONCE FOR WALES

- Recruitment processes compliant with legislative and best practice guidelines ensuring GP trainees are safely and quickly recruited
- Development of GP trainee exit documentation to establish views on SLE service and consider improvements that can be adopted
- Integral member of the GP Executive Group and GP School Board to ensure continued awareness of the changes in GP training
- Streamlining of all expenses including travel and study, enabling a paperless system.
- Consistent application of Medical and Dental Terms and Conditions of service providing NHS Wales with consistent workforce data.
- Partnership working with key partners to support the Primary Care agenda by delivering health services with Primary Care at its core.
- Central role in the Welsh Government Medical Recruitment campaign
- Extend the lead employer model to other medical specialities

## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/ Limitations	Strategic Objective	
Stabilisation of the Medical Workforce team	Maintenance of expert knowledge within the Medical Workforce team to ensure quality of service provided is continued	Recruitment of Medical Workforce Administrator Sharing of knowledge among team Transition operational HR issues to the wider Workforce Team	April 2018	Senior Medical Workforce Manager	Experience in Medical workforce Decrease in quality of service Decrease in customer satisfaction	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Stable Medical Workforce team							
Transfer of Pre-employment checks to Employment Services within NWSSP	Function better suited to skill set of Employment Services	Partnership working with Employment Services to facilitate movement of functions	March 2019	SLE team and Employment Services Service Improvement team	GP Trainee related queries sent to personal email addresses within the Medical Workforce team  Employment Services resources	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Successful transfer of Pre-employment process to Employment Services							
Full Statutory and Mandatory training compliance	Ensure all GP trainees are compliant with training requirements	Streamlining of inductions to determine Core Skills Training Framework exemptions	March 2019	SLE team	Timely compliance by GP trainees	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Full Statutory and Mandatory training compliance							
Demonstrating the uptake in GP training and recruitment following ongoing recruitment campaign system to monitor the	To measure the success of the recruitment campaign	Comparing the single point of contact details to those successfully appointed into GP training schemes  Demonstrate the number of training posts filled	March and September 2018	SLE team	Recruitment to training schemes Number applying for GP Trainee Scheme  Number of Doctors meeting the pre-requisite criteria	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓

payment of GP incentives							
Success will be: Increasing GP medical recruitment following the National recruitment campaign							
Introduction of quarterly GP Trainee/ Manager specific newsletter	To provide updates, contact details and FAQs to both trainees and managers	Quarterly newsletters circulated via email	April 2018	SLE team	Availability of SLE team to prepare newsletters	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	
Success will be: Introduction of informative quarterly newsletters							
Introduction of ESR Manager Self Service (MSS) to GP trainee managers	Enable input of all absences (sickness, annual leave etc) at time of occurrence	Manager set up on ESR if required (GP practice)  Training for managers on MSS  Understanding of best practice from across UK	March 2019	SLE team, WFIS team and GP trainee managers	Resistance from managers to use of MSS  Lengthy rollout resulting in continued use of current sickness reporting mechanism	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Successful implementation of MSS and use by all managers							
Introduction of surveys to GP trainees to review placements and capture future plans	Improve availability of primary care data to assist with workforce planning  Understanding career intentions following the completion of GP speciality training  Placement review to highlight any placement specific issues	Completion of exit survey prior to completion of GPST Year 3  Completion of placement review survey following placement completion	6 months prior to CCT date  Within 1 month of completion of placement March 2019	SLE team	Engagement of GP trainees	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Full understanding of the landscape for newly qualified GP's in Wales							
Developing relationships with newly created Health Education	Newly created training body, which includes Wales Deanery, key to GP trainee scheme	Continual liaison with the Medical training body	March 2019	SLE Team	Timescale to introduce newly created body	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓



and Improvement Wales							
Success will be: Good working relationship with Health Education and Improvement Wales							
Maximisation of ESR-Intrepid interface	Streamline daily processes	Understand ability of ESR	March 2019	SLE Team		Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Streamlining of daily processes through maximisation of technology							
Provide support to host organisations in managing sickness absence at the informal stages of the policy	Improve and enhance the management of sickness absence	Provide training and advice to Practice Managers and health boards	Provide training and advice to Practice Managers and health boards	SLE Team	Engagement of host organisations	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓

### To achieve this we will need:

Workforce	Finance & Capital	IT
Team structure will remain consistent	Employment of 1 FTE Band 3 Medical Workforce Administrator	Increase in use of ESR (Manager Self Service)
Processes	Dependencies – Internal and External	
None	Employment Services Workforce Information Services (WFIS) GP Trainees GP Trainee managers HEIW Wales Deanery	

## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Increase number of GP trainees	To increase the number of practicing qualified GPs within Wales	Utilise the same Lead Employer model  Assist in the promotion of the GP training scheme	March 2020	SLE team and Wales Deanery	Number applying for GP Trainee Scheme  Number of Doctors meeting the pre-requisite criteria	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: An increase in number of Doctors choosing GP training following Broad Based Training							
Increase the number of GP returners	To assist with the GP workforce	Utilising the Lead Employer model  Assist in the promotion of Return to Practice	March 2020	SLE team and Wales Deanery	Number applying for GP returner schemes  Numbers passing the exams and assimilations to progress	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: An increase in number of Doctors returning to GP practice in Wales							
Occupational Health interface for medical students	Streamline information between University and Health Board	Co-ordinated working with Workforce Information teams and Universities	June 2019	SLE team Workforce Information team	Commitment from University and functionality between systems	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Fully functioning Occupational Health interface with Universities							
Continued streamlining of processes	To ensure the continued provision of a quality service to customers	Update of processes to minimise low value adding steps	March 2020	SLE team	Disruptions to SLE team	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Minimisation of low value adding steps in routine processes							

**To achieve this we will need:**

Workforce	Finance & Capital	IT
structure will remain consistent	None	Working with external bodies' systems such as Universities
Processes	Dependencies	
None	Wales Deanery Universities HEIW	

**WHAT WILL WE DELIVER IN 2020-21?**

Increasing numbers of GP trainees in line with Welsh Government targets
Full interface functionality for workforce information
Explore use of additional lead employer services
Statutory and Mandatory training fully reported

**The risks to achieving this could include;**

- The numbers of potential applicants for General Practice training
- Potential future changes to the Medical and Dental contract in Wales
- Possible objections to additional Lead Employment arrangements

**To achieve this we will need;**

**Resources**

Team structure will remain consistent

**We will continue to engage with;**

**Customers and Stakeholders**

Continued engagement with Wales Deanery, Health Education and Improvement Wales, Health Boards, Primary Care, Universities and BMA/GPC Wales is critical

## BEYOND 2021

Additional lead employer arrangements explored and fully embedded into service

Continual increase in number of GP training posts filled

Continual increase in number of GP returners

Continual review and streamlining of processes

## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Single point of contact for Welsh Government national recruitment campaign

Successful roll out of ESR Employee Self Service to all GP Trainees

Introduction of paperless expense claims

Enhanced Occupational health interface between rotations

Improved GPSTR fill rates to 91%

Removal of paper payslips and introduction of electronic payslips

Facilitation of 4-year programme for Global Health Trainees

Development of the incentive agreement

Transfer of SPOC to Employment Services

Understanding GP landscape by capturing the future plans of GP Trainees

Full compliance of GP Trainees with Statutory and Mandatory training

Developing relationships with Health Education and Improvement Wales

Transfer Pre Employment Checks to Employment Services

Introduction of Placement review surveys

Introduction of Manager Self Service

Discussions on future lead employer arrangements

Increase in GP Speciality training scheme fill rate

Increase in potential GP workforce by engaging more GP returners

Full use of Manager Self Service

Occupational Health Interface for medical students

Increase in number of GP's in the workforce

Partnership working with Health Education and Improvement Wales on GP workforce landscape

Additional lead employer arrangements explored and embedded into service.

2017/18

2018/19

2019/20

2020/21

## KEY PERFORMANCE INDICATORS

Description of Key Performance Indicator	Current 2017-18	2018-19 Target	2019-20 Target	2020-21 Target
100% DBS Compliance	100%	100%	100%	100%
100% compliance rate for enrolment on payroll by start date	100%	100%	100%	100%
100% compliance on pre-employment checks	100%	100%	100%	100%
Distribution of contracts of employment within 8 weeks of commencement	100%	100%	100%	100%
Compliance in all stat and mandatory training appropriate to the GP trainees	6.37%	85%	85%	85%



# NHS Wales Health Courier Service



137 Staff across 16 Sites

**2.6m Miles Covered**  
Annually

**120 Vehicles**  
Cars, Vans, Lorries & Blue  
Light Response vehicles

NHS Wales Health Courier Service (HCS) supports front line services across Wales, operating where required 24 hours a day, 365 days a year providing vital Clinical Logistical Support services for Primary and Unscheduled Care in Hospitals, Clinics, Surgeries, GP Practices, Pharmacies, Schools (Flu Vaccines) etc.

We transport specimens, pathology blood / blood products, whole blood, platelets, vital medicines, CSSD, Clinical Staff, Medical Records, Linen and a wide variety of other non- patient items in routine, urgent and emergency (Blue Light) conditions.

As part of our pre-planned scheduling we deliver and collect internal and external post and exchange all mail at centralised post rooms, manage Medical Records transport and NHS Laundry Distribution.

We work as an NHS partner with:

- All NHS Wales Health Boards
- Velindre NHS Trust
- Welsh Blood Service
- Air Ambulance Services (EMRTS)
- Welsh Ambulance Service NHS Trust
- Welsh Government
- Public Health Wales

In excess of 8m  
Items of Pathology  
a Year

In Excess of 7m items  
of Internal Mail and  
Medical Records

Covering Every  
Hospital & Primary  
Care Centre in Wales.


24 Hour Access in  
All Major HB Areas

To provide a world class leading logistics service for NHS Wales incorporating Pathology Services, Blood Services, Internal Mail, Medical Records and Hospital Supplies with excellent governance, traceability and reporting.

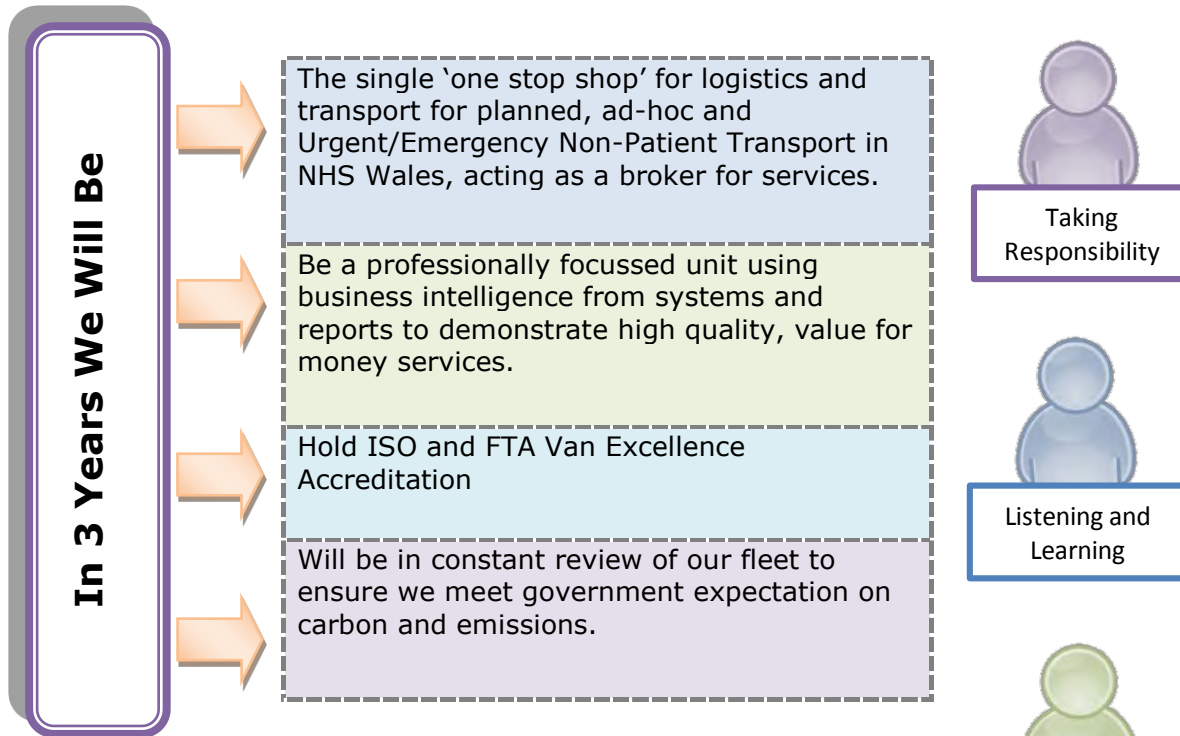
Our vision is that HCS will be a distinctive and respected brand, which will have assimilated similar services currently managed within

How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>Regular reviews held by Local managers with individual Health Boards and Trusts, and Meeting framework:               <ul style="list-style-type: none"> <li><b>Tier 3</b> – Operational Group with HCS &amp; Health Board departmental managers from transport, pathology etc.</li> <li><b>Tier 2</b> – Health Board Group with HCS Senior Managers and Heads of Department/Service Delivery</li> <li><b>Tier 1</b> – Strategic Group linking into Directors, DOP's and DOF's including NWSSP Committee</li> </ul> </li> <li>Engagement via the National Pathology Transport Board (NPTB) &amp; NHS Wales Collaborative</li> <li>Use of geographical Flyers and Information Bulletins</li> <li>Engagement meetings with non NHS Partners. E.g. Welsh Government, Councils</li> </ul>	<ul style="list-style-type: none"> <li>Seamless logistical/transport support without geographical boundaries</li> <li>Auditable handling of transported items including pathology and Pharmacy (to include Temperature Control)</li> <li>Visible scheduled services that interface with both unscheduled care and primary care</li> <li>Ability to evidence legal compliance such as MRHA/UKAS regulations</li> <li>Ensure that HCS is central to NHS Wales's reconfiguration, and that transport forms an integral part of its change in service delivery</li> <li>Act as a Transport Broker and as '1 Stop Shop' for non-patient transport</li> <li>Act as a Transport Risk (DGSA) Advisor</li> <li>Development of Mortuary Transport services between NHS sites</li> <li>Evidence of Value for Money Services by reporting on absorbed work</li> <li>Enhancement of Micro &amp; Histo services</li> </ul>	<ul style="list-style-type: none"> <li>Work with Partners to ensure our services are fit for purpose</li> <li>Use of our Established Logistics Planning System 'Cleric' to support change and make specific quality improvements and track/trace items</li> <li>Provided planned and unplanned Transport &amp; Logistics services with a modern diverse fleet.</li> <li>Support NHS Wales with Life Maintaining Transport I.e. Blue Light services for emergency blood/blood products, Histopathology, HSDU and transplant services</li> <li>Continued development of Online access to services to coincide with real-time data dashboards</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>Introduced a New Service Delivery Models to include providing 24 Hour/ Out of Hours cover.</li> <li>Support service transformation without boundaries, e.g. EMRTS, ARCH, Histo-Pathology (Frozen Section) and Welsh Blood.</li> <li>Provide support to Critical Care (EMRTS) on a Pan Wales Basis, without boundaries</li> <li>Integration of Primary Care Services transport and distribution to HCS and continued development of services provided to NWSSP</li> <li>Support to Welsh Government and NHS Wales as part of NHS Wales Mass Casualty Resilience</li> </ul>	<ul style="list-style-type: none"> <li>Continually Undertake regular review of services provided to Health Boards to improve and enhance local service delivery via regular interaction</li> <li>Ensure service change is managed with high levels of governance and testing</li> <li>Delivery of core services with local focus</li> <li>Ensure services transferred from Health Board's and external providers are seamless with no disruption to service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to Remove duplication by working with Health Board partners, to streamline transport services and remove geographical boundaries</li> <li>Strengthen our relationship with partners with a focus on standardising systems and processes based on proven concepts</li> <li>Provide additional support to Primary Care Services and Home Care services</li> <li>Enhance Temperature Controlled Distribution for Pharmacy</li> <li>Continue to support Welsh Government with specialist distribution &amp; Mass Casualty arrangements.</li> </ul>

## KEY PRIORITIES 2018-21

Value for Money	Our Customers	
<ul style="list-style-type: none"> <li>• Use of the IT Scheduling System Cleric to report efficiencies and cost savings generated through absorbed work using data reporting and evidence based decision making</li> <li>• Continue to support, enhance and expand service transformation on NHS Wales initiatives such as EMRTS, Pathology, Pharmacy Services and Home care in line with Principles of Prudent Health Care</li> <li>• Work with Health Boards to identify Services that can be transferred to a single structure to provide financial efficiency, remove duplication and variation and reduce risk and 'Once for Wales'</li> <li>• Enhance relationships with NHS Wales Finance Managers</li> <li>• Review SLA vs. Top Slice arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Have open and transparent discussions with All Wales groups and local partners to ensure we capture their service delivery needs</li> <li>• Ensure our customers are able to access our services with ease</li> <li>• Ensure our local management of services meet the needs of the local partner</li> <li>• Work towards a 'one stop shop' for non- patient transport in Wales including brokerage arrangements</li> </ul>	
Service Development	Our Staff	Excellence
<ul style="list-style-type: none"> <li>• Work closely with Health Board partners to ensure services meet legislative changes to ensure governance and regulations are met</li> <li>• Continue Development of live reporting dashboards from our IT system 'Cleric'</li> <li>• Development and introduction of the ability to book services online</li> <li>• Enhancement of traceability of Pathology with the ability to 'sign for' items to enhance compliance and governance for both Primary and Unscheduled care in Wales.</li> <li>• Work Towards Introduction of Bar Code capture on consignment</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure our staff are appropriately trained and have the skills to undertake the work that they do e.g. GMP training to handle Blood and Blood Products</li> <li>• Ensure our staff have access to the correct training and development</li> <li>• Be an employer of choice and target specific recruitment areas where we historically have difficulties in recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish plans to work towards ISO standards and Van/Fleet Excellence</li> <li>• Ability to evidence the flexibility to manage service change.</li> <li>• Development and introduction of a world leading 'Track and Trace' logistics system to include the ability to record temperature of consignments to meet MHRA licence requirements</li> <li>• Continue to use ever-changing technology to maximise innovation and change.</li> </ul>

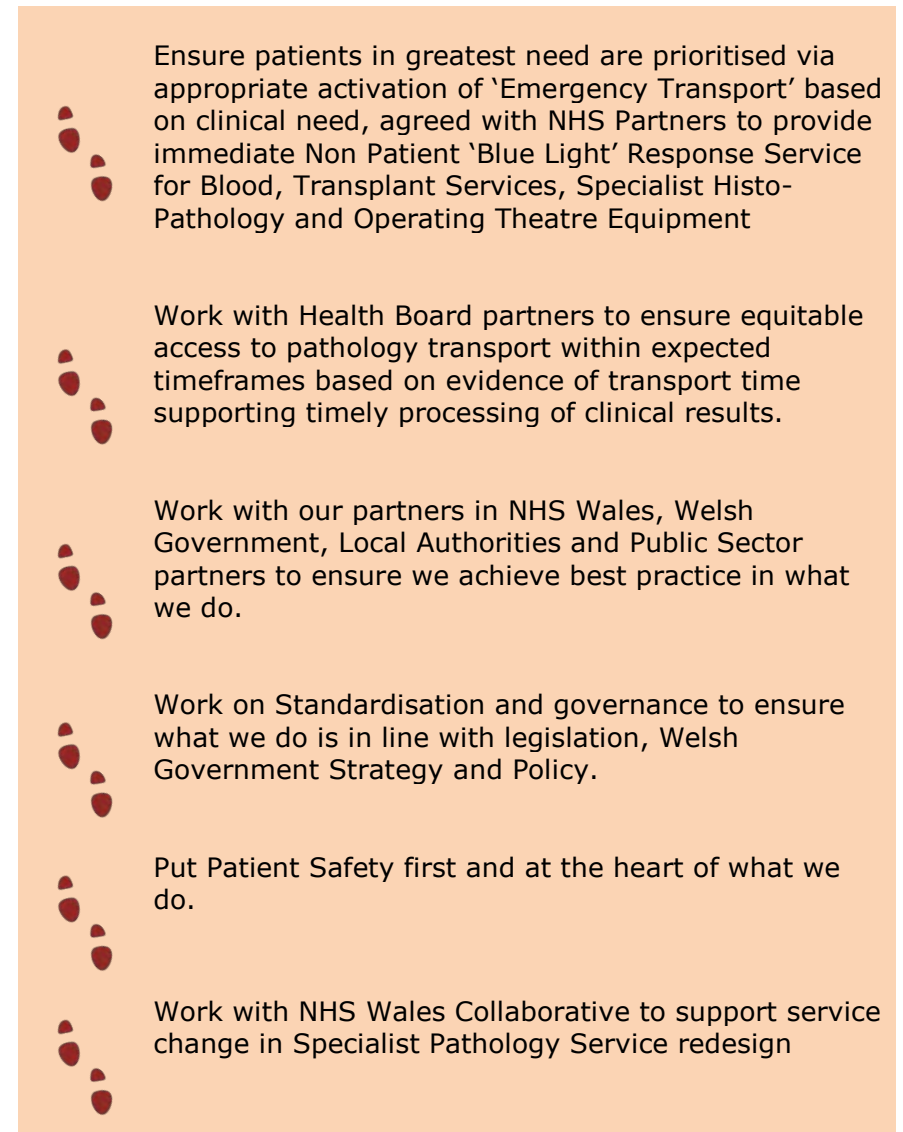
## OUR JOURNEY



### The risks to achieving this could include;

- Sufficient support structure to manage additional growth and service development
- Our current Estate will limit our ability to expand services in the ABMU or to support UGH in ABHB
- Financial pressures may impact on available capital for fleet replacement and accommodation changes.
- Sufficient relief to enable release of staff from operations for training
- Changes in legislation in relation to Vehicle Emissions will place pressure on service delivery and a financial pressure on vehicle costs.

## PATH TO PRUDENT AND ONCE FOR WALES



## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Obtain Fleet/Van Excellence Accreditation	Evidence of Achievement of Industry Standard and Operator Compliance	Compliance with the 'Excellence Code'	By October 2018	HCS Fleet Supply Chain	Control of Fleet Management	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Accredited Status for Fleet & Van Excellence utilising a Modern Efficient Fleet							
Progression towards achievement of ISO Standards	To bring HCS in line with procurement services and NWSSP Standards	Implementation of processes and auditable evaluation	Development from Q4 2017 (Jan 18)	HCS Ops  HCS BSU  Procurement Services QMS Manager	Ops Management Capacity  Business Support Unit Capacity	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Commencement of Work towards and achievement of ISO 9001, ISO 14001, ISO 27001							
Review Implementation of Home Care and Community care supply (Wound Management) and Pharmacy	Remove reliance on private providers and improve Governance	Auditable and traceable distribution of supply chain items monitored via Cleric Temp Control	2018	HCS  PS Supply Chain Pharmacy & Sourcing  PMO	Current contract arrangements and timescales & Funding  Resources – management capacity, staff and vehicles  PMO Capacity	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Incremental Introduction of a Pan Wales Distribution Network							

Continue Review of HB Transport Services to NWSSP, Current and Internal Services	Remove Duplication of Service delivery  Economies of Scale Consistency	Strong Engagement and Review of Services to improve efficiency Possible Transfer of Cwm Taf	Ongoing  April 2019	NWSSP Directors HCS Management Team PMO PCS Workforce	Engagements Staffing/Manager & PMO Capacity Accommodation Fleet  Transfer of ABMU Services to Cwm Taf HB	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Transfer of service delivery models from identified HB's and Improved Working e.g BCU, Cwm Taf, Powys & PCS							
Continue Review of Health Board Partner Out of Hours Transport Services	Remove Duplication of Service delivery and private provider  Economies of Scale Consistency	Strong Engagement and Review of Services	Ongoing	NWSSP Directors HCS Management Team Workforce	Engagements  Staffing / Manager Capacity  Accommodation  Fleet	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Implementation of OOH work in ABHB, reducing reliance on private providers							
Continue Implementation of IT Transport & Scheduling System to include Online Access for HB's	To increase governance and record performance, compliance and traceability of items	Via the HCS Cleric System and Reports to Qlikview	Ongoing	HCS Team Procurement NWIS PMO	Connectivity and Management/PMO Capacity	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Continued roll out and development of Cleric, including online dashboards in Key NHS Departments							
Review use of Hybrid & Electric vehicles as the market evolves	Legislative shift to Low Carbon Emission vehicles (LCEV)	Monitor the Commercial Fleet market for introduction of LCEV's	Ongoing as industry develops	HCS Senior Management Procurement (Sourcing) Finance Fleet/Transport Manager	Current Market means very few LCEV commercial vehicles are available Capital Investment Cost is higher than standard carbon fuel vehicles	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Introduction of LCEV's as the Industry develops							



**To achieve this we will need:**

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Fleet Management &amp; Fleet Technical Expertise</li> <li>• Robust Back Office and Operational Functions</li> <li>• Increased management/supervisory capacity and support.</li> <li>• Increased ability to address recruitment shortfalls and lack of specialist drivers in the UK</li> <li>• Support and capacity to introduce Health Care Support Worker Training</li> <li>• Review the requirement for a Fleet Technical Specialist to support HCS and Procurement.</li> <li>• The introduction of staff/post to manage informatics and data from our systems.</li> <li>• Workforce support to deliver the service development and expansion (to include TUPE)</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate funding for Fleet Profile/Vehicles with early engagement on Capital Bids to ensure the fleet replacement plan meets its requirements.</li> <li>• Estate – Appropriate accommodation for ABMU and ABHB (to support The Grange development)</li> <li>• Ensure any transferring services from HB's are assimilated with full and appropriate funding on transfer</li> </ul>	<ul style="list-style-type: none"> <li>• IT Familiarisation for staff (with Cleric System, and Handheld/Portable devices)</li> <li>• Review of how we manage and replace handheld devices in line with moving technology</li> <li>• Robust s SLA with NWIS re support Cleric, Server and handheld maintenance.</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>• Project management to ensure modernisation programmes succeed and release all benefits.</li> <li>• Well Managed Back Office Functions and administrative support</li> <li>• Targeted recruitment and retention</li> <li>• Complexity of change with transfer of services from Cwm Taf coinciding with Transfer of services from ABMU to Cwm Taf</li> </ul>	<ul style="list-style-type: none"> <li>• Available capital funding for fleet.</li> <li>• Ability to support by internal departments to deliver change</li> <li>• ICT Firewalls</li> <li>• PMO Support</li> </ul>	



## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Ease of access to Non patient Transport Services as a 'One Stop Shop' and broker for transport	To remove barriers and boundaries and have a once for wales approach	Single number 'once for wales' to enable access to services via National Transport Call centre	2019/2020	Area Managers HCS Control services.  Procurement - Sourcing  Health Board Partners	Managerial Capacity  PMO Capacity  HCS Staff Buy In geographically  May require Organisational Change	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: HCS being the automatic choice and broker for all 'Non Patient' NHS transport needs in Wales							
Continue to develop Handover reports for key items	Proven Governance	Report against consignments via Cleric  Development of Bar Code traceability		HCS Cleric Team  Health Board Partners	Reluctance by HB Staff to responsibly sign  ICT Support  GS1/Barcode Development	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Assured governance for secure transport of supply chain goods and controlled/sensitive items							
Continued Review use of Hybrid & Electric vehicles as the market evolves	Legislative shift to Low Carbon Emission Vehicles (LCEV)	Monitor the Commercial Fleet market for introduction of LCEV's	Ongoing as industry develops	HCS Senior Management  Procurement (Sourcing)  Fleet/Transport Manager	Current Market means very few LCEV commercial vehicles are available  Cost is higher than standard carbon fuel vehicles	Value for Money	✓
						Customers	
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Introduction of LCEV's as the Industry develops							
Commence detailed review of ABHB Schedules	Planned Opening of SCCC and Satellite Cancer Centre at NHHA	Engagement and Formal Review	Autumn 2019/Spring 2020	HCS Management  HCS Staff Engagement	Unknown at present	Value for Money	✓
						Customers	✓
						Excellence	✓

				ABHB Partners		Staff	✓
				Velindre CC		Service Development	✓
Success will be: Fit for purpose schedules to support service delivery							
Continue work with the NHS Wales Collaborative on centralisation of Specialist Pathology Services - (Micro/Histo)	Decision to Centralise to Centres of Excellence	Reduction of Units in Wales from 15 to Approx 3-5	Long term Strategy	NHS Wales Collaborative	Funding	Value for Money	✓
				HCS managers	Political Change	Customers	✓
				Welsh Government	PMO Support for service re-design	Excellence	✓
				Wider PMO Support		Staff	✓
						Service Development	✓
Success will be: Provision of Transport to centralised services.							
Likely Transfer of Cwm Taf Transport	Transfer of Services as part of Phase 2 of the National pathology project	Transfer of Staff/Capital Assets and Novation of private Contracts	Likely 2019	Cwm Taf	NWSSP Capacity to support	Value for Money	✓
				Workforce	Organisational Change with current management structure	Customers	✓
				Finance		Excellence	✓
				PMO		Staff	✓
						Service Development	✓
Success will be: Seamless Transfer of Services from Cwm Taf							

To achieve this we will need:		
Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Robust Management with sufficient capacity to undertake change management &amp; service development.</li> <li>• Effective Fleet Management</li> <li>• Robust Back Office and Operational Functions</li> <li>• TUPE Transfer support</li> <li>• Organisational Change</li> </ul>	<ul style="list-style-type: none"> <li>• Fleet Profile/Vehicles</li> <li>• Estate</li> </ul>	Review Mobile Telephony and Technology
Processes		Dependencies
Governance Sign off and SMT/Board support		Health Board Buy In PMO Capacity & Support

## WHAT WILL WE DELIVER IN 2020-21?

✓ Operational Roll Out of Service redesign in ABHB to support SCCC (The Grange)
✓ Operational Roll Out of Service redesign in Cardiff to support the New National Cancer Centre (NCC) to replace Velindre
✓ Operational Roll Out of Service redesign in ABHB to support the New Cancer Satellite Treatment Centre at Nevill Hall
✓ Support to NHS Wales Collaborative in relation to LIMS2 and links to Pathology Traceability

### The risks to achieving this could include;

Age profile of workforce, Age profile of fleet, Operational Management Capacity, Business as Usual Capacity, External Market Pressures and Government Policy vs timing of capital for Low Carbon fleet (plus its cost), ICT Developments where systems changes are in advance of our system capabilities prohibiting progress.

**To achieve this we will need;**

**Resources**

Financial support  
Appropriate Staffing  
Managerial capacity  
Suitable Vehicles/Fleet/Equipment

**We will continue to engage with;**

**Customers and Stakeholders**

Health Boards, Trusts and Public Health Wales  
National Pathology Transport Board  
NHS Wales Collaborative  
  
Welsh Government  
Internal NWSSP Departments

**BEYOND 2021**

Known High Quality  
Brand, and provider of  
choice

Quality customer  
services and  
engagement through  
enhancements in  
technology

Recognised award  
winning services

Providing improved  
and enhanced services  
through modernisation  
of service delivery  
processes

## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Provision of full Year Data

Establishment and implementation of reporting against customer/industry Standards (ISO)

Benchmarking against world leading providers

Planning and commencement of controlled acquisition of Health Board Partners Existing Transport Services and a partner to Welsh Blood Services

Development of a Driver Handbook with agreed Action Cards

Implement temperature controlled transport for pathology

Continuation of Controlled acquisition of Health Board Partners existing transport services and continuing partner to Welsh Blood Service

Identification of Private Healthcare opportunities to achieve additional revenue, including home care

Continue work towards ISO/CPA/UKAS standards

Grey Fleet Support/Review

Ensure 'Blue Light Services' are embedded pan NHS Wales

Acquisition of Van Excellence status

Phase 2 of NPTB and Project to transfer services from Cwm Taf

Embedding and review of all practices

Completion of Phase 2 of NPTB and transfer of Services from Cwm Taf

Implementation of One Stop Shop Brokerage arrangement for Non Patient Transport and possible National Transport Call Centre

Review of services to support the New SCCC and New NCC

Continued Support with Specialist Advice re Transport to the NHS Wales Collaborative and Service re-design Models for Histo & Micro Biology

Achievement of ISO Standards for ISO 14001, ISO 27001

Plan towards opening of SCCC

Plan towards opening of NCC

Continued Support with Specialist Advice re Transport to the NHS Wales Collaborative and Service re-design Models for Histo & Micro Biology

### KEY PERFORMANCE INDICATORS

2017/18

2018/19

2019/20

2020/21

### KPI Section A – PSPP/IOH/Invoicing

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
KPI 1 – To ensure that HCS achieve the Welsh Government PSPP target		BSU		95%	Monthly System Driven Reporting from Failed Invoices report
KPI 2 – To ensure HCS meets the time deadline for return of Invoices on Hold (IOH) Reports	<ul style="list-style-type: none"> <li>For IOH reports to be sent on time to HCS for scrutiny</li> </ul>	BSU		95%	Non-Compliant returns
KPI 3 – Ensure Monthly Invoices out via AR are managed to capture correct recharging for Ad-Hoc work		BSU		95%	Monthly Invoicing

### KPI Section B – Pathology

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
KPI 1 -  To Ensure that planned schedules meet a ‘Time in Transit’ within 2 hours as per Section 1 point 3	<ul style="list-style-type: none"> <li>Report areas where spoilt pathology has occurred as a direct result of delayed delivery</li> </ul>	LMT		70%	Planned Scheduled Times
KPI 2 – % of Frozen Section Histopathology managed within 90 minutes of request	<ul style="list-style-type: none"> <li>Ensure notification of planned events as far as practically possible</li> </ul>	LMT		90%	Journey Log

### KPI Section C – Blood Distribution in Relation to WBS

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
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<ul style="list-style-type: none"> <li>● To only utilise GMP (Good Manufacturing Practice) compliant staff when transporting Blood &amp; Blood Products and evidence the required audit trail</li> </ul>	<ul style="list-style-type: none"> <li>● To ensure Blood/Blood products are appropriately packaged, sealed and handed over for transport to the identified destination</li> </ul>	LMT			GMP as part of Core Skills Compliance for all HCS staff
<ul style="list-style-type: none"> <li>● Only Transport Blood/Blood Products in line with GMP Regulations. This will include ensuring: <ul style="list-style-type: none"> <li>○ Non Carriage of Animals (Assistance Dogs Exempt)</li> <li>○ Carriage of Passengers (unless an employee of the organisation/GMP trained)</li> <li>○ The most direct route is taken</li> <li>○ The journey is managed within Road Traffic Act requirements, notifying units of any delay</li> <li>○ Consignments are not tampered with.</li> <li>○ Ensuring any 'Blue Light' activation is managed as per agreed activation protocol</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk</li> </ul>	LMT		<p><b>South Wales (C&amp;V):</b></p> <p>Blue Light – 1 Hour Urgent – 90 Minutes Routine – 4 Hours</p> <p><b>BCU- Collection</b> Ad-hoc: 100% in 45 minutes 95% in 30 Minutes</p> <p><b>Blue Light OOH:</b> 100% in 40 Minutes In Hours: 100% in 20 Minutes</p> <p><b>Delivery –</b> YGC – 100% in 90m YGB – 100% in 150m WXM – 100 in 10m</p>	Reports Database / Cleric



# Legal and Risk and We

To provide a world-class, comprehensive in-house approachable, responsive and reliable.

We need to change this picture but I don't know how:

1. In the WE WORK CLOSELY BOX – change to “We work together to provide etc and at the end add “We add value by helping organisations accomplish their legal risk management objectives.”
2. Change first box to “Act for NHS bodies in Wales, employing specialist solicitors to provide tailored, high quality, cost effective legal services and advice.”
3. Number of staff is wrong, also inc 6 WTRP staff – Dawn can you check this and all other numbers.
4. Add WRP hexagon “Budget of £75 million to reimburse 384 claims and 114 periodic payments”
5. Add WRP hexagon “100% agreed claims paid in 10 days”

## WHO ARE WE AND WHAT DO WE DO?



Act for NHS bodies in Wales, employing specialist solicitors to provide tailored, high quality, cost effective legal services and advice

We work together to provide etc and at the end add “We add value by helping organisations accomplish their legal risk management objectives.”



**76 staff,**  
**6 WTRP Staff**

**2,750** clinical  
negligence  
claims


**700** personal  
injury claims

**95** inquests

**1,000** legal  
advisory matters

How and who have we engaged with to develop our IMTP?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>• Strategy focus through the Shared Services Partnership Committee</li> <li>• Board Secretaries network and other All Wales meetings</li> <li>• Client feedback forms</li> <li>• Annual SLA update</li> <li>• Staff engagement at all levels</li> <li>• Provision of legal area focussed newsletters; facilitated network groups</li> <li>• All Wales and individual organisational annual performance reports</li> <li>• Regular "Lessons Learned" reviewed</li> <li>• Network Groups for Claims and Concerns managers</li> <li>• WRPS Technical Accounting Group incorporating all HBs, Trusts, WG and WAO</li> <li>• Annual Review encompassing Service and Financial information</li> <li>• Monthly reports to Directors of Finance</li> </ul>	<ul style="list-style-type: none"> <li>• A one-stop shop that offers expert legal advice providing effective solutions for managing legal risks</li> <li>• Speedy responses to requests for legal services</li> <li>• Value for money solutions to legal challenges</li> <li>• Communications that are comprehensive and comprehensible</li> <li>• Easy access to experienced legal staff</li> <li>• Reduced risk of "in-year" financial pressures through careful claims management</li> <li>• Assurances around the capability to manage future liabilities within allocations and steps required where that is not possible</li> <li>• Transparent processes</li> <li>• Training and education on lessons learned</li> <li>• Tailored approach at each HB and Trust to meet specific audit needs</li> <li>• Performance improvement requests for additional legal assistance discussed</li> </ul>	<ul style="list-style-type: none"> <li>• Retain a highly skilled workforce, enabling our staff to continuously develop their expertise</li> <li>• Improve our ICT processes to facilitate modernisation and manage high workload</li> <li>• Improve response times for legal advice by increasing qualified staff levels and use of ICT</li> <li>• Identify future legal support requirements by increased communication</li> <li>• Respond quickly to customer feedback issues</li> <li>• Improve communication and engagement</li> <li>• Enhance opportunity to learn from claims and concerns</li> <li>• Provide expert advice and support</li> <li>• Process reimbursement requests on a timely basis</li> <li>• Improve transparency around the WRP reimbursement process</li> <li>• Analyse data review kpi data with a view to benchmarking more effectively</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• We have achieved significant actual and professional influence savings for NHS bodies</li> <li>• Improved outcomes in employment matters and delivered training to prevent unnecessary future challenges</li> <li>• Our costs for employment, commercial, property and governance are between 21.1% and 28.3% lower than comparative on NPS framework</li> <li>• HBs and Trusts monitored and benchmarked on management of concerns</li> <li>• Standardised financial processes and treatment</li> <li>• Learning lessons from audits</li> <li>• Support the provision of assurance around financial position</li> <li>• Putting Things Right (PTR) has saved NHS Wales £5.75m since 2013</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver consistently high quality legal advice and litigation services to support customers and help them improve their services through feedback of lessons to be learned from cases</li> <li>• Engage with customers to understand their needs and provide targeted legal solutions</li> <li>• Apply our wide-ranging knowledge of NHS Wales to ensure bespoke service provision tailored to our customers' needs</li> <li>• Understand client needs and advise appropriately</li> <li>• Manage payments to ensure the annual allocation by WG for payments of clinical negligence claims is not exceeded if possible.</li> <li>• Manage reimbursement process efficiently.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase support in primary care areas without specifically advising individual GPs which is currently not covered by our Solicitors Regulation Authority waiver</li> <li>• Offer services to other Public bodies in England and Wales</li> <li>• Take on direct responsibility for managing the claims handling teams employed by NHS bodies in Wales, seeking to modernise their practices and reduce duplication of effort</li> <li>• Provide legal advice to a broader area of the NHS currently engaging private sector provider</li> <li>• Develop range of incentives for effective clinical risk management</li> <li>• Develop a network of clinical specialities to support improvement</li> </ul>

## KEY PRIORITIES 2018-21

Value for Money	Our Customers	
<ul style="list-style-type: none"> <li>• Continue to represent Health Boards and Trusts in all litigated clinical negligence claims at a cost far below the private sector.</li> <li>• Our costs for provision of employment, commercial, property and governance are between 21.1% and 28.3% lower than comparative private sector providers on NPS frameworkContinue to ensure maximum savings are delivered on Claimants' legal costs as a result of accurate work and good negotiation</li> <li>• Continue to provide comprehensive litigation, risk management and general advisory assistance at low cost to the service</li> <li>• Continue to encourage use of PTR to improve savings in respect of lower value cases</li> <li>• Continue to manage the financial forecasting carefully effectively</li> </ul>	<ul style="list-style-type: none"> <li>• Our customers will choose to continue to instruct us in all areas of legal practice which we offer and will increase their instructions to us</li> <li>• We will support our customers to deliver services in line with the Well-being of Future Generations and Social Care (Wales) Acts</li> <li>• We will continue to manage effectively the WRPS Accounting Group, provide accurate and timely financial forecast reports.</li> <li>• Analyse in greater detail data obtained from clinical negligence claims and concerns to allow better learning</li> <li>• Continue to support Health Boards and Trusts in their delivery of the efficiency programme to maximise value</li> </ul>	
Service Development	Our Staff	Excellence
<ul style="list-style-type: none"> <li>• Provide comprehensive employment, commercial and property services</li> <li>• Complete delivery of 95% paperless office, reducing stationary and reproduction costs and increasing efficiency and improving timeliness</li> <li>• Customer focussed teams to deliver advice, feedback and training</li> <li>• Appoint a full time IT technician to support increasing dependence on technology in the workplace</li> <li>• Develop our service to meet the needs of Primary Care providers</li> <li>• Deliver excellent WRP clinical assessments into specific areas of concern to enhance learning and patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• Provide clear and consistent leadership using a responsive team structure with an open door policy</li> <li>• Strategic and Targeted continuing professional development</li> <li>• Regular staff meetings for sharing and learning</li> <li>• Excellent team working</li> <li>• Good use of initiative and innovation</li> <li>• Progress our Succession Planning and structure</li> <li>• Monitor and maintain the quality of our Recruitment progresses</li> <li>• Review opportunities for staff progression</li> </ul>	<ul style="list-style-type: none"> <li>• Lexcel accreditation by The Law Society of England and Wales appointed auditor</li> <li>• Consistent excellent responses from regular customer feedback</li> <li>• Favourable Wales Quality Centre audit assessment results</li> <li>• Customer Service accreditation</li> </ul>

## OUR JOURNEY

### In 3 Years We Will Be

Operating with modern business systems and approaches. Procuring a new legal **case** management/ICT system to ensure efficient working practices, clear analysis of data and enable client access to information,

Maintain close scrutiny of our structure and practices, to ensure that we are an aspirational, forward-looking service, at the forefront of Legal Services provision across the NHS in Wales and the wider public sector.

Maintain and improve the quality of customer communications, promoting recognised, tailored legal services as provider of choice for NHS Wales.

Focus on Wales wide learning and risk reduction. Driving learning from events and using ICT to better understand patterns and trends.



Taking  
Responsibility



Listening and  
Learning



Innovating



Working  
Together

#### The risks to achieving this could include;

- Internal service capacity/increasing workload
- Ability of our ICT network to cope with demand and access to technical expertise to support ICT systems
- Structural issues leading to lost expertise when staff leave
- Cost improvement programme hinders innovation

## PATH TO PRUDENT AND ONCE FOR WALES

Engagement in the development and review of All-Wales policies to ensure the correct interpretation of legal principles, in line with the Well Being of Future Generations and Social Care (Wales) Acts.

Support NWSSP Procurement and SES in relation to lawful All Wales procurement and projects.

Provide robust and useful feedback to health bodies re lessons learned.

Encourage swifter implementation of rehabilitation measures to improve outcome for patients

Provide training for clinical staff at all levels of experience and seniority at health bodies in Wales re the legal context of their practice

Audit and support claims and concerns teams across Wales

Maintain an efficient payment system for payments made on claims including disbursements.

Develop an All-Wales policy re the management of claims and concerns and reimbursement.

Work with WG to develop new indemnity arrangements for GPs working in Wales

Introduce a robust and transparent risk sharing agreement agreed by all health bodies.

## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Work in partnership with Health Boards and NHS Trusts to support them and minimise the adverse reputational and financial impact of clinical negligence, personal injury and employment claims	To minimise the adverse reputational and financial impact of legal risks to the NHS in Wales	Through maintaining and improving on the quality of our staff via experience and training; through good management of cases and careful allocation of tasks across teams	March 2019 and annually reviewed thereafter	L&R management team and our clinical negligence, personal injury and employment law and WRP teams.	High workload and limited customer responsiveness	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: High levels of Savings and Successes reported in our monthly KPI data							
Work in partnership with Health Boards and NHS Trusts to support them in caring for patients with complex needs, including those who lack capacity, are vulnerable or have mental health problems	To enable the NHS in Wales to make robust, lawful decisions about patients who have complex needs	Through maintaining and improving on the quality of our staff via experience and training; through having systems in place to maximise responsiveness.	March 2019 and annually reviewed thereafter	L&R complex patient team	High workload in the context of urgent need	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Favourable feedback from our clients via customer feedback questionnaires							
Work in partnership with Welsh Government, Health Boards, Trusts in the development of All Wales Policy across the range of legal issues that affect their activities	To foster good legal governance through consistent and lawful decision-making	Through establishing and maintaining good working relationships with clients and key contacts across all levels of ours and their organisations.	March 2019 and annually reviewed thereafter	L&R management team and our employment, commercial and general advisory teams	Limited customer engagement/percept ion of need	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Improved legal governance and fewer challenges to decision making							

Provide a responsive advice service for general advisory queries and advice under Putting Things Right, indemnity issues and risk management complying with our KPIs	To support the NHS in Wales in safe decision-making across the many challenges that face it on a daily basis	Through maintaining and improving on the quality of our staff via experience and training and creating specialist roles where demand requires it.	March 2019 and annually reviewed thereafter	L&R and WRP general advisory and PTR teams	High workload in the context of often urgent advice requests	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Improved confidence of clients’ staff in their management decisions							
Support workforce across Health Boards and NHS Trusts in managing their diverse and wide caseload of HR issues, pre-action and at tribunal stage	To support the NHS in Wales in fostering good workforce practices and to minimise the adverse effect when things go wrong	Through maintaining and improving on the quality of our staff via experience and training and taking on more staff where demand requires.	March 2019 and annually reviewed thereafter	L&R Employment Team	High/increasing workload and external competition	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Improved workforce relations and fewer litigated matters							
Work in partnership with NWSSP Procurement to provide high quality legal advice in procurement exercises	To ensure that clear, robust processes are followed in individual and All Wales procurement exercises and to reduce the risk of challenge via Judicial Review	Through maintaining and improving on the quality of our staff via experience and training and taking on more staff where demand requires; strengthening our ties with NWSSP Procurement.	March 2019 and annually reviewed thereafter	L&R Commercial Team	High/increasing workload, sometimes complex client relationships with some external competition	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Closer working relationship and interdependence for high quality advice							



Work in partnership with NWSSP SES to provide high quality legal advice in property purchases, disposals and issues related to the NHS estate in Wales, including strategic land acquisitions for hospital expansion and office / headquarter relocation	To support NWSSP SES and NHS bodies in Wales in managing the wide and varied NHS estate in Wales in accordance with regulatory and good practice.	Through maintaining and improving on the quality of our staff via experience and training and taking on more staff where demand requires; strengthening our ties with NWSSP SES.	March 2019 and annually reviewed thereafter	L&R Real Property Team	High/increasing workload with some external competition	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Increased number of early instructions to advise							
Meet Health Board and Trust training needs across a wide range of legal, risk management and patient safety topics	To enable staff in the NHS in Wales to make robust decisions in relation to legal and risk management issues that they regularly face and to reduce the need to rely on external legal advice.	Through maintaining and improving on the quality of our staff via experience and training and employing sufficient staff to meet demand.	March 2019 and annually reviewed thereafter	L&R management team and all work type teams with WRP team	High demand for case related work, reduces capacity to offer training.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Increase client self-reliance on own knowledge and development							
Listen to the concerns and needs expressed by the Health Boards and NHS Trusts and respond to them promptly	To ensure customer service excellence and that we provide a service that matches need.	Through our customer feedback processes, including annual and case closure questionnaires and through our complaints process.	March 2019 and annually reviewed thereafter	L&R Management Team	High demand for legal case related work, reduces capacity to consider and change practices and processes.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Excellent customer feedback across all areas of work							



Engage in a comprehensive, strategic marketing exercise, to convince all Boards and NHS Trusts to come to us for their all legal and risk needs	To raise customer awareness of the high quality, value for money service that we provide and easy access to our services.	Through a focussed effort by the management team to devise a marketing strategy, involving stakeholders within and outside of L&R	March 2019 and annually reviewed thereafter	L&R Management Team and individual work type teams	High demand for legal case related work and limited budget (in the context of some competitors) reduces capacity to offer training.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Increase market share in legal provision and improve profile							
Improved process for minimising Claimants’ costs and legal costs	Reduce financial impact of litigation on NHS Wales	Increased in-house training & supervision in dealing with legal costs	March 2019	L&R Management Team	This will increase workload Limited influence on external factors Internal failure to engage with improved processes	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Savings to be used to improve service to patients							
Transparent Staff Structure	To manage staff career path To comply with Job Evaluation Policy	Develop a suite of national job profiles for legal staff	Sept 2018	JD review team	Capacity to review job descriptions Uncertain banding outcome	Value for Money	✓
						Customers	
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Transparent staff structure a suite of banded job descriptions							
Improved processes and workflows for the initiating and managing new instructions	To improve effectiveness and efficiency	Working together with stakeholders to decide a new process Improved IT case management and links to Datix	March 2019	Team Managers led by Cardiff Team Lead	Lack of engagement by clients Reluctance to change ways of working	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Solicitors’ time focused on substantive legal work not administration							
Improve Learning from Events and management of Concerns	To strengthen a learning culture in Wales to reduce mistakes which saves the NHS money including ongoing issues	The review undertaken by the Head of Safety & Learning has been well received and has provided fresh	In progress and roll out of Safety & Learning Networks and Peer-Review Group during 2017-2018	Head of Safety & Learning in collaboration with other key WRPS and LARS staff	Benefits will take time to materialise and make an impact in terms of spend due to the current 2,600 cases	Value for Money	✓
						Customers	✓
						Excellence	✓

		impetus into this process			currently in the system Focus on a limited source of information which may not be current and represent current risks	Staff	
						Service Development	✓
Success will be: An improvement in scores across Wales in relation to the Concerns and Compensation Claims Standard (the Standard).							
Move to a new arrangement for invoicing client Health Boards and Trusts	Create an efficient process to reduce admin workload for clients and for L&R	Agree with DOFs to send invoice at the start of each quarter to cover expected level of activity. Report quarterly re type of activity, level and cost / forecast / adjustments	April 2018	L&R Director and NWSSP Business Partners	Customer Buy in	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Less time spent by L&R staff on invoicing							
Support the development and roll out of a Once for Wales Concerns Management System	To address recommendations in the Evans Report "Using the Gift of Complaints" and to enhance data compatibility to identify and focus on themes	Incorporate WG funded project into WRP, re all-Wales Development system Development of national Concerns dataset	WG Project scoping phase completed 2017 and transfer to WRP will commence in 2018	Head of Safety & Learning and Once for Wales CMS Project Coordinator	Difficulty in getting engagement from NHS organisations, financial limitations restricting work to development system	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Design and Roll out of Once for Wales Concerns Management System – with agreed national dataset							

**To achieve this we will need:**

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Further investment in qualified and support staff</li> <li>• Continued high level of targeted education and training in accordance with SRA training and development plans</li> <li>• Opportunities for learning and training for all support staff</li> <li>• Appointment of Heads of Service to take forward functions as part of the succession planning process</li> <li>• IT technician support to assist with increasing dependence on technology in the workplace</li> <li>• Develop an 8a lawyer job description to improve flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient resources in order to support world class delivery</li> <li>• Funding for improved training costs for staff and wider service</li> <li>• Re-invest income from fees earned</li> <li>• £250k of capital investment in enabling technologies</li> </ul>	<ul style="list-style-type: none"> <li>• Improved IT hardware and infrastructure to replace old, outdated PCs and laptops to support drive towards paperless office.</li> <li>• Tendering for new case/document management software to integrate all applications for better IT stability and responsiveness</li> <li>• Dragon Dictation software</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>• Planning of improved workflow, increase automation and appropriate task assignment through IT development</li> <li>• Increased space to enable responsive team meetings to occur in quiet workspace</li> </ul>	<ul style="list-style-type: none"> <li>• NWSSP and Health Board/Trust Clients</li> <li>• External bodies focussed on risk and patient safety</li> <li>• Welsh Government</li> <li>• Further support / integration from NWSSP Business partners in both Finance and Human Resources</li> </ul>	

## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Fully use enabling technologies	Effective use of business and case information to drive service improvement Automation of tasks and streamlined work distribution	Implementation of new case management system Using Lync Technology Dragon dictation	March 2020	L&RS and WRPS teams	Lack of funding for necessary complement of staff to achieve objectives Currently no capacity to move objective forward	Value for Money	✓
						Customers	
						Excellence	
						Staff	✓
						Service Development	✓
Success will be: Better delivery of risk management information to customers							
Expansion of services into Primary Care, Social Care and the Third Sector	Consolidation of legal resources into one team to achieve better value for money and world class service	Challenge SRA waiver limitations  Develop marketing strategy	By March 2020	L&RS and WRP with Corp Services/ Welsh Government	SRA waiver will not permit Lack of drive to achieve aim New staff required	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Consistency of advice and support across all care providers							
Monitoring system for processes and workflows for the initiating and managing new instructions	Improve efficiency by reducing time spent on administrative aspects of opening new matters	Via our new/refreshed case/document management system	March 2020	L&R DB succession team liaising with client claims managers and their IT teams	Potential funding delays Lack of client engagement	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Reduced staff time spent and recorded on processing new instructions							
Use the information from our Databases to inform clients how they can improve practice	Reduce exposure to risk from serious incidents and claims arising from substandard practice	Via our new/refreshed case/document management system	March 2020	L&R DB succession team and WRP team liaising with client claims managers, patient safety teams and their IT teams	Lack of client engagement	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Positive feedback from Health Boards and Trusts							

**To achieve this we will need:**

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Staff additions necessary to manage more work</li> <li>• A Succession Plan to ensure key staff are replaced effectively and on a timely basis</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate resource to recruit and retain appropriately qualified and experienced staff</li> <li>• Funding to support regular targeted training in workshops and conferences</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of new case/document management system enabling automation of tasks and streamlined work distribution according to staff experience and skills</li> </ul>
Processes	Dependencies	
<ul style="list-style-type: none"> <li>• Recruitment: Attracting the right staff with the right skills and vision to drive the Service forward</li> <li>• Implementing of improved workflow, increase automation and appropriate task assignment through IT development</li> </ul>	<ul style="list-style-type: none"> <li>• NWSSP and Health Board/Trust Clients</li> <li>• Welsh Government</li> <li>• Further support / integration from NWSSP Business partners in both Finance and Human Resources</li> </ul>	

**WHAT WILL WE DELIVER IN 2020-21?**

✓ Evaluation and further development of new case management system enabling automation of tasks and streamlined work distribution according to staff experience and skills
✓ Expansion of core business into primary and social care
✓ Achievement of world class scores in HB assessments of concerns, claims and learning from events
✓ Increased professional influence savings for the NHS
✓ Added value for money by being the preferred supplier of legal advice across the whole NHS in Wales

**The risks to achieving this could include;**

- Delays / deficiencies in the introduction of IT infra-structure
- Succession planning needs careful management with the right people in the right roles in a robust structure
- Pay erosion arising from austerity measures
- Lack of staff to continue to develop a world class service

**To achieve this we will need;**

**Resources**

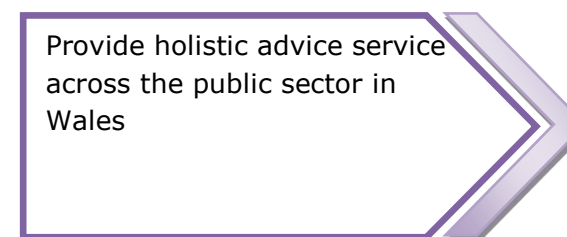
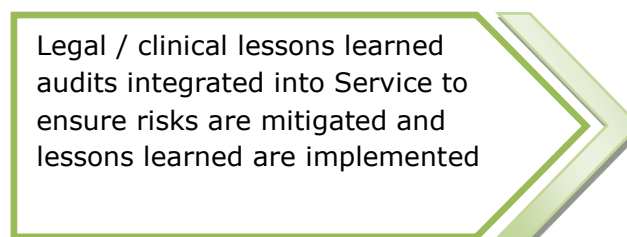
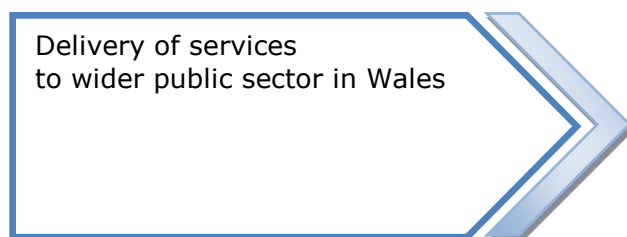
Increase in Financial resources – this will increase value for money and generate savings for the NHS  
Investment in IT infra-structure  
IT technician support embedded in the Service

**We will continue to engage with;**

**Customers and Stakeholders**

Health Boards and Trusts  
External leaders in field of risk and patient safety  
Welsh Government  
Other Services within NWSSP to drive synergy

**BEYOND 2020**



## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Complete review of exiting ICT systems

Maintain high scores on Lexcel and CSE

Further invest in expertise in corporate legal services

Maintain high scores in client satisfaction surveys

Continue establishment the Service as the first "port of call" for legal advice

Enhance Annual Report encompassing all aspects of the business

Complete review of job descriptions, structure and succession planning

Progress marketing strategy for corporate legal services

Improvement efficiency and effectiveness of financial processes / services

Further digitise to improve efficiency, ease of access to documentation, reduce paper and create more green work practices

Further invest and strengthen the team to ensure standards of service are maintained and enhanced.

Implement refreshed case and document management systems with integrated functionality, enhanced client access, improved workflow, task attribution and automation

Maximise share of NHS Market re: Commercial, Property, Employment and General Advice

Complete full deployment of enabling technologies and review impact on quality.

Change culture across NHS by improving learning

Enhanced audits of areas implementing lessons learned to ensure benefits are maximised and risks reduced

Focussed training programmes for all staff

Improved communication with customers promoting recognised and individually tailored legal services as provider of choice for NHS

All Health Organisations scoring > 90% in all areas in assessment of concerns, claims and learning from events.

Full deployment of enabling technologies

Expansion of core business into Primary Care, Social Care and the Third Sector

Innovation informs service development and drives improvement

Maintain and further improve modernised work practices through the strategic use of ICT, via process mapping, workflows and automation



## KEY PERFORMANCE INDICATORS


Description of Key Performance Indicator
Timeliness of advice acknowledgement - within 24 hours – achieved 98.96%
Timeliness of substantive response – within 3 days or agreed timescale- achieved 98.55%
Acknowledgement of receipt of claims by WRP - achieved 100%
Valid claims received within deadline processed in time for next WRP committee - achieved 100%
Achieved 95% paperless to improve efficiency
Achieved increased share of NHS Market re: Commercial, Property, Employment and General advice
Achieved successful Lexcel and Customer Service Excellence audits ensuring quality across our services
Successful introduction of enhanced patient information contract

# Primary Care Services

To transform the delivery of Primary Care Services across NHS Wales through service modernisation and automation whilst focusing on engagement and collaboration with internal and external stakeholders in order to inform and support the primary care sustainability agenda.

How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>• Annual SLA modernisation reviews held with individual Health Boards and Trusts</li> <li>• Bi-annual SLA meetings with Welsh Government</li> <li>• Quarterly meetings with Contractor Professional Representative Bodies</li> <li>• Ad hoc meetings and presentations to contractor focus groups</li> <li>• Attendance and exhibiting at National, Local and HB Conferences</li> <li>• Collaborative working practices across directorates within NWSSP supporting prudent health care through co-production</li> <li>• World class journey training deployed within PCS to inform staff</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of high quality, timely and accurate services</li> <li>• Continuous service delivery throughout a NHS Wales transformation programme</li> <li>• Engagement and service re-design aligned to the NHS Wales 'Primary Care Plan', 2018</li> <li>• Service modernisation that promotes and supports sustainability within Primary Care Wales</li> <li>• Continued delivery of customer focused, high quality services</li> <li>• Increased focus on the development of Ophthalmic services inside primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with NHSE, NHS Digital and Capita during the transformation period</li> <li>• Enhanced accreditation with appropriate benchmarking in Customer Service Excellence (CSE)</li> <li>• Staff leadership programme and succession planning linked to the all Wales Primary Care workforce Plan</li> <li>• Continuous service review in line with prudent healthcare – only doing what is needed and 'do no harm'</li> <li>• Critical reliance on partnership working with NWIS who support ICT service and systems development and associated infrastructure</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• Process re-engineering achieving more with less resource in transactional areas</li> <li>• Reducing variation through review and modernisation of current service models. Supporting prudent healthcare – reducing inappropriate variation through an evidence based 'Once for Wales' approach</li> <li>• Reduction in annual running costs of over 20% (recurring) since the formation of PCS whilst expanding existing and introducing new services</li> <li>• Development of service offerings taking into account Customer/Stakeholder and NWSSP divisional needs</li> <li>• Scanning solutions to reduce paper transactions</li> </ul>	<ul style="list-style-type: none"> <li>• Meet required performance criteria and maintain compliance against enhanced KPIs</li> <li>• Sustained quality in providing assurance for services delivered to Health Boards</li> <li>• Proactive engagement with all stakeholders driving continuous service improvement</li> <li>• Maintain effective assurance levels in respect of risk management, internal controls and governance.</li> <li>• Continued delivery of timely and quality focused stakeholder service developments</li> <li>• Reduce the administrative burden on GP practices by providing back office administrative support</li> </ul>	<ul style="list-style-type: none"> <li>• Expand NWSSP services into Primary Care cluster networks and federations supporting primary care sustainability</li> <li>• Review legislation to enable paperless processes in line with other NHS Wales initiatives i.e.GP2GP</li> <li>• Live Patient Medical Records (PMR) storage and scan on demand service</li> <li>• Expansion of generic PCS services across other Welsh public sector bodies</li> </ul>

## KEY PRIORITIES 2018-21

Value for Money	Our Customers	
<ul style="list-style-type: none"> <li>• Delivering existing and new high quality services that are cash releasing and contribute directly to Health Boards efficiencies during financial year</li> <li>• Promotion of scanning technology, enabling provision of services across numerous divisions within NWSSP</li> <li>• Service modernisation across prescription processing that improves quality and achieves an 80% efficiency increase compared to the existing manual process</li> <li>• Supporting the delivery of the efficiency programme to maximise value</li> <li>• Provide alternative services that contribute directly to the Primary Care Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting Health Boards (HBs) estate strategy through the introduction of offsite 'live' GP patient medical record (PMR) storage</li> <li>• Roll out of electronic transfer of Claims (ETC) within Community Pharmacy processing, improving quality and accuracy of prescription claims</li> <li>• Redesigning Primary care demographic and payment services in line with the overall transformation programme in NHSE</li> <li>• Supporting our customers to deliver services in line with the Well-being of Future Generations and Social Care (Wales) Acts</li> <li>• Supporting the ministerial primary care task force</li> </ul>	
Service Development	Our Staff	Excellence
<ul style="list-style-type: none"> <li>• Further development of Post Payment services (PPV) within Community Pharmacy supporting the NWIS migration to the CHOOSE pharmacy platform</li> <li>• Remote access to GP clinical systems enabling PPV resources to be reallocated to new areas of business whilst reducing the burden on GP practices and adopting a less intrusive approach to PPV principles</li> <li>• Development of Welsh specific informatics across Optometry services including General Ophthalmic services and the Wales Eye care programme</li> <li>• Collaborative working practices across NWSSP</li> <li>• Supporting HBs in the development and delivery of modern services to meet the Primary Care Sustainability Agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Maturity of Staff focus group, working in conjunction with senior management team.</li> <li>• Investment in staff development with a robust approach to workforce plans in line with 'A Planned Primary Care Workforce for Wales'</li> <li>• Development and cascade of training programmes within PCS to further embed the NHS/Academi Wales Leadership model and NWSSP values and objectives</li> <li>• Taking a holistic approach that's innovative to provide robust and informed succession planning</li> <li>• Workforce review and realignment is critical during the next 3-5 years to compliment system and legislative change</li> <li>• Continued delivery of a robust staff training and development programme enabling redeployment opportunities to be maximised</li> </ul>	<ul style="list-style-type: none"> <li>• Imbed the core principles of the 'Well-being of Future Generations (Wales) Act 2015'</li> <li>• Continuous improvement measured and evidenced against the Customer Excellence Framework. Compliance plus standards achieved and maintained</li> <li>• To support as well as orchestrate service developments that support the primary care sustainability</li> <li>• Roll out of the PMR programme which will free up primary care estate enabling a shift of services from secondary care to primary care and treating patients closer to home</li> <li>• Remove/reduce the burden on GP practice by providing modern, efficient and effective service solutions</li> </ul>

## OUR JOURNEY

### In 3 Years We Will Be



NHAIS systems will have been decommissioned and we will have implemented the **NHS Wales Transition Programme** with regard to GMS and GOS services.



Receiving and automatically processing 90% of prescription forms through the **Electronic Transfer of Claims** (ETC).



Storing up to 25% of GP Practice patient paper records and providing an electronic retrieval service to practices through our **Store and Scan on Demand** service.



A full organisation review will have been conducted and this will provide a roadmap for PCS through the development of a '**5 year Strategy for Improvement**' document.



Taking  
Responsibility



Listening and  
Learning



Innovating



Working  
Together

### The risks to achieving this could include;

- Capita privatisation within NHSE does not meet its delivery targets or allow for NHS Wales to utilise framework contract for future Payments systems
- NWIS working in isolation and not in partnership with NWSSP in order to deliver transformational
- Delay in delivery of required legislative change, in particular regard to paper records reduction
- Continued Health Board focus on secondary care with limited or no focus on Primary care agenda

## PATH TO PRUDENT AND ONCE FOR WALES

### Services Transformation

Implementation of successor systems, post decommissioning of the Exeter and Open Exeter suite of IT systems.

### Modernisation of Services

Utilising technology to modernise and improve services. (ETC, PPV & GOS data warehouse)

Full review of legislative changes required and to develop a roadmap for implementation

### Workforce Development

Promotion and deployment of NHS Leadership Model. Robust succession planning to future proof the delivery of Primary Care Services.

### Reduction of Service Variation

National service provision and solutions to reduce variation (PMR, one site one service strategy)

### Service Rationalisation

Continuous review of our SLA and KPIs to ensure compliance and provide assurance

### Service Expansion (External Influence)

National service model agreed for Public Sector Wales Shared Services

### Service Expansion (Internal Influence)

Expansion of Scanning services within NWSSP. An additional 18 services on catalogue

To introduce a National Ophthalmic Performance comparators service at contractor, cluster and Health Board levels

## WHAT WILL WE DELIVER IN 2018-19

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Site and Service Rationalisation Project.	To review and consider further service consolidation and site rationalisation.	Internal service review and potential restructure.	December 2018	PCS, NWSSP.	Loss of knowledge and expertise. Decreased staff motivation. Loss of staff resource.	Value for Money	✓
						Customers	
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Review of services across NHS Wales with high governance and performance demonstrating benefits							
Patient Medical Records (PMR), store and scan on demand programme.	Enables GP practices to rationalise estate and react to increasing Primary Care service demands. Supports sustainability agenda.	Removal of paper medical records from GP practice to a central archive and provision of a retrieval service.	March 2019	PCS, HBs, GP Practices.	Lack of resource. Limited Estate for central storage. Lack of capital funding. WG Support.	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	✓
						Service Development	✓
Success will be: Full benefits realisation review to increase capacity of service to accommodate GP practices across Wales							
Electronic Transfer of Claims (ETC).	Achieves an 80% efficiency increase.	Using electronic messages used as the primary input for pricing.	March 2019	PCS, WG, CPW, NWIS, Community Pharmacy Contractors and software suppliers	Loss of knowledge and expertise. Decreased staff motivation. Loss of staff resource. Reliance on NWIS for IT services.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: 95% roll out across NHS Wales with high governance and performance demonstrating benefits							

NHS Wales Transformation Programme.	A direct result of NHSE privatisation. Direct impact on Welsh systems and processes.	Through dialogue and SLA review with NHS Digital and a Legal contract with CAPITA via NHSE framework agreement	March 2019	NHSE, NHS Digital, Capita, NWIS, WG, professional committees and contractors.	Funding and development costs. Reliance on NHSE solutions. Reduction in Assurance. NWIS dependencies.	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Delivery of an agreed new service model to support Transformation Programme							
GOS Data Warehouse.	Produce intuitive products that deliver more effective analyses for PPV, counter fraud and performance management purposes.	Automatically produce reports currently collated manually. Introduction of a rules engine to inform PPV sampling principles.	March 2019	PCS, HBs, OW.	Funding and development costs. Reliance on NHSE solutions.	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Elimination of manual intervention and delivery of automated reports to stakeholder							
Replacement of databases that are populated by MDR extract and changes to prescription systems that are dependent on it.	NHS BSA provided the MDR extract and are migrating to a new data	Agreement of new extract format, new database design and software changes to dependent systems.	December 2018	PCS and NHS BSA.	Level of system change required is unknown until new extract is defined. This must be implemented to ensure continuity of prescription processing systems	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	
Success will be: Seamless transition to new data source with no disruption to the prescription pricing services							



**To achieve this we will need:**

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>Head count changes between -2% and -5% to include potential resource reallocation</li> <li>Training requirements to support ETC and commencing the up-skilling and retraining of staff affected by NHS Wales transformation</li> </ul>	<ul style="list-style-type: none"> <li>IT £100k (See IT section)</li> <li>PMR expansion - Roller Racking £107k</li> <li>PMR expansion - Roller Racking £245k</li> <li>PMR expansion – Fire suppression £760k</li> <li>Equipment (resilience option for Bulk Mail folder/insertter) £15k</li> </ul>	<ul style="list-style-type: none"> <li>PMR - records management solution to cater for increased capacity. Collaborative work with Procurement Services on Oracle stores configuration (£10k).</li> <li>Site &amp; Service Rationalisation – increased capacity/additional functionality in OCR solution (£65k).</li> <li>Expansion of PMR scanning service (£25k)</li> <li>Development of replacement contractor payments system (in house £350k or supplier development costs TBC).</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>Completion of a 'one site one function' programme within Transaction service areas, including consolidation of functions at various sites with the provision of full business continuity</li> <li>Introduction of social media and real time services in support of primary care contractors information needs</li> </ul>	<ul style="list-style-type: none"> <li>Reliance on NWIS to provide both internal and external IT support. As processes are automated and developed reliance increases across all directorates within NWSSP as well as with External parties.</li> <li>Reliance on Health Courier Service (HCS) to support the Patient Medical Records (PMR) Programme.</li> <li>Agreement of a future PMR model to support National service delivery to support GP practice sustainability.</li> </ul>	

## WHAT WILL WE DELIVER IN 2019-20

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Site and Service Rationalisation Project.	To improve provision of services in to Primary Care clusters and federations.	Identify resources which can be realigned to support Primary care contractors and services.	March 2020	PCS, NWSSP, Primary Care Contractors.	Loss of knowledge and expertise. Decreased staff motivation. Loss of staff resource.	Value for Money	✓
						Customers	
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Additional support services fully costed and deployed within Primary Care.							
Patient Medical Records (PMR), store and scan on demand programme.	Enables GP practices to rationalise estate and react to increasing Primary Care service demands. Supports sustainability agenda.	Removal of paper medical records from GP practice to a central archive and provision of a retrieval service.	March 2020	PCS, HBs, GP Practices.	Lack of resource. Limited Estate for central storage. Lack of capital funding. WG Support.	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	✓
						Service Development	✓
Success will be: Scan on demand service deployed to 40% of GP Practices.							
Electronic Transfer of Claims (ETC).	Achieves an 80% efficiency increase.	Using electronic messages used as the primary input for pricing.	March 2020	PCS, WG, CPW, NWIS, Community Pharmacy Contractors and software suppliers	Loss of knowledge and expertise. Decreased staff motivation. Loss of staff resource. Reliance on NWIS for IT services.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Full rollout and deployment of ETC within Community Pharmacies within Wales.							
NHS Wales Transformation Programme.  New Registration Service.	A direct result of NHSE privatisation. Direct impact on Welsh systems and processes.	Through dialogue and SLA review with NHS Digital and a potential Legal contract with CAPITA via NHSE framework	March 2020	NHSE, NHS Digital, Capita, NWIS, WG, professional committees and contractors.	Funding and development costs. Reliance on NHSE solutions. Reduction in Assurance. NWIS dependencies.	Value for Money	✓
						Customers	✓
						Excellence	✓

		agreement. Alternative approach would be to progress with the NHS Wales Payments Solution to be delivered by NWSSP.				Staff	
						Service Development	✓
<b>Success will be:</b> Full deployment of the new Registration system across NHS Wales.							
GOS Data Warehouse.	Develop and expand PPV services in order to provide required assurance. Improved collaboration with NHS Wales CFS	Explore potential Contractor and Patient loss within GOS through targeted contractor visits outside 3 year cycle, with prior engagement with Optometry Wales	March 2020	PCS, HBs, OW.	Funding and development costs. Reliance on external bodies eg BSA.	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
<b>Success will be:</b> Development of protocols for engagement with LCFS and NCFS and necessary case transfer.							

<b>To achieve this we will need:</b>		
<b>Workforce</b>	<b>Finance &amp; Capital</b>	<b>IT</b>
<ul style="list-style-type: none"> <li>Head count changes between -2% and -5%</li> <li>Training requirements to support ETC and commencing the up-skilling and retraining of staff affected by NHS Wales transformation</li> </ul>	<ul style="list-style-type: none"> <li>IT (£115k)</li> </ul>	<ul style="list-style-type: none"> <li>Further expansion of PMR scanning service (£25k)</li> <li>Site and Service rationalisation – full upgrade of IBML scanner software to ensure fully supported platform (£90k).</li> </ul>
<b>Processes</b>		<b>Dependencies</b>
<ul style="list-style-type: none"> <li>Introduction of social media services.</li> </ul>		<ul style="list-style-type: none"> <li>Reliance on NWIS to provide both internal and external IT support.</li> <li>NWIS to recognise and acknowledge NWSSP requirements and incorporate these in to their IMTP</li> <li>Reliance on Health Courier Service (HCS) to support the Patient Medical Records (PMR) Programme</li> </ul>

## WHAT WILL WE DELIVER IN 2020-21

- ✓ Development of self-service on-boarding/accreditation processes for contractors and performers.
- ✓ Develop a strategy for delivery of on-line products, alerts, messaging services via mobile devices and social media.
- ✓ Provision of N3 spine smartcard service to GP practices.
- ✓ Change to legislation to facilitate a paper light/paperless GP Patient medical record process.
- ✓ Transformation Programme embedded and operational.

### The risks to achieving this could include;

Unstable NHS Wales with potential restructure; Political influence/interference;  
Quality degradation of demographic data;  
Limited technical capability; Lack of Co –production/Partnership working with NWIS and the variable requirements of NHS Wales HBs  
Skills deficiency;  
Competition.

### To achieve this we will need;

#### Resources

Transformation Programme development costs associated with potential contract with private sector provider (CAPITA) in NHSE or alternate in-house solution development programme and associated costs. Financial support to enable robust succession planning.  
Capital funding to support key priorities

### We will continue to engage with;

#### Customers and Stakeholders

Primary Care Contractors (including mature Cluster networks and federations).  
Professional representative bodies.  
Welsh Government.  
Health Boards.  
NHS Wales Informatics Service (NWIS).

## BEYOND 2021



## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Fully integrated one site one service functional rationalisation  
Review of operational processes surrounding locally delivered services (PPV, Patient Registration)  
ETC – 80% Rollout achieved across NHS Wales  
Storage & Scan on Demand continued rollout  
Continued implementation of modernisation/transition programme  
Primary Care Ophthalmic Informatics Services available to contractors  
Leadership Model embedded in workforce development plans  
Non-core business services for boarder public sector  
Financially stable business model in place with focus on pan public sector  
Ensure all staff adopt the core principles of the 'Well-being of Future Generations Act'

Site rationalisation project consolidating service functions to reduce regional presence  
ETC – 95% Rollout achieved  
Storage & Scan on Demand continues  
Review Primary Care Informatics Services across all contractor professions  
Continued implementation of NHS Wales Primary Care Services modernisation /transition programme through in house provision or contracted out facilities  
Electronic Customer Relationship Management (CRM) strategy developed  
PPV integrated partnership arrangements with Audit and Assurance Services and counter fraud services  
Strategy developed for the increase in automation of ALL transaction services  
Continued delivery of a financially stable business model

Full rollout and deployment of ETC services across Community Pharmacies in Wales  
Extended delivery of the Store and Scan on demand Service (40% and 50% uptake)  
Rollout of revised services to Primary Care Contractors utilising benefits delivered by the NHSE privatisation programme  
Including a new registration service provision through SPINE and automated claims processing  
Revised provision of traditional services to Primary Care Contractors utilising modern communications tools to improve services  
Improved provision of NWSSP services into Primary Care Cluster networks and federations  
Integrated Primary Care Informatics Services across all contractor professions  
Launch of Primary Care Ophthalmic data warehouse and informatics service system

Operational review on the impact of ETC services across Community Pharmacies in Wales to inform further efficiencies  
National Programme delivery - Store and Scan on demand Service supporting GP Sustainability  
Digital NHS Wales – Paper light/paperless Patient medical records programme  
Continued rollout of revised services to Primary Care Contractors utilising benefits delivered by the NHSE privatisation programme  
Deployment of a registration service provision through SPINE and automated claims processing  
Rollout of the GMS and GOS payments services across Wales should in house system development be undertaken  
Development and launch of Cluster/GP Practice service catalogue  
Primary Care Services estate review and potential rationalisation

Description of Key Performance Indicator	2017-18	2018-19 Target	2019-20 Target	2020-21 Target
KPI 1 - Primary care payments made accurately and against payment timescales	100.00	100.00	100.00	100.00
KPI 2 - Patient assignment requests are actioned within 24 hours	100.00	100.00	100.00	100.00
KPI 3 - Medical record transfers to/from GPs and other primary care agencies within 6 weeks - an indicator on practice performance for management review	95.00	97.00	98.00	98.00
KPI 3A - Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100.00	100.00	100.00	100.00
KPI 4 - Acceptance/deduction to/from GPs lists for linked/non linked practices processed within an average of 2 working days except when an allocation of NHS number is required	100.00	100.00	100.00	100.00
KPI 5 - Additions to or variations or removals/amendments to Medical, Dental and Ophthalmic Performers Lists and the Pharmaceutical List processed within 10 weeks of receipt of full application	70.00	100.00	100.00	100.00
KPI 6 - Category A Cascade alerts to contractors to be issued within 4 hours of receipt.	100.00	100.00	100.00	100.00
KPI 6A - Category B Cascade alerts to contractors to be issued within 1 working day of receipt	100.00	100.00	100.00	100.00
KPI 7 - Bi-annual SLA meetings with HBs	100.00	100.00	100.00	100.00
KPI 8 - Produce KPIs quarterly and post to share point within 5 working days of the quarter end	100.00	100.00	100.00	100.00
KPI 9 - Post Payment Verification visits against programme of visits	100.00	100.00	100.00	100.00
KPI 10 - PPV practice files to be completed and closed within 3 months of the date of visit	100.00	100.00	100.00	100.00
KPI 11 - PPV practice files to be completed 2 weeks prior to the visit date	100.00	100.00	100.00	100.00
KPI 12 - Action point / service point queries resolved / closed within an agreed response time	98.00	99.00	99.00	100.00
KPI 13 - GP locum reimbursement claims assessed and passed to HBs within 3 working days of receipt	95.00	98.00	100.00	100.00
KPI 14 - Student Bursary applications processed within 15 days	100.00	100.00	100.00	100.00
KPI 15 - Prescription Keying Accuracy Rates	99.65	99.75	99.85	99.85
KPI 16 - Uptake of Electronic Prescription Returns System	98.00	98.50	99.00	100.00
KPI 17 - Uptake of Open Exeter claiming by Practice	70.00	90.00	100.00	100.00
KPI 18 - Uptake of Open Exeter claiming by overall amount of different service claims	50.00	90.00	100.00	100.00
KPI 19 - ETC uptake in Community Pharmacy	0.00	40.00	80.00	85.00

# PROCUREMENT SERVICES

To provide world class procurement services to support the NHS Wales ambition of delivering world class health and social services to its population and communities, to sustain the health and well-being of future generations.

## WHO ARE WE AND WHAT DO WE DO?



Provides a complete Procure to Pay (P2P) customer focused professional service to NHS Wales through our Category Sourcing, Frontline Local Procurement, Supply Chain, Accounts Payable and eEnablement functions.



**476 Staff**

Delivers significant cost savings for NHS Wales, and supports key healthcare service improvement and patient safety priorities. We also support the sustainable and prudent procurement agendas. Through clinically driven evidence based sourcing ensuring patient care, quality and safety benefits

£26 million  
purchasing  
savings

652,000 orders  
processed  
totalling £932m

2,500 All Wales  
Contracts

1.7 million  
invoices  
processed  
totalling £4.2B

33 million  
stores items


4,500  
Customers  
across NHS

94.3%  
Customer  
satisfaction



How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>• 5-year Procurement Strategy developed in conjunction with Directors of Finance and HB's.</li> <li>• Annual SLA modernisation reviews held with individual Health Boards and Trusts.</li> <li>• Participation in Health Board/Trust Directorate meetings &amp; service improvement Groups.</li> <li>• Working with customers to improve savings, efficiencies &amp; service delivery through groups e.g. Commodity Advisory, Supply Chain Liaison etc.</li> <li>• Supporting Welsh Government hosted groups such as the All Wales Performance Improvement Team, All Wales P2P Group, All Wales Finance Academy</li> <li>• Regular meetings with NPS to assist the delivery of collaborative procurement benefits to Welsh Public Sector.</li> </ul>	<ul style="list-style-type: none"> <li>• Non-pay financial Savings.</li> <li>• Sharing best practice and opportunities for efficiency savings/CIP.</li> <li>• Non-financial benefits – health care outcomes, sustainable solutions.</li> <li>• Robust procurement governance and assurance.</li> <li>• Procurement advice and support.</li> <li>• Emergency planning.</li> <li>• High quality, safe products.</li> <li>• Delivery of core P2P process.</li> <li>• Development of category expertise.</li> <li>• Professional advice and guidance.</li> <li>• Innovation and forward thinking.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration and co-production, ensuring priorities for service delivery and improvement are aligned and integrated into planning and operations.</li> <li>• Robust quality assurance programme verified by third party certification.</li> <li>• Working with customers and partners to integrate processes and standardise systems and processes.</li> <li>• Horizon scan and benchmark services against similar organisations.</li> <li>• Via skilled and professionally qualified staff.</li> </ul>
What significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• On target to deliver contract savings of £26m.</li> <li>• Achieved non-financial benefits to include improved patient outcomes &amp; enhanced safety e.g. Mental Health Learning Disability agreement, CAMHS, Home Oxygen.</li> <li>• Supporting "Referral to Treatment" targets within Health Boards via various outsourcing arrangements with non NHS Wales providers.</li> <li>• Supporting Health Boards and Trusts with resource shortages in specialist areas e.g. Radiology Reporting, Advocacy Services.</li> <li>• Delivery of planned Capital Schemes and discretionary Capital Programmes including unplanned additional capital allocations e.g. Efficiency through Technology Fund.</li> <li>• Supporting service transformation &amp; innovation e.g. strategic NHS Wales IM&amp;T agenda, transforming Cancer Services in S.E. Wales, Specialist &amp; Critical Care Centre Project.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintaining and exceeding performance targets</li> <li>• Improving customer satisfaction.</li> <li>• Responding to additional needs of HB/Trusts.</li> <li>• Developing relationships and partnerships to achieve beneficial outcomes.</li> <li>• Providing investment and support for staff training and development.</li> <li>• Working collaboratively with other NHS Organisations -NHS England, Scotland &amp; Ireland.</li> <li>• First collaborative approach between NHS Wales, Police and Third Sector resulting in successful award and implementation of an All Wales Needle Exchange programme also adding significant benefits in terms of harm reduction.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing activity in CHC/Commissioning.</li> <li>• Working with new strategic partners for new income opportunities.</li> <li>• Improvements to Accounts Payable service through process efficiency &amp; technology.</li> <li>• Strengthening supplier relationship management/contract management.</li> <li>• Working together on HB/Trust cross cutting themes.</li> <li>• Extending procurement influence on non-pay spend.</li> <li>• Improving supply chain efficiencies and extending service to new customers</li> <li>• Supporting Welsh Government policy on Sustainability.</li> <li>• Joint working with councils to drive service change forward.</li> </ul>

## KEY PRIORITIES 2018-21

Value for Money	Our Customers	
<ul style="list-style-type: none"> <li>Continued development of the business partnership model and joint working to identify and deliver non-pay expenditure agreed savings.</li> <li>Continuing the 'One Wales' approach.</li> <li>Modernising service delivery and achieving CIP savings through continued automation and standardisation of processes and systems.</li> <li>Continuing to provide robust procurement governance, which reflect key legislative changes and Welsh Government Policy such as Well-being of Future Generations Act, Modern Slavery Act &amp; Code of Conduct for Ethical Employment etc.</li> <li>Supporting Health Boards and Trusts in the delivery of an efficiency programme to maximise value.</li> </ul>	<ul style="list-style-type: none"> <li>Developing our website to provide customers with the business intelligence and service information they need.</li> <li>Continuing to encourage, receive and act upon customer feedback to improve our services.</li> <li>Supporting NHS initiatives and service improvement priorities with closer integration of planning and programme management activity.</li> <li>Delivering process and system improvements and efficiencies across the P2P process identified by the All Wales P2P Forum.</li> <li>Ensure we are supporting our customers to deliver services in line with the Well-being of Future Generations and Social Care (Wales) Acts</li> <li>Supporting service transformation programmes within NHS Wales including modernisation via the IM&amp;T agenda.</li> </ul>	
Service Development	Our Staff	Excellence
<ul style="list-style-type: none"> <li>Development of systems and processes resulting from the work of the All Wales P2P project, to focus on the continual improvement required within the Accounts Payable function.</li> <li>Identifying and realising opportunities to extend and improve our Supply Chain service including throughput, automation and stock management.</li> <li>Increasing capacity and capability to respond to ongoing developments and opportunities to deliver savings and benefits to our customers e.g., integration of primary and secondary care, IT procurements (non-NWIS), value based procurement, GS1 Standards-Scan for Safety etc.</li> <li>Development of our service to meet the needs of Primary Care.</li> </ul>	<ul style="list-style-type: none"> <li>Develop our approach and processes for attracting and recruiting staff.</li> <li>Identify and deploy improved approaches to retain our staff.</li> <li>Develop an improved approach to manage succession planning.</li> <li>Implement a training and development programme to achieve full potential of staff to meet current and future needs of the service.</li> <li>Collaborate with local education providers (e.g. Universities) to strengthen links in order to provide opportunities for graduates and students and promote Procurement as a career of choice.</li> <li>Improve knowledge sharing and approach to succession planning to ensure business continuity in smaller niche areas of knowledge and skills.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain and extend our management systems certifications to embed best practice in key elements of performance such as customer service excellence, quality, information governance, health and safety and environmental management.</li> <li>Continue to develop the use of performance and process benchmarking activity to improve services.</li> <li>Continue to use technology and innovation to realise efficiencies e.g. robotics, invoice automation, Automatic Data Capture, stock voice pick etc.</li> </ul>

## OUR JOURNEY



### The risks to achieving this could include:

- HB/Trust planning timetable not currently aligned & HB priorities not fully known at time of our IMTP- HB expectations may exceed resources available.
- Ongoing staff vacancy factor with failure to recruit into key roles.
- Failure to retain staff in some areas & associated high agency costs.
- Availability of funding to meet capacity and capability needs to include training requirements.
- Historic funding gap and impact on service delivery.
- Current year CIP leading to greater funding gap and impact on service delivery.
- eEnablement funding/brokerage not yet agreed.
- Delivery of CHC/commissioning work and benefits dependent on Welsh Government or NHS Wales funding.
- Capacity & appropriateness of accommodation at some locations.
- Brexit/requirement to manage new contracts/inflation issues.
- NHS England Supply Chain restructure with potential loss of access to national contracts.
- Inability to influence Health Board Supply Chain Teams.



## PATH TO PRUDENT AND ONCE FOR WALES



## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
1. Second year to deliver agreed 5 year NHS Wales Procurement Strategy.	With challenging financial times ahead for NHS Wales we have a responsibility to work together to deliver value for NHS Wales.	Our strategy sets out our collective vision and goals to improve health outcomes for the patients and community in Wales.	Ongoing to 2022 measured via agreed SLA and KPI's	Collaborative strategy developed in partnership with all Health Board and Trust's Directors of Finance, Customers, Suppliers and Staff.	Cost pressures for NHS Wales, Change agendas from NHS England and Welsh Government, austerity throughout the community – maintaining levels of service whilst striving for improvements.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Delivering value for Wales							
2.Delivery of non-pay expenditure, contract Savings	Key customer requirement	Savings Plan, contract programmes aligned to HB/Trust objectives and work plan	Ongoing to 2022 measured via agreed KPI's	Sourcing and Front Line Teams	Cost pressures including currency fluctuations, Brexit, HB/Trust compliant spend Risk to delivery of savings targets if key recruitment activity is not achieved and sustained.	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	
Success will be: Contract savings realised with compliant spend by Health Boards and Trusts							
3. Robotic Process Automation (Phase 2). Use of software robotics for P2P & other potential areas (Phase 1 Pilot/test completed 17/18)	To meet cost/budget targets and release staff resource	Roll out of full capability to be implemented to support business processes.	Phase 2 to be completed by March 2019	E-Enablement, Accounts Payable Sourcing RPA Team	Corporate resource issue - skills set and management of RPA team. Capacity of robot and money to extend to other areas. RPA demand to be managed within Oracle SLA provisions	Value for Money	✓
						Customers	
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Improved internal processing efficiencies releasing staff resource							

4. Efficiency through Automation and P2P process improvement project	An initiative of the DOF/Finance Academy	Multiple projects e.g. E trading. PEPPOL, catalogue validation, Fiscal tec, oxygen finance and associated AP structures.	Phased application- 2018-2021 linked to delivery plan of P2P work-stream	P2P governance arrangements	Resistance on part of HBs/Trusts to standardise their processes	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	
<b>Success will be:</b> Reduction in duplicate payments, improved speed of response to queries, reduction in storage required & Improved PSPP performance. Reduction in likelihood of services/goods being placed 'on stop'							
5.Introduction of key supplier account management including a cleanse of the Oracle Master Supplier file	To improve PSPP performance. This will include partnering with Suppliers participating in the Oxygen Finance Early Payment Scheme	Accounts Payable will lead a Project team	April 2018 – March 2019	Accounts Payable, Sourcing, Frontline teams	Limited staff resources Initiative to commence as soon as Robotics implemented.	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	
<b>Success will be:</b> Reduction in likelihood of services/goods being placed 'on stop' due to account queries, improved reputation and PSPP performance.							
6.Phase 1 of a 5 year programme to improve early payment performance	Investigating ways to save Health Boards/Trusts money through prompt payment	Utilising technology and Oxygen Finance for prompt payment. P2P process efficiencies will be ongoing and realised over the contract term until 2023.	Phased approach but all Health Orgs to be operational by March 2019 - (project to continue to 2023)	Accounts Payable, Sourcing, Frontline teams	Suppliers not wishing to participate. Standard approach not accepted/agreed	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	
<b>Success will be:</b> Delivering circa £9 million over 5 years. This initiative will also contribute to Social Value agenda.							
7.Introduction of warehouse management solution for storage and	Working with Primary Care Services to deliver process efficiencies to NHS	Utilising technology i.e. Warehouse Management Systems and	April 2018 – March 2019	Supply Chain, Primary Care Services	Outside scope of current work programme therefore there will be an impact on resources: staff and finance	Value for Money	
						Customers	✓
						Excellence	✓

management of patient medical records		streamlining process efficiency				Staff	
						Service Development	✓
<b>Success will be:</b> Benefits to be realised from utilising existing skills, knowledge and resources, maximizing efficiencies. Full traceability of patient records.							
8.Working with HBs and Trusts to deliver stock management efficiencies, including use of ADC Electronic cabinets & voice pick	HBs are looking to address inefficiencies in current practice	Utilising technology: Automatic data capture bar coding system programme rollout in ward and theatres	April 2018 – March 2019	Supply Chain, Front Line Procurement Teams	Impact on resources: staff and finance	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
<b>Success will be:</b> Improved stock management, reduction in cost of non-stock purchases, reduction in IOH and greater clarity of purchase behaviour to end users.							
9.Phase 2 of delivery of Medicines Homecare contract	Requirement is governance driven – without appropriate contract there is risk of non-compliance	Continuation of project which commenced 2017 with further rollout of the Medicines Homecare Project to all Health Boards	All Health Orgs to be operational by March 2019	Sourcing, HCS	Availability of funding, high complexity requiring specific skills sets	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	✓
<b>Success will be:</b> Improved governance compliance, removal of variability in service delivery, improved efficiencies utilising 'Once for Wales' principles and reduction of in-patient prescribing							
10.Delivery against Sustainable Procurement Policy Objectives; including Modern Slavery, WBFGA, Community Benefits	To meet our obligations and support NHS Wales and Welsh Government aims to create a more sustainable Wales	Implementation of the change programme by the Procurement Sustainable Development Group	To be completed by June 2018	Representation from all parts of Business. Group. In addition, experts on wellbeing & future generations and modern slavery will be invited to assist the Group.	Conflict between HB/Trust short-term budget priorities and budget required for longer term sustainable solutions. Dependent on support from wider NWSSP i.e. WOD, Corporate Team	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	



**Success will be:** Reduction in Procurement Services carbon footprint and environmental performance at key locations; delivering environmental, social and economic benefits through sourcing and procurement. To further embed the Well Being of Future Generations Act and the Ethical Employment in Supply Chains code of conduct in to our process, procedures and ways of working

11.Base-lining expenditure on Continuing Health Care and improving benefits realisation on Care Homes Framework/other areas of CHC in conjunction with NCCU	HBs/Trusts require improved governance, quality outcomes and savings	Liaising with CHC and MH/LD leads in HB's and WHSSC.	To commence at a high level during 2018/19 subject to funding	Sourcing	Lack of funding and resources. High degree of complexity requires specific skills set	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	✓

**Success will be:** Savings, efficiencies in commissioning, reduced risk of non-compliance with clinical and corporate governance requirements at HBs

12.Maintain and extend management system certifications	Extending existing best practice in quality management across the organisation; ISO 9001, CSE, OHSAS18001	Process mapping, documented procedures and training materials	To be completed by March 2019	Project Leads and Quality Manager	Impact on resources and potential for conflicting priorities  <i>Note: ISO 27001, ISO14001 corporate led</i>	Value for Money	✓
						Customers	
						Excellence	✓
						Staff	
						Service Development	

**Success will be:** Compliance with governance and legislative requirements, internal efficiencies and improved quality of service

13.Roll out of Action Point across Procurement Services	Internal need to improve call logging and management	Extending use of existing service	To be completed by March 2019	Procurement corporate/excellence group, links to all teams	Impact on resources	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	

**Success will be:** Improved call handling and service management

14.Review the Carter recommendations	Benchmark NHS Wales relative position and new	Review Scan4Safety pilot sites performance. Assess PEPPOL for	To be completed by March 2019	Procurement Corporate	Impact on resources: staff and finance.	Value for Money	✓
						Customers	



	opportunities for efficiency	common exchange of data between order & invoice to ease payment & aid product traceability				Excellence	✓
						Staff	
						Service Development	
<b>Success will be:</b> Operational efficiencies, greater regulatory compliance and improved patient safety.							
15. Supporting delivery of Specialist & Critical Care Centre	Part of HBs Clinical Futures Strategy	Project team created to deliver the build of the specialist and critical care centre.	This is not due to open until 20/21 and there will be significant activity until this time	Capital Equipping Team dedicated to SCCC	Impact on resources	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	✓
<b>Success will be:</b> Successful delivery of project capital, goods and services procurement needs							
16.Embed & accelerate the scope of the evidence based Procurement Board for Medical Device Standardisation	Prudent Healthcare, 'Once for Wales'	Reformat of the AWMCDSG to facilitate better joint working with clinicians & stakeholders	Completed by October 2018	Sourcing, VBP team and SMTL	Impact on resources	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	
<b>Success will be:</b> Improved governance compliance, removal of variability in service delivery, improved efficiencies utilising 'Once for Wales' principles.							
17.Supporting Transforming of Cancer Care (Year 1 of 4 year project)	Cancer Services modernisation and expansion in SE Wales.	New build and equipment at Velindre Cancer Centre	This is a significant amount of work To be completed by March 2022	Capital Team and Velindre Frontline	Resources, legal costs, expertise given MIM	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	✓
<b>Success will be:</b> A new facility meeting the requirements of the population and the TCS Strategy							
18.Introduction and application of Value Based Procurement principles	Prudent Healthcare	Team established to assist and guide Sourcing Category Teams	Practice to be embedded as "business as usual" by March 2020	Sourcing, VBP team	New thinking and significant amount of patient outcome data needed	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	

		with implementation				Service Development	✓
Success will be: Contract delivery to focus on the patient outcome.							
19.Review and monitor the impact of Medical Locum capped pay rates and work with HB's/Trusts to ensure staff fill rates are met.	To bring expenditure in this area under control and to provide a common approach across NHS Wales	To be managed through the Medical Workforce efficiency group	Process to be fully embedded by April 2019	Procurement services, WOD, Medical Directors	Doctors not available to work at the All Wales agreed rate resulting in risks to delivery of care/service. Insufficient resource available to support this project.	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	
Success will be: Fulfil rates for shifts required at the all Wales agreed capped rate for Medical Locums							
20.Review wider supply chain options including transportation, laundry, stores locations and St Marys (& office accommodation NW)	To fully modernise the services and provide resilience for the future. To improve operational costs and efficiencies	Develop and outline business case to explore the options and feasibility	To be completed by March 2019	Specialist Estates Services/ Procurement	Ability to deliver some aspects of core procurement services and insufficient flexibility to widen the breadth of the service offered. Failure to provide some major strategic decisions	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	✓
Success will be: A revamped supply chain, pharmaceutical operation with rationalised accommodation to support the wider strategy.							

## To achieve this we will need:

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Develop a recruitment and retention strategy with support from WfOD to ensure we attract and retain appropriately skilled staff to meet current and future business.</li> <li>• Delivery of training required with support from WfOD to meet professional and health and safety requirements as well as the development of new skills.</li> </ul>	<p>Budget setting to address existing unavoidable cost pressures and support the Service in achieving a balanced financial position for 2018/19. This includes:</p> <ul style="list-style-type: none"> <li>• Existing funding gaps due to lost income and inability to deliver savings from within the service, plus inflationary pressures. Budgetary gap 2017/18 £255k; existing Accounts Payable gap £101k; inflationary gap £16k; e-Enablement income loss £250k.</li> <li>• Workforce adjustments established to meet demands of Health Organisations e.g. retire and return, revised grades, link officer posts £108k.</li> <li>• Student Trainee Positions established to support recruitment and retention £48k.</li> <li>• Ongoing Legal costs £40k.</li> <li>• Increased training costs for CIPS, EU law, Bravo &amp; Supply Chain systems £99k.</li> </ul> <p>Ongoing support in securing funding streams for new cost pressures and initiatives. These include:</p> <ul style="list-style-type: none"> <li>• Recruitment and retention premium £300k.</li> <li>• Workforce expansion to meet service demands £333k.</li> <li>• Commissioning CHC and local pressures e.g., Capital and Primary Care Shift, surgical procedure outsourcing £526k.</li> <li>• Accommodation plan &amp; improvements to frontline offices.</li> <li>• Investment in equipment (rolling programme/redundancy), new furniture and IT requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of off-site and across site access to systems and resolution of associated issues</li> <li>• IT resources for additional staff including laptops, licences, ADC handhelds etc.</li> <li>• Replacement of existing IT in line with rolling programme/redundancy plan</li> <li>• To identify and exploit opportunities for digitalisation and new technologies (including robotics) to improve agility of the workforce</li> <li>• Implementation of eLearning Tools across Health Boards and Trusts</li> </ul>
Processes	Dependencies – Internal and External	

- 
- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Project support to provide capacity to deliver identified projects and their associated benefits</li><li>• A streamlined recruitment process which enables us to get new staff in post as soon as possible</li><li>• Full implementation of project management process and system to support delivery of challenging programme of service improvement</li></ul> | <ul style="list-style-type: none"><li>• Availability of funding for workforce and capital needs</li><li>• Support of internal services including; Workforce, Corporate, Finance, Employment Services</li><li>• Outcome of current Health Board and Trust planning activity</li><li>• Impact of NPS performance on savings, staff resources and customer satisfaction</li><li>• Outcome of NHS Supply Chain restructure &amp; ongoing access to National Contracts</li></ul> |
|---|---|

## WHAT WILL WE DELIVER IN 2019-20

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Third year to deliver agreed 5 year NHS Wales Procurement Strategy	With challenging financial times ahead for NHS Wales we have a responsibility to work together to deliver value for NHS Wales.	Our strategy sets out our collective vision and goals to improve health outcomes for the patients and community in Wales.	Ongoing to 2022  Annual targets to be achieved by March 2019	Collaborative strategy developed in partnership with all Health Board and Trust's Directors of Finance, Customers, Suppliers and Staff.	Cost pressures for NHS Wales,– maintaining levels of service whilst striving for improvements.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Delivering value for Wales							
Delivery of non-pay expenditure, contract Savings	Key customer requirement	Savings Plan, contract programmes aligned to HB/Trust objectives and work plan	Ongoing  Annual targets to be achieved by March 2020	Sourcing and Front Line Teams	Cost pressures including currency fluctuations, Brexit, HB/Trust compliant spend Risk to delivery of savings targets if key recruitment activity is not achieved and sustained.	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	
Success will be: Savings realised with compliant spend by Health Boards and Trusts							
Year 2 of project on automation and improvement of P2P process.	An initiative through the DOF/Finance academy	Multiple projects – E Trading (PEPPOL) RPA, Catalogue validation, Fiscal tec, oxygen finance, and associated AP structures.	Phased application 2018-2021 linked to delivery plan in P2P work stream	P2P governance arrangements	Resistance on part of HBs/Trusts to standardise their processes	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	
Success will be: Reduction in potential for duplicate payment, improved speed of response to queries, reduction in storage required.							
Year 2 of 5 year programme to improve early payment performance	Investigating ways to save Health Boards and Trusts money through prompt payment	Utilising technology: Oxygen Finance for prompt payment	2023 – completed programme	Accounts Payable, Sourcing, Frontline teams	Suppliers not wishing to participate. Standard approach not accepted/agreed	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	
Success will be: delivering circa £9 million over 5 years. Contribution to Social Value agenda							
Year 2 of Transforming Cancer Care project	Cancer Services modernisation	New build and equipment at		Capital Team and Velindre Frontline	Resources, legal costs, expertise given MIM	Value for Money	✓
						Customers	✓

	and expansion in SE Wales	Velindre Cancer Centre	To be completed by March 2022			Excellence	
						Staff	
						Service Development	✓
<b>Success will be:</b> Successful delivery of project capital, goods and services procurement needs							
Year 2 of project on Introduction and application of Value Based Procurement principles	Prudent Healthcare	Team established to assist and guide Sourcing Category Teams with implementation of new way of working	Ongoing from 18/19 Practice to be embedded as "business as usual" by March 2020	Sourcing, VBP team	New thinking and significant amount of patient outcome data needed	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	✓
<b>Success will be:</b> Contract delivery to focus on the patient outcome							
Year 2 of Continuing Health Care project - improving benefits realisation on Care Homes framework & other areas of CHC in conjunction with NCCU	HBs/Trusts require improved governance, quality outcomes and savings	Liaising with CHC and MH/LD leads in HB's and WHSSC	To commence to second phase subject to funding	Sourcing	Lack of funding and resources. High degree of complexity requires specific skills set	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	✓
<b>Success will be:</b> Savings, efficiencies in commissioning, reduced risk of non-compliance with clinical and corporate governance requirements at HBs							
Year 2 of project supporting delivery of Specialist & Critical Care Centre	Part of HBs Clinical Futures Strategy	Project team created to deliver the build of the specialist and critical care centre.	Ongoing- this is not due to open until 20/21 and there will be significant activity until this time	Capital Equipping Team dedicated to SCCC	Impact on resources	Service Development	✓
						Customers	✓
						Excellence	
						Staff	
						Service Development	✓
<b>Success will be:</b> Successful delivery of project capital, goods and services procurement needs							
Phase 1 of establishment of Estates Procurement	Opportunity identified with HB with a potential to develop to a	Analysis and review of non-pay expenditure	To be completed by March 2020	Front Line Procurement – ABMUHB, BCU	Buy-in from Estates Officers	Value for Money	✓
						Customers	
						Excellence	✓

	wider category management approach						Staff	
							Service Development	

**Success will be:** Opportunities identified for savings, increased compliance with SFIs.

**To achieve this we will need:**

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>• Resource support to assist with implementation of recruitment and retention strategy for Procurement Services to ensure current &amp; future staffing needs are met.</li> <li>• Resource support to meet training needs of existing workforce and expanding services.</li> </ul>	<p>Continuing support in securing funding streams for new costs pressures. These will include</p> <ul style="list-style-type: none"> <li>➤ Ongoing workforce pressures to meet increasing service demands</li> <li>➤ Further recruitment and retention initiatives</li> <li>➤ Continuing unmet accommodation needs</li> <li>➤ Continuing unmet equipment needs</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of off-site and across site access to systems and resolution of associated issues</li> <li>• IT resources for additional staff including laptops, licences etc.</li> <li>• Replacement of existing IT in line with rolling programme/redundancy plan</li> <li>• To identify and exploit opportunities for digitalisation and new technologies to improve agility of the workforce</li> </ul>
Processes	Dependencies	
<ul style="list-style-type: none"> <li>• Project support to provide capacity to deliver identified projects and their associated benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of funding for workforce and capital needs</li> <li>• Support of internal services including; Workforce, Corporate, Finance, Employment Services</li> <li>• Outcome of Health Board and Trust planning activity</li> <li>• Impact of NPS performance on savings, staff resources and customer satisfaction</li> <li>• Outcome of NHS Supply Chain restructure</li> </ul>	

**WHAT WILL WE DELIVER IN 2020-21?**

- ✓ Contract Savings
- ✓ Cost Improvements based on improved efficiencies achieved through re-design and standardisation of processes and systems
- ✓ Continuing support of HB/Trust and Welsh Government aims
- ✓ Agreed 5 year Procurement Strategy
- ✓ Expanded services
- ✓ Greater integration of HB/Trust priorities with those of Procurement Services
- ✓ Doing things differently i.e. with strategic partners
- ✓ Excellent relationships with our Customers adding value



### **The risks to achieving this could include;**

- Resources to deliver
- Being able to recruit appropriately skilled staff to support HBs/Trusts requirements
- Retention of staff
- Resolution of existing constraints and issues with IT systems
- Engagement and service delivery from partner organisations such as NHS Supply Chain England

### **To achieve this we will need;**

#### **Resources**

- Optimum staffing levels with appropriate skills
- Financial support
- Appropriate IT infrastructure and hardware
- Adequate accommodation
- Appropriate equipment

### **We will continue to engage with;**

Customers and Stakeholders  
Welsh Government  
Health Boards  
Public Sector Bodies  
Partner Organisations  
Staff  
Suppliers

## **BEYOND 2021**

Procurement Strategy for Wales, which maximises value and contributes to NHS financial sustainability

Use of innovative, e-enabling technologies and digitisation to provide greater access and streamlining of services streamline systems

Business intelligence informing the service and NHS through integrated systems and aligned objectives

Workforce capability and potential fully realised through effective processes and programmes for development

## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Continue to identify savings opportunities & to influence non-pay expenditure.

Building on strengths of enhanced partnerships with HB/Trusts via regular meetings.

Continue to modernise services utilising technology.

Achieved a standardisation of processes across Procurement Services.

Improved reporting, providing data to deliver new services/ financial benefits

Improved internal, external communications with stakeholder & customers

Delivering staff training and professional qualifications.

Extending procurement influence on non-pay spend to deliver efficiencies and cost savings

Greater integration with Health Board and Trust planning activity

Further utilisation of technology & automation to realise efficiencies

Continue to expand services within and outside NHS

Partnership working with NHS England/Public/Third Sector collaborators.

Work with our customers, specialists to develop value based outcomes

Development of new approach to recruitment and retention, collaborating with local education providers

Service development driven by customer requirements

Strategic procurement closely integrated with NHS Wales' policy and strategy

Full optimisation of e-enabling technologies

Effective use of business intelligence through integrated systems aligned to objectives

Innovation informs service development and drives improvement

Further development of Business Partnering

Workforce development to include product, service, & leadership expertise

Fully implement recruitment & retention strategy

Value based procurement becomes the systematic approach to sourcing activity.

Mature partnerships with stakeholders & collaborative partners, driving innovation

Process excellence & efficiency via automation & standardisation of practices

Consistent KPI targets across HB's/Trusts in Wales.

Progressing business partnership arrangements

Supporting customers to deliver services to include transformation programmes

Workforce capability fully realised through effective processes and programmes for development

Recruitment of the skilled staff - retention of staff

## KEY PERFORMANCE INDICATORS

Description of Key Performance Indicator	2017-18 Target	2018-19 Target	2019-20 Target	2020-21 Target
KPI 1 – Sourcing - Savings against plan	£26m	£13m -see staffing risk		
KPI 2 – Sourcing - Contract Programme delivered on time	100%	100%	100%	100%
KPI 3 – Sourcing - Quotes & Tenders via BRAVO	100%	100%	100%	100%
KPI 4 – Sourcing - Capital Projects	100%	100%	100%	100%
KPI 5 – Sourcing - Capital discretionary	100%	100%	100%	100%
KPI 6 – Sourcing - Catalogue coverage	80%	85%	90%	90%
KPI 7 – Sourcing - Catalogue Pricing accuracy	100%	100%	100%	100%
KPI 8 – Front line Procurement - Requisition turnaround (3 days)	90%	90%	90%	90%
KPI 9 – Front line Procurement - % volume non PO invoices	80%	85%	90%	95%
KPI 10 – Stores - Efficiency first pick	95%	95%	95%	95%
KPI 11 – Stores - Delivery on time	100%	100%	100%	100%
KPI 12 – Stores – SSP & R&D	2 days	2 days	2 days	2 days
KPI 13 – Accounts Payable - PSPP (non NHS)	95%	95%	95%	95%
KPI 14 – Accounts Payable - Call handling service	95%	96%	97%	97%
KPI 15 – Accounts Payable – Call handling queries resolved within 10 working days	85%	87%	90%	95%
KPI 16 – Accounts Payable – Process new supplier requests and amendments within 2 days	99%	99%	99%	99%
KPI 17 – Accounts Payable – All invoices to be input onto Oracle within 5 working days	90%	93%	95%	100%
KPI 18 – Electronic invoice automation	80%	85%	90%	95%
KPI 19 – Quality – Staff satisfaction survey	85%	85%	90%	95%
KPI 20 – Quality – EFQM Score	>500* / 350-400 corporately	>500* / 350-400 corporately	>550* / 350-400 corporately	>600* 400-450 corporately
KPI 21 – Quality – Maintain ISO accreditation	Maintained	Maintained	Maintained	Maintained
KPI 22 – Quality – Maintain Customer Service Excellence/STS Standard	Maintained	Maintained	Maintained	Maintained

# Surgical Materials Testing Laboratory



**Surgical  
Materials Testing  
Laboratory**

SMTL's core service is to provide testing and technical services regarding medical devices to the Welsh NHS. SMTL is internationally recognised as a centre of excellence for testing disposable medical devices, whose reports are accepted and respected worldwide. SMTL is involved in standards development such as gloves, gowns & drapes, dressings, and Luer/non-Luer connectors. They have developed a number of methods which are published as British or European standards, or pharmacopoeia monographs.

SMTL has published widely on areas such as dressings and wound management, latex allergy, medical gloves, silver dressings, and safer sharps devices. The Laboratory is UKAS accredited to ISO 17025 and is currently made up of 20 members of staff.

How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<p>Evidence Based Procurement Board meetings</p> <p>Liaison with Procurement colleagues on a weekly basis</p> <p>Liaison with Specialist Estates Services (SES) colleagues</p> <p>Representation of Welsh Government at Medicines and Healthcare Products Regulatory Authority (MHRA)</p> <p>MDR External Expert Group, Safe Anaesthetic Liaison Group (SALG)</p> <p>Chairing and co-managing the deployment of ISO small bore connectors</p> <p>Joint meetings with MHRA AIC and ABMU HB</p> <p>Interlaboratory testing and audits</p> <p>Working in partnership Health Technology Wales</p>	<p>Reliable test data to support contract decisions</p> <p>High quality test and technical reports</p> <p>Timely and appropriate incident investigations</p> <p>Expert support and technical advice</p> <p>Support for contract challenges</p> <p>Expertise on medical device regulations and standards</p> <p>R&amp;D support to aid decision making</p> <p>Ensuring that only high quality medical consumables and devices are used in NHS Wales that support positive patient outcomes</p>	<p>Continue to provide expert advice</p> <p>Increase testing &amp; R+D capacity for Procurement</p> <p>Expand the range of devices we can test</p> <p>Expand the types of testing we offer, such as Human Factors testing</p> <p>Continue to maintain a high performing Quality Management System</p> <p>Continue to lead on development of British, European and International standards.</p>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<p>Investigated 247 medical device defect reports, including chasing manufacturers to check they are taking appropriate action and detection of systematic problems, some examples include;</p> <p>Vaginal Speculum testing</p> <p>Patient Temperature management</p> <p>Testing Lymphodema arm sleeves to ensure they deliver clinically appropriate pressures</p> <p>Completed Urology test programme for procurement, identifying non-compliant products (such as catheters and urine drainage bags) pH testing for contract and change of supplier to ensure continuity of safe products</p> <p>Testing the adhesiveness of Tapes and Plasters for procurement in response to reports of adverse incidents following implementation of a new All Wales contract.</p> <p>Delivered Health Technology Assessment advice for the EBPB e.g. Silver Catheters, and compression wraps.</p>	<p>Provision of high quality, reliable, and robust test data</p> <p>Provision of expert technical advice</p> <p>Develop and maintain good relationships with clinicians and other NHS users</p> <p>Good liaison with NWSSP PS and SES personnel</p> <p>Provide a nationally and internationally recognised service</p> <p>Represent NHS Wales at National and International levels</p> <p>Undertaken extensive QA assessment of reusable tonsillectomy instruments for all NHS Health Boards prior to clinical implementation</p> <p>Commissioned to undertake validation testing of Low Dose Enteral connectors for GEDSA</p> <p>Hosted meetings with Department of Health (DoH) and NHS Clinical Evaluation regarding the review of clinically effective products</p>	<p>Develop user assessment (human factors usability testing) services alongside laboratory testing</p> <p>Simplify defect investigations and reduce investigation periods</p> <p>Increase level of support to EBPB</p> <p>Revise key European and British standards such as Hosiery and Dressings standards to reflect modern practice and clinical requirements</p> <p>Develop alternative pressure measurement systems to evaluate medical devices which are not possible to be assessed using existing standard equipment and methods e.g. compression wraps.</p> <p>Potential to assist with Protein monitoring system for AW HSDU departments</p> <p>Increase capability to assess other small bore connectors to the recently published 80369 series</p>

## KEY PRIORITIES 2018-21

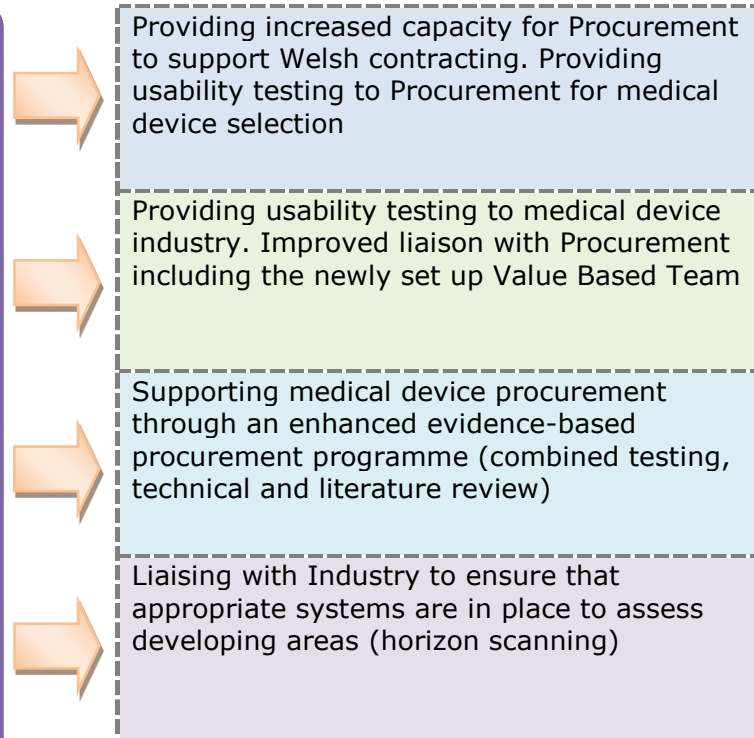
Value for Money	Our Customers
<p>Provide support to NHS Wales to enable the procurement of cost effective, clinically acceptable and standards compliant products</p> <p>Provide support to the Evidence Based Procurement Board (EBPB) to reduce variation and enable compliance with contracts</p> <p>Support allocative efficiencies by providing an evidence base to make decisions on.</p>	<p>Reduce time taken to investigate defect reports</p> <p>Increase resource to Evidence Based Procurement Board</p> <p>Pilot usability testing to assess clinical acceptability of devices</p> <p>Provide support documentation to Procurement and wider NHS Wales to improve readiness for MDR changes</p> <p>Liaison with manufacturers through standards committees</p>



Service Development	Our Staff	Excellence
<p>Move to an R Markdown test report system to reduce the risk of errors and non-conformity levels</p> <p>Develop a new defect reporting system to increase efficiency and reduce investigation time</p> <p>Develop new test methods to diversify testing to NHS Wales and Medical Device industry e.g. odour containment testing, leak-testing of connectors, administration set/syringe accuracy, compression wraps and viral barrier testing for medical gloves;</p>	<p>Maintain core-competency training compliance</p> <p>Enable role development where appropriate</p> <p>Explore training opportunities</p> <p>Developing management skills of essential staff members.</p> <p>Succession planning for appropriate roles</p>	<p>Continue to lead in Europe on revision and development of dressings standards which reflect modern wound care practices</p> <p>TC/205/1 WG14, WG15 and WG15PG1</p> <p>Continue to deploy and manage a United Kingdom Accreditation Services (UKAS) accredited quality management system (QMS) to ISO 17025</p> <p>Lead on development of new British Standard for graduated compression devices (CH/205/01/01)</p> <p>Dressings testing for DoH</p> <p>SMTL are continuing to lead on the UK implementation for ISO 80369-6, and provide advice for industry and NHS England</p>

## OUR JOURNEY

### In 3 Years We Will Be



Taking  
Responsibility



Listening and  
Learning



Innovating



Working  
Together

### The risks to achieving this could include;

- Loss of expertise due to retirement/resignations of key staff
- Financial uncertainty from commercial income generation and Brexit
- Lack of support from Health Boards for clinical buy in to support our work

## PATH TO PRUDENT AND ONCE FOR WALES



Liaise with MHRA AIC and NHS England NRLS team to develop a single-portal for defect reporting;



Enable NHS Wales customers to have access to cost-effective, safe and standards compliant medical devices through the provision of testing, usability assessment and technical advice;



Maintain service quality and consistency through accreditation of testing services in compliance with ISO 17025 to reduce the risks and enhance confidence to users of SMTL test reports;



To ensure that service related risk assessments and safe systems of work are in place and reviewed regularly.



Ensure that standards participation efforts result in standards which are relevant to NHS Wales;



Ensure that test equipment used by SMTL staff is modern, safe to use, appropriately calibrated and maintained, to support effective, efficient and safe medical device assessment and selection;



Continue to work with EBPB to ensure evidenced based purchasing and Value for money is achieved



## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Pilot Usability Testing	To provide procurement with additional evidence on which to select devices for Welsh contracts, and to enable clinicians to have confidence in the products that are awarded as a result of the process	Through the identification of SMTL staff who can project manage usability projects and through liaison with Swansea University;	March 2019	Through recruitment of an operations manager and development of testing staff to undertake human factors testing;	Inability to recruit and/or diversion of staff time to more urgent issues (such as defect and procurement programmes)	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Completion of at least one Usability assessment project during 2017/18							
Revision of Hosiery Standard	To enable a simpler procurement process and to unify a number of disparate standards to help with Government / NICE / Drug Tariff advice	Through chairing and editing the British Standards committee	November 2018	PP & GH	Resource Availability	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Publication of Standard							
Continued customer satisfaction	to ensure SMTL customers are obtaining appropriate levels of service;	through regular customer satisfaction surveys;	March 2019	SMTL Office Staff	SMTL delivery falling below customer expectations	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Continued rating of SMTL services in the top 2 scoring sections by 95% of our customers;							

NHS Wales Procurement Contracts; <ul style="list-style-type: none"><li>- Neuraxial Devices;</li><li>- Lab Plastoc &amp; Glassware</li><li>- Theatre-wear</li><li>- Lymphoedema</li></ul>	to support Procurement effectiveness and robustness through the selection of safe, efficient and effective medical devices for NHS Wales staff;	Through engagement with clinicians at working group meetings, test report and submission analysis, laboratory testing and engagement with Procurement and Legal colleagues at possible contract challenges;	Multiple contracts throughout 2018-19	SMTL Testing and Management staff	Inability to recruit and / or diversion of staff time to more urgent issues ; inability to procure laboratory equipment to facilitate testing;	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Successful implementation of newly contracted devices and provision of test reports on time							
Further DoH / NHS Clinical Evaluation dressing types; <ul style="list-style-type: none"><li>- Foams</li><li>- Hydrocolloids</li><li>- non gelling fibres</li></ul>	Following on from original work SMTL have been asked to support NHS Clinical Evaluation programme in their aim to evaluate the effectiveness of medical devices	Through engagement with NHS Clinical Evaluation team and undertaking test programmes.	Multiple projects up to December 2018	SMTL Testing Staff, Management and Director	inability of SMTL to fulfil test programme requirements. This may be due to existing workload;	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	
Success will be: Production of test reports within allocated lead times							
Enhanced Interlaboratory testing programme	To provide assurances to auditors and customers in terms of proficiency	Through working with commercial inter labs, customers and competitors	March 2019	Departmental Managers	Diversion of resource and exposure to urgent work. Also potential to share inabilities to competitors	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Completion of Interlab testing programme and continued UKAS accreditation							
Completion of NRfit 80369-6 Project	to support Procurement and WG in compliance with the alert	Through implementing compliance with	March 2019	SMTL Testing and Management staff	Delayed provision of samples from Industry	Value for Money	✓
						Customers	✓
						Excellence	✓

		the standard across NHS Wales				Staff	
						Service Development	✓
<b>Success will be:</b> implementation of new ISO connectors across NHS Wales							
Fully operational EBPB up and running	to support Procurement and WG in purchasing of Evidenced Based procurement	Continuing with membership and delivering projects that SMTL are responsible for	March 2019	SMTL testing, R&D and management staff	Diversion of resource due to delayed recruitment	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
<b>Success will be:</b> Successful implementation of new structure to EBPB group							
UKAS Accreditation	To deliver accurate and reliable test data to SMTL customers and stakeholders	Through deployment of a UKAS accredited quality management system	March 19	All SMTL staff, as they are all a part of the quality management system	Failure to maintain quality management system Reputational damage	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> UKAS accreditation renewal and continued business from customers requiring UKAS accredited test data							

### To achieve this we will need:

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>- Recruitment into QA Vacancy</li> <li>- Additional IT resource</li> <li>- Development of managerial skills for certain staff members</li> <li>- additional R&amp;D resource for EBPB</li> </ul>	<ul style="list-style-type: none"> <li>- Reference connectors for ISO 80369</li> <li>- End of life equipment that is core to SMTL services and therefore new equipment will need to be procured</li> <li>- Lab flooring and central heating system repairs or replacement</li> <li>- Equipment required to expand range of testing services</li> <li>- Discretionary Capital budget</li> </ul>	<ul style="list-style-type: none"> <li>- continued development of R Markdown and extra resource for data handling/analyst</li> <li>- Test method training database</li> <li>- Video conference facilities</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>- ISO 17025 is due for re-issue, so SMTL will require to commit QA and technical staff time to reviewing the new standard and refreshing the QMS to meet any new requirements.</li> <li>- Systematising uncertainty of measurement budgets</li> </ul>	<ul style="list-style-type: none"> <li>- All Wales Capital Programme for equipment</li> <li>- working with external organisations to ensure that they can work with us for the interlab work</li> </ul>	

## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Procurement Contracts;  - Gloves - Drapes - Wound Management	To support Procurement effectiveness and robustness through the selection of safe, efficient and effective medical devices for NHS Wales staff;	Through engagement with clinicians at working group meetings, test report and submission analysis, laboratory testing and engagement with Procurement and Legal colleagues	March 20	SMTL testing and management staff	Inability to recruit and/or diversion of staff time to more urgent issues ; inability to procure laboratory equipment to facilitate testing;	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Successful implementation of newly contracted devices							
EBPB support and continued refined of the processes	to support Procurement and WG in purchasing of Evidenced Based procurement	Continuing with membership and delivering projects, and collaboration with stakeholders and similar initiatives.	March 2020	SMTL testing, R&D and management staff		Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: Production of advice for NHS Wales							
Continuation of the Interlaboratory testing programme	To provide assurances to auditors and customers in terms of proficiency	Through working with commercial inter labs, customers and competitors	March 2020	Departmental Managers	Diversion of resource and exposure to urgent work. Also potential to share inabilities to competitors	Value for Money	
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Completion of Interlab testing programme and continued UKAS accreditation							
Usability Testing	To provide procurement with additional evidence on	Continue to undertake testing within	March 2020	Through current allocated testing staff to undertake human factors	inability to recruit and/or diversion of staff time to more urgent issues (such	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓

	which to select devices for Welsh contracts, and to enable clinicians to have confidence in the products that are awarded as a result of the process;	procurement requirements		testing; Potential recruitment dependant on demand	as defect and procurement programmes)	Service Development	✓
<b>Success will be:</b> Delivery of usability reports to support procurement contracts							
Continued customer satisfaction	to ensure SMTL customers are obtaining appropriate levels of service;	through regular customer satisfaction surveys;	March 2020	SMTL Office Staff	SMTL delivery falling below customer expectations	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Continued rating of SMTL services in the top 2 scoring sections by 95% of our customers;							

<b>To achieve this we will need:</b>		
<b>Workforce</b>	<b>Finance &amp; Capital</b>	<b>IT</b>
<input type="checkbox"/> Stable testing and QA resource levels	<input type="checkbox"/> Sufficient funding to cover pay and non-pay requirements;	<input type="checkbox"/> Maintenance and refresh of IT systems
<b>Processes</b>	<b>Dependencies</b>	
Planned succession management and talent development programme;	Continued liaison with Procurement and visibility of changes to their contract programme	

## WHAT WILL WE DELIVER IN 2020-21?

✓ Continue to support NWSSP PS in contract testing and technical support;
✓ Continue to run a UKAS accredited QMS in compliance with ISO 17025
✓ Continued equipment acquisition, maintenance, calibration and replacement ;
✓ Continued commitment to IT refresh;
✓ Continued support for EBPB;
✓ Helping to oversee implementation of MDR for WG and ProcS

**The risks to achieving this could include;**

- Ensuring sufficient funding and availability of appropriate skill mix amongst staff

**To achieve this we will need;**

**Resources**

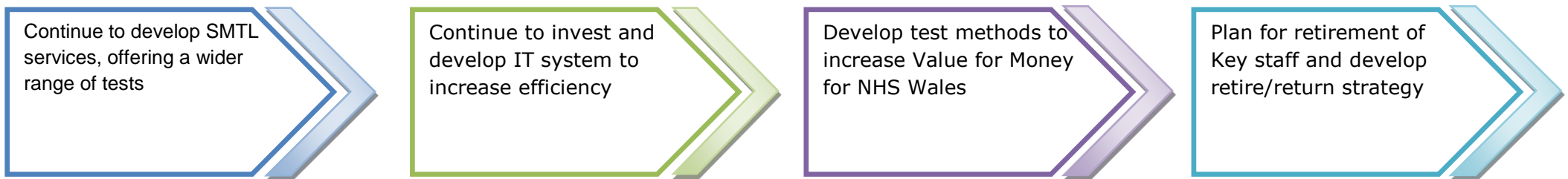
1. Access to capital monies;
2. Planned succession management and talent development programme;
3. Sufficient funding to cover pay and non-pay requirements;

**We will continue to engage with;**

**Customers and Stakeholders**

1. NWSSP Procurement Services
2. NWSSP Specialist Estates Services
3. NHS Wales LHBs and Trusts

**BEYOND 2021**



## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Capital Injection for equipment refresh

New member of staff for physical testing to support procurement recruited

New member of R&D staff to support EBPB

Continued dedicated support for procurement contracts

Continued running of incident investigation reporting service for WG and procurement

Continued UKAS accreditation

Development of the new structures and processes for EBPB

Investment in new posts

Continued dedicated support for procurement contracts

Continued running of incident investigation reporting service for WG and procurement

Continued UKAS accreditation

Continued development of processes and support for EBPB

Enhanced Interlaboratory testing programme

Pilot Usability Testing

Working with Specialist Estates Services to expand the testing programme to support CSSD and HSDU's

Connector testing to ISO 80369

Increasing the breadth and capacity of testing services and development of innovative services (usability testing)

Investment in new posts linked to development of usability testing

Continued dedicated support for procurement contracts

Continued running of incident investigation reporting service for WG and procurement

Continued UKAS accreditation

Continued development of processes and support for EBPB

Enhanced Interlaboratory testing programme

Working with Specialist Estates Services to support CSSD and HSDU's

Long term strategy/succession planning

Helping to oversee implementation of MDR for WG and ProcS

Continued dedicated support for procurement contracts

Continued running of incident investigation reporting service for WG and procurement

Continued UKAS accreditation

Continued development of processes and support for EBPB

Enhanced Interlaboratory testing programme

Working with Specialist Estates Services to support CSSD and HSDU's

2017/18

2018/19

2019/20

2020/21



## KEY PERFORMANCE INDICATORS

Description of Key Performance Indicator	2017-18 Target	2018-19 Target
1. Retention of current staff		
2. Recruitment of appropriately qualified and skilled new staff		
3. Commercial Income		
4. Delivery of customers contracts within timescales		
5. Maintenance of UKAS accreditation		
6. Implementation of new defect reporting system		
7. Maintaining a balanced Budget		

# SPECIALIST ESTATES SERVICES (SES)

## Purpose

To champion modern, sustainable, safe and efficient healthcare environments to meet the needs of our customers and broader stakeholder communities through the application of our professional and technical estates and facilities related knowledge and skills.

SES delivers specialist strategic estates and facilities services for NHS Wales and provides a range of advice and support to the Welsh Government (WG). SES services are delivered through the following sections:

- **Property** – provides advice and support on all aspects of healthcare property management including acquisitions, disposals, landlord and tenant relations and the management of leases. The section also assists health boards in the planning and delivery of 3<sup>rd</sup> Party Developments and undertakes all General Practitioner (GP) triennial rental reassessments.
- **Engineering** – Authorising Engineer (AE) services across a range of disciplines including decontamination, high voltage (HV), low voltage (LV), water, ventilation and medical gases are provided to health boards and trusts. Furthermore, engineering validation services in respect of specialist engineering systems such as ventilation are utilised in operating theatres, Intensive Therapy Units (ITUs) and Hospital Sterilizer and Decontamination Units (HSDUs) etc.
- **Estates Development** – provides scrutiny services and general advice and support to the WG Health Department on construction related business cases. In addition, the section provides advice on architecture and design quality and major scheme capital and revenue cost reviews on all projects including primary care. Fire safety, facilities management, environmental management and diagnostic imaging services are also provided through this section.
- **NHS Building for Wales** – is responsible for driving forward improvements in the construction delivery process through the design, development, procurement and management of construction procurement frameworks for NHS Wales, working closely with LHB's/Trusts to deliver high quality health care facilities.
- **Business Management** – is responsible for the provision of a comprehensive technical guidance service to NHS Wales covering all aspects of estates and facilities as well as the management of the SES website, communication activities and corporate liaison services.

## Specialist Estates Services


**£3.9m efficiency savings** delivered in 2016/17 through the use of construction procurement frameworks.

**£2 million** savings on negotiated lease renewals in 2016/17

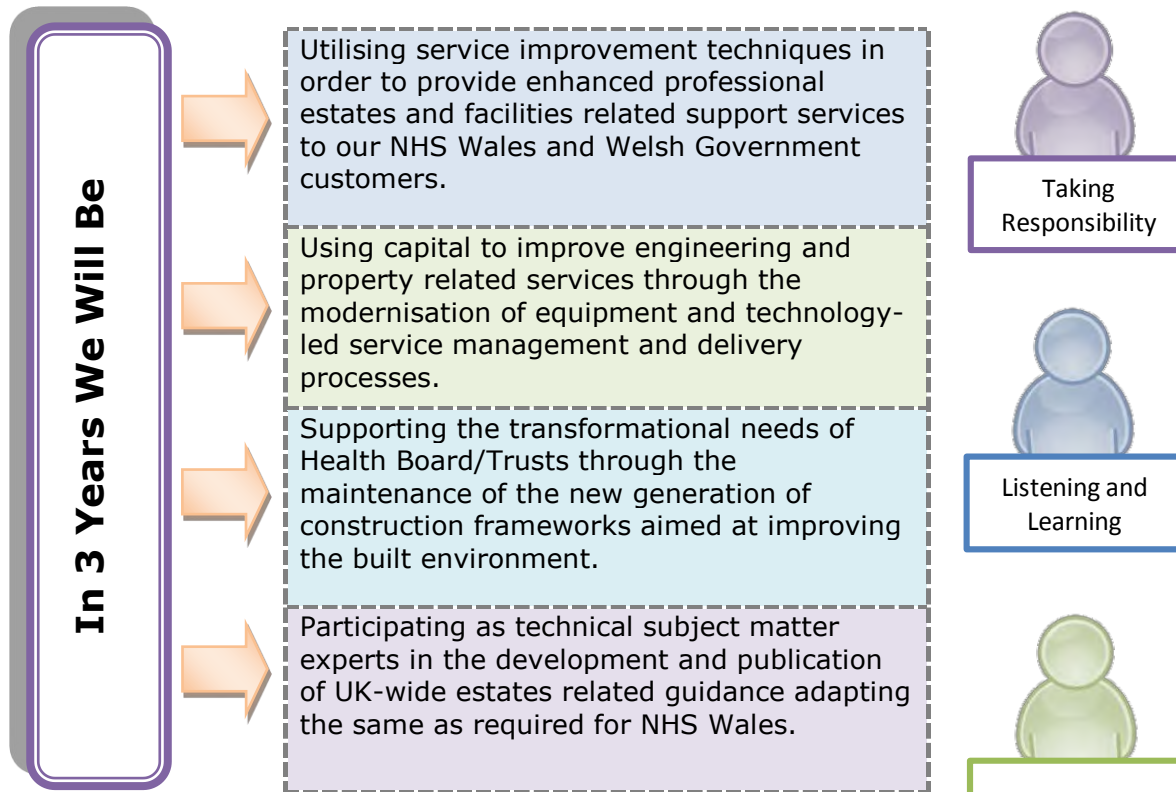
**46** whole time equivalent (wte) professional and technical roles

How have we engaged with our partners?	What do our partners want?	How will we deliver high quality services to our partners?
<ul style="list-style-type: none"> <li>Quarterly meetings with Health Board/Trust Planning Directors.</li> <li>Bi-monthly meetings with the Health and Social Care Welsh Government (WG).</li> <li>Quarterly NHS Estates Group meetings with senior estates officers.</li> <li>Quarterly UK Health Departments meeting.</li> <li>Participated in ongoing meetings/stakeholder groups eg. Endoscopy Decontamination Forum (Wales); Welsh Government Capital Reviews with NHS Wales' Health Boards/Trusts; Healthcare Chartered Institute of Waste Management.</li> <li>Sought customer feedback via an annual survey.</li> </ul>	<ul style="list-style-type: none"> <li>High quality independent estates and facilities advice and support.</li> <li>Excellent customer service from request to completion of the process.</li> <li>Confidence that the service received is reliable, consistent and safe.</li> <li>Quality accredited services to satisfy customer requirements.</li> <li>Service accessibility through simple and effective channels of communication.</li> </ul>	<ul style="list-style-type: none"> <li>Being responsive to customers' needs by providing a range of fit for purpose services.</li> <li>Through embedding service improvement into the culture of the organisation and up-skilling staff.</li> <li>By timely and effective communication with customers through a variety of media.</li> <li>By responding positively to customer feedback.</li> <li>By constantly reviewing our quality management system (ISO9001:2015) procedures to ensure that they continue to meet customer requirements.</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>Facilitated the recovery of over £30m of rate rebates in the primary care sector for the 2010-17 revaluation period.</li> <li>Significant savings (£2m in 16/17) accrued from negotiating revised building lease terms on behalf of the NHS Wales' Health Boards/Trusts.</li> <li>Delivery of stronger collaboration and construction time and cost efficiencies through the creation and maintenance of the Designed for Life (DfL) procurement frameworks. This generated savings of £3.9m in 2016/17.</li> <li>Disposed of surplus health related property to the value of £3m in 2016/17.</li> <li>Deployed professional authorising engineer (AE) roles in order to secure significant safety assurance in specialist engineering areas.</li> <li>Created a uniformity of approach across NHS Wales to the rental reimbursement reviews of General Practice (GP) occupied properties.</li> </ul>	<ul style="list-style-type: none"> <li>Meet NHS Wales' demand for independent expert advice and insight on a wide range of estate and facilities issues by providing a critical mass of experienced chartered professionals and technicians.</li> <li>Engage with our customers through a variety of communication channels to better understand and satisfy their requirements and inform improvement activities.</li> <li>Inform the management, maintenance and development of the estate through the development and issue of NHS Wales' specific technical guidance.</li> <li>Improve investment decision-making due to the application of professional expertise in the scrutiny of business cases.</li> <li>Customer satisfaction was at 95% in 2016/17.</li> </ul>	<ul style="list-style-type: none"> <li>Develop the current property related service to support the investment of new capital, revenue and third party funding for Primary Care developments.</li> <li>Participate in high level feasibility studies of services such as Catering and Hospital Sterilizer and Decontamination Units (HSDU) provision to better understand the benefits/risks of adopting an all-Wales delivery model.</li> <li>Explore the development of a toolkit of possible primary care related sustainability and property solutions for Health Boards to consider eg. requests by General Practitioner (GP) practices for Health Boards to take over head lease agreements.</li> </ul>

## KEY PRIORITIES 2018-21

Value for Money	Our Customers	
<p>Through the utilisation of available professional expertise, the potential savings have been identified for 2018/19:</p> <ul style="list-style-type: none"> <li>£1.75m associated with the effective management of property leases.</li> <li>£4m of efficiency savings in respect of the use of the Designed for Life (DfL) and NHS Building for Wales (BfW) construction frameworks in 2018/19.</li> </ul> <p>In addition, the use of specialist knowledge and experience is likely to result in a capital receipt benefit of £16m from the disposal of surplus NHS Wales property</p> <p>The cost of SES providing Property Surveyor services is also reviewed annually to ensure that the hourly rate continues to be below the level of comparative providers.</p>	<p>Seek positive interactions with customers at every opportunity, informally and formally, to stimulate discussion on service delivery.</p> <p>Improve accessibility to technical guidance and other estates related information through the implementation of a new SES internet and intranet website.</p> <p>Utilise attendance at ongoing stakeholder groups to promote SES services and gather feedback for service improvement and development purposes.</p>	
Service Development	Our Staff	Excellence
<p>Capture requirements through continued engagement with customers in order to establish service improvement and development opportunities.</p> <p>Investigate savings and service improvement/development opportunities arising from legislative, policy or organisational change.</p>	<p>Continue to promote a strong briefing process involving structured and unstructured interactions between the management team and staff engendering service improvement and development activities.</p> <p>All staff have personal appraisal development review (PADR) plans which identify training and support needs. Training is one of the main tenets of the organisation and all staff are required to participate in continuing professional development (CPD) and also complete professional refresher training as required.</p>	<p>Continue to invest in the ISO9001:2015 quality accreditation and Customer Service Excellence award to drive process excellence and automation.</p> <p>Utilise the Improving Quality Together (IQT) - Silver award qualified resource within SES for service improvement activities.</p> <p>Technology pervades every service and capital is used to purchase transformational technology associated with engineering and property related services in particular.</p>

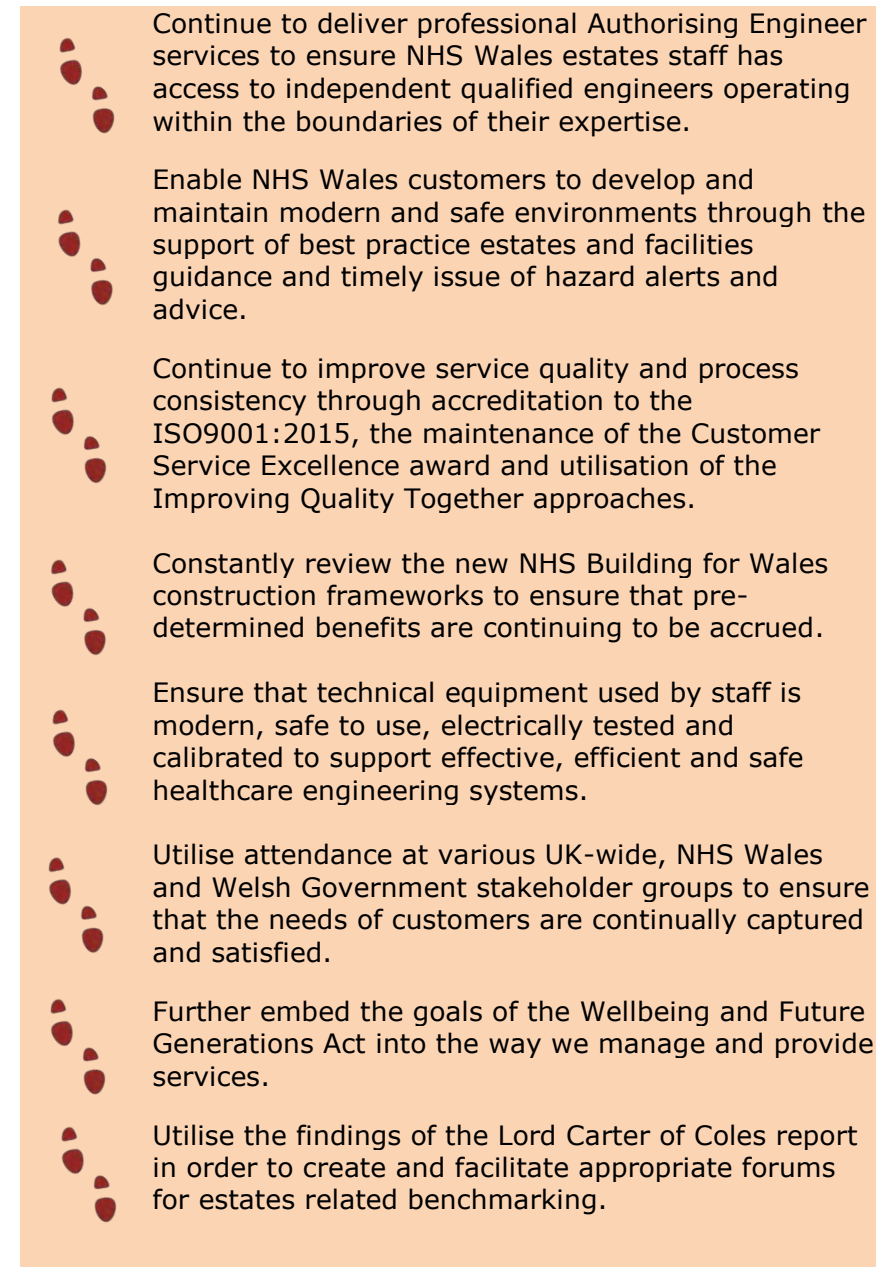
## OUR JOURNEY



### The risks to achieving this could include;

- Loss of expertise due to key staff leaving the organisation.
- Inability to recruit to vacant positions from the market due to the scarcity of estates professionals in some areas and the restrictions of the A4C system.
- A lack of available capital for the modernisation of equipment and IT systems.
- The continuation of the current cost improvement programme (CIP) may reduce the ability to innovate and improve services.

## PATH TO PRUDENT AND ONCE FOR WALES



## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
The existing portfolio of high quality specialist estates and facilities services.	To satisfy customer requirements at the Welsh Government and NHS Wales SLAs.	Through the application of professional and technical resource.	March 2019	Head of each functional service section.	Inability to recruit to specialist positions.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Customer satisfaction in line with key performance indicators.							
Develop the current property related service to support the investment of new capital, revenue and third party funding for Primary Care developments.	To assist Health Boards in the delivery of modern, fit for purpose primary care facilities.	Re-establish resource in this area and focus on providing professional primary care property related support services to Health Boards.	April 2018	Head of Property, SES	Funding ultimately not available.  Inability to generate sufficient resource from existing capacity.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Enabling the creation of a modern fit for purpose Primary Care services estate through the effective use of available funding.							
Work with Aneurin Bevan University Health Board to identify SES resources required in 2018/19 to support the development of The Grange Hospital.	To ensure that the Health Board has access to advice from a multi-disciplinary client-side support team as the scheme develops during 2018/19.	Establish the support requirements of ABHB for 2018/19 and provide resources to meet the same.	April 2018	SES Management Team	Insufficient resources available within SES.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Meeting the ongoing needs of ABHB in respect of the development of The Grange Hospital.							
Establish a scrutiny function in respect of NHS Wales' new revenue funded investment model, Mutual Investment Model (MIM). The pilot model is Velindre's new	To ensure that the MIM funding approach is subject to same level of business case scrutiny and rigour as a scheme being procured through a	Develop an approach to MIM business case scrutiny providing training to the Estates Advisors as appropriate.	July 2018	Head of Estates Development	Insufficient clarity around the new funding method preventing the creation of an adequate scrutiny process.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓

Regional Cancer Centre scheme.	framework or via traditional tendering.						
<b>Success will be:</b> Introduction of a MIM business case scrutiny service to ensure the use of the model represents value for money.							
Review the NHS Wales' estates and facilities benchmarking approach developed in 2017/18 implementing recommendations as appropriate.	To ensure that the approach taken is delivering the actions required to produce savings across NHS Wales.	Work with Health Boards/Trusts to improve the processes used to establish the benchmark figures.	August 2018	Head of Estates Development	Lack of buy-in from Health Boards/Trusts.  Insufficient resource within SES to support the review.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Improve data accuracy in order to facilitate better decision-making.							
Contribute to the implementation of the Laundry Services Outline Business Case review.	Assist in the decision-making process to establish an affordable preferred option that achieves compliance with the current linen standards.	Through participation in the laundry review project team.	May 2018	Director, SES	Health Boards/Trusts resistance to change.  Limited capital available.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> The delivery of a modern laundry solution for NHS Wales that meets current standards.							
Deliver the benefits of the new national NHS Building for Wales construction delivery frameworks in areas such as environmental performance/low carbon, community benefits etc.	To establish relationships between Health Boards/Trusts and supply chain partners in order to create an environment conducive to sustainable investment, local employment and waste reduction in processes and physical resources.	Through the requirements of the framework agreements.	March 2019	Head of Building for Wales	Limited capital available.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Meeting the NHS Building for Wales framework targets for community benefits and environmental performance.							
Complete on behalf of the Welsh Government	To establish the level of compliance with	Utilising the expertise of the	October 2018	Head of Engineering	Availability of resources.	Value for Money	✓
						Customers	✓



an audit of endoscopy related facilities/services within NHS Wales.	current endoscopy standards per Health Board/Trust.	SES decontamination team.				Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> To confirm compliance of facilities against current standards.							
Participate in the development of an NWSSP Apprenticeship Scheme in order to provide a framework for the future appointment of engineering apprentices to SES.	To respond to the shortage of engineers in the marketplace by developing in-house engineering resource for SES and Health Boards/Trusts.	Utilise the Network 75 scheme operated by University of South Wales	August 2018	Head of Engineering/Business Manager	NWSSP does not develop an organisation wide apprenticeship Scheme.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
<b>Success will be:</b> Utilising the apprenticeship levy effectively to provide opportunities for apprentices within NWSSP.							

### To achieve this we will need:

Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>The requirement for additional resource to support The Grange Hospital is currently unquantifiable.</li> <li>Demand for an additional post/s to support benchmarking, general facilities management, environmental management and diagnostic imaging work is emerging.</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient pay and non-pay budget required to maintain existing services.</li> <li>Maintain the existing training budget to support personal appraisal and development review (PADR) and periodic professional and technical refresher training requirements.</li> </ul>	<ul style="list-style-type: none"> <li>greater use of technology particularly around mobile working and the use of e-forms and tablets/Smartphone technology on site.</li> <li>to utilise the NWSSP file sharing portal for guidance document review.</li> </ul>
Processes	Dependencies – Internal and External	
<ul style="list-style-type: none"> <li>SES successfully moved across to the ISO9001:2015 quality management system (QMS) standard in June 2017. This will be maintained during 2018/19 through the use of internal and external quality related audits.</li> <li>The Customer Service Excellence award, first achieved in 2014, will also be subject to review in January/February 2019.</li> </ul>	<ul style="list-style-type: none"> <li>NHS Wales Informatics Service (NWIS).</li> <li>All Wales Capital Programme.</li> <li>Innovative funding models being developed by the Welsh Government, particularly around primary care facilities.</li> <li>Support of operational expertise of NHS Wales estates and facilities managers to commit intellectual resources to support SES projects.</li> <li>Department of Health (DH) funding for national healthcare publication programme.</li> </ul>	

## WHAT WILL WE DELIVER IN 2019-20?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
The existing portfolio of high quality specialist estates and facilities services.	To satisfy customer requirements at the Welsh Government and NHS Wales service level agreements (SLAs).	Through the application of professional and technical resource.	March 2020	By the Head of each functional service section.	Inability to recruit to specialist positions.  Continued cost improvement programme (CIP) activities affecting the ability to improve and develop services.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Customer satisfaction in line with key performance indicators.							
Continue to work with Aneurin Bevan Health Board to identify SES resources required in 2019/20 to support the ongoing development of The Grange Hospital.	To ensure that the Health Board have access to advice from a professional client-side multi-disciplinary support team as the scheme develops during 2019/20.	Establish the support requirements of ABHB for 2019/20 and provide resources to meet the same.	April 2019	SES Management Team	Insufficient resources available within SES.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Meeting the ongoing needs of ABHB in respect of the development of The Grange Hospital.							
Continue to provide advisory services to Health Boards/Trusts in order to improve performance against benchmarks.	To ensure that the approach taken is delivering the actions required to produce savings across NHS Wales.	Work with Health Boards/Trusts to set performance improvement targets.	August 2019	Head of Estates Development	Lack of buy-in from Health Boards/Trusts.  Insufficient resource within SES to support the review.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: The improvement of Health Boards/Trusts against agreed benchmarks.							

In conjunction with Workforce colleagues review the effectiveness of the NWSSP Apprenticeship Scheme to ensure that the original aims are being met in relation to the delivery of engineering apprentices to SES.	To ensure that the scheme is fit for purpose and delivering the quality of apprentices required by the division.	Participate in the continued development of the NWSSP apprenticeship scheme.	March 2020	Head of Engineering/Business Manager	The scheme is not operational by 2019/20.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: Utilising the apprenticeship levy effectively to provide opportunities for apprentices within NWSSP.							
Participate in the development and implementation of the Laundry Services Full Business Case (FBC).	Assist in the decision-making process to establish an affordable preferred option that achieves compliance with the current linen standards.	Through participation in the laundry review project team.	May 2019	Director, SES	Health Boards/Trusts resistance to change.  Limited capital available.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	✓
						Service Development	✓
Success will be: The delivery of a modern laundry solution for NHS Wales that meets current standards.							

To achieve this we will need:		
Workforce	Finance & Capital	IT
<ul style="list-style-type: none"> <li>continue to review resources in order to ensure that Health Boards/Trusts with major capital schemes such as The Grange Hospital are adequately supported through the development process.</li> <li>a further engineering apprentice will be hired either through the Network 75 scheme or an NWSSP Apprentice Scheme.</li> <li>continue to review succession planning approaches.</li> </ul>	<ul style="list-style-type: none"> <li>sufficient pay and non-pay budget required to maintain existing services and to invest in periodic professional and technical refresher training.</li> <li>capital investment may be required for engineering related technical equipment.</li> <li>If beneficial to SES's suite of services capital will be required to purchase a document management system.</li> </ul>	<ul style="list-style-type: none"> <li>continue to invest in technology improvements to improve customer service.</li> <li>Evaluate the benefits of utilising a document management system within SES.</li> </ul>
Processes	Dependencies	
<ul style="list-style-type: none"> <li>The ISO9001:2015 quality management system will be maintained during 2019/20 through the use of internal and external quality related audits.</li> <li>The Customer Service Excellence award is subject to review in January/February 2020.</li> </ul>	<ul style="list-style-type: none"> <li>NHS Wales Informatics Service</li> <li>All Wales Capital Programme.</li> <li>Innovative funding models being developed by the Welsh Government, particularly around primary care facilities.</li> <li>Support of operational expertise of NHS Wales estates and facilities managers to commit intellectual resources to support SES projects.</li> <li>Department of Health funding for national healthcare publication programme.</li> </ul>	

## WHAT WILL WE DELIVER IN 2020-21?

- ✓ Continue to provide specialist estates and facilities services in line with agreed SLAs.
- ✓ Continue to support the development and construction of The Grange Hospital and other major capital schemes with specialist engineering resource and other related services.
- ✓ Continue service and quality improvement activities.
- ✓ Continue to train engineering apprentices.
- ✓ New projects or services generated from the estates and facilities benchmarking work.

**The risks to achieving this could include;**

- loss of key/senior professional staff due to retirement.
- continued erosion of pay compared to the private sector reducing the ability of the organisation to replace senior professional and technical staff to the organisation.
- ongoing budget reductions reducing the flexibility to fund projects and ongoing refresher training.

**To achieve this we will need;**

**Resources**

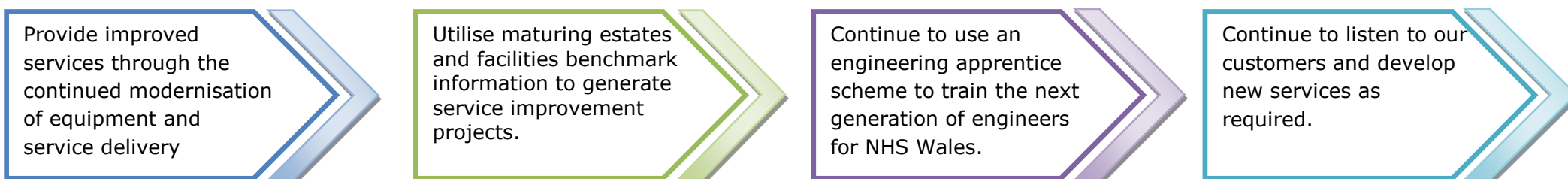
- Sufficient funding to support pay and non-pay budgets.
- Capital funding to support technical equipment and software purchases as required.
- Funding to support professional and technical refresher and development training.
- Continue to review succession-planning approaches.

**We will continue to engage with;**

**Customers and Stakeholders**

- Welsh Government.
- NHS Wales Health Boards/Trusts.
- Planning Directors.
- Estates, facilities and clinical managers at NHS Wales Health Boards/Trusts as required.
- Department of Health, NHS Scotland and NHS Northern Ireland.

**BEYOND 2021**



## KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS

Review the governance arrangements to ensure that it meets the needs of stakeholders

Review customer relationship approaches

Ongoing review and development of KPI's

Continued review of ISO9001 procedures to achieve the new ISO9001:2015 standard by November 2017.

Embed an approach to service improvement identification and implementation.

Continue the development of enabling technologies through the procurement of appropriate systems and equipment

Continue the review of the organisational structure

Review the Welsh Government Service Level Agreement (SLA) and NHS SLA format and content to ensure it continues to meet customer requirements.

Review the effectiveness and frequency of stakeholder groups attended by staff to ensure that customer relationship requirements are being adequately covered.

Continue to improve performance management information for SES management team decision-making purposes.

Utilise ISO9001:2015 to drive service consistency.

Continue to consider the use of technology to modernise current approaches and services.

Better understand how SES is currently working with the Wellbeing of Future Generations (Wales) Act

Continue to promote innovation in order to drive service improvement and development.

Continue to improve approaches and processes through the ISO9001:2015

Continue to seek customer feedback to ensure that services are meeting requirements.

Continue to invest in IT developments and technical equipment modernisation.

Ensure the effective use of business performance information.

Continue the drive to a paper light approach

Continue to use the NWSSP engineering apprentice scheme to train the next generation of engineers

Utilise maturing estates and facilities benchmark information to inform service improvement projects for Health Boards/Trusts.

Continue to promote innovation in order to drive service improvement and development.

Continue to invest in IT developments and technical equipment modernisation.

Continue the drive to a paper light approach

Review the internal capacity to support further engineering apprentices.

Continue to utilise the estates and facilities benchmark information to target more effectively cash-releasing service improvement projects.

2017/18

2018/19

2019/20

2020/21

## KEY PERFORMANCE INDICATORS 2018/19

Description of Key Performance Indicator	2018-19 Target	Progress
<b>PROFESSIONAL/TECHNICAL SERVICE RELATED INDICATORS</b>		
Undertake independent reviews of fire safety standards and management at selected healthcare facilities within NHS Wales.	4 independent reviews completed by 31st March 2019.	
Undertake an annual validation and performance testing programme as required for sterilizers, washer disinfectors, endoscope re-processors, steam quality and particulates to the requirements and standards of the appropriate healthcare guidance.	150 tests	
Complete triennial rental reimbursement assessments on General Practitioner (GP) premises on behalf of Health Boards.	200 assessments	
Update Land and Property Portfolio (LAPP) plans in line with the programme.	115 LAPP reviews 68 LAPP surveys	
<b>OTHER INDICATORS</b>		
Customer Satisfaction: % of customer satisfaction based on survey information Target: 85% satisfaction rating	85%	
<sup>1</sup> Efficiency - % of available time spent on productive work as against non-productive (overhead) work (Target: 75% productive)	75%	
<sup>2</sup> Sickness – sickness levels below the NWSSP target of 2.0% (Target: Sickness below 2.0%)	<2.0%	
Issues and Complaints – deal with the same in line with the requirements of the Issues and Complaints Management Protocol (number of complaints) (Target: 5 or less complaints)	<5	
<sup>3</sup> Charge comparison – compare property surveyor hourly rate to the private sector rate (Target: <Average Commercial Rate )	< ACR	



 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 5.1</b>  <b>18<sup>TH</sup> January 2018</b>
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<b>The report is</b> <b>Open</b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>Prudent Procurement Update</b>

<b>ARWEINYDD: LEAD:</b>	Neil Frow, Managing Director
<b>AWDUR: AUTHOR:</b>	Marie-Claire Griffiths, Project Manager
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Neil Frow, Managing Director
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<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
To update the Committee on progress of the AWMCD SG and their work programme.

Llywodraethu/ Governance	
Amcanion: Objectives:	VFM and Customer satisfaction
Tystiolaeth: Supporting evidence:	N/A

<b>Ymgynghoriad/ Consultation :</b>
<ul style="list-style-type: none"> <li>NWSSP Procurement/Corporate Services</li> <li>Dr Stephen Edwards, Deputy Medical Director ABUHB</li> <li>Mr Mark Roscrow, Director of Procurement Services</li> <li>Mr. Pete Phillips, SMTL, Surgical Materials Testing Laboratory</li> <li>All Wales Medical Consumables and Devices Strategy Group</li> </ul>

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

<b>Argymhelliad/ Recommendation</b>	<p>The Partnership Committee are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress of the work by the EBPB and;</li> <li>• <b>ENSURE</b> their representatives supportive the work going forward</li> </ul>
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	N/A
<b>Cyfreithiol: Legal:</b>	Potential impact on approach taken to Procurement and associated EU Regulations. In additional potential issues related to suppliers and trade bodies when products are recommended not to be used.
<b>Iechyd Poblogaeth: Population Health:</b>	Potential impact on improvement of patient experience and consistency of care. Aim to achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Enhance the use of clinical evidence in products selection. Reduce harm and harmonise clinical pathways. Do only what is needed, no more, no less; and do no harm.
<b>Ariannol: Financial:</b>	Additional funds will be required to support this agenda and this will be a key factor in the ability of the group to address an ambitious work programme.
<b>Risg a Aswiriant: Risk and Assurance:</b>	These will emerge as the work programme gets underway and product and conditions of contracts will come under closer scrutiny.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link; <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/Easy%20Read%20Standards%20FINAL%20December%202010.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/Easy%20Read%20Standards%20FINAL%20December%202010.pdf</a>
<b>Gweithlu: Workforce:</b>	Potential to increase workload for some members
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	The work of the AWMCD SG may be subject to freedom of information requests.

## **PURPOSE OF REPORT**

This paper outlines the work of the Evidence Based Procurement Board (Previously All Wales Medical Consumables and Devices Strategy Group) and its role in driving forward the standardisation of variation in medical consumables and devices. Additionally it outlines the progress on the current evidence review, recommendations to take forward and the future work programme.

## **BACKGROUND**

The pressures facing the NHS are well documented and understood. We face a challenge to meet the increased demand on our services from a growing ageing population with more complex healthcare needs within the financial envelope provided. Traditional measures of cost improvements through cuts will no longer meet this challenges and a focus on patient outcomes wherever possible is necessary. Value based healthcare approaches to procurement will help the NHS deliver to the optimum health outcomes that matter to patients and communities.

The Evidence Based Procurement Board (EBPB) aims to examine where possible reduce variation and add value to patient care by advising on the use of medical consumables and devices with low value base/poor evidence. The work schedule has been designed to stimulate discussion on a number of factors that influence medical device and consumable across a number of clinical areas.

## **UPDATE**

As the work programme matures the links to Welsh Governments Efficiency Board are developing as a further level of governance. The DG/CEO of NHS Wales has very clear expectations about the EBPB's recommendations and actions with the desire to bring more pace to the review process.

The EBPB met on 15<sup>th</sup> November and provided final approval to the restructure proposal including change in name. A number of topics were explored during the meeting assessing initial findings to decide if further work on these matters was required. These areas were;

- Ultrasound Treatment
- Capsule Endoscopy
- Offloading Devices

- Hip Protectors
- Glucose Test Strips
- DACC Coated Dressings
- PT26 - Flash Glucose Monitoring

**Appendix 1** is the summary letter that was sent to Dr Phil Kloer as the Medical Director on the Welsh Governments Efficiency Board. This letter was presented at their last meeting. There was strong support for the continued work of the group and for delivery by organisations on the hip prosthesis guidance. One specific request was for the group to develop approximate likely cost savings / avoidance figures for the areas highlighted both individually and collectively with likely timelines for delivery. Work will continue on these and an update provided to the next Welsh Governments Efficiency Board.

## **RECOMMENDATIONS**

The Partnership Committee are asked to:

- **NOTE** the progress of the work by the EBPB and;
- **ENSURE** their representatives supportive the work going forward

## **Appendix 1 – Letter to Dr Phil Kloer**

Our ref: SE/ss/X-AMD-Corr

Deputy Medical Director/Cyfarwyddwr Meddygol  
Direct Line/Llinell Uniongyrchol: 01633435971

Date: 7<sup>th</sup> December, 2016

Dr Philip Kloer  
Medical Director  
Hywel Dda University Health Board

Sent via e-mail: [Philip.kloer@wales.nhs.uk](mailto:Philip.kloer@wales.nhs.uk)

Dear Phil

I write to update you on the AWMDCSG processes, and current projects being evaluated.

We have been working on streamlining our processes within the group: proposals that are received are screened and scoped before approval into the work programme, where reviews/subgroups will develop the recommendation for signoff by the group, at which point the recommendation will pass to you to take to Efficiency Board for implementation. We are developing further our processes around impact assessment to prioritise our efforts.

We have had initial discussions with Health Technology Wales, which I will progress with Susan Miles when she comes into post as Director in December, to ensure that the two groups do not duplicate activity – that our focus is on ensuring value, maximising outcomes and minimising variance in established technologies/devices currently in use in NHS Wales.

There is also a discussion about whether the group should remain titled AWMDCSG, or should seek to be known as Evidence Based Procurement Board – which we will look to discuss with WG.

Current activities:

**Bwrdd Iechyd Prifysgol Aneurin Bevan**

Pencadlys,  
Ysbyty Sant Cadog  
Ffordd Y Lodj  
Caerllion  
Casnewydd  
De Cymru NP18 3XQ  
Ffôn: 01633 436700  
E-bost: [abhb.enquiries@wales.nhs.uk](mailto:abhb.enquiries@wales.nhs.uk)

**Aneurin Bevan University Health Board**

Headquarters  
St Cadoc's Hospital  
Lodge Road  
Caerleon  
Newport  
South Wales NP18 3XQ  
Tel No: 01633 436700  
Email: [abhb.enquiries@wales.nhs.uk](mailto:abhb.enquiries@wales.nhs.uk)

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**Primary hip prosthesis guidance** – following the issue of this recommendation, we are monitoring the receipt and actioning of this by the service across Wales, and will be reviewing procurement practice in April 2018 for compliance.

We have a number of workstreams which will be progressing over the next 3 months:

**Ultrasound in bone fractures** – we are expecting to make a recommendation at our next group meeting.

**Capsule endoscopy** – we will ensure consistency in criteria across Wales, but are of the view that usage is appropriate.

**Heel offloading devices** – we will be generating a recommendation.

**Hip protectors to prevent hip fracture** – currently a small spend in NHS Wales – further scoping work to be undertaken, but recognise that we need to await protector device standards so this may take 2 years to reach recommendation stage.

**Glucose test strips** – we are establishing the potential financial opportunity to scope this work.

**Trocars** – this work has already impacted on device costs and will now look to reduce variance in trays for some standard elective procedures (eg laparoscopic cholecystectomy).

**Cardiac stents** – we are engaging with clinicians around understanding current variance in devices, and outcome data.

**DACC coated dressings** – we are reviewing SMTL testing to produce a recommendation.

**Flash glucose monitoring** – this is being picked up by HTW.

**Silver dressings** – we have reached a recommendation, but we are working through how this can be operationalised. There is the need for a further piece of work around national guidance on management of chronic wounds, which needs to be taken forward outside AWMCD SG.

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**Sepsis boxes** – this is being taken through the topic screening process.

We are keen to ensure that the generation of our work programme reflects the priorities of the service; we are looking to link in with Welsh Risk Pool to get better understanding of the current harms associated with devices in current use, as well as feedback from Efficiency Board.

Kind regards,

Yours sincerely

A handwritten signature in black ink, appearing to be 'S. Edwards', written on a small, light-colored rectangular piece of paper.

**Dr Stephen Edwards**  
**Deputy Medical Director,**  
**Consultant Anaesthetist**





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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 5.2**

**18<sup>th</sup> January 2018**

The report is **Open**

**Teitl yr Adroddiad/Title of Report**

**NHS Wales No PO No Pay (No Purchase Order No Payment) Policy**

**ARWEINYDD:  
LEAD:**

**Andy Butler**

**AWDUR:  
AUTHOR:**

**Andrew Naylor, Assistant Director of  
Finance, ABUHB and Chair of Finance  
Academy Wales – P2P Group**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

**Mark Roscrow, Director of Procurement  
Services, NWSSP**

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

The purpose of this report is to seek agreement to a new NHS Wales No PO No Pay (No Purchase Order/No Payment) Policy.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

The policy is seen as a key enabler to improving the efficiency of the purchase to pay (P2P) process in NHS Wales by ensuring suppliers seek a purchase order (PO) numbers in advance of supplying goods and services. Subject the agreement by the NWSSP Committee the policy will be adopted by each Health Board and Trust across Wales with a view to it being implemented from April 2018.

**Tystiolaeth:  
Supporting  
evidence:**

PO's must be used to comply with NHS Wales Standing Financial Instructions. There are significant volumes of invoices that are received with supporting PO's. Where PO's are used in accordance with procedures the P2P process is efficient and this can be demonstrated using KPI data. Where the PO process is not complied with a significant level of inefficiency within the P2P process is evident.

A No PO/No Pay policy is where invoices arriving in the system without an order number would be returned to the supplier unpaid. The supplier will then be instructed

	<p>to seek an order number from the relevant department and manager that was supplied before payment is made. The aim is to drive up compliance with the standard order management process.</p> <p>The implementation of a national policy of 'No Purchase Order/No Pay' policy is considered by the All Wales Finance Academy P2P Group to be an essential and fundamental building block from which the efficiency and effectiveness of the P2P process can be developed.</p>
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### Ymgynghoriad/Consultation :

Sponsored by the Finance Academy Wales through NHS Wales Directors of Finance.

Agreed by the all-Wales Finance Academy P2P Group comprising senior finance and procurement professionals from all Health Boards and Trusts in Wales.

Principle of the No PO/ No Pay Policy agreed by all-Wales Directors of Finance forum in September 2017.

Further endorsed by DoF's in a Finance Academy Wales P2P work stream update meeting on 17<sup>th</sup> November 2017.

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

DERBYN/ APPROVE	x	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
<b>Argymhelliad/ Recommendation</b>		The NWSSP is requested to approve the attached NWSSP NHS Wales No PO No Pay (No Purchase Order/No Payment) Policy.					

### Crynodeb Dadansoddiad Effaith:

#### Summary Impact Analysis:

<b>Cydraddoldeb ac amrywiaeth:</b>	No impact because policy will be relevant to all staff that are part of the Purchase to Pay process.
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<b>Equality and diversity:</b>	
<b>Cyfreithiol: Legal:</b>	Non-compliance with the policy could ultimately mean delays to supplier payments because suppliers are requested to secure a PO before payment is processed. The policy has a 'non-compliance' section that sets out an escalation process which gives suppliers notice of the policy before invoices are returned. The policy is designed to ensure suppliers comply with our purchase order requirements although payments will ultimately have to be made given that an implied contract exists if a supplier supplies on a verbal instruction from an employee without a PO.
<b>Iechyd Poblogaeth: Population Health:</b>	Not relevant
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	There is a risk that delayed payments to suppliers lead to suppliers placing organisations 'on stop' and not supplying goods and services which could potentially have an impact on patients. To mitigate against this risk each organisation has been requested to ensure those areas most likely to be affected by the policy put in place plans to ensure the risks are minimised in advance of implementation which is planned for April 2018.
<b>Ariannol: Financial:</b>	<p>There are financial benefits associated with the policy if successfully implemented across Wales as follows:</p> <ul style="list-style-type: none"> <li>• Better control environment – the right people authorising, in advance of expenditure being incurred.</li> <li>• Procurement Catalogue compliance will be improved and leveraged.</li> <li>• More comprehensive procurement intelligence is captured through the system about what and where goods and services are purchased allowing for better sourcing decisions.</li> <li>• Costs are more accurately accrued by the system reducing management accounting and NWSSP Accounts Payable team workload.</li> <li>• The policy will aid early payment discounts to be attained through the contract with Oxygen Finance Ltd.</li> </ul>

	<ul style="list-style-type: none"> <li>Processing costs in NWSSP P2P will reduce releasing resources for NHS Wales.</li> </ul>
<b>Risg a Aswiriant: Risk and Assurance:</b>	The implementation of a Non Po/No Pay policy will not be without risks. Some risks will include suppliers potentially placing organisations 'on stop' as payments are potentially delayed, at least in the early stages of implementation. These will be mitigated as set out in the Quality section above. There is a risk that invoices that are returned will not be properly accounted, potentially understating the reported financial position of organisations and NHS Wales. In order to mitigate this operational procedures are being developed to ensure data is captured, recorded and appropriately accrued.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No impact.
<b>Gweithlu: Workforce:</b>	A training plan which will include on line resources to support all staff involved in requisitioning, ordering and receiving goods process is being developed to support implementation of the policy.
<b>Deddf Rhyddid Gwybodaeth/ FOIA</b>	

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# **NHS Wales Shared Services Partnership**

## **NHS Wales No PO No Pay (No Purchase Order No Payment) Policy**

*To be adopted by Each Health Board and Trust in  
NHS Wales*

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## 1 Introduction/Overview

The P2P - the Procure to Pay process – encompasses the end to end process from sourcing goods and services through to delivery and receipt of goods and payment to the supplier. A No PO/No Pay policy is where invoices arriving in the system without an order number are be returned to the supplier unpaid. The supplier will then be instructed to seek an order number from the relevant department and manager that was supplied before payment is made. The aim is to drive up compliance with the Standing Financial Instructions as well as the standard order management process.

## 2 Policy Statement

The implementation of a national policy of 'No Purchase Order/No Pay' is to be an essential and fundamental building block from which the efficiency and effectiveness of the P2P process can be developed.

## 3 Aims/Purpose

To ensure:

- That all goods and services are ordered appropriately and are supported by official Purchase Orders in line with LHB and Trust Standing Financial Instructions.
- Efficient processes are put in place so that goods are delivered when required.
- Control costs - in respect of
  - All non-pay expenditure incurred by the Health Board or Trust is valid and appropriately authorised in advance of the goods/services being received.
  - Minimising transactional costs associated with payment for goods.
  - Invoices to suppliers are paid within deadlines set by Welsh Government requirements.
  - Financial incentives for early payment offered by suppliers are maximised.

## 4 Objectives

This policy ensures that NHS Wales only pays for goods, services and works which have been properly ordered and authorised in accordance with the NHS Wales Procurement rules and Standing Financial Instructions **BEFORE**



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receiving an invoice. It also ensures invoices received by the NHS Wales Accounts Payable teams can be processed efficiently to minimise delay to suppliers and contractors. Invoices received by the NHS Wales Accounts Payable Team without a valid PO number will severely delay payment to the suppliers. Successful adoption of this policy will lead to the following benefits:

- Better control environment – the right people authorising, in advance of expenditure being incurred.
- Catalogue compliance will be improved leading to less off catalogue purchasing and lead to revenue savings.
- More comprehensive procurement intelligence is captured through the system about what and where goods and services are purchased allowing for better sourcing decisions.
- Costs are more accurately accrued by the system reducing management accounting and Accounts Payable (AP) team workload.
- Public Sector Payment Policy compliance will improve because process times reduce.
- Early payment discounts can be maximised.
- Overall processing costs in NWSSP P2P will reduce releasing resources for NHS Wales.

## 5 Scope

This policy is relevant to the following groups of staff within NHS Wales- Health Boards, Trusts and NHS Wales Shared Services Partnership:

- **Requisitioners**  
Those staff that process requisitions for goods and services in departments and directorates within NHS Wales.
- **Approvers/Budget Holders**  
Those staff that approve requisitions for goods and services in departments and directorates within NHS Wales.
- **Staff that Receive Goods/Services**  
Those staff that indicate within the Oracle or other ordering systems that the goods/services ordered have been received.
- **Procurement Staff**  
All staff in the Procurement department.
- **Accounts Payable Staff**  
All staff involved in the invoice payment process.

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- ***Finance Departments***

All staff involved in financial management.

## **6 Roles and Responsibilities**

### **6.1 All Staff with Responsibility for Ordering**

It is the responsibility of all staff, designated under the local scheme of delegation, that order goods and services to ensure that a Purchase Order number is provided to a supplier in advance of the goods or services being supplied.

### **6.2 Requisitioners**

All staff that raise requisitions for goods and services must ensure a Purchase Order number is provided to a supplier in advance of the goods or services being supplied.

### **6.3 Requisition Approvers/Budget Holders**

All managers and budget holders designated to approve requisitions for goods and services must ensure a Purchase Order number is provided to a supplier in advance of the goods or services being supplied.

### **6.4 Staff That 'Receipt' Goods and Services**

All staff that work in central stores, receipt and distribution points and local departments where goods are delivered or services are received must ensure that the Purchase Order is marked as 'received' as soon as possible within the Oracle system but no later than within 2 days of the delivery of goods or provision of the service.

### **6.5 Procurement Staff**

All staff working within NWSSP Procurement Services must ensure that this policy is adopted and adhered to by all staff and that local operational procedures for supporting the No PO/No Pay Policy are observed at all times.

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## **6.6 Accounts Payable Staff**

All staff that process the payment of invoices within NWSSP Accounts payable must ensure that no invoice is paid (unless it is identified as an exception in Appendix 1) if a Purchase Order number is not quoted on the invoice. All invoices received with no Purchase Order number must be recorded within the Oracle system and the supplier notified in accordance with the communications shown in Section 8.

## **6.7 Finance Staff**

Senior Finance and procurement staff must lead the implementation of this policy within their respective organisation. All Finance staff must be aware of this policy and promote it in relevant discussions with budget holders.

Finance staff must ensure there are processes in place to capture data on invoices received but unpaid that have no Purchase Order so that expenditure is accrued on the assumption that the invoice will eventually be paid.

## **7 Main Body**

### **7.1 How does No PO/No Pay Work?**

No PO/No Pay works by requiring all invoices submitted by suppliers and contractors to contain an official PO number. In all but agreed exceptional circumstances the PO number will be:

- Generated from NHS Wales Oracle Ordering system
- Generated from other local ordering systems e.g. pharmacy
- Given to the supplier or contractor BEFORE making any commitment to spend NHS Wales's monies.
- There are a number of categories of expenditure that are excluded from the policy which are shown in Appendix 1.

Any invoice received by the Accounts Payable Team that does not quote a valid PO number will delay its processing and approval which could result in severe delays to supplier invoice payment unless covered by an exception shown in Appendix 1. Exceptions will be reviewed and amended from time to time and users notified of the amendments accordingly.

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## 7.2 What constitutes a Valid PO?

All suppliers will be notified by NHS Wales Procurement Services as part of the implementation of the policy of the No PO/No Pay Policy that they must not, under any circumstances, accept any verbal or written order from NHS staff unless a valid PO number is given or there is an agreed exception as set out in Appendix 1.

Any invoice received that does not quote a valid PO number will be subject to a non-compliance escalation procedure as detailed below.

## 7.3 What is a Valid PO number?

Valid PO's are Purchase Orders from NHS Wales ordering systems which are the following:-

- Oracle Financial and Procurement System
  - Oracle is the standard financial system used by NHS LHB's / Trusts in Wales.
- Oracle via Basware
  - This is an electronic exchange linked to Oracle for the electronic transmission of purchase orders.
- Oracle EBS via GHX
  - This is an electronic exchange linked to Oracle for the electronic transmission of purchase orders.
- The Pharmacy system used for generating pharmaceutical orders.

## 7.4 Submission of invoice

The Purchase Order will confirm which address invoices need to be submitted for payment. Some invoices will be submitted through the electronic exchanges or via the OCR process.

## 7.5 Public Sector Payment Policy

Provided a supplier has quoted a valid Purchase Order number which has been obtained in advance of supply, NHS Wales commits to paying invoices in line with the Public Sector Payment Policy i.e. within 30 days from receipt of a valid invoice [not the invoice date], or receipt of the goods or service, whichever is later.

## 7.6 Notification to Supplier of No PO on Invoice

If a supplier sends an Invoice with No PO and it does not sit within the agreed exception list then the first standard letter will be sent **[see Appendix 2]** explaining the No Po No Pay policy and what do next.

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Subsequent failure to quote a valid PO will result in a second letter shown in **Appendix 2(a)**.

### **7.7 Notification to NHS staff of No PO raised**

If a member of NHS Wales's staff requests goods or services from a supplier that does not sit within the agreed exception list then the a standard letter (see **Appendix 3**) will be sent to the member of staff.

## **8 Non Compliance Policy**

To ensure the implementation of the is policy is effective it is important that there is a clear policy of dealing with non-compliance, whether that is in relation to internal staff within NHS Wales or suppliers. The following escalation process will therefore apply:

### **Supplier**

<b>Level</b>	<b>Response</b>	<b>Action</b>
Level 0	Communication to Suppliers of NHS Wales policy	NWSSP standard communication
Level 1	First reminders to non-compliant suppliers – Appendix 1	Appendix 2 letter – payment made
Level 2	Final reminders to non-compliant suppliers – Appendix 1a	Appendix 2a letter – payment NOT made until a valid purchase order number is quoted

### **NHS staff**

<b>Level</b>	<b>Response</b>	<b>Action</b>
Level 0	Communication to NHS staff of NHS Wales policy	NWSSP and LHB / Trust communication
Level 1	First reminders to non-compliant NHS staff – Appendix 3	Appendix 3 letter
Level 2	Communication with individual / line manager	LHB / Trust to deem if a training need etc. Option is available to remove Oracle responsibility.

## **9 Training**

Training resources aimed at the key staff affected by this policy have been developed and will be communicated to all relevant staff in advance of the implementation date.

---

## **10 Implementation**

The No PO No Pay policy has already been adopted by some NHS LHB's in Wales but will be implemented as one standard policy from the 1st April 2018. It will apply to all orders for goods, services or works placed with NHS Wales subject to the agreed exceptions in Appendix 1. The policy is a national NHS Wales policy but responsibility for implementation will be for local Health Board's and Trusts following and agreed national implementation plan.

## **11 Audit**

This policy will be subject to internal audit review from time to time.

## **12 Review**

This policy will be reviewed every 3 years.

## **13 Appendices**

Appendix 1	PO Exceptions List
Appendix 2	Letter to Supplier template
Appendix 2a	Letter to Supplier Template
Appendix 3	Letter to staff template

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## **APPENDIX 1**

### **Exceptions to the No PO/No Pay Policy**

The following areas do not require a valid PO number. This list is currently under review. The Exceptions List currently covers:

- CHC/Nursing Home Payments
- Pharmacy
- NHS Organisations including NCA/IPC
- Nurse bank agency invoices
- Leased car repairs
- Primary Care Contracts including Out of Hours, Low Vision, Collaborative Fees, Blue Badges
- Orthotics
- Study Leave
- Business Rates
- Eye Tests
- Mobile Phone Charges
- Reimbursements to Patients including Patients travelling
- Telephone Call Charges
- Telephone Line Rental
- Utilities
- Work Permits
- Bunkered Fuel & Fuel Cards
- Purchase Card
- Taxis
- TV Licences

Technical list of Exceptions:-

- Payment of Salary deductions
- Tax, NI & Superannuation
- Petty cash
- Losses & Compensation including Redress



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## Appendix 2

### Letter to Supplier template ACCOUNTS PAYABLE DEPARTMENT

Dear Supplier

**Date:** \_\_\_\_\_

**YOUR INVOICE NO:** \_\_\_\_\_

In accordance with our No PO No Pay Policy and as part of ongoing efforts to improve efficiency we are currently monitoring the level of purchasing taking place outside the organisations standard Purchase Order system processes.

We have recently received the above quoted invoice from yourselves and a valid purchase order number was not quoted. Please be advised that use of valid PO numbers is mandatory for this category of supplies. On this occasion the invoice concerned will be passed for retrospective authorisation. We must however advise you that this process is discretionary and release of your payment may be delayed as a result. If you wish to secure prompt payment in future please do not accept orders for this category of supplies without first receiving a valid PO number which then must be quoted on your invoice. If you wish to discuss this matter further, please contact:-

**Name:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

We are continuing to monitor the level of compliance with this policy, and reserve the right to return invoices, suspend payment or review your contract if instances of non-compliance with our payment policy continue to occur.

Many thanks for your help in resolving this matter

Yours faithfully

---

## Appendix 2a

### Letter to Supplier Template

ACCOUNTS PAYABLE DEPARTMENT

Dear Supplier

**Date:** \_\_\_\_\_

**YOUR INVOICE NO:** \_\_\_\_\_

In accordance with our No PO No Pay Policy and as part of ongoing efforts to improve efficiency we are currently monitoring the level of purchasing taking place outside the organisations standard Purchase Order system processes.

We have recently received the above quoted invoice from yourselves and a valid purchase order number was not quoted. Please be advised that use of valid PO numbers is mandatory for this category of supplies. You have previously received a letter outlining this policy and stating that any further invoices received without a PO will not be paid.

We therefore advise you that until a Purchase Order Number is quoted this invoice will not be paid.

If you wish to discuss this matter further, please contact:-

**Name:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

Yours faithfully

---

## Appendix 3

### Letter to staff template

ACCOUNTS PAYABLE DEPARTMENT

Dear Colleague

**Date:** \_\_\_\_\_

### No PO No Pay Policy

In accordance with the above Policy and as part of ongoing efforts to improve efficiency we are currently monitoring the level of purchasing taking place outside the Oracle PO system.

The following invoice has been received and a Purchase Order Number has not been quoted, but your name has been stated by the Supplier as the ordering point of contact:-

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Supplier Name:**

\_\_\_\_\_  
\_\_\_\_\_

**Invoice No:** \_\_\_\_\_

**Invoice Value:** \_\_\_\_\_

Brief description of goods/services invoiced:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that in accordance with the above Policy, use of Oracle PO numbers is mandatory for this category of supplies.

**If you did** make this purchase through the Oracle system can you please contact me [details below], to advise the Supplier of the PO Number.

**Name:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

**If you did not** make this purchase through the Oracle system please ensure in future that orders of this type are only ordered through the Oracle system. Failure to use the Oracle system with an associated valid PO delays the invoice payment process and risks interrupting supplies and

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is a contravention of the LHB's / Trusts Standing Financial Instructions.  
Non-compliance could result in further communication with yourself and  
your line manager and impact your ability to raise orders in future.  
Many thanks for your help in resolving this matter.

Yours faithfully

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 5.3</b>  <b>18<sup>TH</sup> January 2018</b>
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The report is **Open**

## Teitl yr Adroddiad/Title of Report

### ACCOUNTS PAYABLE - EARLY PAYMENT PROGRAMME

<b>ARWEINYDD: LEAD:</b>	<b>Russell Ward – Head of Accounts Payable &amp; eEnablement</b>
<b>AWDUR: AUTHOR:</b>	<b>Russell Ward – Head of Accounts Payable &amp; eEnablement</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Andy Butler – Director of Finance – NWSSP</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>02920 90 3845</b> <a href="mailto:Russell.ward@wales.nhs.uk">Russell.ward@wales.nhs.uk</a>

## Pwrpas yr Adroddiad: Purpose of the Report:

In March and June 2017 reports were presented to the Committee by Russell Ward, Head of Accounts Payable and eEnablement in respect of the Early Payment Programme initiative. The purpose of this report is to provide an update on progress of the initiative.

In August 2017, the Velindre Trust Procurement Team awarded a contract to Oxygen Finance Limited utilising a Northumbrian County Council Framework Agreement.

As a reminder Oxygen Finance Ltd had undertaken a detailed assessment, looking at NHS Wales payment data, purchase to pay processes and from their experience elsewhere in implementing Early Payment Programmes, they estimated that a minimum of £430 million annual spend could be captured by the Programme which would yield income of circa £8.9 million over the contract period.

In addition to this new income stream, there are a number of other key benefits that the Programme will deliver:

- Improved PSPP figures as more invoices are paid under 30 days
- Reduced risk of patient care being compromised due to late payment of invoices

- Reduced risk of late payment fees, court/legal costs due to invoices being paid earlier
- Improved relationships with suppliers on-boarded to the Programme
- Improved efficiency and effectiveness of the P2P process

## **Llywodraethu/Governance**

### **Amcanion: Objectives:**

NHS Wales spends over £4 billion per annum on goods and services, of which approximately £1.2 billion is directly on third party supplier expenditure which will be in scope of this Programme.

From the assessment undertaken by Oxygen, NHS Wales can expect to earn circa £8.9 million income over the duration of the Early Payment Programme.

This income is dependent on the number of suppliers who sign up to the programme and the discount they are prepared to offer NHS Wales for the benefit of approved invoices being paid on day 10 days compared to the standard contracted terms of 30 days.

This represents a new income stream and all rebate monies received under the Programme being channelled directly back to Health Boards/Trusts.

## **Ymgynghoriad/Consultation :**

A Steering Group has been established during the Implementation Phase of the project, comprising:

- Andy Butler – Director of Finance – NWSSP
- Mark Roscrow – Director of Procurement Services – NWSSP
- Andrew Naylor – Assistant Director of Finance – Aneurin Bevan UHB
- Karen Jones – Assistant Director of Finance – Abertawe Bro Morgannwg UHB
- Russell Ward – Head of Accounts Payable and Enablement
- Representation from Oxygen Finance Ltd

To date the Steering Group has met on 2 occasions, to:

- Approve the Implementation approach,
- Approve the nomination of Abertawe Bro Morgannwg UHB as being the Pilot/Blueprint Health Board
- Approve the key principles required for commencement of service ie Go-Live
- Approve the branding of the Programme as being the Priority Supplier Programme.

There has been significant activity over the past 4 months, resulting in the programme going live some 6 weeks earlier than initially forecast.

The key tasks that have been undertaken to date have been:

**ABMU Suppliers** – Following the agreement that ABMU would be the pilot/blueprint organisation, a detailed examination of ABMU's supplier was undertaken. Suppliers were tiered according to their spend in ABMU and across Wales. There are 133 identified Tier 1 suppliers representing an All Wales spend of £775 million per annum spend.

**Supplier on-boarding** – to date 2 suppliers have joined the Programme. The gross rebate income earned up to the 5<sup>th</sup> January is £2,688.70 and there has been lost opportunities of £678.89. This represents a rebate earned percentage of almost 80%. All 6 organisations (ABMU, AB, BCU, C&V, CT and HD) who trade with the on-boarded suppliers have all earned some rebate monies. Supplier meetings with NHS core suppliers are taking place on a weekly basis over the coming months, three meetings were held prior to the end of December (which were positively received from the supplier's perspective) and four further meetings are taking place w/e 12<sup>th</sup> January.

**Blueprint design** - During October and November, workshops were held in ABMU to examine the purchase to pay processes for four areas of significant spend, that are not included as part of the core implementation. The four areas were:

- Continuing Health Care
- Pharmacy
- Nursebank/Temporary staffing
- Estates and Construction

The outputs from this review are currently being validated in workshops in Cardiff and Vale UHB and Aneurin Bevan UHB, but early indications look as though the four areas can be included as part of the core implementation. This will result in the current forecasted contract rebate income of £8.9 million being revised upwards. A revised figure will be presented to the Steering Group when it next meets at the end of January, when the validation workshops have been concluded.

### **Marketing and branding -**

A marketing brochure and a supplier 'micro site' are almost near completion and a data cleanse email will be sent out to Tier 2 and 3 suppliers during January.



<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	X
<b>Argymhelliad/ Recommendation</b>		<p>The Partnership Board is asked to note the progress that has been made to date with regards the Early Payment initiative, now branded the Priority Supplier Programme.</p> <p>It is proposed that a further briefing paper is presented to the Partnership Board during the 3<sup>rd</sup> Quarter of 2018/19</p>					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	n/a
<b>Cyfreithiol: Legal:</b>	n/a
<b>Iechyd Poblogaeth: Population Health:</b>	n/a
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	n/a
<b>Ariannol: Financial:</b>	The Programme will provide an early payment income of circa £8.9million over the contract period
<b>Risg a Aswiriant: Risk and Assurance:</b>	A Steering Group has been established to oversee the Programme with day to day operational management undertaken by the Head of Accounts Payable and Enablement
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	n/a
<b>Gweithlu: Workforce:</b>	n/a
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

Carolyn Donoghue  
Neil Frow

8 January 2018

Dear Colleague

## **HEALTH EDUCATION AND IMPROVEMENT WALES UPDATE**

I am writing to update you on a number of important matters relating to the development of Health Education and Improvement Wales. Some of these are being announced by the Cabinet Secretary today in a Written Statement to AMs and so I would be grateful if you could help share this update with as many staff as possible.

The most important news is that the Cabinet Secretary has confirmed that there will be a change in the official start date of HEIW. The new organisation will now “go live” on 1 October allowing us more time to get the details of the implementation process right, and to ensure that the new organisation gets off to a good start. We will however be working in shadow form from 1 April and we are keen to use this time to focus in particular on involving staff and our partners in planning how the new organisation is going to work. Whilst I appreciate that this extension of the transition process can be an unsettling time for staff, I believe that this decision will help us make the transition as smooth as possible.

In the next few weeks we will be working through the practical realities of working in shadow form. Most importantly it means that all staff will remain with the current employers until October 1. Any TUPE transfer will happen on that day. It is still intended that the TUPE process will begin early this year, but we will have a longer time to consult and work with you to make it as effective and positive as possible. We will also be considering a revised set of programme milestones for the various workstreams at the Programme Board on 10<sup>th</sup> January.

The Cabinet Secretary is also announcing the new independent members of the Board of Health Education and Improvement Wales: Tina Donnelly, Ruth Hall, John Hill-Tout, Heidi Phillips, Gill Lewis and Ceri Phillips. These are critical appointments for the new organisation and will be responsible for setting the strategic direction for HEIW and ensuring that the organisation delivers on its objectives. It is a great start for the new organisation to appoint six individuals with such a diverse and impressive range of experience. I will be

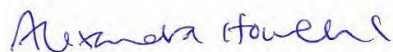
working with the Chairman, Dr Chris Jones, to get the new members up to speed with developments, and to meet with staff as soon as possible.

Progress is being made on the location for HEIW, but is still not resolved. I know that for many staff this is the number one issue, and we are doing all we can to be able to get an update to you for the staff event. Again, we are grateful for your patience on this matter.

My official start date of 1 February is fast approaching and I hope to make some rapid progress in the next few months on getting the senior structure of the organisation in place. We can discuss this in more detail at the staff event on 11<sup>th</sup> January. I anticipate we will be advertising a mixture of secondment and permanent roles to start with, including some interim posts to get us through transition and our first period as an organisation. I would encourage you to look at these roles to consider whether any of them are suitable for your skills.

Finally can I wish all of you a Happy New Year. I am looking forward to seeing many of you later this week at our event at the All Nations Centre and to working with you in 2018.

Yours sincerely



**ALEXANDRA HOWELLS**  
**CHIEF EXECUTIVE**

cc:  
Stephen Griffiths  
Jayne Dando  
Cheryl Moore  
Margaret Allan  
Chris Payne  
Peter Donnelly

Hire to Retire Project Technology enabled Learning Project	
Date: 24 May 2017	Version 1

## **Technology Enabled Learning Strategy for Public Sector Wales - Business Case**

### **1. SERVICE DESCRIPTION**

The National Programme Development e-Learning Group was established 2006 to maximise the rise of digital technology and provide blended learning opportunities for NHS Wales employees. This group (comprising at the time, learning and development leads from NHS Wales, NWIS and NLIAH) was responsible for both creating a platform to host e-learning and equipping Learning & Development (L&D) leads in the service with the skills and knowledge to develop e-learning modules to a consistent design specification that met the operational needs of the service and enabled a 'Once for Wales' solution.

With no significant budget available to support this strategy, Moodle (Modular Object-Oriented Dynamic Learning Environment) free open-ware software was used to create a learning platform. This was hosted within the NWIS de-militarised zone (DMZ) and provided a safe and secure learning platform for the hosting of e-learning materials that were accessible to NHS Wales employees.

With the establishment of NHS Wales Shared Services Partnership and the transition of the Leadership Team from NLIAH to Academi Wales in 2013, Workforce & OD Directors recommended that the technology enabled learning (TEL) strategy should reside within NWSSP aligned with the ESR work programme. An independent audit was commissioned which revealed:

- Duplicate e-learning courses were being developed across Wales with varying content and varying quality
- No assessment of learning had been embedded into the e-Learning to determine competence
- No standardisation of competences had been agreed thereby preventing portability
- E-Learning design varied considerable with no common learning experience for the employee
- E-learning usage was patchy with approximately 500 employees per month accessing e-learning through Learning@NHSWales

Several actions were proposed in the audit to address the quality and variability of e-learning including:

- A 'once for Wales' philosophy where e-learning would be developed once and shared across all NHS Wales organisations
- e-learning development and quality assurance training to up-skill learning and development leads
- Development of standardised templates and workflows for organisations to register any e-learning they were embarking on (to remove duplication of effort and variation of topic content)
- Provision of training on development of effective competence assessment and questions banks

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- Introduction of standard competences and naming conventions to enable portability

These actions resulted in significantly improved quality of e-learning design and pedagogy as well as a number of new e-learning materials being developed. There are currently over 200 e-learning modules hosted on the e-learning Moodle platform with usage averaging over 30,000 employees per month (a significant increase from the once 500 users).

## 2. CURRENT POSITION

The use of e-Learning is now widespread across NHS Wales organisations and used significantly to provide employees with a flexible means of meeting their minimum required statutory and mandatory compliance. However, with the ability to agilely develop and host e-learning to meet wider policy requirements, interest has been raised by the wider public sector in having access to these resources.

Concurrently, enhancements to the ESR contract meant that NHS Wales could migrate to ESR e-Learning from October 2016 providing a timely opportunity for Moodle to be rebranded and made widely available for public sector Wales organisations, Primacy Care GPs & Dentists, Contractors, Universities and Nursing Homes.

At no cost to public sector organisations, 19 of the 22 local authorities have now been on-boarded onto the Moodle e-learning platform which has been rebranded for public sector use as Learning@Wales. It is anticipated that the remaining 3 local authority organisations will transition to this e-learning platform in line with the expiry of their existing e-learning contract providers. Welsh government has also recently migrated to Learning@Wales. This has enabled a significant cost avoidance from externally hosted arrangements and contracts.

The ability to upscale this project from being used by NHS Wales employees only and extended to Welsh Government, Local Authorities, Primary Care, GP Practices, Nursing Homes and Universities so clinical staff are 'employment ready' with regards to their compliance with minimum statutory and mandatory competences was evidence to Welsh Government who provided short term funding to resource a team to support and develop e-learning. Additional revenue was subsequently received from a bid to the Technologies Efficiency Fund, however this expires March 2018 and to effectively sustain e-learning as a mainstream learning option across NHS Wales and the wider public sector, the following action is required:

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- Establishment of recurring revenue funding from Welsh Government as follows:
  - £170K per annum for the continued establishment of the NWSSP Digital Learning Solutions Team (4.5 WTE)
  - £77 per annum to provide an established team within NWIS to support and enhance this solution (2 WTE)
- Hosting (in the DMZ) and full service management of the ESR e-learning content server by NWIS
- Hosting (in the DMZ) and full service management of the Learning@Wales server and Moodle software
- Upgrade from MY SQL to MS SQL by NWIS to enable an enhanced reporting solution within Moodle to meet the Public Sector reporting requirements

### 3. INVESTMENT REQUIRED

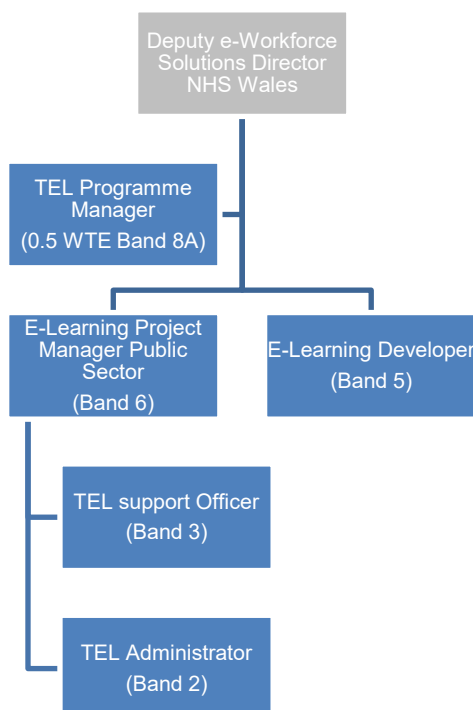
There is a potential over the next 3 years for public sector users to grow from the 130,000 to 300,000 providing a holistic and truly 'Once for Wales solution' for all public sector employees (including Fire and Police) making information sharing and learning accessible to all at one point of entry.

To continue this successful pan public Wales venture will require annual recurring investment of approximately £250K to maintain a safe and resilient e-learning solution. (To provide some context to this cost, it is estimated that approximately £150-200K will be spent to provide just one module of Cyber security e-learning to NHS Wales employees). The requested £250k per annum to maintain a Digital Workforce Solution Team will ensure:

- Development of a suite of approximately 15 e-learning modules per annum
- Translation of e-learning modules into Welsh
- Provide a programme of e-Learning development and quality assurance skills training across all NHS and Public Sector organisations grow skills and capacity and considerably reduce dependency on expensive external e-learning consultants
- Provide annual licence and software costs
- Undertake audits to meet best practice standards
- Continually upgrade Moodle to maximise new opportunities
- Provide an 'all Wales' support function to support learners and organisations

The establishment required to maintain the NWSSP Digital Learning Solutions team is as follows:

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- 0.5 WTE of Band 8A      £27,806
- 1 X Band 6                £38,163
- 1 X band 5                £31,619
- 1 X band 3                £22,373
- 1 X Band 2                £19,809

Although the establishment costs are £140K, the additional funding of £35K is required to fund software licences, training and Welsh translation.

NHS Wales Informatics Services (NWIS) have stated that to continue to support this pan public sector learning solution and ensure a safe, resilient learning solutions will require new funding of 2 Band 6 WTEs. To date support from NWIS for the Moodle/Learning@Wales solutions has been provided from existing resources. However, more specialist skills are needed to both support and develop the solution going forward.



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#### **4. ANTICIPATED EFFICIENCY SAVINGS**

From an efficiencies and cost avoidance perspective, the following have been estimated@

##### **Cost Efficiencies**

£1.2 Million – estimated efficiency gains, over a 14 month period, through removal of unnecessary repeat training and transferability of competence

£26.5 K – estimated efficiency gained from removal of back office training related processes

##### **Cost Avoidance**

£2.5 Million – based on employees accessing e-learning materials over the last two years that have been developed by the digital Learning Solutions Team (and otherwise would have been accessed through licenced solutions).

£4.8 Million – development of e-learning ‘Once for Wales’ in co-production with NHS Wales subject experts and up skilled learning professionals. Over 200 e-learning modules have been developed negating dependency on external consultants.

£25 K – estimated cost avoidance achieved through the removal of external learning management systems from NHS Wales organisations

£350 K - NHS Wales e-learning has been extended to the wider public sector through to the emergence of health and social care agendas. This will further enable cost avoidance through the removal of licence fees, costs for an externally hosted learning management system and costs of maintaining and updating e-learning developed externally. An annual saving of £350,000 is documented for one organisation based on current arrangements.

A costing model to estimate the above savings was developed as part of this project with Professor Nick Rich, Swansea University.

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## 5. IMPLICATIONS OF NO ONGOING FUNDING SUPPORT

Failure to support this nationally award winning business strategy will result in the collapse of this innovative 'Once for Wales' solution.

Without a 'Once for Wales' solution, organisations will be dependant completely on external providers which will lead to:

- A reduction in compliance with minimum levels of competence (adversely impacting safety and quality)
- Variation in content and quality of e-learning, leading to inconsistent learning experiences
- Inability to share content with universities, nursing homes or other public sector organisations
- Lack of portability resulting in an increase in unnecessary repeat training
- Significant licence costs being incurred from external providers
- Different learning platforms being used to host e-learning
- No consistent reporting solution or means of measuring performance
- Lack of capability and capacity across NHS Wales and the wider public sector to develop innovative and technical learning solutions to meet business and policy requirements

Lack of on-going financial support would mean that the 19 local authorities and Welsh Government who have already migrated to Learning@Wales would be required to source alternative solutions. Significant expense would be incurred if these organisations would be required to contract with private providers. This would completely reverse the 'Once for Wales' philosophy and remove all benefits of collaboratively developing and sharing e-learning content nationally.

## 6. RECOMMENDATION AND ACTION

Welsh Government is requested to consider the above business case for recurrent funding to maximise, maintain and extend the current 'Once for Wales' e-learning solution.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 5.7</b>  18 <sup>th</sup> January 2018
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The report is **Open**

### Teitl yr Adroddiad/Title of Report

## Improving the recognition and response to Obstetric Emergencies in Wales

<b>ARWEINYDD: LEAD:</b>	<b>Jonathan Webb, WRPS</b>
<b>AWDUR: AUTHOR:</b>	<b>Jonathan Webb and Martin Riley, Head of Finance</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Andy Butler, Director of Finance &amp; Corporate Services</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b><a href="mailto:Martin.riley@wales.nhs.uk">Martin.riley@wales.nhs.uk</a> 07814793541</b>

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

To outline the plans and request for investment by the Maternity Network Wales for the implementation of PROMPT training within Consultant-led Maternity Units.

### Llywodraethu/Governance

<b>Amcanion: Objectives:</b>	Explain how the report contributes to achieving NWSSP's strategic objectives:
<b>Tystiolaeth: Supporting evidence:</b>	Outline any supporting documentation, legislation, guidance etc (add web links where possible)

### Ymgynghoriad/Consultation :

- Maternity Network Wales
- Welsh Government CNO
- Welsh Risk Pool Committee

Adduned y Pwyllgor/Committee Resolution (insert ✓):						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>
<b>Argymhelliad/ Recommendation</b>		The Committee are asked to note the contents of this report.				

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	
<b>Cyfreithiol: Legal:</b>	
<b>Iechyd Poblogaeth: Population Health:</b>	
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	
<b>Risg a Aswariant: Risk and Assurance:</b>	
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	
<b>Gweithlu: Workforce:</b>	
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## **TEITL YR ADRODDIAD/TITLE OF REPORT**

### **1. CEFNDIR/BACKGROUND**

The costs of claims related to maternity and obstetric events is high value. Over 50% of claims which are settled through the means of a Periodical Payment Order (PPO) relate to this group of events and this means that the Welsh Risk Pool is currently committed to an annual long-term commitment of over £6m per year in relation to this group of claims.

In addition to PPO settlements, claims related to maternity and obstetric care which result in reimbursement to health bodies continue to represent a large proportion of the Welsh Risk Pool payments. In the period 2013 to 2016, reimbursements to health bodies for maternity and obstetric claims not related to PPO's was £83.6m.

It is therefore vital that improvements are made, across Wales, in this area to reduce harm and future costs to NHS Wales.

Practical Obstetric Multi-Professional Training (PROMPT™) is a structured training programme, developed and led by the Prompt Maternity Foundation (PMF), and is focussed on dealing with recognition and management of emergency events related to the management of pregnancy and birth. The training adopts an integrated approach to scenarios and learning and is undertaken by healthcare professionals who are involved in the care of women and children in obstetric-led unit environment. The training principles are that the groups of staff who work together, training together. A core principle of the programme is for delivery of the training to be locally delivered for teams who will then be working together in the event of an emergency occurring.

The programme developed for an all-Wales PROMPT™ programme facilitates the development of learning materials to support the activities within NHS Wales and considers need for access to appropriate equipment to deliver the training locally.

The programme further facilitates analysis of claims and incidents to help identify and prioritise causal factors where future workstreams for the all-Wales Maternity Network can be determined.

## **2. CRYNODEB/SUMMARY**

The training programme offers **benefits of training** to all healthcare professionals working in an obstetric led unit, the potential for a **reduction in claims** related to obstetric and maternity care and robust **analysis of claims profile** within the sector.

The recommendation for PROMPT™ training to be implemented across Wales has been presented by the all-Wales Maternity Network. This is based on academic analysis and evidence of reduced harm from implementation in UK and international healthcare organisations which have implemented the training. Having considered the current training across NHS Wales and the training programmes in the sector, the all-Wales Maternity Network have recommended PROMPT™ training as the most suitable for the country.

The Chief Nursing Officer wrote to the Welsh Risk Pool in 2016 indicating her support in principle for the concept of PROMPT™ training across Wales following preliminary recommendations by the Network, and enquiring whether the Welsh Risk Pool could support the need and roll-out for training.

The Welsh Risk Pool Committee reviewed the concept of PROMPT™ training and supported it in principle in July 2017, subject to a business case for implementation of a programme.

The need for having evidence of competence and identifying areas for staff development was raised by the Welsh Risk Pool Committee and this is addressed by the proposed programme – through staff participation in the emergency scenarios involved in the training. The competency is not simply linked to a technical ability to perform specific emergency procedures, but have a strong understanding and ability to interact with the tasks and roles of others during emergency procedures.

**This business case was taken to the November Committee meeting and approval was granted to progress.**

### **Reduction in claims**

It needs to be recognised that not all obstetric and maternity claims relate to issues which are included in PROMPT™ training. It is currently not possible to analyse the claims to determine the proportion which may be addressed directly by the PROMPT™ training syllabus. However,

it should be noted that in addition to training in specific procedures, the PROMPT™ training involves the development of team dynamics and communications – so it is possible to argue that the training would impact on the factors which lead to the £84m claims reimbursed over three years and the £6m annual cost of PPO's.

### **Robust analysis of causal factors**

In addition to the development of trainers and materials, and the coordination of local delivery of training, the programme will include the robust analysis of incidents, redress cases and claims related to obstetric and maternity care. This will provide an accurate dataset of the causal factors which contributed to these events.

The programme is a three-year project, which it is expected will roll into future work. The costings outlined are based on the first three years of the programme 2018-2021 and consist of one-off setup costs for which the majority are to be paid in 2017-18.

### **One-off Costs**

£120,000.00	Fees payable to Prompt Maternity Foundation Subject to a Single Tender Action plan as PMF are the only awarding body for PROMPT™ training
£10,000.00	Venue costs associated with facilitates to deliver Train-the-Trainer sessions in Wales in 2018-19
£Nil	Costs associated with updating the training material to ensure it aligns with NHS Wales (ie ObsCymru)
£38,000.00	Fund to supply specialist training equipment to deliver PROMPT™ training. This has been calculated based on existing equipment and likely gaps. Local faculties would be expected to make an application to the fund after their Train-the-Trainer programme. Fund to be managed by the Prompt Training Delivery Team, which includes Welsh Risk Pool staff.

**£168,000.00      Total one-off cost**

### **Recurring payments (commencing 2018-19)**

£34,500.00	0.5WTE Band 8a Midwife to work at Prompt Delivery Lead 2018-2021
£10,000.00	Equivalent of 1 session per week of Obstetric Consultant – to support the programme as Clinical Lead – Prompt Training Delivery



£3,500.00	Travel & subsistence costs to fund the essential activities of the two staff allocated to this programme
£48,000.00	Total recurring costs for three years 2018-2019, 2019-2020 and 2020-2021

### **Implementation plan and timescales for setup and roll out of an all-Wales PROMPT™ training programme**

Jan 2018 to Mar 2018	<p>Setup PROMPT-CYMRU Training Delivery Team Consists of: Clinical Lead for Maternity Network Lead Midwife for Maternity Network WRP Clinical Advisor WRP Head of Safety &amp; Learning Anaesthetic Consultant Paediatric Consultant Senior Manager for L&amp;D 1000 Lives+ Quality Improvement Lead</p> <p>Recruitment of: Midwife as PROMPT-CYMRU Training Delivery Lead Clinical Lead for PROMPT-CYMRU</p> <p>Dragonisation of all-Wales PROMPT™ training materials to ensure that materials map the needs of NHS Wales Medical Director Forum support for mandatory status of PROMPT-CYMRU for relevant medical staff Head of Midwifery Forum support for mandatory status of PROMPT-CYMRU for relevant maternity department staff</p> <p>Design of Maternity / Obstetric Claims analysis tool</p>
Apr 2018	<p>Launch of PROMPT-CYMRU Programme</p> <p>Notification of mandatory requirement requirements by CNO and CMO</p> <p>Procurement process for training materials required by local teams</p>
May 2018 To Jun 2018	<p>First PROMPT-CYMRU Train-the-Trainer sessions</p> <p>Roll-out of training, supported by leadership team and PMF staff</p> <p>Update on programme to WRP Committee</p>
Oct 2018 To	<p>Second PROMPT-CYMRU Train-the-Trainer sessions</p>

Nov 2018	Roll-out of training, supported by leadership team and PMF staff Update on programme to WRP Committee
Monthly	PROMPT-CYMRU Training Delivery Team meeting
Quarterly	Meeting with Prompt Maternity Foundation
Quarterly	Report on Maternity/Obstetric Claims analysis to WRP

Funding has been identified and a procurement route is being developed.

### **3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK**

A paper is going to the January Velindre Trust Board meeting highlighting the need for a decision re: commitment to spend in excess of £100k.

The WRP have identified the importance of recording competence of staff in procedures. The PROMPT TM programme does not routinely include an assessment of technical competence in specific procedures and is focussed on team dynamics and communications. Having met with the Professor who designed the programme, the all-Wales Maternity Network are confident that involvement in the scenarios and recognition of the role of all participants will be recorded by the training programme system. Where staff undertake specific procedures, this will also be recorded. Having considered the record of training competence currently available for medical staff, the PROMPT-CYMRU programme is considered to offer a significantly improved record of competence.

### **4. ARGYMHELLIAD/RECOMMENDATION**

The Committee are asked to **NOTE** the contents of this report and the current stage of development of the initiative.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM – 5.8</b>  <b>18<sup>th</sup> January 2018</b>
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<b>The report is <span style="background-color: red; color: white;">Open</span></b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>UPDATE - NHS England Transformation Programme - National Health Applications and Infrastructure Services (NHAIS)</b>

<b>ARWEINYDD: LEAD:</b>	<b>Neil Frow, Managing Director</b>
<b>AWDUR: AUTHOR:</b>	<b>Dave Hopkins, Director of Primary Care Services (PCS)</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Neil Frow, Managing Director</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Dave Hopkins – 02920 904080</b>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
<p>This report provides an update to the committee on the ongoing changes that have taken and will be taking place within NHS England in relation to primary care services provided by NHS Digital and regional PCSE (operated by CAPITA) sites.</p> <p>It provides a brief summary of the current activity inside NHS Wales and the impact that the rollout of the Medical Records Envelopes service through the NHSE contract with CAPITA continues to have.</p> <p>It will update on the planning on how systems will be replaced due to the decommissioning of the NHAIS system and the Open Exeter claims functions with regard to GMS and GOS payment services.</p>

<b>Llywodraethu/Governance</b>	
<b>Amcanion: Objectives:</b>	In regard to NWSSP Value for Money, Customers, Staff, Excellence and Service Development (Modernisation) key corporate objectives
<b>Tystiolaeth: Supporting evidence:</b>	N/A

### Ymgynghoriad/Consultation :

A number of various stakeholders have had meetings in relation to the transformation programme – these include, 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 at their Exeter operations with regard to the present and future demographic systems being delivered by NHS Digital.

NWSSP commissioned a piece of work by CAPITA to provide a gap analysis between the service to be provided through the framework contract in NHSE and to provide outline cost should NHS Wales want to contract through such a framework offering. After 2 iterations CAPITA have confirmed their final costing.

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>	✓	<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to: 1. <b>Discuss</b> the current situation regarding MREs; 2. <b>Discuss</b> the implications for NHS Wales in relation to future payments systems provision; 3. <b>Note</b> the work undertaken to date.					

### Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:

<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	No direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	Potential implications due to the timeliness of transportation of patient records from NHSE to NHSW.  Systems replacement must be able to meet cross border patient transfers in relation to demographic data and screening services.

<p><b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b></p>	<p>New processes for patient transfers will need to be agreed as NHS Wales will be directly reliant on the NHS Digital SPINE system.</p> <p>The rollout of the GP2GP programme via NWIS will enhance the speed in transferring patient data electronically and NWSSP will need to work alongside NWIS to take things forward and build the necessary systems to facilitate patient practice movement.</p> <p>Screening related services are being handled by PHW, where daily feeds from SPINE to the Welsh Demographic Service (WDS) will be made available. Independent call/recall screening systems are being developed directly by PHW in partnership with NWIS.</p>
<p><b>Ariannol: Financial:</b></p>	<p>Financial implications relating to the core demographic systems which will be supplied by NHS Digital are to be confirmed but initial estimates have been lower (circa 25% of current charge) than the overall NHAIS charges which are presently covered in our SLA for NWIS and NHS Digital.</p> <p>The charges for the CAPITA payments offering is now confirmed after the Gap analysis exercise at £1.95M development charge and £300K recurring support charges.</p> <p>PCS have provided a feasibility study on developing the payments solution itself and this is forecast to be circa £2.8M and £100K recurring. It is estimated the development could be concluded in 30 months from commissioning.</p>
<p><b>Risg a Aswiriant: Risk and Assurance:</b></p>	<p>Consideration of financial risks, especially as change needs to be managed under current financial envelope. Regardless of final provider of the payments service this is an increased cost pressure to be NHS Wales.</p> <p>This programme of change is highlighted and RAG rated as part of the current NWSSP Corporate Risk Register.</p>

<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No direct impact.
<b>Gweithlu: Workforce:</b>	Potential impact for NWSSP staff through modernisation of patient registration and payment/claims functions with the introduction of new systems.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Closed - the information should be subject to exemption.

## **UPDATE - NHS England Transformation Programme - National Health Applications and Infrastructure Services (NHAIS)**

### **1 CEFNDIR/BACKGROUND**

#### **1.1 SERVICE IMPACT**

The rollout of the Medical Record Envelopes (MREs) Service in England is now moving apace with all regions across England planned to implement the GP to GP paper records transfer by service by the Autumn of 2018.

Core SPINE Demographic systems will be maintained and supported directly by NHS Digital with access directly for NHS Wales. This will be subject to meeting specific security criteria however Wales data will be compartmentalised from English users for update purposes. This will need to be signed off in a data governance agreement with NHS Digital and NHS Wales.

The core SPINE system will interface and exchange data with the Welsh Demographic Service on a daily basis. The PCRM and SDRS products available in the system will allow maintenance of the Welsh population data and provide the necessary capitation feeds for the replacement payments systems (In house or CAPITA).

In terms of timescales there has been a significant delay in the development of the new payments systems planned originally for completion in September 2017, now forecast for October 2018 and these are subject to change too. In the mean-time NHS Digital have provided notice on the current support arrangements for the NHAIS system from 1<sup>st</sup> April 2018. Discussions are in place on how the service will be supported post April 1<sup>st</sup> with NHS Digital considering future support on an ad-hoc basis. NWSI provide first line support to both NWSSP and PHW and a meeting is being arranged to discuss the potential expansion of this support across the Welsh NHAIS systems.

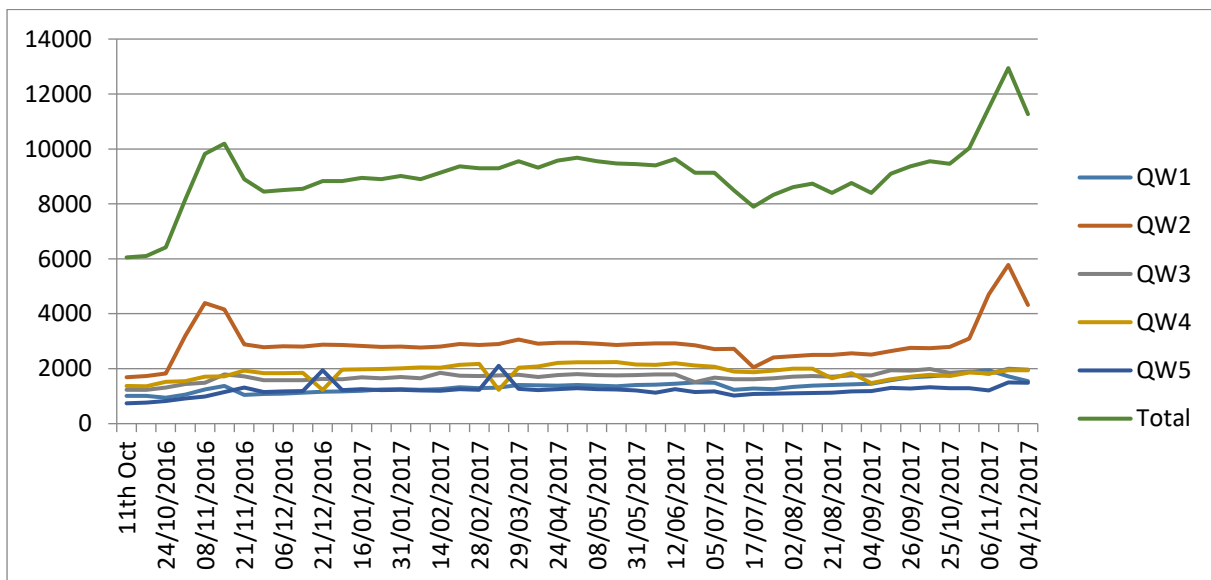
It is planned that the revised/final timescales for the roll out of payments systems will be announced by NHSE at the next National Oversight Board Meeting in January 2018. As far as this board is concerned all home nations have been asked to step down from this activity and a separate Home Nations board will be taken forward. The initial meeting of this group will take place on the 16<sup>th</sup> January 2018.

### **2 ACTIVITY TO DATE**



## 2.1 Implementation of the new Medical Records Envelopes service

- NHS Wales remains in a backlog position at around 12K records;
- Communications have been provided to all Health Boards and individual GP practices in relation to ongoing backlog issues;
- It should be noted that Northern Ireland and the IoM are experiencing similar issues on the MRE services;
- NWSSP work continuously with CAPITA to improve the backlog of patient paper records with CAPITA suggesting a steady state will be achieved by the end of February 2018;
- The diagram below highlights the backlog of receiving patient records (over 6 weeks or more) where the patient has registered with a GP Practice in Wales transferring from England.



**Note the QW references refer to the NHAIS system in operation (eg – QW2 is for the old Bro Taf area and includes Cardiff & Vale and Cwm Taf Health Boards).**

## 2.2 Appraising the options for NHAIS patient registration replacement

- After initial appraisal for having a separate service based on WDS the decision is to proceed with NHS Digital for future patient demographic services via their new SPINE system;
- NWIS and NWSSP met with NHS Digital to discuss SPINE access issues and the outcome requested firming up in costs and the ability for NHS Wales users at GP practices **NOT** to have to use Smartcards to access spine system. This position remains unclear with NWIS progressing directly with NHS Digital;
- Monthly meetings are in place between NWSSP, NWIS and NHS Digital;

- Welsh Government and GPC Wales are updated on position on a regular basis.

### **2.3 Appraising the options for NHAIS claims and payments systems replacement**

- Final CAPITA costs after the gap analysis estimated at £1.95M development and £300K recurring for support;
- NWSSP have undertaken a high level appraisal of the current NHAIS payments system with support from NHS Digital. Initial cost estimates to develop a Wales only solution up to £2.8M over a 2½ year period.
- In a separate meeting with Northern Ireland (in relation to Prescription Processing) we inquired about their payments systems. These are independent of NHAIS and use a feed from the NHAIS demographics system. An initial teleconference has taken place with a follow up meeting planned for early January. Initial thoughts are that NHS Wales could take the systems as a potential third option and build the in-house solution around the Northern Ireland system;
- Welsh Government and GPC Wales are updated on position on a regular basis.
- At last joint meeting of WG/GPC Wales representatives from GPC Wales urged great caution in contracting with CAPITA in the future.

## **2 CAMAU NESAF/NEXT STEPS**

### **PLANNED ACTIONS TO TAKE PLACE**

- To continue to liaise with CAPITA in relation to outstanding medical records;
- Further engagement with NHS Digital to gather information on the implications, plans and final costing model proposed for NHS Wales to take their SPINE system and supporting PCRM and SDRS solutions;
- Further engagement with CAPITA to discuss the revised costs and timescales on NHS Wales replacement of the NHAIS payments system utilising NHSE framework contract;
- To propose a new payment solution for NHS Wales subject to comparison between either CAPITA, an in house NHS Wales solution or a hybrid Northern Ireland/NHS Wales collaboration in providing the future GMS and GOS claims and payments solutions;
- Based on the decision above to develop the case for the physical payments solution, including to develop a BACS interface as is used at present or potentially to utilise the new NWSSP BACS bureau Facility;
- Options appraisal and PID draft being developed by NWSSP;
- Secure new arrangement with NHS Digital and possible extension of NWIS SLA for continued NHAIS support based on outcome of decision on payments solution;

### **3.ARGHYMELL/RECOMMENDATION**

The Committee is asked to:

1. **DISCUSS** the current situation regarding MREs;
2. **DISCUSS** the implications for NHS Wales in relation to future payments systems provision;
3. **NOTE** the work undertaken to date.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM – 5.9</b>  <b>18<sup>th</sup> January 2018</b>
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**The report is OPEN**

### Teitl yr Adroddiad/Title of Report

**Patient Medical Record (PMR) service update**

<b>ARWEINYDD: LEAD:</b>	<b>Neil Frow, Managing Director</b>
<b>AWDUR: AUTHOR:</b>	<b>Dave Hopkins, Director of Primary Care Services (PCS), NWSSP</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Neil Frow, Managing Director</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Dave Hopkins – 02920 904080</b>

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

This report provides an update to the committee on the ongoing Patient Medical Record (PMR) store and scan on demand service, provided to Health Board General Practices by Primary Care Services (PCS).

It provides a brief summary of the current activity inside NHS Wales and the plans to expand the service to a position where 75% of NHS Wales GP patient paper records may be stored at its Mamhilad Warehouse facility.

The proposals will be put to the Velindre Trust Board on the 25<sup>th</sup> January 2018, in terms of procuring services where expenditure is likely to exceed £100,000.

### Llywodraethu/Governance

<b>Amcanion: Objectives:</b>	In regard to NWSSP Value for Money, Customers and Service Development (Modernisation) key corporate objectives. Major strand in the PCS IMTP 2017/18 and 2018/19.
<b>Tystiolaeth: Supporting evidence:</b>	N/A

## Ymgynghoriad/Consultation :

NWSSP has consulted with Health Boards on a number of occasions with regard to the Store and scan on demand service. Setting up a successful pilot in 3 practices across the service created a priority programme for the storage of up to 40 GP Practices to store their paper patient records in Mamhilad, Brecon Stores. Whilst this priority programme was being rolled out in November 2016 ABHB requested the whole of their primary care paper patient records to be stored the Mamhilad site, to be completed during 2018. The expansion of the storage space was procured from the landlord and the programme continues to roll out. The capacity expansion will allow for approximately 25% of the Welsh population paper medical records to reside at Mamhilad. Further health boards, in particular Hywel Dda and C&V, have now requested options to take on board and extended number of their GP practices.

Throughout the process of setting up this programme GPC Wales have been fully appraised and consulted on this service.

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

DERBYN/ APPROVE		ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	✓
<b>Argymhelliad/ Recommendation</b>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. <b>Endorse</b> the expansion of the service on behalf of NHS Wales Health Boards, freeing up space in the primary care estate.</li> <li>2. <b>Note</b> the submission to the Velindre NHS Trust Board.</li> </ol>						

## Crynodeb Dadansoddiad Effaith:

### Summary Impact Analysis:

<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	No direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	No issues are encountered when a paper record is requested by the practice as the record is scanned and transferred. In the case of an urgent request this is catered for within 1 hour through the scanning of the record and the publishing of this on a secure portal for direct access by the requesting GP practice.

<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	<p>Records are securely stored at the Mamhilad site and available as required. With the increased use of the electronic GP practice record the requirement to access a paper based patient record is extremely rare, however when required this can be done seamlessly through the scan on demand service which is attached to the storage service.</p> <p>The Mamhilad storage has a fire suppression system in place which will minimise/eradicate the impact of fire damage to patient records at the site.</p>
<b>Ariannol: Financial:</b>	<p>Financial implications for the expansion of the service can be broken down into five distinct areas:</p> <ul style="list-style-type: none"> <li>• Revenue - Premises (very competitive charges for storage space and service charges);</li> <li>• Capital – Fire Suppression System Expansion (costs up to £720K inclusive of VAT);</li> <li>• Capital – Roller Racking (creating expanded space in the storage area (£351K inclusive of VAT));</li> <li>• Capital - 2 high speed Kodak Scanners (£60K inclusive of VAT);</li> <li>• Revenue – Increase in staff as service rolls out.</li> </ul> <p>Revenue costs will be covered from the income received to run the service, and will incrementally grow in terms of meeting the costs for increasing staff as the service expands.</p>
<b>Risg a Aswiriant: Risk and Assurance:</b>	<p>The service has now been established at the Mamhilad site for 2½ years, with the prerequisite assurances sought and provided to the information governance leads at Health Boards.</p> <p>An assessment has been conducted in terms of use of lower level fire prevention/protection however the chosen option recommends full fire suppression and in line with the current facilities provided in Mamhilad for the protection of all Wales patient paper Death records.</p>
<b>Safonau Iechyd a Gofal:</b>	No direct impact.

<b>Health &amp; Care Standards:</b>	
<b>Gweithlu: Workforce:</b>	Potential impact for NWSSP where we will need to increase the staff involved in this service. These will include stores staff and digital imaging officers. It is hoped that this programme will be expanded by using a number of staff based at Mamhilad who will be affected by the future modernisation of the registration and patient systems in place. The new service will provide the potential for redeployment for staff affected by new automated processes.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Requests for access to patient records by the patients/solicitors will be done through the present GP Practice methods. Where required records can be scanned and uploaded onto a secure portal for access by the solicitors involved.

## **Patient Medical Record (PMR) service update**

### **1. CEFNDIR/BACKGROUND**

The Patient Medical Record (PMR) Storage and Scan on Demand Service is an off-site storage and management facility on behalf of general medical practices in Wales. Whilst the facility currently has limited capacity, there is the option to expand to meet the future needs of the service. The PMR service is a key enabler to release space currently utilised in general practices for the storage of paper PMRs. In doing so this will allow the practices to reallocate this space for the provision of primary care services that will be a catalyst to broaden the portfolio of offerings at the practice which will directly benefit the health and wellbeing of the practice population.

The purpose of this report is to provide a business justification for the capital investment – additional information is presented in the following **Appendices:**

**Appendix 1 - Business Justification Case** – presented to NWSSP Director of Finance and Corporate services on 23<sup>rd</sup> of October and presented and approved by NWSSP Senior Management Team on December 21<sup>st</sup> 2017;



**Appendix 2 - Paper to Velindre Board 25/1/18** – on taking on new lease(s) to increase in storage space at Mamhilad, Brecon House in support of PMR expansion;

**Appendix 3 - Paper to Velindre Board 25/1/18** – on the adoption of fire suppression systems expansion, extra roller racking and the provision of 2 scanners to support the PMR expansion programme.

## **2. ARGHYMELL/RECOMENDATION**

The Committee is asked to:

1. **ENDORSE** the expansion of the service on behalf of NHS Wales Health Boards, freeing up space in the primary care estate.
2. **NOTE** the submission to the Velindre NHS Trust Board.



# Expansion of the Patient Medical Record Storage and Scan on Demand Service

## Business Justification Case

**Version No:** 8.0  
**Issue Date:** 15.12.17

### Version History

Version	Date Issued	Brief Summary of Change	Owner's Name
1.0	06.12.16		Nicola Phillips
2.0	20.02.17	Updated based on ABHB requirements. Capital and year end position NWSSP	Nicola Phillips
3.0	16.10.17	Updated to reflect requirements to maximise existing and increase space requirements.	Nicola Phillips

## **Contents – Business Justification Case**

- 1. Purpose**
- 2. Strategic context**
- 3. Case for change**
- 4. Available options**
- 5. Preferred option**
- 6. Procurement route**
- 7. Funding and affordability**
- 8. Management arrangements**

### **Appendices**

- A. Schedule of Investment Requirements**
- B. Primary Care Services Integrated Medium Term Plan  
(Service Development Plan)**

## **NHS Wales Shared Services Partnership – Capital Investment Requirement to support development plans**

### **1. Purpose**

The purpose of this document is to provide a business justification for the capital investment of £761,504 in the NHS Wales Shared Services Partnership.

The Patient Medical Record (PMR) Storage and Scan on Demand Service is an off-site storage and management facility on behalf of general medical practices in Wales. Whilst the facility currently has limited capacity, there is the option to expand to meet the future needs of the service. The PMR service is a key enabler to release space currently utilised in general practices for the storage of paper PMRs. In doing so this will allow the practices to reallocate this space for the provision of primary care services that will be a catalyst to broaden the portfolio of offerings at the practice which will directly benefit the health and wellbeing of the practice population.

### **2. Strategic Context**

During 2015/16 an initiative in NWSSP-PCS' Service Development Plan, was the development and implementation of a pilot for GP paper record storage and scan on demand service. The imbedded document provides the feedback from the 3 practices that were involved in the pilot service.



Following the success of the pilot the storage and scan on demand service commenced rollout based on agreed priorities with Health Board primary care leads in Wales. As the service has rolled out it is evident that the benefits highlighted above meet the primary care strategic agenda of health boards and in doing so has increased the need for additional capacity.


The expansion of the PMR Storage and Scan on Demand Service in response to the needs of the service embraces the key principles of delivering prudent healthcare across Wales through:

- a) Invaluable space being created within practices to improve and expand the delivery of quality general medical services;
- b) Invaluable space being created within practices to improve and expand the delivery of enhanced medical services;
- c) Enabling GP practices to effectively respond to the emerging Primary Care Service development agenda, and in particular to further support cluster networks as they mature;
- d) Maximising the use of clinical competence providing front line primary care services;
- e) Supporting the "Once for Wales" approach removing duplication of effort.

Primary Care Services have been awarded the Welsh Quality Centres, 'Most Improved Organisation' across both private and public sectors organisations in Wales for two consecutive years and continue to enhance its accreditation of the Cabinet Office's Customer Services Excellence Standard. A significant contribution to this recognition has been the innovative approach in the development of the Storage and Scan on Demand Service to alleviate space pressures within primary care.

To understand the scale of the project key statistics have been compiled and are outlined below:

Measure	Value
<p>The existing facility provides capacity for the storage of 39,915 boxes (includes mobile and peripheral fixed racking) to support the PMR service. This equates to circa 997,875 records, around 33% of the patient population of Wales</p> <p>By maximising existing space and extending the facility, the storage box capacity would be increased by a further 52,270 boxes equating to the storage of circa 1,306,750 records.</p> <p>By reorganising the facility to accommodate live records on the ground level (subject to fire suppression), capacity to store 102,493 boxes storing circa 2,562,325 records, or 80% of the patient population in Wales would be achieved.</p>	Supports the Prudent Healthcare Agenda (as set out above)
<p><b>ABUHB requirements</b> (population circa 600,000) have developed and funded a schedule to support the transfer of records into the Store and Scan on Demand Service within the next 12 to 18 months. NWSSP have committed to meet this requirement with more than 50% progress made to-date (as at Sept 17).</p> <p><b>HUHB requirements</b> (population circa 400,000) have stated their intention for all practices to transfer their records into the Store and Scan on Demand Service – whilst no definitive timescale has been specified, to-date (as at Sept 17), 12% of practices have joined the service.</p> <p><b>C&amp;VUHB requirements</b> (population circa 510,540) have identified practices with sustainability needs and have committed to support the transfer of 17 practices into the service equating to 158,000 records/31% of the UHB's population.</p>	Supports ABUHB's IMTP and Estates Strategy

<b>Other Health Boards' requirements</b> – Other Health Boards in Wales have identified priority practices equating to a further 60,000 records.	
PMR Storage and Scan on Demand Service is a key enabler to develop primary care services as set out in NWSSP's IMTP Service Development Plan.	 Nov 16 - Final Delivery Plan Template

### 3. Case for Change

#### A. Business needs

As primary care services develop and GP2GP is rolled out in Wales, there is less reliance to enable immediate access to the paper record to treat patients albeit the legal requirement to maintain a paper medical record remains.

It is evident that a substantial amount of space is used to store patient medical records which could otherwise be used to deliver primary care services. Many GP practices in Wales have outgrown existing premises and would benefit from re-modelling available space to optimise service delivery.

#### B. Benefits

Benefits are expected to include:

- a) Supports the "Once for Wales" approach removing duplication of effort;
- b) Invaluable practice space created improving the efficient delivery of general medical services;
- c) High quality scanned images produced and electronically transferred to the GP practice via the secure NHS portal;
- d) Assurance that records are being managed within NHS services against defined key performance indicators (KPIs) and tested standard operating procedures (SOPs);
- e) Releases pressure on Primary Care estates and support the ongoing modernisation within the Health Board's Estates Strategy;
- f) Enables the reallocation of valuable practice resource.

#### C. Risks

Risk of fire.

The storage of records in a single location increases the impact of loss in the event of fire. To mitigate this risk it is proposed to extend the existing inert gas (aragonite) fire suppression system to additional areas leased, i.e. Rooms 4, 5 and 6 to protect all live material stored on the ground floor level.

## 4. Available Options

A review has identified 4 options with regards to this investment programme which are outlined below:

### Option 1

#### Do Nothing

- Maintain status quo within existing demise (Rooms 1 to 6 inclusive).

### Option 2

#### Do Minimum

- Maximise capacity within existing demise to include roller racking in Room 1.
- Secure additional space (11,959ft<sup>2</sup> on the upper level) to meet the requirements of 80% of the population in Wales.
- Purchase and install roller and fixed peripheral racking to the upper level.

### Option 3

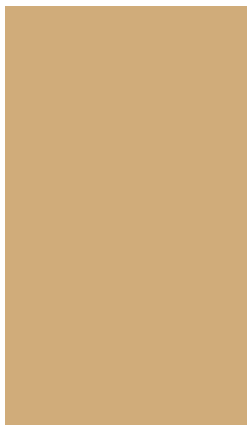
#### Focused Investment

- Maximise capacity within existing demise to include roller racking in Room 1.
- Secure additional space (11,959ft<sup>2</sup> on the upper level) to meet the requirements of 80% of the population in Wales.
- Purchase and install roller and fixed peripheral racking to the upper level.
- Secure additional scanners (x2) to support further roll out of the Scan on Demand Service.
- Purchase and installation of an inert gas (argonite) fire suppression system to mitigate risk of losing material stored in the event of a fire in Rooms 4, 5 and 6.
- Utilise rooms 1 - 6 which has an inert gas argonite fire suppression system installed for the storage of 'live' patient records. All other records, i.e., 'deceased' patient records and other archive to relocate to the upper level (non-suppressed) areas.

### Option 4

#### Do Maximum

- Maximise capacity within existing demise to include roller racking in Room 1.



- Secure additional space (11,959ft<sup>2</sup> on the upper level) to meet the requirements of up to 80% of the population in Wales.
- Purchase and install roller and fixed peripheral racking to the upper level.
- Secure additional scanners (x2) to support further roll out of the Scan on Demand Service.
- Purchase and installation of an inert gas (argonite) fire suppression system to mitigate risk of losing material stored in the event of a fire in Rooms 4, 5, 6 and the upper level.

## Option Summary

Option	Cost of Programme	Annual Saving	Net 5 Year Saving
1 – Do nothing	£000		
2 – Do minimum	£387,440		
3 – Focussed investment	£761,504		
4 – Do maximum	£1,121,504		

NB: Savings/benefits to be realised by practices and Health Boards as opposed to NWSSP. Non financial savings will also be realised as outlined in the report below.

## 5. Preferred Option

The preferred option is Option 4: requiring capital investment of £1,121,504. 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:

- Supports the release of primary care estate to enable the redesign of general medical accommodation to meet the increasing demands of primary health care services in Wales.
- The storage and scan on demand service will have sufficient capacity to meet the priority requirements of participating Health Boards / up to 80% of the population in Wales.
- Provides a fully serviced inert gas (argonite) fire suppression system mitigating the risk of loss of any live primary care records stored.
- Complements the wider primary care agenda in NHS Wales to implement GP2GP.



## 6. Procurement Route

The procurement will be carried out in line with NHS Wales Procurement rules. The Procurement will be run by the NWSSP Procurement Services team. It is intended where possible to utilise existing contacts, framework contracts and call off contracts.

## 7. Funding and Affordability

The Capital Spend outlined in this case will need to be supported by capital funding from the Welsh Government. It should also be noted that as only limited Capital Charge funding was provided by Health Boards and Trusts when NWSSP was established as a hosted organisation funding for the items procured under this scheme will be required from Welsh Government. This is estimated to be £1,121,504 to support Option 4 (maximum investment).

## 8. Management Arrangements

### A. 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.

### B. Benefits Realisation Monitoring

In response to the success of the pilot, in March 2016 NWSSP approved the development of the PMR Storage and Scan on Demand Service based on the following business case.

Business Case PMR  
FINAL.docx

The Storage and Scan on Demand Service is being expanded in response to requirements set out by Aneurin Bevan and Hywel Dda University Health Boards. The Service is:

- Defined and agreed within an SLA
- Supported by a detailed Standard Operating Procedure

TEMPLATE SLA Live  
PMR Storage.docx

SOP Live Patient  
Medical Records Hanc

### C. Risk and Issue Management

Risks are to be notified to the Project Manager via email and include all members of the project board. The Project Manager will maintain and monitor the risk and issue logs. Risks will be monitored every two months.

# SCHEDULE OF INVESTMENT REQUIREMENTS

# APPENDIX A

	Accommodation			Non-recurring cost			
	Area (sq ft)	Box Capacity	Estimated Record Capacity	Mobile Racking Investment (incl VAT)	Fire Suppression (incl VAT)	Scanners	Total investment (incl VAT)
<b>Room 1 (existing FS)</b>	7,409	19,380	484,500	£106,704	-	-	£106,704
<b>Room 2 (existing FS)</b>	7,083	20,648	516,200	-	-	-	-
<b>Room 3 (existing FS)</b>	8,805	22,550	563,750	-	-	-	-
<b>Room 4</b>	4,539	11,529	288,225	-	£360,000	£25,000	£385,000
<b>Room 5</b>	6,631	19,224	480,600	-	-	-	-
<b>Room 6</b>	3,811	9,162	229,050	-	-	£25,000	£25,000
<b>Upper Level Room 7a</b>	6,340	22,760	569,000	£131,100	£360,000	-	£491,100
<b>Upper Level Room 7b</b>	1,184	3,260	81,500	£19,200	-	-	£19,200
<b>Upper Level Room 7c</b>	4,435	16,250	406,250	£94,500	-	-	£94,500
<b>Supports Option 2</b>	50,237	144,763	3,619,075	£351,504	-	-	<b>£351,504</b>
<b>Supports Option 3</b>	50,237	144,763	3,619,075	£351,504	£360,000	£50,000	<b>£761,504</b>
<b>Supports Option 4</b>	50,237	144,763	3,619,075	£351,504	£720,000	£50,000	<b>£1,121,504</b>

## SCHEDULE OF INVESTMENT REQUIREMENTS

## APPENDIX A

### Payback Analysis:

The following identifies capital investment to-date:

Table 1	Capital Investment to-date	Utilised Capacity	Box Capacity	Year 1	Year 2	Year 3	Payback (months)
<b>Phase 1 (Completed)</b>	£51,941						
Mobile racking - Room 4		100%	9,981	£101,607	£61,483	£61,483	7
		80%	7,985	£81,285	£49,186	£49,186	8
		60%	5,989	£60,964	£36,890	£36,890	11
		40%	3,992	£40,643	£24,593	£24,593	18
<b>Phase 2 (Completed)</b>	£92,113						
Mobile racking - Room 5 (NB: ABUHB funded racking in Room 6)		100%	14,678	£149,422	£90,416	£90,416	8
		80%	11,742	£119,538	£72,333	£72,333	10
		60%	8,807	£89,653	£54,250	£54,250	13
		40%	5,871	£59,769	£36,167	£36,167	23
Total Phase 1 + 2	£144,054						
Total Income (01/01/16- 31/10/17):	£102,700						
Variance	-£41,354						

## SCHEDULE OF INVESTMENT REQUIREMENTS

## APPENDIX A

Table 2 provides an analysis based the investment options set out in this Business Justification Case.

Table 2	Proposed Capital Investment	Utilised Capacity	Box Capacity	Year 1	Year 2	Year 3	Payback (months)
<b>Phase 3, Option 2</b>	£351,504						
Mobile racking - Room 1		100%	102,193	£1,040,325	£629,509	£629,509	5
Mobile racking - Upper level		80%	81,754	£832,260	£503,607	£503,607	6
		60%	61,316	£624,195	£377,705	£377,705	7
		40%	40,877	£416,130	£251,804	£251,804	11
<b>Phase 3, Option 3</b>	£761,504						
Mobile racking - Room 1, plus Mobile racking -		100%	102,193	£1,040,325	£629,509	£629,509	9
Upper level, plus Fire Suppression System Rooms 4,		80%	81,754	£832,260	£503,607	£503,607	12
5, 6		60%	61,316	£624,195	£377,705	£377,705	17
		40%	40,877	£416,130	£251,804	£251,804	25
<b>Phase 3, Option 4</b>	£1,121,504						
Mobile racking - Room 1, plus Mobile racking -		100%	102,193	£1,040,325	£629,509	£629,509	14
Upper level, plus Fire Suppression System Rooms 4,		80%	81,754	£832,260	£503,607	£503,607	19
5, 6 + upper level		60%	61,316	£624,195	£377,705	£377,705	28
		40%	40,877	£416,130	£251,804	£251,804	46

NB: Schedule excludes non-recurring costs.

# PRIMARY CARE SERVICES

**Purpose**

To transform the delivery of Primary Care Services across NHS Wales through service modernisation and automation whilst delivering the organisation’s “one site one service” model supporting the Once for Wales strategy. Whilst focusing on engagement and collaboration with internal and external stakeholders in order to realise this goal.

**How have we engaged with our Partners?**

**What do our partners want?**

**How will we deliver high quality services to our partners?**

## PRIMARY CARE SERVICES INTEGRATED MEDIUM TERM PLAN (SERVICE DEVELOPMENT PLAN)

## APPENDIX B

<ul style="list-style-type: none"> <li>• Bi-annual SLA meetings with Health Boards and Welsh Government.</li> <li>• Quarterly meetings with Contractor Professional Representative Bodies.</li> <li>• Ad hoc meetings and presentations to contractor focus groups.</li> <li>• Attendance and exhibiting at National, Local and HB Conferences.</li> <li>• Collaborative working practices across directorates within NWSSP supporting prudent health care – Equal Partners through co-production.</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of high quality, timely and accurate services.</li> <li>• To ensure continuous service delivery throughout NHS Wales transformation programme.</li> <li>• Engagement and service re-design that aligns to the NHS Wales Primary Care Plan, 2018.</li> <li>• Service modernisation that promotes sustainability across NHS Wales Primary Care.</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with NHSE, NHS Digital and Capita during the transformation period.</li> <li>• Enhanced accreditation with appropriate benchmarking (CSE/WQA).</li> <li>• Staff leadership enhancement and succession planning linked directly to the all Wales Primary Care workforce Plan</li> <li>• Continuous Service Review in line with prudent healthcare – only doing what is needed and 'do no harm'.</li> </ul>
What are the significant benefits have we achieved for NHS Wales?	What do we do well?	Opportunities to do more
<ul style="list-style-type: none"> <li>• Process re engineering achieving more with less resource.</li> <li>• Reducing variation through review and modernisation of current service models. Supporting prudent healthcare – reducing inappropriate variation through evidence based approaches.</li> <li>• Reduction in annual budget by 18% whilst expanding services since the formation of NWSSP.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet required performance criteria and introduce enhanced KPIs.</li> <li>• Sustained quality in providing assurance for services delivered to Health Boards.</li> <li>• Proactive engagement with all stakeholders driving continuous service improvement.</li> <li>• Continually achieve full audit assurance across all services.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand NWSSP services into Primary Care cluster networks and federations.</li> <li>• Review legislation to enable paperless processes in line with other NHS Wales initiatives i.e.GP2GP.</li> <li>• Expansion of generic PCS services across other Welsh public sector bodies.</li> <li>• Live Patient Medical Records (PMR) storage and scan on demand service.</li> </ul>

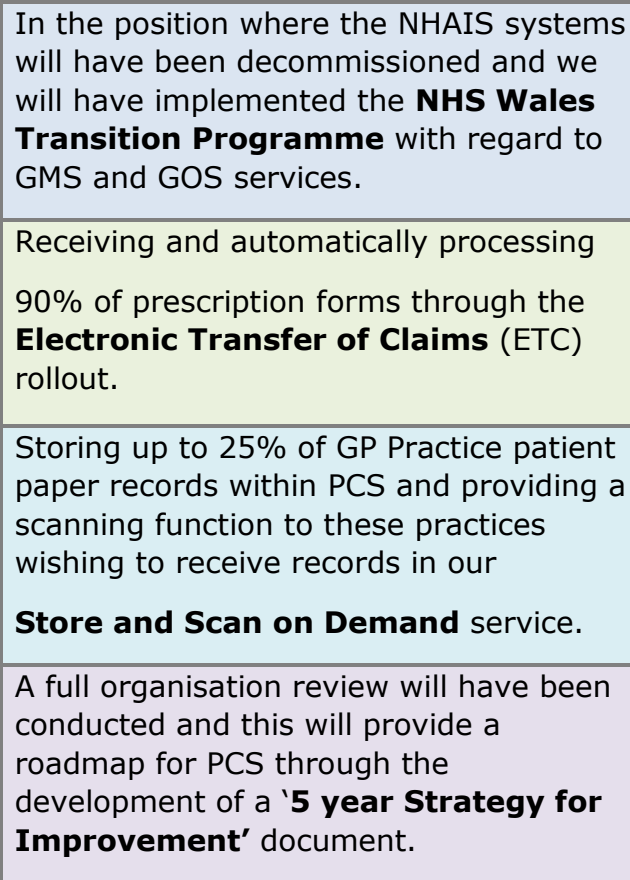
## KEY PRIORITIES 2017-20



Value for Money	Our Customers	
<p>Through restructure delivering current and new high quality services that released circa £1m during financial year.</p> <p>Continued promotion of scanning technology, enabling provision of services across numerous divisions within NWSSP.</p> <p>Service modernisation across prescription processing that improves quality and achieves an 80% efficiency increase within pricing and payments compared to the existing manual process.</p>	<p>Supporting Health Boards (HBs) estate strategy through the introduction of offsite GP patient medical record (PMR) storage with roll out through 2017-2019.</p> <p>Roll out of electronic transfer of Claims (ETC) within Community Pharmacy processing, improving quality and accuracy of prescription claims.</p> <p>Redesigning Primary care demographic and payment services in line with the overall transformation programme in NHSE.</p>	
Service Development	Our Staff	Excellence
<p>Development of Post Payment services (PPV) within Community Pharmacy and introduction of further services in discussion with Community Pharmacy Wales (CPW).</p> <p>Remote access to GP clinical systems enabling PPV resources to be reallocated to new areas of business whilst reducing the burden on GP practices and adopting a less intrusive approach to PPV principles.</p> <p>Development of Welsh specific informatics across Optometry services including General Ophthalmic services and the Wales Eye care programme.</p>	<p>Maturity of Staff focus group, working in conjunction with senior management team.</p> <p>Investment in Staff development with a robust approach to workforce plans in line with 'A Planned Primary Care Workforce for Wales'.</p> <p>Development and cascade of training programmes within PCS to further embed the NHS/Academi Wales Leadership model and NWSSP values and objectives.</p>	<p>Service re engineering of General Ophthalmic Services (GOS) in line with one site one service strategy.</p> <p>Continuous improvement evidenced and measured against the European Foundation for Quality Management (EFQM) Excellence model.</p> <p>Imbed the core principles of the 'Well-being of Future Generations (Wales) Act 2015' in all that we do inside PCS.</p>

**OUR JOURNEY**

**In 3 Years We Will Be**



**The risks to achieving this could include;**

- Privatisation within NHS England does not meet its delivery targets or allow for NHS Wales to utilise framework contracts.
- Reliance on current informal arrangements with NHS Wales Informatics Services (NWIS)
- Delay in delivery of required legislative change, in particular regard to paper records reduction.
- Inadequate delivery of succession planning.



**Service Transformation**

- Implementation of successor systems, post the decommissioning of the Exeter and Open Exeter suite of IT systems.

**Modernisation of Services**

- Utilising technology to modernise and improve services. (ETC and PPV)

**Workforce Development**

- Promotion and deployment of NHS Leadership Model

**Reduction of Service Variation**

- National service provision and solutions to reduce variation (PMR, one site one service strategy)

**Service Rationalisation**

- Continuous review of our SLA and KPIs to ensure compliance and provide assurance

**Service Expansion (External Influence)**

- National service model agreed for Public Sector Wales Shared Services

**Service Expansion (Internal Influence)**

- Expansion of Scanning services within NWSSP. An additional 18 services on catalogue



**WHAT WILL WE DELIVER IN 2017-18?**

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Fully integrated one site one service strategy.	Removes duplication and reduces variation driving further resource and estates benefits.	Service review including benefit realisation programme.	April 2017.	PCS – all service areas.	Loss of knowledge and expertise.  Decreased staff motivation.	Value for Money	✓
						Customers	
						Excellence	✓
						Staff	✓
						Service Development	
Success will be: Fully embedded one site one service model with high governance and performance demonstrating benefits.							
Roll out of Electronic Transfer of Claims (ETC).	80% efficiency increase within pricing and payments compared to the manual process.	Electronic messages used as the primary input to the pricing rules engine	September 2017.	PCS, WG, CPW, NWIS, Community Pharmacy Contractors and software suppliers.	Loss of knowledge and expertise.  Decreased staff motivation.  Loss of staff resource.  Reliance on NWIS re National system support.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: 80% roll out across NHS Wales with high governance and performance demonstrating benefits.							
Roll out of Patient Medical Records (PMR),	Enables GP practices to rationalise estate	Removal of paper medical records from GP	March 2018.	PCS, HBs, GP Practice.	Lack of resource.	Value for Money	✓
						Customers	✓

**PRIMARY CARE SERVICES INTEGRATED MEDIUM TERM PLAN  
(SERVICE DEVELOPMENT PLAN)**

**APPENDIX B**

store and scan on demand programme.	and react to increasing Primary Care service demands.	practice to a central archive and provision of a retrieval service.			Limited Estate for central storage.  Lack of central /	<table><tr><td>Excellence</td><td></td></tr><tr><td>Staff</td><td>✓</td></tr><tr><td>Service Development</td><td>✓</td></tr></table>	Excellence		Staff	✓	Service Development	✓				
Excellence																
Staff	✓															
Service Development	✓															
<b>Success will be:</b> 40 GP Practices accessing the service with high governance demonstrating benefits.																
Roll out of PPV Remote access to GP Clinical systems.	Utilise technology to modernise the service. Reduce physical resource and travel expenses. Less intrusive process.	Full system review, working in collaboration with NWIS, HBs, IG colleagues, system suppliers, and GP Practice.	March 2018.	PCS, HBs, GPCW, NWIS, System Suppliers, GP Contractors & Practice staff.	Compliance with IG and DP requirements. Reduced Audit Assurance.  Licensing and Costs.  Reliance on NWIS re National system support	<table><tr><td>Value for Money</td><td>✓</td></tr><tr><td>Customers</td><td>✓</td></tr><tr><td>Excellence</td><td>✓</td></tr><tr><td>Staff</td><td></td></tr><tr><td>Service Development</td><td>✓</td></tr></table>	Value for Money	✓	Customers	✓	Excellence	✓	Staff		Service Development	✓
Value for Money	✓															
Customers	✓															
Excellence	✓															
Staff																
Service Development	✓															
<b>Success will be:</b> Routine PPV reviews being undertaken remotely for 50% of all GP practices.																
NHS Wales Transformation Programme – Requirements review.	A direct result of transformation & privatisation in NHSE. Direct impact on Welsh systems and processes.	Establishment of NHS Wales project board and supporting work stream groups.	March 2018.	NHSE, NHS Digital, Capita, WG, NWIS, professional committees and contractors.	Funding and development costs. Reliance on NHSE solutions.  Reduction in Assurance.  NWIS dependencies.	<table><tr><td>Value for Money</td><td>✓</td></tr><tr><td>Customers</td><td>✓</td></tr><tr><td>Excellence</td><td>✓</td></tr><tr><td>Staff</td><td></td></tr><tr><td>Service Development</td><td>✓</td></tr></table>	Value for Money	✓	Customers	✓	Excellence	✓	Staff		Service Development	✓
Value for Money	✓															
Customers	✓															
Excellence	✓															
Staff																
Service Development	✓															
<b>Success will be:</b> Full service requirement review completed and supporting change programme agreed with stakeholders.																

**To achieve this we will need:**

Workforce	Finance & Capital	IT
<p>Head count changes limited but between +/- 2%.</p> <p>Training requirements to meet service redesign in ETC and specific need to address re-deployment requirements.</p> <p>Re-skilling roadmap created to inform a staff impact review as a result of NHS Wales Transformation Programme (Payments / Registration).</p>	<p>Capital –IT (see IT section) £65k</p> <p>Capital Investment - £82k to support PMR programme. (Brecon House, Roller Racking)</p> <p>Capital Investment - £121k to support PMR programme. (Brecon House, Fire suppression)</p>	<p>GOS software to provide integration with Transformation Programme solution. Internal development plus 3<sup>rd</sup> party OCR solution (£40k). Existing hardware utilised.</p> <p>PMR Scan on Demand – 3<sup>rd</sup> party records management software (£20k). NWSSP VM hardware utilised. Network infrastructure upgrades (£5k)</p> <p>Collaborative / partnership working with NWIS primary care colleagues.</p>
Processes	Dependencies – Internal and External	
<p>Embark on a full process review in order to utilise service improvements across PCS.</p> <p>This will need to encompass the completion of the current 'one site one service' programme and further consolidation of services and functions.</p>	<p>NWIS to recognise and acknowledge NWSSP sustainability / continuity requirements and incorporate these in to their IMTP.</p> <p>As processes are automated and developed reliance increases across all directorates within NWSSP as well as with External parties.</p>	

## WHAT WILL WE DELIVER IN 2018-19?

What	Why	How	When	Who	Risks/Limitations	Strategic Objective	
Initiation of Site and Service Rationalisation Project.	To review and consider further service consolidation and site rationalisation.	Internal service review and potential restructure.	December 2018.	PCS, NWSSP.	Loss of knowledge and expertise.  Decreased staff motivation.  Loss of staff resource.	Value for Money	✓
						Customers	
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: 95% roll out across NHS Wales with high governance and performance demonstrating benefits.							
Roll out of Patient Medical Records (PMR), store and scan on demand programme.	Enables GP practices to rationalise estate and react to increasing Primary Care service demands.	Removal of paper medical records from GP practice to a central archive and provision of a retrieval service.	March 2019.	PCS, HBs, GP Practice.	Lack of resource.  Limited Estate for central storage.  Lack of central / HB funding.	Value for Money	✓
						Customers	✓
						Excellence	
						Staff	✓
						Service Development	✓
Success will be: Full benefits realisation review and extension to double capacity of service to accommodate GP practices across Wales.							
Roll out of Electronic Transfer of Claims (ETC).	80% efficiency increase within pricing and payments compared to the manual process.	Electronic messages used as the primary input to the pricing rules engine	March 2019.	PCS, WG, CPW, NWIS, Community Pharmacy Contractors and software suppliers	Loss of knowledge and expertise.  Decreased staff motivation.  Loss of staff resource.	Value for Money	✓
						Customers	✓
						Excellence	✓
						Staff	
						Service Development	✓
Success will be: 95% roll out across NHS Wales with high governance and performance demonstrating benefits.							
NHS Wales Transformation Programme.	A direct result of transformation & privatisation in NHSE. Direct	Through dialogue and SLA with NHS Digital and Legal contract with	March 2019.	NHSE, NHS Digital, Capita, NWIS, WG, professional	Funding and development costs.	Value for Money	
						Customers	✓
						Excellence	✓

**PRIMARY CARE SERVICES INTEGRATED MEDIUM TERM PLAN  
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impact on Welsh systems and processes	CAPITA via NHSE framework agreement	committees and contractors.	Reliance on NHSE solutions.	Staff	✓
				Service Development	✓

**Success will be:** Delivery of an agreed new service model to support Transformation Programme.

**To achieve this we will need:**

Workforce	Finance & Capital	IT
<p>Head count changes between -5% and -10%.</p> <p>Training requirements to meet further rollout of ETC and commencing the re-skilling and up-skilling of registration and payments staff around NHS Wales transformation</p>	<ul style="list-style-type: none"> <li>- IT £40k (See IT section)</li> <li>- PMR expansion - Roller Racking £136k</li> <li>- PMR expansion – Fire Suppression £47k</li> <li>- Equipment (resilience option for Bulk Mail folder / inserter) £15k</li> </ul>	<ul style="list-style-type: none"> <li>- PMR -increased capacity in records management solution (up to £10k).</li> <li>- Site &amp; Service Rationalisation – increased capacity in OCR solution (£30k).</li> <li>- Expansion of PMR (£40k) capital and £60K recurring from 2020.</li> </ul>
Processes	Dependencies	
<p>Introduction of a 'one site one process' programme across PCS registration and payments departments, including consolidation of functions at various sites together with the provision of full continuity.</p> <p>Introduction of social media services.</p>	<p>Reliance on NWIS to provide both internal and external IT support. As processes are automated and developed reliance increases across all directorates within NWSSP as well as with External parties.</p>	

**WHAT WILL WE DELIVER IN 2019-20?**

- ✓ Full rollout and deployment of ETC services across Community Pharmacies in Wales.
- ✓ Extended delivery of the Store and Scan on demand Service aiming for between 40% and 50% uptake in NHS Wales.
- ✓ Rollout of revised services to Primary Care Contractors utilising benefits delivered by the NHSE privatisation programme. Including a new registration service provision through SPINE and automated claims processing direct from GP Clinical Systems.
- ✓ Rollout of revised services to Primary Care Contractors utilising benefits delivered by the NHSE privatisation programme. Encompassing the processing of General Ophthalmic claims and introduction of revised processing services.
- ✓ Revised provision of traditional services to Primary Care Contractors utilising modern communications tools to improve engagement, assurance and development of services.
- ✓ Improved provision of NWSSP services into Primary Care Cluster networks and federations.

**The risks to achieving this could include;**

- Unstable NHS Wales with potential restructure;
- Quality degradation of demographic data;
- Limited technical capability; Lack of Co -production / Partnership working with NWIS and the variable requirements of NHS Wales HBs
- Skills deficiency;
- Competition;
- Political influence/interference.

**To achieve this we will need;**

**Resources**

Currently deliverable under existing financial envelop in relation to staff, accommodation and development needs.

Transformation Programme development costs associated with potential contract with private sector provider (Capita) in NHSE  
(To date costs not quantified).

**We will continue to engage with;**

**Customers and Stakeholders**

The key partners in order of importance are:

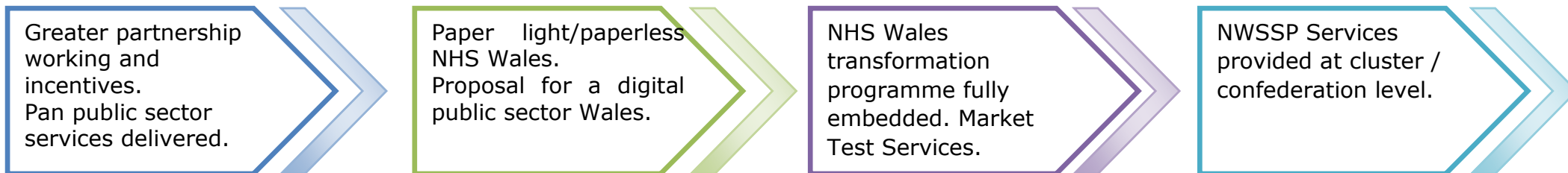
Primary Care Contractors (including mature Cluster networks and federations).

Professional representative bodies.

Welsh Government.

Health Boards.

**BEYOND 2020**



**KEY MILESTONES IN OUR JOURNEY TO WORLD CLASS**

- One site one service operationally functional across PCS
- ETC rollout plan commenced (24 Months roll out – 40% target)
- Storage & Scan on Demand rollout based on HB Primary Care Leads priorities – target 12 practices
- Development of roadmap for the future provision of Primary Care Services whether internal or external provision (system and/or operational)
- Ophthalmic services information group created and development plan commenced
- Standardised services for PPV services across Wales
- Financially stable business model in place
- Highly Skilled workforce with Leadership model embedded in staff development pathways / plans
- Customer appraisal and core business review
- 3 Year PCS service Improvement roadmap / strategy developed
- Rollout of the Health Courier Services to include PCS functions

- Fully integrated one site one service functional rationalisation in line with NWSSP Estates strategy
- Review of operational processes surrounding locally delivered services (PPV, Patient Registration)
- ETC – 80% Rollout achieved across NHS Wales
- Storage & Scan on Demand continued rollout based on HBs Primary Care Leads priorities – target 24 practices
- Continued implementation of NHS Wales Primary Care Services modernisation /transition programme through in house provision or contracted out facilities
- Primary Care Ophthalmic Informatics Services available to contractors, HBs and WG
- Leadership Model embedded in workforce development plans
- Non core business services available for the boarder public sector in Wales
- Financially stable business model in place with focus on pan public sector service strategy development
- Ensure all staff are aware of and adopt the core principles of the 'Well-being of Future Generations (Wales) Act 2015' in all that is done inside PCS.

- Site rationalisation project consolidating service functions to reduce regional presence
- ETC – 95% Rollout achieved across NHS Wales
- Storage & Scan on Demand continues with rollout and review undertaken between PCS and HB Primary Care Leads in terms of extended provision
- Review Primary Care Informatics Services across all contractor professions available to contractors, HBs and WG
- Continued implementation of NHS Wales Primary Care Services modernisation /transition programme through in house provision or contracted out facilities
- Electronic Customer Relationship Management (CRM) strategy developed and early adoption across PCS/NWSSP
- PPV integrated partnership arrangements with NWSSP Audit and Assurance Services and Local/National counter fraud services
- Strategy developed for the increase in automation of ALL transaction services at cluster/local levels with a cross function based Rules Engine
- Continued delivery of a financially stable business model and 50% reduction in manual resources achieved since 2015/16

- Full rollout and deployment of ETC services across Community Pharmacies in Wales
- Extended delivery of the Store and Scan on demand Service aiming for between 40% and 50% uptake in NHS Wales
- Rollout of revised services to Primary Care Contractors utilising benefits delivered by the NHSE privatisation programme
- Including a new registration service provision through SPINE and automated claims processing direct from GP clinical Systems
- Rollout of revised services to Primary Care Contractors utilising benefits delivered by the NHSE privatisation programme
- Revised provision of traditional services to Primary Care Contractors utilising modern communications tools to improve engagement, assurance and development of services
- Improved provision of NWSSP services into Primary Care Cluster networks and federations
- Integrated Primary Care Informatics Services across all contractor professions available to contractors, HBs and WG

**2016/17**

**2017/18**

**2018/19**

**2019/20**



**PRIMARY CARE SERVICES INTEGRATED MEDIUM TERM PLAN  
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<b>Description of Key Performance Indicator</b>	<b>2016-17 Current</b>	<b>2017-18 Target</b>	<b>2018-19 Target</b>	<b>2019-20 Target</b>
KPI 1 - Primary care payments made accurately and against payment timescales	100.00	100.00	100.00	100.00
KPI 2 - Patient assignment requests are actioned within 24 hours	100.00	100.00	100.00	100.00
KPI 3 - Medical record transfers to/from GPs and other primary care agencies within 6 weeks - an indicator on practice performance for management review	96.00	97.00	98.00	98.00
KPI 3A - Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100.00	100.00	100.00	100.00
KPI 4 - Acceptance/deduction to/from GPs lists for linked/non linked practices processed within an average of 2 working days except when an allocation of NHS number is required	95.00	100.00	100.00	100.00
KPI 5 - Additions to or variations or removals/amendments to Medical, Dental and Ophthalmic Performers Lists and the Pharmaceutical List processed within three months of receipt of full application	100.00	100.00	100.00	100.00
KPI 6 – Category A Cascade alerts to contractors to be issued within 4 hours of receipt <sup>5</sup>	100.00	100.00	100.00	100.00
KPI 6A – Category B Cascade alerts to contractors to be issued within 7 hours of receipt	100.00	100.00	100.00	100.00
KPI 7 – At Least one meeting every 6 months with HBs	100.00	100.00	100.00	100.00
KPI 8 –Produce KPIs quarterly and post to share point within 5 working days of the quarter end	100.00	100.00	100.00	100.00
KPI 9 – Post Payment Verification visits against programme of visits	100.00	100.00	100.00	100.00
KPI 10 - PPV practice files to be completed and closed within 3 months of the date of visit	100.00	100.00	100.00	100.00
KPI 11 - PPV practice files to be completed 2 weeks prior to the visit date	100.00	100.00	100.00	100.00

**PRIMARY CARE SERVICES INTEGRATED MEDIUM TERM PLAN  
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KPI 12 - Action point / service point queries resolved / closed within an agreed response time	98.00	99.00	99.00	100.00
KPI 13 - GP locum reimbursement claims assessed and passed to HBs within 3 working days of receipt	95.00	98.00	100.00	100.00
KPI 14 - Student Bursary applications processed within 15 days	100.00	100.00	100.00	100.00
KPI 15 - Prescription Keying Accuracy Rates	99.46	99.65	99.75	99.85
KPI 16 - Uptake of Electronic Prescription Returns System	95.00	98.00	100.00	100.00
KPI 17 - Uptake of Open Exeter claiming by Practice	50.00	70.00	90.00	100.00
KPI 18 - Uptake of Open Exeter claiming by overall amount of different service claims	30.00	50.00	90.00	100.00
KPI 19 - ETC uptake in Community Pharmacy	0.00	0.00	40.00	80.00

# BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100K

## 1. SCHEME TITLE

Expansion of Patient Medical Record Storage and Scan on Demand Service for NWSSP Primary Care Service.

## 2. CONTRACT DETAILS

### 2.1. Description of Goods/Services/ Works/Lease

The Patient Medical Record (PMR) Storage and Scan on Demand Service is an off-site storage and management facility on behalf of general medical practices in Wales. Whilst the facility currently has limited capacity, there is the option to expand to meet the future needs of the service and in doing so will allow the General Practices to reallocate their space for the provision of primary care services. This will be a catalyst to broaden the portfolio of offerings at the practice which will directly benefit the health and wellbeing of the practice population.

During 2015/16 an initiative in NWSSP-PCS' Service Development Plan, was the development and implementation of a pilot for GP paper record storage and scan on demand service. Following the success of the pilot the storage and scan on demand service commenced rollout based on agreed priorities with Health Board primary care leads in Wales. As the service has rolled out it is evident that the benefits highlighted above meet the primary care strategic agenda of health boards and in doing so has increased the need for additional capacity.

PCS are now looking to expand this facility across Wales and have requested funding via a Business Justification Case submission to Welsh Government to fund the purchase of mobile racking and installation of a fire suppression system.

## 2.2. Nature of Contract

(Please complete either 2.2.1 or 2.2.2).

### 2.2.1. New/First time contracts

New investment for expansion of the Patient Medical Record Storage and Scan on Demand Service.

### Date of Board approval of business case

Business Case presented to NWSSP, Senior Management team on the 21/12/17, to be approved by NWSSP Committee on 18/01/18

### Issues to bring to Board's attention that differs from the detail within the approved business case.

Business Case not presented to Trust Board

### Details of any matters that may be considered as novel or contentious

None

## 2.3. Procurement Route

The Mobile Racking will be procured by using the ESPO Steel Storage Furniture and Shelving Framework, reference 277\_15.

The Fire Suppression will be procured by using the National Procurement Service Fire Equipment Framework, reference NPS-CFM-0045-16.

## 2.4. Timescales for Implementation

It is anticipated the procurement for the Mobile Racking Investment (Phase 1) circa £88,920 (ex vat) will be concluded by 31st January 2018 with deliverables as follows:

Phase 1	£88,920	to be completed in 2017/18*
Phase 2	£204,000	to be completed in 2018/19**

\*subject to discretionary Capital approval 2017/18

\*\*subject to Business Case approval by Welsh Government

It is anticipated the procurement for the Fire Suppression (circa £300k-£600k (excl VAT) – exact values are subject to Welsh Government approval) will be concluded at the end of March 2018.

Contract award is anticipated week commencing 13<sup>th</sup> April 2018.

## 2.5. Period of Contract

In line with the proposed scheme the authority anticipates all packages to run in parallel with the contract award timescale detailed above, and to conclude in line with the scheme being executed and handover by all contractors.

## 2.6. Maximum Expected Total Value of Contract – excluding and including VAT (if contract renewal, please provide justification of difference in value from previous contract).

### Minimum Financial Approval:

based on the Focussed Investment request Option 3 detailed in the Business Justification Case

Package	Package subtotals		
	Excl VAT	VAT	Incl VAT
Mobile Racking – Phase 1	£88,920	£17,784	£106,704
Mobile Racking – Phase 2	£204,000	£40,800	£244,800
Fire Suppression – Phase 2	£300,000	£60,000	£360,000
Contingency – 10%	£59,292	£11,858	£71,150
<b>TOTALS</b>	<b>£652,212</b>	<b>£130,442</b>	<b>£782,654</b>

Maximum Financial Approval:

based on the Maximum Investment request Option 4 detailed in the Business Justification Case

Package	Package subtotals		
	Excl VAT	VAT	Incl VAT
Mobile Racking – Phase 1	£88,920	£17,784	£106,704
Mobile Racking – Phase 2	£204,000	£40,800	£244,800
Fire Suppression – Phase 2	£600,000	£120,000	£720,000
Contingency – 10%	£89,292	£17,858	£107,150
<b><u>TOTALS</u></b>	<b><u>£982,212</u></b>	<b><u>£196,442</u></b>	<b><u>£1,178,654</u></b>

As the outcome of the competition is not yet known Trust Board are requested to authorise a further contingency of 10%


## 2.7. Source of Funds

Phase 1 of the Mobile Racking will be funded from the NWSSP Discretionary Capital Programme

Phase 2 of the Mobile Racking and the Fire Suppression will be subject to a Business Justification Case being approved by Welsh Government.

### 3. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

3.1. The lead director, by signing this request for board approval, is making a ***declaration that all procurement rules, standing orders and standing financial instructions have been complied with.***

<b>Signed:</b> 
<b>Print name: Dave Hopkins</b>
<b>Job title: Director of Primary Care Services</b>
<b>Date: 21/12/17</b>



The report is **Open**

**Teitl yr Adroddiad/Title of Report**

**Finance, Workforce and Performance Update Report**

**ARWEINYDD:  
LEAD:**

**Andy Butler, Director of Finance & Corporate Services & Hazel Robinson, 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 30<sup>th</sup> November 2017.

**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 :**



<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the financial position reported to 30<sup>th</sup> November 2017.</li> <li>2. Note the significant level of professional influence savings generated by NWSSP to 30<sup>th</sup> November 2017.</li> <li>3. Note the performance against the High level key performance indicators to 30<sup>th</sup> November 2017.</li> <li>4. Note the workforce data for the period.</li> <li>5. Note the content of this update and seek further information if required.</li> </ol>					

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

## Finance, Workforce and Performance Update Report

### INTRODUCTION

This report provides an update regarding:

- Cumulative Financial Position to 30<sup>th</sup> November 2017
- High Level Performance indicators to 30<sup>th</sup> November 2017
- Workforce Information to 30<sup>th</sup> November 2017

### NWSSP Financial position – Month 8

NWSSP reported a break even position at the close of Month 8.

The income and expenditure position for the month period to 30<sup>th</sup> November 2017 can be summarised as follows:

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD under/ overspend £000
Audit & Assurance Services	2,564	1,701	1,675	-26
Procurement Services	15,701	10,120	10,000	-120
Employment Services	9,112	6,033	5,940	-93
Primary Care Services	11,317	7,578	7,114	-464
Legal & Risk Services	2,249	1,494	1,416	-78
Welsh Risk Pool Services	435	286	241	-45
WIBSS	1621	1,621	1621	0
Specialist Estates Services	2,989	1,896	1,660	-236
E-Business Central Team Services	41	16	16	0
Counter Fraud Services	384	256	238	-18
Non Medical Education	96,233	60,922	60,920	-2
Health Courier Services	517	319	258	-61
SMTL	576	372	372	0
Corporate Services	1,339	896	935	39
Corporate IT Support	1,103	740	738	-2
PMO	183	121	122	1
Finance	886	589	538	-51
Workforce & OD/WFIS/ESR/TEL	1,361	912	872	-40
Accommodation	2,404	1,606	1,560	-46
WEDS	881	586	597	11
Student Awards	36	36	31	-5
Salary Sacrifice	-30	-20	-20	0
Finance Academy/Finance Graduate Scheme	364	176	167	-9
ESR Enhanced	-60	-30	-30	0
Stores	0	-196	-196	0
Distribution	-1,500	0	0	0
				<b>-1,331</b>

The underspends reported within Procurement Services, Primary Care Services and Specialist Estates Services are primarily down to ongoing vacancies within each of the service areas.

An additional NWSSP distribution of £0.750m has been declared for 2017/18. This increases the distribution from the planned £0.750m per our IMTP to £1.500m. Some organisations have agreed to reinvest their share of the planned distribution. The revised distribution for 2017/18 is shown in the table below:

Health Board /Trust	%	Planned Distribution per IMTP £	Agreed Reinvestment £	Additional Distribution £	Total Cash Distribution £
Aneurin Bevan	9.85	73,844		73,844	147,688
ABMU	12.43	93,251		93,251	186,502
BCU	11.98	89,815	-89,815	89,815	89,815
Cardiff and Vale	10.49	78,652		78,652	157,304
Cwm Taf	6.97	52,305		52,305	104,610
Hywel Dda	7.77	58,293	-58,293*	58,293	58,293
Powys	1.95	14,598	-14,598	14,598	14,598
Velindre	1.17	8,781		8,781	17,562
WAST	1.28	9,580	-9,580	9,580	9,580
Public Health Wales	0.87	6,530	-6,530	6,530	6,530
Welsh Government	35.25	264,351	-264,351	264,351	264,351
<b>Total</b>	<b>100</b>	<b>750,000</b>	<b>-443,167</b>	<b>750,000</b>	<b>1,056,833</b>

\* HD reinvestment likely to be less than £58,293 in 2017/18 due to delays in recruiting to agreed posts

## NWSSP Professional Influence benefits

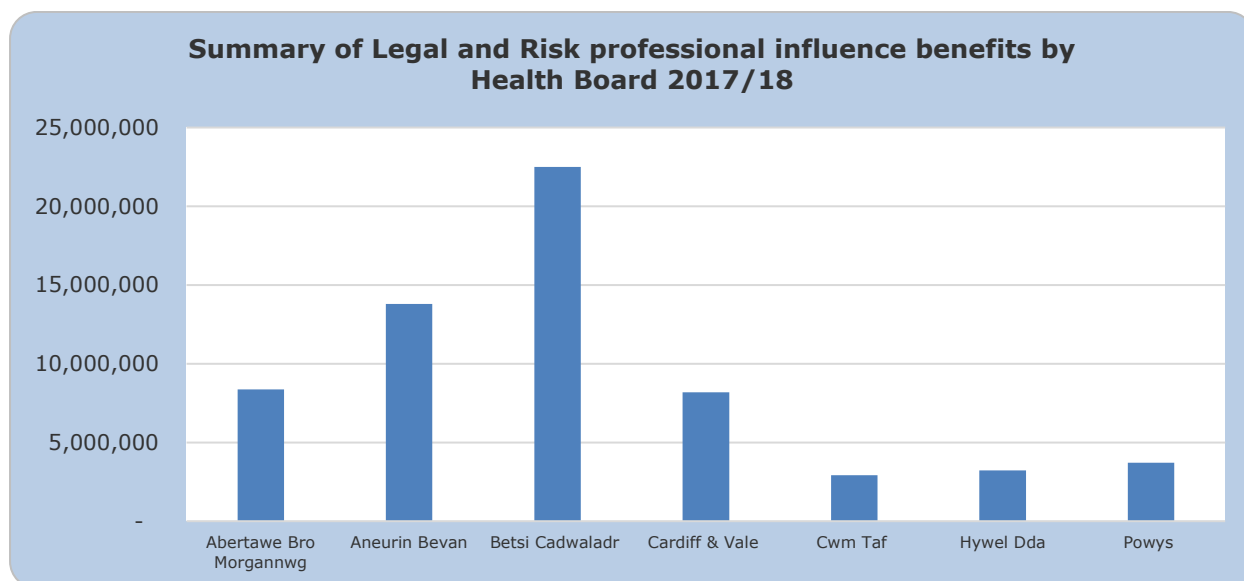
The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance within the health organisations.

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 to November 2017 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	2.932
Procurement Services	25.942
Legal & Risk Services	62.735
<b>Total</b>	<b>91.609</b>

The following graph analyses the benefits generated by Legal and Risk.



## PERFORMANCE

### Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. It is anticipated that the quarter 3 reports will be produced and distributed by the end of January. These reports will 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 November 2017 (Unless otherwise stated) along with comparison to the previous 3 periods.

High Level - KPIs Nov 2017 (unless stated otherwise)	Target	Position at 30-Apr	Position at 31-Jul	Position at 30-Sept	Position at 30-Nov
---	--------	--------------------------	--------------------------	---------------------------	--------------------------

High Level - KPIs Nov 2017 (unless stated otherwise)	Target	Position at 30-Apr	Position at 31-Jul	Position at 30-Sept	Position at 30-Nov
<b>Internal Indicators</b>					
<b>Corporate</b>					
Financial Position – Forecast Outturn	Break even	Break even	Break even	Break even	Break even
Capital financial position	Within CRL	On target	On target	On target	On target
Planned Distribution	£0.750m 16/17	£0.75m	£0.75m	£1.5m	£1.5m
NHS Debts in excess of 17 weeks – Value	<£25k	£22k	£15k	£5k	£0k
NWSSP PSPP % (Cumulative)	95%	98%	98%	98%	99%
Variable Pay – Overtime	£240k	£41k	£229k	£283k	£376k
<b>Workforce</b>					
Staff Sickness – rolling 12 months	3.3%	3.44%	3.42%	3.43%	3.42%
PADR Compliance	>85%	77.10%	86.13%	83.34%	86.36%
Statutory and Mandatory Training	>85%	92.38%	93.21%	94.19%	95.79%
Agency % to date	<0.8%	1.39%	1.56%	1.52%	1.46%
<b>External Indicators</b>					
<b>Professional Influence</b>					
Professional Influence Savings	£50m	£24m	£60m	£82m	£90m
<b>Procurement Services</b>					
Procurement savings *Current Year	£19.891m 17/18	*£14.959m	*£23.191m	*£23.478m	*£25.942m
All Wales PSPP	95%	Reported Quarterly	95%	95%	Reported Quarterly
<b>Employment Services</b>					
Payroll accuracy rate inc Value Added	99%	99.84%	99.78%	99.81%	99.78%
<u>Organisation KPIs Recruitment</u>					
Time to Approve Vacancies	10 days	13 days	12 days	14 days	13 days
Time to Shortlist by Managers	3 Days	9.2 days	8.1 days	7.4 days	6.8 days
Time to notify Recruitment of Interview Outcome	2 Days	5.7 days	5.1 days	3.4 days	4.1 days
<u>NWSSP KPIs Recruitment</u>					

<b>High Level - KPIs Nov 2017 (unless stated otherwise)</b>	<b>Target</b>	<b>Position at 30-Apr</b>	<b>Position at 31-Jul</b>	<b>Position at 30-Sept</b>	<b>Position at 30-Nov</b>
Time to Place Adverts	2 days	1.2 days	1.7 days	1.8 days	1.0 days
Time to Send Applications to Manager	2 days	1.0 days	1.0 days	1.0 days	1.0 days
Time to send Conditional Offer Letter	5 days	3.6 days	3.5 days	3.6 days	3.6 days
<b>Primary Care Services</b>					
Payments made accurately and to timescale	100%	100%	100%	100%	100%
Prescription - keying Accuracy rates (Sept)	99%	Not Available	99.72%	99.77%	99.79%
<b>Internal audit</b>					
Audits reported % of planned audits	46%	92%	21%	26%	41%
Report turnaround LHB / Trust management response to Draft report	80%	66%	81%	66%	63%
Report turnaround draft response to final reporting	80%	96%	98%	99%	99%
<b>Legal and risk</b>					
Timeliness of advice acknowledgement - within 24 hours	90%	100%	99%	99%	98%
Timeliness of advice response – within 3 days or agreed timescale	90%	100%	100%	98%	98%
<b>Welsh Risk Pool</b>					
Acknowledgement of receipt of claim	100%	No Committee	100%	100%	100%
Valid claims received within deadline processed in time for next WRP committee	100%	No Committee	100%	100%	100%
Claims agreed paid within 10 days	100%	No Committee	100%	100%	91%
<b>Non-medical Education &amp; Training</b>					
% of Contracts Agreed in principle	100%	100%	100%	100%	100%
University Returns (Intake, Exit and Monthly Monitoring) received within timeframe	95%	100%	83%	83%	100%
Contract, Performance and Operational meetings booked/undertaken timely	95%	100%	100%	100%	100%

The above table shows the current positive position across Wales. However, it is recognised that within the position there are specific areas of concern or additional explanation.

**Agency/Overtime** – Detail regarding agency expenditure is reported monthly for consideration at NWSSP Senior Management Team. The high level of Agency and Overtime expenditure is primarily due to staff sickness, vacancies and targeted agency usage to provide support to the Accounts Payable function. NWSSP have successfully implemented an admin and clerical and Estates and Ancillary bank. The initial focus of this was to reduce demand for agency usage within Accounts Payable, but it is now rolled out across a number of Services.

## WORKFORCE INFORMATION

### NWSSP Staff in Post

The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP as at 30<sup>th</sup> November 2017:

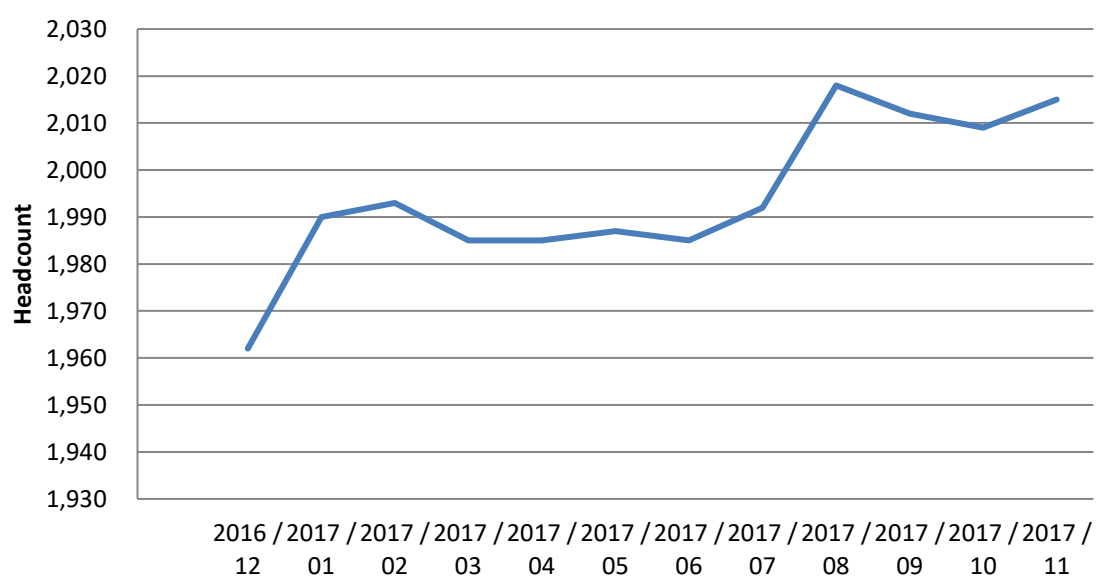
Directorate	Headcount Oct 2017	Headcount Nov 2017	FTE Oct 2017	FTE Nov 2017	FTE Change +/-	FTE Change +/- %
Audit & Assurance Section	56	54	52.63	51.03	-1.60	-3.04%
Corporate Section	39	39	38.17	38.17	0.00	0.00%
Counter Fraud Section	6	6	6.00	6.00	0.00	0.00%
Digital Workforce Solutions Section	8	8	8.00	8.00	0.00	0.00%
E-Business Central Team Section	8	8	6.91	6.91	0.00	0.00%
Employment Section	333	336	301.85	304.85	3.00	0.99%
Finance Section	19	19	18.12	18.12	0.00	0.00%
GP Trainees Section	418	416	375.00	371.90	-3.10	-0.83%
Legal & Risk Section	94	96	85.78	87.18	1.40	1.63%
Primary Care Section	299	303	272.75	277.03	4.28	1.57%
Procurement Section	631	631	595.46	594.35	-1.11	-0.19%
Specialist Estates Section	40	41	38.60	39.60	1.00	2.59%
Surgical Materials Testing (SMTL) Section	18	19	16.52	16.95	0.43	2.58%

Directorate	Headcount Oct 2017	Headcount Nov 2017	FTE Oct 2017	FTE Nov 2017	FTE Change +/-	FTE Change +/- %
Welsh Employers Unit Section	4	4	3.80	3.80	0.00	0.00%
Workforce & OD Section	18	17	16.76	15.76	-1.00	-5.97%
Workforce Education & Development Service Section	18	18	17.29	17.29	0.00	0.00%
<b>Grand Total</b>	<b>2,009</b>	<b>2,015</b>	<b>1,853.66</b>	<b>1,856.95</b>	<b>3.29</b>	<b>0.18%</b>

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

### NWSSP Headcount Trajectory

The graph below shows the 12 month trend in NWSSP's overall headcount for the period November 2016 and October 2017.



The significant increase in headcount in August 2017 is attributable to the transfer of GP Trainees to NWSSP under the single lead employer scheme. The significant increase in January 2017 is attributable to the delay in new starters joining the organisation as a result of the Christmas period with very few new starters joining in December 2016.



## Staff Turnover

The table below shows the starters and leavers in NWSSP from December 2016 to November 2017. GP Trainees and Bank workers are excluded from this information.

	2016 / 12	2017 / 01	2017 / 02	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11
<b>Starters Headcount</b>	8	34	12	7	20	20	15	24	14	14	12	15
<b>Leavers Headcount</b>	14	11	10	20	8	16	19	9	25	20	14	6

The turnover rate for NWSSP from December 2016 to November 2017 is 10.81% compared to 10.45 % for the same period last year.

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

Further detail of turn-over by service area is provided in the table below.

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

Directorate	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %
<b>Audit &amp; Assurance Section</b>	2	2.00	6	5.14	10.68
<b>Corporate Section</b>	6	6.00	3	2.36	8.31
<b>Counter Fraud Section</b>	2	1.45	1	0.45	16.90
<b>Digital Workforce Solutions Section</b>	1	1.00	1	1.00	12.00
<b>E-Business Central Team Section</b>	0		1	1.00	11.54
<b>Employment Section</b>	41	37.05	42	37.85	12.35
Employment Services Management	0		1	1.00	12.00
Expenses Services	4	4.00	2	1.59	10.53
Lease Cars Services	0		0		0.00
Payroll Services	16	15.03	15	13.11	8.23
Pension Services	3	2.43	3	2.80	9.16
Recruitment Services	18	15.60	21	19.36	25.00
Student Awards Services	0		0		0.00
<b>Finance Section</b>	4	3.85	4	4.00	22.43
<b>Legal &amp; Risk Section</b>	21	19.80	10	10.00	11.43
<b>Primary Care Section</b>	23	20.65	20	18.14	6.60
Engagement & Support Services	17	14.65	9	7.60	13.37

Directorate	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %
Modernisation & Technical Services	1	1.00	1	1.00	3.50
PCS Management Services	0		0		0.00
Transaction Services	5	5.00	10	9.54	4.92
<b>Procurement Section</b>	90	82.35	73	66.39	11.63
Accounts Payable Services	9	8.80	20	19.40	18.49
Corporate Procurement Services	3	2.60	2	2.00	17.39
E-Enablement Services	5	5.00	5	4.80	24.59
Health Courier Service	27	23.10	11	8.38	8.41
Local Procurement Services	20	18.00	12	10.30	11.15
Sourcing Services	9	8.43	11	10.20	12.58
Supply Chain Services	17	16.43	12	11.31	7.42
<b>Specialist Estates Section</b>	3	3.00	5	5.00	11.61
<b>Surgical Materials Testing (SMTL)</b>	2	2.00	2	1.92	12.00
<b>Welsh Employers Unit Section</b>	0		0		0.00
<b>Workforce &amp; OD Section</b>	1	0.43	3	2.91	16.36
<b>WEDS</b>	0		1	0.81	5.38
<b>Total</b>	<b>196</b>	<b>179.59</b>	<b>172</b>	<b>156.98</b>	<b>10.80</b>

A summarised analysis of the reasons why staff have left is provided below for the period 1<sup>st</sup> December 2016 to 30<sup>th</sup> November 2017.

Non Voluntary Resignations		Voluntary Resignations		Retirement	
Death in Service	1	Voluntary Resignation - Better Reward Package	4	Voluntary Early Retirement - with Actuarial Reduction	5
Dismissal - Capability	4	Voluntary Resignation - Health	1	Flexi Retirement	8
Dismissal - Conduct	1	Voluntary Resignation - Incompatible Working Relationships	2	Retirement - Ill Health	1
Employee Transfer	2	Voluntary Resignation - Lack of Opportunities	5	Retirement Age	26
End of Fixed Term Contract	3	Voluntary Resignation - Other/Not Known	27		
End of Fixed Term Contract - Completion of Training Scheme	1	Voluntary Resignation - Promotion	40		
End of Fixed Term Contract - End of Work Requirement	2	Voluntary Resignation - Relocation	12		
End of Fixed Term Contract - Other	1	Voluntary Resignation - To undertake further education or training	9		
		Voluntary Resignation - Work Life Balance	15		
		Mutually Agreed Resignation - Local Scheme with Repayment	1		
<b>Total</b>	<b>15</b>		<b>116</b>		<b>40</b>

Of 172 staff that left the organisation during this period 116 staff terminated as a result of a voluntary resignation, equivalent to 72.67% of all terminations. 1 member of staff was terminated due to a reason of "Not worked" where a record was created in error.

## **Sickness Absence**

The table below shows the average sickness absence rate for NWSSP for 12 months from 1st December 2016 to 30th November 2017 was 3.42%.

NWSSP's target is 3.3% in line with the Welsh Government target of reducing sickness absence by 1%.

The in month sickness absence rate for November 2017 was 3.72% which is a 0.11% increase on the October position.

<b>Absence % (FTE)</b>	<b>Absence Days</b>	<b>Abs (FTE)</b>	<b>Avail (FTE)</b>
3.42%	25,449	23,091.31	676,098.53
<b>Month</b>	<b>Absence % (FTE)</b>	<b>Abs (FTE)</b>	<b>Avail (FTE)</b>
2016 / 12	3.83%	2,159.30	56,406.77
2017 / 01	4.27%	2,420.94	56,732.37
2017 / 02	4.06%	2,100.06	51,724.80
2017 / 03	3.45%	1,972.52	57,153.70
2017 / 04	2.83%	1,556.97	55,057.49
2017 / 05	2.90%	1,658.11	57,116.09
2017 / 06	2.67%	1,477.23	55,384.15
2017 / 07	2.79%	1,599.92	57,314.51
2017 / 08	3.48%	2,036.48	58,454.10
2017 / 09	3.25%	1,827.68	56,292.84
2017 / 10	3.61%	2,095.72	58,035.50
2017 / 11	3.72%	2,093.65	56,249.41

## **RECOMMENDATIONS**

The Shared Service Partnership Committee is requested to note:

- The financial position reported to 30<sup>th</sup> November 2017
- The significant level of professional influence savings generated by NWSSP to 30<sup>th</sup> November 2017.
- The performance against the high level key performance indicators.
- The workforce data for the period.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 6.3</b> <b>18<sup>th</sup> January 2018</b>
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<i>The report is <b>Open</b></i>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>NWSSP Corporate Risk Update – January 2018</b>

<b>ARWEINYDD: LEAD:</b>	Andy Butler Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Roxann Davies Compliance Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy Butler 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

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

<b>Ymgynghoriad/ Consultation:</b>
The Senior Management Team (SMT) reviews the Corporate Risk Register on a monthly basis.  Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

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

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

## **NWSSP CORPORATE RISK REGISTER UPDATE**

### **January 2018**

#### **1. NWSSP CORPORATE RISK REGISTER**

The Corporate Risk Register is presented at **Appendix 1** for information. The Register follows the revised format and the revised risk following the risk workshops undertaken with SMT and Senior Management.

The overall ratings are summarised below:

<b>Current Risk Rating</b>	<b>January 2018</b>
Red Risk	3
Amber Risk	8
Yellow Risk	2
Green Risk	0
<b>Total</b>	<b>13</b>

#### **2. CURRENT RED RISKS**

The latest position with the 3 current red rated risks is as follows:

##### Risk 1 - Demise of the Exeter Software System

Current Risk Score: Red 20

MRE's services in England have been running with CAPITA (City Sprint) since April 2016. Over the last 18 months PCS has engaged with CAPITA to manage the backlog created during the implementation of the system. This has fluctuated but on average there are around 12K records in backlog. It has been indicated by PCSE that any backlog records will be transported to NHS Wales by the end of the financial year, with a remaining normal backlog position prior to April 2016 of circa 5K records being achieved. PCS continue to work with CAPITA on an individual patient record basis to improve the position. CAPITA are about to roll out GP to GP direct patient paper record transfer. PCS will be monitoring closely.

In regard to future demographic services NHS Wales are working directly with NHS Digital to utilise the Spine solution directly on the decommissioning of NHAIS. The service wrap is being discussed with NHS Digital and processes are in place for seamless transfer. NWSSP will no longer have a first line support service from NWIS post decommissioning. NHS Digital have now issued the withdrawal of support on the NHAIS system from April 2018, 6 months ahead of the original correspondence provided to NWSSP. A

meeting is arranged for the end of October to clarify a reduced support arrangement commencing in April 2018.

In terms of payment systems CAPITA were commissioned to develop a gap analysis for the Welsh specific requirements and have provided the development costs and ongoing revenue costs with regard to NHS Wales utilising their GMS and GOS payments services post the decommissioning of NHAIS accessing these via the NHSE framework contract. The contents of this report have been discussed with CAPITA and a revised schedule is to be provided by the end of October to take into account some questions raised in terms of the CAPITA view of NHS Wales requirements. The English payments solution is being revised for implementation by Autumn 2018. An introductory meeting has taken place with the NWSSP Managing Director and the Director of PCSE (CAPITA employee) with a view to arrangements should their solution be chosen.

#### Risk 2 – Technology Enabled Learning

Current Risk Score: Red 16

Project Manager, Rebecca McGrane, has been identified by NWIS to project manage the required Technology Enabled Learning deliverables and prepare a Project Milestone Plan. This is in progress and both Rebecca and Wendy Dearing will be invited to all future ESR Hire to Retire Programme Boards to provide project updates or discuss any variation to project timescales. Currently awaiting Project Plan.

#### Risk 3 – Recruitment and Retention of Staff

Current Risk Score: Red 16

Recruitment and retention remains a concern particularly within professional posts across a number of services. Work is taking place with these services to develop recruitment and retention strategies to attempt to address these concerns, utilising available data and information. Recruitment is ongoing to fill the vacancies within Workforce and OD.

### **3. NEW RISKS ADDED TO THE CORPORATE RISK REGISTER**

No new risks were added to the Corporate Risk Register during December 2017.

### **4. DEVELOPMENTS TO RISK MANAGEMENT**

Following the **reasonable assurance** achieved for Risk Management during 2016/2017, a Risk Management Advisory Workshop was held on 27<sup>th</sup> April 2017 for the Senior Management Team. A follow-up Workshop was held on 8<sup>th</sup> June 2017 to capture directorates and key individuals.

A pilot assurance mapping exercise was undertaken by Peter Stephenson of Internal Audit and it was agreed that the exercise would be extended to cover all directorates. This exercise was completed by 31<sup>st</sup> August 2017 and an update on the assurance mapping exercise was presented at SMT on 28<sup>th</sup> September 2017 and to the Audit Committee on 7<sup>th</sup> November 2017. It was agreed that Assurance Maps would be presented to the Audit Committee, annually.

The Corporate Risk Register has been reviewed and refreshed following the outcome of the workshops and the new format has been adopted.

## **5. 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 the result could be an adverse affect effect on NWSSP and its customers.

## **6. DIRECTORATE RISK REGISTERS**

The Directorate Risk Registers have all been converted to the new format as was previously agreed. There however remains a concern that there is a need to update the content of risk registers for a number of Directorates. Going forward, in accordance with the recommendations contained in the Internal Audit report, Directorate SMTs will be responsible for maintaining and updating their risk registers, and there will be no need for Directorates to submit their risk registers quarterly to the central risk team as was previously the case. However, any red-rated residual risks must still be reported for consideration of inclusion on the Corporate Risk Register. Corporate overview of Directorate Risk Registers will become part of the quarterly review process undertaken for each Directorate by the Managing Director, the Director of Finance & Corporate Services, and the Director of Workforce and Organisational Development. This should help to cement the ownership of risk registers within directorates while still allowing corporate oversight as part of an integrated review of directorate performance.

## **7. RECOMMENDATION**

The Partnership Committee is asked to:

- **NOTE** the Corporate Risk Register as at January 2018.



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				
1	Risks associated with the demise of the Exeter system coming to an end in 2015 with no replacement system designed for NHS Wales. The contract in NHS England has been outsourced to Capita.	3	4	12	Establishment of NHS Wales Steering Group. High level option appraisal undertaken	4	5	20	Mapping exercise to be completed with Capita and PCS subject matter experts to identify gaps between NHSE and NHSW.	Gap analysis work has been completed. Capita have provided first cut prices and GAP update. PCS have contested some of the GAP analysis requirements and updated Capita.		31-Mar-18
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
2	1. The Learning@Wales server provided and supported by NWIS requires enhancements to ensure user capacity is aligned with forecasted usage and is fully supported and managed to ensure provision of service does not degrade further.  Further enhancements are required to reporting capability as this is affecting the service provided and reputation of NWSSP.  2. The ESR e-learning server is currently provided by NWSSP via a server located in Manchester. This server has little resilience and requires hosting within NWIS DMZ with a fully supported service management wrap.  Over 70% of learning undertaken in NHS Wales by July was via e-learning. There would be a significant impact on the compliance of the workforce if this server failed.	4	4	16	Additional support provided from NWIS to schedule reports out of hours to minimise impact on server disruption.  Significant cleansing and formatting of reports by DWS Team before they are forwarded to organisations to enable them to manage compliance.  NWSSP IT function have enabled a temporary solution via this Manchester server.	4	4	16	1. Escalation with NWIS for resolution.  2. Provision of fully supported server, hosted in NWIS DMZ required.	Project Manager, Rebecca McGrane, has been identified by NWIS to project manage the required Technology Enabled Learning deliverables and prepare a Project Milestone Plan. This is in progress and both Rebecca and Wendy Dearing will be invited to all future ESR Hire to Retire Programme Boards to provide project updates or discuss any variation to project timescales. Currently awaiting Project Plan.		31-Jan-18
	Escalated Directorate Risk									Risk Lead: Director of Workforce and OD		
3	1. NWSSP are unable to recruit and retain sufficient numbers and quality of staff for certain professional services (Procurement, Audit, SES) resulting in a potential failure to meet desired performance targets and/or deliver service improvements  2. In addition, NWSSP's Workforce Team is experiencing short term staffing shortages due to long term sickness absence; adoption leave and difficulties in recruiting to outstanding vacancies following the promotion of staff to other NHS organisations. This is impacting on the team's ability to sustain the delivery of the operational HR services and the delivery of the wider Workforce agenda.	5	4	20	1. Staff Surveys & Exit Interviews Monitoring of turnover and sickness absence Workforce & OD Framework Work with Great With Talent to develop On-Boarder, Absence & Exit questionnaires Development of Clerical Bank Strengthened relationship with local universities Work-based degree opportunities in some professional services Use of Social Media Use of Recruitment Consultants Targeted Advertising - Trade Journals  2. Advertising posts on permanent/secondment basis Flexibility in roles Prioritising work Existing part time staff working additional hours in short term	4	4	16	Questionnaires to be developed for staff after being in post for further 6 and 12 months to assess the onboarding process.  Exit interviews to assess rationale for staff leaving employment - 31 Mar 2018 (HR)  NHS Wales Leadership Programme - identify key staff with potential for future development and encourage them to undertake the leadership programme - 31 Mar 2018 (HR)  Continue to review success of adverts placed for professional staff	Recruitment and retention remains a concern particularly within professional posts across a number of services. Work is taking place with these services to development recruitment and retention strategies to attempt to address these concerns, utilising available data and information. Recruitment is ongoing to fill the vacancies within Workforce and OD.		31-Mar-18
	Strategic Objective - Staff Escalated Directorate Risk									Risk Lead: Director of Workforce and OD		
4	The forecasting of the Risk Pool spend is complex. Any inaccuracies could have a major impact on NHS Wales' ability to achieve financial balance and could adversely impact the reputation of NWSSP. The change in the discount rate in February 2017 has increased the complexity of the calculations.	4	4	16	Appointment of a dedicated Risk Pool Accountant Introduction of Business Partnering Arrangements On-going development of robust forecasting arrangements Regular reporting to SSPC and Directors of Finance	2	4	8	1. Closer working with Health Boards, Welsh Government and Solicitors required to maintain a current and accurate view of the level of risk. 2. Development of a forecasting model to map the financial impact of the discount rate change over the next 3 years.	Both actions completed. NWSSP have developed a forecasting system which incorporates all the latest information about cases over £250k available from the Solicitors. This has been agreed with Welsh Government.  A dialogue system is in place and forecasting is always on the LARS monthly senior team meeting- chaired by the Director and attended by Martin and all Anne-Louise's Senior Solicitors/Team Leaders.  Finance Directors were updated on the latest position in September 2017.		31-Mar-18
	Escalated Directorate Risk									Risk Lead: Director of Finance & Corporate Services		
5	Reputational impact due to issues within the Accounts Payable (AP) team that have resulted in the delay in payment to suppliers in a number of Health Boards and Trusts leading to failure to achieve their Public Sector Payment Policy (PSP) targets.	4	4	16	Review of performance at regular meetings with LHBs and Trusts SMT review high level progress reports on regular basis Restructure of AP team to improve performance Action plan in place to address issues - has been subject to independent review Finance Academy has established P2P as a national project under the developing excellence initiative. Accounts payable helpdesk introduced	3	4	12	1. Complete implementation of action plan ( RW) 2. Internal Audit to complete follow up review ( SC) 3. The All Wales P2P group to provide regular updates on progress to the SMT (AB) 4. Appoint P2P Project Manager (AB)	1. Completed 2. Completed 3. Regular updates to Finance Directors and Committee 4. Completed  Actions taken to date have resulted in improvement in PSPP performance.		31-Jan-18
	Escalated Directorate Risk									Risk Lead: Director of Procurement Services		
6	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	4	4	16	IMTP Horizon scanning days with SMT and SSPC to develop services Established new Programme Management Office (PMO)	3	4	12	1. Develop IT Strategy and identify required resource and capital funding, include within IMTP - 31 Dec 17. (AB) 2. Further investment in PMO ( AB) 3. Implementation of project management software (AB) 4. Invest in Robotic Process Automation (AB)	IT Strategy approved by SMT. Head of PMO to be appointed. Procurement pilot project completed - currently being rolled out to rest of shared services RPA Pilots in progress		31-Mar-18
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
7	NWSSP is unable to adequately demonstrate the value it is bringing to NHS Wales due to insufficiently developed reporting systems.	4	4	16	Quarterly Performance Reports to Health Boards & Trusts Performance Reporting to SSPC & SMT SSPC Assurance reports Periodic Directorate Meetings with LHBs & Trusts Quarterly meetings with LHB and Trust Exec Teams Regular updates to Peer Groups (DOF's, DWODS, Board Secretaries) Customer Satisfaction Surveys	3	4	12	1. Introduce consistent approach in reporting and meetings for all directorates and all LHBs & Trusts (AB) 2. Review and refine KPI reporting across all Directorates - 31 Dec 2017 (AB) 3. Implement the Qlikview electronic performance reporting system - 31 March 2019 (Jane Tyler) 4. Develop sophisticated benchmarking data with other providers - 31 March 2018 (AB) 5. Introduce and maintain a Benefits Log - 31 Dec 2017 (AB) 6. Work proactively to support NHS Wales in delivering the actions outlined within the NHS Wales Chief Executives National Improvement Programme	1. Completed 2. Ongoing 6. Paper taken to All Wales Finance Directors meeting in September 2017.  All actions are on track to be delivered by the due date.		31-Mar-18

	Strategic Objective - Value For Money								(NIP)	Risk Lead: Director of Finance & Corporate Services		
8	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.	4	5	20	Created a Business Systems and Informatics Department Service Level Agreement (SLA) in place with NWIS Significant additional capital funding obtained from Welsh Government in prior year for IT investment Development of draft IT strategy	3	4	12	1. Finalise IT Strategy for NWSSP, to include an IT replacement strategy - 31 Dec 2017 (AB) 2. Consolidate Desktop support from one strategic partner - currently a mix of arrangements (NWIS & BCU) - 31 Mar 2018 (AB) 3.Finalise Cyber Security Action plan - 31 Dec 2017 (AB) 4. Develop an overarching Business Continuity plan for NWSSP incorporating operational, IT and building requirements and test the plan annually - 31 Mar 18 (AB)	All actions on track and a consultant from the Wales Quality Centre is currently working with NWSSP to enhance BCP arrangements.	➔	31-Mar-18
	Strategic Objective - Excellence									Risk Lead: Director of Finance & Corporate Services		
9	PCS - The storage area in Brecon House has been extended following the roll out of the Live Patient Medical Record Storage and Retrieval Service. The original footprint is protected by an inert gas (Argonite) fire suppression system, however the new areas have no additional protection in the event of a fire.	2	4	8	At present PCS are decanting Death Records from Fire Suppression Areas in the new store rooms in rooms 4,5 and 6. All Live PMR records are now being stored in the fire suppression area as part of the ongoing priority programme and also the ABHB rollout taking in 80 GP Practices.	2	4	8	NWSSP's Fire Officer has identified the requirement for a system to be extended to cover the new storage areas and, subject to the 'value' of the material stored, this could be in the form of a gaseous based system.  Specifications being developed with a view to obtaining costs for consideration. This is in the process of completion, with a business case being written.  Further issues arise in relation to the present rollout of live records where by the end of 2017 the floor space will be exhausted on the ground floor. A plan and subsequent business case is being developed to take further space on the first floor. It is likely to be proposed to fire suppress the ground floor only.	As part of a recent update meeting with CAPITA they informed PCS that there is an extended contract for their Darlington site with the local fire service. There are no fire suppression systems in place for their death or Suspense Records. We will progress this process to seek a view from the local fire service in terms of adopting a similar approach should we lease further space on the first floor. This is based on immediate detection and early intervention by the fire service.	➔	30-Apr-19
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
10	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.	4	3	12	Workforce & OD Framework On-going development of existing staff to ensure a ready supply of staff to meet the maturing organisation's needs. Leadership Development Programmes	3	3	9	1. Develop a plan which includes likely key dates for each of the affected services and which prioritises succession planning based on proximity of risk (HR) 2. NHS Wales Leadership Programme - identify key staff with potential for future development and encourage them to undertake the leadership programme - 31 Mar 2018 (HR) 3. National Succession Strategy for NHS Wales - participate in the work of the national group and identify high performing staff who may be eligible for consideration to support succession planning requirements - 31 Mar 2018 (HR)	Recent appointments of senior staff have helped to address this risk	➔	31-Mar-18
	Strategic Objective - Staff									Risk Lead: Director of Workforce and OD		
11	Failure to comply with Welsh Language requirements and capacity to meet the increased demand for Welsh translation services leading to reputational damage for NWSSP.	3	4	12	Welsh Language Officer appointed. Staff required to populate Welsh language skillset in ESR Welsh Language Translator appointed WL awareness is included within the face to face corporate induction training day Accredited WL training in place at several NWSSP sites WL monitoring report submitted to SMT External comms - WIAP project ensuring all web information is bilingual, graphic design, public events etc	2	4	8	1. Undertake a Cost/benefits analysis to justify further investment in Welsh Language capacity - 31 Dec 2017 (JM) 2.Bilingual interface of TRAC recruitment software to be fully bilingual - 31 Dec 2017 - (PT) 3. Investigate the potential for introducing a WL hub to provide support with translation for NHS Wales - 31 Dec 2017 (AB)	Overall Welsh Language compliance is 96.45% (July 17) Recent appointment of Welsh Translator  Delay with the publication of Welsh Language Standards - these are now expected to be introduced in Summer 2018.	➔	31-Aug-18
	Strategic Objective - Staff									Risk Lead: Director of Finance and Corporate Services		
12	Risks arising from changes introduced by the Welsh Government to the NHS Bursary Scheme whereby students now have to commit to work in Wales for the two years following completion of their course in order to receive the full package of benefits.	4	4	16	Governance Group with four workstreams established to meet all aspects of this announcement.	2	3	6	Further work required to develop the repayment mechanism. (PT)	The new scheme has been successfully implemented, however, further work required to develop the repayment mechanism.	➔	31-Mar-18
	Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services & Director of WEDS		
13	Failure to ensure compliance with Information Governance requirements leading to a serious breach which damages the reputation of NWSSP	4	3	12	Information Governance Steering Group Information Governance Manager Caldicott Guardian Senior Information Risk Owner (SIRO) Training programme for staff CPIP Annual Self-Assessment and Report Information Asset Owners in each Directorate ICO Audits Information Governance Risk Register Health and Care Standards	2	3	6	1. Information Governance Work Plan to be formally approved (AB) 2. Review lessons learned from IG breaches (AB)	1. Completed - IG Work Plan approved by IG Steering Group. 2. Ongoing - Standard agenda item on IG Steering Group; presentations delivered by each directorate, in turn.  NWSSP achieved a score of 93% in the latest Caldicott Principles into Practice assessment.	➔	31-Jan-18
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services in conjunction with Service Heads		

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

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

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 7.3</b> <b>18<sup>th</sup> January 2018</b>
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The report is **Open**

### Teitl yr Adroddiad/Title of Report

**NWSSP Audit Committee Highlight Report – 7<sup>th</sup> November 2017**

<b>ARWEINYDD: LEAD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Roxann Davies, Compliance Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy Butler, Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk

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

The purpose of this paper is to provide the SSPC with details of the key issues considered by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership at its meeting on the 7<sup>th</sup> November 2017.

### Llywodraethu/Governance

<b>Amcanion: Objectives:</b>	Each of the 5 key Corporate Objectives
<b>Tystiolaeth: Supporting evidence:</b>	Individual reports submitted to Audit Committee

### Ymgynghoriad/Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee

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

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

## **HIGHLIGHT REPORT FROM THE VELINDRE NHS TRUST AUDIT COMMITTEE FOR NWSSP**

### **1. CEFNDIR/BACKGROUND**

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

A summary of the business matters discussed at the meeting held on the 7th November 2017 are outlined in the table below:

<b>ALERT/ ESCALATE</b>	No matters to alert/escalate.
<b>ADVISE</b>	<b>WAO Position Statement</b>  It was noted that there would be change as to the Audit Manager for the Committee, going forward. It was confirmed that Gillian Gillett (GG) would be replacing Mike Jones (MJ) and that Julia Mansfield (JM) would remain as the Engagement Lead for the NWSSP and Velindre NHS Trust. The Chair extended his thanks to MJ for his contribution towards the Committee.
<b>ASSURE</b>	<b>Internal Audit Report - Lessons Learned by NWSSP - WAO Report on RKC Associates</b>  The report highlighted the key findings and recommendations made by WAO. The Committee were advised that following publication of the report, the NWSSP had developed an action plan as regards the two management actions identified and had demonstrated that the actions were being addressed. The Committee will continue to receive updates on progress.

<p style="text-align: center;"><b>ASSURE</b></p>	<p><b>Assurance Mapping</b></p> <p>The Committee received a detailed presentation as to assurance mapping, which outlined the work that had been completed to date. It was advised that the exercise was important to both the Organisation and the Committee as it provides assurance in the form of a pictorial representation of the levels of assurance against key operational risks. It was confirmed that the exercise was based on the 3 lines of defence model, promoted by HM Treasury.</p> <p>It was advised that, going forward, the assurance maps would be owned, updated and treated as a live document, by the respective Senior Management for each directorate. It was agreed that Assurance Maps would be brought to the Audit Committee on an annual basis.</p>
<p style="text-align: center;"><b>ASSURE</b></p>	<p><b>Tracking of Audit Recommendations</b></p> <p>The Committee were updated on the progress made towards the tracking of audit recommendations, and noted that the vast majority of recommendations had been implemented; including all rated as high priority.</p> <p>The work undertaken during the summer as to the format and content of the Audit Tracker was summarised and it was noted that a similar report is taken to Senior Management Team meetings on a monthly basis, for review and to capture updates.</p> <p>It was noted that the review of the Audit Tracker identified that Management Responses, for a small number of recommendations, were not as realistic as they should have been in terms of timescales and therefore a revised deadline was introduced. It was confirmed that any changes to original deadlines were to be approved by the Audit Committee.</p> <p>It was further noted that as part of this process, Internal Audit were undertaking a specific review of follow up of audit recommendations.</p>

<p style="text-align: center;"><b>ASSURE</b></p>	<p><b>Environmental Management System (ISO14001) External Audit Outcome</b></p> <p>It was confirmed that the NWSSP had successfully achieved continued certification to the ISO14001:2004 Standard. It was noted that 1 minor non conformity was raised and it was agreed that this would be closed out in May 2018; when transition to the 2015 Standard would occur. It was advised that the NWSSP are currently on track to achieve transition.</p>
<p style="text-align: center;"><b>INFORM</b></p>	<p>No matters to inform.</p>

## 2. ARGYMHELLIAD/RECOMMENDATION

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

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 7.4</b> <b>18<sup>th</sup> January 2018</b>
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<b>The report is <span style="background-color: red; color: white;">Open</span></b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>ISO14001 External Audit Outcome</b>

<b>ARWEINYDD: LEAD:</b>	Andy Butler Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Roxann Davies Compliance Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy Butler 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
<p>This report provides an update to the Partnership Committee as to the outcome of the 7-day external re-certification audit to assess compliance with the organisation's Environmental Management System (EMS) and ISO14001:2004 Standard.</p> <p>The External Audit Report is attached at Appendix 1, for your information.</p>

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

<b>Ymgynghoriad/Consultation :</b>
<p>Outcome presented at SMT and Audit Committee, for assurance purposes. The Audit Report has also been added to the Audit Tracking Register.</p>

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>
--



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

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	It is a mandatory requirement by Welsh Government that all public bodies be ISO14001 certified.
<b>Iechyd Poblogaeth: Population Health:</b>	Active and sustainable agenda within the environmental remit integrates with overall health and well-being and it hoped that we will influence a healthier wales through this. Demographics of population health considered in WBFG Statement and this links to the environment as a main theme.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	This report provides assurance to the Committee that NWSSP has a robust and well-integrated environmental management system in place.
<b>Ariannol: Financial:</b>	Not applicable
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has a robust and well-integrated environmental management system in place.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a>
<b>Gweithlu: Workforce:</b>	No impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

### **ISO14001 External Audit Outcome**

## 1. CERTIFICATION

In accordance with the Welsh Government's mandatory requirement for the organisation's estate to be 100% ISO14001 certified (subject to certain exceptions); in August 2014, NWSSP successfully achieved the UKAS accredited certification to the EMS ISO14001:2004 Standard.

The ISO14001 accreditation specifies requirements for organisations who wish to achieve and demonstrate sound environmental performance by controlling the impact of their activities, products or services on the environment.

A requirement of the ISO 14001:2004 Standard is to ensure that external assessments and surveillance visits are undertaken periodically with the Standard.

The Welsh Government clarified on 6<sup>th</sup> April 2017 that all external assessors are required to be UKAS accredited; this is in order to have confidence in the robustness and independence of the third party certification from an organisation which is UKAS accredited.

NWSSP underwent a tender for the re-certification body and the contract was awarded to SGS UK Ltd, who submitted the most economically advantageous tender (MEAT).

## 2. OBJECTIVES OF THE AUDIT

- **DETERMINE CONFORMITY** to our EMS, or parts of it, with audit criteria and its ability to ensure applicable statutory, regulatory and contractual requirements are also being met satisfactorily.
- **ENSURE EFFECTIVENESS** of the EMS, insofar as we can reasonably expect to achieve our specified objectives.
- **IDENTIFY**, as applicable, areas for potential improvement.

## 3. SITES VISITED UNDER THE SCOPE OF THE AUDIT

- HQ - Charnwood Court
- Companies House
- Brecon/Cwmbran House
- Cwmbran Stores
- St Athan Stores

The auditor also interviewed members from the following teams, to assess compliance with the Standard:

- Health Courier Services
- Velindre Local Procurement Team
- Central Sourcing Team

#### 4. OUTCOME OF THE AUDIT

The external assessment ultimately resulted in success for NWSSP, with continued re-certification to the ISO14001:2004 Standard being recommended by our external assessment body, SGS UK Ltd.

- **1 x Minor Non-Conformity** Raised
- **4 x Opportunities for Improvement** Identified
- **2 x Observations** (highlighting outstanding examples at sites)

##### Minor Non-Conformity

- The Control of Contractors Policy (point 6.4.3) states that a *"record of inductions is to be kept for future auditing signed and dated by the contractors upon completion"*, however, the procedure, Contractor Management (ENV008), does not state the above. No records of signed contractor inductions were able to be retrieved at Cwmbran Stores, as the procedure was being used rather than the policy.

##### Opportunities for Improvement

- Consideration to be given as to separating waste providers on the electronic system to aid retrieval.
  - *identified at Cwmbran House*
- Consideration to investigate as to why version control on the Contract Planning Form was removed (Version 3, 01/04/2011).
  - *identified at Companies House*
- Expand on the environmental training available through e-learning.
- Consideration to be given as to adding an environmental incident coding type onto DATIX, which is currently under the heading of "Health and Safety".
  - *identified at Cwmbran Stores*

##### Observations

- Positive comments on initiatives.
  - *Identified at Cwmbran House*
- Excellent record keeping and retrieval of documentation.
  - *Identified at St Athan and Companies House*

## 5. ACTION PLAN

It was agreed that the Minor Non-Conformity raised will be acted upon when revising the EMS, in preparation for the transition to the ISO14001:2015 Standard and closed off accordingly at the next external audit.

The recommendations have been added to the "Environmental NCR, Obs and Opps Log", which the Project Lead for ISO14001 developed in order to effectively manage audit recommendations raised for the certification; to ensure appropriate monitoring, follow-up and close out of each identified.

## 6. FURTHER AUDITOR COMMENTS

*"It was discussed throughout the audit the work (NWSSP) do and this was demonstrated by a robust EMS throughout the process with excellent commitment shown throughout the organisation as a whole. This is reflected and embedded within the culture of the organisation.*

*The transition is planned for the next visit and based on the evidence of this audit and the arrangements in place; this should make for a smooth transition to the new standard requirements.*

*Overall this was an excellent audit.*

*I would like to thank (NWSSP) for their hospitality throughout the audit and in particular Roxann Davies (whose) planning and timetabling was excellent and allowed the audit to run smoothly.*

*Congratulations!" **Sic.***

## 7. TRANSITION TO ISO14001:2015 STANDARD

The annual surveillance audit has been scheduled to take place during the week commencing **21<sup>st</sup> May 2018**. The proposed audit plan can be found at page 7-8 of **Appendix 1**.

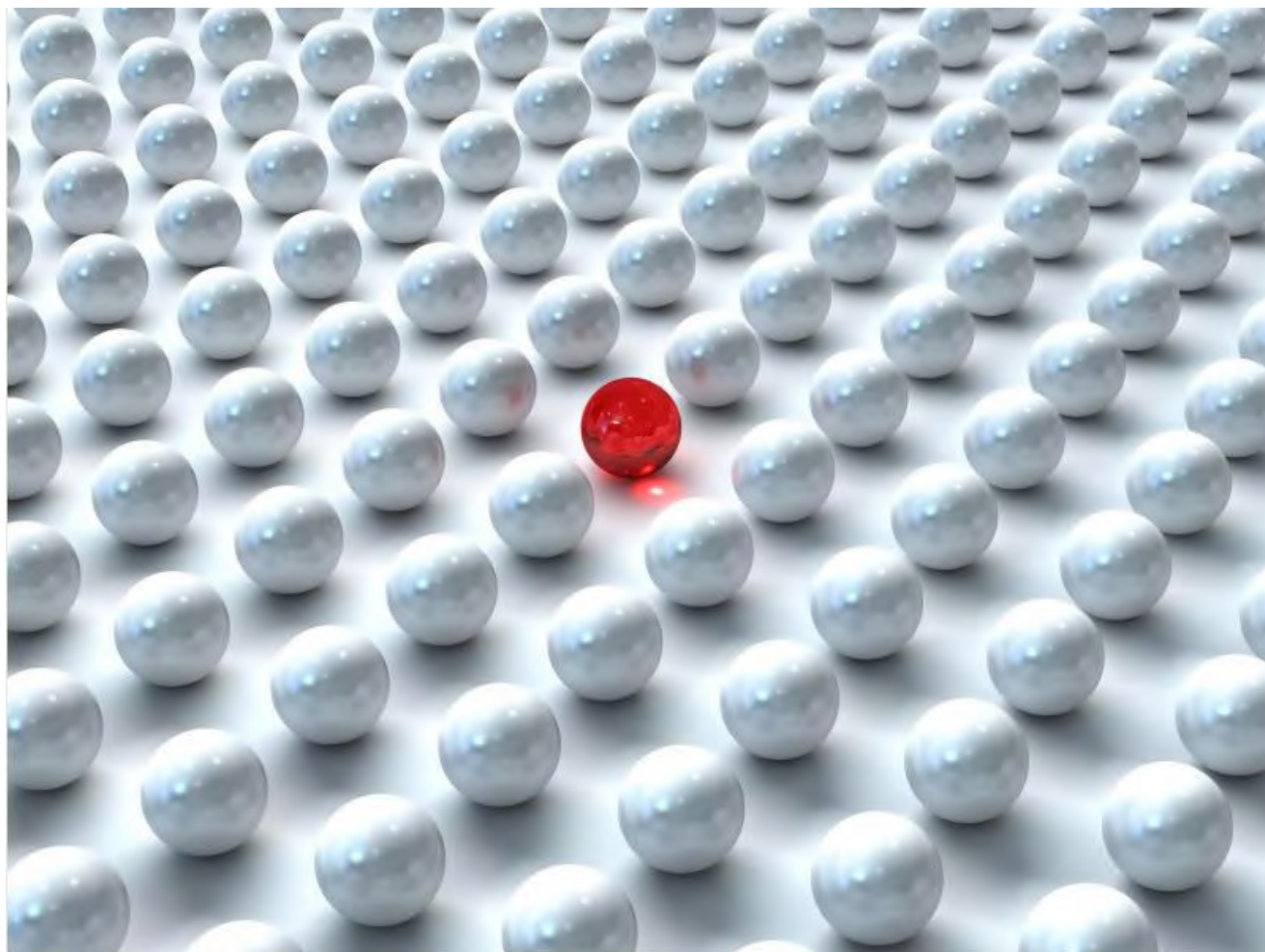
This audit will cover the upgrade to the ISO14001:2015 Standard on the first day of the visit and subsequently, the auditor will visit the following sites:

- Alder House, North Wales
- Denbigh Stores, North Wales

## **8. RECOMMENDATION**

The Committee are asked to:

- **NOTE** the content of the report and observations made by the external assessor.



## Audit Report for: NHS Wales Shared Services Partnership Visit Number: 1 Recertification Audit

For training on this management system and for all your training needs,  
please visit the SGS Academy at [www.sgs.co.uk/trainingbrochure](http://www.sgs.co.uk/trainingbrochure)

To subscribe to the SGS newsletter please visit  
[www.sgs.co.uk/en-GB/Our-Company/E-Subscriptions.aspx](http://www.sgs.co.uk/en-GB/Our-Company/E-Subscriptions.aspx)

## Management System Certification – Client Report

Organisation:	NHS Wales Shared Services Partnership		
Address:	Unit 4-5 Charnwood Court Heol Billingsley, Parc Nantgarw Cardiff CF15 7QZ		
Site(s) audited:	Unit 4-5 Charnwood Court Heol Billingsley, Parc Nantgarw Cardiff CF15 7QZ	Date(s) of audits(s):	03/08/2017 09:00:00- 24/08/2017 13:00:00
Visit Number:	1	Observer(s):	N/A
Representative:	Paula Jones	Additional member(s):	N/A
Lead auditor:	Nick Johnson		

**This report is confidential and distribution is limited to the audit team, client representative and the SGS office.**

System type:	Single
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Standard	Accreditation Body	Scope of Certification
ISO 14001-2004	UKAS	The provision of a range of professional, technical and administrative services including the stockholding and supply of medical and non-medical goods to the NHS and Welsh Government.

The objectives of this audit were to determine conformity of the management system, or parts of it with audit criteria and its:

- ability to ensure applicable statutory, regulatory and contractual requirements are met,
- effectiveness to ensure the client can reasonably expect to achieve specified objectives, and
- ability to identify as applicable areas for potential improvement.

Is the organisation management system meeting the stated objectives of the audit?	Yes
Have all unresolved findings from the previous audit been satisfactorily addressed?	Yes
Non-conformance Identified?	Major: 0 Minor: 1
Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:	Continued

<b>Changes</b>	
Level of Integration?	N/A
Key/Significant Organisational changes? (e.g key personnel, client activities, management system)	Yes
Key/Significant System changes?	No

<b>Sample reviewed</b>
Roxann Davies new Compliance Officer since Jan 2017 Health Courier services (Ambulance Trust) is now part of shared services and plans are in place to integrate into scope of management system Oldway Centre in Swansea moving to Matrix House Swansea, planned for September 2017.

<b>Executive Summary</b>
<p>This was a recertification audit which incorporated Nantgarw HQ with various sites and depots throughout the NHS Shared Services Trust</p> <p>The full systems audit to 14001- 2004 has been carried out and based on the objectives of the audit criteria and assessment over the period, recommendation for continued certification has been achieved.</p> <p><i>Corrective actions with respect to the nonconformities and observations raised at the last assessment have been reviewed. Actions were found to be effectively implemented in all areas for the nonconformities, and actions had been completed.</i></p> <p>The audit findings for this audit were discussed at length at the closing meeting whereby one Minor Non Conformance was raised within Control of Documents and various observations (detailed in the report). Action Plans with reference to the NC were discussed and were satisfactory going forward and will be audited for close out at the next audit.</p> <p><i>Observations and NC's are detailed in the report.</i></p> <p>It was discussed throughout the audit the work NHS Shared Services do and this was demonstrated by a robust EMS throughout the process with excellent commitment shown throughout the organisation as a whole. This is reflected and embedded within the culture of the organisation.</p> <p>The transition is planned for the next visit and based on the evidence of this audit and the arrangements in place; this should make for a smooth transition to the new standard requirements.</p>



Overall this was an excellent audit.

Congratulations!

#### Observations and Improvement Opportunities

ofi-Consideration to separate waste providers on the electronic system to aid retrieval-Cwmbran House  
 obs-positive comments on initiatives (Pontypool)  
 ofi-Version control on contract planning form (Company's House) version 3 1/4/11 was removed-Consideration to investigate why  
 ofi-expand on environmental training on e learning  
 ofi-Cwmbran stores-Consideration to add environmental incident on coding type on DATIX which is currently all under the heading of Health and Safety  
 obs-Excellent record keeping and retrieval of documentation at St Athan/Companies House

#### Opening & Closing Meeting Attendees

Name	Position	Opening Meeting	Closing Meeting
Chris Lewis	Environmental Management Advisor	x	x
Roxann Davies	Compliance Officer	x	x
Sharon Webber	Quality Manager	-	x

#### Any other comments

I would like to thank NHSSS for their hospitality throughout the audit and in particular Roxann Davies who's planning and timetabling was excellent and allowed the audit to run smoothly.

Congratulations!

## Notes to the client and what happens next

**This audit report will be processed and an invoice will be dispatched to you.**

*Disclaimer – the audit is based on a sampling process of the available information. Audit recommendations where issuance of a certificate is required are subject to an independent review prior to a final decision concerning the awarding of the certificate.*

## Non-conformance - what you must do

**Corrective Actions to address identified minor non conformities including a root cause analysis, which shall be documented on an action plan. Where actions are deemed to be satisfactory , they will be followed up at the next scheduled visit.**

**Failure to address a major non-conformance within the timescales will result in certification being withheld or suspended.**

**Failure to address a minor non-conformance within the timescale can result in escalation of the non-conformance to major at the subsequent visit.**

### For major non-conformance -

Corrective action (including a cause analysis) to take place immediately. SGS will perform an appropriate follow up visit within 90 days confirming that actions have been effective. The certification decision shall be made based on the outcome of the follow up visit.

The client must notify SGS of the root cause & proposed actions within 30 days of this visit	<input type="checkbox"/>
The client must send SGS records with supporting evidence	<input type="checkbox"/>
Major non-conformance follow-up to take place on:	

### For minor non-conformance -

Corrective Actions to address identified minor non-conformities including a cause analysis shall be documented on an action plan. Where actions are deemed to be satisfactory, they will be followed up at the next scheduled visit.

The client shall send SGS its action plan within 90 days to determine if the proposed actions will be satisfactory.	<input type="checkbox"/>
The client has reviewed the non-conformance to the satisfaction of the auditor and defined an appropriate action plan. Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless this check box is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.	<input checked="" type="checkbox"/>
The client has taken appropriate immediate action in response to non-conformance(s) required.	<input type="checkbox"/>

Nonconformity	N° 1 of 1	Minor	
Standard	ISO 14001-2004	Clause	4.4.5 (b)-Control of Documents
Nonconformity Statement	The Control of Contractors Policy point 6.4.3 stated that a" record of inductions is to be kept for future auditing signed and dated by the contractors upon completion". The procedure Contractor Management ENV008 does not state the above. No records of signed contractor inductions were able to be retrieved at Cwmbran stores as the procedure was being used and not the policy.		
Evidence	Control of Contractors Policy point 6.4.3 is not aligned to Procedure-Contractor Management -ENV008		
Actions Proposed	Senior Management is to review and update the policy and procedure to align Control of Contractor Policy with procedure Contractor Management		

Nonconformity	N° _ of _	Major or Minor ( <i>amend as necessary</i> )	
Standard		Clause	
Nonconformity Statement			
Evidence			
Actions Proposed			

Nonconformity	N° _ of _	Major or Minor ( <i>amend as necessary</i> )	
Standard		Clause	
Nonconformity Statement			
Evidence			
Actions Proposed			

## Audit Plan – Next Visit

Site(s) to be visited:	nit 4-5 Charnwood Court,Heol Billingsley, Parc Nantgarw Cardiff CF15 7QZ		
Audit Language:	English	Visit Number:	V2
Visit Due by Date:	09/08/2018	Provisional Planned Visit Date(s):	21-23 <sup>rd</sup> /5/18
Lead Auditor:	N Johnson	Team Member(s):	N/A

**Audit objectives:** *To confirm that the management system has been established and implemented in accordance with the requirements of the audit standard.*

Date	Time	Auditor	Site / Area / Department / Process / Function	Contact
			Upgrade to New Standard at next visit V2 pending approved proposal	Roxann Davies
21/5/18	09.00	NJ	Arrive On Site – NantGarw HQ	
	09.15	NJ	Opening Meeting	
	10.00	NJ	Review V2 Report	
	10.30	NJ	Internal Audits/Management Review	
	11.30	NJ	Aspects Evaluation/Register	
	12.00	NJ	Legal Requirement/Compliance	
	13.00	NJ	Lunch	
	14.00	NJ	Environmental Incidents/Corr & Prev Action	
	14.30	NJ	Objectives/Management Programmes	
	15.00	NJ	Operational Control – Waste Management	
	15.30	NJ	Emergency Preparedness & Response	
	16.00	NJ	Monitoring & Measurement – Energy Consumption, Waste Disposal	
	17.00	NJ	End Day 1	
22/5/18	10.00	NJ	Arrive On Site – Denbigh Stores	
	10.15	NJ	Opening Meeting	
	10.30	NJ	Aspects Register	
	11.00	NJ	Environmental Incidents/Corr & Prev Action	
	11.30	NJ	Objectives/Management Programmes	

	12.00	NJ	Monitoring & Measurement – Energy Consumption, Waste Disposal	
	12.30	NJ	Lunch	
	13.00	NJ	Operational Control – Waste Management, Control of Contractors, COSHH,	
	14.00	NJ	Emergency Preparedness & Response – Spill Kits, Fire Extinguishers	
	14.30	NJ	Equipment Maintenance – Heaters, Boilers, FLTs, Delivery Vehicles, etc	
	16.00	NJ	Auditor review	
	16.30	NJ	Leave site	
23/5/18	09.00	NJ	Arrive on Site – Alder House, St Asaph, Denbighshire	
		NJ	Opening Meeting	
		NJ	Aspects Register/Legal Requirements	
		NJ	Training and Awareness	
		NJ	Objectives/Management Programmes	
		NJ	Operational Control – Waste Management	
		NJ	Emergency Preparedness & Response – Spill Kits, Fire Extinguishers	
		NJ	Equipment Maintenance – A/C Units, Boilers	
	12.30	NJ	Lunch	
	13.00	NJ	Auditors Review/report writing	
	16.00	NJ	Close Meeting	
	16.30	NJ	Close audit leave site	

**Notes to Client:**

- Times are approximate and will be confirmed at the opening meeting prior to commencement of the audit.
- SGS auditors reserve the right to change or add to the elements listed before or during the audit depending on the results of on-site investigation.
- A private place for preparation, review and conferencing is requested for the auditor's use.
- Please provide a light working lunch on-site each audit day.
- Your contract with SGS is an integral part of this audit plan and details confidentiality arrangements, audit scope, information on follow up activities and any special reporting requirements.

1 - See page 2 for the management system scope of certification

19 Rhagfyr 2017

Annwyl Gyfaill,

## Caffael Cyhoeddus

Fel yr ydych rwy'n siŵr yn ymwybodol, cyhoeddodd Archwilydd Cyffredinol Cymru adroddiadau ar [Gaffael Cyhoeddus yng Nghymru](#) ym mis Hydref 2017 a'r [Gwasanaeth Caffael Cenedlaethol](#) ym mis Tachwedd 2017.

Mae'r Pwyllgor Cyfrifon Cyhoeddus wedi cytuno i ymgymryd ag ymchwiliad byr i gaffael cyhoeddus gan ystyried yn benodol:

- Rôl arweinyddiaeth Llywodraeth Cymru ar gyfer caffael cyhoeddus yng Nghymru, gan gynnwys, er enghraifft:
  - effaith gyffredinol datganiad polisi caffael 2015;
  - y 'Rhaglen ar gyfer Caffael' a gynlluniwyd a'r camau y mae Llywodraeth Cymru yn eu cymryd i adolygu addasrwydd trefniadau caffael cyrff cyhoeddus unigol, i hyrwyddo e-gaffael; a
  - materion sy'n ymwneud â mynediad at recriwtio a chadw gallu caffael allweddol.
- Effeithiolrwydd trefniadau llywodraethu cenedlaethol, hefyd yng nghydestun [datganiad](#) diweddar (21 Medi 2017) Ysgrifennydd y Cabinet dros Gyllid a Llywodraeth Leol a chynlluniau Llywodraeth Cymru i uno Bwrdd yr NPS a'r Bwrdd Caffael Cenedlaethol.
- Effeithiolrwydd ac effaith trefniadau caffael cydweithredol trwy'r prif gonsortia caffael yng Nghymru a sefydliadau prynu cyhoeddus, gan ganolbwyntio'n benodol ar rôl a datblygiad y Gwasanaeth Caffael Cenedlaethol.

Rwy'n ysgrifennu i'ch gwahodd i ymateb, erbyn 22 Ionawr 2018, â'ch barn ar ganfyddiadau Adroddiadau'r Archwilydd Cyffredinol ac yn benodol y pwyntiau a amlygwyd uchod.

Yn gywir



Nick Ramsay AC  
Cadeirydd



19 December 2017

Dear Colleagues,

## Public Procurement

As I am sure you are aware, the Auditor General for Wales published reports on [Public Procurement in Wales](#) in October 2017 and the [National Procurement Service](#) in November 2017.

The Public Accounts Committee has agreed to undertake a short inquiry into public procurement specifically considering:

- The Welsh Government's leadership role for public procurement in Wales including, for example:
  - the overall impact of the 2015 procurement policy statement;
  - the planned 'Programme for Procurement' and actions that the Welsh Government is taking forward to review the fitness of individual public bodies' procurement arrangements, to promote e-procurement; and
  - issues relating to access to the recruitment and retention of key procurement capability.
- The effectiveness of national governance arrangements, also in the context of the Cabinet Secretary for Finance and Local Government's recent [statement](#) (21 September 2017) and the Welsh Government's plans to merge the NPS Board and the National Procurement Board.
- The effectiveness and impact of collaborative procurement arrangements through the main Wales-based procurement consortia and public buying organisations, with a particular focus on the role and development of the National Procurement Service.

I am writing to invite you to respond, by 22 January 2018, with your views on the findings of the Auditor General's Reports and specifically the points highlighted above.

Yours sincerely,



Nick Ramsay AM  
Chair





Neil Frow  
Managing Director  
NHS Wales Shared Services Partnership

Neil.Frow@wales.nhs.uk

21 December 2017

Dear Neil,

### **Strategic Outline Programme Feedback**

Thank you for submitting the Strategic Outline Programme (SOP) for your organisation's Information Management and Technology developments. It is good to see that you are taking a strategic approach to planning your developments for IM&T through your SOP.

The development of SOPs provides an opportunity to not only reflect on the requirements for IM&T development for future years, but also to ensure that each organisation's efforts against shared objectives and goals are aligned. We hope that every opportunity is taken to collaborate and to share lessons learned between organisations throughout the delivery of these SOPs.

As you aware, responsibility for approving your SOP sits with your organisation's Board.

We have shared your SOP with a range of stakeholders, to ensure that all SOPs are aligned to Welsh Government policy; to review financial assumptions and affordability; to ensure the co-ordination of the implementation of national products; and to ensure cohesiveness with Informed Health and Care.

It is important to highlight that the revenue costs outlined in each organisation's SOPs must be contained within the organisation's current revenue resource allocation.

Any financial implications (revenue or capital) contained in the SOP are not considered to be automatically approved by Welsh Government by virtue of them being included in SOPs. Affordability and potential methods of funding projects will need to be considered subsequently. These decisions will however take into account the prioritisation methodology that forms part of the National Plan for Informatics, which each organisation's SOP has assisted in developing.



We have reviewed your SOP, and provided feedback under four key headings as follows:

### **Priorities**

The SOP is clear on what functions and projects it seeks to deliver, and how the organisation will benefit the overall delivery of its digital health strategy.

### **Finance / Funding**

This SOP is notable for the inclusion of current baseline funding, including discretionary capital. The SOP covers the next three years, however Welsh Government requested that SOPs take a view of IM&T developments over the next five years. While benefits are not quantified, the SOP is clear that there will be increased revenue costs. These resource requirements would benefit from further detail.

Further thought should be given to exploring all funding options, to include both local and central funding, together with other partnerships and Welsh Government initiatives for example Invest to Save / Innovate to Save etc.

### **Capacity / capability to deliver**

Although a number of key areas for delivery are identified, with a number of actions attached and evidence to show that they link to the four workstreams of the digital strategy, the SOP could do more to identify timescales against these actions and deliverables.

A clear process for the identification of qualitative and quantitative benefits has been established in the SOP, which includes accruing feedback with a wide range of stakeholders, and through assessment at project level, with reporting through the IMTP process. Benefits realisation is clearly mapped, with this work being undertaken by the NHS Wales Shared Service Partnership ICT Steering group. Further quantification of benefits, both qualitative and cash releasing, would be helpful in future iterations.

### **Alignment with strategy**

The SOP is understandably different to the Health Board SOPs. It is clearly linked to NHS Wales Shared Service Partnership own strategy and goals as well as *Informed Health and Care*. The SOP clearly links each of its proposed 14 programme deliverables to the national strategy themes. The SOP also refers to how NHS Wales Shared Service Partnership plans to shape change through the delivery of projects that align with national policy, such as the Wellbeing of Future Generations Act, prudent healthcare, the development of primary care, and the Social Services and Wellbeing Act.

The recently published NHS Wales Planning Framework for 2018/21 makes clear that the strategic direction of improving access to information and introducing new ways of delivering care with digital technologies must be clearly articulated within

Integrated Medium Term Plans (IMTPs). Therefore, we would also expect the IM&T developments contained in your SOP to inform your organisation's IMTP. Peter Jones would welcome the opportunity to discuss the development of your organisation's IMTP with you in the coming weeks. Please contact his PA, Sarah Mullins (sarah.mullins@gov.wales) to make arrangements.

I hope the feedback that has been provided will be of use to your organisation going forward, and in your Board's formal approval of your SOP. Once your finalised SOP has been agreed by your Board, please could you forward it to HSS-DHCMailbox@gov.wales for our reference.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Frances Duffy', with a stylized flourish at the end.

**Frances Duffy**

Director of Primary Care and Innovation  
Cyfarwyddwr Gofal Sylfaenol ac Arloesi