

- 1 PRELIMINARY MATTERS
  - 1.1 Welcome and Introductions
  - 1.2 Apologies for Absence
  - 1.3 Declarations of Interest
  - 1.4 Unconfirmed Minutes of Meeting: 15th November 2018  
Draft Minutes 15.11.18 PART 1 (003).docx
  - 1.5 Action Log  
1.5 Action Log Jan 2019.doc
- 2 SERVICE REVIEW - Specialist Estates Services
- 3 CHAIR AND MANAGING DIRECTOR'S REPORTS
  - 3.1 Chairman's Report
  - 3.2 Managing Director's Report  
SSPC MD Update Jan 19 (1).docx
- 4 ITEMS FOR APPROVAL / ENDORSEMENT
  - 4.1 IMTP - Iain Hardcastle (DO NOT PRINT)  
IMTP Cover Paper.docx  
NWSSP IMTP 2019\_22 V10 SSPC.pdf
  - 4.2 Review of Standing Orders - Peter Stephenson (DO NOT PRINT)  
SSPC Annual Review of Standing Orders.docx  
Standing Orders for Operation of SSPC - For Info V6 RD 07012019.doc
  - 4.3 Updated Service Level Agreements - Peter Stephenson (DO NOT PRINT)  
SLA Cover Paper.docx  
OVERARCHING Service Level Agreement NWSSP V8.docx  
Schedule A Audit Assurance SLA January 2019.doc  
Schedule B Employment Services SLA January 2019.docx  
Schedule C SES SLA January 2019.doc  
Schedule D SLA Legal and Risk Services January 2019.docx  
Schedule E PCS SLA 2018\_ January 2019.doc  
Schedule F - Procurement Services SLA January 2019.doc  
Schedule G Health Courier Services SLA - 2019 - 20.docx
- 5 PROJECT UPDATES
  - 5.1 PMO Highlight Report - Andy Butler  
PMO Cover Paper.docx  
Flash Report jan19.pdf
  - 5.2 Medical Examiner Service - Gareth Hardacre PAPER TO FOLLOW
  - 5.3 Transforming Access to Medicines - Neil Frow  
Highlight Report 17 18 033 TRAMS Dec 18.docx
- 6 GOVERNANCE, PERFORMANCE AND ASSURANCE
  - 6.1 Finance, Workforce, Risk and Performance Report - Andy Butler  
SSPC Finance and Corporate Services Jan 2019.docx  
Corporate Risk Register 20190111.xlsx
  - 6.2 Internal Audit Strategy - Simon Cookson (Verbal)
- 7 ITEMS FOR INFORMATION / DISCUSSION
  - 7.1 GP Trainees - Gareth Hardacre (Verbal)

- 8 OTHER MATTERS
- 8.1 Any Other Urgent Business
- 8.2 Date of Next Meeting: 14th March 2019
- 9 PART B
- 9.1 Unconfirmed Minutes of Meeting: 15th November 2018
  - Draft Minutes 15.11.18 PART 2.docx



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

**THURSDAY 15<sup>TH</sup> NOVEMBER 2018**

**10:00 – 13:00**

**NWSSP HQ, BOARDROOM**

**Present:**

| <b>Attendance</b>      | <b>Designation</b>                                    | <b>Health Board / Trust</b>   |
|------------------------|---|-------------------------------|
| Margaret Foster (MF)   | Chair (to item 3.4)                                   | NWSSP                         |
| Huw Thomas (HT)        | Acting Director of Finance (from item 4.1)            | Hywel Dda UHB                 |
| Neil Frow (NF)         | Managing Director                                     | NWSSP                         |
| Geraint Evans (GE)     | Director of Workforce and OD                          | ABUHB                         |
| Hazel Robinson (HR)    | Director of Workforce and OD                          | ABMUHB                        |
| Julie Rowles (JR)      | Director of Workforce and OD                          | Powys THB                     |
| Chris Lewis (CL)       | Acting Director of Finance                            | Cardiff & Vale UHB            |
| Steve Ham (SH)         | Chief Executive                                       | Velindre University NHS Trust |
| Chris Turley (CL)      | Interim Director of Finance                           | WAST                          |
| Steve Elliott (SE)     | Deputy Director of Finance                            | Welsh Government              |
| Andy Butler (AB)       | Director of Finance & Corporate Services              | NWSSP                         |
| Phil Bushby (PB)       | Director of People & OD (VC)                          | PHW                           |
| <b>Other Attendees</b> |   |                               |
| Pete Hopgood (PH)      | Deputy Director of Finance                            | Powys THB                     |
| Denise Roberts (DR)    | Financial Accountant (VC)                             | BCUHB                         |
| Neil Davies (ND)       | Director of Specialist Estates (for Laundry OBC only) | NWSSP                         |
| Peter Stephenson (PS)  | Head of Finance & Business Improvement                | NWSSP                         |
| Andrew Cresswell       | Observer  | Powys THB                     |

| <b>1. PRELIMINARY MATTERS</b>  |   |               |
|--|---|---------------|
| <b>WELCOME AND INTRODUCTIONS</b>   |   |               |
| <b>No.</b>   | <b>Minute</b>   | <b>Action</b> |
| <b>1.1</b>   | The Chair welcomed everyone to the November 2018 Shared Services Partnership Committee (SSPC) meeting.  |               |
| <b>APOLOGIES FOR ABSENCE</b>   |   |               |
| <b>1.2</b>   | Apologies of absence were <b>received</b> from the following:<br>Darren Dupre – Unison<br>Eifion Williams – Powys THB<br>Joanna Davies – Cwm Taf<br>Stephen Forster – Hywel Dda<br>Robert Williams – Cwm Taf<br>Gareth Hardacre - NWSSP |               |
| <b>DECLARATIONS OF INTEREST</b>  |   |               |
| <b>1.3</b>   | There were no additional declarations of interest to those already declared.  |               |
| <b>UNCONFIRMED MINUTES OF THE MEETING HELD ON 20<sup>th</sup> SEPTEMBER 2018</b> |   |               |
| <b>1.4</b>   | The unconfirmed minutes of the meeting held on 20 <sup>th</sup> September 2018 were agreed as a true and accurate record of the meeting.  |               |
| <b>ACTION LOG</b>  |   |               |
| <b>1.5</b>   | Members <b>NOTED</b> the updates provided and <b>ENDORSED</b> the Action Log.<br>NHAIS – Issue is still ongoing.<br>All other items on the action log were recorded as on the agenda or not due.  |               |
| <b>MATTERS ARISING</b>   |   |               |
| <b>1.6</b>   | No further matters raised.  |               |
| <b>2. CHAIR AND MANAGING DIRECTOR'S REPORT</b>                                   |   |               |
| <b>CHAIR'S REPORT</b>  |   |               |
| <b>2.1</b>   | The verbal update from the Chair was <b>received</b> .  |               |



|                                   |   |  |
|-----------------------------------|---|--|
|                                   | <p>NF has attended a number of boards over the past few months due to MF being unwell and the presentations have been very well received.</p> <p>The new PROMPT initiative has formerly been launched, it was noted that NWSSP commissioned training for the service from the Welsh Risk Pool funding which has been a change in approach in allocating the funding previously.</p> <p>MF advised that a letter has been received from Vaughan Gething, with reference to standing orders, due to issues primarily in other two committees (EASC and WHSSC). Changes will now be implemented as part of our standing orders. This means that all decisions will be subject to a two-thirds majority. Deputies attending in place of nominated members will have full voting rights but in order to vote they must be an Executive Director of the same organisation. MF advised that some thought is required regarding this as not all the deputies who have previously attended the SSPC have been Executive Directors.</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>2.2</b>                        | <p>NF presented his report and commented on the following:</p> <p>NF commented on the positive discussions that he had when he attended Velindre NHS Trust, Cwm Taf UHB and ABM UHB Boards over the last few weeks; There had been some good discussions and questioning from Non-Executive Directors at all the Boards. There is obviously a lot of focus on the current service delivery, Bridgend transfer as well as understanding NWSSP role in Brexit preparations.</p> <p>Brexit – NF confirmed to the Committee that the various teams within NWSSP were currently working on supporting the preparations for Brexit and were as a result linked into a number of the core groups that had been set up by Welsh Government, Health Boards and the NHS Confederation to deal with Brexit. In particular, the Procurement teams were supplying a significant amount of information regarding current contracts, levels of supplies for both stock and non-stock and options for supporting a no-Brexit deal.</p> <p>NHAIS - Figures to support the replacement of the GP payments system have now been received from Northern Ireland but the teams are yet to go through the detail. At first glance, the cost appears to be more expensive than the current operating model, however there were still a number of outstanding questions and clarifications needed</p> |  |

|  |  |  |
|--|--|--|
|  | <p>regarding the support mechanisms that will be available to us. It is hoped that these discussions could be concluded over the next few weeks and then the Primary Care Services Team should be in a position to have a business case in February. It was also noted that the current decommissioning of the NHAIS system in England has been delayed again so an April start date was no longer critical.</p> <p>Student streamlining - 1<sup>st</sup> Phase has received a positive response. The Pilot has gone well and students mainly have received their first choice. It had been reported that there had been some additional burden on the universities during this process as they needed to make sure that their information held on the students was updated. The Committee were very supportive of the process and wished to see some further detailed stats going forward. To date 230 students have been given placements via the system. 22 students have not logged on to the scheme and the team are chasing these. MF stated that it is was pleasing to note that the teams were now able to chase up the 22 who had not responded and noted that prior to this system they would not have known who had not applied for a position. The Committee also noted that it had been reported that there were a number of students who had already contacted the NWSSP team to see when they can start to apply for the next round of applications.</p> <p>NF informed the Committee that the Cabinet Secretary was due to make a statement at the National Primary Care Conference regarding the GP Indemnity Scheme, it is hoped that the WRP would be the preferred partner to provide the new state backed scheme in Wales. NF explained that the legal team had been working with Welsh Government on a proposal and hopefully NWSSP would be administering the scheme wef 1 April 2019.</p> <p>NF further explained that HEIW had been very helpful as they had agreed to assist NWSSP in the development of the indemnity scheme by releasing Dr. Malcolm Lewis on secondment to work with NWSSP to develop the scheme offering.</p> <p>Supporting Primary Care – A cluster in the Bridgend area have been in tentative discussions with regard to NWSSP supporting them in areas such as payroll and pensions. It was hoped that a small scale pilot could be established in the New Year to take this forward. This was as a result of a presentation that was given at a recent Primary Care GP Practice Managers’ Forum. It is also hoped that the same cluster could be used to pilot a new workforce data tool which could be rolled out into Primary Care.</p> |  |
|--|--|--|

|  |  |  |
|--|--|--|
|  | <p>HR enquired as to whether there will be an opportunity for NWSSP to help support a GP locum bank facility. NF stated that we do not know if this will be possible as at present we need to look at funding first, however, it was a good suggestion.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>  |  |
| <b>3. ITEMS FOR APPROVAL/ENDORSEMENT</b> |  |  |
| <b>3.1</b>                               | <p><b>LAUNDRY OBC</b></p> <p>A presentation was given on the Laundry OBC by Anthony Hayward – Assistant Director, NCCU and Anouska Huggins from Capita.</p> <p>The Committee was very complementary of the work that had been completed to date regarding the development of the business case and there followed a very detailed discussion regarding the options within the proposed business case. The Members present were very supportive of the preferred recommendation within the business case although there was some concern expressed by those organisations that currently provided a laundry service with regard to the proposal to centralise the management arrangements under an all Wales Service and also being clear on any governance implications and board approvals that may be required for the final business case.</p> <p>The Chair tabled the written response from BCU to the OBC which they (BCU) had requested be shared with the Committee. The Chair also read out the response from CTUHB as their representative was unable to attend the meeting. A formal response had also been received from ABUHB.</p> <p>There followed a robust discussion on best way forward which resulted in a universal approval of the three site option and the case for savings. There was further discussion on the management arrangements for the service and it was agreed that more work needed to be undertaken as soon as possible on this specific aspect.</p> <p>Committee Members all confirmed that they had briefed laundry staff within their own organisations with regard to the outline proposal within the OBC and they were content that going forward there must be a consistent approach for staff engagement.</p> |  |

|            |   |           |
|------------|---|-----------|
|            | <p>It was agreed that the OBC should now be progressed and that NF would write to each HB and Trust advising them of the discussion and the outcome of the Committee meeting together with the arrangements for the next stage of the process.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the preferred option within the OBC and <b>AGREED</b> the preferred 3-site option as the way forward with the exception of the management arrangements which required <b>further engagement</b> with Health Boards on agreeing the best options.</li> <li>• <b>AGREED</b> to take forward the Business Case to the next phase which would include finalising the management arrangements and work on the site locations.</li> </ul>   | <b>NF</b> |
| <b>3.2</b> | <p><b>LEGAL CASE MANAGEMENT SYSTEM</b></p> <p>AB stated that this is a covering report for a new legal management system, for which we are seeking funding from the Welsh Government.</p> <p>The system we have now was built 15 years ago and is not currently fit for purpose. It is dependent for maintenance and updates on a single individual who is approaching retirement age. The workload of L&amp;R has increased substantially with £1bn of work being worked on at present.</p> <p>A new system would align more closely with the principles in "A Healthier Wales" and a recent survey by PwC stated that the top priorities amongst legal firms are alignment of technology.</p> <p>If we were to purchase a new system as well as the quality benefits there are benefits on business continuity, with the possibility of £450-£500k savings over 5 years.</p> <p>NF advised that the new system will be a hybrid system as there are things that the L&amp;R Team need it to do. NF also stated that this was a journey that the L&amp;R team have been on - the first stage of moving to a virtual cabinet system to eliminate paper has now been fully implemented, and this is the next stage.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Business Case.</li> </ul> |           |
| <b>3.3</b> | <b>PCS FIRE SUPPRESSION</b>   |           |

|            |  |  |
|------------|--|--|
|            | <p>PS presented the business case for PCS to submit a funding request to Welsh Government for £140k (£115k fire suppression and £25k for a further scanner).</p> <p>The Patient Medical Record (PMR) and Scan-on-Demand Service has proved very popular across the NHS in Wales, and now accounts for 21% of all live patient records for Wales. These are stored at Mamhilad, and provide a significant benefit to GP Practices in freeing up space within their premises, which enables them to provide a wider range of services to their patients – a central plank of “A Healthier Wales”.</p> <p>Demand for the service from Health Boards is such that PCS would like to expand the scheme and have the space available in Mamhilad to do so. However, they need to roller rack and fire suppress three more rooms (Rooms 4-6) on the ground floor to enable them to do this. There are a further three rooms on the 1<sup>st</sup> floor (rooms 7-9) which could provide additional storage capacity.</p> <p>The business case covers a number of options including fitting out all the rooms. However, the cost of this is likely to be prohibitive given the lack of capital funds available. PCS are therefore suggesting a preferred option to roller rack rooms 4-6 and to extend the fire suppression systems currently supporting rooms 1-3 to all of the ground floor rooms. This would cost £115k, plus £25k for a further scanner to cope with the increased demand, and would allow PCS to grow over the next two years to a point where they could store 80% of live records for NHS Wales.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Business Case.</li> </ul> |  |
| <b>3.4</b> | <p><b>PATIENT ACCESS SCHEMES/PHARMACY REBATE</b></p> <p>PS presented the paper.</p> <p>A paper was originally submitted to the SSPC in November 2017 to gain support for NWSSP taking over the administration of the Pharmacy Rebate Scheme. This allows NHS Wales to get discounts on the cost of certain drugs for Primary Care, equal to the price that is being paid for the same drug for use in secondary care. It is estimated that the rebate scheme saves NHS Wales £4m annually, and further investment in the scheme would boost this figure through more proactive and timely action – a recent investigation undertaken by NWSSP with one supplier produced an additional £220k of savings.</p> <p>Linked closely to the Pharmacy Rebate Scheme is the Patient Access Scheme. This relates to drugs that are</p>  |  |

|  |   |  |
|--|---|--|
|  | <p>refused funding by either NICE or the All-Wales Medicine Strategy Group, but where further negotiation takes place with Welsh Govt and the New Treatment Fund to agree the supply of these drugs at a discounted price. Currently there are 60 of these schemes in progress, and each HB or Trust has to agree its own scheme with the Welsh Govt. This could result in HBs and Trusts missing out on savings, but more importantly that their patients may not be given the chance to access drugs that are available in other parts of Wales. If NWSSP administered the process on behalf of the HBs and Trusts, the approach would be more consistent, comprehensive and timely.</p> <p>To meet both the needs of the Pharmacy Rebate and Patient Access Schemes, NWSSP would need to appoint to an additional Band 4, and a Band 6, post, at a total cost of approximately £60K. It is estimated that investment in these posts could generate a further £500k of savings.</p> <p>The Committee agreed the business case and these additional posts will now be considered as part of the IMTP process and as an area for potential investment.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Business Case.</li> </ul> |  |
| <b>4. GOVERNANCE, PERFORMANCE AND ASSURANC</b> |   |  |
| <b>4.1 Finance and Performance Report</b>      |   |  |
| <b>4.1</b>                                     | <p>AB presented the Finance and Performance Report.</p> <p>As at month 6, NWSSP is reporting a break-even position. It was noted that the planned distribution had been increased by £1million from £750k to £1.75 million reflecting additional non-recurring savings made by NWSSP. KPIs are generally green, with a few ambers being noted. The KPI regarding recruitment should be red, so this will be amended. Audit report figures showing as red are due to audit assignments not being agreed on a timely basis by the Health Boards.</p> <p>Staff Turnover is higher than target at 10%; however, sickness absence is reducing.</p> <p>The Committee <b>RESOLVED</b> to:</p> <p><b>NOTE</b> the update</p>  |  |
| <b>4.2 Welsh Risk Pool Financial Position</b>  |   |  |
| <b>42</b>                                      | <p>AB presented the Welsh Risk Pool report.</p> <p>Members received the report, which showed that the DEL budget was currently on-track and that it was therefore thought unlikely that we would have to invoke the risk-sharing agreement in the current financial year.</p>   |  |

|                                |   |  |
|--------------------------------|---|--|
|                                | <p>There has been a slight reduction in the number of overall claims, but they are tending to be of a more complex nature, with a resulting higher monetary value. The future costs of current claims has now exceeded £1bn for the first time.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>   |  |
| <b>4.3 ACCOUNTS RECEIVABLE</b> |   |  |
| <b>4.3</b>                     | <p>AB presented the Accounts Receivable paper.</p> <p>Papers have previously been presented to the Committee on additional services that NWSSP could offer to NHS Wales. Accounts Receivable is not currently provided by NWSSP and the purpose of this paper was to explore the appetite and options for delivering an Accounts Receivable and Debt Collection service.</p> <p>The Committee were supportive of the proposal. However HR stated that it was felt that this paper should also be discussed with Directors' of Finance</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul> |  |
| <b>4.4</b>                     | <p><b>COMMITTEE EFFECTIVENESS ACTION PLAN</b></p> <p>PS presented a short action plan to address the findings arising from the self-assessment survey undertaken earlier in the year. There were no major issues but one priority was the aim to reduce the amount of paper that is printed for Committee and the number of papers presented for information.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>   |  |
| <b>4.5</b>                     | <p><b>CORPORATE RISK REGISTER</b></p> <p>PS presented the Risk Register.</p> <p>PS reiterated that the register is kept up-to-date through monthly review at the NWSSP SMT. Most of the major risks were discussed as part of the MD update. There was one risk, relating to the establishment of HEIW that has been moved from the risk action section to the risk monitoring section of the Register.</p> <p>The Committee <b>RESOLVED</b> to:</p>  |  |

|                                  |   |  |
|----------------------------------|---|--|
|                                  | <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>  |  |
| 4.6                              | <p><b>AUDIT COMMITTEE HIGHLIGHT REPORT</b></p> <p>PS presented the report.</p> <p>We have had one audit committee (23 October) since the last SSPC. Three Internal Audit reports went to the committee, two of which were reasonable assurance with the remainder an advisory report.</p> <p>It was noted that there were no overdue audit recommendations; however, a request for an extension on two of the recommendations was submitted.</p> <p>Updated Assurance Maps were presented to the Committee and this included a Board Assurance Map for the first time, where assurances were mapped to the strategic goals of NWSSP.</p> <p>The risk appetite was also discussed at this meeting.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul> |  |
| <b>5. OTHER MATTERS</b>          |   |  |
| <b>Any Other Urgent Business</b> |   |  |
| 5.1                              | No other business matters were raised.  |  |
| <b>Date of next meeting</b>      |   |  |
|                                  | <p><b>Date of Next Meeting:</b></p> <p>January 17, 2019</p>   |  |




Item 1.5

### ACTION LOG

#### SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

#### UPDATE FOR 15<sup>th</sup> NOVEMBER 2018 MEETING

| List No | Minute Ref | Date          | AGREED ACTION   | LEAD  | TIMESCALE     | STATUS<br>SEPT 2018                             |
|---------|------------|---------------|---|-------|---------------|---|
| 1.      | SSPC/3/18  | 27 March 2018 | <b>National Health Applications and Infrastructure Services (NHAIS) – replacement</b><br>Business Case on the options for replacing the NHAIS system to be considered by Committee. | NF/DH | November 2018 | <b>On-going</b><br><b>Included in MD update</b> |
| 2.      | SSPC/6/18  | 21 June 2018  | <b>Internal Audit Strategy</b><br>The final strategy document was to be presented to the next Committee meeting for formal approval.  | SC    | November 2018 | <b>On Agenda</b>                                |
| 3.      | SSPC/9/18  | 20 Sept 2018  | <b>GP Trainees</b><br>More regionalised data to be produced on GP vacancies.  | GH    | November 2018 | <b>On Agenda</b>                                |
| 4.      | SSPC/11/18 | 15 Nov 2018   | <b>Laundry Business Case</b><br>NF to write to each HB/Trust advising specifically what they were required to do.   | NF    | January 2019  | <b>Complete</b>                                 |
| 5.      | SSPC/11/18 | 15 Nov 2018   | <b>All-Wales Facilities Management</b><br>NF to write to each HB/Trust advising specifically what they were required to do.   | NF    | January 2019  | <b>Complete</b>                                 |

|  |  |  |
|--|--|--|
|  <b>GIG<br/>CYMRU<br/>NHS<br/>WALES</b> | Partneriaeth<br>Cydwasaethau<br>Shared Services<br>Partnership | <b>AGENDA ITEM:3.2</b><br><br><b>17 January 2019</b> |
|--|--|--|

|   |
|---|
| <b><i>The report is not Exempt</i></b>    |
| <b>Teitl yr Adroddiad/Title of Report</b> |
| <b>Managing Director's Report</b>         |

|   |   |
|---|---|
| <b>ARWEINYDD:<br/>LEAD:</b>                       | <b>Neil Frow – Managing Director</b>                                |
| <b>AWDUR:<br/>AUTHOR:</b>                         | <b>Peter Stephenson, Head of Finance &amp; Business Development</b> |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>     | <b>Neil Frow – Managing Director</b>                                |
| <b>MANYLION<br/>CYSWLLT:<br/>CONTACT DETAILS:</b> | <b>Neil.frow@wales.nhs.uk</b>                                       |

|  |
|--|
| <b>Pwrpas yr Adroddiad:<br/>Purpose of the Report:</b>   |
| To provide the Committee with an update on NWSSP activities and issues since the last meeting in November. |

|  |  |
|--|--|
| <b>Llywodraethu/Governance</b>               |  |
| <b>Amcanion:<br/>Objectives:</b>             | To ensure that NWSSP openly and transparently reports all issues and risks to the Committee. |
| <b>Tystiolaeth:<br/>Supporting evidence:</b> | -  |

|                                       |
|---------------------------------------|
| <b>Ymgynghoriad/Consultation :</b>    |
| Shared Services Partnership Committee |

|  |  |   |  |                            |  |                       |
|--|--|---|--|----------------------------|--|-----------------------|
| <b>Adduned y Pwyllgor/Committee Resolution (insert √):</b> |  |   |  |                            |  |                       |
| <b>DERBYN/<br/>APPROVE</b>                                 |  | <b>ARNODI/<br/>ENDORSE</b>                              |  | <b>TRAFOD/<br/>DISCUSS</b> |  | <b>NODI/<br/>NOTE</b> |
|  |  | The Partnership Committee is to <b>NOTE</b> the report. |  |                            |  |                       |

| <b>Crynodeb Dadansoddiad Effaith:<br/>Summary Impact Analysis:</b>                        |   |
|---|---|
| <b>Cydraddoldeb ac amrywiaeth:<br/>Equality and diversity:</b>                            | No direct impact.   |
| <b>Cyfreithiol:<br/>Legal:</b>  | No direct impact.   |
| <b>Iechyd Poblogaeth:<br/>Population Health:</b>  | No direct impact.   |
| <b>Ansawdd, Diogelwch a Profiad y Claf:<br/>Quality, Safety &amp; Patient Experience:</b> | No direct impact.   |
| <b>Ariannol:<br/>Financial:</b>   | No direct impact.   |
| <b>Risg a Aswiriant:<br/>Risk and Assurance:</b>  | This report provides an assurance that NWSSP risks are being identified and managed effectively.  |
| <b>Safonau Iechyd a Gofal:<br/>Health &amp; Care Standards:</b>                           | Access to the Standards can be obtained from the following link:<br><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:<br/>Workforce:</b>   | No direct impact.   |
| <b>Deddf Rhyddid Gwybodaeth/<br/>Freedom of Information</b>                               | Open  |

## **Introduction**

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

## **Brexit**

The risk to NWSSP of a no-deal Brexit relates primarily to the procurement services that we provide to NHS Wales. This risk is a red-rated risk on our Corporate Risk Register and is monitored through the Senior Management Team, who meet twice monthly. NWSSP is represented on the following groups to ensure that we both contribute to, and are aware of, the issues affecting NHS Wales in the event of a no-deal Brexit:

- Health & Social Services Brexit SRO Group;
- Health & Social Care Brexit Ministerial Stakeholder Advisory Forum; and
- Health & Social Care Contingency Group.

In addition, the Procurement function takes part in national work streams on Supply Chain EU Exit preparedness and continues to drive best practice in terms of the active monitoring of stock levels. A separate review by Deloitte on behalf of Welsh Government, will provide options for addressing supplies vulnerability in the event of a no deal Brexit.

## **Bridgend Transfer**

NWSSP teams continue to work with both Health Boards on preparation for the transfer of the Bridgend Locality into Cwm Taf from ABMUHB. A considerable amount of work is planned for the next few weeks, particularly in Employment Services. Alison Phillips, Transition Director for the programme, has attended the NWSSP SMT on several occasions and is due to provide a further update at our next meeting on 31 January.

## **Laundry Outline Business Case**

The Laundry OBC was discussed at the last Committee meeting and I wrote subsequently to each Chief Executive at the end of November to clarify the next steps. While the Committee was supportive of the three site option, further work was required on management arrangements, and a workshop has been arranged for 30 January to facilitate this. The workshop is to be chaired by Jan Williams OBE, Chair, Public Health Wales. In the meantime, to ensure that momentum is not lost, the OBC has been submitted to Welsh Government for consideration but with the explicit message that any comments on management arrangements need to be deferred to await the outcome of the workshop.

## **All-Wales Catering Project**

The contract is to be awarded on 28 January for a national catering product, which will be available for NHS Wales to use. The outputs from the project together with the OBC will also be available to NHS Wales organisations for their own purposes, and to hopefully identify opportunities for further savings.

## **NHAIS**

Joint work continues in relation to the transfer of the NHS Wales Patient Registration System on NHAIS to the Primary Care Registration Management (PCRM) system run by NHS Digital. This is now likely to take place by the end of December 2019 at the earliest. Initial dialogue with Northern Ireland BSO has taken place and a follow up initial service discussion is taking place on 22nd January. It is planned that negotiated arrangements will be in place by the end of March for implementation and live running from October 2019. Initial costs suggest the replacement GMS system will exceed the current PCS revenue budget.

## **Staff Survey**

The results of the NHS Wales 2018 staff survey in NWSSP continue to show positive improvements since the 2016 survey, and the organisation is above the overall NHS Wales scores on many questions. Many of the improvements this time round are significant:

- 75% of staff say that they are proud to tell people they work for NWSSP, this is higher than in 2016 (63%), and a significant improvement.
- All of the scores on line managers have improved since 2016. The scores on line managers giving clear feedback and on making it clear what is expected of them are both significantly improved (up 14% and 9% respectively).
- The score on whether staff agree that communications between senior managers and staff is effective has improved by 9% (up from 36% to 45%), and is 13% above the NHS Wales average.
- The engagement index scores for NWSSP have improved since 2016 in all three themes making up the score. NWSSP's engagement scores are above the overall NHS Wales score in two of the three themes, so the overall engagement index score for the Organisation is 3.87 (up from 3.63) is above the overall engagement index score for NHS Wales (3.82)

However, the survey demonstrates opportunities for improvement; this includes 11% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up

from 9% in 2016. This is not acceptable. Therefore commitment has been made by the Senior Management Team to work in partnership with our Trade Union colleagues and listen to, engage and act upon the feedback provided by our staff.

We have developed an overarching action plan and each service area has identified its own top priorities for action. The key themes are staff development, health & wellbeing, communication and engagement.

## **GP Indemnity Scheme**

The Welsh Government will be establishing a state backed scheme from April 2019 to provide clinical negligence indemnity for providers of GP services in Wales. Welsh Government has engaged with Department of Health and Social Care, NHS bodies in Wales, General Practitioners Committee (Wales), NHS Wales Shared Services Partnership Wales and Medical Defence Organisations over the way in which the scheme will operate in Wales.

Following this stakeholder engagement, the NWSSP Legal and Risk Services, has been established as the preferred partner to operate the state backed scheme for GPs in Wales in relation to clinical negligence claims arising from April 2019 (known as the Future Liabilities Scheme). Within NWSSP, the Welsh Risk Pool Service will work closely with Legal and Risk Services, ensuring an integrated approach between claims management, reimbursement and the learning of lessons.

The Future Liabilities Scheme will deliver a more stable and sustainable indemnity system for general practice in Wales, through greater longer-term certainty for the on-going provision of general medical services by addressing concerns about increasing indemnity costs. The Scheme will cover the activity of all contractors who provide primary medical services, plus any other integrated urgent care delivered through Schedule 2 of the NHS standard contract. This will include clinical negligence liabilities arising from the activities of GP practice staff and other medical professionals such as salaried GPs; locum GPs; practice pharmacists; practice nurses; healthcare assistants. It will not cover private work, complaints, involvement in coroners' cases, GMS hearings, private funded primary healthcare and other matters relating to professional regulation. GPs will be expected to ensure that they have indemnity to cover all aspects not covered by the state backed scheme.

NWSSP has established this work as an official project and plans are in place to commence this service from April 2019 pending formal notification from the Welsh Government.

## **Employment Services**

We have been strengthening our links with NHS Improvement in NHS England and over the coming months will hopefully identify opportunities to share learning.

## **Finance**

We continue to maintain a balanced financial position and are forecasting a £2m distribution to NHS Wales organisations at year-end.

## **Welsh Risk Pool**

The Welsh Risk Pool has a balanced budget and we do not anticipate the need to invoke the risk sharing agreement for the current year.

## **IMTP**

The IMTP is a separate agenda item on the Committee agenda for final discussion and approval ahead of submission to Welsh Government at the end of January.

## **Service Development**

There are two main developments as follows:

- **Lead Employer** – we have been approached to consider the extension of the Lead Employer arrangements to cover trainee Pharmacists, Dentists and Radiologists; and
- **Medical Examiner Service** – we are currently working with health boards and Welsh Government to introduce the new service with effect from 1 April 2019. This is a very short timescale and April will only see the beginnings of the new service.

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



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:4.1**

**17 January 2019**

***The report is Exempt***

**Teitl yr Adroddiad/Title of Report**

**Integrated Medium Term Plan**

**ARWEINYDD:**

**LEAD:**

Andy Butler, Director of Finance & Corporate Services

**AWDUR:**

**AUTHOR:**

Iain Hardcastle, Head of Planning

**SWYDDOG ADRODD:**  
**REPORTING OFFICER:**

Iain Hardcastle, Head of Planning

**MANYLION CYSWLLT:**  
**CONTACT DETAILS:**

[iain.hardcastle@wales.nhs.uk](mailto:iain.hardcastle@wales.nhs.uk)

**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

To approve the Integrated Medium Term Plan for 2019/2022.

**Llywodraethu/Governance**

**Amcanion:**  
**Objectives:**

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

**Tystiolaeth:**  
**Supporting evidence:**

-

**Ymgynghoriad/Consultation:**

NWSSP SMT

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

**DERBYN/**  
**APPROVE**

✓

**ARNODI/**  
**ENDORSE**

**TRAFOD/**  
**DISCUSS**

**NODI/**  
**NOTE**

**Argymhelliad/**  
**Recommendation**

The IMTP provided as part of the Committee papers is in word format but this will be upgraded to an interactive PDF format for formal submission. The PDF version will be presented during the meeting.



|  |  |
|--|--|
|  | The Committee is asked to <b>APPROVE</b> the Integrated Medium Term Plan and also <b>DELEGATE</b> authority to the NWSSP Chair and Managing Director to make any further presentational changes prior to formal submission to Welsh Government at the end of January 2019. |
|--|--|

| <b>Crynodeb Dadansoddiad Effaith:<br/>Summary Impact Analysis:</b>                        |   |
|---|---|
| <b>Cydraddoldeb ac amrywiaeth:<br/>Equality and diversity:</b>                            | Considered where appropriate  |
| <b>Cyfreithiol:<br/>Legal:</b>  | Considered where appropriate  |
| <b>Iechyd Poblogaeth:<br/>Population Health:</b>  | Considered where appropriate  |
| <b>Ansawdd, Diogelwch a Profiad y Claf:<br/>Quality, Safety &amp; Patient Experience:</b> | Considered where appropriate  |
| <b>Ariannol:<br/>Financial:</b>   | Considered where appropriate  |
| <b>Risg a Aswiriant:<br/>Risk and Assurance:</b>  | Considered where appropriate  |
| <b>Safonau Iechyd a Gofal:<br/>Health &amp; Care Standards:</b>                           | Access to the Standards can be obtained from the following link:<br><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><br><b>Standard 1.1 Health Promotion, Protection and Improvement</b> |
| <b>Gweithlu:<br/>Workforce:</b>   | Considered where appropriate  |
| <b>Deddf Rhyddid Gwybodaeth/<br/>Freedom of Information</b>                               | Open.   |

NWSSP

IMTP 2019 to 2022

V10 for SSPC

10/1/19

DRAFT

NHS Wales Shared Services Partnership  
Integrated Medium Term Plan  
2019-22

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. If you require the document in an alternative format, we can provide a summary of this document in different languages, larger print or Braille

**Tel:** 01443 848585

**Web:** [www.nwssp.wales.nhs.uk](http://www.nwssp.wales.nhs.uk)

**Twitter:** @nwssp

**Email:** [Shared.Services@wales.nhs.uk](mailto:Shared.Services@wales.nhs.uk)

## Message from the Chair and the Managing Director

We are pleased to introduce the NHS Wales Shared Services Partnership (NWSSP) integrated medium term plan (IMTP) for 2019 to 2022. We are especially pleased to continue to work with our partners to invest in areas that matter to them and at the same time being able to provide a balanced financial plan. NWSSP delivers a wide range of high quality, professional, technical and administrative support services to our customers and partners across NHS Wales.

Our IMTP has been developed in collaboration with our customers and partners and describes who we are, what we do and how we are going to help shape the future of our services over the next three years and beyond. We continue to learn from our past experiences and successes and in our unique position we help share best practice and support NHS Wales.

2018/19 was a good year for NWSSP, with a number of notable achievements and improvements. Our staff and services have been recognised nationally by being nominated and winning a number of prestigious awards. Our divisions continue to develop and deliver their service offering to our customers and partners and support many all Wales initiatives.

The level of professional influence savings (over £100m in 2018/19) across NHS Wales, continues to be a priority, as well as increasing the scope of our services offered by reinvesting internal savings. Supported by our Committee, we continue to put our resources where they will have the greatest benefit to the sector and invest in technology that delivers sustainable cost efficient services, but this is limited by our ability to access capital monies.

A Healthier Wales sets out opportunities for us to expand our services, provide systems leadership and encourages a 'Once for Wales' approach. We know that we need to keep pushing the boundaries and continue to enhance our already efficient and effective practices to customers and partners, and we are confident that our plan reflects the support and leadership that is needed.

To support our objectives and priorities, we have developed a number of key themes that will be the focus of our IMTP this year. These themes will be the emphasis of our transformation journey and have been derived from the policy landscape, our divisions and our engagement with our customers and partners. We know that we have a proven track record to deliver and that we can be relied upon to provide excellent services that deliver excellent value for money. Our IMTP for 2019 to 2022 is challenging and we are confident that our teams have the dedication and capability to deliver against it.

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

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

## Contents

### SECTION 1

*This section will provide you with the integrated medium term plan (IMTP) for NHS Wales Shared Services Partnership (NWSSP) as a whole pulling together the detail from each division's delivery plan into a whole organisation picture.*

|  |           |
|--|-----------|
| <b>Executive Summary</b>   | <b>Xx</b> |
| <b>1. Introduction</b> <i>Who are we and what do we do?</i>                                      | <b>Xx</b> |
| <b>2. Strategic Overview</b> <i>Where do we want to go? How NWSSP will shape the future</i>      | <b>Xx</b> |
| <b>3. Achievements in 2018/19</b> <i>What difference are we making?</i>                          | <b>Xx</b> |
| <b>4. Opportunities and Challenges in 2019-22</b> <i>What do we need to develop and improve?</i> | <b>Xx</b> |
| <b>5. Service Change</b> <i>How will we develop and improve?</i>                                 | <b>Xx</b> |
| <b>6. Enablers</b> <i>What will enable us to get there?</i>                                      | <b>Xx</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

*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**

## 1 . Executive Summary

We work with our customers and partners to provide a range of high quality, customer-focussed professional, technical and administrative services to NHS Wales. 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 support functions and the development of high quality professional services. We believe that the partnership can continue to grow and that we can do even more to support NHS organisations.

### Overview info

- 2000 member of staff
- 23 buildings we operate from
- Budget of over £400m
- 95% of all NHS Wales Expenditure is processed through NWSSP systems and processes
- Professional influence savings of over £100m
- We reinvest savings for the benefit of NHS Wales

NWSSP is an integral part of the NHS Wales family; as a hosted organisation it operates under the legal framework of Velindre University NHS Trust. The Managing Director is accountable to Health Boards and Trusts through the Shared Services Partnership Committee which 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 and Risk Services and Welsh Risk Pool |
| Employment Services<br>(Including student awards service) | Procurement Services                        |
| Primary Care Services                                     | Specialist Estates Services                 |
| Lead Employer for GP Specialist Registrar Trainees        | Wales Infected Blood Support Scheme         |
| Health Courier Service                                    | Central E Business Team (Oracle)            |
| Surgical Medical Testing Laboratory                       | Digital Workforce Solutions                 |
| Counter Fraud Wales                                       | Salary Sacrifice                            |

## Executive summary continued

The 2019 to 2022 IMTP focusses on how NWSSP can influence change and help support our customers and partners in NHS Wales. It captures the key policies that apply to NHS Wales and applies them throughout the document and includes how we will embed the principles of A Healthier Wales, the Well-being of Future Generations Act and Prudent Healthcare into our business as usual activities. We aim to improve what we do well and look for opportunities to expand our services.

Insert diagram of key policy drivers – A Healthier Wales, Well-being of Future Generations Act, Prudent Healthcare

By focussing on the policy landscape and what our customers and partners need, we have established six key themes that we will deliver over the lifecycle of the plan.

These themes are described below and have an action plan and expected outcomes detailed later in the IMTP.

1. Supporting the delivery of sustainable Primary Care  
We will help create the environment for A Healthier Wales and to proactively support a modern primary care and social care system.
2. Enhancing service and customer support  
We will look to continuously improve the service we provide to our customers and partners that helps deliver better outcomes to their resident population and staff.
3. Once for Wales opportunities for service delivery  
We will continue to explore opportunities for NHS Wales to achieve economies of scale, standardisation where appropriate and provide more cost effective processes and high quality services.
4. Sharing best practice and informing decisions  
We will continue to understand our customer's and partner's needs and sharing best practice and opportunities for improvement with them.
5. Making NWSSP stronger  
We will continue to ensure that we are supporting our own staff, customers and partners in the most effective and efficient way. We will continue to deliver a financially balanced plan, which includes delivering savings back to NHS Wales.
6. Supporting major capital and transformation projects  
We will continue to support major capital projects by providing professional and technical advice to support NHS Wales.

To ensure that we deliver against these themes, it is key that we have suitable resources in place and that we receive an appropriate allocation of capital funding.

Brexit may mean that we will need to be more reactive with our services and resources in the short term, which will impinge on our ability to deliver some of our planned initiatives and services.

## Our Overarching Goals

Our overarching goals are:

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, embracing sustainability, within NHS Wales and into the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales
3. We will continue to add value by standardising, innovating and modernising our service delivery models to achieve the well-being goals and the benefits of prudent healthcare
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'.
7. We will work in partnership to deliver world-class service that will help NHS Wales tackle key issues, lead to a healthier Wales and supports sustainable Primary Care.
8. We will support NHS Wales meet their challenges by being a catalyst for learning lessons and sharing good practice. Identifying further opportunities to deliver high quality services.



## Key priorities for the next three years

We have taken our strategic objectives and updated our key priorities for action over the next three years. These priorities are our route map for 2019-2022 and demonstrate how we are shaping our services for the future whilst building on the work undertaken in previous IMTPs.

### 1. CUSTOMERS AND PARTNERS

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

Help to shape the future by supporting our customers' and partners' significant service change whilst leading and facilitating NHS Wales' priorities including:

- Supporting the sustainable delivery of Primary Care
- Implementing Once for Wales opportunities in Service Delivery
- Enhancing system and customer support
- Sharing best practice – scaling up
- Making NWSSP stronger
- Supporting major capital and transformational projects

Invest in data analytics to turn our data into intelligence to support NHS Wales' decision making.

Further develop the principles of a shared services Customer Relationship Management (CRM) system to ensure customer needs are effectively collated and understood. Build upon the good relationships we have with our trusted customers and partners to ensure we truly understand what they need and want.

Continue to support customers and partners in the delivery of their plans.

### 2. EXCELLENCE

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

Embed a service-wide approach to our Continuous Improvement activities to coordinate the standardisation, modernisation and automation through the 'Once for Wales' principles and the use of our All Wales performance data to identify opportunities for further improvement.

Work in partnership with Executive Director peer groups and national groups to drive excellence by supporting national organisations and initiatives including:

- Purchase to Pay
- Hire to Retire
- Student Streamlining
- Reducing Nursing Agency spend
- Financial and Procurement systems

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

- Embracing sustainability – reducing our carbon footprint and putting the environment at the forefront of decision-making
- Digital Workforce solutions
- Intelligent document scanning
- Patient Medical Records storage
- All Wales Risk Software

- Robotic Process Automation

Embed a consistent performance management framework across the organisation and deploy Business Intelligence Software to all divisions.

### **3. OUR STAFF**

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

Our staff need an agile working environment that allows freedom and flexibility in a setting that removes constraints and increases quality and performance. We will continue to assess and align our estate, ICT provision and HR policies to enable agile working across the organisation to support our divisions in delivering to our customers and partners.

Make certain that we have the right people with the right skills in place at the right time, then invest in our staff to ensure they have the right skills and knowledge in our changing environment. This will help us focus on retention and succession planning and will ensure that we meet our customers' needs. We will help our staff to adapt to the increasing use of new digital technologies as part of our transformational journey.

We will be an employer of choice, ensuring our staff are happy in the workplace by:

- Extending the leadership, innovation and people skills opportunities; harnessing creativity and ideas
- Supporting the Healthy Working Wales Programme
- Developing and enhancing the emotional well-being support programme
- Continuing to implement corporate and divisional action plans based on the latest national staff survey outcomes
- Ensuring staff are supported through engagement working with our Local Partnership Forum
- Investing in staff development and training, promoting talent management and identification of succession planning pathways

Further support NHS Wales Staff as a whole, enhancing the quality of their employment experience

### **4. SERVICE DEVELOPMENT**

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

Identify opportunities for further collaboration across the wider public sector in Wales and engage with present customers to identify new service areas.

Share best practice and innovation through our structures such as the All Wales Risk Pool and the Evidence Based Procurement Board.

Develop our services under six themes:

1. Supporting the delivery of sustainable Primary Care
2. Sharing best practice and informing decisions
3. Developing Service support and customer support
4. Once for Wales opportunities for service delivery
5. Making NWSSP stronger
6. Supporting major capital and transformation projects

Act as an enabler for NHS Wales and support the implementation of A Healthier Wales and the Well-being of Future Generations Act.

## **5. 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.*

Deliver annual professional influence benefits > £100m to Health Boards and Trusts and distribute £0.75m of direct savings to NHS Wales's bodies.

Further secure sustainable capital funding for technology, systems and infrastructure.

Through a greater focus of working with partners and on a Once for Wales basis, identify further synergies in our transactional services to achieve economies of scale, remove duplication and thereby reduce operating costs.

Improve the quality and efficiency of our services to stakeholders through focused investment in:

- Our corporate approach to continuous improvement.
- IT technologies e.g. robotic process automation.
- IT infrastructure e.g. cyber security.
- Reviewing our customer support systems i.e. helpdesks.
- Our Value Based Procurement capacity.
- Other areas we can influence e.g. appliances, acute and homecare medicines.

## Shaping the Future

### Key themes that support the NWSSP IMTP 2019 to 2022 priorities

There are six themes, shown below, that have been drawn out of our divisional plans and grouped together to highlight the synergies across NWSSP in supporting the Welsh Government and NHS Wales.

#### 1. Supporting the delivery of sustainable Primary Care

We need to assist NHS Wales to deliver the new model for primary and social care. We must help partners empower individuals to take an increased responsibility in their own health and wellbeing and to accept the various services that complement the historical role of GP's.

We will help create the environment for A Healthier Wales to proactively support a modern primary and social care agenda. We will help support the administrative burden in primary and social care. We need to continue to support our stakeholders across pharmaceutical service expansion and to be the enabler in the development of general and specialist optometry services and dental services.

NWSSP will continue to work with Health Boards and Trusts to support the delivery of their transformational programme of change to primary care and community services. During 2019/20, in addition to local activity, on behalf of NHS Wales, we will deliver initiatives such as community wound care and procurement of an IT solution to support the new 111 service.

#### 2. Enhancing service and customer support

We will look to continuously improve the service we provide to our customers and partners that helps deliver better outcomes to their resident population. By enhancing the way we support and interact with our customers and partners, we will create an even more effective platform which will help improve the customer journey and increase the time available to spend delivering quality outcomes for patients.

#### 3. Once for Wales opportunities for service delivery

We currently provide a number of 'Once for Wales' support services, but there are further opportunities to provide additional services with the help of NHS Wales's organisations. By focussing on what our customers and partners need us to do, we can remove the burden from them, achieve economies of scale, standardisation where appropriate and provide more cost-effective processes and high quality services. We act as an enabler for NHS Wales where we support service delivery transformation. For example - the All Wales approach for the transforming access to medicines (TRAMS) project.

#### 4. Sharing best practice and informing decisions

Understanding our customers' and partners' needs is essential to delivering a world class service. We will use our unique position to help share best practice and use our Once for Wales data to help inform decision making. We will continue to regularly publish case studies of best practice which embed the Well-being of Future Generation's principles.

#### 5. Making NWSSP stronger

To help ensure that we are supporting our customers and partners in the most effective and efficient way, we need to continue to drive improvements from within shared services based on what our customers and partners need. We will continue to deliver a financially balanced plan, which includes delivering savings back to NHS Wales. This theme focuses on the areas within shared services that can be improved to have a significant benefit to our customers and partners. We want our staff to have an effective working environment where innovation and high performance can prosper.

## 6. Supporting major capital and transformation projects

We will continue to support major capital projects by providing professional advice and support to Boards and Trusts. We will work with all of NHS Wales to support the long term capital strategy.

### Our enablers and risks

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

| Our enablers  |   |
|---|---|
| <b>Capital Funding</b><br>Further capital investment is a key enabler for the delivery of improved efficient services. An increase of discretionary and non-discretionary capital funding is essential to deliver the full benefits of cash releasing savings, cost avoidance, improved quality and health and safety developments. Without investment NWSSP will not be at the forefront of technology and delivering world class services to our customers and partners.  | <b>Trusted Partnership</b><br>We are uniquely placed to be a catalyst for change. We have the ability to drive forward prudent healthcare and embed Once for Wales opportunities by reducing inappropriate variation through evidence based approaches. The data we hold can highlight opportunities and shape required service re-design. We will use our position to develop and broker new partnerships within the NHS and other local authorities in Wales. |
| <b>World class services</b><br>Our services have been nominated for and won a number of prestigious external awards:<br>(logos rather than text to be used) <ul style="list-style-type: none"><li>Chartered Institute of Professional Development</li><li>Health Service Journal</li><li>Government Opportunities (GO), Excellence in Public Procurement</li><li>Procurex Wales</li><li>Health Care Supply Association</li><li>Healthcare People Management Association and Healthcare People Management Association Wales</li><li>Institute of Directors Wales</li><li>The Law Society of England and Wales</li><li>Wales Quality Centre Awards</li><li>Constructing Excellence in Wales</li></ul> | <b>Customer focussed and dedicated staff</b><br>NWSSP engages with customers and partners at all levels of an organisation. We strive to understand the strategic issues, whilst making our services fit for purpose for end users.<br><br>Our staff are fundamental to us delivering the priorities in our plan which is why we aim to attract and retain high calibre employees within NWSSP.   |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Chartered Institute of Internal Auditors</li> <li>Healthcare Financial Management Association</li> <li>Unison NHS Health Awards.</li> </ul>  |   |
| <p><b>Once for Wales</b></p> <p>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 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.</p>  | <p><b>IT &amp; Modernisation</b></p> <p>IT modernisation is critical to driving efficiency through automation and innovation. NWSSP runs pan Wales IT Systems. However, we 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.</p> |
| <p><b>Investment in PMO and CI</b></p> <p>We will continue to invest in our corporate programme management office (PMO) and developing a corporate Continuous Improvement strategy to help drive small and large scale change.</p>  | <p><b>Agile working</b></p> <p>We will enable our teams to work more freely and with flexibility to help increase performance and customer service back to our NHS Wales partners.</p>  |
| <p><b>Our risks and issues</b></p>  |   |
| <p><b>Brexit</b></p> <p>We will need to be more reactive, which will impinge on our ability to deliver some of our planned initiatives and services.</p>  |   |
| <p><b>Maximising the benefits of NWSSP</b></p> <p>There are a number of opportunities to offer NHS Wales' bodies' delivery of Once for Wales services and build on the principles contained within A Healthier Wales, to improve efficiencies and value for money. Although we are in a position to take these opportunities forward, we are not able to mandate adoption of them. We are only as successful as our partners enable us to be - if they do not choose to adopt our Once for Wales processes then we cannot maximise the benefits of NWSSP.</p> | <p><b>Succession planning</b></p> <p>The challenges of an ageing workforce has been recognised as a risk internally. We continue to focus on succession planning to ensure we have future leadership capacity. Our leadership development programmes will be critical in helping develop the next generation of managers and staff at all levels in the organisation.</p>   |
| <p><b>Recruitment and retention of our staff</b></p>  | <p><b>Collaboration and working in partnership</b></p>  |



|  |  |
|--|--|
| Recruitment and retention is challenging in comparison to the private sector for some specialist professional roles, even with the changes within A4C pay scales. We will continue to develop 'social sourcing' strategies coupled with ongoing development of the existing workforce to ensure that we have the right staff with the right skills at the right time. We will strive to make NWSS a "great place to work." | Shared Services are in a unique position to drive effective collaboration and co-production within NHS and beyond, but there must be appetite and drive from our partners in order to achieve this. During times of pressure, there can be a tendency to protect individual needs without seeing the Once for Wales benefits. In order to ensure success, a step change in behaviour is needed, that supports further integration and collaboration. |
|--|--|

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 at our SMT meetings. The Finance and Corporate Services Division work with Directors and their Senior Management Teams to ensure that the risks recorded within each register are up-to-date and that there is focus on achievement of planned actions to mitigate the risk. This is reinforced through the quarterly review process of each division where review of the division risk register is a standing agenda item.

Additionally, as part of their delivery plan development, all divisions identify the risks for each delivery objective and overarching risks that would be detrimental to their journey towards achieving world-class status by 2022. These are summarised into four categories below:

| Critical Relationships  | External Factors   |
|---|--|
| <p>Engagement and ability to release resource in NHS Wales due to competing priorities.</p> <p>Ability to engage about planning &amp; priorities with NHS Wales.</p> <p>Health Board's and Trust's expectations may exceed resources.</p> <p>Capacity to redirect resource to support unpredictable peaks in activity</p> <p>Cascade of information within NHS Wales organisations relating to service developments and projects.</p> <p>Unwillingness of NHS Wales to adopt a Once for Wales approach.</p> | <p>Impact of major projects e.g. Specialist &amp; Critical Care Centre at the Grange University Hospital.</p> <p>Financial pressures and continued austerity will require us to demonstrate Value for Money. Delay in delivery of required legislative change, in particular regard to paper records reduction.</p> <p>Financial uncertainty from commercial income generation and Brexit.</p> |
| Capital Funding, IT & Modernisation   | Recruitment, Retention and Retirements   |
| Competing demands on strategic partners NHS Wales Informatics Services  | Business continuity and loss of skilled staff as a result of our workforce age profile.  |

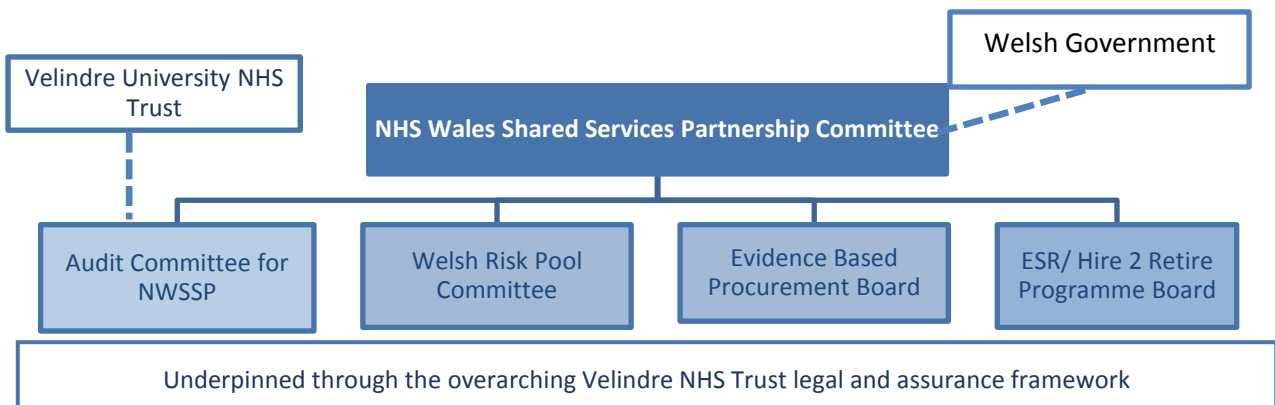
|   |  |
|---|--|
| <p>(NWIS) to deliver required infrastructure support.</p> <p>Ability of our ICT network to cope with demand.</p> <p>Access to technical expertise to support ICT systems.</p> <p>Our current estate will limit our ability to expand with the increasing service demand.</p> <p>Shortfall of available capital for the modernisation of estate, equipment and IT systems.</p> | <p>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.</p> <p>Ability to attract and retain staff with required technical expertise to support systems.</p> <p>Inadequate delivery of succession planning.</p> |
|---|--|

DRAFT



## 6. Introduction

### Our Structure



### Our Workforce

Workforce stats by division

## **Our Strategic Direction**

Our NWSSP strategy map continues to be updated, to reflect the changing climate that we operate in and the flexible approach that we maintain. At our annual planning and horizon-scanning day with senior management and key enablers from across the organisation, we reviewed the strategy map to ensure it reflects NWSSP's direction. We have used this as a focal point for this year's IMTP development through our annual planning cycle.

(Strategy map as per annual report to be included here)

DRAFT

## Our Engagement and Partnership Working

Partnership working is essential to our journey in ensuring our successful development and delivery of world class services. 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 methods of engagement to ensure that we engage with all levels of our customer's and partner's organisations.

The Shared Services Partnership Committee is a decision-making committee setting the Shared Services policy for NHS Wales. It performs a critical role in monitoring the performance and supporting the strategic development of NWSSP and its services. Our Chair and Managing Director also meet with each of the NHS Wales Chief Executives to gain a clearer understanding of their organisation's needs. Over the last year, we have visited each Health Board and Trust's executive board meetings, presented an assurance report and discussed NWSSP performance.

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.

Individual performance reports are shared with health bodies on a quarterly basis, detailing performance data in respect of a number of services we provide. A standard set of reports has been developed for each organisation, providing data on all our services following feedback from stakeholders on the initial reports. These performance reports are a key part of our performance discussions with the Shared Services Partnership Committee, and a crucial part of our internal operational review of each service. These reviews are being strengthened by building 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. Through our Local Partnership Forum, we jointly address the management of change to safeguard the quality of service and employment opportunities.

## Transformation

Since our inception, we have moved on from consolidating, transforming and modernising all of our service divisions to providing leading world-class services on a Once for Wales basis.

As a leader in shared services in the UK, not only do we learn from others but share our learning and knowledge widely. We are now even more focussed on continuing to improve our services, and embedding a continuous improvement strategy across shared services to ensure that providing excellent services is at the heart of everything we do.

We know that as we transform, we need to bring our teams and staff on the same journey. Investing in our staff to ensure they have the right skills and knowledge is just as important as investing in technology and process automation.

(Insert diagram to explain transformation)

As we continue on this journey, we know that we need to focus not only on transforming our own services, but helping enable our partners and customers to transform also. We will focus on the priorities of our partners, showing systems leadership to help to develop and broker new partnerships within the NHS and local authorities in Wales.

Our transformation activities are based on our key themes to support NHS Wales. (More details on our key themes can be found on page xx)

- Supporting the delivery of sustainable Primary Care
- Once for Wales Opportunities for Service Delivery
- Enhancing system support and customer support
- Sharing best practice and informing decisions
- Making NWSSP stronger
- Supporting major capital and transformation projects

### Financial Performance

Since NWSSP was established, we have achieved all our financial targets and operated within our allocated budget. We have made direct savings of more than **£19m**. These savings have been used to reinvest in our Once for Wales services, which has allowed us to absorb cost pressures for delivering more services 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 measures 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 £500m**. In the last year alone this was estimated to be **over £100m**

(Include statistics regarding direct and professional influence savings here)

#### Direct savings for NWSSP

#### Professional influence savings within NHS Wales

- Specialist estates leases £1.07m
- Procurement sourcing £25.36m
- Recruitment Services – streamlining and reducing the recruitment timeline
- Audit and assurance cost per day saving over £0.5m

## 2. Strategic Overview

We regularly review the current and emerging policy context and strategic themes from Welsh Government, the 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 a whole, into our overarching goals, and for each service area when developing their delivery plans.

We have deliberately not included the work that we undertake in order to meet the policy objectives set out by WG in this section. We have instead tried to include examples of all the work that we are doing within our plan, as these policies are embedded in our day-to-day activities.

### A Healthier Wales

As part of the outcomes of the Parliamentary Review a long term strategy for Health and Social care was produced. Healthier Wales sets out a long-term future vision of a 'whole system approach to health and social care', which is focussed on health and wellbeing, and on preventing illness. The development of our six key themes directly supports the principles of A Healthier Wales and embeds them into our business as usual.

We can support this approach by helping the health and social care system work together. The Procurement Service team are delivering procurement frameworks that support health and social care, for example, the 'Community Equipment Items' contract. Our Health Courier Services team are supporting the shift of services out of hospitals to communities by providing an auditable and traceable distribution of supply chain items in the community.

During 2019/20, we will be updating our performance framework to ensure we are better at measuring what really matters, and providing intelligence to other health organisations to assist in decision-making. As the trusted core provider of professional and support services to NHS Wales we can use our position to broker new partnerships and help enable our partners and customers to work together seamlessly.

As part of our approach to making NWSSP a great place to work, we will embed an agile working approach and continue to support the professional development of our staff.

### 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.

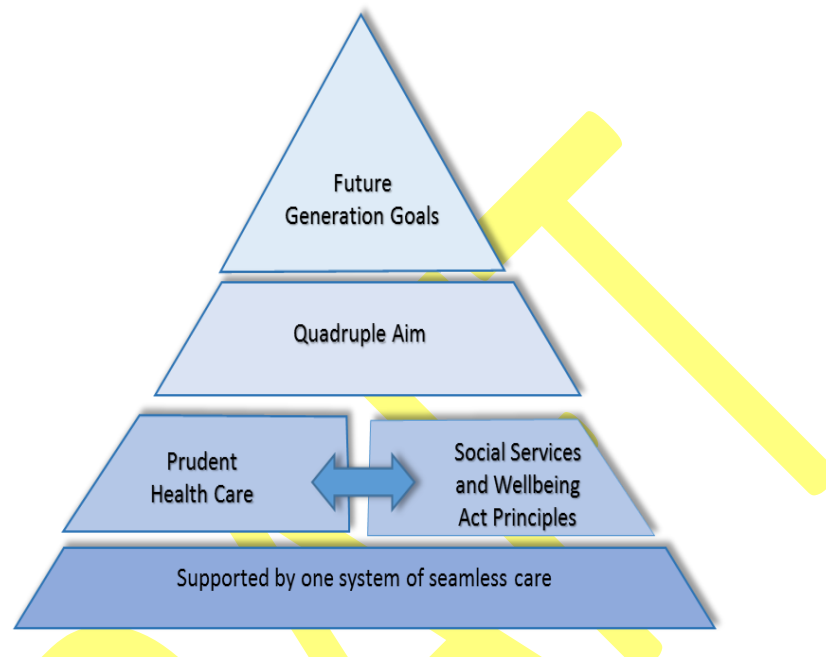
As a non-statutory hosted organisation of Velindre University NHS Trust, we are not specifically named in the Act, but we have voluntarily elected to develop our response to it as we recognise the importance of protecting future generations.

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.

We have produced a Well-being Statement and Objectives which determines how we are supporting the 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 seven themes contained within the Act.

We have engaged with the Future Generations Commissioner's Office in the development of our plan, carried out gap and SWOT analysis exercises and used the simple changes check list to help monitor our progress.

In 2019/20 we will focus on sustainability and develop plans for sustainable travel across our organisation.



### **Our commitment to well-being and sustainable development**

We are highly committed to developing and implementing a 'Once for Wales' approach where appropriate. It is vital we embed our Sustainable Development Principle and the associated five Ways of Working, to think about the long-term, to integrate with the wider public sector, to involve our partners, to work in collaboration, to prevent problems and take a more joined up approach to service delivery. The diagram demonstrates how our divisions are committed to delivering sustainable services aligned to the five ways of working.



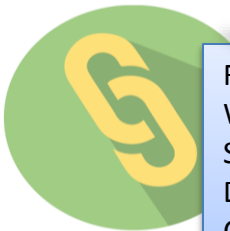
### Long-term

Focus on sharing best practice and common risks/challenges  
 Added value through Hire2Retire services, that are safe, quick and efficient  
 A holistic approach to development of apprenticeship roles and Network 75  
 Reduce the burden on GP practices by providing administration support  
 Consideration given for life cycle and sustainable, ethical procurement practices



### Prevention

ISO14001 environmental initiatives to reduce carbon footprint of organisation  
 A digitally enabled workforce system that will eliminate paper  
 Eliminate paper payslips and to administer e-payslips once for Wales  
 Robust succession planning across the organisation  
 Duty of care and compliance integration with e-expenses  
 Focus on sharing best practice, turning our data into intelligent information



### Integration

Frequent engagement with our partners to ensure continuous improvement  
 Wider public sector engagement model within Digital Workforce Solutions  
 Support the training to managers of GP practices  
 Develop a network to support sharing the learning from Welsh Risk Pool  
 Collaborative procurement strategy developed in partnership  
 Equality Integrated Impact Assessments incorporated into the PMO system



### Collaboration

Build opportunities for expansion of audit services within the wider public sector  
 Supporting the development of the 19 primary care pipeline schemes  
 Working in collaboration to increase the number of GP trainees and GP returners  
 Support the development of a Once for Wales Concerns Management System  
 Expansion of generic PCS services across additional Welsh public sector bodies  
 Frameworks in areas such as environmental performance and community benefits



### Involvement

Offer legal advice services to other public bodies throughout England and Wales  
 Integration with additional service providers, for greater assurance levels  
 Implement transferability of information from Welsh Health Graduate Education Public sector organisations on-boarding to the Learning@Wales Moodle e-platform  
 Awareness of Modern Slavery Act and Ethical Employment in Supply Chain Practice



## Prudent and Value based healthcare



We are helping to make prudent healthcare happen for NHS Wales through both our system leadership and support roles. Our key themes provide some examples of how we are driving the four principles of prudent healthcare.

In the section below we have given some examples of where we are supporting NHS Wales to deliver Prudent Healthcare under the four principles.

### Public and professionals are **equal partners** through **co-production**

- We work together with NHS organisations to identify opportunities for Once for Wales systems.
- We are trusted partners in supporting service re-design, using our data and intelligence to inform decisions.
- Supporting the laundry services design and ensuring our partner's needs are understood and considered.
- Supporting the GP2GP electronic transfer of patient records in partnership with GP practices.

### **Care for those with the greatest health need first**

- Working with Health Boards to enable GP practices to rationalise estate and react to increasing Primary Care service demands through GP patients record storage with routine and on demand access service
- Enhancing single point of contact in support of train, work, live campaign to increase training and recruitment of the NHS Wales workforce
- Enhancing Certificate of Sponsorship management to deliver a timely professional service that supports the retention of staff.

### Do only **what is needed** and do **no harm**

- 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.
- Support the roll out of an innovative training style in Maternity and Obstetric services to inform better patient outcomes (PROMPT).
- Programme of work to improve effective consent to treatment working together with NHS bodies.

### Reduce **inappropriate variation** through **evidence-based** approaches



- Support the sustainable and prudent procurement agendas through clinically driven evidence based sourcing ensuring patient care, quality and safety benefits.
- Support the development and roll out of a Once for Wales Concerns Management System.
- Undertaking a review of Stoma Care procurement and service delivery within Secondary care.

Prudent healthcare is engrained in all we do through our Once for Wales approaches.

## **Prosperity for all**

The National Strategy “Prosperity for All” was published in 2017 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 customers and partners to meet their short term delivery targets and to develop a sustainable health care system fit for the future. We are committed to supporting the communities in Wales, as evidenced by our strategy map and the inclusion of our well-being goals.

## **Driving efficiency – Lord Carter review**

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 NWSSP can provide systems leadership and business intelligence that will help health organisations to provide the best possible care to patients within the available resources

The Lord Carter Review outlines the need for the NHS to undergo a cultural change and become a holistic hub in order to bring about major efficiencies. The Procurement Services Team are contributing to this by leading on value based procurement and playing a pivotal role in the Transforming Access to Medicines (TRAMS) project.

## **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 to prevent people from going into, or staying in, hospital unnecessarily. This requires a marked shift in the delivery of care from secondary hospital-focused care closer to home.

One of our key themes is to support the sustainable delivery of primary care. 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:

- Leading the estates and legal and risk development of the 19 primary care pipeline schemes, including the integration of Social Services.
- 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 Service's compliance with policies and procedures.

### **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. NWSSP are committed to supporting integration between Health and Social Care through our 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**

Seven priorities have been developed for Chief Executives to drive and deliver through Team Wales. Each all Wales 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.

NWSSP are leading on and supporting a number of the work-streams including

- Bulk mail
- All Wales Catering IT System
- Early Payment Programme
- Electronic Transfer of Claims – prescription pricing
- Establishment of 'Once for Wales' ESR support Hub
- Evidence Based Procurement
- All Wales Laundry Service
- Patient Medical Record (PMR) Storage and Scan on Demand service
- Procurement Influence Spend
- Temperature Controlled Environments

### **Public Health (Wales) Act 2017**

The Public Health (Wales) Act 2017 utilises legislation as a mechanism for improving and protecting the health and well-being of the population of Wales. We are committed to supporting NHS Wales to tackle key issues and lead to a healthier Wales. We will continue to work to improve public health and reduce health inequalities by working with our partners to promote healthy lifestyles

### **Nurse Staffing Levels (Wales) Act 2016**

The Nurse Staffing Levels (Wales) Act 2016 sets out the overarching duty to have regard to providing sufficient nurses to allow nurses time to care for patients sensitively. We have been supporting the recruitment and retention of nurses. This is demonstrated by the prioritisation of the nursing workforce in some of our key national improvement projects: student streamlining, 75-day recruitment timeline reduction and the reduction of nursing agency usage. We will continue this work and build on our achievements by supporting the implementation of an all Wales staff bank recognising nursing as the single largest workforce.

## Shaping the Future

### Actions to support the NWSSP IMTP 2019 to 2022 priorities

There are six themes, shown below, that have been drawn out of our divisional plans and grouped together to highlight the synergies across NWSSP in supporting the Welsh Government and NHS Wales. This section highlights the actions that we are going to take over the next three years to help achieve our objectives and priorities.

Our priorities highlight a number of cross-cutting themes that we deliver to our customers and partners which drives improvement within NWSSP.

1. Supporting the delivery of sustainable Primary Care;  
We will help create the environment for A Healthier Wales and to proactively support a modern primary care and social care system.
2. Enhancing service and customer support;  
We will look to continuously improve the service we provide to our customers and partners that helps deliver better outcomes to their resident population and staff.
3. Once for Wales opportunities for service delivery;  
Continue to explore opportunities for NHS Wales to achieve economies of scale, standardisation where appropriate and provide more cost effective processes and high quality services.
4. Sharing best practice and informing decisions;  
Understanding our customers and partners needs and sharing best practice and opportunities for improvement with them.
5. Making NWSSP stronger;  
To help ensure that we are supporting our own staff, customers and partners in the most effective and efficient way. Continue to deliver a financially balanced plan, which includes delivering savings back to NHS Wales.
6. Supporting major capital and transformation projects;  
We will continue to support major capital projects by providing professional and technical advice to support NHS Wales.

The actions below set out what we intend to deliver over the next three years and build on the excellent progress that we have already made in our previous IMTP's. [This progress is highlighted in our Annual Report for 2017/18.](#)

| Supporting the delivery of sustainable Primary Care  |  |   |   |
|--|--|---|---|
| What and why   | How and when   | Benefits (how do we measure success)  | Division  |
| <p>Provide professional property and legal support to strengthen GP practice sustainability and a whole system approach to health and social care.</p> <p>Support customers in their management of primary care through the provision of professional estate, facilities and property related services including benchmarking.</p>                                   | <p>Providing innovative solutions to estate and legal related barriers to partnership in relation to the General Medical Services model; Implementing the 'last person standing' protocol; Leading the development of the 19 primary care pipeline schemes including the integration of Social Services, the 3rd sector and other services relevant to a whole systems approach. A focus on reducing carbon and being more environmentally sustainable.</p> <p>We will do this from April 2019 and evaluate progress before the next IMTP cycle.</p> | <p>Improvements in the primary care estate and collaborative approach to the provision of services.</p> | <p>Specialist Estates Services</p> <p>Legal and Risk Services</p> |
| <p>Continuation of the rationalisation of primary care services into a central 'once for Wales' function. The strategy realigns services as part of NHS Wales Transformation in Primary Care Services and provides resilience across Wales.</p> <p>To improve and expand the provision of services within Primary Care and to support the sustainability agenda.</p> | <p>Identify resources that can be realigned to support Primary care contractors and services. Explore and scope new areas of business.</p> <p>We will deliver this by March 2020.</p>  | <p>Additional support services fully costed and deployed within Primary Care.</p>                       | <p>Primary Care Services</p>                                      |

|   |  |  |   |
|---|--|--|---|
| <p>Patient Medical Records (PMR), store and scan on demand programme.</p> <p>Enables GP practices to rationalise estate and react to increasing Primary Care service demands. Supports sustainability agenda.</p>   | <p>Removal of paper medical records from GP practice to a central archive and the provision of a retrieval service.</p> <p>By March 2020 to have between 45% and 50% of live patient medical records stored in Mamhilad.</p> | <p>Store &amp; Scan on demand service deployed to 80% of GP Practice patient medical records.</p> <p>Supporting Primary Care estate strategy.</p> <p>Acts as an enabler for delivery of additional and enhanced services within the locality / primary care setting.</p> | <p>Primary Care Services</p>                                |
| <p>We will review, develop and redesign medical, dental and ophthalmic performer lists.</p> <p>Critical single point of failure identified within existing NWIS arrangements. A review of the systems used is required to ensure they are up to date and effective.</p> | <p>Implementation of a solution for NHS Wales delivered internally.</p> <p>March 2020.</p>   | <p>More efficient and effective provisions which supports the ability to move to Self-service arrangements.</p> <p>Streamline requirements and systems which removes administrative burden on Primary Care contractor resource, supporting sustainability agenda</p>     | <p>Primary Care Services</p> <p>Legal and Risk Services</p> |
| <p>Review Implementation of Home Care and Community care supply (Wound Management) and Pharmacy. Helping bring health and social care services to the homes of patients.</p>  | <p>Auditable and traceable distribution of supply chain items monitored via Cleric Temp Control</p> <p>We will do this from April 2019 and evaluate progress before the next IMTP cycle.</p>                                 | <p>Incremental Introduction of a Pan Wales Distribution Network</p>  | <p>Health Courier Service</p>                               |

|  |  |   |                      |
|--|--|---|----------------------|
| Remove reliance on private providers and improve Governance  | Subject to capital and resources.  |   |                      |
| Seek to streamline patients and front line users' access to medicines and supplies through the Transforming Access to Medicines (TRAMS) project.   | The project will devise an integrated solution to support patients and front-line users with pharmacy and other supplies, to a higher quality, better sustainability, and lower cost than at present.  | Improvement in the quality of services delivered to NHS Wales and a reduction in cost.  | Procurement Services |
| Extend licencing provision and implement Certificates of Sponsorship management across other disciplines, Once for Wales:<br><br>This will make the service more efficient and reduce costs to NHS Wales, HEIW and the individual. | We will develop improved processes and roles and responsibilities under a memorandum of understanding.<br><br>We will deliver this by December 2019.   | Extension of current licences.<br><br>Better student experience.<br><br>Maintaining GP's and other health professionals in Wales following qualification. | Employment Services  |
| Provide a Hire to Retire service generating and redirecting local capacity to patient care   | Service providing consistent application of legislation and alignment with NHS Employer Standards through sustainable technology ensuring quick and safe appointments<br><br>Work in partnership with individual primary care clusters to agree timescales by end 2020 | Facilitate links with Primary Care Workforce Reporting and enable transition of GP Trainees to substantive Primary Care posts in Wales                    | Employment Services  |
| Implement two critical workforce platforms providing an understanding of the Primary and Social Care workforce and single point of application of all vacancies  | Working with Welsh Government and Primary Care to deliver national digital solution that provides understanding of multi-disciplinary factors of the primary care workforce<br><br>Implementation from April 2019 to March 2020.                                       | Enables quicker appointments into posts and transition of GP Trainees to a substantive post in sector   | Employment Services  |



|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

| Once for Wales Opportunities for Service Delivery   |   |   |                         |
|---|---|---|-------------------------|
| What and why  | How and when  | Benefits (how do we measure success)  | Division                |
| <p>Expand the Lead Employer model by increasing the offering to customers and partners by bringing new professional areas onto the scheme.</p> <p>This will help streamline the recruitment and pathway to gaining a professional qualification in Wales.</p> | Working with HEIW/HB/T we will identify professional areas that can be added to the scheme during 2019.   | <p>Once for Wales approach to employing trainees.</p> <p>Better experience.</p> | Lead Employer Services  |
| Implement an all Wales laundry service. Moving from a five location model to a three location model to drive efficiencies and effectiveness.  | Final timescale to be determined once ongoing management arrangements review is completed.  | <p>Once for Wales</p> <p>Efficiency savings</p>                                 | NWSSP Corporate         |
| Develop a Welsh Language hub to help provide a Once for Wales service.  | Hub to be developed in association with a number of smaller NHS bodies in 2019/20 and then offered as an All Wales Service in 2021.   | Once for Wales  | NWSSP Corporate         |
| Work with Welsh Government to develop and provide new arrangements for the indemnity of General Medical Service Providers in Wales  | <p>Participate in the WG Project Board for GP Indemnity, develop funding arrangements with WG, employ staff and implement the necessary systems and processes.</p> <p>Implementation of the new arrangement for</p> | Design and Roll out of new GP indemnity arrangements                            | Legal and Risk Services |

|  |   |   |                       |
|--|---|---|-----------------------|
|  | Future Liabilities from 1 April 2019, with further development of the scheme to cover Existing Liabilities progressing over a further 18 month to 2 year period as directed by Welsh Government |   |                       |
| General Ophthalmic Services (GOS) Data Warehouse<br><br>Develop and expand Post Payment Verification (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.<br><br>March 2020.                | Once for Wales data base enabling consistent reporting, national profiling and national Benchmarking<br><br>Focused PPV sampling arrangements | Primary Care Services |
| Provide a Once for Wales single pathway to Medical and Dental Trainees that is safe and effective  | Maximising technology to deliver single pathway with safe portability throughout rotational training aligning to Train.Work.Live Single Point of Contact service                                | Improved experience for Medical and Dental Trainees through process and technology efficiencies enabled by a single point of contact          | Employment Services   |
| Establish the payment of NHS Wales Student Bursary through the Electronic Staff Record to provide a single point of contact for students, realise process efficiencies and associated costs            | Working in partnership with HEIW and Universities to engage healthcare students throughout training to facilitate payment of NHS Wales Student Bursary by 2022                                  | Introduces a single point of contact for healthcare students and enables immediate engagement to All Wales Bank                               | Employment Services   |
| Explore the benefits of the development of a National Distribution Centre.<br><br>Consolidation and expansion of transport and logistics services to   | Develop funding arrangements with Welsh Government who will determine timescales.   | Delivering economies of scale and benefits from automation and new technology e.g. GS1.   |                       |



|  |   |  |                              |
|--|---|--|------------------------------|
| <p>the NHS and wider public and social care sectors.</p> <p>To exploit opportunities to introduce further automation and new technology and meet the need for streamlined services. To meet the challenges posed by the Lord Carter Review and Brexit.</p> |   | <p>Improved supply chain resilience and national emergency response capability.</p>                    |                              |
| <p>Support the transition to into the 'Strategic Programme for Primary Care' – the response to A Healthier Wales.</p>  | <p>Improve primary care sustainability across multidisciplinary functions.</p>  | <p>Improved access to care for patients outside of traditional service delivery.</p>                   | <p>Primary Care Services</p> |
| <p>Support the development and roll out of a Once for Wales Concerns Management System.</p> <p>To address recommendations in the Evans Report "Using the Gift of Complaints" and to enhance data compatibility to identify and focus on themes</p>         | <p>Incorporate WG funded project into WRP, re all-Wales Development system Development of national Concerns dataset.</p> <p>Newly appointed project manager and Head of Patient safety and learning to arrange meetings for further discussion and recommendation July 2019</p> | <p>Design and Roll out of Once for Wales Concerns Management System – with agreed national dataset</p> | <p>Welsh Risk Pool</p>       |

| Enhancing system and customer support   |  |  |                    |
|---|--|--|--------------------|
| What and why  | How and when   | Benefits (how do we measure success)                 | Division           |
| <p>Enhanced legal case management, lessons learned and Once for Wales claims management for Clinical Negligence and</p> | <p>Maintaining and improving on the quality of our staff via experience and training; through good management of cases and careful</p> | <p>High levels of savings and successes reported</p> | <p>L&amp;R/WRP</p> |

|  |  |   |  |
|--|--|---|--|
| <p>Personal Injury claims.</p> <p>To minimise the adverse reputational and financial impact of legal risks to the NHS in Wales.</p>  | <p>allocation of tasks across teams; through focussing on client relationships.</p> <p>March 2020 and annually reviewed thereafter</p>   |   |  |
| <p>Student Streamlining – GP Trainees and Allied Health professionals</p> <p>Avoid unnecessary duplication – associated costs<br/>Quicker start times</p>                                      | <p>Extend the NWSSP Student Streamlining Scheme to GP trainees.</p> <p>September 2019</p>  | <p>All GP Trainees and Health Professionals appointed through Streamlining Scheme</p>   | <p>Employment</p>                                      |
| <p>A successful welfare rights service.</p> <p>WIBSS is committed to providing a dedicated support service operated by experienced welfare rights advisors to assist beneficiaries.</p>        | <p>The welfare rights advisors make home visits, provide telephone support and attend Personal Independence Payment assessments when requested. We will continue to support the welfare rights advisors through 2019/20.</p> | <p>Customer satisfaction with the scheme and service will increase. Beneficiaries will continue to have an excellent customer experience.</p> | <p>Welsh Infected Blood Support Service</p>            |
| <p>We will continue to support the newly created Health Education and Improvement Wales (HEIW) Special Health Authority.</p>   | <p>Provide advice and support to the organisation as required throughout 2019/20.</p>  | <p>Support the new special health authority deliver its objectives.</p>   | <p>NWSSP Corporate</p>                                 |
| <p>Integration of HCS and Supply Chain services.</p> <p>To provide a seamless end to end service capable of meeting expanding needs of Health Boards and Trusts. To maximise efficiencies.</p> | <p>Structural review to be undertaken with view to creating new Regional Distribution Centre (RDC).</p> <p>We will do this by March 2020.</p>  | <p>A modern, streamlined service capable of maximising efficiency benefits to Health Boards and Trusts.</p>                                   | <p>Health Courier Service and Procurement Services</p> |
| <p>Primary Care transformation programme – replacement of NHAIS</p>  | <p>New registration service for medical records transformation.<br/>New GMS Payments system operational.</p>   | <p>Through dialogue and SLA review with NHS Digital and preferred partner for GMS payments.</p>   | <p>Primary Care Services</p>                           |

|  |   |  |  |
|--|---|--|--|
|  | A direct result of NHS England privatisation. Direct impact on Welsh systems and processes. Opportunity to deliver a cost effective and efficient solution and workforce. | By March 2020 to have replaced NHAIS payment system and also implementation plans in place for deployment of PCRM and SDRS products, in preparation for NHAIS decommissioning. |  |
|--|---|--|--|

| Sharing best practice   |  |   |                             |
|---|--|---|-----------------------------|
| What and why  | How and when   | Benefits (how do we measure success)  | Division                    |
| Continue to encourage use of 'Putting Things Right' to improve savings and enhance lessons learned around care provision and incident investigation in respect of lower value cases   | We will do this throughout 2019 to 2020 and onwards  | Reduced costs for Health Boards and Trusts  | Legal and Risk              |
| We will support the Welsh Government Workforce Delivery Unit agenda.  | We will agree a plan of action for strategic work to be carried across WG and NWSSP on a prioritised basis.<br><br>This work will continue through 2019/20.                      | Collaboration on HR issues which are planned well. Good advice to WG.                           | Employment and Corporate    |
| We will further develop our Customer Relationship Management approach across the NWSSP to ensure that customer and partnership interaction is recorded along with user requirements and user needs. This will enable NWSSP to improve | The new approach will be devised through interaction and engagement with NWSSP divisions and our Partners and Customers, with the new approach implemented through 2019 to 2020. | Better collation of NHS Wales' requirements and a joined up approach to stakeholder management. | Corporate and all divisions |

|  |   |  |                       |
|--|---|--|-----------------------|
| customer and partner interactions.   |   |  |                       |
| NWSSP will create an evaluation forum through the PMO that identifies lessons learned from all projects and programmes.  | Forum will be created in April 2019 with a review prior to the next IMTP cycle.   | Sharing lessons learnt around Wales and improving future projects through past experiences.                                  | NWSSP Corporate       |
| Receiving and automatically processing all relevant prescription items thereafter processing this data through the Electronic Transfer of Claims (ETC) and progressing with a paperless electronic prescription.<br><br>Achieves an 80% efficiency increase. | Using electronic messages as the primary input for pricing.<br><br>Early adopters and guidelines for transfer of electronic messages as required for continuation of £200 IT monthly payments by March 2019 | Improved accuracy rates.<br><br>Introduction of automated rules which further reduces/removes reliance on manual processing. | Primary Care Services |

| Making NWSSP stronger   |   |  |                                |
|---|---|--|--------------------------------|
| What and why  | How and when  | Benefits (how do we measure success)   | Division                       |
| We will continue to progress and embed an agile working environment that allows our staff freedom and flexibility. We will align our estate, ICT provision and HR policies to enable agile working across the organisation to support our divisions delivering to our customers and partners. | We will work with our staff to develop a programme that meets the needs of a modern workforce. We will review the relevant workforce and OD, estates and ICT policies to enable this positive change.<br><br>An initial business case will be prepared for September 2019 with pilot sites and teams identified for implementation. | An excellent working environment matched with modern technology to allow staff to be the best they can be. | Corporate, Workforce, SES, ICT |

|   |   |  |   |
|---|---|--|---|
| <p>We will review and seek to streamline our helpdesks and call handling centres that we have at NWSSP to improve the experience for our customers and partners, ensuring that we are using the latest technology.</p>  | <p>We will implement a Once for Wales service across NWSSP, ensuring it meets the needs of our customers and partners who operate 24/7.</p> <p>We will use the most recent technology to enhance the customer experience.</p> <p>An outline business case will be developed by September 2019 and if approved implementation will take place through Q3 and Q4.</p> | <p>Enhanced customer experience – one single number to call for all shared services queries.</p> | <p>Corporate and divisions with helpdesks</p> |
| <p>Develop a corporate Continuous Improvement approach to coordinate the standardisation, modernisation and automation through the 'Once for Wales' principles and the use of our All Wales performance data to identify opportunities for further improvement.</p> | <p>We will continue to look for synergies across our divisions and focus on improving systems and processes in order to make NWSSP more efficient and effective and allow us to deliver improved services to our customers and partners</p>   |  | <p>Corporate and all divisions</p>            |
| <p>We will implement an updated performance management framework across NWSSP.</p> <p>This will embed a consistent approach to performance management across the divisions and allow for better decision-making and scrutiny.</p>                                   | <p>The framework will be implemented in April 2019 and aligned to this IMTP.</p> <p>The roll out of business intelligence software across the divisions will take place throughout 2019 to 2020.</p>  |  | <p>Corporate and all divisions</p>            |
| <p>We will proactively engage and communicate to external audiences the excellent work conducted throughout</p>   | <p>We will develop an overarching marketing strategy for NWSSP with an implementation plan throughout 2019 and 2020.</p>  | <p>Increase in new and repeat business that the team undertakes;</p>                             | <p>Corporate</p>                              |

|   |   |   |                               |
|---|---|---|-------------------------------|
| NWSSP. We will showcase best practice and provide services to other NHS Wales organisations.                                      |   | Results of customer satisfaction surveys.<br><br>Invest in the Marketing and Communications team. |                               |
| NWSSP will continue to deliver financially balanced plans that delivers investment to the areas that matter most to our partners. | We will ensure that our divisions continue to be efficient and effective and use continuous improvement methodologies to streamline services and improve quality. | Invest in areas that matter most to our partners and have the greatest benefit.                   | NWSSP corporate and divisions |

| Supporting major capital and transformation projects   |  |  |   |
|--|--|--|---|
| What and why   | How and when   | Benefits (how do we measure success)   | Division  |
| <p>We will support all Health Boards and Trusts undertaking major capital projects. Including</p> <ul style="list-style-type: none"> <li>• The Grange University Hospital</li> <li>• Velindre Cancer Centre</li> <li>• University Hospital Wales</li> <li>• Prince Charles Hospital</li> </ul> | <p>We will provide estates, legal and procurement support to ensure the successful delivery of all the projects.</p> | <p>Projects delivered to time, cost and quality.</p> <p>Excellent feedback for NWSSP divisions.</p>                      | <p>Legal and Risk Services</p> <p>Procurement Services</p> <p>Specialist Estates Services</p> |
| <p>We will support NHS Wales undertaking major transformation programmes. Including:</p> <ul style="list-style-type: none"> <li>• The Bridgend Boundary Transfer</li> <li>• A Healthier Mid and West Wales</li> </ul>  | <p>We will provide professional support to ensure the smooth transition into business as usual.</p>                  | <p>Project delivered to time, cost and quality.</p> <p>Excellent feedback for NWSSP divisions supporting the change.</p> | NWSSP   |

DRAFT



**Our roadmap for development over the next three years**

In the following table, we have set our large service developments over the next three years against our six key delivery themes. This demonstrates how we are helping NHS Wales to meet its strategic objectives in a key support role, encouraging learning and the adoption of Once for Wales.

**2019/20**

| <b>Supporting the delivery of sustainable primary care</b>   | <b>Once for Wales Opportunities for Service Delivery</b>  | <b>Enhancing system support and customer support</b>  |
|--|---|---|
| Deliver hire to retire service providing digital platforms<br>Alignment of GP Trainees to substantive posts within sector through streamlining programme<br>Development of the 19 primary care pipeline schemes<br>PMR – Store and Scan on Demand<br>Redesigned performers lists<br>Implementation of home care and community care supply<br>Extend Certificate of Sponsorship licencing | Consistent application of NHS Wales Pay Framework<br>Provide a single pathway for Medical and Dental Trainees<br>Expand the Lead Employer offering<br>Extend 'Train.Work.Live' to Allied Health Profession<br>All Wales Laundry Service launched<br>Deliver GP Indemnity Scheme<br>TRAMS<br>Establish Medical examiners Service covering secondary care | Maximising use of technology to release time in clinical areas<br>Reduce recruitment timeline<br>Standardisation of pay elements to improve pay bill data<br>Enhanced legal case management<br>Extend Student Streamlining to all healthcare graduates<br>Integration of supply chain and HCS |
| <b>Sharing best practice</b>   | <b>Making NWSSP stronger</b>  | <b>Supporting major capital and transformation programmes</b>   |
| Benchmarking Primary Care Services with NHS Digital<br>Hire to Retire efficiencies with NHS Improvement England<br>Customer relationship management approach<br>Support Welsh Government Workforce Delivery Unit<br>'Putting things right'   | Develop marketing strategy<br>Develop agile working strategy and start implementation<br>Embed continuous improvement approach<br>Review customer contact and streamline.<br>Embed updated Performance Management Framework   | Support the delivery of the new Grange Hospital.<br>Migration of staff enabling Bridgend Boundary Changes.<br>Supporting the new Velindre Cancer Centre<br>A Healthier Mid and West Wales   |

**2020/21**



| <b>Supporting the delivery of sustainable primary care</b>   | <b>Once for Wales Opportunities for Service Delivery</b>  | <b>Enhancing system support and customer support</b>   |
|--|---|--|
| Deliver hire to retire service<br>Extend licencing provision for Certificates of Sponsorship<br>NHAIS replacement complete<br>Continued development and implementation of the 19 primary care pipeline schemes<br>PMR – Store and Scan on Demand | Payment of NHS Wales Bursary via ESR<br>Deliver a Welsh Language Hub<br>Explore the development of a National Distribution Centre<br>Further expand the Medical Examiners service | Centre of Excellence for Certificates of Sponsorship post Brexit<br>Digitalisation of Employment Checks<br>Reduced recruitment timeline                                      |
| <b>Sharing best practice</b>   | <b>Making stronger NWSSP</b>  | <b>Supporting major capital and transformation programmes</b>  |
| Benchmarking against NHS England<br>Embedded customer relationship management approach<br>Turning data into intelligence to inform decisions   | Continued implementation of agile working strategy.   | Engagement of 3,000 staff to Specialist and Critical Care Centre<br>Supporting the new Velindre Cancer Centre<br>A Healthier Mid and West Wales<br>University Hospital Wales |

**2021/22**

| <b>Supporting the delivery of sustainable primary care</b> | <b>Once for Wales Opportunities for Service Delivery</b> | <b>Enhancing system support and customer support</b>              |
|--|--|---|
| Complete delivery of Hire to Retire service                | Continued expansion of the lead employer offering        | Maximise efficiencies through RPA<br>Reduced recruitment timeline |
| <b>Sharing best practice</b>                               | <b>Making stronger NWSSP</b>                             | <b>Supporting major capital and transformation programmes</b>     |

|  |  |  |
|--|--|--|
| Turning data into intelligence to inform decisions | Embedded agile working strategy supporting other NHS Wales Bodies. | Supporting the new Velindre Cancer Centre<br>A Healthier Mid and West Wales<br>University Hospital Wales |
|--|--|--|

DRAFT

**Future state – what will we look like in three years' time.**

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. 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*.

| <p style="text-align: center;"><b>CUSTOMERS AND PARTNERS</b></p> <p style="text-align: center;"><i>To develop an open and transparent customer focused culture that supports the delivery of high quality services.</i></p>   |
|---|
| <p>Streamlined and consistent approach to feedback across all divisions</p> <p>An embedded trusted partnership relationship across NHS Wales, underpinned by a CRM system.</p> <p>Well-developed customer and partner strategy</p> <p>High quality data available to manage performance, drive improvement and inform decisions.</p> <p>Service development done in tandem with customers and partners to meet their exact needs.</p> <p>Engagement at all levels exceeds expectations.</p> <p>Our data is used as intelligent information to support the NHS Wales quality and safety agenda</p> <p>Responsive and supportive to our partners' significant service change whilst leading and facilitating NHS Wales priorities</p> <p>The NHAIS systems will have been decommissioned and we will have implemented the NHS Wales Transition Programme with regard to GMS and GOS services.</p> <p>Supporting the transformational needs of Health Board/Trusts/HEIW through the development of a new generation of construction frameworks aimed at improving the built environment and embed skills within our teams to lead on All Wales Capital Programmes of the future.</p> |
| <p style="text-align: center;"><b>OUR STAFF</b></p> <p style="text-align: center;"><i>To have an appropriately skilled, productive, engaged and healthy workforce resourced to meet service needs.</i></p>  |
| <p>A multi-skilled and motivated workforce to support workforce development and continuous improvement.</p> <p>Developed the leadership, innovation and people skills in managers</p> <p>Delivered the action plan based on the staff survey outcomes and reviewing its impact</p> <p>Staff contribute to, and are supported through change</p> <p>Fully established organisation values based recruitment, recruiting the right people aligned to our values</p> <p>A workforce which fully embraces the values of NWSSP and puts them of the heart of everything we do.</p> <p>Workforce with the capacity and resilience to react to increases in demand or changes in requirements</p>  |

Corporate approach to customer service excellence and Service improvement skills embedded.  
 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  
 Continuous improvement programme to link 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.*

World class services that are efficient resulting in greater resilience, efficiency, standardisation and collaboration across co-located services.  
 Embedded performance framework that identifies areas of excellence and for improvement.  
 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  
 Reduced our impact on the environment by implementing a range of schemes to reduce our carbon footprint e.g. Sustainable Travel Policy.

### 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 to support the technology enabled learning agenda for NHS Wales, local government, national government and the wider public sector in Wales  
 Storing 50% 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  
 Providing a sustainable all Wales temporary staff bank arrangement 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 and benefits to those employed.  
 Provide a holistic legal advice service across the public sector in Wales

|   |
|---|
| <p>Extension of our support services into Primary Care sector e.g. payroll, recruitment and procurement</p> <p>Provide a professional printing and design facility and scanning service for NHS Wales</p>   |
| <p style="text-align: center;"><b>VALUE FOR MONEY</b></p> <p><i>To develop a highly efficient and effective shared services organisation which delivers real term savings and service quality benefits to its customers.</i></p>  |
| <p>Achieving all financial targets with reinvestment of savings within NWSSP to increase professional influence savings and improve quality of services based on customer and partner's needs.</p> <p>A well established, financially stable business model with future benefits and growth planned.</p> <p>An estate that offers agile working to all NWSSP staff and our partners.</p> <p>Continued realisation of significant Professional Influence savings.</p> <p>Identification and maximisation of targeted income generation opportunities linked to the growth plan.</p> <p>Centrally managed range of salary sacrifice schemes for NHS Wales.</p> <p>IT technologies and robotic process automation embedded delivering efficiencies</p> <p>Receiving and automatically processing 90% of prescription forms through the Electronic Transfer of Claims (ETC) rollout.</p> <p>Strategic procurement closely integrated with NHS Wales policy and strategy.</p> <p>Maximising efficiencies for logistics and transport for -Patient Transport in NHS Wales</p> |

## Key Performance Indicators

The table below outlines our key performance indicators and targets. We have reviewed our current year's performance and set ourselves improvement targets until 2021.

| High Level KPI's and Targets                           |            | Current Year | 2019/20 Target | 2020/21 Target | 2021/22 Target |
|--|------------|--------------|----------------|----------------|----------------|
| <b>Internal Indicators</b>                             |            |              |                |                |                |
| <b>Corporate</b>                                       |            |              |                |                |                |
| Financial Position – Forecast Outturn                  | Monthly    | Break even   | Break even     | Break even     | Break even     |
| Capital financial position                             | Monthly    | Within CRL   | Within CRL     | Within CRL     | Within CRL     |
| Planned Distribution (£m)                              | Annual     | £1.75m       | £0.75m         | £0.75m         | £0.75m         |
| NWSSP PSPP %   | Monthly    | 99%          | 99%            | 99%            | 99%            |
| <b><u>NWSSP Org KPIs Recruitment</u></b>               |            |              |                |                |                |
| Time to Approve Vacancies (days)                       | Monthly    | 8            | 10             | 8              | 6              |
| Time to Shortlist by Managers (days)                   | Monthly    | 7            | 8              | 7              | 6              |
| Time to notify Recruitment of Interview Outcome (days) | Monthly    | 3            | 4              | 3              | 2              |
| <b>Workforce</b>                                       |            |              |                |                |                |
| Staff Sickness   | Cumulative | 3.83%        | 3.3%           | 3.3%           | 3.3%           |
| PADR Compliance  | Monthly    | 81.02%       | >85%           | >85%           | >85%           |
| Statutory and Mandatory Training                       | Monthly    | 91.62%       | >85%           | >85%           | >85%           |
| Agency % to Date                                       | Cumulative | 0.85%        | <0.8%          | <0.8%          | <0.8%          |
| <b>External Indicators</b>                             |            |              |                |                |                |
| <b>Professional Influence</b>                          |            |              |                |                |                |
| Professional Influence Savings                         | Cumulative | £88m         | £100m          | £100m          | £100m          |
| <b>Procurement Services</b>                            |            |              |                |                |                |
| Procurement savings *Current Year                      | Cumulative | £25m         | In Year Plan   | In Year Plan   | In Year Plan   |
| All Wales PSPP   | Quarterly  | 96%          | 95%            | 95%            | 95%            |
| Accounts Payable % Calls Handled (South)               | Monthly    | 99.1%        | 95%            | 95%            | 95%            |
| <b>Employment Services</b>                             |            |              |                |                |                |

| High Level KPI's and Targets                                      |            | Current<br>Year | 2019/20<br>Target | 2020/21<br>Target | 2021/22<br>Target |
|---|------------|-----------------|-------------------|-------------------|-------------------|
| Payroll accuracy rate (Added Value)                               | Monthly    | 99%             | 99%               | 99.94%            | 99.97%            |
| <b><u>All Wales Org KPIs Recruitment</u></b>                      |            |                 |                   |                   |                   |
| Time to Approve Vacancies (days)                                  | Monthly    | 9               | 10                | 8                 | 6                 |
| Time to Shortlist by Managers (days)                              | Monthly    | 7               | 8                 | 7                 | 6                 |
| Time to notify Recruitment of Interview Outcome (days)            | Monthly    | 3               | 4                 | 3                 | 2                 |
| <b><u>All Wales Org - NWSSP KPIs recruitment element</u></b>      |            |                 |                   |                   |                   |
| Time to Place Adverts (days)                                      | Monthly    | 1               | 2                 | 2                 | 2                 |
| Time to Send Applications to Manager (days)                       | Monthly    | 1               | 1.6               | 1.6               | 1                 |
| Time to send Conditional Offer Letter (days)                      | Monthly    | 4               | 4                 | 4                 | 3                 |
| Recruitment % Calls Handled                                       | Monthly    | 96.3%           | 97.5%             | 98.5%             | 98.5%             |
| <b>Primary Care Services</b>                                      |            |                 |                   |                   |                   |
| Payments made accurately and to timescale                         | Monthly    | 100%            | 100%              | 100%              | 100%              |
| Prescription - keying accuracy rates                              | Monthly    | 99%             | 99.75%            | 99.85%            | 99.85%            |
| <b>Internal audit</b>   |            |                 |                   |                   |                   |
| Audits reported % of planned audits                               | Cumulative | 32%             | In Year Plan      | In Year Plan      | In Year Plan      |
| Report turnaround management response to draft report [15 days]   | Cumulative | 57%             | 80%               | 80%               | 80%               |
| Report turnaround draft response to final reporting [10 days]     | Cumulative | 99%             | 80%               | 80%               | 80%               |
| <b>Legal and risk</b>   |            |                 |                   |                   |                   |
| Timeliness of advice acknowledgement - within 24 hours            | Monthly    | 100%            | 99%               | 99%               | 99%               |
| Timeliness of advice response – within 3 days or agreed timescale | Monthly    | 100%            | 99%               | 99%               | 99%               |
| <b>Welsh Risk Pool</b>  |            |                 |                   |                   |                   |
| Acknowledgement of receipt of claim                               | Monthly    | 100%            | 100%              | 100%              | 100%              |

| High Level KPI's and Targets   |         | Current<br>Year | 2019/20<br>Target | 2020/21<br>Target | 2021/22<br>Target |
|--|---------|-----------------|-------------------|-------------------|-------------------|
| Valid claims received within deadline processed in time for next WRP committee | Monthly | 100%            | 100%              | 100%              | 100%              |
| Claims agreed paid within 10 days  | Monthly | 100%            | 99%               | 99%               | 99%               |

In addition to our organisation's key performance indicators, each division has their own set of indicators as part of their delivery plans (section 2). The delivery plans outline the key actions and milestones that will be delivered over the next three years to achieve these key performance targets as well as service improvements that will enhance the services we provide to our partners.

We are currently developing an updated performance framework to be embedded across NWSSP from April 2019. This will bring together the key performance indicators that highlight our strategic performance as well as the inputs and outputs needed to achieve this. We will continue to provide case studies and other qualitative means to demonstrate our performance.



### 3. Achievements in 2018/19

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

1. We have an approved and financially balanced IMTP for 2018-21.
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 helped create a new all Wales services.

This is our assessment of our achievements against our overarching goals from last year, as at 31 January 2019.

Goal 1 - We will promote a **consistency of service** across Wales by engagement with our partners whilst respecting local needs and requirements

- Advisory stakeholder and responsive delivery of NHS Wales Pay Awards
- Customer Service Excellence Compliance+ recognising two core areas of customer focus in Employment Services.
- Annually achieving commendatory audits under the Law Society's Lexcel Quality Assurance and the Customer Service Excellence standards, the latter in which Legal and Risk Services were awarded compliance +++.
- Deployed professional authorising engineer (AE) roles in order to secure significant safety assurance in specialist engineering areas.
- SMTL Investigated 255 medical device defect reports, including contacting manufacturers to check they are taking appropriate action and detection of systematic problems
- Consistency in audit reporting and opinions across Wales matched with rigorous assurance processes to help organisations to manage key risks
- Full deployment of ESR Self Service Portal across NHS Wales that enables real time digital workforce interactions and removes paper dependency
- We have reviewed the PROMPT programme which has seen an improvement in delivery of maternity services and reduction in harm to mothers and babies
- Helping Health Boards and Trusts to deliver service transformation & innovation e.g. strategic NHS Wales IM&T agenda, transforming Cancer Services in S.E. Wales, Specialist & Critical Care Centre Project, Stoma Service re-design, formation of HEIW, Transforming access to medicines (TRAMS) project.
- Establishment of a Value Based Procurement team to facilitate the adoption of Value Based principles into business as usual for contracting. Early contracts underway testing the adoption in practice, including point of care testing for anti-coagulation monitoring, introduction of sacral nerve stimulation technology, Utilisation of Enhanced Recovery After Surgery methodology (ERAS) and a reconfiguration of Stoma services

|  |
|--|
| <p>Goal 2 - We will <b>extend the scope of our services, embracing sustainability</b>, 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</p>  |
| <ul style="list-style-type: none"> <li>• Established an estates related benchmarking approach for service improvement and capital investment prioritisation purposes.</li> <li>• Development of service offerings, taking into account Customer/Stakeholder and NWSSP divisional needs, including PMR and Enhanced Services inside GMS and Community Pharmacy.</li> <li>• Introduction of Home Care Distribution and Home Clinical Waste collection.</li> <li>• Providing support to Critical Care (EMRTS) on a Pan Wales Basis, without boundaries</li> <li>• Supported the creation of the Health Education and Improvement Wales Special Health Authority.</li> <li>• ISO14001 accreditation</li> <li>• Commercial support to the development of a collaborative Nurse Bank model in Wales.</li> <li>• Delivery of planned Capital Schemes and discretionary Capital Programmes including unplanned additional capital allocations e.g. Efficiency through Technology Fund.</li> </ul>  |
| <p>Goal 3 - We will continue to add value by <b>standardising, innovating and modernising</b> our service delivery models to achieve the well-being goals and the benefits of prudent healthcare</p>   |
| <ul style="list-style-type: none"> <li>• Delivered the first Student Streamlining Scheme matching graduates with employment</li> <li>• Change processes driving efficiencies and governance through technology e.g. 90% e-Payslips, transactional e-Forms and scheduled robotic processing</li> <li>• 37% new registrants to NHS Wales Bursary</li> <li>• Process re-engineering in the Prescription Process area with expansion of our automated Rules Engine.</li> <li>• Support service transformation without boundaries, e.g. EMRTS, ARCH, Histo-Pathology (Frozen Section), Welsh Blood Service and Public Health Wales.</li> <li>• Working in partnership with NHS England through the new ESR contract to agree ESR solutions that reflect Wales policy and pay scales, effectively enabling costs avoidance for NHS Wales of £3 million.</li> <li>• Removal of variation and waste through maximising ESR interfaces and robotic solutions to improve processes.</li> <li>• Helping NHS Wales to deliver social, economic and environmental benefits through procurement</li> <li>• Making Procurement rules accessible and understandable to all with the publication of a new Procurement Manual.</li> <li>• NWSSP support throughout the Bridgend Boundary change.</li> <li>• Commercial support to the All Wales Medical workforce group, implementation of medical agency rates and driving reduction in off contract Agency.</li> </ul> |
| <p>Goal 4 - We will be an <b>employer of choice</b> 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>  |

|  |
|--|
| <ul style="list-style-type: none"> <li>• Pro-active approach to legislative compliance e.g. recruitment through Welsh language</li> <li>• Improved skills and capacity across NHS Wales through provision of ESR and e-learning resources.</li> <li>• Enabled ease of access to personal data and e-learning via internet and Apps</li> <li>• Investing an additional £100k in training and development for our Procurement staff</li> <li>• Developing action plans to address matters arising from the national staff survey</li> </ul>  |
| <p>Goal 5 - We will maintain a <b>balanced financial plan</b> whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into the economy</p>  |
| <ul style="list-style-type: none"> <li>• Distributed £2m of direct cash releasing savings to NHS Wales</li> <li>• Savings to NHS Wales through reduced cost per payslip and recruitment FTE</li> <li>• Absorbed additional service demands e.g. enablement focus on local delays, IR35.</li> <li>• £1.949m saved in 2017/18 through the negotiation of revised building lease terms on behalf of NHS Wales.</li> <li>• £13.59m was realised from the disposal of surplus health related property in 2017/18.</li> <li>• Reduction in annual running costs of over 20% (recurring) since the formation of PCS.</li> <li>• Releasing cost avoidance opportunities of £0.5 million through the new ESR contract to fully access and utilise the e-learning solution</li> <li>• Significant cost efficiencies and cost avoidance savings through deployment of ESR e-Learning</li> <li>• On target to deliver contract savings in excess of £26m which includes rebate income from Priority Supplier Programme in 2018/19.</li> <li>• Continue to encourage use of PTR to improve savings and enhance lessons learned around care provision and incident investigation in respect of lower value cases</li> <li>• Achieved financial and non-financial benefits which include improved patient outcomes &amp; enhanced safety e.g. Mental Health Learning Disability agreement, CAMHS, Home Oxygen.</li> </ul> |
| <p>Goal 6 - We will <b>provide excellent customer service</b> ensuring that our services maximise efficiency, effectiveness and value for money, through system leadership and a 'Once for Wales'.</p>   |
| <ul style="list-style-type: none"> <li>• The delivery of stronger collaboration, construction time and cost efficiencies through the creation and maintenance of the Designed for Life (DfL) procurement frameworks generated savings of £8.28m in 2017/18.</li> <li>• Support to Welsh Government and NHS Wales as part of NHS Wales Mass Casualty Resilience</li> <li>• Positive feedback from Audit Committee annual reviews and audit satisfaction surveys.</li> <li>• Manage £4bn BAC's payments per annum.</li> <li>• Supporting the transition of Bridgend and Localities into Cwm Taf Health Board.</li> <li>• Active role in reshaping Standing Financial Instructions – Procurement to form a modern and fit for purpose governance model.</li> <li>• Supporting the development of a commercial approach to Non Pay management by implementing the business partner model within NHS Wales organisations.</li> </ul>  |

- Ensuring that Health Organisations achieve the Public Sector Pay Performance target of paying at least 95% of supplier invoices paid in 30 days. In situations where they do not, working with the Health Organisation to address any root-cause issues e.g. delay in receipting.
- Introduced an All Wales Policy on No Purchase Order, No Pay. Live on September 1st 2018.
- Supporting “Referral to Treatment” targets within Health Boards via various outsourcing arrangements with non NHS Wales providers.

Goal 7 - We will **work in partnership** to deliver world-class service that will help NHS Wales tackle key issues, lead to a healthier Wales and supports sustainable Primary Care.

- Reduced costs and risk through Certificate of Sponsorship and Medical relocation management.
- Specialist Estates Services have facilitated the recovery of over £39m of rate rebates in the primary care sector for the 2010/17 revaluation period.
- Created a uniformity of approach across NHS Wales to the rental reimbursement reviews of General Practice (GP) occupied properties.
- Reducing variation through review and modernisation of current service models. Supporting prudent healthcare and a 'Once for Wales' approach introducing the Alternative Treatment Scheme.
- Introduced a new service delivery models within the Health Courier Service to include providing Ad-Hoc/24 Hour/ Out of Hours cover.
- Integration of Primary Care Services transport and distribution to HCS and continued development of services provided to NWSSP
- Clinical Procurement Nurse Engagement delivering standardisation, rationalisation and implementation of the All Wales Medical and Clinical contracts.
- Supporting the delivery of Modernisation and Digital Healthcare strategies to enable transformational change within the system, providing better patient care e.g. 111 support system and All Wales Pharmacy System.

Goal 8 - We will support NHS Wales meet their challenges by being a catalyst for **learning lessons and sharing good practice**. Identifying further opportunities to deliver high quality services.

- Provision of professional support, advice and guidance in relation to estates matters generally and major capital projects.
- Scanning solutions to reduce paper transactions provided across PCS and broader NWSSP.
- Profile of Internal Audit raised at board and audit committee level across Wales and delivered training for Independent Members on governance and risk matters.
- Effective audit and assurance support of national initiatives such as the FD's Financial Governance, P2P and Hire to Retire.
- Improved quality and completeness of workforce data to inform business critical decisions
- Assisting Health Boards and Trusts with resource and capacity shortages in specialist areas e.g. Radiology Reporting, Advocacy Services.

- Supporting the implementation of improved inventory management at the Health Boards, through greater collaboration with supply chain.

DRAFT

#### 4. Opportunities & Challenges in 2019 to 2022

Our trusted partnerships are a key enabler to delivering world class services for NHS Wales. It is important for us to 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 from meeting the needs of our partners and our continuous efforts to improve quality in all that we do.

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 an organisation that supports NHS Wales, we have to ensure that we are meeting the needs and challenges of our customers and partners. This has been the most austere decade in terms of funding growth, and the Health Foundation have outlined £600m savings that 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*) and below are the key areas highlighted through all of our ongoing conversations and engagement.

##### **Continue to provide.....**

Excellent customer service and easy access to all our services.

Delivery of high quality services by professionals

Timely, accurate workforce intelligence available to inform business decisions at the 'touch of a button'

Reliable test data from SMTL to support purchasing and contract decisions

Close working relationships between NWSSP teams and the NHS Wales organisations' internal teams at all levels to deliver better patient outcomes.

A one-stop shop that offers expert legal advice providing effective solutions for managing legal risks.

Embed the principles of value based procurement into business as usual, in order to focus beyond price and include non-financial benefits, health care outcomes and sustainable solutions.

##### **In addition they want us to**

Develop a Welsh language hub.

Expansion of the lead employer service

Further support the national primary care plan.

Engagement and service re-design aligned to the NHS Wales 'A Healthier Wales' plan for primary care transformation.

Development of ophthalmic informatics services undertaken and National User Group established.



Sharing best practice and opportunities for efficiency savings/CIP.

Lead on collaborative working within the NHS Wales estate and understand wider benefits of estates collaboration specifically with Primary Care providers.

Review our customer facing systems to ensure ease of access and usability.

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:

| <b>How we are supporting the needs and challenges of NHS Wales</b>   |   |
|--|---|
| 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> – Liaison with key stakeholders from all NHS Wales through both national groups and one-to-one meetings to benchmark and sharing good practice.</p> <p><i>Primary Care Services</i> – Engagement and service re-design aligned to the NHS Wales ‘A Healthier Wales’ plan for primary care transformation.</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 the development of the 19 primary care pipeline schemes, including the integration of Social Services, the 3<sup>rd</sup> sector and other services relevant to a whole systems approach.</p> <p><i>Legal and Risk Services</i> – Working with Welsh Government to develop and provide new arrangements for the indemnity of General Medical Service Providers in Wales.</p> <p><i>Digital Workforce Solutions</i> - deployment of an electronic Employee Relations solution that will interface with ESR.</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> – improving internal recruitment processes and supporting organisations to streamline local processes developing an added value Hire to Retire service.</p> <p><i>Primary Care Services</i> – Site and Service Rationalisation Project. Continuation of the ‘one site one service’ strategy realigning services as part of NHS Wales Transformation in Primary Care Services</p> <p><i>Procurement Services</i> – continue to support the provision of high quality clinical and cost effective patient care through engagement with suppliers and customers, including clinicians.</p> |

|   |   |
|---|---|
| <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> | <p><i>NWSSP wide</i> – we are a listening and learning organisation who will respond to the NHS Wales Staff Survey to improve staff experience and respond to issues raised.</p> <p><i>NWSSP wide</i> – we will support staff in our transformation journey. Ensuring that new technologies are embedded into business as usual and staff have an agile working environment.</p> <p><i>Single lead employer for GP registrars</i> – increase recruitment through consistent standard of training and simplified processes. This process is being explored in other professional areas.</p>  |
| <p>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</p>                         | <p><i>NWSSP wide</i> – continue to achieve over £100m professional influence savings per annum, and continue to take on additional work from others because we reinvest what we have saved.</p> <p><i>Specialist Estates Services</i> – support strategic change, capital probity and effective use of resources through business case scrutiny and construction procurement frameworks.</p>  |
| <p>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.</p>           | <p><i>Audit and Assurance Services</i> - Providing further financial savings by reducing the recharges for core capital &amp; estates audit work and integrating into the main audit plans.</p> <p><i>Central Team eBusiness Services</i> - provide a 2nd line support service to assist our customers to understand immediate business operational incidents and provide an in house development service.</p> <p><i>Digital Workforce Solutions</i> – Deployment of an prioritised programme of ESR e-Learning resources for NHS Wales, improved services and solutions to the Moodle learning solution with maximum usage by the wider public sector with robust governance and quality assurance processes</p> |
| <p>We will work in partnership to deliver world class service that will help NHS Wales tackle key issues and lead to a healthier Wales</p>  | <p><i>Employment Services</i> - meet the increased recruitment needs of health organisations to meet safe clinical staffing levels and forge strong relationships, performing an advisory and professional influencing role to Welsh Government, Department of Health and 3<sup>rd</sup> party system providers.</p> <p><i>Health Courier Services</i> – further provide efficient, timely transport of samples and results between primary and secondary care through simplification, centralisation and economies of scale</p>  |



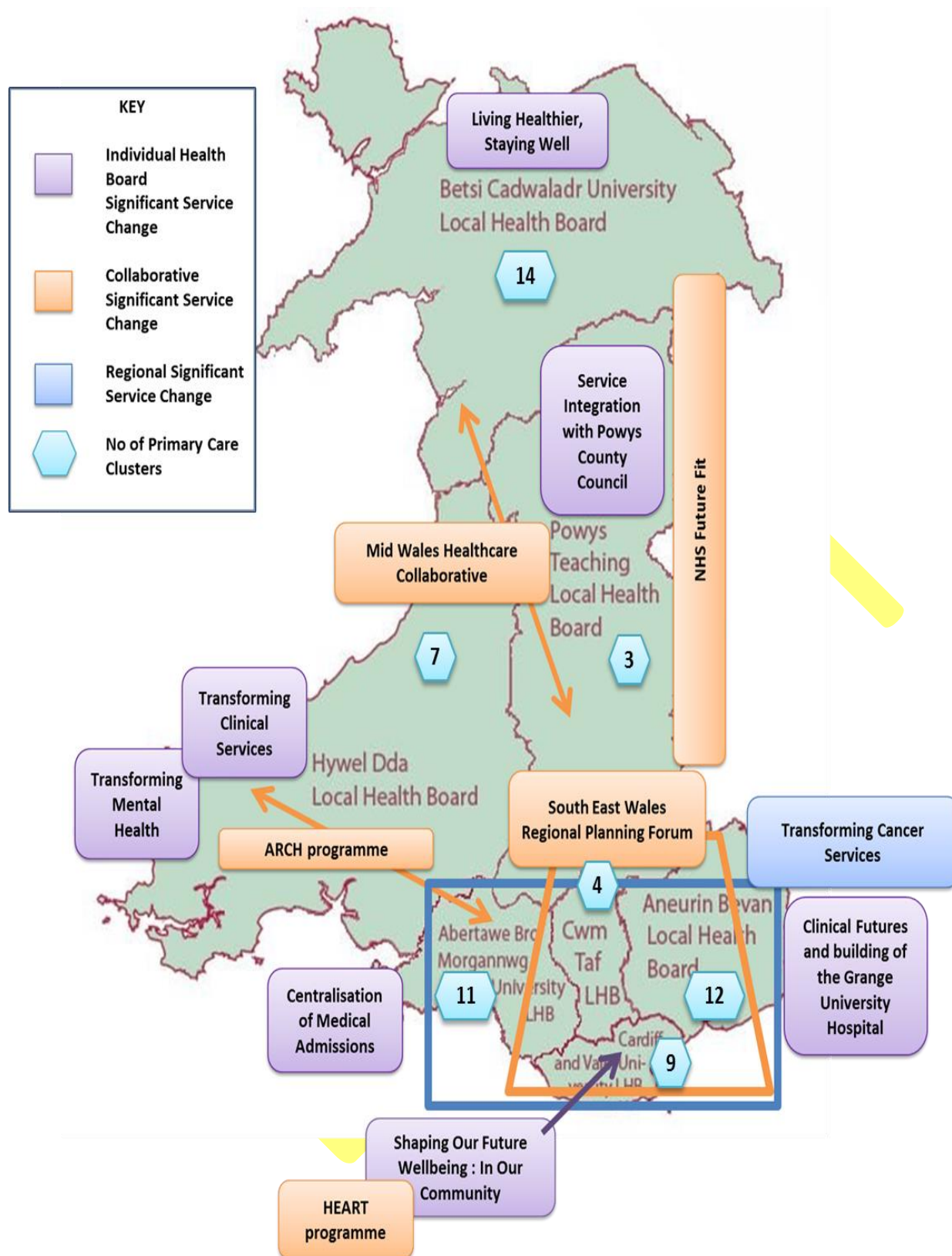
|  |   |
|--|---|
|  | <i>Procurement Services</i> – provided dedicated support to each Health Board to increase the supply of nursing through contract agencies.  |
| We will support NHS Wales by influencing innovation, modernisation and consistency through sharing lessons learnt and delivering high 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”<br><i>Audit and Assurance Services</i> - Benchmarking and sharing good practice and information on emerging issues – a focus on insight and foresight. |

### How we are supporting local needs and challenges

NWSSP must be in a place to support and respond to the significant local service change-taking place as well as helping lead on driving A Healthier Wales and looking to the future for future generations.

As a supporting organisation, we are an enabler to service change across Wales including the boundary changes that will affect Health Boards and supporting the development of new organisations such as Health Education and Improvement Wales. When models of care change within Health Boards and Trusts this has an impact on their recruitment, procurement and estates infrastructure. We can provide valuable intelligence to organisations highlighting areas through procurement that they can make non-pay savings through reducing inappropriate variation.

In the diagram, 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 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.



### Add to map

**DATIX, A Healthier Mid and West Wales, PROMPT, Bridgend Boundary change, Train.Work.Live**

### What we need from our customers and partners

Collaboration – working together to achieve a common outcome

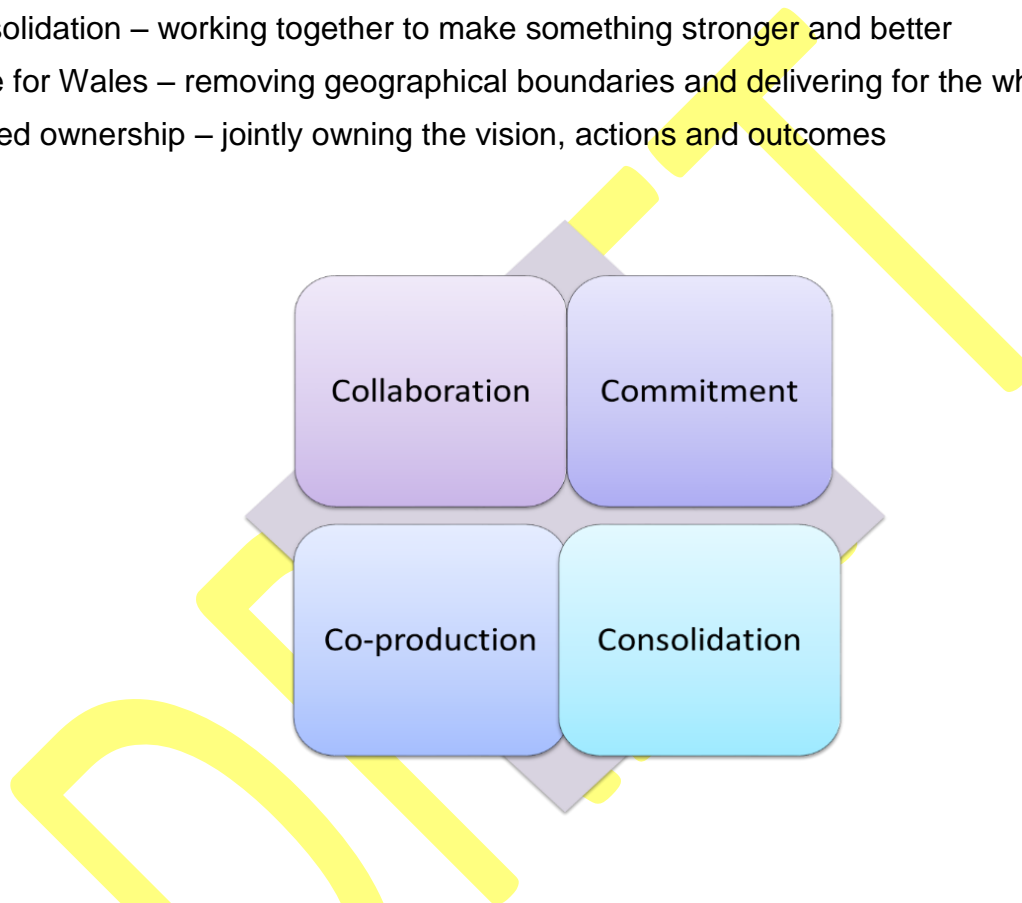
Commitment – engaged and dedicated to work together

Co-production – working jointly to design and deliver an outcome

Consolidation – working together to make something stronger and better

Once for Wales – removing geographical boundaries and delivering for the whole of Wales

Shared ownership – jointly owning the vision, actions and outcomes



NWSSP can only deliver 'Once for Wales' solutions across NHS Wales if we understand our customers and partner's needs and we have the commitment of our partners to deliver shared outcomes. Central to being an enabling trusted partner is the requirement for organisations to adopt the Once for Wales systems and processes that we put in place to drive efficiency. Without the commitment of our partners, we can't truly implement improvements in a unified way. 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.

We understand that each organisation in NHS Wales is on its own journey of transformation to meet the needs of their population. Therefore, they might not all be in a place to adopt our services or projects at the same time. Where needed, we will roll out our Once for Wales systems and processes on a staggered basis, highlighting the positive impact on driving efficiencies to encourage remaining organisations to adopt at a later date.

| NWSSP Service Developments   | Purpose   | What we need from our partners  |
|--|---|---|
| <b>Enhanced data on customer costs/claims – more information more quickly</b>                                      | <ul style="list-style-type: none"> <li>Improved MI and reducing sickness.</li> </ul>  | <ul style="list-style-type: none"> <li>Once for Wales approach and to use the data</li> </ul>   |
| <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>Extending procurement influence into other areas including appliances, pharmacy and medical locums service.</b> | <ul style="list-style-type: none"> <li>Influence on non-pay expenditure</li> <li>Reduce variation</li> </ul>  | <ul style="list-style-type: none"> <li>Health board buy in</li> <li>Resources/investment</li> </ul>   |
| <b>Primary Care Sustainability</b>   | <ul style="list-style-type: none"> <li>Support General Medical Services Contract Reform Programme</li> <li>Single workforce systems for sector to support recruitment, retention and diversity of workforce</li> <li>Aligned to professional indemnity for GP's and multi-disciplinary workforce</li> </ul> | <ul style="list-style-type: none"> <li>Identify clusters to undertake pilot proof of concept</li> <li>Timely adoption of Primary Care technology and associated processes</li> <li>Release of capital funding to support April 19 implementation</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 all healthcare students in partnership with Universities   | <ul style="list-style-type: none"> <li>Consistent support from all stakeholders and application of single model</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</li> </ul>  |

|   |   |  |
|---|---|--|
|   |   | <ul style="list-style-type: none"> <li>• Full implementation of ESR Self Service functionality</li> <li>• Full and timely implementation of ESR Exception e-Forms</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 Engagement</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>                                  |

## Improving Quality

We strive for both improvement in the processes that we use within NWSSP and improvement in the processes that NHS Wales use. We are skilled at working through complicated processes that involve many stakeholders and making significant improvements for our customers and partners as well as NWSSP. For example, when we worked to decrease the length of time it takes to recruit nurses, we broke down each part of the process to ensure that it was clear who was accountable for each action in the process.

As part of our journey to world class, our divisions have increased the quality of their provision of services using automation. For example, Primary Care Services have enabled this across the organisation through their scanning services, removing the requirement for staff to input information and the digitisation of patient medical records. 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.

## Managing performance

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 the Finance Academy and Directors of Workforce and OD through the delivering excellence programme, is striving to improve performance and incorporate good practice amongst NHS Wales organisations. Our new updated Performance Framework will be released in early 2019/20 and will have been informed by our partners and customers' needs.

### **Quality performance indicators**

Key performance indicators have been identified for each service, and are summarised in their delivery plans (Section 2). A number of these relate specifically to quality and service improvement.

Quarterly performance reports that 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 that are discussed with Health Board 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.

### **Customer Service Excellence Standard**

Supporting our objectives that focus on our customers, 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. Over the next year we will look at all of our quality and improvement standards to further enhance our corporate approach to quality and improvement.

### **Awards and Recognition**

Awards and recognition are important as they help to encourage and motivate staff and also to formally demonstrate 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 also reflect our cross-partnership working with our Union colleagues as well as the promotion of our environmental objectives and Welsh language obligations within NWSSP. The awards are positively received by staff and planning for the 2019 event is underway as this is an established annual event in the Shared Services calendar.

A measure of the quality of our services is the recognition we have received from national bodies. Our services have been nominated for and won a number of prestigious external awards; (logos to be used rather than text)

- Chartered Institute of Professional Development
- Health Service Journal
- Government Opportunities (GO), Excellence in Public Procurement
- Procurex Wales
- Health Care Supply Association
- Healthcare People Management Association and Healthcare People Management Association Wales
- Institute of Directors Wales

- The Law Society of England and Wales
- Wales Quality Centre Awards
- Constructing Excellence in Wales
- Chartered Institute of Internal Auditors
- Healthcare Financial Management Association
- Unison NHS Health Awards.

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.

### Quality Standards

As an organisation, we successfully implemented ISO14001, our Environmental Management System in 2014, in accordance with Welsh Government requirements and have successfully maintained our certification to date through the operation of a Plan, Do, Check, Act cycle. We have recently achieved transition to the updated ISO14001:2015 Standard, which puts greater emphasis on protection of the environment, continuous improvement through a risk process based approach and commitment to top-down leadership, whilst managing the needs and expectations of our interested parties.

Procurement Services maintains certification to a number of international and national standards as follows, ISO 9001 Quality Management, ISO 27001 Information Security, OHSAS 18001 Occupational Health & Safety and Customer Service Excellence. Our Regional Stores are also accredited to the STS Code of Practice & Technical Standard for the Public Sector. During 2018/19 our ISO 9001 scope of certification was extended to include our Accounts Payable function in South Wales and Front Line Procurement teams at an additional four locations. In 2019/20 we will include our Accounts Payable function in North Wales. We will also be extending our Customer Service Excellence accreditation to include Health Courier Services. Work will also be completed to transition from OHSAS 18001 to ISO 45001 and comply with updates to the STS Code of Practice.

We continue to work towards the ISO27001 Information Security Management Standard (ISMS). We have developed an organisation wide cyber-security action plan that will be implemented prior to ISO 27001. We recently took part in a cyber-security audit as part of our work to achieve the Cyber Essentials Plus standard from the international NIST framework, our plan has been updated to reflect 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.

## 5. Service Change

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

We continuously review our services and have implemented 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  | Hospital Pharmacy and Medicine Optimisation  |
|--|--|
| <p><b>Collaboration of workforce processes</b> 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 Staff Bank.</p> <p><b>Hire to Retire</b> 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.</p> <p><b>Implementing key digital information systems</b> 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.</p> | <p>Drive automation and efficiency in prescribing by receiving and automatically processing prescription forms through the <b>Electronic Transfer of Claims (ETC) rollout</b></p> <p><b>All Wales Drug Contracts</b> 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.</p> |
| Estates Management   | Procurement  |
| <p>NHS Wales <b>Estates benchmarking</b> data shared and discussed at the All-Wales Directors of Planning Group.</p> <p>Assistance to Health Boards and Trusts in the <b>management of contractor and designer supply chains</b> with the establishment of Project Manager and Cost Adviser frameworks.</p>  | <p><b>Purchase to Pay</b> 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. Implementation of the 'No PO, No Pay' has significantly improved the efficiency of purchase to pay.</p> <p><b>Clinically led procurement</b> acting as a focus for developing and refining local professional</p>  |




|   |  |
|---|--|
| Centrally <b>procure and manage National and Regional construction</b> and consultant frameworks for use by NHS Wales on major capital projects in excess of £4m construction cost. | 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. 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.

**Service change aligned to :**



**Collaboration**

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.

**NWSSP Wide**

Consider opportunities for additional work outside of NHS Wales by building on current non-NHS work to widen coverage to other areas that impact significantly on the work of NHS Wales

**Legal and Risk Services**

Continued offering of a legal and governance role across all NHS Wales bodies.


**Procurement Services**

Introduction and application of Value Based Procurement principles as a new way of working to be embedded by March 2020.

**Employment Services**

Extend Student Streamlining Programme to facilitate transition of all healthcare graduates into Employment in NHS Wales

**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, Pension and workforce digital solutions to all practices in the 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

**Employment Services**

Establishment of a Mental Health First Aid role working with managers and team members to understand what it means to live and work with mental health issues

**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

### **Legal and Risk Services**

Providing advice and guidance at the policy development stage, so risks and issues are considered early, and mistakes are not made.

### **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.

### **NWSSP wide**

Investment in training and development of staff to ensure our people have the skills necessary to provide a world class service.

### **Procurement Services**

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

### **Employment Services**

Delivering quicker and safe recruitment of staff operating digital employment verification checks and portability to ensure patient safety

## 6 Enablers

Throughout this chapter, we will address what will enable us to deliver our plan. Many components 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 IMTP. Re-structuring of services and organisational structures continues along with transferring in of new services supporting an ongoing requirement as services continue to develop and grow.

In addition, there is a need for our staff to be able to work in a more agile way across the whole of the estate. Ensuring that our workforce policies meet the needs of agile working and offer flexibility to staff will be key to its success.

Service improvement team roles have continued to develop in all transactional areas and the benefit and expansion of these roles, and other complimentary roles, will continue to be explored and implemented.

Development of roles will include further expansion and integration of helpdesk services in order to fully support stakeholder needs and provide an accessible and responsive service to all users. This includes the utilisation of robotic technologies to 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.

|   |  |
|---|--|
| <b>Welsh Risk Pool</b><br>Refocusing staff to fully support lessons learnt agenda across NHS Wales. | <b>Legal and Risk Services</b><br>The Legal and Risk team continues to expand with the increased supply of in-house solutions to NHS Wales resulting in a reduced requirement to instruct external legal services providers.<br>NWSSP is the preferred partner to support GP Medical Indemnity provision across Wales and this area will continue to expand. |
| <b>Lead Employer Service</b>  | <b>Audit and Assurance Services</b>  |

|   |  |  |
|---|--|--|
| <p>Potential to further develop services to provide a wider range of workforce services to primary care partners.</p> <p>Scoping is underway in relation to adopting the Lead Employer model for dental, pharmacy and radiology trainees.</p>   |  | <p>Further demand to recruit a small number of substantive staff to reduce the dependency on external support.</p> |
| <p><b>Specialist Estates</b></p> <p>Work continues to consider an Engineering Apprenticeship role to support succession planning in this specialist service.</p>  | <p><b>Counter Fraud</b></p> <p>One additional post to meet increased demand on the service.</p>  | <p><b>SMTL</b></p> <p>No significant change to overall resourcing levels</p>                                       |
| <p><b>Student Awards Service</b></p> <p>No immediate change in early years of plan and future staff needs contingent on the Welsh Government policy position regard student bursaries.</p>  | <p><b>Corporate Functions</b></p> <p>Small number of additional posts for Robotics, Project Management Office and IT</p>   |  |
| <p><b>HCS</b></p> <p>Courier Services currently undertaken within Powys Teaching Health Board will transfer into NWSSP. Further synergies are being scoped between HCS and Procurement Supply Chain to deliver a higher quality and more efficient service.</p> <p>Work is ongoing to review further synergies in the courier services in HB and bringing further work in house from other providers.</p> | <p><b>Digital Workforce Solutions</b></p> <p>Following the successful establishment of the ESR helpdesk, the service will continue to offer additional support to end users.</p> |  |

|   |  |
|---|--|
| <p><b>Procurement</b></p> <p><u>Local/Central Sourcing</u> – staff will continue to benefit from accredited CIPS and MSc programmes supporting succession planning and retention. Temporary band 5 posts will remain in the structure to facilitate career progression and the internal talent pipeline.</p> <p><u>Supply Chain</u> – contingency planning will continue for the impact of Brexit with specific reference to staffing, stores and supply chain requirements.</p> <p><u>Accounts Payable</u> – the introduction of agile working for processing staff has proved beneficial. The impact of this initiative has improved retention rates as well as work life balance. This is also beneficial to space utilisation within Companies House.</p> | <p><b>Employment Services</b></p> <p><u>Payroll</u>– 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. Deployment of a revised payroll structure that includes further service modernisation.</p> <p><u>Pensions</u> - No significant change to overall resourcing levels for pension transactional activity.</p> <p><u>Recruitment</u> – development of services provided to primary care will require additional staffing. Ongoing support in enablement roles designed to improve the time to hire across Wales. 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</p> <p><u>E expenses</u> - - No significant change to overall resourcing levels.</p> <p><u>Service Improvement team</u> – further development across full range of services to maximise process efficiencies.</p> <p><u>Technology Advancement</u> – Investment in dedicated developer roles to deliver customer portal and process efficiencies through robotics and digital technology.</p> <p><u>WG Workforce Delivery Unit</u> – Support the delivery of projects with Welsh Government colleagues.</p> |
| <p><b>Primary care</b></p> <p>Most notable area of change relates to the changes of roles as a consequence of an automated process for prescription pricing. A retraining/redeployment strategy is already in place to support affected staff.</p> <p>As PMR continues to be taken up by GP practices across Wales, the need to scope out a revised structure and role profile will need to take place.</p> <p>NHAIS replacement project will require resources to deliver.</p>   |  |

*New services.* Subject to the outcome of the current review and business case, there is also potential for the provision of an all Wales laundry service 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.

## Values

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

- PADR Pay progression process has been aligned to our values
- Our values are referenced in all training events including corporate induction
- Staff recognition awards are aligned to our values
- Staff Newsletter will continue to campaign and promote values based stories
- Values based bespoke recruitment initiatives



## Recruitment and Retention

Recruitment and retention continues to be a significant area of challenge to NWSSP. The constraints of Agenda for Change pay has had 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. The reform of Agenda for Change will hopefully narrow the salary gap for professional areas.

Specific services are developing innovative ways to improve recruitment and increase retention. In many of our services, it is critical to ensure that we maintain a skilled and adequate workforce to a sufficient level, as not having the does not have a detrimental impact on service delivery and development.

(Recruitment and retention diagram to be added)

To further help mitigate the impact of recruitment and retention challenges, robust internal staff development and succession-planning arrangements are being enhanced to help 'grow our own' workforce and equip our staff for future roles and opportunities. One key example of this is the investment in an internal CIPS programme, which is supporting approximately 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 creation of the NWSSP Bank has meant that bank workers remain a good talent pipeline for permanent vacancies within the organisation and support ad-hoc service requirements efficiently.

NWSSP recognises that, in order to ensure that staff retention is maximised, all staff need to have a positive 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 results of the NHS Wales 2018 staff survey in NWSSP continue to show positive improvements since the 2016 survey, and the organisation is above the overall NHS Wales scores on many questions. Many of the improvements this time round are significant:

- 75% of staff say that they are proud to tell people they work for NWSSP. This is higher than in 2016 (63%), and a significant improvement.
- All of the scores on line managers have improved since 2016. The scores on line managers giving clear feedback and on making it clear what is expected of them are both significantly improved (up 14% and 9% respectively).

- The score on whether staff agree that communications between senior managers and staff is effective has improved by 9% (up from 36% to 45%), and is 13% above the NHS Wales average.
- The engagement index scores for NWSSP have improved since 2016 in all three themes making up the score. NWSSP's engagement scores are above the overall NHS Wales score in two of the three themes, so the overall engagement index score for the Organisation is 3.87 (up from 3.63) is above the overall engagement index score for NHS Wales (3.82)

However, the survey demonstrates opportunities for improvement; this includes 11% of staff saying that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 9% in 2016. This is not acceptable. Therefore commitment has been made by the Senior Management Team to work in partnership with our Trade Union colleagues and listen to, engage and act upon the feedback provided by our staff.

We have developed an overarching action plan and each service area has identified its own top priorities for action. The key themes are staff development, health & wellbeing, communication and engagement.

## Workforce Performance

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

Sickness absence – A challenging organisational target of 3.3% remains in effect along with individual service targets, the majority of which have been achieved throughout the year. Performance will continue to be closely monitored with individual services and collectively as an organisation on a monthly basis. The management of both short-term and long-term absence remains a priority. The new Managing Attendance Policy has been implemented and we are committed on training all managers and supervisors on effective sickness management. In recognition that stress and anxiety is the most common cause of sickness absence, active steps will continue to be taken to address the impact (detailed below), to provide staff with tools and strategies to handle difficult situations and to breakdown the stigma surrounding mental health.

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

Rapid access options for occupational health support through external providers, utilised on a case-by-case basis, where this may deliver improved absence manage and facilitate quicker return to work. Rapid access for musculoskeletal and mental health support in accordance with the all wales initiative to support NHS staff.

PADR and Pay Progression – this will be reviewed and evaluated following the review of the Pay Progression Policy in April 2019. PADR compliance rates have remained positive and exceed the target of 85%.

Turnover – Staff turnover rates remain stable at approximately 10-11%. Bespoke exit processes have been introduced within high turnover areas/specialities and exit interviews will continue. These are facilitated by Workforce and OD to identify any causes for concern or key areas for improvement.



Statutory and Mandatory Training – Compliance has increased and remains commendable at 95%. Significant effort to promote accessibility to e-learning has proven beneficial, particularly with roles that are not often office-based.

## Developing our staff

The development of staff remains a key priority for NWSSP.

We will continue to develop and offer a comprehensive range of in-house programmes that support the professional and personal development of our staff. The Learning and Development Programmes have been renewed to recognise the current requirements of our leaders, managers and staff.

The programmes include:

*Corporate Induction* – The Corporate Induction Programme is undergoing a revamp, to ensure it is fit for purpose, reinforces the vision and values of NWSSP and meets the core induction needs for staff. The new Corporate Induction Programme will be relaunched in April 2019. In order to ensure new starters receive a consistent induction experience, an interactive toolkit is also being developed and will contain all the information a new member of staff requires from day one, from an organisational-wide level to a local level.

*Career Development* – This workshop aims to provide the tools to develop for active career development and will cover the following areas:

- Identify your strengths and learn how to highlight skills
- Highlight careers of interest through self-assessments
- Set personal goals and start developing your unique career development action plan
- Application forms and effective personal statements
- Interview skills

*Management and Leadership Development* – Improving the leadership capability as well as people management skills of all managers and supervisors has been a key strategic priority for NWSSP. A blended suite of leadership options will continue to be offered within NWSSP in 2019-20. New, experienced and aspiring managers will be able to access an Essential People Management programme, which focuses on leadership skills combined with practical management tools and technique to include: being an effective and motivational and engaging leader; building a cohesive team; dealing with challenging conversations; practically implementing workforce policies; promoting and demonstrating continuous improvement and development for self and the team.

- Leadership development is supported through access to the Academi Wales Senior Leadership Experience, Board Development Programme, Winter School and Summer School, and Managing Change Successfully, as well as access to ILM levels 3, 4 and 5 in Leadership and Management.
- Plans are in place for a new in-house leadership programme in 2019-20 as well as a central repository for leadership and management support and development resources via the NWSSP Intranet.

*Personal Development* – In addition to the courses outlined above, the provision of the following courses will be available to all staff:

- Introduction to Coaching and Mentoring - designed for all those interested in supporting other members of staff through mentoring or coaching. This could be either through using a coaching style of management or by becoming a coach or mentor to support others outside your own team
- Building Effective Relationships - addressing the ways we can build relationships that are effective, even when they are sometimes difficult, to include: communication; building rapport; difficult conversations; resolving disagreements and conflict; assertiveness.
- Career Development - the tools to develop active career development including: identifying strengths and skills: goal setting; application forms; and interview skills.

*Innovation and service improvement – IQT Silver Qualification* In partnership with Public Health Wales, we continue to deliver the IQT Silver programme. IQT Silver explores the Model for Improvement in detail, looking at how you can apply these to improvement projects in the workplace. We are currently reviewing our ROI and exploring knowledge transfer in the workplace as part of our evaluation and impact work. In addition, we will use the IQT methodology as the basis for the service improvement element of the Essential People Management programme.

*Work-based learning* - Staff will be supported in undertaking learning and development opportunities, which are part of the many Apprenticeship Frameworks that are available to staff, from Foundation to Higher level. These include:

- ILM Management qualifications
- Customer Service
- Business Administration
- IT User
- IT Professional
- Data Analytics
- Business Improvement Techniques
- Warehousing
- Facilities Management
- Accounting
- Project Management

These qualifications are funded by Welsh Government and are underpinned by the Apprenticeship Levy. These are centrally managed by Workforce & OD, who manage relationships with the training providers and ensure quality of delivery, as well as recording numbers of apprenticeships being undertaken and reporting on this. The subject areas of the above will address the development requirements of a number of areas within NWSSP and reflects the diversity of skills and knowledge required across the organisation.

*Team working* -we will continue to offer a range of team based working programmes which will assist managers and teams in identifying and implementing better ways of working together. These will be on a bespoke basis but will be underpinned by the values of the organisation.

A comprehensive suite of training and awareness events (including mindfulness and resilience training) will continue to be provided to support both managers and staff in better understanding and supporting mental health in the workplace.

In addition, we have launched an NWSSP Training Network to recognise the work of trainers within each service area, share best practice, and identify how best to utilise training resources for the benefit of our staff. An initial output of the group has been the development of a Learning and Development Charter, which will be used by trainers across the organisation and outlines the responsibilities of the organisation, managers and learners. This is aligned with the organisation's values and will be displayed in every training room and on the NWSSP Intranet.

Wherever possible, we are seeking to develop programmes of learning that can be delivered across the breadth of the organisation. This will facilitate development opportunities that are shared across the whole of NWSSP, giving learners the opportunity to share experiences from differing environments in the respective functional areas, as well as promoting connectivity across service areas. In adopting this approach, we expect to see an increased awareness among staff of the services that we deliver, and the sharing of best practice.

### **Succession planning and talent management**

Over the duration of this plan, it is likely that a number of senior staff will retire and effective succession planning is key to ensuring business continuity. Individual services have considered ways to develop and support existing talent to grow into senior roles, along with offering retired staff to "return" to the organisation on a flexible basis, in a different role, realising intrinsic skills will be retained.

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 IMTP. This will ensure that the competencies required for each post are fully identified and the progress staff make to meet these competencies can be

monitored on an ongoing basis, enabling targeted and intelligent investment decision to be made.

### **Health and Well-Being Strategy**

In support of the Healthy Working Wales Programme, NWSSP are in the process of developing a health and wellbeing action plan, aiming to improve the wellbeing of workforce and to shape a culture and environment that supports a healthy level of physical and mental health. In order to continue striving towards a World Class service, we must ensure a resilient workforce, capable of withstanding organisational changes and demanding pressures. We want to make the following achievements:

- Maintenance of a safe and healthy working environment
- Reductions in longer term sickness absence by supporting staff to attend work in a healthy capacity
- A workforce making healthier choices and managing their own health and well-being
- A well-being support network and resources available to all staff members
- Promotion and maintenance of the mental, physical and social well-being of employees

This will be achieved through the following interventions:

- The development of an organisation-wide Health & Wellbeing group to engage staff in addressing the health and wellbeing priorities of the organisation.
- Provision of workshops designed to help staff manage their own mental wellbeing, to include:
  - Personal Resilience
  - Stress Awareness
  - Mindfulness
- Promotion of the Our Wellbeing Matters and Manager Wellbeing Matters tools.

### **Digital Workforce solutions**

The utilisation of ESR is well-embedded in NWSSP, with ESR and e-forms replacing paper based processes and digitising transactions.

A number of developments have been achieved, including:

- Full portal deployment across NWSSP
- Withdrawal of paper payslips
- Utilisation of ESR through mobile technologies
- Migration of all e-learning into ESR
- Utilisation of employee relations technology
- Full utilisation of Self-service in line with the minimum standards agreed (personal changes, appraisal dates, accessing e-learning, booking training, accessing payslips, managing absence etc.)
- Establishment of an all Wales ESR Support Hub to provide ESR support to NWSSP employees (and 10 other NHS Wales organisations)

There will be an ongoing and continued focus on the 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

- Full utilisation of ESR to underpin appraisal, pay progression and succession planning across NWSSP
- Better use of ESR business Intelligence reporting technology to support and manage people and services
- 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 HR helpdesk
- Job Evaluation collaboration
- All Wales Job Description Translation Service
- Operational workforce support to Primary Care Services

## Our finances

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 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
- Adopt allocative efficiency principles and transfer funding between our services to help us meet NHS Wales's priorities and demands.
- Develop a reinvestment reserve to 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
- Utilise benchmarking techniques to make further efficiencies
- Manage clinical negligence claims and implement a more sophisticated risk sharing agreement and mechanism to spread best practice and lessons learned.
- Receive sufficient capital funding to enable service modernisation and deliver revenue savings

Finance supports and enables change through the management and control of budgets within three key areas:

- NWSSP Core Services
- All Wales Risk Pool
- Capital

### NWSSP revenue budgets

2018/19 has seen a number of developments and changes to Services provided within NWSSP including:

- The transfer of our Workforce Education and Development Services (WEDS) function to Health Education & Improvement Wales (HEIW) from 1<sup>st</sup> October 2018 together with the management of the Non-Medical Education Training budget.
- The provision of a large support role to the new HEIW Organisation from a number of NWSSP services to manage and support the establishment and set-up arrangements of the new Special Health Authority.
- The transfer of the management of the All Wales Oracle consortium recharge mechanism from ABMU.
- The transfer of the management of the Putting Things Right Redress funding within the Welsh Risk Pool
- Commencement of the Transforming Access to Medicines (TRAMS) and All Wales catering and laundry projects



Finance has once again enabled significant change within NWSSP during 2018/19 through the planned reinvestment of funds within Service priority areas to provide greater capacity to support and enable the delivery of change across NHS Wales.

Looking ahead, 2019/20 will see the implementation of the GP indemnity scheme, for which NWSSP is the preferred provider and the planned expansion of a number of hire to retire services into primary care. It will also see the operation of the initial phase of the All Wales Bank project as a result of the Bridgend Boundary change from April 2019 with the potential expansion across NHS Wales in future years. Further exploration of areas to extend NWSSP services will also continue, with the potential provision of single lead employer services to Dental Foundation Trainees and the scoping of work to support the medical examiner programme.

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

| NWSSP Revenue Position                                  | 2019/20<br>£m  | 2020/21<br>£m  | 2021/22<br>£m  |
|---|----------------|----------------|----------------|
| <b>WG Allocation</b>                                    |                |                |                |
| NWSSP Core Services                                     | 61.111         | 64.384         | 66.705         |
| Welsh Risk Pool Service core allocation                 | 75.000         | 75.000         | 75.000         |
| <b>TOTAL ALLOCATION</b>                                 | <b>136.111</b> | <b>139.384</b> | <b>141.705</b> |
| Other Core invoiced income                              | 116.645        | 120.719        | 125.896        |
| Welsh Risk Pool - PIDR Funding (HM Treasury)            | 31.500         | 32.800         | 33.400         |
| Welsh Risk Pool Service - risk sharing agreement income | 3.700          | 6.900          | 8.700          |
| <b>TOTAL INCOME</b>                                     | <b>287.956</b> | <b>299.803</b> | <b>309.701</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.

| Core Services Income               | 2019/20<br>£m | 2020/21<br>£m | 2020/21<br>£m |
|------------------------------------|---------------|---------------|---------------|
| WG Allocation                      | 61.111        | 64.384        | 66.705        |
| <b>Invoiced Income</b>             |               |               |               |
| Health Courier Service             | 4.808         | 4.808         | 4.808         |
| GP Trainees - Single Lead Employer | 26.867        | 26.867        | 26.867        |
| Stores issues                      | 35.000        | 35.000        | 35.000        |
| Relocation expenses                | 0.960         | 0.960         | 0.960         |
| ESR 2                              | 2.150         | 2.208         | 2.026         |
| Depreciation                       | 2.220         | 2.550         | 2.709         |
| SMTL                               | 0.450         | 0.450         | 0.450         |
| WIBSS                              | 2.003         | 2.003         | 2.003         |
| Non-Medical Bursaries              | 25.364        | 25.850        | 25.850        |
| Legal & Risk Income Generation     | 2.079         | 2.079         | 2.079         |
| Oracle Managed Service Consortium  | 2.147         | 2.147         | 2.147         |
| GP Indemnity - future liability    | 1.200         | 4.400         | 9.600         |
| Redress                            | 1.259         | 1.259         | 1.259         |
| Pharmacy Rebate Scheme             | 6.000         | 6.000         | 6.000         |

|                                   |                |                |                |
|-----------------------------------|----------------|----------------|----------------|
| Other income                      | 4.138          | 4.138          | 4.138          |
| <b>Total invoiced income</b>      | <b>116.645</b> | <b>120.719</b> | <b>125.896</b> |
| <b>TOTAL CORE SERVICES INCOME</b> | <b>177.756</b> | <b>185.103</b> | <b>192.601</b> |
|                                   |                |                |                |
| <b>Expenditure</b>                |                |                |                |
| NWSSP Expenditure                 | 142.006        | 149.353        | 156.851        |
| Stores Purchases                  | 35.000         | 35.000         | 35.000         |
| <b>Total Expenditure</b>          | <b>177.006</b> | <b>184.353</b> | <b>191.851</b> |
|                                   |                |                |                |
| <b>Expected cash distribution</b> | <b>0.750</b>   | <b>0.750</b>   | <b>0.750</b>   |

The Welsh Government allocation has been taken from the 2019/20 Health Board Revenue Allocation (Table 3 – Shared Services Funding top-slice) issued in December 2018. The allocation includes a core uplift in respect of 2019/20 pay and prices funding plus funding for the additional pay award.

Recurrent funding has been assumed for the 2020/21 pay award per communications received and an assumption of funding for a 2% pay award for 2021/22 has also been included. Recurrent funding has also been assumed to cover the increased costs resulting from the potential increase in superannuation from 2019/20 (£2.734m).

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 distribution percentages and identifies where funds will be retained within NWSSP as agreed by LHBs/Trusts.

| Health Board /Trust | %          | Planned Distribution<br>£ | Agreed Reinvestment<br>£ | Total Cash Distribution<br>£ |
|---------------------|------------|---------------------------|--------------------------|------------------------------|
| Aneurin Bevan       | 9.85       | 73,844                    |                          | 73,844                       |
| 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)                 | 0                            |
| 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>(443,167)</b>         | <b>306,833</b>               |

In setting budgets for 2019/20-2021/22 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 C5. These are summarised in the table below, together with a summary of how these will be funded:

|                                  | 2019/20      | 2020/21      | 2021/22      |
|----------------------------------|--------------|--------------|--------------|
|                                  | £m           | £m           | £m           |
| Inflationary/Cost Growth         | 2.934        |              |              |
| Demand/Service Growth Core       | 5.694        | 7.086        | 8.700        |
| Local Cost Pressures             | 1.327        | 0.130        |              |
| <b>TOTAL PRESSURES</b>           | <b>9.955</b> | <b>7.216</b> | <b>8.700</b> |
| <b>Funded by:</b>                |              |              |              |
| Savings Plans – identified       | 1.002        |              |              |
| Savings Plans – to be identified | 1.103        | 0.130        |              |
| Accountancy gains                | 0.052        |              |              |
| Income Generation                | 4.355        | 6.900        | 8.700        |
| WG funding/allocation            | 3.443        | 0.186        |              |
| <b>UNFUNDED PRESSURES</b>        | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> |

The WG funding included primarily relates to the increased superannuation costs forecast from the potential increase in the discount rate together with specific schemes being undertaken upon the request of Welsh Government including Primary Care Hire to Retire services, Strategic pay modelling and the expansion of the certificate of sponsorship role.

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 2019/20 financial year. If savings schemes and/or income generation schemes cannot be identified, mitigating actions will be undertaken to not proceed with a number of the initiatives/projects. Saving schemes identified to date are in the main attributable to pay savings from the review of posts as we refine structures and some smaller non-pay savings resulting from a review of budgets.

### All Wales Risk Pool (WRPS)

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 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. A new robust risk sharing agreement aligning clinical risk management with the financial regime has been agreed and implemented.

In February 2017, the Lord Chancellor announced a change in the Personal Injury Discount rate (PIDR) from 2.5% to – 0.75% with effect from March 2017. The PIDR change has had a significant effect and the projected 2018/19 forecast outturn increased to £105 million.

Accordingly the WRP core budget, plus PIDR impact cover amounting to £105m is forecast to be sufficient to cover the assessed maximum liability of £105m in 2017/18. On this basis, WRPS will not invoke the risk sharing mechanism in 2017/18.

2017/18 also highlighted a slight downward trend in the total number of open clinical negligence claims with a reduction from 2,210 in 15/16 to 2,048 in 17/18. However, the value of provisions has increased due to increasing average claim values. This is mainly due to the change in the PIDR. For example, in relation to high value cases (above £1m), the average cost has increased from £4.7m in 15/16 to £6.1m in 17/18.

Total liabilities which incorporates the provisions above plus contingent and remote liabilities totalled £1.9bn at the end of the 2017/18 financial year.

The WAO only made one recommendation in their report, which was to expand on the note within the accounts on the level of detail provided in relation to the provisions disclosure. This has been addressed in collaboration with the Welsh Government and the NHS Wales Finance Technical Accounting Group (TAG).

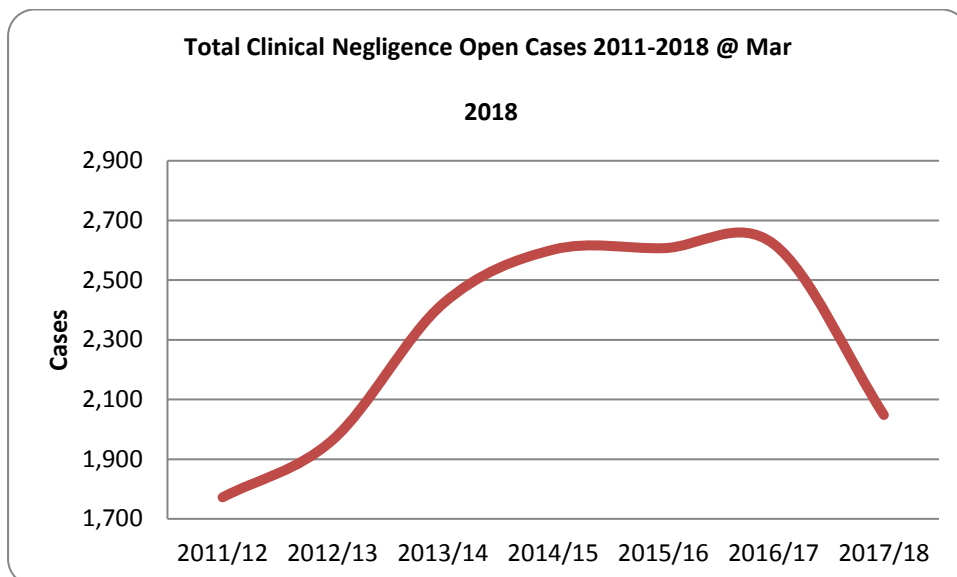
### **Estimated resource requirement for 2019 to 2022**

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.

The graph below shows that the number of cases has reduced since 2014/15 but the value of the liability has increased, mainly due to the PIDR impact on the future losses element of lump sums within the damages quantum.

However, the work required on the open cases has increased as those new matters from several years ago become highly active in litigation, both following issue of Court proceedings or involving complex investigations or negotiation. As such, the average value of damages and costs are rising.

The graph below shows the movement in the number of cases since 2011/12.



Risks to achieving a balanced year end position are,

- Claimant Solicitor behaviour
- Timing of settlements for high value individual claims
- Core growth vs PIDR impact as each are funded via separate funding streams
- The uncertainty of the timing and cost impact of the change to the PIDR rate.

However, processes are in place to manage and mitigate these issues and it is anticipated that a balanced position will be achieved. Therefore, it is very unlikely that the Risk Sharing Agreement will be invoked in 2018/19.

### THREE YEAR FORECAST

The table below identifies the forecast position for annual expenditure for the period 2019-2022. The cost of clinical negligence is expected to rise in each of the next three financial years. Most of the additional cost relates to the change in the PIDR and NWSSP are working closely with Welsh Government to ensure this element is funded by HM Treasury. However, part of the increase relates to core claims growth and this could represent a pressure on the Service and it could lead to the Risk Sharing Agreement being invoked.

Forecasting when claims will settle and for what value changes frequently as claims mature and more evidence becomes available. This forecast will therefore change and will be updated to reflect both claim movements (in timings and values) and for any adjustment to the PIDR or other HM Treasury discount rates.

|                           | 19/20          | 20/21           | 21/22           |
|---------------------------|----------------|-----------------|-----------------|
| <b>3 Year Forecast £m</b> | <b>£110.21</b> | <b>£114.67m</b> | <b>£117.14m</b> |

|  |                |                |                |
|--|----------------|----------------|----------------|
| <b>Before PIDR impact</b>              | <b>£78.72m</b> | <b>£81.91m</b> | <b>£83.67m</b> |
| <b>Element Relating to PIDR impact</b> | <b>£31.49m</b> | <b>£32.76m</b> | <b>£33.47m</b> |
| <b>Core Claims Growth</b>              | <b>£3.72m</b>  | <b>£6.91m</b>  | <b>£8.67m</b>  |

Further change to the PIDR is anticipated - potentially prior to the end of 2018/19 – due to legislation being proposed by Ministry of Justice. This could materially affect the level of expenditure on cases settled for a proportion of the year. Therefore, it is too early for Treasury to agree to a budgetary adjustment for future years.

Any change relating to PIDR is expected to be covered (although the amount cannot be quantified at this stage) but consistent with prior years budgetary management neither Treasury nor WG will cover any movement above the £75m that does not relate to PIDR change (i.e. relating to general growth in claims costs).

The split between Health Boards based on the current Risk Sharing Agreement are shown below. The rates may change slightly for the 2019/20 financial year and these will be calculated in January 2019. The rates below **do not** reflect the impact of the Bridgend Boundary Change.

|  | <b>1819 RSA</b> | <b>2019-20</b>   | <b>2020-21</b>   | <b>2021-22</b>   |
|--|-----------------|------------------|------------------|------------------|
| Aneurin Bevan Health Board             | <b>17.35%</b>   | 645,520          | 1,199,071        | 1,504,478        |
| ABMU Health Board                      | <b>16.37%</b>   | 609,022          | 1,131,274        | 1,419,414        |
| Betsi Cadwaladr Health Board           | <b>18.37%</b>   | 683,513          | 1,269,644        | 1,593,026        |
| Cardiff & Vale University Health Board | <b>16.38%</b>   | 609,320          | 1,131,829        | 1,420,110        |
| Cwm Taf Health Board                   | <b>10.84%</b>   | 403,075          | 748,722          | 939,424          |
| Hywel Dda Health Board                 | <b>9.85%</b>    | 366,515          | 680,812          | 854,217          |
| Powys NHS Trust                        | <b>6.51%</b>    | 242,052          | 449,619          | 564,138          |
| Public Health Wales NHS Trust          | <b>1.26%</b>    | 46,709           | 86,763           | 108,861          |
| Velindre NHS Trust                     | <b>1.10%</b>    | 40,737           | 75,669           | 94,943           |
| Welsh Ambulance Service NHS Trust      | <b>1.98%</b>    | 73,537           | 136,598          | 171,390          |
| <b>TOTAL</b>                           | <b>100.00%</b>  | <b>3,720,000</b> | <b>6,910,000</b> | <b>8,670,000</b> |

## 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 required significant investment to modernise the service.

### Current capital position

In 2018/9 discretionary funding is £600k, additional funding has also been secured through applications for additional funding for specific schemes. This relates to vehicle replacement for the Health Courier Service £1,066k and Funding related to the establishment of Health Education and Improvement Wales (HEIW) £1,900k. The HEIW expenditure transferred to that organisation following its formal establishment. The utilisation of this funding is shown in the following table:

| Area of Spend         | Discretionary Funding<br>£000 | Additional Funding<br>£000 |
|-----------------------|-------------------------------|----------------------------|
| IT Hardware           | 334                           |                            |
| IT Software           | 64                            |                            |
| Vehicle Replacement   | -                             | 1,066                      |
| Equipment Replacement | 122                           |                            |
| Accommodation         | 80                            | 1,900                      |
| <b>Total Spend</b>    | <b>600</b>                    | <b>2,966</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 five 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 needed in future years for modifications to current sites as part of service development plans. An on-going annual cost of £110k 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 £200k 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 £550k per year. This is split between £325k on end user equipment and £225k 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 £140k 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 continue to require funding for the Health Courier Service Vehicles. 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 but 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. There are some significant investment plans still under development which are not at this point included in the plan whilst further scoping and quantification work is undertaken. The main schemes within the plan are outlined in the following table:

| Scheme Type   | 2019/20<br>Spend<br>£000 | 2020/21<br>Spend<br>£000 | 2021/22<br>Spend<br>£000 |
|---|--------------------------|--------------------------|--------------------------|
| Employment Services Electronic Platforms                | 187                      | 190                      | 150                      |
| Patient Medical Records Storage System                  | 490                      |                          |                          |
| Document Management and OCR                             | 155                      | 300                      |                          |
| Legal Case Management System                            | 520                      | 120                      | 60                       |
| Bridgend Store Roof Replacement HCS                     | 327                      |                          |                          |
| Contractor Payments System (NHAIS Replacement) Hardware | 1,000                    |                          |                          |
| Procurement Services Automation                         | 299                      |                          |                          |



|   |              |            |            |
|---|--------------|------------|------------|
| Audit and Assurance Improvement Programme | 50           | 50         |            |
| <b>Total Development Projects</b>         | <b>3,028</b> | <b>660</b> | <b>210</b> |

## Funding Summary

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

| <b>Scheme Type</b>                  | <b>2019/20<br/>Spend<br/>£000</b> | <b>2020/21<br/>Spend<br/>£000</b> | <b>2021/22<br/>Spend<br/>£000</b> |
|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Discretionary – IT Software         | 140                               | 140                               | 140                               |
| Discretionary – IT Hardware         | 550                               | 550                               | 550                               |
| Discretionary - Accommodation       | 110                               | 110                               | 110                               |
| Discretionary – Support Equipment   | 200                               | 200                               | 200                               |
| <b>Discretionary Funding Total</b>  | <b>1,000</b>                      | <b>1,000</b>                      | <b>1,000</b>                      |
| <b>HCS Vehicle Funding</b>          | <b>172</b>                        | <b>156</b>                        | <b>372</b>                        |
| <b>Service Development Projects</b> | <b>3,208</b>                      | <b>660</b>                        | <b>210</b>                        |
| <b>Total Forecast Capital Needs</b> | <b>4,200</b>                      | <b>1,816</b>                      | <b>1,582</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 £1,000k per annum.** The current base level allocation of £600k has been in place for 12 months but service development and increasing automation require a further increase to support service development and modernisation. 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:



|        | Full Year Programme Impact<br>£ 000 | Cumulative Impact<br>£ 000 |
|--------|-------------------------------------|----------------------------|
| Year 1 | 780                                 | 780                        |
| Year 2 | 343                                 | 1,123                      |
| Year 3 | 284                                 | 1,407                      |

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.

## ICT

The Business Systems and Informatics (BS&I) department was established in 2014. The baseline position was 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 which is now 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 for the next 5 years

### Development of ICT during the next 3 years

The ICT strategy is to support a move to data-driven systems and processes. During the development of the strategy, four themes were identified and these are 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 2019/20, 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. The first element of a Single Point of Contact (SPOC) support model has been rolled out in 2018 and this will be completed in 2019/20. SPOC will improve the speed of call resolution.

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

This change has already resulted in improved resilience and disaster recovery as the new servers are mirrored and backed up to a secondary remote location. Our new infrastructure has helped consolidate and rationalise the server estate.

- Security - With growing cyber security threats, corporate information and systems are increasingly under risk of attack and theft. To attain an effective position, we have been putting 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 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 further roll out of Robotic Process Automation (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 all staff and divisions to consider how they innovate their services to drive efficiencies and improve the quality of services delivered to customers and partners. An example of this is how we use robotics for process automation (RPA). We are working in a number of areas across the organisation. RPA principles is about using suitable tools that can replicate and automate repeatable human tasks performed on systems to assist freeing staff to undertake more value added duties.

We have created an RPA team to lead on robotic developments using a standard methodology across the organisation. This is supported by dedicated training to ensure the skills and knowledge required are embedded. This will not only improve process efficiency but provide evidence for customers and partners, showing 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. As part of the work to review how our services interact with our customers and support them through helpdesks, we will explore the use of artificial intelligence and the use of 'chatbots' where appropriate. Paperless online communication is a consistent theme through our delivery plans. Divisions such as Student Awards Services decommissioned 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 that 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.

## **Governance**

### **Our planning model**

We ensure that planning is a continuous and embedded process that allows learning from past experiences and embeds risk management principles to look to the future. Although the IMTP is a three year rolling plan, many of our divisions have an influence on NWSSP and NHS Wales beyond three years. The procurement team are looking at innovative ways of contracting goods and services where the impact of a decision is far further in the future.

(Insert Plan, Do, Review simple diagram)

NWSSP operate an integrated planning system which is dynamic and engaging, grounded in quality information and successfully balancing ambition with realism. To achieve this we have strengthened our planning model this year through the following arrangements:

- Evaluating and reviewing our previous year's plans and planning process. We have IMTP Lessons Learned workshops held across the organisation.
- NWSSP strategy map reviewed and updated through the SMT horizon scanning and planning day.
- Shared Services Partnership Committee involved in development of key themes and drivers.
- 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, ICT and workforce IMTP link to support planning process
- All divisions present their draft delivery plan at a review meeting which is attended by the Managing Director, Director of Finance and Corporate Services, the Director of Workforce and Organisational Development, Head of Planning and the enabling function leads (ICT, Finance and Corporate Service, Workforce and OD).
- Formal and informal meetings with Welsh Government colleagues.
- NWSSP held a peer review to review quality and assurance prior to the document being submitted to Welsh Government. Virtual feedback was received from Health Boards and Trust, and the Office of the Future Generations Commissioner was in attendance.

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.

(Insert diagram that shows our timeline for our planning cycle)

## **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 that effective working relationships are maintained and developed.

SMT and the Shared Services Partnership Committee monitor performance and progress against our overall on a regular basis.

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 regularly 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 is reported and reviewed through a formal performance review meeting by the Managing Director, Director of Finance and Corporate Services and Director of Workforce and Organisational Development with each Divisions 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**

The risk management framework and approach has been subject to detailed revision and review by a risk management specialist, building on the recommendations of Internal Audit report. The changes are intended to make the approach more effective and dynamic, and the format of the corporate and division risk registers have been revised to ensure that they are both consistent and that they provide a more concise picture of the current position with each risk. The Finance and Corporate Services Division 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 is reinforced through the quarterly review process of each division, where review of the division risk register is a standing agenda item.

Our Risk Management Protocol has been updated to reflect the new arrangements, and we have also documented a Risk Appetite Statement. Both documents have been subject to review and approval at Senior Management Team, Audit Committee and/or Shared Service Partnership Committee.

Assurance maps that provide a view on how key divisional operational or business-as-usual risks are mitigated have been updated and reviewed by the Audit Committee. They are now being regularly assessed as part of the quarterly review process. New maps have recently been produced for the Welsh Infected Blood Support Scheme, and a corporate assurance map was also documented for NWSSP, linked to the five strategic goals. This latter document is provided below as an example of the approach, and will continue to be developed over the rest of 2018/19.

## **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, 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 2017-2018 on this link.

<http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/Annual%20Governance%20Statement%20FINAL%202017%2D2018.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 NHS Wales.

## Health and Safety

We have a duty of care towards approximately 2,000 employees located in various locations across Wales and a legal duty to put in place suitable arrangements to manage for health and safety. 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.

We aim to prevent or reduce the number of accidents and incidents to a minimum. All accidents and incidents are monitored and necessary control measures are put into place to prevent recurrence. We have set up a sub-site of the Velindre NHS Trust, Datix Management System (DATIXWEB), to record all incidents that occur within NWSSP. This has shaped our seven health and safety objectives and the associated action plan we implement over a two year period.

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.

We have adopted the Health and Safety Executives (HSE) 'Managing for Health and Safety' (HSG65) Framework to effectively manage health and safety in accordance with the relevant legislation. The model is structured into a Plan, Do, Check, Act approach with each phase contributing to the next and a circular process ensuring a consistent approach is taken. The Health and Safety Manager maintains an annual schedule of audits across NWSSP sites. This approach treats health and safety management as an integral part of good management, generally rather than a stand-alone system. To provide a straight forward measure of where gaps in achievement exist against the HSG65 model throughout NWSSP sites, a report is provided to consider all the features of the model and identifies where there is achievement or shortfalls in the health and safety management system.

We promote a positive Health and Safety culture through regular training, communication and awareness raising. We have established an effective means of communication and consultation with staff through a Health and Safety Committee structure. A regular health and safety specific newsletters and articles are issued via an internal magazine which demonstrates a proactive, positive approach to raising awareness of health and safety issues. We also have a dedicated intranet site on health and safety, which is regularly updated to maintain an accurate information repository for all staff.

## **Equality, diversity & inclusion**

We are committed to eliminating discrimination, valuing diversity and promoting inclusion through equality of opportunity and fostering good relations throughout all that we do, working towards achieving a More Equal Wales. Our priority is to develop and nurture a culture that values the contribution each person can make towards the services we deliver for NHS Wales, regardless of background or socio-economic circumstances. We work in collaboration with our NHS Wales colleagues to facilitate workshops, events and training sessions, issue communications and articles on hot topics to further engage with staff and develop a healthy, diverse and thriving community culture.

As a non-statutory hosted organisation of Velindre University NHS Trust, we are required to adhere to the Trust's Equality and Diversity Policy, Strategic Equality Plan and Equality Objectives, which set out the Trust's commitment and compliance with legislative requirements. Personal data pertaining to protected characteristics is captured through our Electronic Staff Record (ESR) system, where staff are responsible for updating personal records through the self-service functionality, for equality monitoring purposes. Our All-Wales Recruitment Service, NHS Jobs, facilitates quality assurance checks for advert content and supporting documentation to ensure there are no discriminatory elements, or adverse impacts. We also benefit from a range of proactive work undertaken by the Trust to strengthen our compliance with legislation, including:

- Utilisation of the Positive About Disabled People 'Double Tick' symbol and Rainbow Mark, as sponsored by Welsh Government;
- Annual NHS Wales It Makes Sense Campaign for sensory loss, including British Sign Language e-learning package; and
- Gender Agenda Workshop Programme, integration with All-Wales LGBT+ People Network, World Food Pop-Up, Menopause Café and Show Your Rainbow campaign.

We have worked with NHS Wales Centre for Equality & Human Rights (CEHR) to develop our process for undertaking Equality Integrated Impact Assessments (EQIIA), which we are working to fully integrate into our Project Management Office and day-to-day business; our model considers the needs of protected characteristics identified under

- the Equality Act 2010 (including the Public Sector Equality Duty in Wales),
- 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;

We have provided key individuals with training on the process, including Trade Union Representatives and we have introduced a panel to review and ensure policies, projects and service changes do not discriminate against any vulnerable or disadvantaged people. We also ensure compliance with the engagement provisions and duty for due regard of both the Gunning and Brown Principles when reviewing existing policies, or assessing new policies for impacts on protected characteristics. Our Compliance Officer chairs the NHS Wales Equality Leadership Group and is a member of the All Wales Senior Officers Group for Equality, as hosted by NHS Wales Centre for Equality and Human Rights (CEHR); and our Assistant Director of Workforce and Organisational Development is a member of the Trust's Equality Group.

As part of our commitment to training and development and equality, diversity and inclusion, we have developed the following.

- Introduction of Equality, Diversity and Inclusion session in our Corporate Induction, to include Equality Round-up communications to staff on topical developments;
- New starters are required to undertake the Treat Me Fairly e-learning module, promoting fairness, respect, equality, dignity and autonomy, as part of our statutory and mandatory training programme;
- E-learning modules form part of a national training package and the statistical information pertinent to completion rates contributes to the overall figure for NHS Wales;
- Refresher training and elective modules for Sensory Loss, Trans Awareness and Gypsy, Roma and Traveller Awareness; and
- We offer a Core Skills for Managers Training Programme and the Managing Conflict module includes an awareness session on the Dignity at Work Policy and Procedure.

## **Information governance**

We take Information Governance (IG) very seriously and have effective arrangements 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. During 2018/19 we have responded to the requirements of the General Data Protection Regulation (GDPR) and updated our systems, policies and procedures. The Senior Management Team and the Information Governance Steering Group receive regular updates on compliance.

We will continue to maintain our standards through;

- Holding quarterly Information Governance Steering Group meetings comprising Information Asset Owners from each division. The group focuses on IG issues including GDPR, Data Protection, Freedom of Information, IG breaches, data quality, information security and records management.
- Regular internal audits of both information governance and GDPR – we were audited in early 2018 to assess our readiness for GDPR implementation and

we will again be audited in early 2019 to assess whether we have effectively embedded the approach.

- Completing the annual Caldicott Principles into Practice (C-PIP) self-assessment. Compliance for the 2017/18 assessment was measured at 96%;
- 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 equally alongside the English language in everything that we do. As a non-statutory, hosted organisation we 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 that 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 was launched in the autumn of 2018, following receipt of the Formal Compliance Notice for The Welsh Language Standards [No7.] Regulations 2018. Our Welsh Language strategy will focus closely on:

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

The aim of our Welsh Language Strategy is to improve our Welsh Language offer in how we conduct our every-day business and in supporting our customers and partners to increase Welsh language compliance. Our five Key Strategic Areas as outlined

below will enhance the Welsh Language Offer for NHS bodies, especially in Strategic Areas 3 – 5.

Having a Welsh Language Strategy will in turn offer a better and improved service in Welsh for people who wish to receive our services in Welsh.

| <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   | Outcome: Provide a wide range of services to and on behalf of Health Boards and NHS Trusts covering primary care contractors, and patient  |


|  |   |
|--|---|
| care sustainability agenda in Welsh and English equally and without delay. | registration services in Welsh when required and/or requested |
|--|---|

DRAFT

## **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 2019-2022.

|   |  |
|---|--|
| <b>Audit and Assurance Services</b>                   |  |
| <b>Central e-Business Team Services</b>               |  |
| <b>Digital Workforce Solutions</b>                    |  |
| <b>Employment Services</b>                            |  |
| <b>GP Speciality Training Registrar Lead Employer</b> |  |
| <b>Health Courier Services</b>                        |  |
| <b>Legal and Risk/ Welsh Risk Pool Services</b>       |  |
| <b>Primary Care Services</b>                          |  |
| <b>Procurement Services</b>                           |  |
| <b>Surgical Medical Testing Laboratory</b>            |  |
| <b>Specialist Estate Service</b>                      |  |
| <b>Welsh Infected Blood Support Service</b>           |  |

|  |  |  |                         |  |  |                         |  |  |                    |  |  |
|--|--|--|-------------------------|--|--|-------------------------|--|--|--------------------|--|--|
|  <b>GIG CYMRU NHS WALES</b>   |  | Partneriaeth<br>Cydwasaethau<br>Shared Services<br>Partnership   |                         | <b>AGENDA ITEM:4.2</b><br><b>17 January 2019</b> |  |                         |  |  |                    |  |  |
| <b>The report is not Exempt</b>  |  |  |                         |  |  |                         |  |  |                    |  |  |
| <b>Teitl yr Adroddiad / Title of Report:</b>   |  |  |                         |  |  |                         |  |  |                    |  |  |
| <b>Annual Review of NHS Wales Shared Services Partnership Committee Standing Orders (SSPC SOs)</b>   |  |  |                         |  |  |                         |  |  |                    |  |  |
| <b>ARWEINYDD:<br/>LEAD:</b>  |  | Andy Butler<br>Director of Finance & Corporate Services  |                         |  |  |                         |  |  |                    |  |  |
| <b>AWDUR:<br/>AUTHOR:</b>  |  | Roxann Davies<br>Compliance Officer  |                         |  |  |                         |  |  |                    |  |  |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>  |  | Peter Stephenson<br>Head of Finance & Business Development   |                         |  |  |                         |  |  |                    |  |  |
| <b>MANYLION CYSWLLT:<br/>CONTACT DETAILS:</b>  |  | Andy Butler<br>Director of Finance & Corporate Services<br>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 Committee with an updated version of the SSPC Standing Orders, following an annual review to ensure they remain relevant and fit for purpose following recent developments. |  |  |                         |  |  |                         |  |  |                    |  |  |
| <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>Tystiolaet / Supporting evidence:</b>   |  | <a href="#">NHS Governance e-Manual</a> ; NHS Trust Model Standing Orders Reservation & Delegation of Powers (March 2014); NHS Trust Model Standing Orders, Reservation & Delegation of Powers, Glossary of Terms; Schedule 5.1 LHB Local Partnership Forum Advisory Group – Terms of Reference and Operating Arrangements; Velindre University NHS Trust Standing Financial Instructions (SFIs) and Standards of Behaviour Framework. |                         |  |  |                         |  |  |                    |  |  |
| <b>Ymgynghoriad / Consultation:</b>  |  |  |                         |  |  |                         |  |  |                    |  |  |
| Engagement with NWSSP Managing Director, Director of Finance & Corporate Services, Head of Finance and Business Improvement and Velindre’s Director of Finance to update the SSPC SOs.     |  |  |                         |  |  |                         |  |  |                    |  |  |
| <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 are asked to <b>APPROVE</b> the amendments to the SSPC SOs.  |                         |  |  |                         |  |  |                    |  |  |

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



## ANNUAL REVIEW OF SSPC STANDING ORDERS

### 1. PURPOSE OF REPORT

To provide the Committee with an updated version of the SSPC SOs, following an annual review to ensure they remain relevant and fit for purpose following recent developments.

### 2. INTRODUCTION

To ensure effective, robust and up to date governance arrangements are in place for the SSPC, the SOs are reviewed on an annual basis and were last updated and approved by the Committee in November 2017. Minor amendments have been made to the document since its last publication date and a summary of the amendments proposed are presented at **Appendix 1** for **APPROVAL**. The fully updated document is included within the main bundle of papers, for information. In accordance with our local environmental sustainability commitments, A5 bounded hard copies will be provided upon request only.

### 3. GOVERNANCE AND ASSURANCE

Annual revision of the document is a key element of the corporate governance arrangements of the SSPC and provides assurance that the SOs are compliant with Welsh Government directives and Model Standing Orders, up to date with emerging legislation and regulatory guidance and ensures consistency in managing the business of Committee. The updated SOs will be presented to the Velindre University NHS Trust Board and the NWSSP Audit Committee, once approved by the Committee.

Section 10.0.1 of the SSPC SOs states:

*"These Shared Services SOs shall be reviewed annually by the SSPC, which shall report any proposed amendments to the Velindre Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in Shared Services SOs, including the Equality Impact Assessment."*

Section 9.0.3 of Welsh Government's Model Standing Orders for NHS bodies states:

*"Assurances in respect of the Shared Services shall primarily be achieved by the reports of the Managing Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Managing Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the LHB."*

### 4. RECOMMENDATION

- The Committee are asked to **APPROVE** the updated SSPC SOs.

**Summary of Amendments to SSPC SOs – January 2019**

| <b>Page(s)</b>   | <b>Amendment</b>  |
|------------------|---|
| Various          | Formatting and page number amendments, as appropriate throughout document.  |
| Various          | To include reference to updated status of Velindre <i>University</i> NHS Trust.   |
| Various          | To include references to Health Education Improvement Wales (HEIW) as a newly formed Special Health Authority, removal of reference to Workforce Education Development Services (WEDS) and updated reference to eleven NHS bodies.  |
| Various          | Updating of job title to reflect current arrangements for governance lead to NWSSP Head of Finance and Business Improvement.  |
| 72, 73, 75       | To include amendments to Schemes of Budgetary Delegation, such as limits for NWSSP Executives and Procurement Services limits for Regional Supply Manager, Warehouse Manager and Assistant Warehouse Manager; to include Welsh Infected Blood Support Services (WIBSS) limits; and removal of reference to Workforce Education Development Services (WEDS). |
| 23, 77-82, 95-99 | To include updated Terms of Reference for NWSSP Audit Committee, Welsh Risk Pool Committee and Evidence Based Procurement Board (EBPB); removal of reference to WEDS Advisory Group Terms of Reference.   |
| 15, 36, 38       | To include amendments to voting rights as stated in Cabinet Secretary Directions dated 12 November 2018.  |
| 9                | To include reference to a Healthier Wales.  |
| 40               | To provide clarification on NWSSP requirement to produce an Annual Review.  |
| 47               | Updating of reference to National Assembly for Wales Commission Audit and Risk Assurance Committee.   |
| 76               | Revision of hyperlink for SSPC Framework documentation.   |
| 101              | Updating reference of National Assembly Wales to Welsh Government.  |

**STANDING ORDERS FOR THE OPERATION OF THE SHARED SERVICES  
PARTNERSHIP COMMITTEE**

**This Annexe forms part of, and shall have effect as if incorporated in the  
Velindre University NHS Trust Standing Orders**

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

# Standing Orders

Reservation and Delegation of Powers

For the

# Shared Services Partnership Committee

Originally Introduced June 2015

(updated January 2019)

## Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12(3) of the National Health Services (Wales) Act 2006. Velindre University NHS Trust (Velindre) must agree Standing Orders (SOs) for the regulation of the Shared Services Partnership Committee's (the SSPC) proceedings and business. These SSPC SOs form an Annexe to Velindre's own SOs, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Velindre University NHS Trust Shared Services (Wales) Regulations 2012 (2012/1261

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

Page 2 of 102

(W.156)) and Velindre's Standing Order 3 into day to day operating practice. Together with the adoption of a scheme of decisions reserved to the SSPC; a scheme of delegations to Shared Services officers and others; and in conjunction with Velindre University NHS Trust Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the SSPC.

These documents, together with the Shared Services Memorandum of Co-operation dated **[June 2012]** made between the seven HBs and three NHS Trusts in Wales that defines the obligations of the eleven NHS bodies (the Partners) to participate in the SSPC and to take collective responsibility for the delivery of the services, a Hosting Agreement dated **[June 2012]** between the Partners that provides for the terms on which Velindre will host the NHS Wales Shared Services Partnership (NWSSP) and the Interface Agreement between the Chief Executive of Velindre (as the Accountable Officer for the organisation) and the Managing Director of Shared Services (as the Accountable Officer for NHS Wales Shared Services Partnership) dated **[June 2012]** that defines the respective roles of the two Accountable Officers, form the basis upon which the SSPC governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All SSPC members, NWSSP Shared Services staff and Velindre non-Shared Services staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Head of Finance and Business Improvement of the SSPC will be able to provide further advice and guidance on any aspect of the SOs or the wider governance arrangements for the SSPC. Further information on governance in the NHS in Wales may be accessed at: <http://www.wales.nhs.uk/governance-emanual/standing-orders>

## **TABLE OF CONTENTS**

|   |                  |
|---|------------------|
| Foreword  | 2                |
| <b><u>Section: A – Introduction</u></b>   | <b><u>7</u></b>  |
| Statutory Framework   | 7                |
| NHS Framework   | 8                |
| Shared Services Partnership Committee Framework   | 9                |
| Applying Shared Services Standing Orders  | 10               |
| Variation and amendment of Shared Services Standing Orders  | 10               |
| Interpretation  | 11               |
| Relationship with Velindre University NHS Trust Standing Orders   | 11               |
| The Role of the Board Secretary Support Function  | 11               |
| <b><u>Section: B – Shared Services Partnership Committee Standing Orders</u></b>  | <b><u>13</u></b> |
| <b><u>1. The Shared Services Partnership Committee</u></b>  | <b><u>13</u></b> |
| 1.1 Purpose, Role, Responsibilities and Delegated Functions   | 13               |
| 1.2 Membership of the SSPC  | 15               |
| 1.3 Member and Staff Responsibilities and Accountability  | 15               |
| 1.4 Appointment and tenure of Shared Services Partnership Committee members   | 17               |
| 1.5 Termination of Appointment of SSPC Chair and Vice Chair   | 18               |
| 1.6 Appointment of Shared Services Staff  | 19               |
| 1.7 Responsibilities and Relationships with each HB and Trust Board, Velindre University NHS Trust as the Host and Others | 19               |
| <b><u>2. Reservation and Delegation of the Shared Services Functions</u></b>  | <b><u>19</u></b> |
| 2.1. Chair's Action on Urgent Matters   | 20               |
| 2.2 Reservation and Delegation of the Shared Services Functions   | 20               |
| 2.3 Delegation to Officers  | 20               |
| <b><u>3. Sub-Committees</u></b>   | <b><u>21</u></b> |
| 3.1 Sub-Committees Established by the SSPC  | 21               |
| 3.2 Other Groups  | 23               |
| 3.3 Reporting Activity to the Shared Services Partnership Committee   | 23               |
| <b><u>4. Expert Panel and Other Advisory Panels</u></b>   | <b><u>23</u></b> |
| 4.1 Expert Panels and Advisory Groups Established by the SSPC   | 23               |
| 4.2 Confidentiality   | 23               |
| 4.3 Reporting Activity  | 23               |
| 4.4 Terms of Reference and Operating Arrangements   | 24               |
| 4.5 The Local Partnership Forum (LPF)   | 25               |
| 4.6 Terms of Reference and Operating Arrangements   | 25               |
| 4.7 Membership  | 26               |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

|   |                  |
|---|------------------|
| 4.8 Member Responsibilities and Accountability  | 27               |
| 4.9 Appointment and Terms of Office   | 28               |
| 4.10 Removal, Suspension and Replacement of Members   | 29               |
| 4.11 Relationship with the SSPC and Others  | 29               |
| 4.12 Support to the LPF   | 30               |
| <u>5. Working in Partnership</u>  | <u>30</u>        |
| <u>6. Meetings</u>  | <u>31</u>        |
| 6.1 Putting Citizens First  | 31               |
| 6.2 Annual Plan of Committee Business   | 31               |
| 6.3 Calling Meetings  | 32               |
| 6.4 Preparing for Meetings  | 32               |
| 6.5 Conducting Shared Services Partnership Committee Meetings   | 34               |
| 6.6 Record of Proceedings   | 38               |
| 6.7 Confidentiality   | 39               |
| <u>7. Values and Standards of Behaviour</u>   | <u>39</u>        |
| 7.1 Declaring and Recording Shared Services Partnership Committee Members' Interests  | 39               |
| 7.2 Dealing with Members' interests during Shared Services Partnership Committee meetings   | 40               |
| 7.3 Dealing with Officers' Interests  | 42               |
| 7.4 Reviewing How Interests are Handled   | 42               |
| 7.5 Dealing with Offers of Gifts and Hospitality  | 42               |
| 7.6 Register of Gifts and Hospitality   | 44               |
| <u>8. Signing and Sealing Documents</u>   | <u>45</u>        |
| 8.1 Register of Sealing   | 45               |
| 8.2 Signature of Documents  | 45               |
| 8.3 Custody of Seal   | 45               |
| <u>9. Gaining Assurance on the Conduct of Shared Services Partnership Committee Business</u>                                      | <u>46</u>        |
| 9.1 The role of Internal Audit in Providing Independent Internal assurance  | 46               |
| 9.2 Reviewing the performance of the Shared Services Partnership Committee, its sub- Committees, Expert Panel and Advisory Groups | 46               |
| 9.3 External Assurance  | 47               |
| <u>10. Demonstrating Accountability</u>   | <u>48</u>        |
| <u>11. Support for The Shared Services Partnership Committee</u>  | <u>48</u>        |
| <u>12. Review of Standing Orders</u>  | <u>49</u>        |
| <b><u>Annexe 1 Model Scheme of Reservation and Delegation of Powers</u></b>   | <b><u>50</u></b> |
| <u>Model Scheme of Reservation and Delegation of Powers</u>   | <u>51</u>        |
| <u>Deciding What to Retain and What to Delegate: Guiding Principles</u>   | <u>52</u>        |
| <u>Handling Arrangements for the Reservation and Delegation of Powers:</u>  | <u>53</u>        |



|   |                   |
|---|-------------------|
| <u>Who Does What</u>  |                   |
| <u>Scope of These Arrangements for the Reservation and Delegation of Powers</u>   | <u>55</u>         |
| <u>Section 1 Annexe of Matters Reserved to the SSPC</u>   | <u>56</u>         |
| <u>Section 2 Annexe of Delegation of Powers to Committees and Others</u>  | <u>61</u>         |
| <u>Section 3 Annexe of Scheme of Delegation to NWSSP Directors and Officers</u>   | <u>64</u>         |
| <u>Section 4 Annexe of Delegation of Budgetary Responsibility</u>   | <u>71</u>         |
| <u>Section 5 NHS Wales Shared Services Partnership Scheme of Budgetary Delegation</u>                                     | <u>72</u>         |
| <b><u>Annexe 2 Key Guidance, Instructions and Other Related Documents</u></b>   | <b><u>76</u></b>  |
| <b><u>Annexe 3 Shared Services Partnership Sub-Committee Arrangements</u></b>   | <b><u>77</u></b>  |
| 1. Welsh Risk Pool Committee Terms of Reference   | 78                |
| 2. Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership Terms of Reference             | 83                |
| <b><u>Annexe 4 Terms of Reference</u></b>   | <b><u>94</u></b>  |
| 1. Terms of Reference of the Evidence Based Procurement Board (EBPB) of the NHS Wales Shared Services Partnership (NWSSP) | 95                |
| <b><u>Annexe 5 Process for the Selection, Appointment and Termination of the Chair of the SSPC</u></b>                    | <b><u>100</u></b> |

## Section: A – Introduction

### Statutory Framework

- i) Velindre University National Health Service Trust (Velindre) is a statutory body that came into existence on 1<sup>st</sup> December 1993 under the **Velindre National Health Service Trust (Establishment) Order 1993 (1993/2838)** (the Establishment Order).
- ii) The Velindre University NHS Trust Shared Services Partnership Committee (to be known as the SSPC for operational purposes) was established under the **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 (2012/1261 (W.156))** (the Shared Services Regulations). The Shared Services Regulations define Shared Services at regulation 2 and the functions of the SSPC at regulation 4. The SSPC functions are subject to variations to those functions agreed from time to time by the SSPC. The SSPC is hosted by Velindre on behalf of each of the seven HBs and the three NHS Trusts (the Partners).
- iii) The principal place of business of the SSPC is:

NHS Wales Shared Services Partnership  
4-5 Charnwood Court  
Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ
- iv) All business shall be conducted in the name of the NHS Wales Shared Services Partnership on behalf of the Partners.
- v) Velindre is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. Velindre's statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006 (c.42)** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006 (c.41)** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how NHS Trusts are governed and their functions.
- vi) **The National Health Service Trusts (Membership and Procedure) Regulations 1990 (1990/2024)**, as amended (the Membership

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Regulations) set out the membership and procedural arrangements of the Trust.

- vii) Sections 18 and 19 of Annexe 3 to the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on NHS Trusts and to give Directions about how they exercise those functions. Trusts must act in accordance with those Directions. Velindre's statutory functions are set out in its Establishment Order but many functions are also contained in other legislation such as the NHS (Wales) Act 2006.
- viii) However in some cases the relevant function may be contained in other legislation. In exercising its powers Velindre must be clear about the statutory basis for exercising such powers.
- ix) Under powers in paragraph 4(1)(f) of Annexe 3 to the NHS (Wales) Act 2006 the Minister has made the Shared Services Regulations which set out the constitution and membership arrangements of the Shared Services Committee. Certain provisions of the Membership Regulations will also apply to the operations of the SSPC, as appropriate.
- x) In addition to Directions the Welsh Ministers may from time to time issue guidance relating to the activities of the SSPC which the Partners must take into account when exercising any function.
- xi) Velindre shall issue an indemnity to the Shared Services Chair, on behalf of the Partners.

## **NHS Framework**

- xii) In addition to the statutory requirements set out above, the SSPC, on behalf of each of the Partners, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Minister's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Assembly's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiii) Adoption of the principles will better equip the SSPC to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiv) The overarching NHS governance and accountability framework within which the SSPC must work incorporates Velindre's SOs; Annexes of

Powers reserved for the Board and Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *‘Doing Well, Doing Better: Standards for Health Services in Wales’* and *‘a Healthier Wales’*, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

- xv) The Assembly, reflecting its constitutional obligations, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the restructured NHS in all it does.
- xvi) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government’s Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at:  
<http://www.wales.nhs.uk/governance-emanual/standing-orders>

Directions or guidance on specific aspects of Trusts’ business are also issued in hard copy, usually under cover of a Ministerial letter.

### **Shared Services Partnership Committee Framework**

- xvii) The specific governance and accountability arrangements established for the SSPC are set out within the following documents (which is not an exhaustive list):
  - these SSPC SOs and Annexe 1: Scheme of Powers reserved for the SSPC and Delegation to others;
  - the Velindre University NHS Trust SFIs;
  - a Memorandum of Co-operation that defines the obligations of the Partners to participate in the SSPC and to take collective responsibility for the delivery of the services defining the respective roles of the Partners;
  - a Hosting Agreement between the Partners that provides for the terms on which Velindre will host the Shared Services;
  - an Interface Agreement between the Chief Executive of Velindre (as the Accountable Officer for the organisation) and the Managing Director of Shared Services (as the Accountable Officer for Shared Services) that defines the respective roles of the two Accountable Officers; and
  - an Accountability Agreement between the Chair of the SSPC and the Managing Director of Shared Services (as the Accountable Officer for the NHS Wales Shared Services Partnership).
- xviii) Annexe 2 to these SOs provides details of the key documents that, together with these SOs, make up the SSPC’s governance and

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

accountability framework. These documents must be read in conjunction with these Shared Services SOs.

- xix) The SSPC may from time to time, subject to the prior approval of Velindre's Board, agree operating procedures which apply to SSPC members and/or members of the Shared Services staff and others. The decisions to approve these operating procedures will be recorded in an appropriate SSPC minute and, where appropriate, will also be considered to be an integral part of these Shared Services SOs and SFIs. Details of the SSPC's key operating procedures are also included in Annexe 2 of these SOs.

### **Applying Shared Services Standing Orders**

- xx) These Shared Services SOs (together with the Velindre University NHS Trust SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any Sub-Committees established by the SSPC, including any Advisory Groups. These Shared Services SOs may be amended or adapted for the Sub-Committees or Advisory Groups as appropriate, with the approval of the SSPC. Further details on Sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these Shared Services, respectively.
- xxi) Full details of any non compliance with these Shared Services SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Head of Finance and Business Improvement, who will ask the Velindre Audit Committee to formally consider the matter and make proposals to the SSPC on any action to be taken. All SSPC members and SSPC officers have a duty to report any non-compliance to the Head of Finance and Business Improvement as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with Shared Services SOs is a disciplinary matter.**

### **Variation and amendment of Shared Services Standing Orders**

- xxii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the SSPC determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the SSPC, advised by the Head of Finance and Business Improvement, shall submit a formal report to the Velindre Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
  - Each of the SSPC members are in favour of the amendment; or

- In the event that agreement cannot be reached, the Velindre Board determine that the amendment should be approved.

## **Interpretation**

- xxiii) During any SSPC meeting where there is doubt as to the applicability or interpretation of the Shared Services SOs, the Chair of the Shared Services Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Board Secretary Support function.
- xxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these Shared Services SOs when interpreting any term or provision covered by legislation.

## **Relationship with Velindre NHS Trust Standing Orders**

- xxv) These Shared Services SOs form an Annexe to Velindre's own SOs, and shall have effect as if incorporated within them.

## **The Role of the Board Secretary Support Function**

- xxvi) The role of the Board Secretary Support function is crucial to the ongoing development and maintenance of a strong governance framework within the SSPC, and is a key source of advice and support to the Chair and SSPC members. Independent of the SSPC, the Board Secretary support function will act as the guardian of good governance within the SSPC and shall ensure that the functions outlined below are delivered:
  - providing advice to the SSPC as a whole and to individual Committee members on all aspects of governance;
  - facilitating the effective conduct of SSPC business through meetings of the SSPC, its Sub-Committees and Advisory Groups;
  - ensuring that SSPC members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
  - ensuring that in all its dealings, the SSPC acts fairly, with integrity, and without prejudice or discrimination;
  - contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
  - monitoring the SSPC's compliance with the law, Shared Services SOs and the framework set by Velindre and Welsh Ministers.
- xxvii) As advisor to the SSPC, the Board Secretary Support function role does not affect the specific responsibilities of SSPC members for governing the

Committee's operations. The Board Secretary Support role is directly accountable for the conduct of their role to the Chair of the SSPC and reports to the Managing Director of NWSSP on a regular basis.



## **Section: B – Shared Services Partnership Committee Standing Orders**

### **1. THE SHARED SERVICES PARTNERSHIP COMMITTEE**

#### **1.1 Purpose, Role, Responsibilities and Delegated Functions**

1.1.1 The SSPC has been established for the purpose of exercising Velindre's functions in relation to Shared Services, including the setting of policy and strategy and the management and provision of Shared Services to HBs, Trusts and Special Health Authority in Wales.

1.1.2 The purpose of the SSPC is to:

- set the policy and strategy for shared services;
- monitor the delivery of shared services through the Managing Director of Shared Services;
- seek to improve the approach to delivering shared services which are effective, efficient and provide value for money for Partners;
- ensure the efficient and effective leadership direction and control of shared services; and
- ensure a strong focus on delivering savings that can be re-invested in direct patient care.

1.1.3 The role of the Shared Services Committee is to:

- take into account NHS Wales organisations' plans and objectives when considering the strategy of Shared Services;
- encourage and support the aims and objectives of Shared Services;
- identify synergies between each of the Shared Services and ensure that future strategies incorporate synergistic opportunities;
- foster and encourage partnership working between all key stakeholders and staff;
- oversee the identification and sharing of financial benefits to NHS Wales' organisations on a fair basis that minimises administrative costs and financial transactional arrangements;
- seek to identify potential opportunities for further collaboration across the wider public sector;
- consider implications for Shared Services in relation to any reviews / reports undertaken by internal auditors, external auditors and regulators, including Healthcare Inspectorate Wales; and
- seek assurance, through the Managing Director of Shared Services on the adequacy and robustness of systems, processes, procedures and risk management, staffing issues and that risks and benefits are shared on an equitable basis in relation to Shared Services.

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

#### 1.1.4 The responsibilities of the SSPC are to:

- produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual HB, Trust and Special Health Authority Integrated Medium Term Plans;
- agree on an annual basis Service Improvement Plans (prepared by the Managing Director of Shared Services) for the delivery by services;
- be accountable for the development and agreement of policies and strategies in relation to Shared Services and for monitoring the performance and delivery of agreed targets for Shared Services through the Managing Director of Shared Services;
- take the lead in overseeing the effective and efficient use of the resources of Shared Services;
- benchmark the performance of Shared Services against the best in class;
- consider extended-scope opportunities for Shared Services;
- monitor compliance of best practice within Shared Services with NHS Wales recommended best practice;
- oversee the identification and delivery of “invest to save” opportunities; and
- explore future Shared Services organisational delivery models across the NHS and the broader public sector.
- embed NWSSP’s strategic objectives and priorities through the conduct of its business and in so doing, and 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 (Wales) Act 2015, the Welsh Government Guidance on Ethical Procurement and the Code of Practice on Ethical Employment in Supply Chains.

1.1.5 The SSPC must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each HB and Trust shall be bound by the decisions of the SSPC in the exercise of its roles. In the event that the SSPC is unable to reach unanimous agreement in relation to the funding levels to be provided by each HB, Trust and Special Health Authority, then this matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the SSPC shall lead and scrutinise the operations, functions and decision making of the Shared Services Senior Management Team (SMT) undertaken at the direction of the SSPC.

1.1.7 The SSPC shall work with all its Partners and stakeholders in the best interests of its population across Wales.

## **1.2 Membership of the SSPC**

1.2.1 The membership of the SSPC shall be 12 voting members, comprising:

- the Chair (appointed by the SSPC in accordance with the Chair Selection Process at Annexe 5 to these SOs);
- the Chief Executives of each of the HBs, Trusts and Special Health Authority (or their nominated representatives); and
- the Managing Director of Shared Services who has been designated as the accountable officer for shared services.

1.2.2 Vice Chair – The SSPC shall appoint a Vice Chair from one of the Chief Executives (or their nominated representative) SSPC members. A Vice Chair cannot be appointed if the current Chair is employed by the same Partner organisation.

1.2.3 Nominated Representatives – Nominated deputies for Chief Executives should be an Executive Director of the same organisation and will formally contribute to the quorum and have delegated voting rights.

1.2.4 Co-opted Members – The SSPC may also co-opt additional independent 'external' members from outside NHS Wales to provide specialist skills, knowledge and expertise. Co-opted members will not be entitled to vote.

1.2.5 Attendees – The NWSSP Director of Finance and Corporate Services / Deputy Director for Shared Services, the NWSSP Director of Workforce & Organisational Development and the Department of Health, Social Services and Children Director of Finance (or nominated representative) may attend the SSPC meetings but will not be entitled to vote. Other NWSSP Service Directors / Heads of Service may only attend SSPC meetings as and when invited.

1.2.6 Use of the Term Independent Member - For the purposes of these Shared Services SOs, use of the term 'Independent Member' refers to the non-officer members of a HB or the independent members of a Trust, or Special Health Authority.

## **1.3 Member and Staff Responsibilities and Accountability**

1.3.1 The SSPC will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the SSPC.

- 1.3.2 All members must comply with the terms of their appointment to the SSPC. They must equip themselves to fulfil the breadth of their responsibilities on the SSPC by participating in relevant personal and organisational development programmes, engaging fully in the activities of the SSPC and promoting understanding of its work.

### The Chair

- 1.3.3 The Chair of the SSPC must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.
- 1.3.4 The Chair is responsible for the effective operation of the SSPC:
- chairing SSPC meetings;
  - establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all SSPC business is conducted in accordance with these Shared Services SOs; and
  - developing positive and professional relationships amongst the SSPC's membership and between the SSPC and each HB, Trust and Special Health Authority's Board.
- 1.3.5 The Chair shall work in close harmony with the Chief Executives of each of the HB, Trust and Special Health Authority (or their nominated representatives) and, supported by the Head of Finance and Business Improvement, shall ensure that key and appropriate issues are discussed by the SSPC in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.6 The Chair is accountable to the SSPC in relation to the delivery of the functions exercised by the SSPC on its behalf and, through Velindre's Chair, as the hosting organisation, for the conduct of business in accordance with the defined governance and operating framework.

### The Vice Chair

- 1.3.7 The Vice Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed.
- 1.3.8 The Vice Chair is accountable to the Chair for their performance as Vice Chair.

### Managing Director of Shared Services and the Chief Executive of Velindre

- 1.3.9 **Managing Director of Shared Services** – The Managing Director of Shared Services, as head of the Senior Management Team reports to the Chair and is responsible for the overall performance of Shared Services. The Managing Director of Shared Services is the designated Accountable Officer for Shared Services (see 1.3.11 below). The Managing Director of Shared Services is accountable to the SSPC in relation to those functions delegated to them by the SSPC. The Managing Director of Shared Services is also accountable to the Chief Executive of Velindre University NHS Trust in respect of the hosting arrangements supporting the operation of Shared Services.
- 1.3.10 **Chief Executive of Velindre** – The Chief Executive of Velindre University NHS Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust (see 1.3.11 below). As the host organisation, the Chief Executive (and the Velindre Board) has a legitimate interest in the activities of the Shared Services and has certain statutory responsibilities as the legal entity hosting Shared Services.
- 1.3.11 **Accountable Officers** – The Managing Director of Shared Services (as the Accountable Officer for Shared Services) and the Chief Executive of Velindre (as the Accountable Officer for the Trust) shall be responsible for meeting all the responsibilities of their roles, as set out in their respective Accountable Officer Memoranda. Both Accountable Officers shall co-operate with each other so as to ensure that full accountability for the activities of the Shared Services and Velindre is afforded to the Welsh Ministers whilst minimising duplication.

### Senior Management Team

- 1.3.12 The Managing Director of Shared Services will lead a SMT to deliver the SSPC's annual Business Plan. The SMT will be determined by the Managing Director of Shared Services.

## **1.4 Appointment and tenure of Shared Services Partnership Committee members**

- 1.4.1 The **Chair**, is appointed by the SSPC in accordance with the appointment process outlined in Annexe 5 and shall be appointed for a period specified by the SSPC, but for no longer than 4 years in any one term. The Chair can be reappointed but may not serve as the Chair of the SSPC for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term. Through the appointment process, the Shared Service

Partnership Committee must satisfy itself that the person appointed has the necessary skills and experience to perform the duties. In accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 the first chair of the committee will be appointed by Velindre for a period of six months.

- 1.4.2 The **Vice Chair** is appointed by the SSPC from its Chief Executive (or their nominated representatives) members and shall be appointed for a period specified by the SSPC, but for no longer than 4 years in any one term. The Vice Chair may not serve as the Vice Chair of the SSPC for a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in term.
- 1.4.3 The appointment and removal process for the Chair and Vice Chair shall be determined by the SSPC. In making these appointments, the SSPC must ensure:
- a balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the SSPC;
  - that wherever possible, the overall membership of the SSPC reflects the diversity of the population;
  - potential conflicts of interest are kept to a minimum;
  - the Vice Chair is not employed by the same Partner organisation as the Chair; and
  - that the person has the necessary skills and experience to perform the duties of the chair.

## **1.5 Termination of Appointment of SSPC Chair and Vice Chair**

- 1.5.1 The Committee may remove the SSPC Chair or Vice Chair by the process outlined in Annexe 5 to these SOs if it determines:
- It is not in the interests of the SSPC; or
  - It is not conducive to good management of the SSPC
- for that Chair or Vice Chair to continue to hold office.
- 1.5.2 All SSPC members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they are applicable, and as specified in the relevant Regulations. Any member must inform the SSPC Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office.
- 1.5.3 The SSPC will require its Chair and members to confirm their continued

eligibility on an annual basis in writing.

## **1.6 Appointment of Shared Services Staff**

- 1.6.1 The Shared Services staff shall be appointed by Velindre. The appointments process shall be in line with the workforce policies and procedures of Velindre and any directions made by the Welsh Ministers.

## **1.7 Responsibilities and Relationships with each HB, Trust and Special Health Authority's Board, Velindre University NHS Trust as the Host and Others**

- 1.7.1 The SSPC is not a separate legal entity from each of the HBs, Trusts and Special Health Authority. It shall report to each HB, Trust and Special Health Authority Board on its activities, to which it is formally accountable in respect of the exercise of the Shared Services functions carried out on their behalf. Velindre's Board will not be responsible or accountable for exercising Velindre's functions in relation to Shared Services, including the setting of policy and strategy and the management and provision of Shared Services to HB, Trust and Special Health Authority. Velindre's Board, as the host organisation, shall be responsible for ensuring that the Shared Services staff act in accordance with the administrative policies and procedures agreed between Velindre and the SSPC.
- 1.7.2 Each HB, Trust and Special Health Authority shall determine the arrangements for any meetings with the Managing Director of Shared Services and their organisation through the SSPC.
- 1.7.3 The HB, Trust and Special Health Authority Chairs, through the lead Chair, shall put in place arrangements to meet with the SSPC Chair on a regular basis to discuss the SSPC's activities and operation.

## **2 RESERVATION AND DELEGATION OF SHARED SERVICES FUNCTIONS**

Within the framework agreed by Velindre and set out within these Shared Services SOs - and subject to any directions that may be given by the Welsh Ministers - the SSPC may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the SSPC may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the SSPC must set out clearly the terms and conditions upon which any delegation is being made.

The SSPC's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders



- i Scheme of matters reserved to the SSPC;
- ii Scheme of Delegation to Sub-Committees of the SSPC and others; and
- iii Scheme of Delegation, including financial limits, to Velindre Shared Services officers and non-Shared Services officers

all of which must be formally agreed by Velindre and adopted by the SSPC.

The SSPC retains full responsibility for any functions delegated to others to carry out on its behalf.

## **2.1 Chair's Action on Urgent Matters**

- 2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the SSPC need to be taken between scheduled meetings, and it is not practicable to call a meeting of the SSPC. In these circumstances, the SSPC Chair and the Managing Director of Shared Services may deal with the matter on behalf of the SSPC - after first consulting with at least one other HB, Trust or Special Health Authority Chief Executive (or their representative). The Head of Finance and Business Improvement must ensure that any such action is formally recorded and reported to the next meeting of the SSPC for consideration and ratification.

## **2.2 Delegation to Sub-Committees and Others**

- 2.2.1 The SSPC shall agree the delegation of any of their functions to Sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by Velindre.
- 2.2.2 The SSPC shall agree and formally approve the delegation of specific powers to be exercised by Sub-Committees which it has formally constituted or to others.

## **2.3 Delegation to Officers**

- 2.3.1 The SSPC will delegate certain functions to the Managing Director of Shared Services. For these aspects, the Managing Director of Shared Services, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other Velindre officers to undertake the remaining functions. The Managing Director of Shared Services will still be accountable to the SSPC for all functions delegated to them irrespective of any further delegation to other Velindre officers.

- 2.3.2 This must be considered and approved by the SSPC (subject to any amendment agreed during the discussion) and agreed by Velindre. The Managing Director of Shared Services may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the SSPC and agreed by Velindre.
- 2.3.3 Individual members of the Shared Services SMT are in turn responsible for delegation within their own teams in accordance with the framework established by the Managing Director of Shared Services and agreed by the SSPC and Velindre.

### **3 SUB-COMMITTEES**

In accordance with Shared Services Standing Order 4.0.3, the SSPC may and, where directed by Velindre must, appoint Sub-Committees of the SSPC either to undertake specific functions on the SSPC's behalf or to provide advice and assurance to others (whether directly to the SSPC, or on behalf of the SSPC). Velindre's Shared Services officers should not normally be appointed as Sub-Committee Chairs. Shared Services officers may only be appointed to serve as members on any committee where that committee does not have the function of holding that officer to account.

These may consist wholly or partly of SSPC members or of persons who are not SSPC members.

#### **3.1 Sub-Committees Established by the SSPC**

The SSPC shall establish a Sub-Committee structure that meets its own advisory and assurance needs and/or utilise Velindre's Committee arrangements to assist it in discharging its governance responsibilities. The SSPC shall ensure its Sub-Committee structure meets the needs of Velindre University NHS Trust, as the host organisation, and also the needs of its Partners. As a minimum, it shall ensure arrangements are in place to cover the following aspects of SSPC business:

- Quality and Safety
- Audit

- 3.1.1 The SSPC may make arrangements to receive and provide assurance to others through the establishment and operation of its own Sub-Committees or by placing responsibility with Velindre, as the host. Where responsibility is placed with Velindre, the arrangement shall be detailed within the Hosting Agreement between the SSPC and Velindre as the host organisation and/or the Interface Agreement between the Managing

Director of Shared Services (as the Accountable Officer for Shared Services) and Velindre's Chief Executive (as Accountable Officer for the Trust).

The SSPC has the following sub-committees:

- Velindre Audit Committee for SSPC
- Welsh Risk Pool Committee

Full details of the Sub-Committee structure established by the SSPC, including detailed terms of reference for each of these Sub-Committees are set out in Annexe 3 of these Shared Services SOs.

3.1.2 Each Sub-Committee established by or on behalf of the SSPC must have its own terms of reference and operating arrangements, which must be formally approved by the SSPC and agreed by Velindre. These must establish its governance and ways of working, setting out, as a minimum:

- the scope of its work (including its purpose and any delegated powers and authority);
- membership and quorum;
- meeting arrangements;
- relationships and accountabilities with others;
- any budget and financial responsibility, where appropriate;
- secretariat and other support;
- training, development and performance; and
- reporting and assurance arrangements.

3.1.3 In doing so, the SSPC shall specify which aspects of these Shared Services SOs are not applicable to the operation of the Sub-Committee, keeping any such aspects to the minimum necessary.

3.1.4 The membership of any such Sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the SSPC, subject to any specific requirements or directions agreed by Velindre. Depending on the Sub-Committee's defined role and remit; membership may be drawn from the SSPC or Velindre staff (subject to the conditions set in Shared Services Standing Order 3.1.5) or others.

3.1.5 Velindre's Shared Services officers should not normally be appointed as Sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to Shared Services officers. Designated Shared Services Directors or Heads of Services or other Shared Services officers shall,

however, be in attendance at such Sub-Committees, as appropriate.

### **3.2 Other Groups**

- 3.2.1 The SSPC may also establish other groups to help it in the conduct of its business.

### **3.3 Reporting Activity to the Shared Services Partnership Committee**

- 3.3.1 The SSPC must ensure that the Chairs of all Sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the SSPC on their activities. Sub-Committee Chairs' shall bring to the SSPC's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.
- 3.3.2 Each Sub-Committee shall also submit an annual report to the SSPC through the Chair within 3 months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

## **4 EXPERT PANEL AND OTHER ADVISORY GROUPS**

- 4.1.1 The SSPC may appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the SSPC, including detailed terms of reference are set out in Annexe 4 of these Shared Services SOs.

### **4.1 Expert Panels and Advisory Groups Established by the SSPC**

- Evidence-based Procurement Board

### **4.2 Confidentiality**

- 4.2.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

### **4.3 Reporting Activity**

- 4.3.1 The SSPC shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the SSPC on their activities. Expert Panel or Advisory Group Chairs shall bring to the SSPC's specific attention any significant matters

under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.3.2 Any Expert Panel or Advisory Group shall also submit an annual report to the SSPC through the Chair within 1 month of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

4.3.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

#### **4.4 Terms of Reference and Operating Arrangements**

4.4.1 The SSPC and the Velindre Board must formally approve terms of reference and operating arrangements in respect of any. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.4.2 In doing so, the SSPC shall specify which aspects of these SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

4.4.3 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the SSPC, subject to any specific requirements or directions agreed by Velindre.

4.4.4 The SSPC may determine that any Advisory Group it has set up should be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the SSPC approves such action.

## **4.5 The Local Partnership Forum (LPF)**

- 4.5.1 The LPF's role is to provide a formal mechanism where the SSPC, as employer, and trade unions/professional bodies representing NWSSP's employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the NWSSP – achieved through a regular and timely process of consultation, negotiation and communication. In doing so, the LPF must effectively represent the views and interests of the NWSSP workforce.
- 4.5.2 It is the forum where the NWSSP and staff organisations will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.
- 4.5.3 NWSSP may specifically request advice and feedback from the LPF on any aspect of its business, and the LPF may also offer advice and feedback even if not specifically requested by NWSSP. The LPF may provide advice to the SSPC:
- In written advice; or
  - In any other form specified by the Board.

## **4.6 Terms of Reference and Operating Arrangements**

- 4.6.1 The SSPC must formally approve terms of reference and operating arrangements for the LPF. These must establish its governance and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
  - Membership (including member appointment and removal, role, responsibilities and accountability, and terms and conditions of office);
  - Meeting arrangements;
  - Communications;
  - Relationships and accountabilities with others (including the Board, its Committees and Advisory Groups, and other relevant local and national groups);
  - Any budget and financial responsibility (where appropriate);
  - Secretariat and other support; and
  - Reporting and assurance arrangements.
- 4.6.2 In doing so, the SSPC shall specify which aspects of these SOs are not applicable to the operation of the LPF, keeping any such aspects to the

minimum necessary. The LPF will also operate in accordance with the TUC six principles of partnership working.

4.6.3 The LPF may establish sub-fora to assist it in the conduct of its work, to facilitate:

- Ongoing dialogue, communication and consultation on service and operational management issues specific to Divisions/Directorates/Service areas; and/or
- Detailed discussion in relation to a specific issue(s).

#### **4.7 Membership**

4.7.1 NWSSP shall agree the overall size and composition of the LPF in consultation with those staff organisations it recognises for collective bargaining. As a minimum, the membership of the LPF shall comprise:

- Management Representatives
- Managing Director
- Director of Finance & Corporate Services
- Director of Workforce and Organisational Development

together with the following:

- General Managers/Divisional Managers; and
- Workforce and Organisational Development staff

4.7.2 The Trust may determine that other Executive Directors or others may act as members or be co-opted to the LPF.

#### *Staff Representatives*

4.7.3 The maximum number of staff representatives shall be *agreed by the LPF* comprising representation from those staff organisations recognised by NWSSP.

#### *In attendance*

4.7.4 The Trade Union member of the Board shall attend LPF meetings in an ex officio capacity.

4.7.5 The LPF may determine that full time officers from those staff organisations recognised by the Trust shall be invited to attend LPF meetings.



## **4.8 Member Responsibilities and Accountability**

### *Joint Chairs*

- 4.8.1 The LPF shall have two Chairs on a rotational basis, one of whom shall be drawn from the management representative membership, and one from the staff representative membership.
- 4.8.2 The Chairs shall be jointly responsible for the effective operation of the LPF:
- Chairing meetings, rotated equally between the Staff Representative and Management Representative Chairs;
  - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating framework; and
  - Developing positive and professional relationships amongst the Forum's membership and between the Forum and the SSPC.
- 4.8.3 The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Trust's other advisory groups. Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 4.8.4 The Chairs are accountable to the Board for the conduct of business in accordance with the governance and operating framework set by the Trust.

### *Joint Vice Chairs*

- 4.8.5 The LPF shall have two Vice Chairs, one of whom shall be drawn from the Management Representative membership, and one from the staff representative membership.
- 4.8.6 Each Vice Chair shall deputise for their Chair in that Chair's absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed.
- 4.8.7 The Vice Chair is accountable to their Chair for their performance as Vice Chair.

## Members

4.8.8 All members of the LPF are full and equal members and collectively share responsibility for its decisions.

4.8.9 All members must:

- Be prepared to engage with and contribute to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the LPF within the professional discipline they represent.

## 4.9 Appointment and Terms of Office

4.9.1 Management representative members shall be determined by the SSPC.

4.9.2 Staff representatives shall be determined by the staff organisations recognised by the NWSSP, subject to the following conditions:

- Staff representatives must be employed by **NWSSP** and accredited by their respective trade union; and
- A member's tenure of appointment will cease in the event that they are no longer employed by **NWSSP** or cease to be a member of their nominating trade union.

4.9.3 The *Management Representative Chair* shall be appointed by the LPF.

4.9.4 The *Staff Representative Chair* shall be elected from within the staff representative membership of the LPF, by staff representative members in a manner determined by the staff representative members. The *Staff Representative Chair's* term of office shall be for one (1) year.

4.9.5 The *Management Representative Vice Chair* shall be appointed from within the management representative membership of the LPF by the Management Representative Chair.

4.9.6 The *Staff Representative Vice Chair* shall be elected from within the staff representative membership of the LPF, by staff representative members, in a manner determined by the staff representative members. The *Staff Representative Vice Chair's* term of office shall be for one (1) year.

4.9.7 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform their respective LPF Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on the conduct of their role.

#### **4.10 Removal, Suspension and Replacement of Members**

4.10.1 If an LPF member fails to attend three (3) consecutive meetings, the next meeting of the LPF shall consider what action should be taken. This may include removal of that person from office unless they are satisfied that:

- (a) The absence was due to a reasonable cause; and
- (b) The person will be able to attend such meetings within such period as the LPF considers reasonable.

4.10.2 If the LPF considers that it is not conducive to its effective operation that a person should continue to hold office as a member, it may remove that person from office by giving immediate notice in writing to the person and the relevant nominating body.

4.10.3 Before making a decision to remove a person from office, the LPF may suspend the tenure of office of that person for a limited period (as determined by the LPF) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the LPF suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

4.10.4 A nominating body may remove and, where appropriate, replace a member appointed to the LPF to represent their interests by giving immediate notice in writing to the LPF.

#### **4.11 Relationship with the SSPC and others**

4.11.1 The LPF's main link with the SSPC is through the Managerial members of the LPF.

4.11.2 The Senior Management Team may determine that designated SMT members or NWSSP staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of SMT members or Trust staff, subject to the agreement of the Chair.

4.11.3 The SMT shall determine the arrangements for any joint meetings between the SMT and the LPF's staff representative members.

4.11.4 The Managing Director shall put in place arrangements to meet with the LPG's Joint Chairs on a regular basis to discuss the LPF's activities and operation.

4.11.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

#### **4.12 Support to the LPF**

4.12.1 The LPF's work shall be supported by two designated Secretary's, one of whom shall support the staff representative members and one shall support the management representative members.

4.12.2 The Director of Workforce and OD will act as Management Representative Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

4.12.3 The Staff Representative Secretary shall be elected from within the staff representative membership of the LPF, by staff representative members, in a manner determined by the staff representatives. The Staff Representative Secretary's term of office shall be for two (2) years.

4.12.4 Both Secretaries shall work closely with the NWSSP Head of Finance and Business Improvement who is responsible for the overall planning and co-ordination of the programme of SMT and Committee business, including that of its Advisory Groups.

### **5 WORKING IN PARTNERSHIP**

5.1.1 The SSPC shall work constructively in partnership with others to plan and secure the delivery of the best possible healthcare for its citizens, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

5.1.2 The Chair shall ensure that the SSPC has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the NWSSP through:

- NWSSP's own structures and operating arrangements, e.g., Advisory Groups;

5.1.3 The SMT shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner

responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

## **6 MEETINGS**

### **6.1 Putting Citizens first**

6.1.1 The SSPC's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The SSPC, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- active communication of forthcoming business and activities;
- the selection of accessible, suitable venues for meetings;
- the availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read and in electronic formats;
- requesting that attendees notify the Committee Secretariat of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g. arranging British Sign Language (BSL) interpretation at meetings; and

where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, in accordance with legislative requirements, e.g. Equality Act 2010 (Statutory Duties) (Wales) Regulations, Welsh Language (Health Sector) Regulations; as well as NWSSP's Communication Strategy and Velindre's Welsh Language Scheme.

6.1.2 The SSPC Chair will ensure that, in determining the matters to be considered by the SSPC, full account is taken of the views and interests of all citizens served by the SSPC on behalf of each HB, Trust and Special Health Authority, including any views expressed formally. The Chair will ensure that, in determining the matters to be considered by the Committee, full account is taken of the views and interests of the Committee's stakeholders, including any views expressed formally to the Committee, e.g. through Community Health Councils.

### **6.2 Annual Plan of Committee Business**

6.2.1 The Committee Secretariat, on behalf of the SSPC Chair, shall produce an annual Business Plan of Committee business. This plan will include

proposals on meeting dates, venues and coverage of business activity during the year. The Business Plan shall also set out any standing items that shall appear on every SSPC agenda.

6.2.2 The Business Plan shall set out the arrangements in place to enable the SSPC to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing SSPC members to contribute in either English or Welsh languages, where appropriate.

6.2.3 The Business Plan shall also incorporate formal SSPC meetings, regular Committee development sessions and, where appropriate, and the planned activities of Sub-Committees, Expert Panel and Advisory Groups.

6.2.4 The SSPC shall agree the Business Plan for the forthcoming year by the end of March.

### **6.3 Calling Meetings**

6.3.1 In addition to the planned meetings agreed by the SSPC, the SSPC Chair may call a meeting of the SSPC at any time. An individual SSPC member may request that the SSPC Chair call a meeting provided that in at least one third of the whole number of Committee members supports such a request.

6.3.2 If the Chair does not call a meeting within seven days after receiving such a request from SSPC members, then those SSPC members may themselves call a meeting.

### **6.4 Preparing for Meetings**

#### *Setting the agenda*

6.4.1 The SSPC Chair, in consultation with the Committee Secretariat and Managing Director of Shared Services, will set the agenda. In doing so, they will take account of the planned activity set in the annual cycle of SSPC business; any standing items agreed by the SSPC; any applicable items received from Sub-Committees and other groups as well as the priorities facing the SSPC. The SSPC Chair must ensure that all relevant matters are brought before the SSPC on a timely basis.

6.4.2 Any SSPC member may request that a matter is placed on the agenda by writing to the SSPC Chair, copied to the Committee Secretariat, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after

the 12 day notice period if this would be beneficial to the conduct of SSPC business.

#### Notifying and equipping SSPC members

- 6.4.3 SSPC members should be sent an agenda and a complete set of supporting papers at least 10 calendar days before a formal SSPC meeting. This information may be provided to SSPC members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided after this time, provided that the SSPC Chair is satisfied that the SSPC's ability to consider the issues contained within the paper would not be impaired.
- 6.4.4 No papers should be included for decision by the SSPC unless the SSPC Chair is satisfied (subject to advice from the Committee Secretariat, as appropriate) that the information contained within it is sufficient to enable the SSPC to take a reasonable decision. Equality Impact Assessments (EIA) shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the SSPC, and the outcome of that EIA shall accompany the report to the SSPC to enable the SSPC to make an informed decision.
- 6.4.5 In the event that at least half of the SSPC members do not receive the agenda and papers for the meeting as set out above, the SSPC Chair must consider whether or not the SSPC would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the SSPC Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.4.6 In the case of a meeting called by SSPC members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

#### Notifying the public and others

- 6.4.7 Except for meetings called in accordance with Shared Services Standing Order 6.4, at least 10 calendar days before each meeting of the SSPC a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- at the SSPC's principal sites;
  - on the SSPC's website, together with the papers supporting the public part of the agenda; as well as



- through other methods of communication as set out in the SSPC's communication strategy.

6.4.8 When providing notification of the forthcoming meeting, the SSPC shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g. as Braille, large print, easy read, etc.

## **6.5 Conducting Shared Services Partnership Committee Meetings**

### *Admission of the public, the press and other observers*

6.5.1 The SSPC shall encourage attendance at its formal SSPC meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the SSPC. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility such as an induction loop system.

6.5.2 The SSPC shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g. business that relates to a confidential matter affecting a Shared Services officer, a patient or a procurement contract. In such cases the Chair (advised by the Head of Finance and Business Improvement where appropriate) shall Annexe these issues accordingly and requires that any observers withdraw from the meeting. In doing so, the SSPC shall resolve:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

6.5.3 In these circumstances, when the SSPC is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the SSPC in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a SSPC meeting held in public session.

6.5.4 The Head of Finance and Business Improvement, on behalf of the SSPC Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

- 6.5.5 In encouraging entry to formal SSPC meetings from members of the public and others, the SSPC shall make clear that attendees are welcomed as observers. The SSPC Chair shall take all necessary steps to ensure that the SSPC's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting. In doing so, the SSPC shall resolve:

*"That in the interests of public order the meeting adjourn for (the period to be specified) to enable the SSPC to reconvene the meeting and to complete business without the presence of the public".*

- 6.5.6 Unless the SSPC has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

#### Addressing the SSPC, its Sub-Committees, Expert Panel or Advisory Groups

- 6.5.7 The SSPC shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the SSPC, its Sub-Committees, expert panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the SSPC will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the SSPC (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

#### Chairing SSPC Meetings

- 6.5.8 The Chair of the SSPC will preside at any meeting of the SSPC unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and Vice-Chair are absent then no formal business shall take place.
- 6.5.9 The Chair must ensure that the meeting is handled in a manner that enables the SSPC to reach effective decisions on the matters before it. This includes ensuring that SSPC members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the SSPC must have access to appropriate advice on the conduct of the meeting through the attendance of the Head of Finance and Business Improvement. The Chair has the final say on any matter relating to the conduct of SSPC business.

### Quorum

- 6.5.10 At least 6 voting members, at least 4 of whom are HB, Trust or Special Health Authority Chief Executives (or their nominated representatives) and one is either the Chair or the Vice Chair, must be present to allow any formal business to take place at a Shared Services Committee meeting. If the Managing Director of Shared Services is not present, then no formal business should be transacted unless there is in attendance a properly authorised deputy for the Managing Director.
- 6.5.11 If a HB, Trust or Special Health Authority Chief Executive (or their nominated representative) or the Managing Director of Shared Services is unable to attend a SSPC meeting, then a nominated deputy may attend in their absence which should be an Executive Director of the same organisation and will formally contribute to the quorum and have delegated voting rights, provided that the Chair has agreed the nomination before the meeting.
- 6.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e. any decisions to be made. Any SSPC member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

### Dealing with Motions

- 6.5.13 In the normal course of SSPC business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a SSPC member may put forward a motion proposing that a formal review of that service area is undertaken. The Board Secretary support role will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the SSPC unless moved by a SSPC member and seconded by another SSPC member (including the SSPC Chair).
- 6.5.14 **Proposing a formal notice of Motion** – Any SSPC member wishing to propose a motion must notify the SSPC Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the

urgency are clearly set out. Where sufficient notice has been provided, and the SSPC Chair has determined that the proposed motion is relevant to the SSPC's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the SSPC Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.5.15 The SSPC Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of SSPC business.

6.5.16 **Amendments** - Any SSPC member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the SSPC alongside the motion.

6.5.17 If there are a number of proposed amendments to the Motion, each amendment will be considered in turn, and if passed, the amended Motion becomes the basis on which the further amendments are considered, i.e. the substantive motion.

6.5.18 **Motions under discussion** – When a motion is under discussion, any SSPC member may propose that:

- the motion be amended;
- the meeting should be adjourned;
- the discussion should be adjourned and the meeting proceed to the next item of business;
- a SSPC member may not be heard further;
- the SSPC decides upon the motion before them;
- an ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.5.19 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.5.20 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconded and the SSPC Chair.

6.5.21 **Motion to rescind a resolution** – The SSPC may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six (6) calendar

months unless the motion is supported by the (simple) majority of SSPC members.

- 6.5.22 A motion that has been decided upon by the SSPC cannot be proposed again within six months except by the SSPC Chair, unless the motion relates to the receipt of a report or the recommendations of a Sub-Committee/Managing Director of Shared Services to which a matter has been referred.

### Voting

- 6.5.23 The SSPC Chair will determine whether SSPC members' decisions should be expressed orally, through a show of hands, or by secret ballot or by recorded vote. The SSPC Chair must require a secret ballot if the majority of voting SSPC members request it. Where voting on any question is conducted, a record shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the minutes shall record the name of the individual and the way in which they voted.
- 6.5.24 In determining every question at a meeting, the SSPC members must take account, where relevant, of the views expressed and representations made by individuals who represent the interests of citizens in Wales. Such views may be presented to the SSPC through the Chairs of any Expert Panel, Advisory Group and/or the Community Health Council representative(s).
- 6.5.25 Except for decisions related to the overall funding contribution from each of the HBs, Trusts or Special Health Authority, the SSPC will make decisions subject to a 2/3 majority of voting. In no circumstances may an absent SSPC member (or their nominated deputy) vote by proxy. Absence is defined as being absent at the time of the vote.

## **6.6 Record of Proceedings**

- 6.6.1 A record of the proceedings of formal SSPC meetings (and any other meetings of the SSPC where the SSPC members determine) shall be drawn up as 'minutes'. These minutes shall include a record of SSPC member attendance (including the SSPC Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the SSPC, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.
- 6.6.2 Agreed minutes shall be circulated in accordance with SSPC members' wishes, and, where providing a record of a formal SSPC meeting shall be made available to the public on the Shared Services website and in hard

copy or other accessible format on request, in accordance with any legislative requirements, e.g. Data Protection Act, the SSPC's Communication Strategy and Velindre's Welsh Language Scheme.

## **6.7 Confidentiality**

- 6.7.1 All SSPC members, together with members of any Sub-Committee, Expert Panel or Advisory Group established by or on behalf of the SSPC and SSPC members and/or HB/Trust/Special Health Authority officials must respect the confidentiality of all matters considered by the SSPC in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the SSPC Chair or relevant Sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g. in contracts of employment, within the Values and Standards of Behaviour Framework or legislation such as the Freedom of Information Act (2000), etc.

## **7 VALUES AND STANDARDS OF BEHAVIOUR**

The SSPC must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour Framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the SSPC, including SSPC members, Velindre Shared Services officers and others, as appropriate. The Framework adopted by the SSPC will form part of these SOs.

### **7.1 Declaring and Recording Shared Services Partnership Committee Members' Interests**

- 7.1.1 **Declaration of interests** – It is a requirement that all SSPC members should declare any personal or business interests they may have which may affect, or be perceived to affect, the conduct of their role as a SSPC member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the SSPC's business. SSPC members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. SSPC members must notify the SSPC of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as SSPC members.
- 7.1.2 SSPC members must also declare any interests held by family members or persons or bodies with which they are connected. The Head of Finance and Business Improvement will provide advice to the SSPC Chair and the SSPC on what should be considered as an 'interest', taking



account of the regulatory requirements and any further guidance, e.g. the Values and Standards of Behaviour framework. If individual SSPC members are in any doubt about what may be considered as an interest, they should seek advice from the Head of Finance and Business Improvement. However, the onus regarding declaration will reside with the individual SSPC member.

**7.1.3 Register of interests** – The Managing Director of Shared Services, through the Head of Finance and Business Improvement will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all SSPC members. The register will include details of all Directorships and other relevant and material interests which have been declared by SSPC members.

**7.1.4** The register will be held by the Head of Finance and Business Improvement, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by SSPC members. The Head of Finance and Business Improvement will also arrange an annual review of the register, through which SSPC members will be required to confirm the accuracy and completeness of the register relating to their own interests.

**7.1.5** In line with the SSPC's commitment to openness and transparency, the Head of Finance and Business Improvement must take reasonable steps to ensure that citizens served by the SSPC are made aware of, and have access to view the Register of Interests. This will include publication on the Shared Services website.

**7.1.6 Publication of declared interests in Annual Report** – SSPC members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each Shared Services' Annual Report. For clarification, this will be included within Velindre University NHS Trust's Annual Report, as there is no requirement for Shared Services to prepare the same.

## **7.2 Dealing with Members' interests during Shared Services Partnership Committee meetings**

**7.2.1** The SSPC Chair, advised by the Head of Finance and Business Improvement, must ensure that the SSPC's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual board members must demonstrate, through their actions, that their contribution to the SSPC's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the SSPC



and as a member of the Board of an HB, Trust or Special Health Authority.

- 7.2.2 Where individual SSPC members identify an interest in relation to any aspect of SSPC business set out in the SSPC's meeting agenda, that member must declare an interest at the start of the SSPC meeting. SSPC members should seek advice from the SSPC Chair, through the Head of Finance and Business Improvement before the start of the SSPC meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the SSPCs minutes.
- 7.2.3 It is the responsibility of the SSPC Chair, on behalf of the SSPC, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:
- i the declaration is formally noted and recorded, but that the SSPC member should participate fully in the SSPC's discussion and decision, including voting.
  - ii the declaration is formally noted and recorded, and the SSPC member participates fully in the SSPC's discussion, but takes no part in the SSPC's decision;
  - iii the declaration is formally noted and recorded, and the SSPC member takes no part in the SSPC discussion or decision;
  - iv the declaration is formally noted and recorded, and the SSPC member is excluded for that part of the meeting when the matter is being discussed. A SSPC member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the SSPC.
- 7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a SSPC member is compatible with an identified conflict of interest.
- 7.2.5 Where the SSPC Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the SSPC.
- 7.2.6 In all cases the decision of the SSPC Chair (or the Vice Chair in the case of an interest declared by the Shared Services Committee Chair) is binding on all SSPC members. The SSPC Chair should take advice from the Head of Finance and Business Improvement when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

**7.2.7 Members with pecuniary (financial) interests** – Where a SSPC member, or any person they are connected with<sup>1</sup> has any direct or indirect pecuniary interest in any matter being considered by the SSPC including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The SSPC may determine that the SSPC member concerned shall be excluded from that part of the meeting.

**7.2.8** The Membership Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. These Shared services SOs must be interpreted in accordance with these definitions.

**7.2.9 Members with Professional Interests** – During the conduct of a SSPC meeting, an individual SSPC member may establish a clear conflict of interest between their role as a SSPC member and that of their professional role outside of the SSPC. In any such circumstance, the SSPC shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Head of Finance and Business Improvement.

### **7.3 Dealing with Officers’ Interests**

**7.3.1** The SSPC must ensure that the Head of Finance and Business Improvement, on behalf of the Managing Director of Shared Services, establishes and maintains a system for the declaration, recording and handling of Shared Services officers’ interests in accordance with the Values and Standards of Behaviour Framework.

### **7.4 Reviewing How Interests are Handled**

**7.4.1** The SSPC’s Audit Committee will review and report to the HBs, Trusts and Special Health Authority upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

### **7.5 Dealing with Offers of Gifts<sup>2</sup> and Hospitality**

**7.5.1** The Committee will adopt the Values and Standards of Behaviour Framework Policy of Velindre NHS Trust, which prohibits SSPC members and Shared Services officers from receiving gifts, hospitality or benefits in

---

<sup>1</sup> In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other

<sup>2</sup> The term gift refers also to any reward or benefit

kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any SSPC member or Shared Services officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a SSPC member or Shared Services officer. Compliance with the Velindre NHS Trust Values and Standards of Behaviour Framework is mandatory for all Trust employees.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Head of Finance and Business Improvement as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case, accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the SSPC;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g. diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, sporting, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the SSPC; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or

negotiations and it must always be declined.

- 7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

## **7.6 Register of Gifts and Hospitality**

- 7.6.1 The Head of Finance and Business Improvement, on behalf of the SSPC Chair, will maintain a Register of Gifts and Hospitality to record offers of gifts and hospitality made to SSPC members. Shared Services Director of Finance and Corporate Services together with Heads of Service, will adopt the Velindre University NHS Trust Policy on Gifts and Hospitality in relation to Shared Services officers working within their areas.
- 7.6.2 Every SSPC member and Shared Services officer has a personal responsibility to volunteer information in relation to offers of gifts and hospitality made in their capacity as SSPC members, including those offers that have been refused. The Head of Finance and Business Improvement, on behalf of the SSPC Chair and Managing Director of Shared Services, will ensure the incidence and patterns of offers and receipt of gifts and hospitality is kept under active review, taking appropriate action where necessary.
- 7.6.3 When determining what should be included in the register, Shared Services Officers must apply the principles as set out in the Velindre University NHS Trust Policy on gifts and hospitality.
- 7.6.4 SSPC members and Shared Services officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:
- acceptance would further the aims of the SSPC;
  - the level of hospitality is reasonable in the circumstances;
  - it has been openly offered; and,
  - it could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.
- 7.6.5 The Head of Finance and Business Improvement will arrange for a full report of all offers of Gifts and Hospitality recorded by the SSPC to be submitted to Velindre's Audit Committee at least annually. The Audit Committee will then review and report to the SSPC and the Velindre Board upon the adequacy of the SSPCs arrangements for dealing with offers of gifts and hospitality.

- 7.6.6 Detailed arrangements for the handling of gifts and hospitality are set out within the Velindre University NHS Trust Values and Standards of Behaviour framework and its policy on Gifts and Hospitality.

## **8 SIGNING AND SEALING DOCUMENTS**

The Common Seal of NWSSP's host is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board.

Where the Velindre Board has decided that a NWSSP document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised Independent Member) and the Chief Executive (or another authorised individual) both of whom witness the seal.

### **8.1 Register of Sealing**

- 8.1.1 The Head of Finance and Business Improvement shall keep a register that records the sealing of every NWSSP document. Each entry must be signed by the person who approved and authorised the document and who witnessed the seal. A report of all sealing shall be presented to the SSPC at least biennially.

### **8.2 Signature of Documents**

- 8.2.1 Where a signature is required for any document connected with legal proceedings involving the NWSSP, it shall normally be signed by the Managing Director, except where the SSPC has been otherwise directed to allow or require another person to provide a signature.
- 8.2.2 The Managing Director or nominated officers may be authorised by the SSPC to sign on behalf of the NWSSP any agreement or other document (not required to be executed as a deed) where the subject matter has been approved by the SSPC.

### **8.3 Custody of Seal**

- 8.3.1 The Common Seal of NWSSP's host is kept securely by the Board Secretary at Velindre University NHS Trust.

## **9 GAINING ASSURANCE ON THE CONDUCT OF SHARED SERVICES PARTNERSHIP COMMITTEE BUSINESS**

The SSPC shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to Velindre on the conduct of SSPC business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

The SSPC shall ensure that its assurance arrangements are operating effectively, advised by Velindre's Audit Committee.

### **9.1 The role of Internal Audit in Providing Independent Internal assurance**

9.1.1 The SSPC shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

9.1.2 The SSPC shall set out the relationship between the Head of Internal Audit (HIA), the Audit Committee (or equivalent) and the SSPC. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Audit Committee facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the SSPC on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

### **9.2 Reviewing the performance of the Shared Services Partnership Committee, its sub- Committees, Expert Panel and Advisory Groups**

9.2.1 The SSPC shall introduce a process of regular and rigorous self assessment and evaluation of its own operations and performance and that of its Sub-Committees, Expert Panel and any other Advisory Groups. Where appropriate, the SSPC may determine that such evaluation may be independently facilitated.

9.2.2 Each Sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the SSPC through the Chair within 1 month of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

9.2.3 The SSPC shall use the information from this evaluation activity to inform:

- the ongoing development of its governance arrangements, including its structures and processes;
- its Committee Development Programme, as part of an overall Organisation Development framework; and
- inform its Partners through its annual report of its alignment with the Assembly Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

### **9.3 External Assurance**

9.3.1 The SSPC shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on its operations, e.g. the Wales Audit Office and Healthcare Inspectorate Wales.

9.3.2 The SSPC may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the SSPC itself may commission specifically for that purpose.

9.3.3 The SSPC shall keep under review and ensure that, where appropriate, the SSPC implements any recommendations relevant to its business made by the National Assembly for Wales Commission Audit and Risk Assurance Committee, the Public Accounts Committee or other appropriate bodies.

9.3.4 The SSPC shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities under section 145 of and paragraph 17 to Annexe 8 to the Government of Wales Act 2006 (C.42).



## **10 DEMONSTRATING ACCOUNTABILITY**

10.1.1 Taking account of the arrangements set out within these Shared Services SOs, the SSPC shall demonstrate to its Partners, citizens and other stakeholders and to Velindre, as host, a clear framework of accountability within which it:

- conducts its business internally;
- works collaboratively with NHS colleagues, Partners, service providers and others; and
- responds to the views and representations made by those who represent the interests of the citizens it serves and its own Shared Services officers.

10.1.2 The SSPC shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an annual report.

10.1.3 The SSPC shall also facilitate effective scrutiny of NWSSP's operations through the publication of regular reports on activity and performance, including publication of an Annual Review document providing a summary of annual performance.

10.1.4 The SSPC shall ensure that within the Shared Services staff, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

## **11 SUPPORT FOR THE SHARED SERVICES PARTNERSHIP COMMITTEE**

11.1.1 The Head of Finance and Business Improvement, on behalf of the SSPC Chair, will ensure that the SSPC is properly equipped to carry out its role by:

- overseeing the process of nomination and appointment to the SSPC;
- co-ordinating and facilitating appropriate induction and organisational development activity;
- ensuring the provision of governance advice and support to the SSPC Chair on the conduct of its business and its relationship with its Partners, Velindre, as the host and others;
- ensuring the provision of secretariat support for SSPC meetings;
- ensuring that the SSPC receives the information it needs on a timely basis;
- ensuring strong links to communities/groups;

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

- ensuring an effective relationship between the SSPC and Velindre as its host;
- facilitating effective reporting to each HB, Trust and Special Health Authority;

thereby enabling each HB, Trust and Special Health Authority's Board to gain assurance on the conduct of business carried out by SSPC on their behalf.

## **12 REVIEW OF STANDING ORDERS**

12.1.1 These Shared Services SOs shall be reviewed annually by the SSPC, which shall report any proposed amendments to the Velindre Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in Shared Services SOs, including the Equality Impact Assessment.

**MODEL SCHEME OF RESERVATION  
AND DELEGATION OF POWERS**

**This Annexe forms part of, and shall have effect as if incorporated in the  
Shared Services Partnership Committee Standing Orders**

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

## **MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS**

As set out in Standing Order 2, the SSPC - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the NWSSP may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The SSPC may delegate functions to:

- i A Committee, e.g., Audit Committee;
- ii A sub-Committee,
- iii A joint-Committee or joint sub-Committee, e.g., with other HBs established to take forward matters relating to specialist services; and
- iv Officers of NWSSP (who may, subject to the SSPC'S authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the SSPC is notified of any matters that may affect the operation and/or reputation of NWSSP.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Annexe of matters reserved to SSPC;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officer.

all of which form part of the SSPC's SOs

## **DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES**

The SSPC will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the SSPC unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs
- The SSPC must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The SSPC must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The SSPC must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the SSPC retains the right to decide upon any matter for which it has responsibility, even if that matter has been delegated to others
- The SSPC may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the SSPC will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

## **HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT**

### **The Shared Services Partnership Committee (SSPC)**

The SSPC will formally agree, review and, where appropriate revise Annexes of reservation and delegation of powers in accordance with the guiding principles set out earlier.

### **The Managing Director**

The Managing Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The SSPC must formally agree this scheme.

In preparing the scheme of delegation to officers, the Managing Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive,
- NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Managing Director may re-assume any of the powers they have delegated to others at any time.

### **Board Secretary Governance Support/The Head of Finance and Business Improvement**

The Board Secretary Governance Support/the Head of Finance and Business Improvement will support the SSPC in its handling of reservations and delegations by ensuring that:

- A proposed Annexe of matters reserved for decision by the SSPC is presented to the SSPC for its formal agreement;
- Effective arrangements are in place for the delegation of NWSSP's functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the SSPC, Audit Committee and Velindre Board for revision and approval, as appropriate.

## **The Velindre University NHS Trust Audit Committee for NWSSP**

The Velindre University NHS Trust Audit Committee for NWSSP will provide assurance to the SSPC and Velindre University NHS Trust Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Velindre University NHS Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary providing Governance Support to the SSPC of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the SSPC has set out alternative arrangements.



## **SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS**

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within NWSSP. The Scheme is to be used in conjunction with the system of control and other established procedures within NWSSP.

## SECTION 1

### ANNEXE OF MATTERS RESERVED TO THE SSPC<sup>3</sup>

| SSPC |      | AREA                   | DECISIONS RESERVED TO THE SSPC  |
|------|------|------------------------|---|
| 1    | FULL | GENERAL                | The SSPC may determine any matter for which it has statutory or delegated authority, in accordance with NWSSP SOs   |
| 2    | FULL | GENERAL                | The SSPC must determine any matter that will be reserved to the whole SSPC in accordance with statutory and Welsh Government guidance.  |
| 3    | FULL | OPERATING ARRANGEMENTS | Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the SSPC, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges   |
| 4    | FULL | OPERATING ARRANGEMENTS | Approve, vary and amend: <ul style="list-style-type: none"><li>▪ NWSSP SOs ;</li><li>▪ NWSSP SFIs;</li><li>▪ Annexe of matters reserved to the SSPC;</li><li>▪ Scheme of delegation to SSPC others; and</li><li>▪ Scheme of delegation to officers.</li></ul> In accordance with any directions set by the Welsh Ministers. |

<sup>3</sup> Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements

|    |      |                                   |  |
|----|------|-----------------------------------|--|
| 5  | FULL | OPERATING ARRANGEMENTS            | Approve the SSPC Values and Standards of Behaviour framework, including NWSSP's mission statement.   |
| 6  | FULL | OPERATING ARRANGEMENTS            | Approve the SSPC framework for performance management, risk and assurance  |
| 7  | FULL | OPERATING ARRANGEMENTS            | Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the SSPC determines it so based upon its contribution/impact on the achievement of the SSPC's aims, objectives and priorities |
| 8  | FULL | OPERATING ARRANGEMENTS            | Ratify any urgent decisions taken by the Chair and the Managing Director in accordance with NWSSP Standing Order requirements  |
| 9  | FULL | OPERATING ARRANGEMENTS            | Ratify in public session any instances of failure to comply with NWSSP SOs   |
| 10 | FULL | OPERATING ARRANGEMENTS            | Approve procedures for dealing with complaints and incidents.  |
| 11 | FULL | OPERATING ARRANGEMENTS            | Approve individual compensation payments in line with NWSSP SFIs   |
| 12 | FULL | OPERATING ARRANGEMENTS            | Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Managing Director and officers  |
| 13 | FULL | OPERATING ARRANGEMENTS            | Approve proposals for action on litigation on behalf of the NWSSP  |
| 14 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the appointment, appraisal, discipline and dismissal of the Management Team and any other SMT level appointments, e.g., the Committee Secretary  |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

|    |      |   |  |
|----|------|---|--|
| 15 | FULL | ORGANISATION<br>STRUCTURE &<br>STAFFING | Require, receive and determine action in response to the declaration of NWSSP members' interests, in accordance with advice received, e.g. From Audit Committee    |
| 14 | FULL | ORGANISATION<br>STRUCTURE &<br>STAFFING | Approve, [arrange the] review, and revise the NWSSP's top level organisation structure and SSPC policies   |
| 15 | FULL | ORGANISATION<br>STRUCTURE &<br>STAFFING | Appoint, [arrange the] review, revise and dismiss SSPC sub-Committees, including any joint sub-Committees directly accountable to the SSPC                         |
| 16 | FULL | ORGANISATION<br>STRUCTURE &<br>STAFFING | Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the SSPC                 |
| 17 | FULL | ORGANISATION<br>STRUCTURE &<br>STAFFING | Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the SSPC on outside bodies and groups                                    |
| 18 | FULL | ORGANISATION<br>STRUCTURE &<br>STAFFING | Approve the terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the SSPC                           |
| 19 | FULL | STRATEGY &<br>PLANNING                  | Determine the SSPCs strategic aims, objectives and priorities  |
| 20 | FULL | STRATEGY &<br>PLANNING                  | Approve the SSPCs Integrated Medium Term Plan, including the balanced Medium Term Financial Plan   |
| 21 | FULL | STRATEGY &<br>PLANNING                  | Approve the SSPCs Risk Management Strategy, including risk appetite, risk tolerance levels and treatment plans and managing risks in relation to public confidence |
| 22 | FULL | STRATEGY &<br>PLANNING                  | Approve the SSPCs citizen engagement and involvement strategy, including communication   |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

|    |      |                         |  |
|----|------|-------------------------|--|
| 23 | FULL | STRATEGY & PLANNING     | Approve the SSPCs Committee's partnership and stakeholder engagement and involvement strategies  |
| 24 | FULL | STRATEGY & PLANNING     | <p>Approve NWSSP's key strategies and programmes related to:</p> <ul style="list-style-type: none"> <li>▪ Workforce and Organisational Development</li> <li>▪ Infrastructure, including IM &amp;T, Estates and Capital (including major capital investment and disposal plans)</li> <li>▪ Primary Care</li> <li>▪ Communications &amp; Engagement</li> </ul> |
| 25 | FULL | STRATEGY & PLANNING     | Approve the SSPCs budget and financial framework (including overall distribution of year end surplus/deficits including risk sharing agreements)   |
| 26 | FULL | STRATEGY & PLANNING     | Approve individual contracts (other than NHS contracts) above the limit delegated to the Managing Director set out in the NWSSP SFIs   |
| 27 | FULL | PERFORMANCE & ASSURANCE | Approve the SSPCs audit and assurance arrangements   |
| 28 | FULL | PERFORMANCE & ASSURANCE | Receive reports from the SSPCs NWSSP Directors on progress and performance in the delivery of the SSPCs strategic aims, objectives and priorities and approve action required, including improvement plans   |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

|    |      |                         |   |
|----|------|-------------------------|---|
| 29 | FULL | PERFORMANCE & ASSURANCE | Receive assurance reports from the SSPCs sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans  |
| 30 | FULL | PERFORMANCE & ASSURANCE | Receive reports on the SSPC's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc) that raise issue or concerns impacting on the NWSSP's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of SSPC sub-Committees (as appropriate) |
| 31 | FULL | PERFORMANCE & ASSURANCE | Receive the annual opinion of the SSPCs Head of Internal Audit and approve action required, including improvement plans   |
| 32 | FULL | PERFORMANCE & ASSURANCE | Receive the annual management letter from the SSPC's external auditor and approve action required, including improvement plans  |
| 33 | FULL | PERFORMANCE & ASSURANCE | Receive the annual opinion on the SSPC's performance against the Health and Care Standards for Wales and approve action required, including improvement plans   |
| 34 | FULL | PERFORMANCE & ASSURANCE | Approval of the Risk and Assurance Framework  |
| 35 | FULL | REPORTING               | Approve the SSPC's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government   |
| 36 | FULL | REPORTING               | Receive, approve and ensure the publication of SSPC reports, including its Annual Report  |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

## SECTION 2

### ANNEXE OF DELEGATION OF POWERS TO COMMITTEES AND OTHERS

Under Standing Order Section 2 it provides that the SSPC may delegate powers to SSPC Committees, Sub Committees and others. In doing so, the SSPC has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees;
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others;

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

Subject to Clauses within the Trust Standing Orders and to such directions as may be given by the Welsh Government, the SSPC may appoint ad hoc committees of the NWSSP whose membership can be wholly or partly of the Chairman and Directors of the NWSSP or persons who are not Directors of the NWSSP.

A committee appointed under this regulation may subject to such directions as may be given by the Welsh Government or the SSPC appoint ad hoc Sub-Committees consisting wholly or partly of members of the committee (whether or not they are Directors of NWSSP) or wholly of persons who are not members of the committee (whether or not they include Directors of the NWSSP).

The Standing Orders, with appropriate alterations, apply to a committee or Sub-Committee and to a committee or Sub-Committee as they apply to the SSPC and apply to a member of such committee or subcommittee (whether or not (s)he is a Director of the NWSSP) as it applies to a Director of the NWSSP.

The SSPC may make, vary and revoke Standing Orders relating to the quorum, proceedings and place of meetings of a committee or Sub-Committee but, this shall be carried out in accordance with the identified procedures laid down for these changes as outlined in these Standing Orders.

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders



The scope of the powers delegated, together with the requirements set by the SSPC in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the SSPC's Scheme of Delegation to Committees.

The SSPC has delegated a range of its powers to the following sub-Committees and others:

- Welsh Risk Pool Committee
- Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

Summary of matters delegated to Sub- Committees:

| <b>Sub-Committee: Welsh Risk Pool Committee</b>  |
|--|
| <b>Delegated Matters:</b>  |
| The Sub-Committee will: <ol style="list-style-type: none"><li>1. To approve the payment and reimbursement of claims and impose penalties in accordance with the WRPS Claims Reimbursement Procedure.</li><li>2. To enact the risk sharing arrangements as agreed by the NWSSP.</li><li>3. To receive and consider the annual statements of account.</li><li>4. To receive and consider the annual assessment reports and to approve recommendations for any necessary action.</li><li>5. To receive and consider the outcome of claims reviews and to approve recommendations for any necessary action.</li><li>6. To agree on a communication strategy across NHS Wales to ensure that learning from events is captured and communicated appropriately.</li><li>7. To consider advice and guidance on matters of indemnity which are novel, contentious or expose NHS Wales to significant risk.</li><li>8. To request claims reviews where the WRPC considers appropriate in order that lessons can be learnt on an All Wales basis.</li><li>9. To ensure that arrangements are in place to enable the reporting of key issues and trends via the National Quality and Safety Forum.</li></ol> |

**Sub-Committee: Velindre University NHS Trust Audit Committee for NWSSP****Delegated Matters:**

The Committee will:

1. Approve any variation to, review annually and monitor compliance with Standing orders and Standing Financial Instructions.
2. Review and report to the SSPC upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.
3. Receive a full report of all offers of Gifts and Hospitality recorded by the NWSSP and review the adequacy of NWSSP's arrangements for dealing with offers of gifts and hospitality.
4. Advise the Velindre Board on the adequacy that its assurance arrangements are operating effectively.
5. Review and approve Internal Audit Strategy, Charter, operational plan, programme of work.
6. Review effectiveness of internal audit.
7. Review policies and procedures in respect of fraud and bribery set out in the Welsh Government Directions and to receive the Counter Fraud Annual Report and Plan.
8. Approve write off of losses or making of special payments within delegated limits determined by the Welsh Ministers.
9. Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities.
10. Review the assurance gained through the development of a Risk and Assurance Framework and to consider gaps in control and gaps in assurance and report results to the Board.
11. Review the adequacy of all risk and control related disclosure statements, including the Annual Governance Statement.
12. Receive quarterly assurance of Post Payment Verification (PPV) reports.

The scope of the powers delegated, together with the requirements set by the SSPC in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the NWSSP's Scheme of Delegation to Committees.

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

## SECTION 3

### ANNEXE OF SCHEME OF DELEGATION TO NWSSP DIRECTORS AND OFFICERS

The SSPC SOs, alongside the Trust SOs and the SFIs specify certain key responsibilities of the Chief Executive Velindre University NHS Trust, the Managing Director of Shared Services, Directors, Heads of Service and other officers. The Chief Executive and Managing Director of Shared Services Job Descriptions, together with their Accountable Officer Memorandums set out their specific responsibilities, and the individual job descriptions determined for Directors and Heads of Service level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the Annexe of additional delegations below and the associated financial delegations set out in the Velindre Trust SFIs form the basis of the Scheme of Delegation to Officers.

#### Standing Orders – List of Delegated Matters

| S.O Ref                          | DELEGATED MATTER   | DELEGATED TO                             | OPERATIONAL RESPONSIBILITY  |
|----------------------------------|--|--|---|
| GENERAL                          |  |  |   |
|                                  | Non Compliance and variation of standing orders  | Head of Finance and Business Improvement | Board Secretary Support<br>(Director of Corporate Service & Governance/Board Secretary Support Cwm Taf UHB) |
|                                  | Final interpretation of Standing Orders  | Chair                                    |   |
|                                  | Responsibility for providing advice to the Board on all aspects of governance/committee services | Head of Finance and Business Improvement |   |
| CHAIR'S ACTION ON URGENT MATTERS |  |  |   |
| SO 2.1                           | Use of Chair's Action and onward reporting to  | Chair & Managing Director                | Board Secretary Support<br>(Director of Corporate Service   |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

|                               |   |                         |  |
|-------------------------------|---|-------------------------|--|
|                               |   |                         | & Governance/Board<br>Secretary Support Cwm Taf<br>UHB |
| <b>DELEGATION TO OFFICERS</b> |   |                         |  |
| SO 2.3.1                      | Compilation of Scheme of Delegation for functions delegated to Managing Director for consideration and approval by the SSPC                               | Managing Director       | Head of Finance and Business Improvement               |
| SO 2.3.1                      | Delegation of functions within Directorates/departments/localities in line with the framework established by the Managing Director and agreed by the SSPC | Directors               | Directors  |
| <b>WORKING IN PARTNERSHIP</b> |   |                         |  |
| SO 5.0.2                      | Identification and engagement with all key partners and regular review of effectiveness   | Chair                   | IMTP Lead  |
| <b>MEETINGS</b>               |   |                         |  |
| SO 6.2                        | Development of the Annual Plan of SSPC Business   | Chair/Managing Director | Head of Finance and Business Improvement               |
| SO 6.3                        | Call meetings of the SSPC   | Chair/Managing Director | Head of Finance and Business Improvement               |
| SO 6.4                        | Preparation of SSPC meetings  | Chair/Managing Director | Head of Finance and Business Improvement               |
| SO 6.5                        | Report decisions made & review NWSSP business conducted in private session  | Chair                   | Head of Finance and Business Improvement               |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

|  |  |                                       |  |
|--|--|---------------------------------------|--|
| SO 6.5                                   | Chair SSPC meetings & associated responsibilities  | Chair                                 | Head of Finance and Business Improvement   |
| SO 6.6                                   | A record of proceedings of SSPC meetings   | Chair (Vice Chair in Chair's absence) | Chair (Vice Chair in Chair's absence) / Head of Finance and Business Improvement |
| <b>VALUES AND STANDARDS OF BEHAVIOUR</b> |  |                                       |  |
| SO 7.1                                   | Establishment, maintenance and annual review of a Register of Interests declared by all SSPC members                                       | Managing Director                     | Head of Finance and Business Improvement   |
| SO 7.6                                   | Establishment, maintenance and annual review of a Register of Gifts and Hospitality in respect of SSPC business for all SSPC members       | Chair                                 | Head of Finance and Business Improvement   |
| SO 7.6                                   | Establishment maintenance and annual review of a Register of Gifts and Hospitality for NWSSP Officers                                      | Managing Director/Directors           | Head of Finance and Business Improvement   |
| <b>SIGNING AND SEALING DOCUMENTS</b>     |  |                                       |  |
| SO 8.1                                   | Establishment, maintenance and bi-annual reporting of a Register of Sealings undertaken by the Velindre NHS Trust Board for NWSSP business | Managing Director                     | Head of Finance and Business Improvement   |

This scheme only relates to matters delegated by the Velindre Board and the SSPC to the Managing Director and Directors, together with certain other specific matters referred to in SFIs. Each Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

### Annexe of Additional Delegations

| Delegated matter                                    | High level delegation  | Further Delegation Allowable? | Control Documents required to be in place prior to further delegation of matters                    |
|---|--|-------------------------------|---|
| Management of budgets                               | Managing Director of Shared Services / NWSSP Director of Finance | Yes                           | Financial delegations set out in Sections 4-6. Further delegations subject to authorisation matrix. |
| Management of cash and bank accounts                | Trust Director of Finance  | Yes                           | Authorisation matrix. Financial policies & procedures   |
| Approval of petty cash                              | NWSSP Directors / Heads of Service                               | Yes                           | Authorisation matrix. Financial policies & procedures   |
| Engagement of staff within funded establishment     | NWSSP Directors / Heads of Service                               | Yes                           | Authorisation matrix. HR policies & procedures  |
| Engagement of staff outside funded establishment    | Managing Director of Shared Services                             | Nominated deputy              | In absence of Director of Shared Services   |
| Staff re-grading and awarding of incremental points | NWSSP Director of W&OD   | Yes                           | Written authority to suitably qualified HR staff  |
| Approval of overtime                                | NWSSP Directors / Heads of Service                               | Yes                           | Authorisation matrix. HR policies & procedures  |
| Approval of annual leave                            | NWSSP Directors / Heads of Service                               | Yes                           | Authorisation matrix. HR policies & procedures  |
| Approval of compassionate leave                     | NWSSP Directors / Heads of Service                               | Yes                           | Authorisation matrix. HR policies & procedures  |
| Approval of maternity and paternity leave           | NWSSP Directors / Heads of Service                               | Yes                           | Authorisation matrix. HR policies & procedures  |
| Approval of carers leave                            | NWSSP Directors / Heads of Service                               | Yes                           | Authorisation matrix. HR policies & procedures  |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

|   |  |                  |   |
|---|--|------------------|---|
| Approval of leave without pay   | NWSSP Directors / Heads of Service                                 | Yes              | Authorisation matrix. HR policies & procedures  |
| Extension of sick leave on full or ½ pay <ul style="list-style-type: none"> <li>Directors</li> <li>Other staff</li> </ul> | Managing Director of Shared Services<br>NWSSP Directors            | No<br>Yes        | Authorisation matrix. HR policies & procedures  |
| Approval of study leave < £2k   | NWSSP Directors / Heads of Service                                 | Yes              | Authorisation matrix. HR policies & procedures  |
| Approval of study leave > £2k   | Managing Director<br>NWSSP/ NWSSP Director of W&OD                 | No               |   |
| Approval of relocation costs  | NWSSP Director of W&OD   | Yes              | Authorisation matrix. HR policies & procedures  |
| Approval of lease cars & phones <ul style="list-style-type: none"> <li>NWSSP Directors</li> <li>Other staff</li> </ul>    | Managing Director of Shared Services<br>NWSSP Directors            | No<br>No         |   |
| Approval of redundancy, early retirement and ill-health retirement  | Managing Director of Shared Services                               | Yes              | Authorisation matrix. HR policies & procedures  |
| Dismissal of staff  | Managing Director of Shared Services and<br>NWSSP Director of W&OD | Yes              | Authorisation matrix. HR policies & procedures  |
| Approval to procure goods and services within budget  | NWSSP Directors / Heads of Service                                 | Yes              | Standing financial instructions. Authorisation matrix. Procurement & finance policies & procedures. |
| Approval to procure goods and services outside of budget that would result in a budgetary overspend                       | Managing Director of Shared Services                               | Nominated deputy | In absence of the Director of Shared Services   |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019



|  |  |     |   |
|--|--|-----|---|
| Approval to commission services from other NHS bodies  | Managing Director of Shared Services                     | Yes | Authorisation matrix. Commissioning policies & procedures       |
| Approval to commission services from voluntary sector  | Managing Director of Shared Services                     | Yes | Authorisation matrix. Commissioning policies & procedures       |
| Approval to commission services from private and independent providers                         | Managing Director of Shared Services                     | Yes | Authorisation matrix. Commissioning policies & procedures       |
| Approval to enter into pooled budget arrangements under section 33 of the NHS (Wales) Act 2006 | Managing Director of Shared Services                     | Yes | Authorisation matrix. Commissioning policies & procedures       |
| Management and Control of Stocks   | NWSSP Director (Head of Procurement Services)/ NWSSP DoF | Yes | Authorisation matrix  |
| Work in relation to counter fraud and corruption   | Trust Director of Finance/ NWSSP DoF                     | Yes | Authorisation matrix Fraud & Corruption policies and procedures |
| Authorisation of sponsorship   | Managing Director of Shared Services                     | No  | Sponsorship policies & procedures                               |
| Approval of research projects  | Managing Director of Shared Services                     | Yes | Research policies & procedures                                  |
| Management of complaints   | NWSSP Director of Finance                                | No  | Complaints policies & procedures                                |
| Provision of information to the press, public and other external enquiries                     | NWSSP Directors / Trust Board Secretary                  | Yes | Communication policies & procedures                             |
| Approval for use of charitable funds   | Trust Chief Executive                                    | Yes | Authorisation matrix. Financial policies & procedures           |
| Approval to condemn and dispose of equipment   | NWSSP Directors / Heads of Service                       | Yes | Authorisation matrix. Disposal policies & procedures            |
| Approval of losses and compensation (except for personal effects)                              | Managing Director of Shared Services                     | No  | Within authorised limits set by WAG.                            |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

|   |   |                      |  |
|---|---|----------------------|--|
| Approval of compensation for staff and patients personal effects <ul style="list-style-type: none"> <li>Up to £1000</li> <li>£1,000 &gt; £10,000</li> <li>£10,000 &gt; £50,000</li> <li>Over £50,000</li> </ul> | Trust Small Claims Panel<br>Managing Director of Shared Services<br>Approval by WAG | No<br>No<br>No<br>No |  |
| Approval of clinical negligence and personal injury claims  | Trust Director of Nursing   | Yes                  | Authorisation matrix and within limits set by WAG.   |
| Approval of capital expenditure   | Managing Director of Shared Services / NWSSP<br>Director of Finance                 | Yes                  | High level delegation set out in Section 4.<br>Further delegations subject to authorisation matrix |
| Approval to engage external building and other professional contractors   | NWSSP Director of Finance   | Yes                  | Authorisation matrix. Capital policies & procedures.   |
| Approval to seek professional advice and ensure the implementation of any statutory and regulatory requirements   | Managing Director of Shared Services  | Yes                  | Financial delegations set out in Section 4.<br>Further delegations subject to authorisation matrix |
| The negotiation and agreement of service contracts / long term agreements   | Managing Director of Shared Service & NWSSP<br>Director of Finance                  | Yes                  | Further delegations (re: negotiation only – not agreement) to Heads of Service.                    |

This scheme only relates to matters delegated by the SSPC to the Managing Director of Shared Services and the NWSSP Directors and Heads of Service, together with certain other specific matters referred to in SFIs. Each NWSSP Director and Head of Service is responsible for delegation within their department. They shall produce a Scheme of Delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

## SECTION 4

### ANNEXE OF DELEGATION OF BUDGETARY RESPONSIBILITY

Section 5 of the Velindre University NHS Trust Standing Financial Instructions detail the requirements for Budgetary Control, including:

- 5.1 Budget Setting
- 5.2 Budgetary Delegation
- 5.3 Budgetary Control and Reporting

Paragraphs 5.2.1 to 5.2.4 detail the specific requirements on Budgetary Delegation. In line with 5.2.1 the Income and Expenditure budgetary responsibility for the NHS Wales Shared Services Partnership has been delegated to the Managing Director of Shared Services.

The Managing Director of Shared Services and other Shared Service Directors will, in turn, delegate budgetary responsibility to other Heads of Service and managers. The detailed Annexe of this second tier delegation will be reviewed, revised and reapproved on an annual basis by the Managing Director of Shared Services and the Senior Management Team as part of the annual Financial Strategy and Budget Setting process. Within the budgetary delegation there are delegated powers of budget virement:

- between Divisions must be approved by the Managing Director of Shared Services.
- between budgets within the same Division must be approved by the relevant Director / Heads of Service.
- between staff and non-staff within the same budget must be approved by the Budget Holder.

These delegated powers of virement, from the Managing Director of Shared Services to Heads of Service and Budget Holders, assume that the NWSSP is achieving its financial targets and can be revised, in year, by the Director of Shared Services in the light of adverse financial performance. Budget virements within Divisions can be authorised by the Head of Service and Director of Finance up to the limit of £60,000.

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

## SECTION 5

### NHS WALES SHARED SERVICES PARTNERSHIP SCHEME OF BUDGETARY DELEGATION

| Financial Limits<br>(All Values exclude VAT)   | Revenue  | Capital  | Charitable<br>Funds | Education & Training<br>Contracts |
|--|----------|----------|---------------------|-----------------------------------|
|  | £000     | £000     | £000                | £m                                |
| <b>Velindre - Corporate Services:</b>  |          |          |                     |                                   |
| Trust Board  | No Limit | No Limit | 0                   |                                   |
| Charitable Funds Committee   | 0        | 0        | No Limit            |                                   |
| <b>NWSSP (excluding all Wales Procurement Contracts):</b>  |          |          |                     |                                   |
| Managing Director/NWSSP Chairman   | 200      | 750*     | 0                   |                                   |
| Managing Director of Shared Services   | 100      | 100      | N/A                 | £5m                               |
| Director of Finance and Corporate Services   | 80       | 80       | N/A                 | £2m                               |
| Director of Workforce and OD   | 50       | 50       | N/A                 | N/A                               |
| Service Directors/Heads of Services (within own area)  | 25       | 0        | N/A                 | N/A                               |
| Service Directors/Heads of Service's Nominee (within Agreed area)  | 10       | 10       | N/A                 | N/A                               |
| Heads of Function (within own area)  | 7.5      | 7.5      | N/A                 | N/A                               |
| Head of Financial Sustainability and Improvement   | 10       | 10       | N/A                 | N/A                               |
| Head of Financial Management   | 10       | 10       | N/A                 | N/A                               |
| Delegated Budget Holders (within own area) Level 1   | 5        | 0        | N/A                 | N/A                               |
| Delegated Budget Holders (within own area) Level 2   | 1        | 0        | N/A                 | N/A                               |
| <b>Notes:</b>  |          |          |                     |                                   |
| <i>*Along with approval of Shared Services Partnership Committee</i>   |          |          |                     |                                   |
| Franking Machine and Secure Printing Contract within Primary Care Services has a higher limit for Service Directors/Head of Service this is 20k and for Head of Function it is £10k. |          |          |                     |                                   |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

## Welsh Infected Blood Support Services Limits

| Scheme Designation                         | Payments to Claimants |
|--|-----------------------|
| Managing Director/NWSSP Chairman           | Over £100k            |
| Managing Director                          | Up to £100k           |
| Director of Finance and Corporate Services | Up to £80k            |
| Head of Service                            | Up to £50k            |
| Head of Function                           | Up to £10k            |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Status: **DRAFT**  
January 2019

## Legal & Risks Services Limits

| Scheme Designation  | Reimbursement of claims following Advisory Board approval | WRP Managed Claims (Health Authority and Powys THB) |
|---|---|---|
| Managing Director of Shared Services/NWSSP Chairman   | Over £2m  | Over £2m  |
| Managing Director of Shared Services  | Up to £2m   | Up to £2m   |
| Director of Finance and Corporate Services  | Up to £1m   | Up to £1m   |
| Director - Legal and Risk Services  | Up to £500k   | Up to £500k   |
| Head of WRP Finance   | Up to £100k   | Up to £100k   |
| WRP Claims Support  |   | £20k  |
| <b>Note:</b>  |   |   |
| All reimbursement claims are reviewed by the Advisory Board prior to approval and claims above £1m are reviewed by Welsh Government prior to the Advisory Board. Claims above £2m will also be signed by the Managing Director of Shared Services and NWSSP Chairman. |   |   |
| <b>Periodical Payments:</b>   |   |   |
| Head of WRP Finance - authorises new periodical payment. Head of WRP Finance - authorises payment Annexes.  |   |   |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

## Procurement Services Limits

| <b>Scheme Designation</b>   | <b>*Contracts for and on behalf of NHS Wales</b> | <b>NWSSP Stock Requisitions and Invoices</b> | <b>** NWSSP Stock Write offs</b> |
|---|--|--|----------------------------------|
| Managing Director of Shared Services / NWSSP Chair (with Committee support)       | Over £1m   | Over £2m                                     | Over £50k                        |
| Managing Director of Shared Services  | Up to £1m  | Up to £100k                                  | Up to £50k                       |
| NWSSP Director of Finance and Corporate Services                                  | Up to £750k                                      | Up to £60k                                   | Up to £25k                       |
| Director of Procurement Services  | Up to £750k                                      | Up to £50k                                   | Up to £25k                       |
| Senior Manager Procurement Services (Logistics)                                   |  | Up to £25k                                   | Up to £10k                       |
| Regional Supply Chain Manager   |  |  | Up to £5k                        |
| Warehouse Manager (Bridgend/Denbigh) / Storage and Distribution Manager (Cwmbran) |  |  | Up to £1k                        |
| Assistant Warehouse Manager (Bridgend/Denbigh) / Shift Manager (Cwmbran)          |  |  | Up to £1k                        |

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders



## KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Annexe forms part of, and shall have effect as if incorporated in the Shared Services Partnership Committee Standing Orders**

### Shared Services Partnership Committee Framework

The SSPC's governance and accountability framework comprises these Shared Services SOs, incorporating Annexes of Powers reserved for the SSPC and Delegation to others, together with the following documents agreed by the SSPC.

These documents must be read in conjunction with the Shared Services SOs and will have the same effect as if the details within them were incorporated within the Shared Services SOs themselves.

- Standing Financial Instructions (SFIs)
- Values and Standards of Behaviour Framework
- Risk and Assurance Framework
- SSPC Annual Plan of Committee Business
- Welsh Language Scheme
- Complaints Management Protocol
- Annual Governance Statement
- Annual Review

These documents may be accessed by viewing NWSSP's website ([www.nwssp.wales.nhs.uk/opendoc/326169](http://www.nwssp.wales.nhs.uk/opendoc/326169)).

### NHS Wales Framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <http://www.wales.nhs.uk/governance-emanual/>. Directions or guidance on specific aspects of SSPC business are also issued in hard copy, usually under cover of a Ministerial Letter.

**SHARED SERVICES PARTNERSHIP COMMITTEE SUB-COMMITTEE  
ARRANGEMENTS**

**This Annexe forms part of, and shall have effect as if incorporated in the  
SSPC Standing Orders**

1. *Welsh Risk Pool Committee - Terms of Reference*
2. *Velindre University NHS Trust Audit Committee For NHS Wales Shared Service Partnership - Terms of Reference*

## **1. Welsh Risk Pool Committee Terms of Reference**

### **1. Background**

- 1.01 NHS Wales Shared Service Partnership (NWSSP) has responsibility for the administration of the Welsh Risk Pool Service including the management of the Welsh Risk Pool Budget.
- 1.02 The aim of the WRPS budget management is to align the financial governance relating to claims and Redress cases with the corporate and quality governance agenda.
- 1.03 The Welsh Risk Pool Services has responsibility for reimbursement of claims over £25,000 and reimbursement of permitted costs and damages arising from Redress cases. It is also required to have effective processes for ensuring that NHS Wales learns from events to limit the risk of recurrence and improve the quality and safety for both patients and staff.
- 1.04 In line with standing orders the Committee has resolved to establish a sub-committee to be known as the Welsh Risk Pool Committee (WRPC). The WRPC is a sub-committee of the NWSSP Committee and has no executive powers, other than those specifically delegated in these Terms of Reference.

### **2. Membership**

- 2.01 The membership of the WRPC shall be determined by the NWSSPC, taking account of the balance of skills and expertise necessary to deliver the WRPC's remit and subject to any specific requirements or directions made by the Welsh Government.
- 2.02 The WRPC comprises of representation from senior NHS professionals from Trusts, Local Health Boards, Legal & Risk Services and the Welsh Government. The membership includes:

Chairman: Chairman of NWSSP

Members: Managing Director, NWSSP  
Director Legal & Risk Services NWSSP  
Director of Finance & Corporate Services NWSSP  
Health Board or Trust Chair (1)  
Health Board or Trust Chief Executive (1)

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Health Board or Trust Medical Director (1)  
Health Board or Trust Director of Nursing (1)  
Health Board or Trust Director of Finance (1)  
Health Board Director of Therapies & Health Science (1)  
Health Board or Trust Chair Audit Committee Chair (1)  
Health Board or Trust Board Secretary (1)  
Welsh Government (2)

In attendance:

NWSSP – WRPS Head of Finance  
NWSSP - WRPS Head of Safety and Learning  
WRPS Operations Team  
WRPS Safety and Learning Team

- 2.03 Other individuals may be involved at the discretion of the Chairman (e.g. representatives from NSAGs as appropriate). The WRPC shall appoint a vice chairman from the agreed membership. The vice-chair shall deputise for the Chair in their absence for any reason.
- 2.04 In the event that a member of the WRPC is unable to attend a meeting he/she is required to seek a suitable person to attend on their behalf.

### **3. Dealing with Members' interests during meetings**

- 3.01 The Chair, advised by the Committee Secretariat, must ensure that the WRPC's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the WRPC's decision making is based upon the best interests of the NHS in Wales.
- 3.02 Where individual members identify an interest in relation to any aspect of business set out in the meeting agenda, that member must declare an interest at the start of the meeting. Members should seek advice from the Chair, through the Committee Secretariat before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the minutes. It is responsibility of the chair, on behalf of the Committee, to determine the action to be taken in response to the declaration of interest, this can include excluding the member, where they have a direct or indirect financial interest or participating fully in the discussion but taking no part in the WRPC decision.

## **Quorum**

- 4.01 A quorum shall be the Chairman or Vice Chair and at least 4 other representatives, 2 of which must be officer members of shared services and 2 of which must be NHS Trust or LHB representatives.

Repeated non-attendance will be reported to the NWSSP Committee.

## **4. Frequency of Meetings**

- 5.01 Meetings will be held at least 8 times per year, with additional meetings held if considered necessary.

## **5. Authority**

- 6.01 The Accountable Officer for NWSSP is authorised to carry out any activity within the terms of reference and the scheme of delegation. In the normal course of WRPC business items included on the agenda are subject to discussion and decisions based on consensus. Decisions made by the Accountable Officer against that recommended by the WRPC will be reported to the NWSSP Committee and the Velindre NHS Trust Audit Committee for Shared Services.

- 6.02 The WRPC may, establish sub groups or task and finish groups as appropriate to address specific issues and to carry out on its behalf specific aspects of business.

## **6. Responsibilities of the WRPC**

- 7.01 It is important that there is clarity between the role of the WRPC and that of the NWSSP Committee. The NWSSP Committee will have overall responsibility for overseeing the governance arrangements within WRPS and in support of this function the minutes of the WRPC will be forwarded for information and assurance including the highlighting of matters of significance.

- 7.02 The role of the WRPC is to:
- a. Receive assurance on the management of delegations for areas of responsibility detailed within this Terms of Reference and to report regularly to the Shared Services Partnership Committee on performance;
  - b. Undertake actions reserved specifically for the WRPC;
  - c. To provide advice and guidance to the NWSSP Accountable Officer on claims reimbursement decisions; and
  - d. To support and promote a learning culture within NHS Wales.

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

## **8. WRPS areas of responsibility**

8.01 The main areas of responsibility for which WRPS will be held to account by the WRPC are:

- To present key financial and performance information.
- To develop an effective and efficient process including technical notes for the receipt of claims and reimbursement of monies to NHS Wales.
- To ensure that there are effective processes for the forecasting of resource requirements over the short and medium term and that there is sufficient liquidity to meet obligations.
- To ensure that the transactions of the WRPS are fully recorded and that financial accounts are produced in accordance with the timetable set by the Welsh Government.
- To undertake regular assessments of the arrangements for the management of Concerns and Claims by NHS Wales.
- To undertake the assessments of high risk clinical areas as required by Chief Executives of NHS Wales Bodies.
- To develop processes for learning from events and cascading information to all NHS Wales Bodies including undertaking detailed reviews of claims and identifying trends arising from claims.
- To undertake project work as required by the WRPC.
- To develop a process for the scrutiny of claims and Redress cases presented to each WRPC to provide assurance across NHS Wales that appropriate action has been taken to reduce the risk of recurrence. This process should have regard for the number and complexity of claims being presented to ensure that sufficient consideration is given to issues arising.
- To develop an effective and efficient process for handling and responding to enquiries in relation to indemnity and reimbursement matters.

## **9. WRPC reserved matters**

- To approve the reimbursement of claims and Redress cases and impose penalties in accordance with the Reimbursement Procedures.
- To enact the risk sharing arrangements as agreed by the NWSSP.
- To receive and consider the annual statements of account.
- To receive and consider the annual assessment reports and to approve recommendations for any necessary action.
- To receive and consider the outcome of claims reviews and to approve recommendations for any necessary action.
- To agree on a communication strategy across NHS Wales to ensure

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

- that learning from events is captured and communicated appropriately.
- To consider advice and guidance on matters of indemnity which are novel, contentious or expose NHS Wales to significant risk.
- To request claims reviews where the WRPC considers appropriate in order that lessons can be learnt on an All Wales basis.
- To ensure that arrangements are in place to enable the reporting of key issues and trends via the National Quality and Safety Forum.

## **10. Support and promote a learning culture across NHS Wales**

- 10.1 The members of the WRPC will have collective responsibility for ensuring that the learning from events is formally considered and that a culture of improvement across NHS Wales is fostered. This will include providing advice and guidance at each meeting and where necessary taking action to address weaknesses identified, either at an individual organisational level or at a more strategic level.

## **11. Reporting Arrangements**

- 11.01 Minutes shall be taken at each meeting and circulated to all members of the WRPC and to the NWSSP Committee for information.
- 11.02 Risk sharing arrangements will be agreed by the NWSSP Committee.
- 11.03 Regular financial reports on the risk sharing forecasting will be considered by the Shared Services Committee and provide to Welsh Government as and when required.
- 11.04 Annual presentations will be made to the groups identified by the WRPC (e.g. Chief Executives, Directors of Finance, Directors of Nursing and Medical Directors).

## **12. Audit Arrangements**

- 12.01 The WRPS will be subject to audit by both internal and external auditors. The external auditors of Velindre NHS Trust will ensure that there is overall audit coverage of claims management across the NHS in Wales.

## **13. Associated documents**

- All Wales Policy on Indemnity and Insurance
- Scope of the Risk Pooling Arrangements
- WRPS Reimbursement Procedures



## 2. Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership - Terms of Reference

### 1. BACKGROUND

1.1 In May 2012, all Health Boards and Trusts approved the Standing Orders for Shared Services Partnership Committee. Section 4.0.3 of the Standing Orders states:

*“The SSPC shall establish a Sub-Committee structure that meets its own advisory and assurance needs and/or utilise Velindre’s Committee arrangements to assist in discharging its governance responsibilities.”*

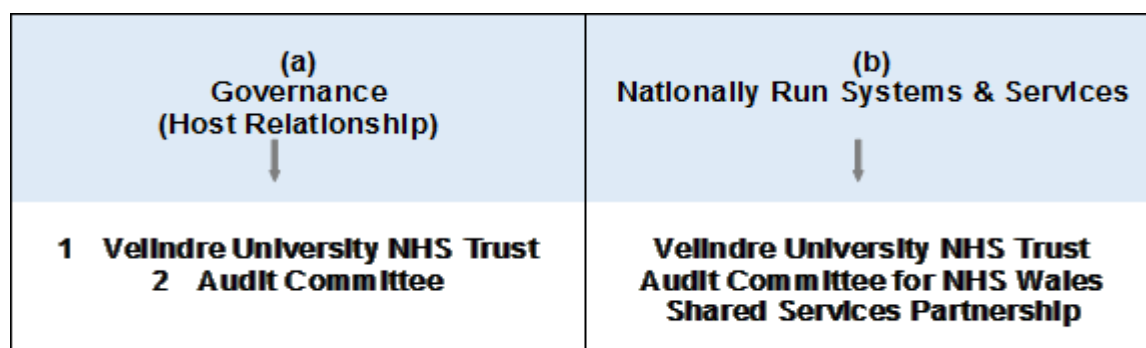
These Terms of Reference set out the arrangements for utilising the Velindre University NHS Trust Audit Committee to support the discharge of those relevant functions in relation to NHS Wales Shared Services Partnership (NWSSP).

### ORGANISATIONAL STRUCTURE

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

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

In 2012, it was agreed that the Velindre Audit Committee would be utilised to act on behalf of NWSSP Committee, that there would be a clear distinction between these two areas/functions and that they would be addressed separately under the Audit Committee arrangements. This ‘functional split’ allows for clear consideration of the issues relating specifically to the business of the nationally run systems and national services that are provided by NWSSP and avoids the boundaries between the governance considerations of the hosting relationship and the governance considerations of NWSSP being blurred. The functional split can be illustrated below:



Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

The governance and issues relating to the hosting of NWSSP dealt with in **(a)** will be incorporated into the standard business of the existing Velindre University NHS Trust Audit Committee, with a specific focus on alternating Trust Audit Committee business. The assurance for the business dealt with in **(a)** will be to the Velindre University NHS Trust Board. The Chair of NWSSP Audit Committee should receive copies of the meeting papers and will be invited to attend if there is anything on the agenda which has implications for the Shared Services Partnership Committee (SSPC).

Issues relating to NWSSP nationally run systems and services **(b)** will be fed into a separate Velindre University NHS Trust Audit Committee for NWSSP operating within its own work cycle. The assurance for the business dealt with in **(b)** will be to NWSSP Chair and the NWSSP Audit Committee, via the communication routes, detailed below.

The arrangements for **(a)** above, will not be considered further within these Terms of Reference, as it is for Velindre University NHS Trust Audit Committee to determine the relevant assurance required in relation to the host relationship.

This document goes on to outline the Terms of Reference for **(b)**, above.

## **2. INTRODUCTION**

- 2.1 Velindre University NHS Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees"*.
- 2.2 In line with Standing Orders and NWSSP's scheme of delegation, the SSPC shall nominate, annually, a Committee to be known as the Velindre University NHS Trust Audit Committee for NWSSP. The detailed Terms of Reference and Operating Arrangements in respect of this Committee are set out below.
- 2.3 These Terms of Reference and Operating Arrangements are based on the model Terms of Reference, as detailed in the NHS Wales Audit Committee Handbook, June 2012.

## **3 PURPOSE**

- 3.1 The purpose of the Audit Committee ("the Committee") is to:

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

- **Advise** and **assure** the SSPC and the Accountable Officer on whether effective arrangements are in place - through the design and operation of NWSSP's **system of assurance** - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the organisation's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

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

## 4 DELEGATED POWERS AND AUTHORITY

4.1 With regard to its role in providing advice to both Velindre University NHS Trust Board and the SSPC, the Audit Committee will comment specifically upon:

- The adequacy of NWSSP's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, designed to support the public disclosure statements that flow from the assurance processes (including the Annual Governance Statement) and providing reasonable assurance on:
  - NWSSP's ability to achieve its objectives;
  - Compliance with relevant regulatory requirements, standards, quality and service delivery requirements, other directions and requirements set by the Welsh Government and others;
  - The reliability, integrity, safety and security of the information collected and used by the organisation;
  - The efficiency, effectiveness and economic use of resources; and
  - The extent to which NWSSP safeguards and protects all of its assets, including its people.
- NWSSP's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- The planned activity and results of Internal Audit, External Audit and the Local Counter Fraud Specialist (including Strategies, Annual Work Plans and Annual Reports);

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

- The adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity, via monitoring of NWSSP's Audit Action Plan;
  - Proposals for accessing Internal Audit service (where appropriate);
  - Anti-fraud policies, whistle-blowing processes and arrangements for special investigations as appropriate; and
  - Any particular matter or issue upon which the SSPC or the Accountable Officer may seek advice.
- 4.2 The Audit Committee will support the SSPC with regard to its responsibilities for governance (including risk and control) by reviewing:
- All risk and control related disclosure statements (in particular the Annual Governance Statement together with any accompanying Head of Internal Audit Statement, External Audit Opinion or other appropriate independent assurances), prior to endorsement by the SSPC;
  - The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
  - The policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
  - The policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by NHS Protect.
- 4.3 In carrying out this work, the Audit Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
- 4.4 This will be evidenced through the Audit Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Audit Committee to review and form an opinion on:
- The **comprehensiveness** of assurances in meeting the SSPC and the Accountable Officer's assurance needs across the whole of the organisation's activities; and
  - The **reliability and integrity** of these assurances.

4.5 To achieve this, the Audit Committee's programme of work will be designed to provide assurance that:

- There is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the SSPC and the Accountable Officer through the Audit Committee;
- There is an effective Counter Fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the SSPC and the Accountable Officer through the Audit Committee;
- There are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the SSPC and the Accountable Officer or through the effective completion of Audit Recommendations and the Audit Committee's review of the development and drafting of the Annual Governance Statement;
- The work carried out by key sources of external assurance, in particular, but not limited to the SSPC's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- The work carried out by the whole range of external review bodies is brought to the attention of the SSPC and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, together with the risks of failing to comply;
- The systems for financial reporting to the SSPC, including those of budgetary control, are effective; and
- The results of audit and assurance work specific to the organisation and the implications of the findings of wider audit and assurance activity relevant to the SSPC's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

In carrying out this work, the Audit Committee will follow and implement the Audit Committee for Shared Services Annual Work Plan and will be evidenced through meeting papers, formal minutes, and highlight reports to the SSPC, Velindre University Trust Board and annually, via the Annual Governance Statement, to the Velindre University NHS Trust's Chief Executive.

### **Authority**

4.6 The Audit Committee is authorised by the SSPC to investigate or to have investigated any activity within its Terms of Reference. In doing so, the

Audit Committee shall have the right to inspect any books, records or documents of NWSSP, relevant to the Audit Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- Employee (and all employees are directed to co-operate with any reasonable request made by the Audit Committee); and
- Any other Committee, Sub Committee or Group set up by the SSPC to assist it in the delivery of its functions.

- 4.7 The Audit Committee is authorised by the SSPC to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the SSPC's procurement, budgetary and other requirements.

### **Access**

- 4.8 The Head of Internal Audit and the Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee at any time and the Chair of the Audit Committee will seek to gain reciprocal access as necessary.
- 4.9 The Audit Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist, without the presence of officials, on at least one occasion each year.
- 4.10 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

### **Sub Committees**

- 4.11 The Audit Committee may, subject to the approval of the SSPC, establish Sub Committees or Task and Finish Groups to carry out on its behalf specific aspects of Committee business. Currently, there is an established Welsh Risk Pool Committee which is a Sub Committee of the SSPC, however, there are no Sub Committees of the Audit Committee.

## **5 MEMBERSHIP**

### **Members**

- 5.1 A minimum of 3 members, comprising:

|       |                                 |
|-------|---------------------------------|
| Chair | Independent member of the Board |
|-------|---------------------------------|

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

**Members** Two other independent members of the Velindre University NHS Trust Board.

The Audit Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

The Chair of the organisation shall not be a member of the Audit Committee.

## **Attendees**

### **5.2 In attendance:**

NWSSP Managing Director, as Accountable Officer  
NWSSP Chair  
NWSSP Director of Finance & Corporate Services  
NWSSP Director of Audit & Assurance  
NWSSP Head of Internal Audit  
NWSSP Audit Manager  
NWSSP Head of Finance and Business Development  
NWSSP Compliance Officer  
Representative of Velindre University NHS Trust  
Local Counter Fraud Specialist  
Representative of the Auditor General for Wales  
Other Executive Directors will attend as required by the Committee Chair

By invitation the Committee Chair may invite:

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

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

The Velindre Chief Executive Officer should be invited to attend, where appropriate, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.



## **Secretariat**

Secretary                      As determined by the Accountable Officer

## **Member Appointments**

- 5.3 The membership of the Audit Committee shall be determined by the Velindre University NHS Trust Board, based on the recommendation of the Trust Chair; taking account of the balance of skills and expertise necessary to deliver the Audit Committee's remit and subject to any specific requirements or directions made by Welsh Government.
- 5.4 Members shall be appointed to hold office for a period of four years. Members may be re-appointed, up to a maximum of their term of office. During this time a member may resign or be removed by the Velindre University NHS Trust Board.
- 5.5 Audit Committee members' Terms and Conditions of Appointment, (including any remuneration and reimbursement) are determined on appointment by the Cabinet Secretary for Health, Well-being and Sport.

## **Support to Audit Committee Members**

- 5.6 The NWSSP Head of Finance and Business Development and NWSSP Compliance Officer, on behalf of the Audit Committee Chair, shall:
- Arrange the provision of advice and support to Audit Committee members on any aspect related to the conduct of their role; and
  - Ensure the provision of a programme of organisational development for Audit Committee members as part of the Trust's overall OD programme developed by the Velindre Executive Director of Workforce & Organisational Development.

## **6 AUDIT COMMITTEE MEETINGS**

### **Quorum**

- 6.1 At least two members must be present to ensure the quorum of the Audit Committee, one of whom should be the Audit Committee Chair or Vice Chair.

### **Frequency of Meetings**

- 6.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the Audit Committee deems necessary, consistent with NWSSP's Annual

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Plan of Business. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

### **Withdrawal of Individuals in Attendance**

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

## **7 RELATIONSHIP & ACCOUNTABILITIES WITH THE TRUST BOARD & SSPC DELEGATED TO THE AUDIT COMMITTEE**

- 7.1 Although the Velindre University NHS Trust Board, with the SSPC and its Sub Committees, including the Welsh Risk Pool Sub Committee, has delegated authority to the Audit Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 7.2 The Audit Committee is directly accountable to the Velindre University NHS Trust Board for its performance in exercising the functions set out in these Terms of Reference.
- 7.3 The Audit Committee, through its Chair and members, shall work closely with NWSSP and its other Sub Committees to provide advice and assurance to the SSPC by taking into account:
- Joint planning and co-ordination of the SSPC business; and
  - Sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into NWSSP's overall risk and assurance arrangements. This will primarily be achieved through the discussions held at the SSPC, annually, at the end of the financial year.

- 7.1 The Audit Committee will consider the assurance provided through the work of the SSPC's other Committees and Sub Committees to meet its responsibilities for advising the SSPC on the adequacy of the organisation's overall system of assurance by receipt of their annual workplans.

- 7.1 The Audit Committee shall embed the SSPC's and Trust's corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

## **8 REPORTING AND ASSURANCE ARRANGEMENTS**

- 8.1 The Audit Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board, SSPC and the Accountable Officer on the Audit Committee's activities. This includes verbal updates on activity and the submission of committee minutes, and written highlight reports throughout the year;
- Bring to the Velindre University NHS Trust Board, SSPC and the Accountable Officer's specific attention any significant matters under consideration by the Audit Committee; and
- Ensure appropriate escalation arrangements are in place to alert the SSPC Chair, Managing Director (and Accountable Officer) or Chairs of other relevant Committees, of any urgent/critical matters that may affect the operation and/or reputation of the organisation.

- 8.2 The Audit Committee shall provide a written Annual Report to the SSPC and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self assessment activity against relevant standards. The report will also record the results of the Audit Committee's self assessment and evaluation.

- 8.3 The Velindre University NHS Trust Board and SSPC may also require the Audit Committee Chair to report upon the Audit Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Audit Committee's assurance role relates to a joint or shared responsibility.

- 8.4 The NWSSP Head of Finance and Business Development and NWSSP Compliance Officer, on behalf of the Partnership, shall oversee a process of regular and rigorous self-assessment and evaluation of the Audit Committee's performance and operation, including that of any Sub Committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## **9 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 9.1 The requirements for the conduct of business as set out in the NWSSP's

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

Standing Orders are equally applicable to the operation of the Audit Committee, except in the following areas:

- Quorum (*as per section on Committee meetings*)
- Notice of meetings
- Notifying the public of meetings
- Admission of the public, the press and other observers

## 10 REVIEW

- 10.1 These Terms of Reference and operating arrangements shall be reviewed annually by the Audit Committee with reference to the SSPC and Velindre University NHS Trust Board.

**ADVISORY GROUPS AND EXPERT PANELS**  
**Terms of Reference and Operating Arrangements**

1. Evidence Based Procurement Board (EBPB)

**This Annexe forms part of, and shall have effect as if incorporated in the  
SSPC Standing Orders**

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders

## **1. Terms of Reference of the Evidence Based Procurement Board (EBPB) of the NHS Wales Shared Services Partnership (NWSSP)**

### **1. Aims and Objectives**

The Board shall be known as the 'Evidence Based Procurement Board' (EBPB), and will consist of professionals from across various disciplines within NHS Wales and appropriate research bodies, making recommendations and guidance for implementation by the Welsh NHS.

The EBPB advises, promotes, develops and implements value and evidence based procurement of medical technologies for NHS Wales. The group will assist with rationalisation and standardisation in line with Prudent healthcare principles, underpinned with the "*Once for Wales*" philosophy, and will assess whether NHS Wales should discard devices/technologies if they are deemed inappropriate or wasteful.

The EBPB will produce advice and guidance to support planning and decision making in Local Health Boards and Trusts.

The EBPB shall provide advice, guidance and recommendations to the Shared Services Committee and the WG Efficiency Healthcare Value & Improvement Group.

The EBPB will support NHS Wales core values through the assessment of quality and safety elements of medical technologies; using this to provide high value evidence based care whilst reducing harm. In addition, through the rationalisation and standardisation programme, the EBPB will enable reduced variation and waste. It also specifically supports the 2018 report "*A Healthier Wales: our Plan for Health and Social Care*" principles of "Higher value" (better outcomes, better experience at reduced cost, less variation and no harm) and "Evidence driven" (the use of research, knowledge and information to understand what works).

In line with the emphasis of "Value" in "*A Healthier Wales*", the EBPB will play a key role in assisting the delivery of the Value Based Health Care agenda across the NHS in Wales.

It is acknowledged that there will be some areas that will be of mutual interest to Health Technology Wales (HTW) and these will be addressed through discussion with appropriate representatives.

## 2. MEMBERSHIP

Membership will be endorsed by Welsh Government and made up of senior professionals from NHS Wales and academia. The EBPB will consist of both voting and non-voting members. Membership is as follows;

- |   |                   |
|---|-------------------|
| • Chair - Medical Director/Assistant MD   | - Stephen Edwards |
| • NWSSP Director (SRO)  | - Mark Roscrow    |
| • Finance Director  | - Hywel Jones     |
| • Health Economist  | - Pippa Anderson  |
| • Director of SMTL  | - Pete Phillips   |
| • Health Technology Wales   | - Susan Myles     |
| • Procurement Services  | - Andy Smallwood  |
| • Deputy Executive Nurse Director   | - Jason Roberts   |
| • Secondary Care Clinician  | - Paul Morgan     |
| • National Clinical Lead for Prudent & Value Based Care/Primary Care Senior Clinician | - Dr Sally Lewis  |
| • Value Based Care/National Lead VBP  | - Adele Cahill    |
| • Academic Clinician  | - Prof Haray      |
| • Academia  | - Sam Evans       |
| • NWSSP MD  | - Neil Frow       |

**Non-voting** members may be invited to attend as and when appropriate;

- Individuals co-opted for advice on specialist category areas, including Clinical networks and clinicians locally.
- Nominated experts from Evidence Research Group

### **Secretariat**

- NHS Wales Shared Services Partnership – Procurement Services
- NHS Wales staff may request to attend as observers by writing in advance to the Chair.

Standing Orders, Reservation and Delegation of Powers for the  
Shared Services Partnership Committee  
Annexe 4: Shared Services Standing Orders



## **Deputies**

In the event of a voting member not being in attendance, an agreed named deputy should attend. The EBPB will approve deputies for all voting members of the group, (Chair excluded). A Vice Chair will be appointed in accordance with Point 4.

## **3. OFFICERS**

The Chair will normally be a Medical Director/ Assistant Medical Director, appointed by the EBPB and approved by Welsh Government whose term of office shall normally be between 1-5 years. They will be eligible for re-appointment for an additional term of office, but the total period cannot exceed 10 years.

A Vice-Chair will be elected from the voting members. The Vice Chair or in their absence, another voting member may preside over meetings in the absence of the Chair.

## **4. MEETINGS**

The EBPB will meet a minimum of 4 times per year, and roles and responsibilities of members should be readily available to any relevant party on request.

## **5. DECLARATION OF INTEREST**

Members MUST declare, in advance any financial and/or personal interests, to any related matter that is subject of consideration. Any declarations made and/or actions taken will be noted in the minutes.

## **6. VOTING**

Any issues/questions should be resolved by consensus. Only voting members will have voting rights. Deputies will be eligible to vote. The Chair will not normally vote on matters however in the case of equality of votes, the Chair or person presiding as Chair will have the casting vote. Members with a conflict of interest in a specific Topic, including members who have had a significant role in the preparation of the submissions being considered, will not cast a vote for that Topic.

## **7. QUORUM**

Quorum will be 50% of voting members.

## **8. VALIDITY OF PROCEEDINGS/MEMBERSHIP VACANCIES**

Validity of proceedings of the EBPB is not affected by a vacancy or defect in the appointment of a member or deputy. Membership of the EBPB shall end if;

- Members resign by giving notice in writing to the Chair of the EBPB
- Absenteeism from 3 consecutive ordinary meetings; unless the EBPB is satisfied that absence is due to reasonable cause
- Ceases to belong to the body they represent
- Term of office expires

## **9. EVIDENCE REVIEW GROUP (ERG)**

The ERG is a standing committee which reports to the EBPB. Staff from SMTL and ProcS form the core membership who will undertake the day to day workload for the ERG.

The ERG will also include experts in Health Economics and Human Factors from Swansea University as and when required.

The ERG will liaise with other researchers and analysts as and when required, including partnering with HTW staff.

Expert Membership - The ERG will recruit expert members as and when required to provide clinical and domain-specific advice and expertise. Expert members may include Clinical experts from NHS Wales and Welsh Government National Special Advisory Groups (NSAGs).

## **10. POWERS OF THE EBPB**

- The EBPB may require the Evidence Review Group (ERG) to convene meetings of expert advisors.
- The work and meetings of the ERG and expert advisors should be reported to the EBPB.
- The ERG should operate in an advisory role to the EBPB.
- The EBPB may seek independent advice as and when appropriate.
- The EBPB may commission external bodies to evaluate evidence in relation to products.
- The EBPB and ERG will incur the minimum necessary expenditure to enable their work to be carried out. These expenses will be considered and administered by NWSSP Shared Services Procurement Services.
- Nominated experts from the ERG may be required to attend meetings of the EBPB.

## **11. GOVERNANCE AND ACCOUNTABILITY**

The EBPB is accountable to the NWSSP committee and will utilise NWSSP's governance structures.

## **12. ROLES AND RESPONSIBILITIES**

- Support the rationalisation and standardisation agenda in line with prudent Healthcare principles.
- Review evaluations and evidence assessments of medical technologies.
- Develop a work programme determined by Health Boards/Trusts, Welsh Risk Pool and other stakeholders.
- Provide advice to stakeholders regarding new or innovative products for use across NHS Wales in consultation with HTW.
- Liaise with Academia on the EBPB work programme, including product development initiatives where appropriate.
- Participate in horizon scanning with other agencies such as HTW and advise on the potential impact for the NHS.
- Provide advice on clinical pathways/treatments where devices and consumables are part of the clinical process, complimenting and supporting the work of NICE.
- Receive for consideration into the work programme topics referred by WG and other key stakeholders. This will include liaison with HTW's Front Door Group.
- Liaise and engage with professional peers.
- Produce an Annual report for review by NHS Wales and Shared Services Partnership Committee.
- Consider NICE guidance and Do Not Do recommendations when developing the work programme.
- Develop mechanisms to audit adoption of the EBPB advice.

## **13. GROUP STRUCTURE & METHODS**

A separate document is available detailing the structure and working methodology of the EBPB and other structures.

## Process for the Selection, Appointment and Termination of the Chair of the SSPC

**This Annexe forms part of, and shall have effect as if incorporated in the Shared Services Committee Standing Orders**

The NWSSP Committee has the responsibility for appointing the Chair of the Committee. Whilst the appointment is not a Ministerial appointment the planned process will take account of the appointment principles outlined in the “Governance Code on Public Appointments” which came into effect on 1st January 2017 and sets out the regulatory framework for public appointments.

### MAIN BODY

In line with the Governance Code on Public Appointments to Public Bodies 2016 the principles of public appointments are summarised below:

**A. Ministerial responsibility** - The ultimate responsibility for appointments and thus the selection of those appointed rests with Ministers who are accountable to Parliament for their decisions and actions. Welsh Ministers are accountable to Welsh Government.

**B. Selflessness** - Ministers when making appointments should act solely in terms of the public interest.

**C. Integrity** - Ministers when making appointments must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**D. Merit** - All public appointments should be governed by the principle of appointment on merit. This means providing Ministers with a choice of high quality candidates, drawn from a strong, diverse field, whose skills, experiences and qualities have been judged to meet the needs of the public body or statutory office in question.

**E. Openness** - Processes for making public appointments should be open and transparent.

F. **Diversity** - Public appointments should reflect the diversity of the society in which we live and appointments should be made taking account of the need to appoint boards which include a balance of skills and backgrounds.

The essential features of the process will include the following:

- A panel must be set up to oversee the appointments process.
- The panel must be chaired by an independent assessor
- An agreed selection process, selection criteria and publicity strategy for a successful appointment
- A panel report must be prepared, signed by the chair of the appointment panel
- The appointment of the successful candidate must be publicised.

It is important that all public appointees uphold the standards of conduct set out in the Committee on Standards in Public Life's Seven Principles of Public Life. The panel must satisfy itself that all candidates for appointment can meet these standards and have no conflicts of interest that would call into question their ability to perform the role.

The selection panel will comprise of the following members:

- 3 members of the NWSSP Committee
- NWSSP Director of Workforce and OD

The appointment process is managed by the NWSSP Director of Workforce and OD.

A suite of supporting documentation has been developed to support the process.

The job **advertisement**. It is proposed that, in line with the practice adopted by Welsh Government for all other public appoints this post is advertised on Job Wales which is the Western Mail and Daily Post on-line publication.

The candidate application **form**. The content and format very closely mirrors the application form currently used by the Welsh Government for Ministerial Public Appointments.

A **briefing pack** for candidates. This includes details of the role profile and person specification.

## **Governance and Risk Issues**

Whilst the appointment is not a Ministerial appointment the planned process will

take account of the appointment principles outlined in the “Governance Code on Public Appointments” which came into effect on 1st January 2017 and sets out the regulatory framework for public appointments.

The appointment documentation and processes has been reviewed and agreed by the Director of Governance & Corporate Services/Board Secretary at Cwm Taff UHB who is a member of the SSPC; and has also been provided to the Director of Corporate Governance/Board Secretary at Velindre University NHS Trust to ensure that the appointment aligns to Velindre’s governance requirements.

The selection process will be repeated following each maximum term of office for the Chair of the Committee, or when the Chair resigns, or following removal of the Chair by termination.

### **Suspension and Termination**

Should the circumstances laid down in the draft regulations at 9. (1), 9.(3), 9.(5) or 10.(1) emerge, and the removal (i.e. suspension or termination) of the Chair is deemed necessary, the Committee will agree the reasons for the decision to do so and formally submit these reasons to a panel constituted as that described for the selection process above.

The panel will then make a recommendation to Velindre University NHS Trust to suspend or remove the Chair. Velindre University NHS Trust will then take the necessary action and subsequently provide the Welsh Ministers with the reasons agreed as per section 9.(2) (termination) or 10.(2) (suspension) of the Regulations.



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:4.3**

**17 January 2019**

***The report is Exempt***

**Teitl yr Adroddiad/Title of Report**

**Service Level Agreements Update**

|   |  |
|---|--|
| <b>ARWEINYDD:<br/>LEAD:</b>                   | Andy Butler, Director of Finance & Corporate Services                              |
| <b>AWDUR:<br/>AUTHOR:</b>                     | Peter Stephenson, Head of Finance and Business Development                         |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b> | Peter Stephenson, Head of Finance and Business Development                         |
| <b>MANYLION CYSWLLT:<br/>CONTACT DETAILS:</b> | <a href="mailto:peter.stephenson2@wales.nhs.uk">peter.stephenson2@wales.nhs.uk</a> |

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

To approve the updated Service Level Agreements for 2019/20

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

NWSSP SMT

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

|   |  |                            |  |                            |  |                       |  |
|---|--|----------------------------|--|----------------------------|--|-----------------------|--|
| <b>DERBYN/<br/>APPROVE</b>              | ✓  | <b>ARNODI/<br/>ENDORSE</b> |  | <b>TRAFOD/<br/>DISCUSS</b> |  | <b>NODI/<br/>NOTE</b> |  |
| <b>Argymhelliad/<br/>Recommendation</b> | The Committee is asked to <b>APPROVE</b> the Service Level Agreements. |                            |  |                            |  |                       |  |

| <b>Crynodeb Dadansoddiad Effaith:<br/>Summary Impact Analysis:</b>                        |   |
|---|---|
| <b>Cydraddoldeb ac amrywiaeth:<br/>Equality and diversity:</b>                            | Considered where appropriate  |
| <b>Cyfreithiol:<br/>Legal:</b>  | Considered where appropriate  |
| <b>Iechyd Poblogaeth:<br/>Population Health:</b>  | Considered where appropriate  |
| <b>Ansawdd, Diogelwch a Profiad y Claf:<br/>Quality, Safety &amp; Patient Experience:</b> | Considered where appropriate  |
| <b>Ariannol:<br/>Financial:</b>   | Considered where appropriate  |
| <b>Risg a Aswiriant:<br/>Risk and Assurance:</b>  | Considered where appropriate  |
| <b>Safonau Iechyd a Gofal:<br/>Health &amp; Care Standards:</b>                           | Access to the Standards can be obtained from the following link:<br><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><br><b>Standard 1.1 Health Promotion, Protection and Improvement</b> |
| <b>Gweithlu:<br/>Workforce:</b>   | Considered where appropriate  |
| <b>Deddf Rhyddid Gwybodaeth/<br/>Freedom of Information</b>                               | Open.   |



## **Service Level Agreements – Updates for 2019/20**

The NWSSP Service Level Agreement and supporting schedules are attached below for Committee approval. The documents are lengthy and therefore all amendments have been made using the track changes facility.

Other than revising the dates of the documents the changes made are as follows:

- All documentation has been updated to recognise the establishment of Health Education and Improvement Wales;
- All documentation has been updated to reflect the additional requirements under the General Data Protection Regulations; and
- The Legal & Risk Schedule has been updated to reflect the introduction of the GP Indemnity Scheme in 2019/20 and the charge-out rates for Legal Services have also been updated.

Further work will be undertaken during 2019/20 to introduce a consistent format to the supporting schedules and to incorporate any further developments in the services provided to NHS Wales.

**NWSSP**  
**January 2019**



**Service Level Agreement  
for the provision of services from NHS Wales Shared Services  
Partnership**

**NHS WALES SHARED SERVICES PARTNERSHIP(NWSSP)**

and

**CWM TAF LOCAL UNIVERSITY BOARD**

and

**BETSI CADWALADR UNIVERSITY HEALTH BOARD**

and

**POWYS TEACHING HEALTH BOARD**

and

**ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD**

and

**ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

and

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

And

**HEALTH EDUCATION AND IMPROVEMENT WALES**

And

**HYWEL DDA UNIVERSITY HEALTH BOARD**

and

**VELINDRE NHS TRUST**

and

**PUBLIC HEALTH WALES NHS TRUST**

and

**WELSH AMBULANCE SERVICES NHS TRUST**

**For the Provision of the Following Services (“the services”):**

- A) Audit and Assurance Services
- B) Employment Services
- C) Specialist Estates Services
- D) Legal and Risk Services (including Welsh Risk Pool)
- E) Primary Care Services
- F) Procurement Services
- G) Health Courier Services

## Approval Tracking Sheet

| <b>Document Status: DRAFT</b> |                               |                   |
|-------------------------------|-------------------------------|-------------------|
| <b>Version 1</b>              | <b>Date</b>                   | <b>Comments</b>   |
| 1                             | 10 Sep 2014                   | V1 draft for SMT  |
| 2                             | 18 Sep 2014                   | V2 draft for SSPC |
| 3                             | 19 Sep 2014                   | V3 draft WEDS     |
| 4                             | 16 <sup>th</sup> October 2015 | V4 draft SMT      |
| 5                             | November 2015                 | V5 SSPC           |
| 6                             | 27 <sup>th</sup> October 2016 | V6 draft SMT      |
| 7                             | 26 <sup>th</sup> October 2017 | V7 draft SMT      |
| 8                             | 2 <sup>nd</sup> January 2019  | V8 draft for SSPC |

## INDEX

|    |   | Page Number |
|----|---|-------------|
| 1  | Definitions   | 5           |
| 2  | Introduction  | 6           |
| 3  | Responsibilities  | 8           |
| 4  | Services  | 9           |
| 5  | Partnership Management & Monitoring Arrangements  | 9           |
| 6  | Financial Arrangements  | 9           |
| 7  | Duration  | 10          |
| 8  | Audit Arrangements  | 10          |
| 9  | Service Variations  | 11          |
| 10 | Performance Indicators  | 11          |
| 11 | Service Disruption  | 12          |
| 12 | Force Majeure   | 12          |
| 13 | Dispute Resolution  | 12          |
| 14 | Risk Management   | 13          |
| 15 | Client Confidentiality  | 13          |
| 16 | Waiver  | 13          |
| 17 | Data Protection   | 14          |
| 18 | Freedom of Information  | 14          |
| 19 | Discrepancy, errors and omissions   | 14          |
| 20 | Governing Law and Jurisdiction  | 15          |
|    | <b>Service Schedules</b><br>A. Audit and Assurance Services<br>B. Employment Services<br>C. Specialist Estates<br>D. Legal and Risk Services (incl Welsh Risk Pool) |             |

|  |  |  |
|--|--|--|
|  | E. Primary Care Services<br>F. Procurement Services<br>G. Health Courier Service (HCS) |  |
|--|--|--|

## 1. Definitions

**The Agreement:** The Service Level Agreement (SLA) governs the relationship between the NWSSP and the Partner Organisation.

**Integrated Medium Term Plan (ITMP):** The Annual Business Plan sets out the strategy and action plan for the NWSSP. It will include a clear financial picture of where the NWSSP stands and expects to stand in the coming years.

**Customer:** An organisation which enters into agreement with the NWSSP for provision of services at a defined cost. For the avoidance of doubt a Customer is different to a Partner Organisation as they are not members of the NHS Wales Shared Services Partnership Committee.

**Data Protection Legislation:** the UK Data Protection Legislation and (for so long as and to the extent that the law of the European Union has legal effect in the UK) the General Data Protection Regulation ((EU) 2016/679) and any other directly applicable European Union regulation relating to privacy.

**UK Data Protection Legislation:** any data protection legislation from time to time in force in the UK including the Data Protection Act 1998 or 2018 or any successor legislation.

**Data Subject:** means as defined in the Data Protection Legislation.

**Employment Services:** These may include Payroll, Recruitment, Expenses and Pensions. The appendices will detail precisely which services are provided to each Partner Organisation/Customer.

**Host Trust:** The Host Trust for NWSSP is Velindre NHS Trust. The Host Trust is the legal entity within which NWSSP is contained.

**Memorandum of Co-Operation – Shared Services Partnership Committee:** Memorandum of Co-Operation of June 2012

**NHS Wales Shared Services Partnership (NWSSP):** The organisation hosted within Velindre NHS Trust which provides services to Partner Organisations

**Hosting Agreement:** The Agreement between Velindre NHS Trust and Partner Organisations confirming, inter alia, Velindre NHS Trust's role as host, the role of the NWSSP as hosted organisation within Velindre NHS Trust and the risk/reward sharing principle between Partner Organisations.

**Partner Organisations:** The Organisations are those to whom NWSSP provides services, and are a member of the NHS Wales Shared Services Partnership Committee (SSPC).

**Service Variation Request:** A request by either a Partner Organisation, a Customer or the NWSSP to alter the scope of services provided by the NWSSP.

**Shared Services Partnership Committee (SSPC):** The body responsible for overseeing Shared Service Operations.

**WG:** Welsh Government

## **2. Introduction**

2.1 The NHS in Wales and the Welsh Government has developed and implemented a model for the management of Shared Services that is used by all NHS Bodies in Wales. Shared Services are professional, administrative and technical services provided to the health service in Wales. A number of these Shared Services were originally hosted by individual Local Health Boards and NHS Trusts, with the intention that all NHS Wales organisations can work together collaboratively and make use of their expertise. The services to be provided include:

- Audit and Assurance Services
- Employment Services
- Specialist Estates
- Legal and Risk Services (incl Welsh Risk Pool)
- Primary Care Services
- Procurement Services
- Health Courier Services

2.2 The purpose of this Service Level Agreement (SLA) is to provide clarity on the key services to be delivered by the NWSSP and the respective responsibilities of the parties to the agreement to ensure highly efficient and cost effective service delivery. The original Agreement was dated the 1st day of June 2012 and is a contract for indefinite duration between the NHS Wales Shared Services Partnership hosted by Velindre NHS Trust and:

- **ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD** of One Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR;
- **ANURIN BEVAN UNIVERSITY HEALTH BOARD** of St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
- **BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD** of Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW;
- **CARDIFF AND VALE UNIVERSITY HEALTH BOARD** of University Hospital of Wales (UHW), Heath Park, Cardiff, CF14 4XW

- **CWM TAF UNIVERSITY HEALTH BOARD** of Ynysmeurig House, Navigation Park, Abercynon, Mid Glamorgan, CF45 4SN;
- **HEALTH EDUCATION AND IMPROVEMENT WALES** of Ty Dysgu, Cefn Coed, Nantgarw, CF15 7QQ;
- **HYWEL DDA UNIVERSITY HEALTH BOARD** of Corporate Offices, Ystwyth Building, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen, SA31 3BB;
- **POWYS TEACHING HEALTH BOARD** of Glasbury House, Bronllys Hospital, Bronllys, Powys, LD3 0LS;
- **PUBLIC HEALTH WALES NHS TRUST** of 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ;
- **VELINDRE NHS TRUST** of Unit 2 Charnwood Court, Parc Nantgarw, Nantgarw, Cardiff, CF15 7QZ;
- **WELSH AMBULANCE SERVICES NHS TRUST** Vantage Point House, Ty Coch Industrial Estate, Ty Coch Way, Cwmbran, NP44 7HF

2.3 This Agreement is a Service Level Agreement (Agreement) between National Health Service bodies and should not be regarded as enforceable in the courts of England and Wales.

2.4 The Service Schedules to the Agreement describe the services to be provided and respective responsibilities of the parties. The services will be supported by detailed financial, operational and management procedures that will provide a sound basis for the continuous improvement of the services being provided.

2.5 Key performance indicators will provide each party with means of ensuring the service is being provided to the agreed level of performance. The main mechanisms measuring performance are indicated in the relevant schedules. Several performance indicators involve the achievements of deadlines which require that parties collaborate to ensure the deadlines are met.

2.6 It is intended that the service provision, progress and development of NWSSP services will be reviewed and monitored via the Shared Services Partnership Committee at a national level.

2.7 Any dispute as to the fulfilment of the terms of this agreement must be dealt with within the framework of the National Health Service as set out more particularly in this Agreement.

2.8 The NWSSP shall seek to meet the changing business needs of the stakeholders and will discuss with the Partner Organisations changes in the way existing services are delivered.



2.9 In providing its services, the NWSSP will comply with the Standing Orders for the operation of Shared Services contained within the Velindre NHS Trust Standing Orders. The NWSSP will also comply with the Standing Financial Instructions (SFIs), and Employment Policies. In relation to stakeholder organisations the NWSSP will comply with individual SOs and SFIs as appropriate.

2.10 The parties acknowledge that the activities of both the NWSSP and Partner Organisations take place within the national policy framework of NHS Wales and that policy changes may affect the delivery of services by either party, necessitating changes to this Agreement.

2.11 The NWSSP will operate in compliance with the following:

- Welsh Risk Management Standards
- NHS Standards of Business Conduct
- Requirements under the Freedom of Information Act.
- The approved Standing Orders and Standing Financial Instructions.

For these areas the NWSSP will operate under the legal framework of Velindre NHS Trust.

2.12 Internal management within the NWSSP will be in accordance with the Welsh language scheme of Velindre NHS Trust. Services provided on behalf of the individual Partner Organisation will be in accordance with the Welsh Language Scheme of the individual organisation. The NWSSP will endeavour to respond (with no additional delay) to all correspondence (written or verbal) in the language of the respondent, and will look at how in future developments can be made to improve the bilingual provision of services in accordance with the legislative framework for Welsh Language and the Welsh Language Standards, best practice from the Welsh Language Commissioner & WG circulars.

2.13 The NWSSP shall seek to ensure that the services provided by it are delivered by appropriately qualified and trained staff, in a timely fashion with due skill, care and diligence.

2.14 This Agreement commenced on the 1st June 2012 and is a contract of indefinite duration. Performance targets are reviewed annually.

### **3. Responsibilities of the Parties**

3.1 The NWSSP will provide services to the specification set and achieve the performance targets as set out in Schedules A-G.

3.2 All organisations will meet their obligation as outlined in the Memorandum of Co operation – Shared Services Partnership Committee.

3.3 It is the Partner Organisations' responsibility to monitor the Agreement.

3.4 The NWSSP is organisationally a separate unit but has no legal identity. It is recognised that the NWSSP needs to operate within a legal framework and consequently will be attached to a Trust body.

3.5 Velindre NHS Trust acts as an employing authority only and the following conditions apply: -

- Velindre NHS Trust will not bear any of the risk or rewards of ownership of the NWSSP other than through the Host Organisation's participation as a partner organisation as the risk and rewards are to be shared equally and proportionately between the Partner Organisations;
- HR policies and employment terms and conditions applicable to the Host Organisation will apply to all NWSSP staff, subject to the provisions of the TUPE transfer.
- The NWSSP Managing Director will have delegated authority in respect of the NWSSP as agreed with Velindre NHS Trust.

3.6 A service level agreement will be in place between the NWSSP and Velindre NHS Trust.

3.7 A hosting agreement is in place between Velindre NHS Trust and partner organisations.

3.8 Save as agreed with the NWSSP Senior Management Team, each party will make available such facilities as are currently used by the Shared Services immediately prior to the original Commencement Date, on such terms as may be agreed.

3.9 Each Partner agrees that if the Shared Service is unable at any time to meet a demand for the provision of a service due to lack of capacity or expertise it shall take the appropriate step through the Managing Director of Shared Services in order to secure provision of such services from other persons.

## **4. Services**

4.1 The NWSSP shall provide core services in the areas of Audit and Assurance, Employment Services, Specialist Estates Services, Legal and Risk Services, Primary Care Services, Procurement Services and Health Courier Services (HCS) as set out in schedules A-G.

4.2 In addition to the detailed service schedules, the NWSSP internal audit plans will be taken to the Velindre Audit Committee for Shared Services prior to the start of the financial year.

## **5. Partnership Management and Monitoring Arrangements**

5.1 A Shared Services Partnership Committee (SSPC) has been established under Velindre NHS Trust which will be responsible for exercising Velindre's shared services functions including the management and provision of shared services to the NHS in Wales. The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 provide that the Committee be comprised of the Chief Officers of each Local Health Board and NHS Trusts in Wales (or their nominated representative who must be a member of that organisation's Executive team in order to vote), the Managing Director of Shared Services, together with a Chair who is to be appointed by the Committee in accordance with the Shared Services Partnership Committee SOs. This is to ensure that the views of all NHS organisations are taken into account when making decisions in respect of Shared Services activities. The Velindre NHS Shared Services Committee is to be known as the Shared Services Partnership Committee (SSPC).

5.2 The NHS Wales Shared Services Partnership Senior Management Team are responsible for the delivery of Shared Services. The Senior Management Team are led by the Managing Director of Shared Services, who is an officer of Velindre NHS Trust. The Managing Director of Shared Services holds accountable officer status and shall assume overall accountability in relation to the management of Shared Services.

5.3 Each of the services set down in Section 4 shall have a Management Group to oversee the delivery of the services and the effective co-ordination of the service relationship between NWSSP and the Partner Organisation.

## **6. Financial Arrangements**

6.1 The NWSSP is hosted by Velindre NHS Trust on behalf of all Partner Organisations within Wales. These organisations are:

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

6.2 The charging and financial arrangements will operate within the context of the Partnership Agreement and host arrangements as detailed within the agreement and schedules.

6.3 As a hosted organisation NWSSP will operate as a separate management and reporting entity within Velindre NHS Trust.

6.4 This Agreement requires that NWSSP and Velindre NHS Trust are obliged to act in accordance with the Memorandum of Co-operation and in particular clause 13 of the Memorandum of Co-operation.

6.5 Additional services are priced on an individual added cost basis. All pricing to be agreed in writing before a new service is provided.

6.6 The funding for core services will be set out in the annual allocation letter issued by Welsh Government. Pricing for additional services to be agreed in writing with the individual party concerned.

6.7 The Parties agree that the financial and charging arrangements with regard to Legal and Risk services contained within Schedule D will apply.

## **7. Duration**

7.1 In entering into this agreement, each stakeholder understands that it is committing to the operation of the NWSSP as determined by the Minister for Health & Social Services. The Agreement will continue between the NWSSP and Partner Organisation, as until determined by the Minister, in accordance with the Velindre NHS Trust Shared Services Committee (Wales) regulations 2012.

7.2 The services support schedules shall be reviewed on a regular basis with Partners to ensure they continue to meet requirements.

## **8. Audit Arrangements**

8.1 The NWSSP will operate under the internal controls and governance of Velindre NHS Trust. All internal audit reports are prepared for the Managing Director of Shared Services and the Velindre NHS Trust who, in turn, will consider all reports at their Audit Committee for Shared Services. Where the internal audit report relates to a review of systems provided for the Partner Organisations and the operation of controls relating to those systems, the relevant details (including the level of assurance) will be made available to the Partner Organisations either by copies of the full report or extracts thereof as advised by the NWSSP Director of Finance.

8.2 Velindre NHS Trust Audit Committee for Shared Services will provide an annual report which will be provided to each Partner Organisation.

8.3 The NWSSP will liaise with Partner Organisation External Auditors to ensure appropriate planning to enable assurances to be provided to avoid unnecessary duplication of work by either internal or external auditors.

8.4 The NWSSP will operate within Velindre NHS Trust arrangements regarding Local Counter Fraud Services (LCFS).

8.5 If a Partner Organisation discovers an alleged fraud committed by Partner Organisation staff or a supplier and requires records held within the NWSSP the Partner Organisation LCFS should contact the NWSSP LCFS

contact who will assist to arrange that the records are made available for inspection. The investigation would be led by the Partner Organisation LCFS with assistance being given as required by the NWSSP LCFS.

8.6 The NWSSP LCFS in the event of an alleged supplier fraud will share information with Partner Organisations' LCFS for the purposes of fraud detection.

8.7 If a fraud is discovered at the Partner Organisation which is alleged to have been committed by NWSSP staff, the NWSSP relevant LCFS will notify the Partner Organisation LCFS. The resultant joint investigation will be led by the NWSSP LCFS (in their capacity as the Host LCFS) to ensure that the CFSMS policy of joint Criminal/ Disciplinary sanctions can be applied.

## **9. Service Variations**

9.1 Service variations may be agreed between the parties during their regular meetings. However, such variations must be recorded in writing confirming the variation required in service provision. A timetable for implementation will be agreed.

9.2 If agreement cannot be reached either as to the nature or implementation of the requested variation, or if wider issues emerge from the proposal, the matter will be brought to the Shared Services Partnership Committee and be subject to the provision of clause 13 (Dispute Resolution).

9.3 Where it is not possible to deliver the service variation requested within the budget for the provision of core services, the NWSSP and Partner Organisation will agree the payment to be made for such a variation. Conversely, should a variation in service specific to a Partner Organisation lead to a cost saving then the principle applies that the specific saving should apply to that Partner Organisation.

9.4 All variations to this Agreement must be confirmed by both parties in writing.

9.5 When a variation to service provision results in a cost saving to the NWSSP, this will be reported through the financial reporting mechanisms as described in the partnership agreement.

9.6 Where no agreement can be reached about a proposed variation to the Agreement then the parties should use their reasonable endeavours to resolve the dispute using the Dispute Resolution mechanism within the Memorandum of Cooperation.

## **10. Performance Indicators**

10.1 The development of appropriate performance indicators is a key element in providing each party with a method of ensuring the service is being provided to the agreed level of performance. These performance

indicators will be developed as the services evolve. The main mechanisms by which the performance will be assessed will vary between the services provided but are appropriately indicated in Schedules A-G.

10.2 Several performance indicators involve the achievements of deadlines and it is essential that all parties collaborate to ensure the deadlines are met.

10.3 Service performance will be a regular item in joint meetings at various levels.

## **11. Service Disruption**

11.1 The NWSSP will notify Partner Organisations of any disruption to the service as soon as practicably possible, and advise on alternative methods of service provision (where possible), together with an estimated time and date of the resumption of normal service.

11.2 A Disaster Recovery Plan will be in place and will link, where appropriate to the arrangements in place through Velindre NHS Trust.

## **12. Force Majeure**

12.1 "force majeure" shall mean any cause preventing either party from performing any or all of its obligations which arises from or is attributable to acts, events, omissions, or accidents beyond the reasonable control of the party so prevented including without limitation Act of God, war, riot, civil commotion, malicious damage, complaints with any law of governmental order rule regulation, or direction accident breakdown of plant or machinery, fire, flood, storm, or default of suppliers or sub-contractors.

12.2 If either party is prevented or delayed in the performance of any of its obligations under this Agreement for force majeure, that party shall forthwith serve notice in writing on the other party specifying the nature and extent of the circumstances giving rise to force majeure and shall, subject to service of such notice and to paragraph 12.4, have no liability in respect of the performance of such of its obligations as are prevented by the force majeure events during the continuation of such events.

12.3 The party affected by force majeure shall use all reasonable endeavours to bring the force majeure event to a close or to find a solution by which the Agreement may be performed, despite the continuance of the force majeure event.

12.4 If either party is prevented from performance of its obligations for a continuous period in excess of three months, the other party may terminate this Agreement forthwith by written notice, in which case neither party shall have any liability to the other except that rights and liabilities which accrued prior to such termination shall continue to subsist.

### **13. Dispute Resolution**

13.1 The Memorandum of Cooperation sets out the dispute resolution process. For the avoidance of doubt, this Service Level Agreement is an NHS Contract as defined in Section 7 of the 2006 Act. Where a Partner agrees to resolve any dispute which arises out of the Memorandum of Cooperation ("Dispute") by negotiation, then each Partner is to be represented by a person who:

- Is an Executive Director or person of equivalent status with a Partner; and
- has had no direct day to day involvement in the relevant matter to settle the Dispute

13.2 If the Parties in dispute have not resolved the matter within 14 days then the dispute resolution process as agreed by the Committee will be enacted.

### **14. Risk Management**

14.1 The procedures in the schedules attached to this SLA have been established and set out in such a manner so as to minimise risk to both parties.

14.2 Any risks specific to the NWSSP and Partner Organisation will be discussed directly with Legal and Risk services to ensure that they are covered in addition to risk sharing arrangements through this document.

### **15. Client Confidentiality**

15.1 The partners to this Agreement will keep confidential all matters relating to other parties business, staff, patients and any other matters which may be disclosed to them during the course of this Agreement. Parties to the Agreement will not permit information to be disclosed to any third party or to use or copy any such information except with the relevant party's written consent or as may be reasonably necessary for the proper management or provision of the services.

15.3 The provisions of this clause shall apply during the continuance of the agreement and indefinitely after its expiry or termination.

### **16. Waiver**

16.1 No failure or delay by a party to exercise any right or remedy provided under this agreement or by law shall constitute a waiver of that or any other right or remedy, nor shall it preclude or restrict the further exercise of that or any other right or remedy. No single or partial exercise of such

right or remedy shall preclude or restrict the further exercise of that or any other right or remedy.

## **17. Data Protection and Information Security**

### **Data Protection**

17.1 The Parties will comply with all applicable requirements of the Data Protection Legislation. This Clause 17 is in addition to, and does not relieve, remove or replace, a party's obligations under the Data Protection Legislation.

17.2 The Parties acknowledge that where NWSSP is processing personal data under or in connection with this Agreement that for the purposes of the Data Protection Legislation, the relevant Partner Organisation where applicable is the data controller and NWSSP is the data processor (where Data Controller and Data Processor have the meanings as defined in the Data Protection Legislation). Where NWSSP is processing personal data each of the Services Schedule sets out the scope, nature and purpose of processing by NWSSP, the duration of the processing and the types of Personal Data (as defined in the Data Protection Legislation "Personal Data") and categories of Data Subject.

17.3 Without prejudice to the generality of Clause 17.1, each of the Partner Organisations will ensure that it has all necessary appropriate consents and notices in place to enable lawful transfer of the Personal Data to NWSSP for the duration and purposes of this Agreement.

17.4 Without prejudice to the generality of Clause 17.1, NWSSP shall, in relation to any Personal Data processed in connection with the performance by NWSSP of its obligations under this agreement:

(a) process that Personal Data only on the written instructions of each of the Partner Organisations where applicable unless NWSSP is required by laws of any member of the European Union or by the laws of the European Union applicable to NWSSP to process Personal Data ("EU Applicable Laws"). Where NWSSP is relying on laws of a member of the European Union or European Union law as the basis for processing Personal Data, NWSSP shall promptly notify the relevant Partner Organisation where applicable of this before performing the processing required by the EU Applicable Laws unless those EU Applicable Laws prohibit NWSSP from so notifying the relevant Partner Organisation where applicable;

(b) ensure that it has in place appropriate technical and organisational measures, reviewed and approved by the relevant Partner Organisation where applicable, to protect against unauthorised or unlawful processing of Personal Data and against accidental loss or destruction of, or damage to, Personal Data, appropriate to the harm that might result from the unauthorised or unlawful processing or accidental loss, destruction or damage and the nature of the data to be protected, having regard to the state of technological development and the cost of implementing any



measures (those measures may include, where appropriate, pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of its systems and services, ensuring that availability of and access to Personal Data can be restored in a timely manner after an incident, and regularly assessing and evaluating the effectiveness of the technical and organisational measures adopted by it);

(c) ensure that all personnel who have access to and/or process Personal Data are obliged to keep the Personal Data confidential; and

(d) not transfer any Personal Data outside of the European Economic Area unless the prior written consent of the relevant Partner Organisation where applicable has been obtained and the following conditions are fulfilled:

(i) NWSSP or the relevant Partner Organisation has provided appropriate safeguards in relation to the transfer;

(ii) the Data Subject has enforceable rights and effective legal remedies;

(iii) NWSSP complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred; and

(iv) NWSSP complies with reasonable instructions notified to it in advance by the relevant Partner Organisation where applicable with respect to the processing of the Personal Data;

(e) assist the relevant Partner Organisations, in responding to any request from a Data Subject and in ensuring compliance with its obligations under the Data Protection Legislation with respect to security, breach notifications, impact assessments and consultations with supervisory authorities or regulators;

(f) notify the relevant Partner Organisations without undue delay on becoming aware of a Personal Data breach;

(g) at the written direction of the relevant Partner Organisation, delete or return Personal Data and copies thereof to the relevant Partner Organisation on termination of the agreement unless required by EU Applicable Law to store the Personal Data; and

(h) maintain complete and accurate records and information to demonstrate its compliance with this Clause 17 and allow for audits by the Partner Organisations or a Partner Organisation's designated auditor.

17.5 Each Partner Organisation does not consent to NWSSP appointing any third party processor of Personal Data under this Agreement.

17.6 The Parties may, at any time on not less than 30 days' notice, and through agreement revise this Clause 17 by replacing it with any applicable controller to processor standard clauses or similar terms forming party of

an applicable certification scheme (which shall apply when replaced by attachment to this agreement).

### Information Security

17.7 Without limitation to any other information governance requirements set out in this Agreement, NWSSP shall:

- (a) notify the relevant Partner Organisation where applicable forthwith of any information security breaches or near misses (including without limitation any potential or actual breaches of confidentiality or actual information security breaches); and
- (b) fully cooperate with any audits or investigations relating to information security and any privacy impact assessments undertaken by the Partner Organisations and shall provide full information as may be reasonably requested each of the Partner Organisations in relation to such audits, investigations and assessments.

17.8 NWSSP shall ensure that it puts in place and maintains an information security management plan appropriate to this Agreement, the type of services being provided and the obligations placed on NWSSP. NWSSP shall ensure that such a plan is consistent with any relevant policies, guidance, and good industry practice.

17.9 Where required, NWSSP shall obtain and maintain certification under the HM Government Cyber Essentials Scheme at the level set out in the Specification and Tender Response Document.

## **18. Freedom of Information**

18.1 All parties acknowledge that they are subject to the requirements of the Freedom of Information Act and the Environmental Information Regulations and shall assist and co-operate with each other at their own expense in order to enable either party to comply with these information disclosure requirements.

18.2 The provisions of this clause shall apply during the continuance of the agreement and indefinitely after its expiry or termination.

## **19. Discrepancies, errors and omissions**

19.1 If any party identifies any discrepancy, error or omission between the provisions of this Agreement it shall notify the other party in writing of such discrepancy, error or omission.

19.2 All parties shall seek to agree such amendments to resolve such discrepancy, error or omission as soon as reasonably practicable.

19.3 Where the parties fail to reach agreement within 21 business days of the notice under clause 19.1 above and any party considers that the discrepancy, error or omission to be material to its rights or obligations under this Agreement , the matter will be referred to the dispute resolution procedure in accordance with clause 14 (Disputes).

## **20. Governing Law and Jurisdiction from Previous Version**

This agreement is a contract made in England and Wales and shall be subject to the laws of England and Wales.

The signatory document can be viewed in the original version of the document and can be accessed on request to the Head of Corporate Services, NWSSP.



# Audit and Assurance Services Service Level Agreement 2019/20

Version: 1  
Prepared by: Simon Cookson, Director of Audit & Assurance  
Date: 02 January 2019

## 1. Internal Audit and Assurance

| <b>Service objective</b>   |
|--|
| ♦ <b>To provide professional quality internal audit services to NHS organisations in Wales</b> |

### 1.1 Audit scope authority and responsibility

| <b>Responsibilities of NWSSP Audit &amp; Assurance Services</b>   | <b>Responsibilities of Health Board /Trust</b>   | <b>Quality Standards/ Performance Indicators</b>   |
|---|--|--|
| <b>Service deliverable – Clarify the role of a professional internal audit service</b>  |  |  |
| <ul style="list-style-type: none"> <li>In accordance with the requirements of the Public Sector Internal Audit Standards the Director of Audit &amp; Assurance shall prepare an Internal Audit Charter for adoption by each NHS organisation which defines the scope authority and responsibility of internal audit. The Charter will augment the provisions set out in Standing Orders and Standing Financial Instructions.</li> </ul> | <ul style="list-style-type: none"> <li>Adopt an Internal Audit Charter at each organisation to provide clarity on the scope, authority and responsibility of internal audit.</li> <li>In delivering the professional function of Head of Internal Audit including the expression of an independent and objective opinion the Director of Audit &amp; Assurance shall not be subject to the direction or control of any person or authority.</li> </ul> | <ul style="list-style-type: none"> <li>Formal adoption of the Internal Audit Charter by each NHS organisation in Wales.</li> </ul> |

## 1.2 Strategic and Operational Audit Plans

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust   | Quality Standards/ Performance Indicators   |
|--|---|---|
| <b>Service deliverable – Produce a strategic/3 year indicative internal audit plan</b>   |   |   |
| <ul style="list-style-type: none"> <li>• The strategic plan will be developed to meet the audit needs of the organisation, as assessed by the Head of Internal Audit, using the organisation's objectives and risk assessment processes as a primary resource.</li> <li>• The strategic plan will include provision for the Head of Internal Audit, at least annually, to assess the adequacy of the organisation's risk assessment processes and, if necessary, make recommendations for its review.</li> <li>• The strategic plan will establish the resources and skills required for its delivery and describe the audit techniques selected as the most effective for delivering the audit objectives. It will also set out the relative allocation of audit resources between assurance work and any agreed consultancy work.</li> </ul> | <ul style="list-style-type: none"> <li>• The strategic plan will be approved by the organisation's Audit Committee</li> </ul> | <ul style="list-style-type: none"> <li>• Production of a strategic audit plan based on a needs assessment.</li> <li>• Percentage of strategic audit plans signed off by Management and/or Audit Committee by 30 June each year (Note: plans will be subject to change and updating).</li> </ul> |

| Responsibilities of NWSSP Audit & Assurance Services  | Responsibilities of Health Board /Trust  | Quality Standards/ Performance Indicators  |
|---|--|--|
| <b>Service deliverable – Produce an annual internal audit plan</b>  |  |  |
| <ul style="list-style-type: none"> <li>To develop an annual internal audit plan drawn from the strategic audit plan in consultation with the Accountable Officer.</li> <li>The Head of Internal Audit will engage with the Chief Executive, Board Secretary and the Director of Finance and other relevant individuals in the production and co-ordination of audit plans.</li> <li>The annual internal audit plan will be kept under review to identify any amendments needed to reflect changing priorities and emerging audit needs</li> </ul> | <ul style="list-style-type: none"> <li>The annual internal audit plan for the forthcoming year is discussed at Executive Team and approved by the Chief Executive (or Board Secretary on their behalf) for recommendation to the Audit Committee.</li> <li>The Audit Committee discusses and approves the annual audit plan.</li> <li>The Audit Committee will be asked to approve material changes to the annual audit plan.</li> </ul> | <ul style="list-style-type: none"> <li>Production of an annual internal audit plan.</li> <li>Percentage of annual internal audit plans signed off by Management and/or Audit Committee by 30 June each year (Note: plans will be subject to change and updating).</li> <li>Quarterly liaison with the nominated executive lead during the course of the year.</li> </ul> |
| Responsibilities of NWSSP Audit & Assurance Services  | Responsibilities of Health Board /Trust  | Quality Standards/ Performance Indicators  |
| <b>Service deliverable – Produce a detailed schedule of audits with indicative timings</b>  |  |  |
| <ul style="list-style-type: none"> <li>Produce a detailed schedule of audits with indicative timings.</li> <li>Refine the detailed schedule through the course of the year with management leads in audit areas.</li> </ul>   | <ul style="list-style-type: none"> <li>The Board Secretary (or other nominated executive lead) will distribute the detailed schedule of audits and timings.</li> <li>Management leads refine and agree the detailed schedule of audits after discussion with internal audit.</li> </ul>  | <ul style="list-style-type: none"> <li>Produce a detailed schedule of audits with indicative timings.</li> <li>Number of reviews requested by management to be delayed including the reasons.</li> <li>Number of reviews delayed by Internal Audit including the reason.</li> </ul>  |

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust  | Quality Standards/ Performance Indicators   |
|--|--|---|
| <b>Service deliverable – Monitor resource inputs and service outputs compared to the annual internal audit plan</b>  |  |   |
| <ul style="list-style-type: none"> <li>The Director of Audit &amp; Assurance will ensure that audit resource inputs and service outputs agreed with each NHS organisation are monitored and achieved, and where this is not the case due to unforeseen circumstances to prepare suitable information and alternative courses of action for agreement by the relevant Audit Committee.</li> <li>The Head of Internal Audit will ensure a progress report is submitted to each Audit Committee detailing the status of all audit reviews.</li> <li>The Director of Audit &amp; Assurance will ensure that total resource inputs agreed and planned collectively across all NHS organisations are monitored and achieved, and where this is not the case due to unforeseen circumstances to prepare suitable information and alternative courses of action for agreement by the Shared Services Partnership Committee.</li> </ul> | <ul style="list-style-type: none"> <li>To commit resource inputs to the shared services partnership sufficient to meet the needs based strategic and annual internal audit plans.</li> <li>To facilitate the progress of the annual internal audit plans in accordance with the agreed schedule of assignments.</li> </ul> | <ul style="list-style-type: none"> <li>Monitoring of input days compared to the plan.</li> <li>Delivery of audit assignments against those agreed in the plan.</li> </ul> |



### 1.3 Performance of Audit Reviews

| Responsibilities of NWSSP Audit & Assurance Services  | Responsibilities of Health Board /Trust  | Quality Standards/ Performance Indicators   |
|---|--|---|
| <b>Service deliverable – Production of assignment brief</b>   |  |   |
| <ul style="list-style-type: none"> <li>Prior to commencement of an audit, the Executive and Management Leads are issued with a proposed assignment brief describing the area(s) to be reviewed, audit objective(s), scope of the review, planned audit approach, anticipated assurances and reporting arrangements.</li> <li>Internal Audit will meet with Executive and Management Leads to discuss the proposed audit brief and timing of the audit work (except where unannounced visits are essential to the achievement of the audit objectives).</li> <li>The audit brief will be formally agreed by the appropriate Executive and Management Leads.</li> </ul> | <ul style="list-style-type: none"> <li>Audit brief agreed and approved by Executive and Management Leads.</li> </ul> | <ul style="list-style-type: none"> <li>Client satisfaction feedback form will confirm NWSSP responsibilities were met.</li> </ul> |

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust  | Quality Standards/ Performance Indicators  |
|--|--|--|
| <b>Service deliverable – Undertake audit fieldwork</b>   |  |  |
| <ul style="list-style-type: none"> <li>The audit review is undertaken in accordance with the audit assignment brief.</li> <li>Any queries arising from the fieldwork and internal quality assurance arrangements are addressed.</li> </ul> | <ul style="list-style-type: none"> <li>Key staff to contribute to the delivery of the audit through meetings, and provide appropriate information as requested.</li> </ul> | <ul style="list-style-type: none"> <li>Client satisfaction feedback form.</li> <li>Internal Quality assurance arrangements.</li> </ul> |

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust   | Quality Standards/ Performance Indicators   |
|--|---|---|
| <b>Service deliverable – Reporting findings</b>  |   |   |
| <ul style="list-style-type: none"> <li>Following closure of fieldwork and resolution of queries, findings and conclusions are shared with operational management in the form of an exit meeting.</li> <li>Draft report issued to relevant Executive Lead for further distribution to the Operational Management Leads, and copied to the Board Secretary.</li> <li>The Head of Internal Audit will apply escalation procedures for any management responses that are judged to be inadequate in relation to the identified risk.</li> <li>A final report is issued to the relevant Executive Lead following receipt of a complete management response.</li> <li>The Head of Internal Audit will ensure a progress report is submitted to each Audit Committee detailing the status of all audit reviews</li> </ul> | <ul style="list-style-type: none"> <li>Operational managers meet with the auditor(s) to discuss findings and comment in respect of accuracy and solutions for improvement.</li> <li>Management are responsible for confirming the accuracy of the draft report, fairness of assurance rating and agreeing actions to recommendations. A response, including a fully populated action plan, is required within 15 working days of receipt of the formal draft report.</li> <li>Where responses are still awaited after 15 working days the Board Secretary will chase, escalating to Executive Management as appropriate.</li> <li>Final reports are received by the Audit Committee at the next available meeting.</li> </ul> | <ul style="list-style-type: none"> <li>Reporting of draft findings and conclusions at an exit meeting at the closure of the fieldwork.</li> <li>Draft report issued within 10 days of fieldwork completion and resolution of queries.</li> <li>Management response to draft report including populated action plan within 15 working days of receiving the draft report.</li> <li>Final report issued within 10 working days of receipt of complete management responses.</li> <li>Percentage of reports meeting the above three timing indicators.</li> </ul> <p>Note: response times can be varied subject to local agreement but this should be reported to and agreed by the Audit Committee.</p> |

| Responsibilities of NWSSP Audit & Assurance Services      | Responsibilities of Health Board /Trust | Quality Standards/ Performance Indicators |
|---|---|---|
| <b>Service deliverable – Follow-up of Recommendations</b> |   |   |

|   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Review implementation of the action by management for “red or amber” assurance rated reports shortly after the completion dates of the relevant action plans.</li> </ul> | <ul style="list-style-type: none"> <li>Operational management implement agreed improvement actions within the agreed timescale, overseen by Executive Leads.</li> <li>The Board Secretary (or other nominated executive lead) reports on management’s progress with the implementation of recommendations to the Audit Committee.</li> <li>The Audit Committee identifies their priority areas for internal audit follow up.</li> </ul> | <ul style="list-style-type: none"> <li>Percentage of high priority audit recommendations implemented by management within the agreed timescale.</li> <li>Internal Audit undertake follow up work on all “red or amber” assurance rated reports shortly after the completion dates of the relevant action plans or at a time to be agreed by Management and/or the Audit Committee.</li> </ul> |
|---|---|---|

#### 1.4 Attendance at Audit Committees and Liaison with Regulators

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust   | Quality Standards/ Performance Indicators   |
|--|---|---|
| <b>Service deliverable – Attendance at Audit Committees</b>  |   |   |
| <ul style="list-style-type: none"> <li>The Head of Internal Audit (or appropriate representative) will attend Audit Committee meetings unless, exceptionally, the Audit Committee decides that they should be excluded from either the whole meeting or particular agenda items</li> <li>The Director of Audit &amp; Assurance and assigned Head of Internal Audit will meet privately with the Audit Committee of each organisation.</li> </ul> | <ul style="list-style-type: none"> <li>To make known the reasons for any such exclusion of Internal Audit to the Accountable Officer.</li> <li>To make arrangements for the Audit Committee to periodically meet with internal audit in private session.</li> </ul> | <ul style="list-style-type: none"> <li>Percentage of Audit Committees attended by Internal Audit.</li> <li>The Director of Audit &amp; assurance and Head of Internal Audit meet privately with the Audit Committee at least annually and more frequently if required.</li> </ul> |

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust  | Quality Standards/ Performance Indicators   |
|--|--|---|
| <b>Service deliverable – Liaison with External Auditors, Regulators and Stakeholders</b>   |  |   |
| <ul style="list-style-type: none"> <li>• The Head of Internal Audit will meet regularly with the External Auditor to consult on audit plans, discuss matters of mutual interest, and ensure local coordination of programmes of work.</li> <li>• The Director of Audit &amp; Assurance will meet periodically with the Wales Audit Office and Health Inspectorate Wales to consult on audit plans; discuss matters of mutual interest; ensure understanding of audit techniques, methods and terminology; and ensure strategic coordination of internal audit plans and work programmes.</li> <li>• Heads of Internal Audit will meet periodically with the local Wales Audit Office lead and the Local Counter Fraud lead to consult on audit plans; discuss matters of mutual interest; ensure understanding of audit techniques, methods and terminology; and ensure coordination of local internal audit plans and work programmes where appropriate.</li> <li>• The Director of Audit &amp; Assurance will meet periodically with the Board Secretaries' Group and the Finance Directors' Group as the key internal stakeholders to consult on audit service</li> </ul> | <ul style="list-style-type: none"> <li>• Audit Committee to confirm appropriate liaison between internal audit and external auditor.</li> <li>• Board Secretaries' group to invite Director of Audit &amp; Assurance to attend meetings.</li> <li>• Finance Directors' group to invite Director of Audit &amp; Assurance to attend meetings.</li> <li>• Use the agreed Local Counter Fraud/Internal Audit protocol.</li> </ul> | <ul style="list-style-type: none"> <li>• Liaison meetings held with External Auditor and confirmed by them.</li> <li>• Strategic liaison meetings held with WAO and HIW and confirmed by the Director of Audit &amp; Assurance.</li> <li>• Stakeholder liaison meetings held with Board Secretaries and Finance Directors and confirmed by them.</li> <li>• Local liaison meetings held with WAO and LCFS and confirmed by them.</li> </ul> |

|  |  |  |
|--|--|--|
| developments and matters of mutual interest. |  |  |
|--|--|--|

### 1.5 Annual Reporting and presentation of Audit Opinion

| Responsibilities of NWSSP Audit & Assurance Services  | Responsibilities of Health Board /Trust   | Quality Standards/ Performance Indicators  |
|---|---|--|
| <b>Service deliverable – Assurance Opinion for Annual Governance Statement</b>  |   |  |
| <ul style="list-style-type: none"> <li>The Head of Internal Audit prepares an Annual Report summarising audit work undertaken during the year and performance against the plan and the Public sector Internal Audit Standards.</li> <li>The annual report also contains the Head of Internal Audit opinion on the organisation's governance, risk management and internal control arrangements. This is shared with the Chief Executive and presented to the Audit Committee for inclusion in the Board's Annual Governance Statement.</li> </ul> | <ul style="list-style-type: none"> <li>Board receives assurance opinion from Head of Internal Audit to inform production of the Annual Governance Statement.</li> </ul> | <ul style="list-style-type: none"> <li>Annual Report and Head of Internal Audit Opinion reported to an agreed meeting of the Audit Committee to inform Annual Governance Statement.</li> </ul> |

### 1.6 Staff training and development

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust   | Quality Standards/ Performance Indicators  |
|--|---|--|
| <b>Service deliverable - Provide appropriately trained and skilled staff</b>   |   |  |
| <ul style="list-style-type: none"> <li>The Director of Audit &amp; Assurance will ensure the division is appropriately staffed in terms of numbers, grades, qualification levels, and experience,</li> </ul> | <ul style="list-style-type: none"> <li>To commit sufficient resources and training provision to enable the division to be adequately staffed and trained to meet the</li> </ul> | <ul style="list-style-type: none"> <li>Audits undertaken by appropriately qualified individuals with the right experience. The client</li> </ul> |

|   |   |   |
|---|---|---|
| <p>having regards to its objectives and to the requirements of the Public Sector Internal Auditing Standards.</p> <ul style="list-style-type: none"> <li>Internal auditors should be properly trained to fulfil their responsibilities and should maintain their professional competence through an appropriate ongoing development programme. They should maintain a record of such training activities. Accordingly the Director of Audit &amp; Assurance will ensure that appropriate provision is made for maintaining and developing the competence of audit staff.</li> </ul> | <p>requirements of the service specification and the Public Sector Internal Auditing Standards.</p> | <p>satisfaction feedback form will ask this question.</p> <ul style="list-style-type: none"> <li>All auditors have undertaken an appropriate programme of continuing professional development.</li> <li>Each individual auditor has an annual Personal Development Review and can demonstrate appropriate development in the year.</li> </ul> |
|---|---|---|

### 1.7 Quality assurance and complaints

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust   | Quality Standards/ Performance Indicators   |
|--|---|---|
| <b>Service deliverable - Provide a professional quality audit service</b>  |   |   |
| <ul style="list-style-type: none"> <li>Internal audit services provided in accordance with the Public Sector Internal Audit Standards, current legislation and guidance, and the Audit and Assurance Quality (Audit) Manual under the authority of an Internal Audit Charter.</li> <li>The Heads of Internal Audit to apply internal quality assurance review</li> </ul> | <ul style="list-style-type: none"> <li>Application of the provisions in the Internal Audit Charter at each organisation which defines the scope, authority and responsibility of internal audit.</li> <li>Any complaint or compliment regarding the performance of internal audit shall be put to the Director of Audit &amp; Assurance.</li> </ul> | <ul style="list-style-type: none"> <li>Formal adoption of the Internal Audit Charter by each NHS organisation in Wales.</li> <li>Self-assessed compliance with The Public Sector Internal Audit Standards.</li> <li>Results of internal quality assurance reviews.</li> <li>Results of the annual review</li> </ul> |

|  |  |  |
|--|--|--|
| <p>processes to all audit work in accordance with established protocols</p> <ul style="list-style-type: none"> <li>• Director of Audit &amp; Assurance to secure periodic external quality review of the NHS Wales Audit &amp; Assurance division.</li> <li>• Where a formal complaint is received then the Director Audit &amp; Assurance will deal with the complaint in accordance with the NHS Shared Services Partnership Complaints Policy.</li> </ul> | <ul style="list-style-type: none"> <li>• Where any such complaint relates to the conduct of the Director Audit &amp; Assurance, the NHS organisation will have access to the Director of the Shared Services Partnership.</li> </ul> | <p>undertaken by Wales Audit Office.</p> <ul style="list-style-type: none"> <li>• Reported outcomes of periodic external quality assurance reviews.</li> <li>• Number of complaints/compliments received.</li> </ul> |
|--|--|--|

### 1.8 Value for money and professional influence

| Responsibilities of NWSSP Audit & Assurance Services  | Responsibilities of Health Board /Trust   | Quality Standards/ Performance Indicators   |
|---|---|---|
| <b>Service deliverable – Making a positive difference</b>   |   |   |
| <ul style="list-style-type: none"> <li>• Internal audit will aim to add value to the organisation through professional influence and the identification of improved or rationalised internal control frameworks, improvements in business processes, operational efficiency improvements, and potential value for money savings.</li> </ul> | <ul style="list-style-type: none"> <li>• Effective use of internal audit as a service to management to help identify inefficiency and secure value improvement for the organisation.</li> </ul> | <ul style="list-style-type: none"> <li>• Identification of examples of making a positive difference through professional influence and adding value.</li> </ul> |

### 1.9 Internal efficiency and financial performance

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust | Quality Standards/ Performance Indicators |
|--|---|---|
| <b>Service deliverable - Internal audit efficiency</b> |   |   |

|  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• The Director of Audit &amp; Assurance will make arrangements to manage the division within the agreed revenue budget for the year. Where this is not possible, they should prepare suitable alternative courses of action for agreement by the Director of Shared Services.</li><li>• The Director of Audit &amp; Assurance will make arrangements to manage the efficient and effective deployment of staff resources to perform the requirements of the service level agreement across the NHS in Wales.</li></ul> | <ul style="list-style-type: none"><li>• To commit resources to the shared services partnership sufficient to deliver a professional internal audit function across the NHS in Wales in accordance with this service level agreement.</li></ul> | <ul style="list-style-type: none"><li>• Financial position of the NWSSP Audit &amp; Assurance budget.</li><li>• Organisational feedback on the quality of internal audit staff.</li></ul> |
|--|--|---|



## 2. Consulting Services

| Service objective   |
|---|
| ♦ To provide professional consulting services to NHS organisations in Wales |

### 2.1 Provision of consulting services

| Responsibilities of NWSSP Audit & Assurance Services   | Responsibilities of Health Board /Trust   | Quality Standards/ Performance Indicators  |
|--|---|--|
| <b>Service deliverable – Consulting services</b>   |   |  |
| <ul style="list-style-type: none"> <li>The Public Sector Internal Audit Standards enable internal to provide an independent and objective consulting service specifically to support management in improving the organisations risk management control and governance.</li> <li>These consulting services can take a variety of forms, which may include: <ol style="list-style-type: none"> <li>attendance and facilitation at various committee meetings;</li> <li>provision of guidance and advice on the design of controls;</li> <li>critical friend role on the development of governance, risk management and assurance arrangements; and</li> <li>reviewing new or updated operational or financial control procedures.</li> </ol> </li> </ul> | <ul style="list-style-type: none"> <li>Ensure an appropriate baseline provision for consulting services is secured within the strategic internal audit plan.</li> <li>Ensure discretionary additional requests for consulting services are subject to specification within terms of reference.</li> </ul> | <ul style="list-style-type: none"> <li>Specific client satisfaction feedback from completed for consulting engagements.</li> </ul> |

|   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• In addition to servicing the needs of individual organisations a significant proportion of consulting services provided by the Audit &amp; Assurance division will be directed towards expert advice and guidance on national policy developments, major projects, and systems developments for the collective benefit of NHS Wales.</li><li>• Internal audit will adopt the relevant approach to the provision of consulting services (using an established protocol) and where appropriate this will involve the service specifications outlined above in the section on internal audit.</li><li>• The allocation of baseline resources to consulting services will be considered when determining the needs based strategic internal audit plans. Individual organisations may commission additional consulting services on a discretionary basis according to local demands and needs. The rates and terms for any additional services will be agreed in advance.</li></ul> |  |  |
|---|--|--|

## Appendix 1 of Schedule A

### Data Processing

|                                   |  |
|-----------------------------------|--|
| <b>Scope</b>                      | <i>Audit and Assurance</i>   |
| <b>Nature</b>                     | <i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>  |
| <b>Purpose of processing</b>      | <i>To enable support of the Audit and Assurance function, namely:</i><br><br><i>Human Resources of audit staff (staff records, PADRs, reviews, etc)</i><br><i>Correspondence and Communication</i><br><i>Audit files</i><br><i>Audit Universes, Plans</i><br><i>Audit performance</i><br><i>Audit reports (HOIA,</i><br><i>Audit meetings</i><br><i>Procurement (Tender information, costings)</i><br><i>Corporate (declarations of interest)</i><br><i>Specialist investigation files</i><br><i>Risk Assessments (DSE, Maternity)</i><br><i>Reports (audit committee)</i><br><i>Minutes, agendas and meeting papers</i><br><i>Internal Audit charter and manual</i> |
| <b>Duration of the processing</b> | <i>Continuous requirement to process data for management of the Audit &amp; Assurance function but only in line with legal processing (with consent where required) and retained under Records Management principles.</i>  |
| <b>Types of personal data</b>     | <i>Contract information</i><br><i>Human Resources records</i><br><i>Customer and NHS data</i><br><i>Audit information</i><br><i>Payment information</i><br><i>Purchasing information</i><br><i>Patient and Sensitive Patient data</i><br><i>Commercially/Business Sensitive data</i>   |
| <b>Categories of data subject</b> | <i>Personal identifiable</i><br><i>Commercially/Business sensitive</i><br><i>Patient identifiable</i><br><i>Sensitive Patient identifiable</i>   |

—  
—  
-  
—



# **SERVICE SCHEDULE B EMPLOYMENT SERVICES**

**Version: 5**

**Date: January 2019**

**SERVICE OBJECTIVES/DELIVERABLES**

The provision of a Service which will be responsive to customer requirements and will seek to provide improved delivery (the principles of continuous improvement) within allocated budgets and resources

**EMPLOYMENT SERVICES VISION:**

In Partnership  
deliver a World

## Table of Contents

### (Service Schedule B) Employment Services

Version: 5 Date: 2016

|      |  |                                     |
|------|--|-------------------------------------|
| 1.   | FINANCIAL GOVERNANCE, COMPLIANCE & AUDIT .....   | 5                                   |
| 2.   | MONTHLY ROUTINES.....  | 6                                   |
| 3.   | YEAR END PROCESSING & REPORTING .....  | 6                                   |
| 4.   | MANAGEMENT OF INFORMATION AND KPIs - Payroll .....   | 7                                   |
| 5.   | SYSTEMS SUPPORT .....  | 8                                   |
| 6.   | PAYROLL SERVICES .....   | 10                                  |
| 6.1  | Payroll dates and deadlines for input of pay details and any changes to Employee Details ..... | 10                                  |
| 6.2  | ESR Data.....  | 12                                  |
| 6.3  | Payroll Checking Processes .....   | 13                                  |
| 6.4  | Pay Awards and Local Agreements.....   | 13                                  |
| 6.5  | Processing of Absence Data.....  | 14                                  |
| 6.6  | Processing Starters & Leavers .....  | 15                                  |
| 6.7  | Overpayments, Underpayments and Re-work .....  | 16                                  |
| 6.8  | General.....   | 17                                  |
| 6.9  | Payroll Charges.....   | 18                                  |
| 6.10 | Administration of Lease Cars (where the service is provided by NWSSP) .....                    | 19                                  |
| 6.11 | Additional Ad Hoc Activity.....  | 22                                  |
| 7.   | EXPENSE PAYMENTS SERVICE.....  | 23                                  |
| 7.1  | Deadlines and Payment of Expenses .....  | 23                                  |
| 7.2  | ESR Reporting of Mileage and Other Expenses.....   | 25                                  |
| 7.3  | Expense Claim Checking Processes .....   | <b>Error! Bookmark not defined.</b> |
| 7.4  | Increases in Rates for Mileage and Other Expenses .....  | 27                                  |
| 7.5  | Payment of Expense Allowances During Employee Absences (Maternity/Adoption/Sickness) .....     | 28                                  |
| 7.6  | Retention of Claims and Receipts.....  | 28                                  |
| 7.7  | Implementation & Roll-Out of e-Expenses .....  | <b>Error! Bookmark not defined.</b> |
| 8.   | PENSIONS SERVICE.....  | 30                                  |
| 8.1  | General.....   | 30                                  |
| 8.2  | Joiners .....  | 31                                  |
| 8.3  | Information for Employees.....   | 32                                  |
| 8.4  | Estimates.....   | 32                                  |

|  |  |    |
|--|--|----|
| 8.5  | Leavers .....  | 33 |
| 8.6  | Retirements .....  | 33 |
| 8.7  | Death Benefits for Current Members .....                       | 34 |
| 8.8  | Injury Benefits .....  | 34 |
| 9.   | RECRUITMENT SERVICES .....                                     | 35 |
| 9.1  | Provide a Comprehensive Recruitment and Selection Service..... | 36 |
| 9.2  | Advertising Stage.....   | 37 |
| 9.3  | Interview Stage .....  | 38 |
| 9.4  | On-boarding Stage .....  | 40 |
| 9.5  | Recruitment Data and File Management .....                     | 43 |
| 9.6  | Management of Information and KPI's – Recruitment .....        | 44 |
| APPENDIX 1 .....                           |  | 46 |
| Employment Services Charges Schedule:..... |  | 46 |

## 1. FINANCIAL GOVERNANCE, COMPLIANCE & AUDIT

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Director of Employment Services must ensure compliance with Health Board/Trust's SOs, SFIs and FCPs</li> <li>• Director of Employment Services to support the Audit Process, attend any meetings required, including Audit Committee</li> <li>• Apply Velindre Audit Policy including actioning recommendations applicable to NWSSP process</li> <li>• Health Board/Trust notified immediately if any issues affecting Governance or internal controls occur</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure Employment Services staff are able to access relevant SOs, SFIs and FCPs through the Finance Portal</li> <li>• Ensures Director Employment Services is advised of Audit Plans, dates of visits etc.</li> <li>• Action Audit Recommendations applicable to the Health Board/Trust part of the end to end process</li> <li>• Review NWSSP escalation reports and Quarterly Review Action Plans providing instructions/resolution to NWSSP to effectively manage resolution</li> <li>• Review and sign-off of NWSSP KPI's at Assistant Director of Workforce Group</li> <li>• Ensure NWSSP are informed of any changes to authorised signatories/scrutiny at the point of assignment change or termination</li> <li>• Undertake IR35 assessment provide 1 month notice to NWSSP Payroll Services of any enrolments for on salary payments</li> </ul> | <ul style="list-style-type: none"> <li>• Provision of a payroll service that meets audit requirements of financial control and compliance</li> <li>• Quarterly Review and operational performance reviews to facilitate audit tracker and NWSSP Escalation Reports</li> </ul> |



## 2. MONTHLY ROUTINES

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators   |
|--|---|---|
| <p>The Director of Employment Services is responsible for ensuring:</p> <ul style="list-style-type: none"> <li>Month end and year end timetables are adhered to</li> <li>ESR costing/GL file is transferred and notified to the hub and the Health Board/Trust within agreed timescales detailed in the HB/Trust timetables</li> <li>Submission of RTI data to HMRC at the end of each payroll process (in accordance with HMRC timescales)</li> <li>NWSSP to investigate any discrepancies and inform and take corrective action within 3 days of being notified</li> </ul> | <ul style="list-style-type: none"> <li>Acknowledge receipt of GL transfer to hub</li> <li>Notification of any issues relating to the GL within two days</li> <li>Action Manual payments requests made by NWSSP within 3 working days of receipt from NWSSP</li> </ul> | <ul style="list-style-type: none"> <li>All month end responsibilities as set out in the Closedown Timetable are achieved by the specific measurable deadline</li> </ul> |

## 3. YEAR END PROCESSING & REPORTING

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Responsible for Year End Payroll Processing including submission of any P11d documentation in accordance with timescales</li> </ul> | <ul style="list-style-type: none"> <li>Year End Timetable agreed by all stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>All year end responsibilities as set out in the Closedown Timetable are achieved by the deadline</li> </ul> |

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators |
|--|---|---|
| <ul style="list-style-type: none"> <li>P60 production as part of year end payroll</li> </ul> | <ul style="list-style-type: none"> <li>P60's via organisational internal mail distribution sites</li> </ul> |   |

#### 4. MANAGEMENT OF INFORMATION AND KPIs - Payroll

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Monitor and report performance figures monthly to Health Boards/Trusts</li> <li>Report KPI figures periodically for SMT, NWSSP Committee etc as required.</li> <li>Objectives and KPI Monitoring are implemented which would be applicable to both the Provider and Customer in the Shared Service Arrangement.</li> <li>Attendance at the NWSSP Shared Services Committee by the Director, Employment Services, as required.</li> <li>Reporting of customer satisfaction levels (Customer Pulse Surveys)</li> </ul> | <ul style="list-style-type: none"> <li>Review and agree KPIs and Monitoring measures, amending where agreed by both parties at Assistant Director of Workforce Group</li> <li>Objectives and KPI Monitoring is well established which would be applicable to both the Provider and Customer in the Shared Service Arrangement</li> <li>Agree and diarise performance meetings to discuss the delivery of the SLA and the responsibilities of both parties</li> <li>Review NWSSP escalation reports and performance review actions to address local hot spot areas and provide NWSSP with resolution outcomes</li> </ul> | <ul style="list-style-type: none"> <li>As set out in each area of this SLA for Employment Services</li> <li>Ensure acceptable performance against agreed KPIs</li> </ul> |

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators |
|--|---|---|
| <ul style="list-style-type: none"> <li>Frequent performance reviews focusing on service modernisation and delivery of efficient paper-lite processes under IMTP (Flexibility of quarterly or bi-annual reviews)</li> </ul> | <ul style="list-style-type: none"> <li>Internal promotion and response to Customer Pulse Surveys</li> </ul> |   |

## 5. SYSTEMS SUPPORT

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Allocate appropriate levels of ESR access to Payroll Users in accordance with the ESR System Access Process including periodical review of user access</li> <li>Transfer of costing file to GL and resolution of issues within ESR where costing record is incorrect or excluded providing details to Finance Lead</li> <li>Work with Finance Staff to identify and eliminate reconciliation differences between ESR &amp; GL in relation to PAYE, NI etc within one month of them arising</li> <li>Trigger business continuity plan and inform HB/T Lead</li> </ul> | <ul style="list-style-type: none"> <li>Delegate responsibility to NWSSP (ESR System Administrator) for the allocation, monitoring and administration of Payroll Users in accordance with the ESR System Access Process</li> <li>Allocation of ESR User Responsibility Profiles</li> <li>Ensure accessibility of NWSSP staff to all IT systems and wider functionality: <ul style="list-style-type: none"> <li>ESR</li> <li>Intranet</li> <li>Shared data directories</li> <li>Server Capacity/access</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>As set out in agreed payroll timetables</li> </ul> |

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|--|--|---|
| <ul style="list-style-type: none"> <li>Undertake 6 month review of ESR HR and Payroll User Responsibility Profile ensuring allocation within NWSSP Payroll Teams is appropriate to Job Role (in accordance with Wales Audit Office requirements for Nationally Hosted IT)</li> </ul> | <ul style="list-style-type: none"> <li>Local IT commitment to resolution</li> <li>Provide system and hardware support in line with Business Continuity plans</li> <li>Undertake 6 month review of ESR HR and Payroll User Responsibility Profile ensuring allocation within the organisation is appropriate to Job Role (in accordance with Wales Audit Office requirements for Nationally Hosted IT)</li> </ul> |   |

## 6. PAYROLL SERVICES

### SERVICE OBJECTIVES / DELIVERABLES

- ◆ Provision of a timely and accurate payroll service
- ◆ Remedial action to correct over and underpayment in a timely manner
- ◆ Provision of management information
- ◆ Compliance with HMRC and other Statutory Regulations
- ◆ Payroll reconciliation
- ◆ Ensure excellent communication and liaison with Health Board/Trusts
- ◆ Provide advice and support where required
- ◆ Timely response to payroll enquiries in line with Health Board/Trust policies and procedures

### 6.1 Payroll dates and deadlines for input of pay details and any changes to Employee Details

| Responsibilities of NWSSP<br>Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance<br>Indicators   |
|--|--|--|
| <ul style="list-style-type: none"> <li>Process payments in accordance with statutory requirements and Local policies within the agreed timescales</li> <li>Produce payroll deadline schedule for the financial year for the receipt of payroll data in any month or week by the end of the preceding February</li> <li>Ensure payments are made in accordance with the schedule of pay dates agreed with Health Boards/Trust in line with HMRC within 2 days of HMRC deadline</li> <li>Ensure data received after the agreed submission dates will be processed</li> </ul> | <ul style="list-style-type: none"> <li>Health Board/Trust to nominate a point of contact to agree payroll submission dates for the financial year by the end of the Preceding February</li> <li>Submit payroll documentation, or ensure data is input at source, by the agreed deadline, in the agreed format and accurately recorded</li> <li>Payroll data must be submitted in the agreed format to Payroll in a timely manner in accordance with the agreed timescales (including electronic file transfers)</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that any payroll data received within the agreed timescales and in the correct format is processed in the current pay period within 2 days of HMRC deadline</li> <li>Output measured against KPI's agreed by Assistant Directors of Workforce</li> </ul> |

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|---|--|---|
| <p>for payment in the next available/appropriate payroll run</p> <ul style="list-style-type: none"> <li>• Data received or input through MSS after the agreed submission dates or in the wrong format will not be processed. However, it will be processed for payment in the following month/week's payroll run providing it is in the correct format</li> <li>• Individual cases for additional payment on Supplementary pay runs or Manual payments will be reviewed in accordance with policy/protocol for each Health Board</li> <li>• Submit RTI, P60s, and all other necessary documentation and to HMRC in accordance with statutory requirements and within the prescribed timescales</li> <li>• Produce schedules for the payment of NHS Pensions, PAYE, NI contributions and voluntary deductions in line with agreed schedules to ensure payments are made in accordance with agreed timescales. This should be received by the Health Board/Trust 2 days before the HRMC deadlines.</li> </ul> | <ul style="list-style-type: none"> <li>• Submission and resolution of any issues that impact on the timely submission of any electronic files (for example e-rostering) must be resolved by the HB/Trust prior to scheduled deadline</li> <li>• Produce schedules for the payment of NHS Pensions, PAYE, NI contributions and voluntary deductions in line with agreed schedules to ensure payments are made in accordance with agreed timescales</li> <li>• Make payment for NHS Pensions, PAYE, NI contributions and voluntary deductions in line with agreed schedules to negate additional costs e.g. NHS Pensions Administration Charge £75 (late payments) from 1 April 2014</li> <li>• Accountable for identifying and maintaining payslip delivery address points held in ESR (support roll-out e-expenses)</li> </ul> |   |

| Responsibilities of NWSSP Employment Services | Responsibilities of Health Board/Trust | Quality Standards/ Key Performance Indicators |
|---|--|---|
| •   |  |   |

## 6.2 ESR Data

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators   |
|--|--|---|
| <ul style="list-style-type: none"> <li>NWSSP is deemed the Data Processor of ESR (relating to data entered/processed by NWSSP under this SLA)</li> <li>Agreement of timescales for submission of requests for payroll data held in ESR</li> <li>Support organisations in response to FOI's where the request for data is payroll related to enable the Health Board/Trust to adhere to FOI timescales</li> </ul> | <ul style="list-style-type: none"> <li>The Health Board/Trust is deemed the Data Controller of ESR</li> <li>All jointly held data on the ESR system will be accessed and reported on by the Health Board/Trust</li> <li>Requests for payroll data held in ESR that is not accessible to Health Boards/Trust should be made on a case by case basis and agreement reached regarding response and timescales</li> <li>Ad hoc reports from the ESR system through Discoverer or ESR BI will be sourced through the Health Board/Trust Work Structures Team</li> <li>Forward Payroll/Recruitment FOI's to NWSSP within 2 working days of Health Board/Trust receiving FOI</li> </ul> | <ul style="list-style-type: none"> <li>Information provided within agreed timescales</li> </ul> |

### 6.3 Payroll Checking Processes

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Work in line with ESR Best practice to undertake variance and quality control checks</li> <li>• Ensure that Payrolls are reconciled on completion of a payment run.</li> <li>• Balance payroll output files (Cheque and BACs) to payroll input processed within agreed payroll production cycles, and ensuring that process and payment dates reconcile to those agreed with each Partner Organisation/Customer (moved from S5 above)</li> </ul> | <ul style="list-style-type: none"> <li>• Submission of accurate data in the agreed format. Managers are responsible for the validation of all payroll data submitted.</li> </ul> | <ul style="list-style-type: none"> <li>• Payroll to undertake sample and variance control checks as defined within Audit recommendations</li> </ul> |

### 6.4 Pay Awards and Local Agreements

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Implement pay awards as directed by appropriate Pay Circular or local agreement</li> <li>• Implement Wales National Pay changes as directed</li> <li>• To provide copy of Pay Circulars to HB/T</li> </ul> | <ul style="list-style-type: none"> <li>• Inform NWSSP in writing of any new or changed local agreements at commencement of discussions</li> <li>• To communicate Pay Circulars to employees within the HB/T</li> <li>• Adopt revised or new pay codes and elements within agreed timelines</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that any payroll data received within the agreed timescales is processed in the next available appropriate pay run</li> </ul> |



| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust | Quality Standards/ Key Performance Indicators |
|--|--|---|
| <ul style="list-style-type: none"> <li>Calculate arrears and process for payment in the next available/ appropriate payroll run</li> <li>Set up new pay elements as and when required in accordance with the agreed timescales</li> <li>Significant pay arrears to be notified to Finance (value to be determined locally by Finance)</li> </ul> |  |   |

## 6.5 Processing of Absence Data

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Amendments will be made to employees pay on submission of any absence data (Maternity/sickness/career break etc).</li> </ul> | <ul style="list-style-type: none"> <li>Submission or input of any absence data in the agreed format within the agreed timescales as defined by pay schedule</li> <li>Review open absence dates prior to pay submission date ensuring accurate submission of sickness absence via ESR Self Service in line with WfIS Plan</li> <li>All sickness absence to be entered via ESR Self Service where</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that any payroll data received within the agreed local payroll submission timescales and in the correct format is processed in the next available pay period</li> </ul> |

| Responsibilities of NWSSP Employment Services | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|---|--|---|
|   | <p>functionality is implemented (exception where absence information is included as part of an electronic pay file e.g. e-rostering or T&amp;A) in line with WfIS Plan</p> <ul style="list-style-type: none"> <li>The data must be submitted in the agreed format in line with the agreed timescales to ensure accurate information is held for employees and statutory SSP/SMP information is up to date to avoid any overpayment/underpayment</li> </ul> |   |

## 6.6 Processing Starters & Leavers

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators  |
|---|--|--|
| <ul style="list-style-type: none"> <li>The Payroll Department will process new starters within the next appropriate and available pay run following receipt of the relevant documentation</li> <li>Payroll will process leavers within the month of notification if documentation is submitted to the Payroll Department within the agreed timescales.</li> </ul> | <ul style="list-style-type: none"> <li>Submission of appointment forms within the agreed Pay Schedule</li> <li>Submission of termination via ESR Self Service where implemented within the service in line with WfIS Plan</li> <li>Submission of Leavers forms within the agreed timescales (only where ESR Self Service is not available)</li> <li>Ensure that documentation is submitted in the agreed format and</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that any payroll data received within the agreed timescales and in the correct format is processed in the next available pay period</li> </ul> |

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|---|--|---|
| <ul style="list-style-type: none"> <li>Reasons for leaving and leave dates will be input onto the ESR system (non-ESR SS areas)</li> <li>Payment/deductions for any outstanding leave will be calculated in accordance with the information submitted from the Manager</li> <li>To return information provided by the manager where NWSSP are unable to process due to data quality or non-compliance with national policy/T&amp;C's A/L entitlements, notice periods etc.</li> <li>NWSSP to work with individual HB/T to implement new appointment form</li> </ul> | <p>that all mandatory fields are completed accurately on the forms for example notification of outstanding leave</p> <ul style="list-style-type: none"> <li>Review and take remedial action of 'hot spot' areas identified and notified as part of NWSSP Escalation and Performance Review Reporting</li> <li>HB/T to explore with NWSSP roll-out of new appointment form</li> <li>Upload vacancy request onto Trac within 5 working days of receipt of resignation</li> </ul> |   |

### 6.7 Overpayments, Underpayments and Re-work

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators  |
|---|---|--|
| <ul style="list-style-type: none"> <li>All overpayments and rework will be recorded and reports will be submitted to Health Boards/Trusts to monitor any specific problem areas</li> <li>Identify and support training requirements for Managers or staff in adhering to best practice</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that Managers responsible for submission of data to the Payroll Department do so in accordance with the agreed policies, within agreed timescales and in the correct format</li> <li>Training requirements required for Managers or staff in adhering to best practice</li> </ul> | <ul style="list-style-type: none"> <li>Information recorded will be used to produce performance reports as part of the agreed KPI reporting suite and will be submitted to the Health Boards/Trusts for monitoring purposes</li> </ul> |

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators |
|---|---|---|
| <ul style="list-style-type: none"> <li>Deductions from pay as a result of an overpayment will be processed in accordance with each Health Board/Trust's Overpayment Policy</li> <li>Reimbursement of bank charges incurred as a result of an underpayment or nonpayment of salary will be reimbursed in accordance with Health Board/Trust policy/protocol</li> <li>Reimburse individual's bank charges where root cause as result of NWSSP processing</li> <li>Underpayments will be corrected within the next appropriate/available payrun and reported as KPI</li> <li>Initiate Overpayment process in line with local Policy and report as KPI</li> </ul> | <ul style="list-style-type: none"> <li>Agreement on the process and timescales for recovery of overpayments from employees</li> <li>Agreement on refund of bank charges when required</li> <li>HB/T representative to attend individual case reviews that are contentious or complex</li> </ul> |   |

## 6.8 General

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators  |
|---|--|--|
| <ul style="list-style-type: none"> <li>The Payroll Department will provide advice and support to the HB/Trust on some matters relating to PAYE &amp; NI (employees will be referred to HMRC for matters which are out of scope e.g. tax codes)</li> </ul> | <ul style="list-style-type: none"> <li>To provide not less than one calendar month's notice of requirement to distribute approved documentation with pay slips. If information is required to be attached to pay slips, it is the Health Board/Trust responsibility to provide resources to</li> </ul> | <ul style="list-style-type: none"> <li>Providing additional general services dependent on resource availability</li> </ul> |

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Provide a facility through payroll for the deduction of voluntary subscriptions and contributions, as agreed with each Health Board/Trust</li> <li>• Provide facility to HB/Trust to incorporate a payslip message on individual payslips</li> <li>• Complaints and complements to be recorded and reviewed during customer review meetings</li> <li>• Work in partnership with HB/T to understand impact of HMRC Salary Sacrifice (Benefits in Kind) in April 2016 (including roles and responsibilities)</li> </ul> | <p>undertake this work and it must be carried out in accordance with the agreed timescales to ensure there is no delay in distribution of pay slips.</p> <ul style="list-style-type: none"> <li>• Distribution of approved leaflets/fliers/letters etc which will be attached to pay slips. This will be in accordance with requests made to the Payroll Department via the Payroll Manager by the Health Board/Trust within suitable timescales, providing appropriate resources from the Health Board/Trust to undertake the work to attach any documentation to pay slips prior to distribution from the Payroll Department</li> <li>• Work in partnership with NWSSP to understand impact of HMRC Salary Sacrifice (Benefits in Kind) in April 2016 (including roles and responsibilities)</li> </ul> |   |

## 6.9 Payroll Charges

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Implementation of an agreed list of charges for ad-hoc activity and third party requests agreed (Appendix 1)</li> </ul> | <ul style="list-style-type: none"> <li>• Payment to NWSSP of income deducted through this charging mechanism</li> </ul> |   |

## 6.10 Administration of Lease Cars and Pool Cars/Commercial Vehicles (where the service is provided by NWSSP Lease Car Department)

### SERVICE OBJECTIVES / DELIVERABLES

- Provision of a timely Lease Car Administration Service
- Provision of timely information on cost and availability of requested vehicles
- Compliance with GPS, Health Board/Trust Policy, HMRC and other Statutory Regulations
- Ensure excellent communication and liaison with external suppliers, NWSSP Procurement and Health Board/Trusts
- Provide Lease Car All Wales Policy advice and support where required
- Timely response to enquiries

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• To provide quotations for Health Board(s)/Trust for Lease Cars (including Pool Cars and Commercial vehicles for all organizations excluding WAST, BCUHB, HDUHB) via the GPS Fleet Portal system.</li> <li>• Any new Leasing Company Suppliers and garage repair centres are updated via request within Oracle and Finance departments</li> <li>• Place orders on appropriate Oracle login (by Health Board/Trust) from the most cost effective quotation from the Leasing Companies. Update Oracle upon receipt of vehicle (1<sup>st</sup> year) and years 2&amp;3 respectively.</li> </ul> | <ul style="list-style-type: none"> <li>• Review and agree All Wales Lease Car Policy in the best interest of the service provision and update own local intranet sites with the up to date policy.</li> <li>• Provide NWSSP with appropriate contacts for Workforce and finance relating to policy and financial queries for Lease Cars.</li> <li>• Provide NWSSP Lease Car Department with appropriate contacts for Pool Cars and Commercial Vehicles for all organizations excluding WAST, BCUHB, HDUHB.</li> <li>• Provide appropriate Oracle access levels for ordering and authorizing Lease Car (including Pool Car and Commercial vehicle for all organizations</li> </ul> | <p>Renewal due to expire of current lease car notification to driver 6 months prior to end of contract.</p> <p>NWSSP KPI delivery of turnaround of authorized application form to initial firm quotation via GPS within 4 working days.</p> |

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|--|--|---|
| <ul style="list-style-type: none"> <li>• To maintain all electronic forms for the administration of Lease Cars</li> <li>• Maintain MID Insurance database for all new Lease Cars, (including Pool Cars and Commercial Vehicles for all organizations excluding WAST, BCUHB, HDUHB) and remove any Lease Cars, (including Pool Cars and Commercial vehicles for Velindre Trust and PHW only) no longer on lease.</li> <li>• Monthly DVLA checks for tax renewals, Driving licences upon receipt of initial orders</li> <li>• Check all invoices upon receipt, code and update master database with scanned document, internally authorize against original order. Enter invoice on spreadsheet listing detailing registration, employee details and finance code for submission to finance for payment within procurement deadlines</li> <li>• Administer any Lease Car charges payable by Lease Car Driver by setting up deduction in ESR. Set up of company vehicle in vehicle repository and assign to employee.</li> <li>• Where the Leasing Company does not immediately pay parking/ congestion fines NWSSP Lease Car Department will request urgent</li> </ul> | <p>excluding WAST, BCUHB, HDUHB) orders on behalf of the Health Board/Trust.</p> <ul style="list-style-type: none"> <li>• Managers to provide the Lease Car department with authorised completed applications for lease cars in line with the All Wales Lease Car Policy</li> <li>• Managers of Pool Cars and Commercial Vehicles in all organizations excluding WAST, BCUHB, HDUHB to provide NWSSP Lease Car Department with accurate/specific vehicle detail of additional/replacement vehicles in writing prior to quotations being sought.</li> <li>• Managers of Pool Cars and Commercial Vehicles in all organizations excluding WAST, BCUHB, HDUHB must take appropriate action to maintain the HMRC rules on the day to day management of Pool Cars and Commercial Vehicles locally on their respective sites, keeping daily logs of drivers, mileage, damage which must be available for inspection upon request.</li> <li>• Managers of Pool Cars and Commercial Vehicles in all organizations excluding WAST, BCUHB, HDUHB upon receipt of any parking/congestion etc fines must identify the driver responsible and pass</li> </ul> |   |

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|--|--|---|
| <p>payment of these fines with finance to avoid additional escalating charges and recharge driver as necessary.</p> <ul style="list-style-type: none"> <li>• Annually audit MID Insurance database prior to renewal of fleet insurance policy. Distribute annual renewal policy documents where applicable</li> <li>• Upon final completion invoice from Leasing Company reconcile mileages and arrange for payment or refund to the Lease Car Driver</li> <li>• To adhere with HMRC rules and regulations on Company Cars and fuel benefit.</li> <li>• To provide P11d's for all Lease Car Drivers</li> <li>• Complete and submit P46 (car) forms on line via HMRC website</li> <li>• Administering TUPE transfers of Lease Cars via Novation documents</li> <li>• Dealing with day to day employee/Health Board(s)/Trust and dealer/leasing company queries</li> <li>• Dealing with excess charges following accident claims setting up deduction where appropriate</li> </ul> | <p>the detail of the fine and the driver to NWSSP Lease Car Department for recovery from the employee via ESR.</p> <ul style="list-style-type: none"> <li>• Review and authorize annual fleet insurance policy and arrange prompt payment of invoice.</li> <li>• Line Manager to carry out periodic Driving License checks.</li> <li>• Process prompt payment of all Lease Car Invoices (including pool cars and commercial vehicles for all organizations excluding WAST, BCUHB, HDUHB) notified via spreadsheet (e-mailed to finance) including payment demands received for parking fines.</li> <li>• Directorate and Line Manager periodically check employee mileage in line with current lease car (including Pool car/Commercial vehicles for all organizations excluding WAST, BCUHB, HDUHB) contract mileage to ensure cost efficiency.</li> <li>• Notification to NWSSP Lease Car Department of any internal restructure resulting in change of base and/or termination/retirement/career break etc.</li> <li>• Notification to NWSSP Lease Car Department of any changes in Pool Cars and Commercial Vehicles in for all organizations excluding WAST,</li> </ul> |   |



| Responsibilities of NWSSP Employment Services | Responsibilities of Health Board/Trust                  | Quality Standards/ Key Performance Indicators |
|---|---|---|
|   | BCUHB, HDUHB which affect the insurance of the vehicle. |   |

### 6.11 Additional Ad Hoc Activity

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators   |
|--|---|---|
| <p>Additional activity will be undertaken but may require agreement of additional resource/funding to undertake work such as:</p> <ul style="list-style-type: none"> <li>• Retrospective A4C assimilation</li> <li>• Retrospective Consultant Contract reviews or Junior Doctors</li> <li>• TUPE transfers (where long term maintenance of T&amp;C's/elements are required or insufficient notice given to NWSSP)</li> <li>• Salary sacrifice</li> <li>• Equal pay claims</li> <li>• Freedom of Information requests</li> <li>• Additional ad-hoc requests</li> <li>• Implementation of additional payrolls (e.g. additional weekly pay activity)</li> <li>• Utilise ESR MOCP for all TUPE transfers (minimum of 20 staff transferring)</li> </ul> | <ul style="list-style-type: none"> <li>• Submit timely application for additional activity to be undertaken</li> <li>• Early discussion on policy/protocols containing pay impacting areas</li> <li>• Provide early notice of TUPE transfers to NWSSP (minimum of 3 months)</li> <li>• Utilise ESR MOCP for all TUPE transfers (minimum of 20 staff transferring) to support Hire to Retire Direct Hire Standard</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure work undertaken within agreed timescale which meets demand and capacity requirements</li> </ul> |

## 7. EXPENSE PAYMENTS SERVICE

| SERVICE OBJECTIVES / DELIVERABLES   |
|---|
| <ul style="list-style-type: none"> <li>• Provision of a timely and accurate Expense Payments Service</li> <li>• Provision of a timely and accurate Relocation Expenses Service for M&amp;D Trainees</li> <li>• Remedial action to correct over and underpayments in a timely manner</li> <li>• Provision of management information</li> <li>• Compliance with HMRC and other Statutory Regulations</li> <li>• Ensure excellent communication and liaison with Health Board/Trusts</li> <li>• Provide advice and support where required</li> <li>• Timely response to enquiries</li> </ul> |

This section has been amended to remove reference to paper expense claims

### 7.1 Deadlines and Payment of Expenses

| Responsibilities of NWSSP<br>Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Process payments in accordance with statutory requirements and local policies and controls within the agreed timescales</li> <li>• Submit details of deadline dates for the financial year for the receipt of Expense Claims in any month or week by the end of the preceding February</li> </ul> | <ul style="list-style-type: none"> <li>• Health Board/Trust to nominate a point of contact for each Health Board to agree submission dates for the financial year by the end of the Preceding February</li> <li>• Ensure that Manager responsible for submission of data to the Payroll Department do so in accordance with the agreed policies (e.g. correct</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that any Expense claim data received within the agreed timescales and in the correct format is processed in the current pay period</li> <li>• Information recorded will be used to produce performance reports as part of the agreed KPI reporting suite and will be submitted to the Health Boards/ Trusts for monitoring purposes</li> </ul> |

|   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Ensure payments are made in accordance with the schedule of pay dates agreed with Health Boards/Trusts</li> <li>• Ensure that all data received within the agreed timescales is processed on the payroll for that month or week</li> <li>• Data received or input through e-Expenses after the agreed submission dates or in the wrong format will not be processed. However, it will be processed for payment in the following month/ week's payroll run providing it is in the correct format</li> <li>• Expense claims not completed accurately or not authorised will be returned to the claimant. This may result in delay of payment if the form/e-expense claim is not received back in time for processing in that month/week</li> <li>• Individual cases for additional payment on Supplementary pay runs or advance payments will be reviewed on an individual basis in accordance with agreed criteria for each Health Board/Trust</li> <li>• Submit P11ds, and all other necessary documentation to HMRC in</li> </ul> | <p>insurance, valid driving licence), within agreed timescales and in the correct format</p> <ul style="list-style-type: none"> <li>• Expense claims must be submitted via e-expenses interface no more than three months from the date of the claim. Claims submitted after the 90 day cut off period will be subject to additional authorisation in accordance with agreed policies within each Health Board/Trust. This will also apply to any claims input through e-Expenses</li> <li>• Claims received or entered into e-Expenses after the agreed deadline dates will be processed for payment in the following month/week's payroll run</li> <li>• Ensure that all payments for goods and services are made through the accounts payable system and not reimbursed to staff through the travel expense claim system</li> <li>• Ensure NWSSP are appropriately notified of all changes to authorised signatories</li> <li>• HB/T users of e-expenses are responsible for ensuring car details are correct and up-to-date prior to submission of expenses claim</li> </ul> |  |
|---|--|--|

|  |   |  |
|--|---|--|
| <p>accordance with statutory requirements and within the prescribed timescales</p> <ul style="list-style-type: none"> <li>• All overpayments and errors will be recorded and reports will be submitted to Health Boards/Trusts to highlight any specific problem areas or training requirements that may be required for Managers or staff</li> <li>• NWSSP act upon instructions to adjust authorised signatories and car details within e-expenses system</li> <li>• Confirm eligibility of application for M&amp;D Trainee expense relocation</li> <li>• Set-up e-expenses account for eligible M&amp;D Trainee applicants</li> </ul> | <ul style="list-style-type: none"> <li>• Claimants are required to inform the Expenses Department of any change in location, home address and vehicle as this may affect the rate and number of miles payable.</li> <li>• E-Expenses control checks, it is the Authorising Managers responsibility to ensure all e-expense claims are checked and approved in accordance with agreed limits and timescales within each Health Board before submitting electronically for payment</li> <li>• M&amp;D Trainees to submit individual applications for relocation expenses on application template attached to Policy</li> <li>• M&amp;D Trainees to only invoke expenses after receipt of successful application from NWSSP</li> </ul> |  |
|--|---|--|

## 7.2 ESR Reporting of Mileage and Other Expenses

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Agreement of timescales for submission of requests for Expense Claim data held in ESR. This will be in accordance with the current</li> </ul> | <ul style="list-style-type: none"> <li>• All jointly held data on the ESR system will be accessed and reported on by the Health Board/Trust</li> </ul> | <ul style="list-style-type: none"> <li>• Information provided within agreed timescales dependent on reporting access rights and within system constraints</li> </ul> |

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|---|--|---|
| arrangements in each organisation<br>(Expense Data is not currently provided in some Health Boards) | <ul style="list-style-type: none"> <li>• Requests for Expense Claim data held in ESR that is not accessible to Health Boards/Trust should be made on a case by case basis and agreement reached regarding timescales for response</li> <li>• Ad hoc reports from the ESR system will be sourced through the Health Board/Trust Work Structures Team</li> </ul> |   |

### 7.3 Expenses System Governance and Settings

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• The E-Expenses system will be hosted by the Supplier on a central server.</li> <li>• NHS Wales Shared Services Partnership will have overall responsibility for the e-Expenses System through Velindre.</li> <li>• Implement new rates as directed by National Agreements</li> <li>• Implement increases to Local Rates in accordance with the agreed timetable. New rates for mileage must be entered into e-Expenses and ESR no more than one calendar month in arrears (claims are entered monthly in arrears) as there is no provision for calculation of arrears on mileage elements.</li> <li>• Set up new elements as and when required in accordance with agreed timescales</li> </ul> | <ul style="list-style-type: none"> <li>• Submit details of any new local amendments within the agreed timescales</li> <li>• To ensure IT support for local interfaces with 3<sup>rd</sup> party systems and ESR e.g. expenses</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that any notification of increase/decrease in local rates received within the agreed timescales is applied to mileage claims no more than one month in arrears</li> </ul> |

#### 7.4 Payment of Expense Allowances During Employee Absences (Maternity/Adoption/Sickness)

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators   |
|--|--|---|
| <ul style="list-style-type: none"> <li>Amendments will be made to employees pay on submission of any absence data maternity/ sickness/career break etc)</li> <li>The payment of allowances such as Regular User allowance (Medical &amp; Dental only) and Telephone Rental allowance will be re-calculated as appropriate during the period of absence</li> <li>Ensure that any payment of allowances are re-instated following periods of absence once notification is received from Manager</li> </ul> | <ul style="list-style-type: none"> <li>Submission or input of any absence data in the agreed format within the agreed timescales</li> <li>Sickness certificates to be retained by Health Board/Trust</li> <li>Notification of return to work and approval to continue with payment of allowances as applicable according to return to work agreements</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that any amendments to allowances during period of absence are applied accordingly</li> </ul> |

#### 7.5 Retention of Claims and Receipts

| Responsibilities of NWSSP Employment Services | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators  |
|---|---|--|
|   | <ul style="list-style-type: none"> <li>Retention and storage of receipts in accordance with HMRC and Audit requirements (three Years plus current). If there is no facility for claimants to scan receipts into the e-</li> </ul> | <ul style="list-style-type: none"> <li>Receipts must be available for inspection by HMRC or Audit</li> </ul> |

|  |  |  |
|--|--|--|
|  | <p>Expenses system, the original receipts must be kept and stored in the agreed format with the relevant claim reference as agreed in the e-Expenses policy documentation</p> <ul style="list-style-type: none"><li>• (Policy document to be agreed)</li></ul> |  |
|--|--|--|



## 8. PENSIONS SERVICE

### SERVICE OBJECTIVES / DELIVERABLES

- ◆ Provision of a timely and accurate Pension service
- ◆ Timely provision of Pension costs and estimates
- ◆ Provision of management information
- ◆ Provision of pension payments within defined KPI
- ◆ Compliance with HMRC, Pension Agency and other Statutory Regulations
- ◆ Ensure excellent communication and liaison with Health Board/Trusts
- ◆ Provide advice and support where required
- ◆ Timely response to enquiries

### 8.1 General

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Provide a comprehensive pension service to all employees of NHS Organisations contracted to NWSSP through a Service Level Agreement</li> <li>• Apply the terms and conditions of the National Health Service Pension Scheme to all scheme members</li> <li>• Maintain pension records via Pensions Online System, resolving queries as required</li> <li>• Provide advice to managers as required</li> </ul> | <ul style="list-style-type: none"> <li>• Fulfill legal obligations by providing employees and members with appropriate information about the NHS Pension Scheme on request and as required by NHS Pensions Agency</li> </ul> | <ul style="list-style-type: none"> <li>• Performance measured through agreed KPI and audit outcomes</li> </ul> |

## 8.2 Joiners

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Ensure that each new employee is brought into the NHS Pension scheme, or the local alternative scheme (NEST) if entitled</li> <li>• Refund any contributions to an employee who elects to leave the scheme within the opt out period</li> <li>• Ensure that the correct tier of contributions is deducted and the details on the Pension Element in ESR are completed in order for an accurate pension record to be created</li> <li>• Provide a transfer pack to any member wishing to transfer previous pension rights into the NHS Scheme from a previous employment</li> </ul> | <ul style="list-style-type: none"> <li>• On appointment, provide each new employee with a Scheme Guide and the NHS Pension Scheme New Employee Joiner Questionnaire where defined by HB/Trust local practice. This requirement includes temporary and bank staff</li> </ul> | <ul style="list-style-type: none"> <li>• Scheme Guides currently issued by recruitment function for the services they manage</li> </ul> |

### 8.3 Information for Employees

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators  |
|--|--|--|
| <ul style="list-style-type: none"> <li>Attend induction and retirement courses in line with local arrangements</li> <li>Provide information on all aspects of the Scheme as required including:- <ul style="list-style-type: none"> <li>Signposting to NWSSP website where appropriate</li> <li>Improving benefits</li> <li>Service history</li> <li>How to claim benefits/refunds</li> <li>Transfers in/out of the NHS Scheme</li> <li>Arrange for CETV's to be provided for transfers out/divorce proceedings</li> <li>Option/leaving the scheme</li> <li>Death Benefit Nomination Form</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Fulfill legal obligations by providing employees and members with appropriate information about the NHS Pension Scheme on request and as required by NHS Pensions Agency</li> </ul> | <ul style="list-style-type: none"> <li>Performance measure during quarterly service reviews</li> </ul> |

### 8.4 Estimates

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust  | Quality Standards/ Key Performance Indicators  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Provide estimates of retirement benefits for members.</li> </ul> | <ul style="list-style-type: none"> <li>Request Ill Health estimates allowing sufficient time for completion i.e. 10 working days</li> </ul> | <ul style="list-style-type: none"> <li>In accordance with agreed KPI's- within 30 working days, (or sooner for ill health estimates) where information is available via</li> </ul> |

|  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Provide estimates of redundancy benefits for senior members of the organisation in line with local procedures</li> <li>• Provide pension contributions that would be due on an employment break (career break) + signpost to finance to arrange payments</li> </ul> | <ul style="list-style-type: none"> <li>• Highlighting any members who may meet criteria for commuted Ill Health</li> <li>• Notify pension team of impending employment breaks providing sufficient time for advice to be prepared and given to individual</li> </ul> | Pensions Online and a GMP check is not required |
|--|--|---|

## 8.5 Leavers

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators                             |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Provide members with info on leaving</li> <li>• Process applications for refunds of contributions</li> </ul> | <ul style="list-style-type: none"> <li>• Provide members with info on leaving</li> </ul> | <ul style="list-style-type: none"> <li>• Measure by agreed KPI</li> </ul> |

## 8.6 Retirements

| Responsibilities of NWSSP Employment Services   | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators                             |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Process applications for all types of retirement and submit to NHSPA within the agreed timescale</li> <li>• Complete applications for ill health retirements in line with scheme regulations and local procedures</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that leaving forms are submitted to Payroll &amp; Pensions Departments within the required timescale in line with local requirements,</li> </ul> | <ul style="list-style-type: none"> <li>• Measure by agreed KPI</li> </ul> |

|  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Obtain certified copies of relevant certificates from employees to support the retirement applications</li> </ul> | <ul style="list-style-type: none"> <li>Complete applications for ill health retirements in line with scheme regulations and local procedures.</li> <li>Obtain certified copies of relevant certificates from employees to support the retirement applications including verification of date of birth as part of submission of AW8</li> </ul> |  |
|--|---|--|

## 8.7 Death Benefits for Current Members

| Responsibilities of NWSSP Employment Services  | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|--|--|---|
| <ul style="list-style-type: none"> <li>Provide estimates of benefits to survivors.</li> <li>Issue Paperwork</li> <li>Meet with Next of Kin/Family if requested</li> <li>Obtain certified copies of relevant certificates from employees to support the retirement applications</li> <li>Process paperwork</li> </ul> | <ul style="list-style-type: none"> <li>Notify Pensions dept of death in service.</li> <li>Meet with Next of Kin/Family if requested</li> <li>Obtain certified copies of relevant certificates from employees to support the retirement applications</li> </ul> |   |

## 8.8 Injury Benefits

| Responsibilities of NWSSP Employment Services                             | Responsibilities of Health Board/Trust   | Quality Standards/ Key Performance Indicators |
|---|--|---|
| <ul style="list-style-type: none"> <li>Issue application forms</li> </ul> | <ul style="list-style-type: none"> <li>Notify payroll / pensions of industrial injuries in a timely manner.</li> </ul> |   |

|  |  |  |
|--|--|--|
|  | <ul style="list-style-type: none"> <li>• Complete application forms and collate info to support</li> </ul> |  |
|--|--|--|

## 9. RECRUITMENT SERVICES

Recruitment Service Functions are set out below, Whilst the approach across the Recruitment Services is one of standardisation, through the Standard operating Process developed and agreed across the NHS in Wales, there may be minor differences within local offices, which will require local negotiation between HBs/Trusts and Recruitment Services. However, the overriding position will be one of consistency and 'Once for Wales'.

| SECTION HEADINGS – RECRUITMENT SERVICES |   |
|---|---|
| 1                                       | General Principles  |
| 2                                       | To provide a comprehensive Recruitment and Selection service  |
| 3                                       | To Support the HBs/Trusts in co-ordination of the short listing to interview process                              |
| 4                                       | To undertake the On-boarding process and carry out the necessary pre-employment checks in accordance with the SOP |
| 5                                       | Archive and store recruitment files in line with the Data Protection Legislation                                  |
| 6                                       | Provide Management Information and KPIs on a regular basis  |

NWSSP Recruitment Service strives to promote and support the delivery of a high quality, service across NHS Wales through a high quality, competent workforce, with appropriate staffing levels, which is highly motivated, properly rewarded and has a sense of fairness and pride in employment.

The principles underpinning this are:

- to create and implement best practice in staff management, setting standards for others to follow;

- to ensure that equality of opportunity and fairness are central principles in all matters affecting staff and promote a culture where discrimination is not tolerated;
- to achieve and sustain a culture of openness, inclusivity, partnership, involvement and accountability;
- to develop and implement the workforce to meet changing needs and continue to provide high quality, effective and efficient services

## 9.1 Provide a Comprehensive Recruitment and Selection Service

| <b>General Principles</b> <ul style="list-style-type: none"> <li>• Provision of a timely and accurate Recruitment service</li> <li>• Provision of a safe Recruitment Service</li> <li>• Provision of Management Information within defined KPI</li> <li>• Compliance with Statutory Regulations</li> <li>• Ensure excellent communication and liaison with Health Board/Trusts</li> <li>• Provide advice and support where required</li> <li>• Resolve queries within agreed KPI's</li> <li>• Maintain Recruitment records via online systems</li> <li>• Timely response to enquiries</li> <li>• Work in partnership with HB/T and Welsh Government to explore a robust process for considering Alert Letters (including roles and responsibilities)</li> </ul> |  |   |
|---|--|---|
| <b>Responsibility of NWSSP Recruitment Services</b>   | <b>Responsibility of HBs/Trusts</b>  | <b>Quality Standards/Performance Indicators</b>   |
| <ul style="list-style-type: none"> <li>• The provision of a customer focused Recruitment function to enable approved vacancies to be filled safely and quickly with relevant quality controls in place to ensure safe recruitment</li> <li>• To advise and support Health Boards and Trusts with the provision of a transactional recruitment function and provide guidance and advice when required.</li> </ul>  | <ul style="list-style-type: none"> <li>• Ensure governance control is in place to ensure vacancy approval and control mechanisms (pre-recruitment)</li> <li>• All pre-recruitment activity is complete</li> <li>• Post is approved by relevant controls within HB/Trust</li> <li>• Ensure managers are aware of control governance mechanisms</li> <li>• Support NWSSP in the implementation of governance control procedures</li> </ul> | <p>Target:<br/>KPI's defined and agreed at Assistant Directors of Workforce set out in Appendix</p> <p>Performance Review Meetings</p> <p>Customer Surveys</p> <p>Regular customer meetings</p> |

|  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Make accessible to all managers associated documentation and information</li> <li>• Ensure the Manager is notified of progress at all stages</li> </ul> |  |  |
|--|--|--|

## 9.2 Advertising Stage

| ♦ To provide a comprehensive Recruitment and Selection service  |   |  |
|---|---|--|
| ♦ In conjunction with the HBs/Trusts, establish details of the role, prepare essential documentation and place adverts  |   |  |
| Responsibility of NWSSP Recruitment Services  | Responsibility of HBs/Trusts  | Quality Standards/Performance Indicators   |
| <ul style="list-style-type: none"> <li>• Discuss service provision with HBs/Trusts, according to Recruitment Standard Operating Procedure (SOP)</li> <li>• Advise Manager of completion and release of advert onto NHS Jobs/Trac</li> <li>• Provide Points of Contact to inform users of where to access help/advice on Recruitment matters</li> <li>• Provide advice according to guidelines in the Recruitment SOP/Trac</li> <li>• Advise Recruiting Managers on job description/Person specification, if the content contains inaccurate criteria or discriminatory information, in order to attract the most suitable candidates and meet the requirements of relevant legislation</li> </ul> | <ul style="list-style-type: none"> <li>• Upload vacancy to Trac within 5 working days of receiving notice of resignation</li> <li>• Provide suitable Job Description, Person Specification and any additional information to Recruitment Services in the agreed format</li> <li>• Provide an appropriately authorised Request to Advertise online form via Trac system</li> <li>• Recruiting Manager to draw up suitable advertisement, to include closing date and where possible the interview date</li> <li>• Provide a Occupational Health form, part A completed by the Manager</li> </ul> | <p><b>Target: Advertising a post:</b></p> <ul style="list-style-type: none"> <li>• Arrange placement of advert within 2 working days of receipt of complete Advert pack by recruitment services</li> <li>• Exceptions to meeting the 2 working day target will be on the occasions that HBs/Trusts have submitted bulk adverts for completion, increasing activity to unmanageable levels.</li> </ul> <p><b>Action if deadlines not met:</b></p> <ul style="list-style-type: none"> <li>• To contact HBs/Trusts to update them of delays in the recruitment process and anticipated length of delay.</li> <li>• When in receipt of bulk adverts HBs/Trusts will be notified that the 2 working day target will not be met and</li> </ul> |



|   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Arrange placement of advert within 2 working days of receipt of complete Advert Request pack by recruitment services</li> <li>• Provide information on best external advertising package, associated costs and best value</li> <li>• No advert will be placed on behalf of A HB/Trust without authorisation</li> <li>• Arrange placement of advert with external agency where instructed</li> <li>• Ensure compliance with HB/Trusts Welsh Language Scheme (where appropriate)</li> <li>• Recruitment systems are updated</li> </ul> | <ul style="list-style-type: none"> <li>• Clearly establish if post is to be advertised internally or externally in the first instance.</li> <li>• Where advertising costs are involved, authorised written consent should be sent to Recruitment Services</li> <li>• Ensure compliance with HB/Trusts Welsh Language Scheme-welsh language translation of all advertising documentation described above to be uploaded to TRAC prior to vacancy authorisation being requested</li> </ul> | <p>an anticipated advert placement time will be given.</p> |
|---|--|--|

### 9.3 Interview Stage

| ♦ Support the HBs/Trusts in co-ordination of the interview process   |   |  |
|--|---|--|
| Responsibility of NWSSP Recruitment Services   | Responsibility of HBs/Trusts  | Quality Standards/Performance Indicators                               |
| <ul style="list-style-type: none"> <li>• Recruitment Services will ensure that the job advert is closed in line with the Recruiting Managers request.</li> </ul> | <ul style="list-style-type: none"> <li>• The Recruiting Manager is advised to endeavour to complete the short listing process within 3 working days of receipt of the short listing pack, to ensure that</li> </ul> | <p><b>Target: Short listing &amp; Invite to interview Process:</b></p> |

|  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>Recruitment Services will conduct an initial long listing process for internal adverts to ensure that candidates are eligible to apply for posts, e.g. internal applicants only, ring fenced posts due to Organisational Change or specialist areas of work, Welsh essential.</li> <li>Recruitment Services will send the Recruiting Manager the short listing pack within 2 working days of the advert closing.</li> <li>Recruitment will send the Recruiting Manager the Managers Recruitment guidance for manager to undertake the Short list process via Trac</li> <li>Once Recruitment services have been notified that short listing is completed unsuccessful candidates are notified that they have not been shortlisted and successful candidates are invited to interview. The manager is sent the interview documentation by email</li> <li>Trac highlights to the appointing manager where a candidate has advised that they wish to be considered to ensure that any reasonable adjustments can be made for any disabled interviewees in line with Disability Confidence Employer Scheme.</li> </ul> | <p>the recruitment process is managed in a timely and robust manner.</p> <ul style="list-style-type: none"> <li>The Recruiting Manager undertakes the short listing and invite to interview stage of the process</li> <li>The Recruiting Manager notifies Recruitment Services that short listing is complete and sends interview details to Recruitment to schedule the interviews on their behalf</li> <li>To provide Recruiting Manager details of requests for reasonable adjustments for interviewees as required by Disability Confidence Employer Scheme</li> <li>The Recruiting Manager undertakes interviews</li> <li>The successful and unsuccessful candidates are contacted verbally by Recruiting Manager and a Conditional Offer is made</li> <li>The Recruiting Manager notifies the Recruitment Service of the Conditional Offer and submits a completed interview outcome form via Trac within 3 days of the offer, ensuring there are enough hours approved for the number of hours they have appointed to.</li> </ul> | <ul style="list-style-type: none"> <li>Recruitment Services to send a short listing link to the Recruiting Manager within 2 working days of the advert closing</li> <li>The Recruiting Manager completes short listing within a recommended 3 working day period</li> <li>The Recruiting Manager notifies Recruitment Services of a conditional Offer and completes the interview outcome on Trac within 3 working days of the offer, ensuring there are enough hours approved for the number of hours appointed to</li> </ul> <p><b>Action if deadlines not met:</b></p> <ul style="list-style-type: none"> <li>Delays in sending a Short Listing pack out – NWSSP to contact HBs/Trusts to update them of delays in the recruitment process and anticipated length of delay.</li> <li>Delays in Short listing by the Recruiting Manager will be reported in Outliers information provided monthly to HBs/Trusts as part of the KPIs</li> <li>Delays in Recruitment Services receiving the offer information via Trac</li> </ul> |
|--|--|---|

|  |   |   |
|--|---|---|
|  | <ul style="list-style-type: none"> <li>If there are any requests made by a candidate to conduct their interview in Welsh, the Recruiting Manager is responsible for arranging this and any associated costs.</li> </ul> | from the Recruiting Manager will be reported in Outliers information provided monthly to HBs/Trusts as part of the KPIs |
|--|---|---|

## 9.4 On-boarding Stage

| ♦ To undertake the On-boarding process and carry out the necessary pre-employment checks in accordance with the SOP   |  |  |
|---|--|--|
| Responsibility of NWSSP Recruitment Services  | Responsibility of HBs/Trusts   | Quality Standards/Performance Indicators   |
| <ul style="list-style-type: none"> <li>Recruitment check the documentation and ascertain the level of checks required by the successful applicant</li> <li>Recruitment Services checks the applicants qualifications accessing on line services for Clinical staff to ensure that registration is live and there are no restrictions</li> <li>Recruitment Services request factual references</li> <li>Recruitment services prepare the Conditional Offer letter. The candidate is sent a link to book their pre employment check meeting</li> <li>The conditional letter is sent to the applicant with an E-DBS link (if required), Occupational Health(OH)</li> </ul> | <ul style="list-style-type: none"> <li>The Recruiting Manager notifies the Recruitment Service of the Conditional Offer and submits the interview outcome form on Trac, including any special requests and relevant number of hours approved (if there any additions to the original approval), within 3 working days of the offer, to ensure that the recruitment process is managed in a timely and robust manner.</li> <li>Applicant to complete the OH form and return within 3 days of receipt (where the form is not processed as part of the PEC)</li> <li>Recruiting Manager to approve references and resolve references</li> </ul> | <p><b>Target: To produce a Conditional Offer letter:</b></p> <ul style="list-style-type: none"> <li>To produce a Conditional Offer letter within 4 working days of receipt of the complete interview outcome form and relevant approved hours if additional hours are required.</li> </ul> <p><b>Target: To produce a Unconditional Offer letter:</b></p> <ul style="list-style-type: none"> <li>To produce a Conditional Offer letter within 2 working days</li> </ul> <p><b>Action if deadlines not met:</b></p> |

|  |   |   |
|--|---|---|
| <p>form for completion and return address, and an appointment link for them to book their PEC meeting via Trac</p> <ul style="list-style-type: none"> <li>Advise applicant to complete the OH form and return within 3 days of receipt (where the form is not processed as part of the PEC)</li> <li>The applicant is given contact details if they may have any queries or need to change the time/venue of their PEC meeting</li> <li>Recruitment undertake the PEC meeting and ensure that the following checks have been made:             <ol style="list-style-type: none"> <li>ascertain the applicants ID,</li> <li>Right to Work,</li> <li>Qualifications/ certificates – capture Person Specification Essential qualifications on ESR</li> <li>Registration of professional bodies (if applicable)</li> <li>process their E-DBs ( if required)</li> <li>check reference details are correct</li> <li>check that OH form has been submitted to the OH department.</li> <li>Check valid work permit (if applicable)</li> <li>Verify Date of Birth and record on ESR</li> </ol> </li> </ul> | <p>where Recruitment have been unable to obtain references</p> <ul style="list-style-type: none"> <li>Once the Recruiting Manager is notified of additional information on a DBS outcome they must follow the local escalation process in conjunction with the relevant nominated HR lead</li> <li>The Recruiting Manager should not agree a start date until all PECs are complete and that they have been notified of this by the Recruitment Service.</li> <li>The Recruiting Manager can arrange a start date when PECs have been completed</li> <li>The Recruiting Manager should notify the Recruitment service of the start date</li> <li>The Recruiting Manager gives the starter the 2 copies of the contract to read and sign, one to be kept on the personal file</li> <li>Recruiting Manager to provide details of salary and particular terms and conditions</li> <li>Provide workplace induction</li> </ul> | <ul style="list-style-type: none"> <li>To contact HBs/Trusts to update them of delays in the recruitment process and anticipated length of delay.</li> </ul> <p><b>Target: Applicant to complete and return OH form to OH department to be Health Screened</b></p> <ul style="list-style-type: none"> <li>Applicant to complete and return OH form to OH department to be Health Screened within 3 days of receipt</li> </ul> <p><b>Action if deadlines not met:</b></p> <ul style="list-style-type: none"> <li>To contact HBs/Trusts to update them of delays in the recruitment process as part of the KPI monthly reporting process</li> </ul> <p><b>Target: Undertake the On Boarding process within 27 days of receipt of interview outcome</b></p> <ul style="list-style-type: none"> <li>To ensure that all checks are undertaken in line with NHS Wales standards and guidance and in line with WG guidance on Safer Recruitment</li> </ul> <p>Exceptions to NWSSP meeting performance targets will be during periods of bulk submissions by HB/T.</p> <p><b>Action if deadlines not met:</b></p> <ul style="list-style-type: none"> <li>To provide HBs/Trusts with regular information via the escalation reports</li> </ul> |
|--|---|---|

|  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• To ensure that when results are received by the Recruitment Service they are immediately passed on to the Manager. The manager will:             <ol style="list-style-type: none"> <li>1. Receive regular updates by email of PECs completed to date and what is still outstanding</li> <li>2. Be required to approve references forwarded by the Recruitment Service</li> <li>3. Receive DBS outcomes</li> <li>4. Receive an email advising of next steps for the manager if there is additional information on the DBS outcome in line with local policy</li> </ol> </li> <li>• Once all PECs are completed the Recruiting Manager is notified and can agree a start date with the successful candidate</li> <li>• Send Unconditional Offer letter within 2 working days</li> <li>• Once Recruitment services receive the start date from the Recruiting Manager the personal file and Contract (T&amp;Cs) can be prepared.</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure attendance at a corporate induction event</li> <li>• Monitor performance of HB/T activity via Trac Dashboard to deliver Hire to Retire performance measures e.g. commencing staff with incomplete pre employment checks</li> </ul> | <ul style="list-style-type: none"> <li>on all delays to the on boarding process and at what stage the delay is.</li> <li>• To regularly update HBs/Trusts of delays in the recruitment process as part of the KPI monthly reporting process</li> </ul> <p><b>Target: To produce a Contract for the new starter on their first day of employment</b></p> <p>To produce a contract of T&amp;Cs for the new starter on their first day of employment if the start date was received by the recruitment service at least 7 working days prior to the start date.</p> <p><b>Action if deadlines not met:</b></p> <ul style="list-style-type: none"> <li>• To provide HBs/Trusts with regular information via the escalation reports on all delays to the on boarding process and at what stage the delay is.</li> <li>• To regularly update HBs/Trusts of delays in the recruitment process as part of the KPI monthly reporting process</li> </ul> |
|--|--|--|

|   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>Recruitment send Contract to Appointee cc the Recruitment Manager.</li> <li>Recruitment services email the Appointing Manager the Personal file via Trac.</li> </ul> |  |  |
|---|--|--|

### 9.5 Certificates of Sponsorship (CoS)

| Responsibility of NWSSP Recruitment Services  | Responsibility of HBs/Trusts  | Quality Standards/Performance Indicators  |
|---|---|---|
| <ul style="list-style-type: none"> <li>NWSSP assuming formal legal obligations and duties under the legislation and the UKBA/Home Office will look to NWSSP to comply with these obligations and to ensure all monitoring and data recording requirements are met (M&amp;D Trainees only)</li> <li>Support Boards in what is a complex area of legislation as well as being able to guide trainees with their immigration journey</li> <li>Receipt CoS Request from Deanery and HB/T</li> <li>Monthly recharge of Certificate to HB/T (paper to NWSSP Committee to outline cost model)</li> </ul> | <ul style="list-style-type: none"> <li>Submit CoS Request to NWSSP CoS Team</li> <li>HB/Trust to obtain copy of Tier 2 Visa, and agree internal process of starting Applicant</li> <li>HB/T to adhere to reporting activity requirements under the Memorandum of Understanding within 24 hours – change to individual circumstances</li> <li>Payment of certificate fee to NWSSP in 30 days of recharge (paper to NWSSP Committee to outline cost model)</li> </ul> | <ul style="list-style-type: none"> <li>Archive and store records in line with legislation</li> <li>HB/T to report change of circumstances to NWSSP within 24 hours of change</li> </ul> |

## 9.6 Recruitment Data and File Management

| ♦ Archive and store recruitment files in line with the Data Protection Legislation  |  |  |
|---|--|--|
| Responsibility of NWSSP Recruitment Services  | Responsibility of HBs/Trusts   | Quality Standards/Performance Indicators   |
| <ul style="list-style-type: none"> <li>Recruitment Services to fully complete any documentation and update systems as necessary, relating to the Recruitment process for monitoring and legislative purposes</li> </ul> | <ul style="list-style-type: none"> <li>Store files associated with the recruitment process in secure accommodation in accordance with the guidelines on data protection .</li> </ul> | <p><b>Target:</b></p> <ul style="list-style-type: none"> <li>Archive and store records in line with policy</li> </ul> <p><b>Action if deadlines not met:</b></p> <ul style="list-style-type: none"> <li>To notify HBs/Trusts of any data breaches and what action has been taken to mitigate the risk and ensure minimum damage to individuals, organisations or reputation</li> <li>Complete an internal investigation and report findings to the affected individuals/HBs/Trust</li> <li>Escalate to Information governance Commissioner if appropriate</li> </ul> |

## 9.7 Management of Information and KPI's – Recruitment

| ♦ Provide Management Information and KPIs on a regular basis  |  |  |
|---|--|--|
| Responsibility of NWSSP Recruitment Services  | Responsibility of HBs/Trusts   | Quality Standards/Performance Indicators   |
| <ul style="list-style-type: none"> <li>Provide regular reports and statistics as required which may include reports in relation to the following :</li> </ul> | <ul style="list-style-type: none"> <li>Give at least two weeks notice of request for Ad hoc reports or additional information</li> </ul> | <p><b>Target: To produce regular reports and undertake performance reviews</b></p> |

|   |  |   |
|---|--|---|
| <p>1.Escalation reports<br/>2.Managers KPI reports<br/>3.Monthly activity &amp; KPI reports<br/>4.Ad hoc reports</p> <ul style="list-style-type: none"> <li>Frequent performance reviews focusing on service modernisation and delivery of efficient paper-lite processes under IMTP (Flexibility of quarterly or bi-annual reviews)</li> </ul> | <ul style="list-style-type: none"> <li>To work in partnership with Recruitment Services to reduce the time to hire</li> <li>To support Recruitment Services in adhering to the principles of “Safer Recruitment” and endeavoring to eradicate the enrolment of new starters whose PECs are not completed.</li> </ul> | <ul style="list-style-type: none"> <li>To produce monthly Performance and KPI reports</li> <li>Undertake regular performance review Meetings</li> <li>Work in partnership to reduce recruitment times to targets of; <ul style="list-style-type: none"> <li>- 44 days from Vacancy submitted on Trac to Conditional offer made (including Vacancy Approval)</li> <li>- 27 days from Conditional Offer to PECs complete</li> </ul> </li> </ul> |
|---|--|---|



**Employment Services Charges Schedule:**

| Information   | Charge                       | Cost of provision (Based on resource and task to access systems, printing, postage)  |
|---|------------------------------|--|
| Copy P11D, P45 detail   | £5.00                        | Access systems, printing, postage  |
| Third Party Claims  | £100.00 or 10% of settlement | Third party claims often require considerable time and resource to access systems, printing, postage. Very seldom dealt with in one instance.                              |
| Letters: All Third Party / Mortgage, Lettings or confirmation of salary or employment                         | £10.00                       | Access systems, printing, completion of form documents, postage  |
| Pay over of Union deductions  | 2.5%                         | Access system, calculation of value, completion of document  |
| St. David's Lottery (AB only)   | 10%                          |  |
| Attachment of Earnings orders   | £1.00                        | Standard fee as directed by the courts   |
| Personal Insurance requests   | £5.00                        | Completion of form documents, postage  |
| WHA   | 3%                           | Letter of agreement in respect of ABMUHB   |
| Provision of information to local Counter Fraud services in connection with cases that are forwarded to Court | £100                         | This will not be a charge to the Counter Fraud services but will be requested for inclusion in any claim for costs that they seek to recoup in bringing the case to court. |
| Provision of Lease Car Administration Service   | £150                         | Charged per annum per Lease Car Vehicle  |

**EMPLOYMENT SERVICES KEY PERFORMANCE MEASURES:**

**Revision of KPI's will be via Assistant Directors of Workforce & OD Forum**

| <b>Performance Measure</b>   | <b>Health Board/Trust</b>   | <b>NWSSP</b>   |
|------------------------------|---|--|
| Pay Accuracy                 | Total Number of Inaccurate Payments generated by HB/T within a Pay Period shown as a % of Payslips Produced           | Total Number of Inaccurate Payments generated by NWSSP within a Pay Period shown as a % of Payslips Produced |
| Pay Accuracy Target          | 99.8%   | 99.92%   |
| Over Payments                | Total Number of inaccurate payments generated by HB/T resulting in Over Payment                                       | Total Number of inaccurate payments generated by NWSSP resulting in Over Payment                             |
| Over Payments Target         | 99.86%  | 99.97%   |
| Manual Payments              | Total Number of inaccurate payments generated by HB/T resulting in a Manual Payment                                   | Total Number of inaccurate payments generated by NWSSP resulting in a Manual Payment                         |
| Manual Payment Target        | 99.83%  | 99.97%   |
| Vacancy Approval             | Number of working days to approve vacancies<br>Target: 10 working days  |  |
| Place Advert                 |   | Number of working days to place advert<br>Target: 2 working days   |
| Send applications to Manager |   | Number of working days to send applications to manager<br>Target: 2 working days                             |
| Shortlisting                 | Number of working days taken by manager to shortlist<br>Target: 3 working days  |  |
| Interview Outcome            | Number of working days taken by manager to inform Recruitment Services of interview outcome<br>Target: 3 working days |  |
| Conditional Offer            |   | Number of working days to send conditional offer letter<br>Target: 4 working days                            |
| Unconditional Offer          |   | Number of working days to send unconditional offer letter<br>Target: 2 working days                          |

## Appendix 3 of Schedule B

### Data Processing

|                                   |  |
|-----------------------------------|--|
| <b>Scope</b>                      | <i>Recruitment Services</i>  |
| <b>Nature</b>                     | <i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>  |
| <b>Purpose of processing</b>      | <p><i>Employment Processing, namely:</i></p> <p><i>Vacancy and appointee processing (inc NHS jobs/trac)</i><br/> <i>Reporting (performance, trac, recruitment activity (DORA),</i><br/> <i>Helpdesk management</i><br/> <i>ESR administration</i><br/> <i>Disclosure and Barring Service (DBS)</i><br/> <i>Administration of current staff (RTW,</i><br/> <i>Communication (Recruitment central email inboxes – helpdesk,</i><br/> <i>onboarding, primary care, adverts)</i><br/> <i>Human Resource functions for internal staff</i><br/> <i>Minutes, agendas and meeting papers</i><br/> <i>Register access (Nursing and Midwifery,</i><br/> <i>Occupational Health</i></p>   |
| <b>Duration of the processing</b> | <i>Continuous requirement to process data for management of the advertisement and recruitment of NHS Wales staff but only in line with legal processing (with consent where required) and retained under Records Management principles.</i>  |
| <b>Types of personal data</b>     | <ul style="list-style-type: none"> <li>• <i>Contact details such as names, addresses, telephone numbers;</i></li> <li>• <i>Assignment number;</i></li> <li>• <i>Base/location;</i></li> <li>• <i>Emergency contact(s);</i></li> <li>• <i>Employment records (including salary, NI number, professional membership, references and proof of eligibility to work in the UK);</i></li> <li>• <i>Personal demographics (including gender, race, ethnicity, sexual orientation, religion);</i></li> <li>• <i>Medical information including physical health or mental condition;</i></li> <li>• <i>Trade union membership (where staff subscribe via their pay);</i></li> <li>• <i>Employment investigations and outcomes;</i></li> <li>• <i>Offences (including alleged offences), criminal proceedings, outcomes and sentences;</i></li> <li>• <i>Employment Tribunal applications, complaints, accidents, and incident details;</i></li> <li>• <i>Employment history checks.</i></li> </ul> |
| <b>Categories of data subject</b> | <i>Personal identifiable</i>   |

**NWSSP – EMPLOYMENT SERVICES**  
**SERVICE SCHEDULE B EMPLOYMENT SERVICE**

|                                   |   |
|-----------------------------------|---|
| <b>Scope</b>                      | <i>Payroll Services</i>   |
| <b>Nature</b>                     | <i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>   |
| <b>Purpose of processing</b>      | <p><i>To enable support of the payroll function for NHS Wales, namely:</i></p> <p><i>Human Resources of Payroll staff (staff records, PADRs, etc)</i><br/> <i>Correspondence and Communication</i><br/> <i>Minutes, agendas and meeting papers</i><br/> <i>Payroll processing (including emergency payments)</i><br/> <i>Expenses administration</i><br/> <i>Pensions administration</i><br/> <i>Management Reports</i><br/> <i>Payslip distribution</i><br/> <i>ESR notices and management of email inboxes</i><br/> <i>Queries through payroll system (EARL)</i><br/> <i>Processes through HMRC system</i><br/> <i>Child Maintenance/Childcare voucher scheme</i><br/> <i>Procurement (Oracle)</i><br/> <i>National Employment Savings Trust (NEST)</i><br/> <i>Lease car administration and management</i><br/> <i>BACS processing/reports</i><br/> <i>Zylab Records Management</i><br/> <i>Crown Commercial Service (lease cars)</i><br/> <i>Motor Insurance database</i><br/> <i>Staff leavers/returns</i></p> |
| <b>Duration of the processing</b> | <i>Continuous requirement to process data for management of the Payroll Service functions but only in line with legal processing (with consent where required) and retained under Records Management principles.</i>  |
| <b>Types of personal data</b>     | <p><i>Contract information</i><br/> <i>Human Resources records</i><br/> <i>Customer and NHS data</i><br/> <i>Payment information</i><br/> <i>Financial information</i><br/> <i>Purchasing information</i><br/> <i>Personal and Sensitive Personal data</i><br/> <i>Commercially/Business Sensitive data</i></p>   |
| <b>Categories of data subject</b> | <p><i>Personal identifiable</i><br/> <i>Commercially/Business sensitive</i><br/> <i>Sensitive Personally identifiable</i></p>   |



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Gwasanaethau Ystadau Arbenigol  
Shared Services  
Partnership  
Specialist Estates Services

## **NWSSP – SPECIALIST ESTATES SERVICES (SES) SCHEDULE OF SERVICES FOR NHS WALES 2019/20**

Version: 2  
Date: 9<sup>TH</sup> January 2019

| Responsibilities of NWSSP SES   | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts  | Quality Standards/ Key Performance Indicators  |
|---|---|--|--|
| 1.0   | Service Deliverable – To provide advice and support to Health Boards and Trusts on all matters of healthcare estates and facilities   |  |  |
| 1.1 Advise Health Boards/Trusts on all matters of estates and facilities.   | <p>Advice and guidance</p> <p>All activity undertaken will be in accordance with NWSS-SES' Quality Management System which meets the requirements of BS EN ISO 9001:2015.</p> |  | <p>All advisory activity undertaken will be in accordance with NWSSP-SES Quality Management System which meets the requirements of BS EN ISO 9001:2015.</p> <p>G06 Communication<br/>G07 Job Registration<br/>G08 Job Quality plan</p> |
| 1.2 Actively contribute to national groups involved in healthcare estates and facilities.   | <p>Advice and guidance</p> <p>Refer to NWSSP-SES Stakeholder Group schedule 2018/19.</p>  | Nominate group representatives as required.  | <p>To be reviewed by the Director, Specialist Estates Services or Nominated Deputy prior to issue.</p> <p>G06 Communication<br/>G07 Job Registration<br/>G08 Job Quality plan</p>  |
| 1.3 Facilitate quarterly meetings of the NHS Wales Estates Group comprising estates and facilities representatives from NHS Wales and the Welsh Government. | Advice and guidance   | Nominate an individual to represent the organisation on the NHS Wales Estates Group. | <p>G07 Job Registration<br/>G06 Communication</p>  |
| 2.0   | Service Deliverable - To develop and maintain estates and facilities standards and best practice guidance   |  |  |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b> |
|---|--|--|--|
| 2.1 Consult NHS bodies through the Technical Guidance Service Advisory Group (SAG), in order to determine the needs and priorities of the service in Wales in respect of guidance topics. | Schedule of publications issued annually with request for comments                         | Nominate an individual to represent the organisation on the Technical Guidance SAG and contribute to the development of guidance needs and priorities.                               | G06 Communication                                    |
| 2.2 Consult NHS bodies through the Technical Guidance SAG during the production drafting stages of estates and facilities guidance.   | Guidance as required   | Nominate an individual to represent the organisation on the Technical Guidance SAG and contribute to the development of guidance content that meets the specific needs of NHS Wales. | G06 Communication                                    |
| 2.3 Provide access to healthcare estates and facilities guidance and technical information through the NWSSP-SES intranet/internet website.   | Advice and guidance.   |  | G06 Communication<br>G09 Information services        |
| 2.4 Provide a telephone helpline in support of technical guidance located on the NWSSP-SES intranet/internet websites.  | Advice and guidance.   |  | G06 Communication<br>G09 Information services        |
| 2.5 Provide notice of the issue of new or updated guidance.   | Publication Notices as required.   |  | Publications procedure to be included                |
| 2.6 Provide notifications of incidents and reports affecting the NHS estate in Wales along with high voltage (HV) hazard alerts.  | Issue Specialist Estates Services Notifications (SESN's) and HV hazard alerts as required. |  | G06 Communication<br>T15 Estates & Facilities Alerts |
| 3.0   | Service Deliverable - To provide data to support NHS Wales in the performance              |  |  |

| Responsibilities of NWSSP SES  | Outputs/Target Dates   | Responsibilities – Health Boards/Trusts  | Quality Standards/ Key Performance Indicators |
|--|--|--|---|
|  | management and benchmarking of estates and facilities services |  |   |
| 3.1 Record and report relevant healthcare estates and facilities data to assist Health Boards/Trusts in the performance management and benchmarking of their services. | Advice and guidance.   | Use benchmark data to support improvements in the management of estates and facilities.  | G06 Communication<br>P07 EFPMS                |
| 3.2 Maintain the online Estates and Facilities Performance System (EFPMS) to enable Health Boards/Trusts to submit performance data annually.                          | Manage system upgrades and maintenance contracts.              | <p>Timeliness of commitment of data to the EFPMS.</p> <p>Nominate a 'Module Manager' to manage the input of data to the EFPMS and be the official contact for EFPMS queries raised by NWSSP-SES.</p> <p>Nominate the senior manager responsible for validating the data due to be committed to the EFPMS.</p> <p>Commit estates and facilities performance data to the EFPMS by the required date agreed between NWSSP-SES and the Welsh Government.</p> | G06 Communication<br>P07 EFPMS                |
| 3.3 Carry out high-level validation of data submitted to the EFPMS.  | Validated information for reporting purposes.                  | Respond to validation queries in a timely manner.  | G06 Communication<br>P07 EFPMS                |



| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>                            | <b>Quality Standards/ Key Performance Indicators</b>  |
|--|--|---|---|
| 3.4 Produce an annual NHS estate and facilities performance management system (EFPMS) dashboard style report and EFPMS supplementary data spreadsheet. | EFPMS information to be issued to the Welsh Government and NHS Wales Health Boards/Trusts in December 2018.<br><br>Publish the report on the SES intranet website. | Disseminate the EFPMS report throughout Health Boards/Trusts as required. | G06 Communication<br>P07 EFPMS  |
| 3.5 Provide training in the use of the EFPMS as may be required by Health Boards/Trusts.   | One-to-one training as required.   | Facilitate attendance at training sessions.                               | G06 Communication<br>P07 EFPMS  |
| 3.6 Provide a helpdesk facility to address Health Boards/Trusts queries relating to the EFPMS.   | Advice and guidance  |   | G06 Communication<br>P07 EFPMS  |
| 4.0  | Service Deliverable - To deliver a programme of seminars and workshops on topical estates and facilities issues  |   |   |
| 4.1 Provide seminars and workshops on an ad hoc basis, on relevant technical subjects, including topics requested by Health Boards/Trusts.             | Organise seminars and workshops as required.   | To support seminars and workshops.  | G06 Communication<br>G04 Purchasing<br>G07 Job Registration<br>G08 Job Quality plan                                 |
| 5.0  | Service Deliverable - To provide advice, guidance and support on all aspects of strategic estate planning and implementation                                       |   |   |
| 5.1 Advise Health Boards/Trusts on how to structure strategic estate planning exercises.   | Advice and guidance.   |   | G06 Communication<br>G04 Purchasing<br>G08 Job quality plan<br>P01 Estate development advice<br>P02 Land & property |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>   |
|--|---|---|--|
|  |   |   | transactions   |
| 5.2 Maintain, on behalf of NHS Wales, a Health Service Planners framework.   | 4 year framework launched in May 2016.  | Contact NWSSP-SES to facility the process of appointing Health Care Planners.               | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                                  |
| 5.3 Provide advice and guidance to Health Boards/Trusts on the format and content of Business Cases.                               | Advice and guidance.  | Contact NWSSP-SES for business case advice  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P01 Estate development advice |
| 5.4 Liaise with Health Boards/Trusts and other bodies to agree major development capital budgets for recommendation to WG.         | Advice and Guidance.  | Contact NWSSP-SES to agree budgets for all major capital projects.                          | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                                  |
| 5.5 Provide quarterly advice to Health Boards/Trusts regarding inflation indices, reporting levels and location factor adjustment. | Quarterly briefing note to be provided to Health Boards/Trusts.   | Ensure update information is used on all future budgets within business cases.              | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                                  |
| 5.6 Provide cost planning advice on all new build and refurbishment projects.  | Advice and guidance.  | Contact NWSSP-SES for cost planning advice.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                                  |
| 5.7 Provide advice on project durations, budgets, fees and briefing content for construction projects.                             | Advice and guidance.  | Contact NWSSP-SES for information on project durations, budget planning and fee assessment. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                                  |
| 6.0  | Service Deliverable - Promote, encourage and embed design and engineering excellence in the delivery of construction projects |   |  |
| 6.1 Maintain a register of NHS Wales Design Champions.   | Register of Design Champions.   | Nominate Design Champions and submit contact details  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                                  |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>                             | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>   |
|---|---|---|--|
| 6.2 Provide targeted information and training to Design Champions.  | Arrange training for Design Champions as required.      | Support Design Champions and allow sufficient time for training   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan  |
| 6.3 Facilitate all Achieving Excellence Design Evaluation Toolkit (AEDET) reviews at: <ul style="list-style-type: none"> <li>• Concept Stage;</li> <li>• Option Appraisal (prior to business case submission).</li> </ul> | Facilitate AEDET reviews as required.                   | Identify projects requiring AEDET reviews.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan  |
| 6.4 Issue AEDET summary reports.  | Prepare AEDET reports in line with client requirements. | Respond to actions and include attendance list and summary results within the Estates Annexe of the Business Case.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan  |
| 6.5 Provide Activity Data Base (ADB) advice.  | Advice and guidance.                                    | Contact NWSSP-SES for advice including standard ADB sheets for project briefing documents, advice on the technical content of ADB sheets and advice on ADB equipment. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P01 Estate development advice<br>G04 Purchasing |
| 6.6 Provide engineering advice and support to ensure a clear and detailed building services' brief is developed for all major projects.   | Advice and guidance.                                    | Request the provision of engineering services support<br><br>Ensure that Brief is developed   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan  |
| 6.7 Identify the witness testing regime required.   | Review works information for witness testing planning   | Ensure that the witness testing regime is included in the Works Information.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan  |

| Responsibilities of NWSSP SES   | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators  |
|---|---|---|--|
|   | purposes.   | Notify the appropriate contractor of NWSSP-SES involvement in the scheme.   | T12 Witness Testing  |
| 7.0   | Service Deliverable - Promote, encourage and embed the principles of sustainable development in the delivery of construction projects |   |  |
| 7.1 Support and advise Health Boards/Trusts on Building Research Establishment Environmental Assessment Method (BREEAM) assessments completed by consultants. | Advice and guidance.  | Request the provision of BREEAM support services.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                        |
| 7.2 Monitor BREEAM achievement levels across all NHS funded projects.   | Advice and guidance.  | Work with the consultants and supply chain partner to achieve a BREEAM 'excellent' score for new build projects and 'very good' for refurbishment.                                    | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                        |
| 8.0   | Service Deliverable - To ensure that life critical engineering systems are validated prior to clinical deployment                     |   |  |
| 8.1 Provide a pre-clinical validation (witness testing) service in respect of specialist engineering systems on all major projects.                           | Report on the outcome of the validation process.  | Provide requests for the provision of witness testing services together with the contact details.<br><br>Provide an indicative programme indicating when witness testing is required. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T12 Witness Testing |

| Responsibilities of NWSSP SES   | Outputs/Target Dates   | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators   |
|---|--|---|---|
|   |  | <p>Inform NWSSP-SES of the contact details of the project team and any meetings that require attendance.</p> <p>Arrange with the contractor through liaison with NWSSP-SES, for adequate time and contractor resources to be made available to complete the task.</p> |   |
| 9.0   | Service Deliverable - Manage the acquisition of land and property assets |   |   |
| 9.1 To manage the acquisition process on behalf of NHS Wales Health Boards/Trusts.    | Acquire land/property for NHS clients as required.                       | Identify a requirement for land and property (whether freehold or leasehold) and provide a liaison contact.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 9.2 Agree site requirements, criteria and timescales with Health Boards/Trusts.       | Advice and guidance.   | Agree site requirements, criteria and timescales with NWSSP-SES.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 9.3 Establish whether another NHS organisation has suitable surplus land or property. | Review appropriate land registers.                                       |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>  |
|--|--|--|---|
| 9.4 Establish whether other public sector land is available.   | Review appropriate land registers.   |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 9.5 Conduct a site search in accordance with agreed criteria and clarify deliverability, likely asking price and identify potential constraints.                         | Advice and guidance.   | Ensure appropriate representatives of the User Group are involved in search and set criteria.                        | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 9.6 Provide site information and advice to inform the Health Boards/Trusts option appraisal/business case process.   | Advice and guidance.   | To manage option appraisal/business case process.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 9.7 Identify due diligence work to be undertaken (site investigations and other factors affecting land value).   | Advice and guidance.   | Commissioning of site investigations and due diligence surveys.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 9.8 Provide input into the planning application process.   | Advice and guidance.   | Supply Chain Partner (SCP) or Health Boards/Trusts to manage planning application process and seek planning consent. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 9.9 Manage negotiation of price (or occasionally option to purchase) and heads of terms (either from within in-house resources or through the appointment of an external | Recommend the consultant to be appointed in accordance with the Health Boards/Trusts | Make formal appointment of consultants and pay invoices/costs.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>  |
|--|--|--|---|
| consultant or District Valuer).  | procedures and standing orders.  |  |   |
| 9.10 Instruct the Health Boards/Trusts legal advisers to undertake appropriate searches, prepare and agree legal contracts and progress to legal completion of purchase. | Advice and guidance.   | Health Boards/Trusts to provide relevant information in response to pre contract enquiries and other matters.<br><br>Obtain Health Board/Trust approval where necessary and sign and seal legal documents.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 9.11 Advise on compulsory purchase order (CPO) procedure where necessary and recommend appropriate specialist consultants.   | Advice and guidance.   | Make formal appointment of consultants and pay invoices/costs.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.0   | Service Deliverable - Manage the disposal of land and property assets                      |  |   |
| 10.1 Manage the disposal process once land/property is identified for disposal.  | Dispose of surplus NHS Wales Health Boards/Trusts property/land in line with requirements. | To consult on closure of health buildings, identify and declare land and property as surplus and obtain Minister's approval (for Health Boards/Trusts).<br><br>Inform NWSSP-SES when a disposal process can commence (preferably a minimum 12 notice period for hospital sites and 6 | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>  |
|--|---|---|---|
|  |   | months for smaller sites).  |   |
| 10.2 Agree site closure programme with Health Boards/Trusts (decommissioning dates, closure date/s, disposal phases).  | Programme development assistance.   | Agree key dates and closure programme with NWSSP-SES.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.3 Enter the site as surplus on the ePIMS surplus land/property database.  | Establish whether the site is required by other NHS organisations, public bodies or priority purchasers.  | Identify surplus property and notify NWSSP-SES.<br><br>Confirm to NWSSP-SES when the surplus ePIMS entry can be made. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.4 Action the affordable housing protocol and/or establish any other priority purchasers.  | Determine whether a site is suitable for affordable housing. If so, make local authority and/or housing association aware of site availability. | Identify surplus property and notify SES.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.5 Action property transfers between NHS organisations or other public sector bodies.  | Timely transfer of property.  | Obtain necessary approvals and sign and seal contracts and formal transfer documents.                                 | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.6 If no public sector interest is identified establish disposal team and agree consultant appointments with Health Boards/Trusts. NWSSP-SES will work with Procurement Services to identify suitable property agents, | See 10.1 and 10.2   | Provide a liaison contact and attend disposal team meetings throughout the process.<br><br>Issue purchase orders for  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |



| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>  |
|--|---|--|---|
| planning advisers and other consultants and obtain fee quotations if required in accordance with Health Board/Trust Standing Orders.   |   | all appointments made throughout the disposal process as agreed with NWSSP-SES.<br><br>Arrange payment of consultants invoices.  |   |
| 10.7 Resolve legal issues affecting disposal including negotiating and formalising 3rd party occupations where necessary.  | Advice and guidance.  | Identify 3rd party occupations to NWSSP-SES.<br><br>Sign and seal documents where necessary.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.8 Identify appropriate reports/surveys required including planning, legal, ground condition, highways and access, ecology and environmental and produce a technical information pack for prospective purchasers.                          | Advice and guidance on information required for a technical information pack. | Make formal appointments and commission work as agreed with NWSSP-SES and organise payment of invoices.<br><br>Make arrangements when required for property inspection/viewings. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.9 Seek to obtain the most appropriate planning consent/development brief for development or change of use to achieve the best value and ensure suitable representations are made on Local Development Plans (LDP) processes if necessary. | Advice and guidance.  | Make formal appointments and commission work as agreed with NWSSP-SES and organise payment of invoices.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>  |
|---|---|---|---|
| 10.10 Select method of disposal, and agree disposal and marketing strategy with Health Boards/Trusts, property agent and disposal team.                                 | Advice and guidance and the agreement with the Health Boards/Trusts to a suitable marketing strategy and budget.    | Agree disposal and marketing strategy together with marketing budget.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.11 Negotiate/establish best offer (including overage and clawback provisions if relevant) and provide recommendation to the Health Boards/Trusts for Board approval. | Provide a report with best offer recommendations.   | <p>Arrange opening of tenders (where required) in accordance with Standing Orders.</p> <p>Agree best offer with NWSSP-SES and advisers and submit for board approval where necessary.</p>   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |
| 10.12 Recommend solicitors to prepare contracts and sale documents and liaise with and co-ordinate all parties until completion of sale.                                | Recommend the solicitor to be appointed in accordance with the Health Boards/Trusts procedures and standing orders. | <p>Raise an order in respect of the solicitor appointment and arrange payment of invoices.</p> <p>Arrange for signature and sealing of all legal contract and transfer documents.</p> <p>Complete all site/building decommissioning works and notify local authority (for business rates) and other relevant bodies (e.g. utility companies) of</p> | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land and property transactions |

| Responsibilities of NWSSP SES  | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators                     |
|--|---|---|---|
|  |   | vacation.<br><br>Arrange handover of keys to solicitors/purchasers.   |   |
| 11.0   | Service Deliverable - Manage landlord and tenant relations (including all lease/licence arrangements) |   |   |
| 11 1 Collate all lease information and populate the e-PIMS database.   | Administer the e-PIMS database.   | Provide all lease documentation and supplemental information (eg. on current rent, floor areas) for input into e-PIMS.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 11.2 Provide training to enable Health Boards/Trusts to access their lease information.  | Arrange training for Health Boards/Trusts.  | Enable staff to attend training.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 11.3 NWSSP-SES will conduct all contact with prospective landlords or tenants relating to any negotiation of terms.                                      | Manage landlord and tenant relations.   | Health Boards/Trusts should contact NWSSP-SES immediately when a new lease acquisition is being considered and prior to any contact with landlords or their agents. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 11.4 Undertake negotiation of terms for all new leases/licences, renewal of leases, surrender of existing leases, assignment of leases and rent reviews. | Manage landlord and tenant relations.   | Notify NWSSP-SES as soon as a requirement is identified in order that SES can manage the negotiations.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 11.5 Manage process for negotiating and agreeing costs of dilapidations at the end of leases. Identify the   | Manage landlord and tenant relations including the provision  | All external appointments will be made by the Health Boards/Trusts following  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>              |
|--|---|--|---|
| requirement for external appointments.   | of recommendations regarding external appointments.   | recommendations from NWSSP-SES.  |   |
| 11.6 Notify Health Boards/Trusts of key dates for actions or serving notices and counter notices. NWSSP-SES will advise on the appropriate response and will action accordingly through the Health Boards/Trusts solicitors. | Advice and guidance.<br><br>Provide annual report to Health Boards/Trusts on lease actions required over a 2-year period. | Health Boards/Trusts to refer all received notices/ correspondence to NWSSP-SES immediately upon receipt.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 11.7 Liaise with the Health Boards/Trusts legal advisers on lease contracts/serving of notices and liaise with the legal adviser throughout the process.   | Advice and guidance.  | Health Boards/Trusts to refer all received notices/ correspondence to NWSSP-SES immediately upon receipt.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 11.8 Negotiation and advice on service charges due under leasehold arrangements.   | Advice and guidance.  | Health Boards/Trusts to ensure proper records of service charge costs incurred are maintained.<br><br>Health Boards/Trusts to inform NWSSP-SES if concerns over service charge items or costs arise. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 11.9 NWSSP-SES will advise on responsibilities and obligations under a lease e.g. repair, insurance, outgoings.  | Advice and guidance.  | Health Boards/Trusts to exercise responsibility for repair/ maintenance as required under the lease and for compliance with health, safety and   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |

| Responsibilities of NWSSP SES  | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators   |
|--|---|---|---|
|  |   | statutory requirements.   |   |
| 11.10 NWSSP-SES will input all new leases onto the e-PIMS database on completion of lease and update existing records as required.   | Administer the e-PIMS database.   |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                                     |
| 12.0   | Service Deliverable - Manage the valuation of property assets               |   |   |
| 12.1 NWSSP-SES will monitor ad-hoc asset valuations.   | Asset monitoring.   | Health Boards/Trusts will notify NWSSP-SES of material changes to property assets and instruct a professional valuer for interim ad-hoc asset valuation updates and inform NWSSP-SES of revised valuations. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions |
| 12.2 All requirements for other land and property valuations (including market valuations) will be channelled through NWSSP-SES which will either provide the valuation in-house or recommend appointment of an appropriate external valuer in line with relevant procurement rules. | Undertake land and property valuations or recommend external valuer.        | Any formal external appointments will be made through the Health Boards/Trusts (as recommended by NWSSP-SES).   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions |
| 13.0   | Service Deliverable - Manage easements, wayleaves and other property rights |   |   |
| 13.1 Manage all negotiations for rights required by third parties over Health Boards/Trusts land and rights required by the NHS over third party land. NWSSP-SES will recommend  | Third party negotiation.  | Formal appointments will be made through the Health Boards/Trusts.<br><br>Health Boards/Trusts will   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>   |
|---|--|--|--|
| any external appointments which may be required in line with procurement rules.   |  | arrange signing and sealing of all contracts, deeds and legal documents.   |  |
| 13.2 As required, manage disputes relating to land and property.  | Dispute report including recommendations.  | Formal appointments will be made through the Health Boards/Trusts.<br><br>Health Boards/Trusts will arrange signing and sealing of all contracts, deeds and legal documents. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions                        |
| 14.0  | Service Deliverable - Manage overage and clawback provisions                             |  |  |
| 14.1 Maintain records of overage and clawback benefits reserved in sale contracts of NHS property and review and monitor sites where necessary. | Maintenance of records.  | Provide legal documentation where required.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions                        |
| 14.2 Negotiate all overage or clawback payments which may become payable (may require the appointment of an external adviser).                  | Advice and guidance.   | To appoint and fund external consultants where recommended by NWSSP-SES.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions                        |
| 15.0  | Service Deliverable - Manage the NHS Wales Land and Property Portfolio (LAPP)            |  |  |
| 15.1 Provide the appropriate Health Boards/Trusts with access to updated Land and Property Portfolio (LAPP) plans in the requested format.      | Undertake approximately 115 LAPP reviews and 68 LAPP surveys in line with the programme. | Health Boards/Trusts to confirm the sites comprising their estate at the outset of each LAPP review.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions<br>P04 LAPP management |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>                           | <b>Quality Standards/ Key Performance Indicators</b>  |
|--|---|--|---|
| 16.0   | Service Deliverable - Manage NHS Wales' interest in the Local Development Plans (LDP) process |  |   |
| 16.1 Monitor local authorities' Local Development Plans (LDP) processes and advise on action and planning consultant appointments when opportunities arise to influence or respond to the LDP process. | Advice and guidance.  | To appoint and fund external consultants where recommended by NWSSP-SES. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions |
| 17.0   | Service Deliverable - Provide advice in respect of business rates.                            |  |   |
| 17.1 Notify Health Boards/Trusts of changes to business rate legislation or processes.   | Advice and guidance.  |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions |
| 17.2 Ensure Health Boards/Trusts have a suitable rating consultant appointed for each revaluation period.  | Advice and guidance.  | To confirm inclusion in procurement process.                             | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions |
| 17.3 Procure and manage external rating consultants in respect of rating appeals of the NHS estate and GP premises.  | Advice and guidance.  | To appoint and fund external consultants where recommended by NWSSP-SES. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P02 Land & property transactions |
| 18.0   | Service Deliverable - Provide advice and guidance to support portfolio rationalisation        |  |   |
| 18.1 Advise on the rationalisation of Health Boards/Trusts property portfolio  | Advice and guidance.  | Provide occupancy costs and data on its land and property assets.        | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                                     |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>   |
|--|--|---|--|
| 19.0   | Service Deliverable - Provide advice and guidance in support of the strategic planning and management of the Primary Care Estate |   |  |
| 19.1 Provide technical and strategic support to Health Boards relating to the development of new primary care premises.  | Advice and guidance.   | Regularly update integrated primary care service and estate strategies.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.2 To provide support and advice to Health Boards relating to requirements linked to strategic documents.  | Advice and guidance.   | Provide robust estate strategies, linked to primary healthcare service delivery to ensure strategic fit for primary care. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.3 Through the Health Board provide technical support to General Practitioners (GPs) relating to property ownership and/or lease arrangement.  | Advice and guidance.   | Identify priorities linked to estates and the delivery of primary and community health services.                          | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.4 Provide technical support relating to configuration of space requirements linked to General Medical Services (GMS) reimbursements.  | Advice and guidance.   | To provide relevant information and documentation.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.5 Provide professional support and advice with regards to valuation services on existing and new premises in order that valuations can be carried out in a timely and appropriate manner. | Advice and guidance.   | Health Board to ensure relevant information is available and to work closely with NWSSP team member.                      | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.6 Provide technical support for the exploration of differing funding methods to advise the Health Boards  | Advice and guidance.   | Ensure early advice sought.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                            |



| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>                 | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>   |
|--|---|---|--|
| in identifying risk linked to deliverability of new schemes.   |   |   | P06 Primary Care Estate  |
| 19.7 Develop a proactive and supportive role in the development of submission documents for funding.   | Advice and guidance.                        | Ensure early advice sought.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.8 Provide professional property expertise into the preparation of plans to reconfigure primary care premises and enable GMS and community services to be expanded.                                      | Advice and guidance.                        | To provide relevant information/documentation and plans.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.9 Undertake property appraisals of existing premises on request from the Health Boards to assess building and site constraints and opportunities to identify re-development potential.                  | Advice and guidance and report as required. | Provide advice to Independent Contractor with regard to appointment of specialist advice. Advise contractors with regard to reimbursable costs. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.10 Support Health Boards in identifying opportunities for GPs who own their own premises to participate in modernisation works funded by improvement grants, notional rent increases or capital grants. | Advice and guidance.                        | Ensure inclusion of NWSSP – SES at appropriate meetings with independent contractors.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.11 Identify criteria and factors influencing deliverability.  | Advice and guidance.                        | Health Board to agree criteria.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 19.12 Report to Health Boards on national and local decisions which may influence the Health Board   | Advice and guidance and report as required. | Health Board to facilitate links with independent contractors.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                            |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>  |
|---|---|---|---|
| priorities programme.   |   |   | P06 Primary Care Estate   |
| 19.13 Provide support to Health Boards on GP sale and leaseback applications.   | Advice and guidance. Attend meetings as required and provide valuation report for reimbursement changes.  | Health Board to liaise with GP Practice and confirm change in reimbursement if approved.  |   |
| 19.14 Provide support to Health Boards on property matters linked to GP sustainability issues.  | Advice and guidance. Attend meetings if requested. Identify possible solutions.   | Health Board to decide on action.   |   |
| 20.0  | Service Deliverable - Provide professional advice and guidance in the management of GPs rental and rates reimbursement                                  |   |   |
| 20.1 Provide professional advice to Health Boards relating to the valuation and payment of GP rent and rates reimbursements in order to: <ul style="list-style-type: none"> <li>ensure valuation reviews are carried out in a timely manner to minimise back payments of rental.</li> <li>ensure the Health Board is advised on all matters relating to disputed Notional, Leased or Cost Rent reviews.</li> <li>advise the Health Board on Premises Cost Directions and interpretation and implementation</li> </ul> | <p>Advice and guidance.</p> <p>Complete approximately 200 rental assessments during 2018/19.</p> <p>Preparation of appeal submissions to deadlines.</p> | <p>Ensure all new or amended information relating to Contractor reimbursements is passed on to the relevant NWSSP-Primary Care Services (PCS) Officer in a timely manner.</p> <p>Provide updated information regarding changes to premises contracts in a timely manner.</p> <p>Action as appropriate.</p> <p>Provide information</p> | <p>G06 Communication</p> <p>G07 Job Registration</p> <p>G08 Job quality plan</p> <p>P06 Primary Care Estate</p> |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>   |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>manage rental reimbursement appeals under the GMS contract</li> </ul>   |  | required seek further legal advice if required and action result of decision   |  |
| 20.2 Provide information to the Health Board relating to expenditure in respect of Contractor reimbursements.  | Advice and guidance.   | Provide information relating to systems and procedures linked to the payment of fees and reimbursements.                                     | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 21.0   | Service Deliverable - Provide professional advice and guidance in the management of improvement grant applications |  |  |
| 21.1 Inspect the GP premises with the Health Board to provide professional assessment of the potential for redevelopment as well as the extent of reimbursable accommodation.  | Advice and guidance.   | <p>Receive initial requests from GPs for improvements to their premises.</p> <p>Contact practice manager to make appointment to inspect.</p> | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 21.2 Provide advice in respect of the extent of the eligible works, compliance of proposed design and layout with current guidance and standards, acceptability of the estimated costs and fees of the works, security of tenure of the GPs, timetable and period of guaranteed use. | Advice and guidance.   | <p>Support process, review plans, costs and fees.</p> <p>Ensure GP practice completes Improvement grant application form.</p>                | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 21.3 Evaluate whether the proposed rental figure is in line with current market levels.  | Advice and guidance.   | Instruction to NWSSP-SES and provide agreement, or request further clarification, to any   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |

| Responsibilities of NWSSP SES   | Outputs/Target Dates   | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators  |
|---|--|---|--|
|   |  | proposed increase in rental.  |  |
| 21.4 Assess whether the rental abatement calculation is in accordance with Schedule 3, Part 1 and 2 of the Premises Cost Directions.                        | Advice and guidance.<br><br>PCS to provide calculation.  | Approve or refer figures.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 21.5 Review the improvement grant application to ensure compliance with Premises Cost Directions. Ensure most recent guidance is followed as best practice. | Advice and guidance.   | Prepare and submit, on behalf of the GP practice, the report for submission to Health Board or WG for approval. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 21.6 Undertake final inspection of the works to confirm completion and report on abated rent figures if applicable.   | Inspect, where required, and report.   | Inform SES of completion of works.<br><br>Action findings and confirm final approval.                           | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 21.7 Report to the Health Board on national and local decisions which may influence the Health Board priorities programme.                                  | Provide reports as appropriate.  | Liaison as required.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 22.0  | Service Deliverable - Manage landlord and tenant relations where NHS bodies occupy developments by Third Party Developers (3PDs) |   |  |
| 22.1 Manage all rental negotiations.  | Support Health Boards on 3PD developments during 2018/19.  | Provide copy of signed leases.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 22.2 Contact the landlord or agent, report rental valuation advice to the   | Advice and guidance and report as required.  | Issue instruction on advice provided and obtain   | G06 Communication<br>G07 Job Registration  |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>   |
|--|---|---|--|
| Health Board, negotiate and agree settlement.  |   | approval to settlement figure.<br><br>Arrange for Memorandum to be signed.                    | G08 Job quality plan<br>P06 Primary Care Estate  |
| 22.3 For new Health Board occupations, negotiate legal documentation to comply with agreed Heads of Terms.   | Advice and guidance.  | Obtain Board approval and compliance with lease terms.<br><br>Arrange for lease to be signed. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.0   | Service Deliverable – Provide professional advice and guidance in support of the development of Third Party Developments (3PDs) |   |  |
| 23.1 Support Health Boards in the development of the Initial Proposal Document (IPD), including guidance on: schedules of accommodation, service models, identifying stakeholders, financial implications, engagement and exit strategies. | Advice and guidance.  | Action advice and supply information requests.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.2 Provide professional and technical advice regarding mortgage deficits, guaranteed minimum sale price and relocation support for GPs under the Premises Cost Directions.   | Advice and guidance.  | Action, instruct and obtain DV report for capital valuations if required.                     | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.3 Liaise with Health Board's solicitor on property matters as well as the legal requirements of the Official Journal of the European Union (OJEU) process.  | Advice and guidance.  | Instruct solicitor where OJEU process required and pay invoices.                              | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>                   | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>   |
|--|---|--|--|
| 23.4 Provide advice and support to the Health Board relating to the selection process.   | Advice and guidance.                          | To identify a requirement for a 3PD primary care scheme following receipt of approval of IPD and further development of the service brief. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.5 Advise on pre-qualification questionnaires and financial and non-financial criteria for short-listing.  | Advice and guidance.                          | Assessment of 3PDs' financial standings.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.6 Advise on interview questions and scoring methodology based on past experience with other 3PD schemes to assess the professional approach and validity of the candidates and their proposals. | Advice and guidance.                          | Assist and approve.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.7 Attend short-listing meetings and interviews with 3PDs in order to provide a property professionals influence in the decision-making.   | Advice and guidance.                          | Provide appropriate staff members to attend the meetings and the interviews.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.8 Support the processing of standard letters to be sent to the successful and unsuccessful companies in order to achieve consistency in approach and information feedback.                      | Advise on letters for Health Boards approval. | Prepare, approve and issue letters.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.9 Support feedback responses to the unsuccessful companies, where required, ensuring consistency of approach and continuity of  | Advice and guidance.                          | Respond to queries.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>                                       | <b>Quality Standards/ Key Performance Indicators</b>   |
|--|---|--|--|
| discussions about property development matters.  |   |  |  |
| 23.10 Provide professional advice and support in respect of the invitation of expressions of interests from 3PDs to ensure that the process is fair, equitable and delivers value for money.             | Advice and guidance in accordance with WHC(2007)07 and WHC(2008)09.                   | Payment of any costs of advertising for 3PDs.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.11 Attend Project Steering Groups.  | Advice and guidance.  | Arrange Project Steering Group meetings.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.12 Where GPs require additional information, organise lease workshops to explain their responsibilities under the exemplar documentation and provide advice on occupational arrangements.             | Provide training as required.   | Arrange meetings with GPs to obtain commitment to the scheme and to the lease.       | G06 Communication<br>G07 Job Registration<br>G08 Job Quality Plan<br>P06 Primary Care Estate |
| 23.13 Provide professional advice and support in respect of design and development matters including the schedule of accommodation, room sizes, specification matters, patient flow and confidentiality. | Advice and guidance.<br><br>Support Health Boards in 3PD developments during 2018/19. | Arrange regular Project Steering Group and Project Board meetings.                   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.14 Coordinate and facilitate the Achieving Excellence Design Evaluation Toolkit (AEDET) workshop for 3PD developments to encourage good design and answer queries from proposed tenants regarding the | Liaise with EDS. See 6.3 and 6.4 above.   | Provide notice of date of AEDET and arrange attendance by appropriate staff members. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>                         | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>  |
|---|---|---|---|
| proposed design and layout.   |   |   |   |
| 23.15 Liaise with Health Boards regarding valuation matters including reasonable assumptions to be made in respect of build costs, the extent and quantification of abnormal costs, investment yields, development appraisals, site acquisition costs, costs of developer finances and comparable evidence. | Advice and guidance.                                | <p>Instructions to the DV and payment of fees.</p> <p>Facilitate discussions between 3PDs and the DV.</p> <p>As the client liaise with DV over ongoing negotiations with the same.</p> <p>Ensure timescales for agreements are set and managed.</p> | <p>G06 Communication</p> <p>G07 Job Registration</p> <p>G08 Job quality plan</p> <p>P06 Primary Care Estate</p> |
| 23.16 Following approval, provide professional input into the agreement of the room data sheets with Health Boards and GPs to include extent of equipment and furnishings, compliance with WHBN36 and comparisons with other 3PD schemes.   | Advice and guidance.                                | Approve through Project Board   | <p>G06 Communication</p> <p>G07 Job Registration</p> <p>G08 Job quality plan</p> <p>P06 Primary Care Estate</p> |
| 23.17 Provide support and advice to the Health Board to negotiate the treatment of complex issues such as the apportionment of shared areas in multi-tenanted buildings and the assessment of non-standard arrangements.  | Advice and guidance on content of reports received. | <p>Ensure in-principle commitment from all the relevant parties is obtained.</p> <p>Stakeholder agreement to the design.</p>  | <p>G06 Communication</p> <p>G07 Job Registration</p> <p>G08 Job quality plan</p> <p>P06 Primary Care Estate</p> |



| Responsibilities of NWSSP SES   | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators   |
|---|---|---|---|
|   |   | <p>DV's report has been received and rent has been provisionally agreed with the 3PD.</p> <p>Receive DV value for money (VFM) Report and Cost Appraisal relating to the rent.</p> |   |
| 23.18 Review the estates information in the BID to ensure compliance with WG requirements, including assistance in the estimation of the reimbursable financial items such as Stamp Duty Land Tax on leases, rates payable, legal and monitoring surveyors' fees. | Advice and guidance.  | <p>Initial draft of the formal BID document completed.</p> <p>Final drafting and submission to Board for final sign off.</p>  | <p>G06 Communication</p> <p>G07 Job Registration</p> <p>G08 Job quality plan</p> <p>P06 Primary Care Estate</p> |
| 23.19 Liaise with the GP and Health Board legal advisors in respect of the detailed use of the exemplar lease documentation to ensure compliance and to serve the needs of the tenant.  | <p>Advice and guidance.</p> <p>Lead negotiation with developer on lease issues.</p> | Where Health Board lease, instruct solicitor to contact NWSSP-SES primary care property surveyor.   | <p>G06 Communication</p> <p>G07 Job Registration</p> <p>G08 Job quality plan</p> <p>P06 Primary Care Estate</p> |
| 23.20 As required, review and update the exemplar lease documentation.  | Amend exemplar lease documentation.   |   | <p>G06 Communication</p> <p>G07 Job Registration</p> <p>G08 Job quality plan</p> <p>P06 Primary Care Estate</p> |
| 23.21 Provide professional property advice and support to user groups on occupational issues including service charges and the setting up of in-  | Advice and guidance.  | Attend user group meetings.   | <p>G06 Communication</p> <p>G07 Job Registration</p> <p>G08 Job quality plan</p> <p>P06 Primary Care Estate</p> |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>   |
|---|---|---|--|
| house facilities management structures.   |   |   |  |
| 23.22 Attend site meetings if required to provide a property perspective on technical and property management matters that arise during the construction period.  | Advice and guidance.  | Ensure management of advice received is in line with professional advisors working for the GPs. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.23 Liaise with the GP practice, their monitoring surveyor and Health Board Project Manager to promote good practice, check compliance issues, discuss any variations to the original specification and feedback to the Health Board. | Advice and guidance.  | Action as appropriate   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.24 Provide feedback on 3PD contractors' performances to the Health Board to inform the selection process for future schemes.   | Advice and guidance.  | Action as appropriate   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.25 Organise post-completion AEDET.   | Arrange with EDS. See 6.3 and 6.4 above                             | Liaise and organise attendance by key stakeholders.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.26 Obtain feedback from occupiers on the condition and performance of the building, including maintenance and running costs and produce a Completion Report for the Health Board.  | Obtain feedback.<br><br>Produce report and provide to Health Board. | Review and action findings if appropriate.<br><br>Approve and pay invoices.                     | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>P06 Primary Care Estate |
| 23.27 Oversee post-completion monitoring and liaison with Health  | Produce reports if required.  |   | G06 Communication<br>G07 Job Registration  |

| Responsibilities of NWSSP SES  | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators                     |
|--|---|---|---|
| Board and GPs on issues around estate and inherent defects.  |   |   | G08 Job quality plan<br>P06 Primary Care Estate                   |
| 24.0   | Service Deliverable - Provide professional advice and guidance in support of environmental management   |   |   |
| 24.1 Provide advice, guidance and support to Health Boards/Trusts in the implementation of the environmental management system ISO 14001.  | Advice and guidance.  | <p>Nominate the principal contact point for environmental management.</p> <p>To agree a timetable for regular (twice yearly minimum) meetings with NWSSP-SES to assess progress on ISO 14001 and environmental management programmes.</p> <p>Identify support that is required by the organisation.</p> | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| <p>24.2 Promote energy efficiency at Health Boards/Trusts and the uptake of low and zero carbon technologies.</p> <p>Supporting the implementation of energy and carbon saving improvement initiatives through regular visits to assess progress and advise on improvements.</p> | <p>Advice and guidance.</p> <p>Monitor, assess and report on progress towards Health Board targets.</p> | <p>Nominate the principal contact point for energy and carbon management.</p> <p>Provide regular progress updates to NWSSP – SES on any energy saving initiatives currently being initiated by Health Boards/Trusts.</p>  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |

| Responsibilities of NWSSP SES  | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts  | Quality Standards/<br>Key Performance Indicators                  |
|--|---|--|---|
|  |   | Agree a timetable for regular meetings (twice yearly minimum) with NWSSP-SES to assess progress and support that is required by the organisation.  |   |
| 24.3 Promote waste minimisation / resource efficiency and the Towards Zero Waste national strategy through adoption of best practice.                              | Advice and guidance.<br><br>Monitor, assess and report on progress towards targets.   | Nominate the principal contact point for waste management.<br><br>Agree a timetable for regular meetings with NWSSP-SES to assess progress on waste management plans and to identify the support needed.               | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 24.4 Facilitate the Welsh Health Environmental Forum (WHEF) and its sub-groups (Energy and Waste).<br><br>Support WHEF with its specific projects and initiatives. | Administer the WHEF group through the organisation of regular meetings / events, the management of its website and facilitation of any initiatives at the request of the group. | Contribute by regular attendance at the WHEF Forum and associated sub-groups.<br><br>Provide a Chairperson for the WHEF Groups as required.<br><br>Contribute to the identification of initiatives for WHEF to review. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>                              | <b>Quality Standards/ Key Performance Indicators</b>   |
|---|---|---|--|
| 24.5 Assist Health Boards, NWSSP Procurement Services and the Clinical Waste Consortium in the re-tendering of the All Wales clinical waste contract. | Advice and guidance.  |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan  |
| 25.0  | Service Deliverable - Provide professional engineering advice and guidance in support of the provision of diagnostic imaging services. – In this section Diagnostic Imaging explicitly includes other clinical areas such as Diagnostic Imaging IT solutions, Cardiology, Ultrasound and Medical Physics. |   |  |
| 25.1 Provide advice guidance and support on diagnostic imaging technologies.  | Advice and guidance.  | Nominate the principal contact point for diagnostic imaging.                | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy |
| 25.2 Assist in the development and implementation of diagnostic imaging equipment (or service contract) procurement strategies and managed services.  | Advice and guidance.  | Provide diagnostic imaging technologies development/ replacement programme. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy |
| 25.3 Support Health Boards/Trusts in equipment technical feasibility and design option appraisal.   | Advice and guidance.  |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy |
| 25.4 Ensure equipment complies with the needs of Health Boards/Trusts.  | Advice and guidance.  | Provide notification of the commencement of diagnostic imaging projects.    | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy |
| 25.5 Test room systems and sign off   | Advice and guidance.  |   | G06 Communication  |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>                       | <b>Quality Standards/ Key Performance Indicators</b>   |
|--|---|--|--|
| the joint acceptance document.   |   |  | G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy                      |
| 26.0   | Service Deliverable - Provide professional advice and guidance in support of the provision of radiotherapy services |  |  |
| 26.1 Provide advice guidance and support on radiotherapy technologies.   | Advice and guidance.  | Nominate the principal contact point for radiotherapy services       | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy |
| 26.2 Assist in the development and implementation of Radiotherapy systems (or service contract) procurement strategies and managed services. | Advice and guidance.  | Provide radiotherapy technologies development/replacement programme. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy |
| 26.3 Support Health Boards/Trusts in equipment technical feasibility and design option appraisal.  | Advice and guidance.  |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy |
| 26.4 Ensure equipment complies with the needs of Health Boards/Trusts.   | Advice and guidance.  | Provide notification of the commencement of radiotherapy projects.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging & Radiotherapy |
| 26.5 Test room systems and sign off the joint acceptance document.   | Advice and guidance.  |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T13 Diagnostic Imaging &              |

| Responsibilities of NWSSP SES  | Outputs/Target Dates   | Responsibilities – Health Boards/Trusts  | Quality Standards/ Key Performance Indicators  |
|--|--|--|--|
|  |  |  | Radiotherapy   |
| 27.0   | Service Deliverable - Provide professional engineering advice and guidance in support of the provision of decontamination services |  |  |
| 27.1 Maintain an Authorising Engineer (Decontamination) (AE (D)) resource.   | Fulfil the role of Authorising Engineer (Decontamination) AE (D) for Health Boards/Trusts.   | Appoint NWSSP-SES as the AE (D) and provide contact details.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 27.2 Provide general and impartial advice on all matters concerned with decontamination.   | Advice and guidance.   | Request advice.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 27.3 Advise Decontamination Managers on programmes for validation of its decontamination practices and processes, operational procedures, periodic testing and maintenance of decontamination equipment. | Advice and guidance.   | Provide programmes for the validation of decontamination processes<br><br>Provide details of current decontamination practices and operational procedures<br><br>Provide details of periodic testing and maintenance of decontamination equipment<br><br>Provide plans for the development of decontamination services | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>                     | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>   |
|---|---|--|--|
| 27.4 Prepare and submit to Health Boards/Trusts audit reports on validation, revalidation and yearly tests.   | Report on audits undertaken.                    | Request for service and provided access.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 27.5 Assess Authorised Persons (Decontamination) (AP (D)) competencies and advise Health Board/Trust on their appointment.  | Report on completed AP (D) assessments.         | Nominate potential APs to the AE (D) for assessment.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 27.6 Audit department and machine log books and quarterly test reports as prepared by the Competent Person for decontamination equipment.   | Report on audits undertaken.                    | Send test reports to NWSSP-SES as required, or discuss and sign at site visits.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 27.7 27.7 Undertake an annual validation and performance testing programme as required for sterilizers, washer disinfectors, steam quality and particulates to the requirements and standards given in healthcare guidance. | 150 tests to be completed. Report on each test. | Confirm contact point details for site visits.<br><br>Agree with NWSSP-SES a programme of annual testing providing access for NWSSP-SES personnel.<br><br>Confirm contact details for the receipt of test reports. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 27.8 Provide technical advice to Public Health Wales (PHW) and carry out audits of decontamination areas or units at the request of Health Boards/Trusts ie. endoscopy and  | Advice and guidance and report as required.     | Request technical advice and audits when required.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |



| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>   |
|---|--|--|--|
| SSD's.  |  |  |  |
| 27.9 Attend when requested the Health Boards/Trusts Strategic Decontamination Groups.                                   | Standard Decontamination Reporting Board format.   | Include NWSSP/SES on general circulation list and request attendance where required.             | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 27.10 Regularly auditing the operation and management of decontamination reprocessing equipment and built environments. | Report on audits.  | Agree a programme of audits with the AE (D).   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 27.11 Produce for individual Health Boards/Trusts an annual report on the activities of the AE (D).                     | Produce an annual report.  | Provide access to records for scrutiny purposes and make staff available to support inspections. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T07 Decontamination<br>T16 Instrument calibration |
| 28.0  | Service Deliverable - Provide professional engineering advice and guidance in support of the provision of medical gases. |  |  |
| 28.1 Fulfil the role of Authorising Engineer (AE) (Medical Gases) (MG) for Health Boards/Trusts.                        |  | Appoint NWSSP-SES as the AE (MG) and provide contact details.                                    | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases                                 |
| 28.2 Provide general and impartial advice on all matters concerned with medical gases pipeline systems.                 | Advice and guidance.   | Request advice.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases                                 |
| 28.3 Undertake audits of the safe systems of work and safety procedures.  | Report on audits.  | Request service and arrange access.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases                                 |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b> | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>                                   |
|---|-----------------------------|---|--|
| 28.4 Assess the competence of Authorised Person (AP) (MG)'s and advise Health Boards/Trusts Management on the appointment of AP (MG) personnel.                                   | Report on assessments.      | Provide a list of AP (MG)'s their up to date qualification certification.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases |
| 28.5 Issue to each AP (MG) a certificate of competence valid for 3 years and review the certification at 3 year intervals.  | Certificate of competence   | Appoint AP following successful assessment.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases |
| 28.6 Maintain a register of all certified AP(MG)'s.   | Maintain a register.        |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases |
| 28.7 Regularly audit MG systems and report findings to Health Boards/Trusts.  | Report on audits            | Provide details of the MG pipeline installations.<br><br>Agree an annual programme of inspections with the AE (MG). | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases |
| 28.8 Investigate adverse incidents including dangerous occurrences for installations and issue reports and advice to the service.   | Produce a report.           | Implement corrective action as appropriate.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases |
| 28.9 Advise on any restriction or notification relating to MG pipeline systems that has been issued, together with any changes to statutory compliance relating to these systems. | Advice and guidance.        | Implement changes as required.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases |
| 28.10 Advise on the design and  | Advice and guidance.        | To make the AE aware of   | G06 Communication  |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>                                   |
|--|---|--|--|
| commissioning of MG pipeline installations.  |   | new systems and changes to existing.   | G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases                      |
| 28.11 Produce for individual Health Boards/Trusts an annual report on the activities of the AE (MG).   | Produce an annual report.   | Provide access to records for scrutiny purposes and make staff available to support inspections.       | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T11 Medical gases |
| 29.0   | Service Deliverable - Provide professional engineering advice and guidance in support of electrical systems |  |  |
| 29.1 Fulfil the role of Authorised Engineer (AE) High Voltage (HV) for Health Boards/Trusts.           |   | Appoint NWSSP-SES as the AE (HV) and provide contact details.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage  |
| 29.2 Provide general and impartial advice on all matters concerned with HV systems.                    | Advice and guidance.  | Provide details of the HV installations.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage  |
| 29.3 Undertake audits of the safe systems of work and safety procedures.                               | Report on audits.   |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage  |
| 29.4 Assess the competence of AP (HV)'s and advise the Health Board/Trust on their appointment.        | Report on assessments.  | Provide a list of AP(HV)'s and qualification certification<br><br>Health Board/Trust to appoint AP(HV) | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage  |
| 29.5 Issue AP (HV) certificates of competence valid for 3 years and review the certification at 3 year | Issue certificates of competence.   | Appoint AP (HV) following successful assessment.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                      |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>                 | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/<br/>Key Performance Indicators</b>                              |
|--|---|--|---|
| intervals.   |   |  | T03 High voltage  |
| 29.6 Maintain a register of all certified AP(HV)'s.  | Maintain a register.                        |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage |
| 29.7 Audit on a triennial basis each HV installation and report the findings to the Health Board/Trust.  | Report on audits.                           | Agree an annual programme of inspections with the AE (HV) and provide access, records and staff availability for scrutiny and inspections. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage |
| 29.8 Investigate adverse incidents including dangerous occurrences and issue reports and advice to the service.  | Advice and guidance and report as required. | Implement recommendations as appropriate.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage |
| 29.9 Advise on any restriction or notification relating to HV systems that has been issued, together with any changes to statutory compliance relating to these systems. | Advice and guidance.                        |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage |
| 29.10 Advise on the design and commissioning of HV installations.  | Advice and guidance.                        | To make the AE aware of new systems and changes to existing.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage |
| 29.11 Produce an annual report on the activities of the AE (HV) for individual Health Boards/Trusts for the period.  | Produce an annual report.                   | Provide access to records for scrutiny purposes and make staff available to support inspections.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T03 High voltage |
| 29.12 Fulfil the role of Authorised Engineer (AE) Low Voltage (LV) for   |   | Appoint NWSSP-SES as the AE (LV) and provide   | G06 Communication<br>G07 Job Registration   |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/<br/>Key Performance Indicators</b>          |
|---|---|---|---|
| NHS Wales.  |   | contact details.  | G08 Job quality plan  |
| 29.13 Provide general and impartial advice on all matters concerned with LV systems.  | Advice and guidance.  |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 29.14 Assist in the initial selection and interview of AP (LV) candidates and advise the Health Board/Trust on their appointment.               | Advice and guidance.  | Provide information on the AP (LV) candidate including qualifications and experience.<br><br>Health Board/Trust to appoint AP (LV). | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 29.15 Issue AP (LV) certificates of competence valid for 3 years and review the certification at 3 year intervals.                              | Certificates of competence.   |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 29.16 Maintain a register of all certified AP (LV)'s.   | Maintain a register.  | Appoint AP following successful assessment.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 29.17 Assist the AP (LV) in investigating adverse incidents including dangerous occurrences and the issue of reports and advice to the service. | Advice and guidance.  |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 29.18 Produce an annual report on the activities of the AE (LV) for individual Health Boards/Trusts for the period.                             | Produce an annual report.   | Provide access to records for scrutiny purposes and make staff available to support inspections.                                    | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.0  | Service Deliverable - Provide professional engineering advice and guidance in support of specialist ventilation systems |   |   |
| 30.1 Fulfil the role of Authorising   |   | Appoint NWSSP-SES as the  | G06 Communication   |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>                 | <b>Responsibilities – Health Boards/Trusts</b>                             | <b>Quality Standards/<br/>Key Performance Indicators</b>          |
|--|---|--|---|
| Engineer (AE) (Ventilation) (V) for Health Boards/Trusts.  |   | AE (V) and provide contact details.  | G07 Job Registration<br>G08 Job quality plan                      |
| 30.2 Advise on all matters concerned with the specialist ventilation of healthcare premises.   | Advice and guidance.                        | Request advice.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.3 Provide advice and guidance to Health Boards/Trusts on programmes of periodic testing and maintenance of specialist healthcare ventilation systems. | Advice and guidance.                        | Request advice   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.4 Regularly audit the performance (validation) of specialist healthcare ventilation systems.  | Report on audits.                           | Agree a programme of audits with the AE (V).<br>Request service.           | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.5 Report the findings of the annual audit to Health Boards/Trusts.  | Report on annual audit.                     |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.6 Assess the competence of AP (V)'s and advise Health Boards/Trusts on the appointment of AP (V) personnel.   | Report on assessments.                      | Provide a list of AP (V) and their up to date qualification certification. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.7 Issue to each AP (V) a certificate of competence valid for 3 years and review the certification at 3 year intervals.                                | Certificate of competence.                  | Appoint AP (V) following successful assessment.                            | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.8 Maintain a register of all certified AP(V)'s.   | Maintain a register.                        |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.9 Investigate adverse incidents including dangerous occurrences and issuing reports and advice to the   | Advice and guidance and report as required. | Request service.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>   | <b>Quality Standards/ Key Performance Indicators</b>              |
|---|--|--|---|
| service.  |  |  |   |
| 30.10 Advise on any restriction or notification relating to specialist ventilation systems that has been issued, together with any changes to statutory compliance relating to these systems. | Advice and guidance.   |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.11 Advise on the design and commissioning of specialist ventilation systems.   | Advice and guidance.   | To make the AE (V) aware of new systems and changes to existing.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 30.12 Produce an annual report on the activities of the AE (V) for Health Boards/Trusts.  | Annual Report  | Provide access, records and staff availability for scrutiny and inspections.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 31.0  | Service Deliverable - Provide professional engineering advice and guidance in support of water systems |  |   |
| 31.1 Fulfil the role of Authorising Engineer (AE) Water (W) for Health Boards/Trusts.   |  | Appoint NWSSP-SES as the AE (W) and provide contact details.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 31.2 Advise on all matters concerned with water systems for healthcare premises.  | Advice and guidance.   |  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 31.3 Provide advice and guidance to Health Boards/Trusts on programmes of periodic testing and maintenance of water systems.  | Advice and guidance.   | Request service.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 31.4 Regularly audit the operation and management of water systems.   | Report on audits.  | Agree a programme of audits with the AE (W) and provide access, records and staff availability for scrutiny and inspections. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |

| <b>Responsibilities of NWSSP SES</b>   | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>  |
|--|---|---|---|
| 31.5 Report the findings of the audits to Health Boards/Trusts.  | Report on annual audit.   |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                               |
| 31.6 Investigate adverse incidents including dangerous occurrences and issuing reports and advice to the service.  | Advice and guidance and report as required.   | Request service.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                               |
| 31.7 Advise on any restriction or notification relating to water systems that has been issued, together with any changes to statutory compliance relating to these systems.                              | Advice and guidance.  |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                               |
| 31.8 Advise on the design and commissioning of water systems.  | Advice and guidance.  | To make the AE aware of new systems and changes to existing.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                               |
| 31.9 Attend the Water Safety Group (WSG).  | Advice and guidance.  | Invite the AE(W) to WSG meetings.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                               |
| 31.10 Produce an annual report on the activities of the AE (W) for Health Boards/Trusts.   | Annual Report.  | Provide access, records and staff availability for scrutiny and inspections.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan                               |
| 32.0   | Service Deliverable - Provide a specialist investigation service to advise on engineering system failures or poor performance |   |   |
| 32.1 To carry out specialist investigations of engineering systems to ensure that engineering systems are safe and fit for purpose and in compliance with statutory and current healthcare requirements. | Produce a report.   | Provide requests for specialist investigation support together with the contact details.<br><br>Provide any access to equipment and locations | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T12 Special investigations |



| Responsibilities of NWSSP SES  | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators                     |
|--|---|---|---|
|  |   | <p>that may be required together with the appropriate Health Board/Trust personnel.</p> <p>Provide full details of the request together with an adequate time window for the advice/issue to be investigated and reported.</p> <p>Provide any required permits and personnel to enter locations and isolate services when required.</p> |   |
| 33.0   | Service Deliverable - Provide professional engineering advice and guidance to support fire safety |   |   |
| 33.1 Fulfil the role of Authorising Engineer (AE) Fire (F) for Health Boards/Trusts. | Fulfil the role in accordance with the details set out in FSN 11/14 Annex A.                      | Appoint NWSSP-SES as the AE (F) and provide the contact details.  | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |
| 33.2 Provide independent professional advice on all matters of fire safety.          | Advice and guidance.  |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>  | <b>Quality Standards/ Key Performance Indicators</b>                          |
|---|--|---|---|
| 33.3 Undertake independent reviews of fire safety standards and management at selected healthcare facilities.   | Produce a report.<br><br>Carry out 5 independent reviews before 31 <sup>st</sup> March 2019. | Agree site(s) to be reviewed.<br><br>Provide access to requested information.               | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T14 Fire |
| 33.4 Provide advice and guidance to Health Board/Trust on programmes of periodic testing and maintenance for fire safety systems.   | Advice and guidance.   |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan             |
| 33.5 Annually audit the performance on periodic testing and maintenance of fire safety systems.   | Report on audit.   | Provide the necessary support to enable the audit to be carried out.                        | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T14 Fire |
| 33.6 Support and develop the competence of Fire Safety management teams and advise Health Boards/Trusts on the appointment of FSA personnel on request.                           | Conduct presentations and/or workshops on fire related topics and promote CPD activity.      | Provide details of the FSAs to NWSSP-SES.   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan             |
| 33.7 Investigate adverse incidents including dangerous occurrences and issuing reports and advice to the service.   | Produce a report.  | Provide NWSSP-SES with the necessary support to enable the investigations to be undertaken. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan             |
| 33.8 Advise on any restriction or notification relating to fire safety systems that has been issued, together with any changes to statutory compliance relating to these systems. | Advice and guidance.   |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan             |

| <b>Responsibilities of NWSSP SES</b>  | <b>Outputs/Target Dates</b>  | <b>Responsibilities – Health Boards/Trusts</b>                                | <b>Quality Standards/ Key Performance Indicators</b>                          |
|---|--|---|---|
| 33.9 Advise on the design and commissioning of fire safety systems.   | Advice and guidance.   |   | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan             |
| 33.10 Manage the national Fire Audit and Fire Incident and fire risk assessment modules of the fire management systems.   | Annual reports on fire incidents   | Submit accurate data in a timely manner.                                      | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T14 Fire |
| 33.11 Validate and, where necessary, amend data to produce annual Fire Safety reports for Health Boards/Trusts.   | Annual reports on fire safety  | Respond to validation queries in a timely manner.                             | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan<br>T14 Fire |
| 34.0  | Service Deliverable – Provide advice and support in relation to the credits for cleaning initiative. |   |   |
| 34.1 Centrally manage the 'Credits For Cleaning' (C4C) software and provide a link between Health Boards/Trusts and the software developer responding to queries or issues as they arise.<br><br>Provide advice where appropriate and liaise with the software developer as required. | Respond to queries and assist Health Boards/Trusts resolve problems.                                 | Ensure C4C monitoring system is used appropriately.                           | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan             |
| 34.2 Facilitate and chair the 'Credits For Cleaning' (C4C) User Group, to assist Health Boards/Trusts to meet objectives in the use of the all-Wales monitoring tool (as required by 'Free to Lead, Free to Care', June 2008).  | Facilitate the group and respond to queries in a timely manner.                                      | Nominated representatives to attend and participate in meetings as necessary. | G06 Communication<br>G07 Job Registration<br>G08 Job quality plan             |
| 35.0  | Service Deliverable – Provide services in relation to the maintenance and                            |   |   |

| Responsibilities of NWSSP SES   | Outputs/Target Dates  | Responsibilities – Health Boards/Trusts   | Quality Standards/ Key Performance Indicators  |
|---|---|---|--|
|   | management of the NHS Building for Wales (BfW) construction procurement framework.  |   |  |
| 35.1 Maintain and manage the: <ul style="list-style-type: none"> <li>BfW frameworks and processes.</li> <li>Be the source of guidance for any queries on the framework</li> </ul> | Maintain all necessary documentation, guidance notes and supply chain partner (SCP) and consultant membership relating to the BfW framework.<br><br>Undertake framework compliance checks during the year and after the call-off agreement stage at each project letting.<br><br>Update framework rates annually for inflation/deflation.<br><br>Update VAT guidance as and when required.<br><br>Maintain a website presence and communicate requirements. | Utilise the appropriate framework for schemes.<br><br>Attend Strategic Framework Board (SFB) meetings.<br><br>To implement all guidance and updates received. | Framework KPI progress to be reported at project level as they are completed and in annual SFB report. |

| Responsibilities of NWSSP SES  | Outputs/Target Dates   | Responsibilities – Health Boards/Trusts  | Quality Standards/ Key Performance Indicators  |
|--|--|--|--|
| 35.2 Assist Health Boards in call-off contract selection process.            | Compilation of tender documentation, electronic tendering, financial and community benefits evaluation, facilitating interviews, debriefs and production of contract documents.  | To provide all necessary documentation and personnel to assist process. To process contracts upon receipt.           | No challenge from private sector parties.<br><br>Contracts forwarded to Health Boards/Trusts within fifteen days of conclusion of selection process. |
| 35.3 Provide periodic and annual reporting to the Strategic Framework Board. | Quarterly reporting on general matters.<br><br>Provision of annual reports covering the following areas to the SFB at the first meeting of the financial year: <ul style="list-style-type: none"> <li>• Objectives;</li> <li>• Key Performance Indicators;</li> <li>• Community Benefits;</li> <li>• Health and Safety;</li> <li>• Building Information Modelling;</li> <li>• Cost savings.</li> </ul> | Attend SFB Quarterly meetings.   |  |
| Capture information on Community Benefits.                                   | Manage the collation of data relating to community benefits in respect of projects on site and feed into the Value Wales tool every 6  | To keep SES updated with the information required by Value Wales and other parties in respect of Community Benefits. | For Value Wales to process and report.   |

| <b>Responsibilities of NWSSP SES</b>                                     | <b>Outputs/Target Dates</b>   | <b>Responsibilities – Health Boards/Trusts</b>               | <b>Quality Standards/ Key Performance Indicators</b> |
|--|---|--|--|
|  | months.   |  |  |
| 35.4 Facilitate design and construction Post Project Evaluations (PPEs). | <p>PPEs to be carried out within three months of scheme completion and handover.</p> <p>The report being made available to NHS Wales bodies following the PPE activity.</p> | To input and assist SES in the compilation of these reports. |  |

## Appendix 1 of Schedule C

### Data Processing

|                                   |  |
|-----------------------------------|--|
| <b>Scope</b>                      | <i>Specialist Estates Services (SES)</i>   |
| <b>Nature</b>                     | <i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>  |
| <b>Purpose of processing</b>      | <p><i>Information collected by the SES is used for processing for different purposes, these purposes include:</i></p> <p><i>The effective running of public office</i><br/> <i>Support the work of the division</i><br/> <i>Procurement of services (Tender documents, specifications)</i><br/> <i>Human Resources</i><br/> <i>Financial planning</i><br/> <i>Communications</i><br/> <i>Minutes, agendas and meeting papers</i><br/> <i>Training and awareness</i><br/> <i>Customer feedback</i><br/> <i>Reporting (Section, Workforce, Finance)</i><br/> <i>Quality Management</i><br/> <i>IMTP Business Plans</i><br/> <i>Capital and Capital Audit</i><br/> <i>Contracts</i><br/> <i>Cost Improvement Programmes</i><br/> <i>Employment</i><br/> <i>Property and Lease Management</i><br/> <i>Land and Property portfolio</i><br/> <i>Legal deeds and documents</i><br/> <i>Primary Care Development and Improvement</i><br/> <i>Primary Care Sale and Leaseback</i><br/> <i>GP Rental Reimbursement</i><br/> <i>Technical Surveys</i><br/> <i>WG advice and guidance</i><br/> <i>Property Databases (EDIS. ePIMS)</i><br/> <i>High Voltage Assessments and Safety Notices</i><br/> <i>Engineering reports</i><br/> <i>Project related design</i><br/> <i>Estates development (fire risk assessment, fire audit, safety)</i><br/> <i>Construction related information (reports, contracts)</i><br/> <i>Drawings</i><br/> <i>Business Case Scrutinies</i></p> |
| <b>Duration of the processing</b> | <p><i>Requirement dependant on the functions the data is required for within Specialist Estates. These range from:</i></p> <p><i>Records Management/Management of repository (archived information)</i><br/> <i>Business functions (to include legal)</i><br/> <i>Corporate functions</i><br/> <i>Training records</i><br/> <i>Employment and Human Resources of internal SES staff</i></p>  |

**NWSSP – SPECIALIST ESTATES SERVICES**  
**NHS SERVICE SCHEDULE**

---

|                                   |  |
|-----------------------------------|--|
|                                   | <i>Processing is only for the time in line with legal processing (with consent where required) and retained under Records Management principles.</i>   |
| <b>Types of personal data</b>     | <i>Personally identifiable (staff records, customer contact details)</i><br><br><i>Commercial/Business sensitive (Customer information, land and property information, legal deeds, contracts, project related, lease management, Primary Care activity)</i> |
| <b>Categories of data subject</b> | <i>Personal identifiable</i><br><i>Commercial in Confidence/Business sensitive</i>   |





# SERVICE SCHEDULE D LEGAL AND RISK SERVICES

Version: 5  
Date: 2 January 2019

## 1. CLINICAL NEGLIGENCE/NHS REDRESS MEASURE

|   |
|---|
| <b>Service objective</b>  |
| ♦ To provide high quality management of Clinical Negligence Claims and advice under NHS Redress Measure |

### Management of Clinical Negligence Claims for NHS Trusts/LHBs in Wales

| Responsibilities of NWSSP L&R  | Responsibilities of Health Board /Trust  | Quality Standards/<br>Performance Indicators  |
|--|--|---|
| <b>Service deliverable – To provide legal advice and act in legal proceedings</b>  |  |   |
| <ul style="list-style-type: none"> <li>Advise and act on behalf of Health Boards/Trusts in clinical negligence matters, in accordance with the arrangements set out in appendices 1 and 5</li> </ul> | <ul style="list-style-type: none"> <li>Provide clear, timely instructions, evidence and access to staff initially and upon request, and to reimburse invoices in accordance with the arrangements described in appendices 1 and 4</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |

### Support NHS Trusts/LHBs in Wales in Managing the NHS Redress Process (Putting Things Right)

|   |   |   |
|---|---|---|
| <b>Service Deliverable – To provide legal advice and support</b>  |   |   |
| <ul style="list-style-type: none"> <li>Advise Health Boards/Trusts in the NHS Redress Process, in accordance with the arrangements set out in appendices 1 and 5</li> </ul> | <ul style="list-style-type: none"> <li>Provide clear, timely instructions, evidence and access to staff initially and upon request, in accordance with the</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |

|  |                                      |  |
|--|--------------------------------------|--|
|  | arrangements described in appendix 4 |  |
|--|--------------------------------------|--|

### Support the WRP Committee

| Service Deliverable – To provide information and advice   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Advise/provide information to the Committee to assist in making decisions about re-imbursement of clinical negligence claims (refer to Appendix 3).</li> </ul> | <ul style="list-style-type: none"> <li>Provide monthly financial information to Head of Finance to enable prompt reconciliation of claims data to support the resource modelling for the WRPS</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> <li>Month on month review of variances and achievement of budget</li> </ul> |

### Lessons Learned from Clinical Negligence Claims

| Service Deliverable – To Assist NHS bodies in Wales in Learning Lessons from Clinical Negligence Claims   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Advise Health Boards/Trusts about weaknesses in practice identified from the management of Clinical Negligence claims</li> <li>Identification of trends or key risks affecting NHS Wales</li> <li>Engage with national groups to promote awareness of claims and key issues</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that arrangement are in place to critically review arrangements to address weaknesses to reduces the risk of recurrence and cascade learning throughout the organisation</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> <li>Themed work approved by the WRP Committee</li> </ul> |

## 2. PERSONAL INJURY

|  |
|--|
| <b>Service objective</b>   |
| ♦ To provide high quality management of Personal Injury claims (Employers' and Public Liability) |

### Management of Personal Injury Claims for NHS Trusts/LHBs in Wales

| Responsibilities of NWSSP L&R  | Responsibilities of Health Board /Trust  | Quality Standards/ Performance Indicators   |
|--|--|---|
| <b>Service deliverable – To provide legal advice and act in legal proceedings</b>  |  |   |
| <ul style="list-style-type: none"> <li>Advise and act on behalf of Health Boards/Trusts in clinical negligence matters, in accordance with the arrangements set out in appendix 1 and 5</li> </ul> | <ul style="list-style-type: none"> <li>Provide clear, timely instructions, evidence and access to staff initially and upon request, and to reimburse invoices in accordance with the arrangements described in appendices 1 and 4</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |

### Lessons Learned from Personal Injury Claims

|  |   |  |
|--|---|--|
| <b>Service Deliverable – To Assist NHS bodies in Wales in learning lessons from Personal Injury claims</b>   |   |  |
| <ul style="list-style-type: none"> <li>Advise Health Boards/Trusts about weaknesses in practice identified from the management of Personal Injury claims</li> <li>Identify all Wales trends and risks</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that arrangements are in place to critically review arrangements and to address weaknesses to reduce the risk of recurrence and cascade learning throughout the organisation</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> <li>Themed work approved by the WRP Committee</li> </ul> |

### 3. LEGAL ADVICE TO NHS BODIES IN WALES

|  |
|--|
| <b>Service objective</b>   |
| ♦ To provide legal advice and to act in healthcare related legal matters |

#### Legal Advice

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust  | Quality Standards/<br>Performance Indicators  |
|---|--|---|
| <b>Service deliverable – To provide legal advice and support</b>  |  |   |
| <ul style="list-style-type: none"> <li>To provide legal advice and support to Health Boards/Trusts in legal matters in accordance with the arrangements set out in appendices 1 and 5, including without prejudice to the generality of the legal services to be provided, such legal services listed in appendix 2.</li> </ul> | <ul style="list-style-type: none"> <li>Provide clear, timely instructions, evidence and access to staff initially and upon request, and to reimburse invoices in accordance with the arrangements described in appendices 1 and 4</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |

#### 4. INQUESTS

|  |
|--|
| <b>Service objective</b>                                       |
| ♦ To provide high quality legal advice and support at Inquests |

#### Legal Advice and Support in relation to Inquests for NHS Trusts/LHBs in Wales

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust  | Quality Standards/<br>Performance Indicators  |
|---|--|---|
| <b>Service deliverable – To provide legal advice and act at Inquests</b>  |  |   |
| <ul style="list-style-type: none"> <li>Advise and act at Inquests where the Health Boards/Trust has been identified as an <i>Interested Person</i>, in accordance with the arrangements set out in appendices 1 and 5.</li> </ul> | <ul style="list-style-type: none"> <li>Provide clear, timely instructions, evidence and access to staff initially and upon request, and to reimburse invoices in accordance with the arrangements described in appendices 1 and 4</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |

#### Lessons Learned from Inquests

|   |  |   |
|---|--|---|
| <b>Service Deliverable – To Assist NHS bodies in Wales in learning lessons from Inquests</b>                      |  |   |
| <ul style="list-style-type: none"> <li>Advise Health Boards/Trusts about lessons arising from Inquests</li> </ul> | <ul style="list-style-type: none"> <li>Set up and maintain appropriate communications to ensure lessons learned promulgated throughout the organisation</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |

## 5. REIMBURSEMENTS TO HEALTH BODIES AND LEARNING FROM EVENTS (appendix 3)

| Service objective  |
|--|
| ♦ To provide timely and accurate reimbursements to members and to ensure that NHS Wales learns from events to improve quality and safety |

## Reimbursement arrangements

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust  | Quality Standards/<br>Performance Indicators   |
|---|--|--|
| <b>Service deliverable – To reimbursement members in respect of claims</b>  |  |  |
| <ul style="list-style-type: none"> <li>To ensure that there are robust procedures for the receipt and management of claims for the timely and accurate reimbursement</li> </ul> | <ul style="list-style-type: none"> <li>Submit claims in accordance with the reimbursement procedures.</li> </ul> | <ul style="list-style-type: none"> <li>Key performance indicators in place governing the timely receipt and reimbursement</li> </ul> |

## WRP Committee

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust  | Quality Standards/<br>Performance Indicators   |
|---|--|--|
| <b>Service deliverable – To ensure that there is multidisciplinary review of claims</b>   |  |  |
| <ul style="list-style-type: none"> <li>To ensure that there is an effective Committee for the scrutiny of claims including a multidisciplinary review to consider trends and scope for additional work</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that there is adequate representation in accordance with the Terms of Reference</li> </ul> | <ul style="list-style-type: none"> <li>Terms of Reference</li> <li>Annual Report</li> <li>Themed work</li> </ul> |

**Learning from Events**

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust   | Quality Standards/<br>Performance Indicators  |
|---|---|---|
| <b>Service deliverable – Assurance on systems of learning</b>   |   |   |
| <ul style="list-style-type: none"> <li>To ensure that systems and processes are in place to provide assurance that key weaknesses (section 1.4 refers) have been addressed and that lessons have been cascaded</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that claims are fully supported by adequate information that systems have been reviewed and amended as appropriate to address weaknesses</li> </ul> | <ul style="list-style-type: none"> <li>Outcome from WRP Committee</li> <li>Assessment of high risk clinical areas</li> <li>Assessment of standard for concerns and claims management</li> </ul> |

**Resource management**

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust   | Quality Standards/<br>Performance Indicators  |
|---|---|---|
| <b>Service deliverable – To ensure adequate liquidity to reimburse members</b>  |   |   |
| <ul style="list-style-type: none"> <li>To ensure that effective processes are in place to determine likely resource requirements and to secure appropriate funding from the WG</li> </ul> | <ul style="list-style-type: none"> <li>Ensure that information requests are responded to in a timely and accurate manner</li> </ul> | <ul style="list-style-type: none"> <li>Achievement of financial resource balance</li> </ul> |



## 6. CLAIMS SUPPORT (Appendix 3)

|  |
|--|
| <b>Service objective</b>                                       |
| ♦ To provide high quality claims management advice and support |

## Claims Support

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust   | Quality Standards/<br>Performance Indicators                                   |
|---|---|--|
| <b>Service deliverable – To provide claims management advice and support</b>  |   |  |
| <ul style="list-style-type: none"> <li>Provide support and guidance to staff managing claims within member organisations to ensure that claims are effectively managed</li> </ul> | <ul style="list-style-type: none"> <li>To ensure that adequate and appropriately trained resources are provided for the ongoing management of claims</li> </ul> | <ul style="list-style-type: none"> <li>Customer satisfaction survey</li> </ul> |

## Assessment of standards for the management of concerns and claims within Health Boards and Trusts

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust  | Quality Standards/<br>Performance Indicators                                    |
|---|--|---|
| <b>Service deliverable – An assessment of arrangements within Health Bodies and Trusts</b>  |  |   |
| <ul style="list-style-type: none"> <li>To maintain a standard for the assessment of the standard for the management concerns and claims within Health Bodies</li> </ul> | <ul style="list-style-type: none"> <li>To ensure that arrangements are in place for the management of concerns and claims</li> </ul> | <ul style="list-style-type: none"> <li>Assessment scores and reports</li> </ul> |

## 7. RISK (Appendix 3)

|  |
|--|
| <b>Service objective</b>                                     |
| ♦ To provide high quality risk management advice and support |

## Risk Management Advice and Support for NHS Trusts/LHBs in Wales

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust   | Quality Standards/<br>Performance Indicators                                    |
|---|---|---|
| <b>Service deliverable – To provide an assessment of high risk clinical areas</b>   |   |   |
| <ul style="list-style-type: none"> <li>To develop and assess clinical evidence criteria for high risk clinical areas</li> </ul> | <ul style="list-style-type: none"> <li>To demonstrate compliance with clinical evidence criteria</li> </ul> | <ul style="list-style-type: none"> <li>Assessment scores and reports</li> </ul> |

## Risk Management Advice and Support for NHS Trusts/LHBs in Wales

| Responsibilities of NWSSP L&R   | Responsibilities of Health Board /Trust   | Quality Standards/<br>Performance Indicators  |
|---|---|---|
| <b>Service deliverable – To provide an assessment of high risk clinical areas</b>   |   |   |
| <ul style="list-style-type: none"> <li>Actively contribute to risk management across the NHS in Wales, in particular to provide the services listed in appendix 3, in accordance with the arrangements set out in appendix 5</li> </ul> | <ul style="list-style-type: none"> <li>Provide clear, timely information, access to staff initially as required, in accordance with the arrangements described in appendix 4</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |

## 8. TRAINING

### Service objective

- ◆ To provide high quality training on legal and risk related issues

### Training

### Service Deliverable – To deliver seminars and workshops on topical legal and risk issues

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>Provide seminars and workshops on an ad hoc basis, on relevant technical subjects, including topics requested by Health Boards/Trusts/GPs.</li> </ul> | <ul style="list-style-type: none"> <li>To support seminars and workshops.</li> <li>Offer feedback and indicate training requirements</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |
|--|---|---|

## 9. LEGAL MONITORING SERVICES

|   |
|---|
| <b>Service objective</b>                            |
| ♦ To provide high quality legal monitoring services |

### Training

| <b>Service Deliverable – To monitor and report on the services of external legal services providers</b>   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>To monitor and report on the services of external providers of legal services in accordance with the arrangements described in appendix 5</li> </ul> | <ul style="list-style-type: none"> <li>To make arrangements for Legal and Risk Services to receive notification of the instruction of external providers and to instruct providers to co-operate with requests for information, in accordance with the arrangements described in appendix 5</li> </ul> | <ul style="list-style-type: none"> <li>Law Society Lexcel Quality Standard</li> <li>SRA/Solicitors' Code of Conduct</li> <li>Customer Service Excellence</li> </ul> |

**Appendix 1****Financial Arrangements**

1. Save for the exceptions set out in paragraph 5 of this Appendix 1 of this Schedule, Legal and Risk Services shall provide the services herein at such rates as may be agreed annually in advance by 1<sup>st</sup> June of each year between the NHS Bodies in Wales and the Managing Solicitor (Assistant Director) of Legal and Risk which rates from the first anniversary of this Agreement shall include as a minimum an increase on the previous rates which represents the increase in the Retail Prices Index since the same date in the preceding year.

2. The rates that have been agreed for 2019/20 are:

£99.00 per hour for work conducted by a solicitor or barrister, and

£77.00 per hour for work undertaken by other persons.

3. In addition to the rates described in paragraphs 1 and 2 of Schedule 1 of this Agreement the instructing NHS body shall pay or reimburse such expenses, disbursements and costs as Legal and Risk may reasonably incur on its behalf for the provision the services.

4. The instructing NHS body shall pay within 14 days of receipt:

Any invoice rendered by Legal and Risk Services for the services,

Any request for reimbursement or payment of such expenses, disbursements or costs that Legal and Risk Services has incurred on behalf of the Instructing Body for the provision of the services.

5. Whereas at the commencement of this Agreement the Welsh Government provides funding for Legal and Risk Services to provide the following services, subject to the requirements of paragraph 3 of this Appendix 1 of this Schedule which shall apply in any event Legal and Risk Service shall until such time as the Welsh Government ceases to provide such full funding provide the following services free of charge:

Legal services by way of advising or acting on behalf of an instructing NHS body in relation to a Clinical Negligence claim.

The Legal Monitoring Services described in Appendix 5.

The Risk Management Services described in Appendix 5.

6. At such time as the Welsh Government shall cease to provide funding for Legal and Risk to provide any or all of the services described in paragraph 6 of Schedule 1 of this Agreement the provisions of paragraphs 1 - 5 of Schedule 1 of this Agreement shall apply to the provision of those services.

**Appendix 2****List of Legal Services**

- Advising on the impact of NHS reorganisation of the existing contractual commitments
- Alternative Dispute Resolution/Mediation
- Clinical Negligence and Personal injury litigation
- Commissioning, commercial litigation, contracts and service level agreements (at drafting and dispute stage)
- Corporate Governance
- Criminal Prosecutions
- Data Protection, Freedom of Information and Confidentiality
- Debt recovery (including overpayments and unpaid invoices).
- Doctors Disciplinary Cases, Professional Conduct and Competency
- Employment Disputes, Employment Contracts, Policy and Procedure, TUPE, Employment Tribunal Cases
- Environmental Legislation
- FHSAA appeal hearings
- General and Legal Advice and Assistance
- Healthcare related Family Law matters
- Healthcare regulatory law

- Horizon scanning/alerts



- Human Rights Act, Disability Discrimination Act, The Sex Discrimination (Gender Reassignment) Regulations 1999 and the Gender Recognition Act (2004), Equality Act 2010 and other anti-discriminatory legislation
- Immigration Law
- Income Generation
- Informed Consent (adults, children, mentally incapacitated individuals)
- Insolvency
- Intellectual Property
- Legal challenges to *NHS Body* decisions (including Judicial Review Proceedings)
- Media Law and Internet Regulation and defamation
- Mental Capacity Act 2005, Best Interests, the Deprivation of Liberty Safeguards and applications to the Court of Protection
- Mental Health Acts 1983 and 2007
- NHS Redress, complaints and concerns, Independent Review and Public Services Ombudsman Investigations
- NHS Structure
- Partnership Arrangements with other Organisations
- Procurement Law

- Project Planning
- Property Law and Litigation
- Public and Internal Inquiries, Health and Safety and Trading Standards issues and Environment Agency prosecutions
- Public relations advice
- Registered Nursing Homes, CSIW cases, continuing care and discharge of care.
- Risk, Product Liability and Health and Safety
- Supplementary prescribing and Patient Group or Specific Directives. Provision of advice on indemnity and related matter
- Drafting and contributing to project documentation

**Appendix 3****List of Welsh Risk Pool Services**

- Ensure an effective Committee is established with multidisciplinary input to provide advice and guidance on issues including indemnity, reimbursement and learning from events.
- Establish clear board level communication with member organisations to promote awareness of claims against NHS Wales
- Financial pooling and claims reimbursement for all NHS Wales organisations.
- Forecast and control budget for reimbursement, including agreement of funding directly with WG.
- Ensure that arrangements are in place within NHS Wales organisations to learn from events to reduce the risk of recurrence: to include the delivery of primary care via general practitioners and associated healthcare staff.
- Identifying trends and key issues arising from claims and assessments that may impact on delivery of patient care.
- Review successful claims to assess proposed remedial action and monitoring address the identified failings and are deemed sufficient to minimise the risk of recurrence.
- Ongoing management and valuation for accounting purposes of claims settled using periodical payments.
- Management of claims relating to the activities of the former health authorities.
- Management of claims arising from general medical practice
- Assessing standards of performance in risk and claims management.

- Claims advice and support including the provision of direct claims management services for NHS bodies by separate arrangement.
- Facilitation of specialist networks for risk, claims and complaints managers.
- Risk management guidance, education, management development and training.
- Thematic work to address identified trends (e.g. WRP Maternity Project).
- Identification and dissemination across Wales of good practice identified as part of claims assessment process (i.e. ensuring that risks and action taken are communicated to all NHS bodies).
- Undertake assessment of high risk clinical areas to provide assurance of overall arrangements.

**Appendix 4****The Duties of the Instructing NHS Body**

1. Subject to the provisions of the NHS Redress (Wales) Measure 2008 (where applicable) the instructing NHS body shall instruct Legal and Risk Services as soon as reasonably practicable upon becoming aware of a requirement for legal services for which it intends or is required under the provisions of this Agreement to instruct Legal and Risk Services, including but not limited to its awareness of:

Any written or oral communication that intimates an actual or possible legal action or claim against the instructing NHS body,

A letter of claim in accordance with a pre-action protocol under the Civil Procedure Rules.

Any application, notice, order, claim form, particulars of claim or similar document under the Civil Procedure Rules or under the rules of any other court or tribunal.

Any circumstance or set of circumstances that gives rise to a need for legal services.

2. Upon receipt and acceptance of instructions by Legal and Risk in accordance with the provisions of Schedule 2 of this Agreement the instructing NHS body shall:

Provide Legal and Risk services with a timely response to requests for information, access to documentation, staff and premises and financial re-imbursement for expenditure reasonably incurred by Legal and Risk Services in the provision of the services.

Provide Legal and Risk Services with clear, comprehensive and timely instructions.

Where the instructing NHS body does not agree or accept advice provided by Legal and Risk Services request clarification of the advice provided or provide Legal and Risk Services with a clear and logical explanation.

Where the Instructing Body is not able to agree with Legal and Risk Services the action to be taken in respect of any legal advice provided by Legal and Risk Services, refer the issue to the authorised officer for legal services of the Instructing Body for determination.

Indemnify Legal and Risk Services for any expenditure reasonably incurred on behalf of the Instructing Body and for any financial settlement or agreement of any liability made by Legal and Risk Services under the instruction and on behalf of the instructing NHS body.

**3. If Legal and Risk is unable to act** an instructing NHS body may instruct another provider of legal services:

It shall instruct the provider to notify Legal and Risk Services of such instruction in accordance with such arrangements as may be agreed from time to time.

3.2. It shall provide or instruct the other provider of legal services to provide such additional information as Legal and Risk Services may request from time to time.

**Appendix 5****Service Provision****The Provision of Legal Services****1. Legal and Risk Services shall provide Legal Services to NHS bodies in Wales:**

Subject to expertise, capacity and compliance with the standards referred to in paragraphs 1.1.1 -1.1.3 of this appendix 5, upon receipt and acceptance of instructions from an instructing NHS body, Legal and Risk Services shall provide legal services by way of advising or acting on behalf of the instructing NHS body, and shall have in place quality arrangements for the provision of the same in accordance with the requirements of:

The Lexcel quality assurance standard of the Law Society of England and Wales where applicable, and

The Solicitors Regulation Authority.

Without prejudice to paragraph 1.1 of this appendix 5 upon acceptance of instructions Legal and Risk Services shall advise or act on behalf of the instructing NHS body in a manner that is timely, accurate and effective.

Legal and Risk Services shall provide to the instructing NHS body such quality and performance information as may be agreed from time to time with the instructing NHS body.

**The Provision of Legal Monitoring Services**



2. Legal and Risk services shall provide the following legal monitoring services to NHS bodies in Wales:

Subject to expertise and capacity, upon receipt and acceptance of instructions from an instructing NHS body or from Legal and Risk Services shall monitor and report on the services of an external provider of legal services in accordance with the provisions of paragraph 2.2 of this Appendix 5.

Legal and Risk Services shall:

Review a summary of the instructions provided to the external provider of legal services,

Review such further information as may be provided or as Legal and Risk may request,

Prepare a report on the cost, time and quality of the work undertaken by the external provider of legal services in such format as may be agreed from time to time between the Legal and Risk Services and an instructing NHS body.

### **The Provision of Risk Management Services**

3. Legal and Risk Services shall provide risk management services to NHS bodies in Wales.

4. Without prejudice to the generality of the services to be provided under this Agreement, such risk management services shall include the services set out in Appendix 3 of Schedule E.

## Appendix 6 of Schedule D

### Data Processing

|                              |  |
|------------------------------|--|
| <b>Scope</b>                 | <i>Legal &amp; Risk Services</i>   |
| <b>Nature</b>                | <i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>  |
| <b>Purpose of processing</b> | <p><i>To enable support of the NHS Wales Legal &amp; Risk Services function, namely:</i></p> <p><i>Human Resources of staff (staff records, PADRs, reviews, etc)</i></p> <p><i>Correspondence and Communication</i></p> <p><i>Minutes, agendas and meeting papers</i></p> <p><i>Procurement activity</i></p> <p><i>Health Records</i></p> <p><i>Legal advice and case management</i></p> <p><i>Court documents, pleadings and proceedings</i></p> <p><i>CRU documents</i></p> <p><i>Policies and procedures</i></p> <p><i>Department of Work and Pensions processes</i></p> <p><i>Employee settlements</i></p> <p><i>Expert reports</i></p> <p><i>Financial records (special damages, settlements, invoices, disbursements)</i></p> <p><i>General Medical Council</i></p> <p><i>Local Authority/Educational information</i></p> <p><i>Product documents</i></p> <p><i>Property related documentation</i></p> <p><i>Witness administration (statements)</i></p> <p><i>Welsh Risk Pool records and documents (database)</i></p> <p><i>Reimbursements</i></p> <p><i>Payment Case Management</i></p> <p><i>Redress information</i></p> |

**NWSSP - LEGAL AND RISK SERVICES****SCHEDULE D LEGAL AND RISK SERVICES**

|                                   |   |
|-----------------------------------|---|
|                                   | <i>Claim reviews/investigations/inspections/indemnities</i>   |
| <b>Duration of the processing</b> | <i>Continuous requirement to process data for management of the Legal &amp; Risk Services function but only in line with legal processing (with consent where required) and retained under Records Management principles.</i>                             |
| <b>Types of personal data</b>     | <i>Human Resources records<br/>Healthcare data<br/>Reporting data<br/>Purchasing information<br/>Personal information<br/>Sensitive personal information<br/>Patient information<br/>Sensitive patient information<br/>Business Sensitive information</i> |
| <b>Categories of data subject</b> | <i>Personal and sensitive identifiable<br/>Patient and sensitive patient identifiable<br/>Business sensitive</i>  |

—

|                 |   |                 |  |
|-----------------|---|-----------------|--|
| <b>Title:</b>   | <b>PCS Service Level Agreement 2018/2021</b>  |                 |  |
| <b>Date:</b>    | September 2018  | <b>Release:</b> |  |
| <b>Author:</b>  | Nicola Phillips, Head of Engagement and Support Services  |                 |  |
| <b>Owner:</b>   | Dave Hopkins, Director of Primary Care Services   |                 |  |
| <b>Clients:</b> | Abertawe Bro Morgannwg University Health Board; Aneurin Bevan University Health Board; Betsi Cadwaladr University Health Board; Cardiff & Vale University Health Board; Cwm Taf University Health Board; Hywel Dda University Health Board; Powys teaching Health Board |                 |  |

### Revision History:

| Revision Date | Previous Revision Date | Summary of Changes | Changes marked |
|---------------|------------------------|--------------------|----------------|
|               |                        |                    |                |
|               |                        |                    |                |
|               |                        |                    |                |
|               |                        |                    |                |

### Approvals:

| Committee                  | Date of Issue | Version |
|----------------------------|---------------|---------|
| NWSSP Management Committee | Sept 18       | V1.0    |

### Distribution:

| Method | Date of Issue | Version |
|--------|---------------|---------|
|        |               |         |
|        |               |         |
|        |               |         |
|        |               |         |

Note: This document is only valid on the day it was printed

## **SERVICE LEVEL AGREEMENT 2018/2021**

This is the Service Level Agreement (SLA) between NHS Wales Shared Services Partnership – PCS (PCS), Health Boards (HBs) in Wales and Welsh Government (WG).

For further information or any queries relating to the content of this document should be referred to [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk). This is a central facility which will triage queries to the appropriate personnel throughout PCS.

The document identifies the main service areas as set out in the table below. The detail contained in this Service Level Agreement is intended to clarify the services to be provided by PCS and to differentiate between the responsibilities of HBs and PCS. It will need to be further developed and amended over time.

DRAFT

| <b>SERVICE HEADINGS:</b> |  | <b>PAGE:</b> |
|--------------------------|--|--------------|
| <b>1.</b>                | <a href="#"><u>Communication Arrangements</u></a>                                    | 9            |
| <b>2.</b>                | <a href="#"><u>General Medical Services (GMS)</u></a>                                | 10 – 29      |
| <b>3.</b>                | <a href="#"><u>General Dental Services (GDS)</u></a>                                 | 30 – 38      |
| <b>4.</b>                | <a href="#"><u>Community Pharmacy Services</u></a>                                   | 39 – 57      |
| <b>5.</b>                | <a href="#"><u>General Ophthalmic Services (GOS)</u></a>                             | 58 – 65      |
| <b>6.</b>                | <a href="#"><u>Probity (Medical, Dental, Pharmacy &amp; Ophthalmic) Services</u></a> | 66           |
| <b>7.</b>                | <a href="#"><u>Primary Care Medical Advisory Team (PMCAT)</u></a>                    | 67-73        |
| <b>8.</b>                | <a href="#"><u>Post Payment Verification (PPV) Services</u></a>                      | 74 – 77      |
| <b>9.</b>                | <a href="#"><u>Waste Management Services</u></a>                                     | 78 – 81      |
| <b>10.</b>               | <a href="#"><u>Printing Services</u></a>   | 82 – 83      |
| <b>11.</b>               | <a href="#"><u>Document Scanning Services</u></a>                                    | 84 - 85      |
| <b>12.</b>               | <a href="#"><u>Contractor Stationery &amp; Supplies Services</u></a>                 | 86           |
| <b>13.</b>               | <a href="#"><u>Distribution Services</u></a>   | 87           |
| <b>14.</b>               | <a href="#"><u>Patient Medical Record Storage and Retrieval Services</u></a>         | 88-89        |
| <b>15.</b>               | <a href="#"><u>Informatics Services</u></a>  | 90-94        |
| <b>16.</b>               | <a href="#"><u>Customer Service Matrix</u></a>                                       | 95-99        |
| <b>Appendix 1</b>        | Data Protection  | 100-101      |

It is implicit in the arrangements between the PCS division of NWSSP and HBs that the PCS Department will authorise non-discretionary non-cash limited payments on behalf of the HBs where the underlining statutory requirements are met. The authorisation will be carried out in accordance with the PCS authorisation arrangements. Where discretion is applicable the PCS Department will liaise accordingly with the HB.

Any routine Caldicot and GDPR issues will be dealt with by Shared Services' Caldicot Guardian. Complex, contentious or public interest matters will be referred to the Caldicot Guardians of HBs/WG.

The PCS recognises that some HB activity is in the commercial in confidence domain. PCS will work in a manner to seek to ensure that matters relating to commercial in confidence issues are not disclosed without the specific approval of HBs.

To assist in the process of delivering this aspect of the Service Level Agreement (SLA), Standard Operational Procedures (SOPs) have been developed and throughout the document are appropriately referenced and will be updated as needed to reflect any changes required.

Similarly the performance/quality measures identified in the SLA may require further development as the service itself changes.

Key Performance Indicators (KPIs) will be developed in partnership with HBs/WG in line with service plans and these will continue to be developed as services evolve.

Any activity requested of PCS by HBs/WG which is not specifically prescribed under the relevant service regulations and dealt with in this SLA will normally be subject to an additional charge.

| Contents   | Page    |
|--|---------|
| <b>1. <u>Communication Arrangements:</u></b>   | 9       |
| <ul style="list-style-type: none"> <li>➤ <u>To communicate effectively with customers and stakeholders</u></li> </ul>  |         |
| <b>2. <u>General Medical Services (GMS):</u></b>   | 10-29   |
| <ul style="list-style-type: none"> <li>➤ <u>To act on behalf of HBs in dealing with contractual matters</u></li> <li>➤ <u>To ensure appropriate arrangements are in place for entry to and removal from the Medical Performers List (MPL) (to include freelance locums, retainers and salaried doctors), General Practitioner (GP), Registrars and Personal Medical Services (PMS).</u></li> <li>➤ <u>Maintain and amend the MPL</u></li> <li>➤ <u>Quality and Outcomes Framework (QOF) process</u></li> <li>➤ <u>To ensure eligibility for Seniority Payments in accordance with the Statement of Financial Entitlements (SFE)</u></li> <li>➤ <u>Process applications in respect of SFE for locum allowances including Sickness, Maternity, Paternity and Adoption</u></li> <li>➤ <u>To notify patients of practice changes including dissolutions and mergers of contracts and 24hr retirements</u></li> <li>➤ <u>Assignment of patients to contractors in accordance with GMS regulations</u></li> <li>➤ <u>Ensure that the National Health Authority Information Service (NHAIS) System operates effectively and efficiently as a patient registration/claims/payments database and that all GMS contract claims/payments are processed in accordance with the provisions of the SFE</u></li> <li>➤ <u>Monitoring the assignment process of individuals as part of the Safeguarding Children Scheme</u></li> <li>➤ <u>To ensure that all payment functions undertaken by PCS on behalf of HBs to GMS contractors are in accordance with Statutory Regulations</u></li> <li>➤ <u>To provide the Welsh Government (WG), Department of Health (DoH) and HBs with accurate information from the NHAIS System</u></li> <li>➤ <u>To effectively manage all PCS operations relating to NHAIS System and other GP payment systems</u></li> </ul> |         |
| <b>3. <u>General Dental Services (GDS):</u></b>  | 30 - 38 |
| <ul style="list-style-type: none"> <li>➤ <u>To act on behalf of HBs in dealing with contractual matters</u></li> <li>➤ <u>To ensure appropriate arrangements are in place for entry to and removal from the Dental Performers List (DPL) (to include Dental Foundation Trainees)</u></li> <li>➤ <u>Maintain and amend the DPL</u></li> <li>➤ <u>Provision of administrative services to support dentists entering onto the Private Dental Register managed</u></li> </ul>  |         |



## Contents

Page

- [by Healthcare Inspectorate Wales \(HIW\)](#)
- [Assist with the administration of the Emergency Dental Scheme \(EDS\)/Out of Hours Rotas](#)
- [To ensure that all payment functions undertaken by PCS on behalf of HBs to General Dental Practitioner contractors are in accordance with Statutory Regulations](#)

### 4. **Community Pharmacy Services:** 39 - 57

- [Approval of entry to and removal from the All Wales Pharmacy Database \(AWPD\)](#)
- [Applications from Pharmacists to relocate Pharmacy premises](#)
- [Applications from Pharmacists for change of ownership of a Pharmacy](#)
- [Approval of entry to and removal from the AWPD \(Appliance Contractors\)](#)
- [Applications from Appliance Contractors to relocate premises](#)
- [Applications from Appliance Contractors for change of ownership](#)
- [Maintain and amend the AWPD](#)
- [The consideration of applications from pharmacists for payments under the Essential Small Pharmacy Scheme, Pre-registration Training Grants, the arrangements for service hours, for directed, advanced and enhanced services](#)
- [The consideration of applications in respect of Rurality from Community Pharmacy Wales \(CPW\), Local Medical Committees \(LMCs\) or HBs](#)
- [The consideration of applications in respect of Outline Consent and Premise Approval for GPs](#)
- [To receive, record, sort and scan all prescriptions submitted for pricing by Welsh dispensing contractors](#)
- [To capture all information necessary to enable all prescriptions to be priced and prepare remuneration reports](#)
- [To complete all tasks to ensure that remuneration for submitted prescription items meets quality standards](#)
- [To maintain the security of data captured during the remuneration process](#)
- [To produce dispensing reports and ensure that they are accessible to all relevant stakeholders](#)
- [To develop, maintain and ensure the availability of data for a suite of web applications](#)
- [To provide data to and receive data from designated stakeholder organisations](#)
- [To ensure that all payment functions undertaken by PCS on behalf of HBs to Pharmacy Contractors are in accordance with Statutory Regulations](#)

### 5. **General Ophthalmic Service (GOS):** 58 - 65

- [To act on behalf of HBs in dealing with contractual matters](#)
- [To ensure appropriate arrangements are in place for entry to and removal from the Ophthalmic List \(OL\) and the Supplementary Ophthalmic List \(SOL\)](#)

| Contents  | Page    |
|---|---------|
| <ul style="list-style-type: none"> <li>➤ <a href="#">Maintain and amend OL and SOL</a></li> <li>➤ <a href="#">Payment of Pre-Registration Training Grants</a></li> <li>➤ <a href="#">To administer the Eye Health Examination Wales (EHEW) Scheme</a></li> <li>➤ <a href="#">To ensure that all payment functions undertaken by PCS on behalf of HBs to GOS contractors are in accordance with Statutory Regulations</a></li> </ul>   |         |
| <b>6. <a href="#">Probity (Medical, Dental, Pharmacy &amp; Ophthalmic) Services:</a></b>  | 66      |
| <ul style="list-style-type: none"> <li>➤ <a href="#">To assist HBs in dealing with poorly performing Primary Care Contractors/Performers</a></li> </ul>   |         |
| <b>7. <a href="#">Primary Medical Care Advisory Team (PMCAT)</a></b>  | 67 - 73 |
| <ul style="list-style-type: none"> <li>➤ <a href="#">To provide primary medical care advice to WG and NWSSP</a></li> <li>➤ <a href="#">To provide advice and support to HBs in relation to GPs whose performance and/or conduct gives rise to concern and regarding referral to relevant panels and bodies</a></li> <li>➤ <a href="#">To assist HBs in the review or investigation of practitioners' and practices' performance</a></li> <li>➤ <a href="#">To provide, in partnership with the HB Medical Director and Assistant Medical Directors (Primary Care), an expert forum, with the skills, expertise and experience necessary to advise and comment on relevant issues</a></li> <li>➤ <a href="#">To provide advice and support concerning applications from doctors to join the MPL and to provide other services that require an accreditation process</a></li> <li>➤ <a href="#">To advise the WG on the monitoring of contractor regulations</a></li> <li>➤ <a href="#">To provide HBs and the NWSSP with advice and support on the developments of general practice and the wider primary care agenda, including the potential for new contractual arrangements</a></li> </ul> |         |
| <b>8. <a href="#">Post Payment Verification Services:</a></b>   | 74 - 77 |
| <ul style="list-style-type: none"> <li>➤ <a href="#">Where appropriate, the provision of a Post Payment Verification service to HBs in respect of GMS, GOS and Pharmaceutical Services</a></li> </ul>   |         |
| <b>9. <a href="#">Waste Management Services:</a></b>  | 78 - 81 |
| <ul style="list-style-type: none"> <li>➤ <a href="#">To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management Regulations</a></li> </ul>  |         |
| <b>10. <a href="#">Print Room Services:</a></b>   | 82 - 83 |
| <ul style="list-style-type: none"> <li>➤ <a href="#">To provide a reprographic printing and design service to HBs</a></li> </ul>  |         |
| <b>11. <a href="#">Document Scanning Services:</a></b>  | 84 - 85 |
| <ul style="list-style-type: none"> <li>➤ <a href="#">To provide a document scanning service to HBs</a></li> </ul>   |         |

| Contents   |   | Page      |
|------------|---|-----------|
| 12.        | <b><u>Contractor Stationery &amp; Supplies Services:</u></b>  | 86        |
|            | ➤ <u>Effective processing of orders from contractors and the procurement of supplies and stores items</u>   |           |
| 13.        | <b><u>Distribution Services:</u></b>  | 87        |
|            | ➤ <u>To provide both HBs, PCS, Independent Contractors and other external agencies with an effective postal/communication/courier service during office hours</u> |           |
| 14.        | <b><u>Patient Medical Records Storage and Retrieval Services</u></b>  | 88 - 89   |
|            | ➤ <u>To manage the secure storage and effective retrieval of primary care patient medical records on behalf of HBs</u>  |           |
|            | ➤ <u>To manage the administrative processing of retrospective continuing healthcare claims on behalf of HBs</u>   |           |
| 16.        | <b><u>Informatics Services</u></b>  | 90 - 94   |
|            | ➤ <u>To produce dispensing reports and ensure they are accessible to all relevant stakeholders</u>  |           |
|            | ➤ <u>To develop, maintain and ensure the availability of data for a suite of web applications</u>   |           |
|            | ➤ <u>To develop, maintain and ensure the availability of data for a suite of desktop applications</u>   |           |
|            | ➤ <u>To provide data to and receive data from designated stakeholder organisations</u>  |           |
| 17.        | <b><u>Customer Service Matrix</u></b>   | 95 – 99   |
| Appendix 1 | <b>Data Protection</b>  | 100 – 101 |

For further information or any queries relating to the content of this document should be referred to [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk). This is a central facility which will triage queries to the appropriate personnel throughout PCS.

## 1. Communication Arrangements

### Service objectives / deliverables

- To communicate effectively with customers and stakeholders

| Responsibilities of HB/WG   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References |     |     |
|---|---|---|------------|-----|-----|
|   |   |   | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>Identification of staff knowledge gaps regarding services available to the HB</li> <li>HBs to extend an invitation to the Director of PCS to attend National Heads of Primary Care Group meetings</li> </ul> | <ul style="list-style-type: none"> <li>Signposting to PCS key sites, ie, Sharepoint, SLA, Action Point, etc</li> <li>To facilitate the delivery of information sessions to HB staff and other external agencies</li> <li>Director of PCS to attend National Heads of Primary Care Group meetings</li> </ul> | <ul style="list-style-type: none"> <li>Delivery of 'open days' from 3 locations across Wales every 6 months</li> <li>Attendance at National Heads of Primary Care Group meetings every 6 months.</li> </ul> |            |     |     |

## 2. General Medical Services (GMS)

### Service objectives / deliverables

- To act on behalf of HBs in dealing with contractual matters

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References                |     |     |
|--|--|---|---------------------------|-----|-----|
|  |  |   | SOP                       | KPI | BCP |
| Decision on: <ul style="list-style-type: none"> <li>Establishment of new GMS/Personal Medical Service (PMS) contracts</li> <li>Mergers/splits</li> <li>Cessation of contracts</li> </ul> | <ul style="list-style-type: none"> <li>To ensure NHAIS database adequately reflects the contracts held by HBs including details of performers within a contract (including managed practices).</li> <li>To notify, as necessary, patients of individual performer contracts.</li> <li>Process all necessary internal administration relating to new/replacement partners</li> <li>PCS to maintain a database of Contractors.</li> <li>To provide technical and financial advice including that relating to managed practices.</li> </ul> | <ul style="list-style-type: none"> <li>Available no later than the commencement of contract.</li> <li>PMS and/or alternative provider practices in accordance with WG Directions</li> </ul> | <a href="#">M-SOP-001</a> |     |     |

## 2. GMS (cont)

### Service objectives / deliverables

- To ensure appropriate arrangements are in place for entry to and removal from the Medical Performers List (MPL) (to include freelance locums, retainers and salaried doctors), General practitioners (GPs), Registrars and Personal Medical Services (PMS).

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References                |                         |     |
|--|--|--|---------------------------|-------------------------|-----|
|  |  |  | SOP                       | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>HBs will decide in accordance with NHS Regulations and following receipt of information from PCS which doctors are to be admitted to or removed from the above Lists</li> <li>To commission appropriate enhanced services</li> <li>Annual GP appraisal</li> </ul> | <ul style="list-style-type: none"> <li>Process all necessary forms for HBs relating to doctors wishing to be admitted to the MPL.</li> <li>Make appropriate checks with Disclosure Barring Service (DBS), General Medical Council (GMC), CFSMS and other statutory bodies regarding applications for admission to the List</li> <li>Make appropriate checks for clinical references, professional indemnity, public liability (where appropriate), language testing and eligibility to work in the UK.</li> <li>To monitor continuation of inclusion in professional registers.</li> <li>To monitor compliance with insurance requirements.</li> <li>Maintain an up to date MPL accessible by HBs via SQL database.</li> </ul> | <ul style="list-style-type: none"> <li>Complete process within 10 weeks, except PMS which requires agreement with WG.</li> </ul> | <a href="#">M-SOP-003</a> | <a href="#">KPI.005</a> |     |

## 2. GMS (cont)

### Service objectives / deliverables

- To ensure appropriate arrangements are in place for entry to and removal from the MPL (to include freelance locums, retainers and salaried doctors), GPs, Registrars and PMS.

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References                |     |     |
|---------------------------|--|--|---------------------------|-----|-----|
|                           |  |  | SOP                       | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>▪ To sign off routine applications for entry to the List</li> <li>▪ Where applicable (and for non routine applications), forward the appropriate completed pack with recommendations as appropriate to HB for determination</li> <li>▪ To issue appropriate letters to medical performers on behalf of HBs</li> <li>▪ To process the administration of enhanced service applications, as and when required to do so by HBs.</li> <li>▪ DBS fees to be charged separately to HBs.</li> </ul> |  | <a href="#">M-SOP-004</a> |     |     |

## 2. GMS (cont)

### Service objectives / deliverables

➤ Maintain and amend the MPL

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References                |     |     |
|---|--|--|---------------------------|-----|-----|
|   |  |  | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>Publicise the MPL</li> </ul> | <ul style="list-style-type: none"> <li>Maintain central List of all medical performers for all HBs in Wales</li> <li>Advise HBs of admissions/deletions, etc</li> <li>To assist HBs with activities relating to appraisals.</li> </ul> | <ul style="list-style-type: none"> <li>Issue lists and updates to HBs as appropriate.</li> </ul> | <a href="#">M-SOP-003</a> |     |     |



## 2. GMS (cont)

| Service objectives / deliverables |  |
|-----------------------------------|--|
| ➤                                 | Quality and Outcomes Framework (QOF) process |

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References                |                         |     |
|--|--|---|---------------------------|-------------------------|-----|
|  |  |   | SOP                       | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>Agreement of QOF aspiration points</li> <li>Annual review of QOF achievement</li> <li>Ensure payment of aspiration points in year and the quality achievement payment annually</li> <li>Ensure random prepayment checks of practice achievement claims</li> </ul> | <ul style="list-style-type: none"> <li>Action payment of aspiration and achievement</li> <li>Provide any supporting data, as required</li> </ul> | <ul style="list-style-type: none"> <li>Payment in accordance with the SFE.</li> </ul> | <a href="#">M-SOP-006</a> | <a href="#">KPI0001</a> |     |

## 2. GMS (cont)

### Service objectives / deliverables

➤ To ensure eligibility for Seniority Payments in accordance with the Statement of Financial Entitlements (SFE)

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators                                      | References                |     |     |
|---|--|---|---------------------------|-----|-----|
|   |  |   | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>To ensure compliance with the SFE</li> </ul> | <ul style="list-style-type: none"> <li>Maintain appropriate records relating to GPs' dates of GMC registration and date of entry to the MPL (or former equivalents)</li> <li>Maintain details of reckonable clinical service</li> <li>Where applicable provide advice to GPs.</li> </ul> | <ul style="list-style-type: none"> <li>Payment in accordance with SFE.</li> </ul> | <a href="#">M-SOP-069</a> |     |     |

## 2. GMS (cont)

### Service objectives / deliverables

➤ Process applications in respect of SFE for locum allowances including Sickness, Maternity, Paternity and Adoption

| Responsibilities of HB/WG   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References                |                         |     |
|---|---|---|---------------------------|-------------------------|-----|
|   |   |   | SOP                       | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>Ensure compliance with statutory requirements</li> <li>Approve applications from GPs including Sickness, Maternity, Paternity and Adoption in accordance with SFE provisions</li> <li>Agree discretionary payments protocol with LMC.</li> </ul> | <ul style="list-style-type: none"> <li>Assess when required eligibility for payment</li> <li>Provide forecast as required by HBs.</li> <li>Make payments</li> <li>Where requested, assess applications in line with discretionary payments protocol and make payments.</li> </ul> | <ul style="list-style-type: none"> <li>Claims to be passed to HBs for consideration within 3 working days from the date of receipt.</li> <li>Payment in accordance with SFE and within one month of the authorisation or if not practicable, by no later than the end of the month following the month of authorisation.</li> </ul> | <a href="#">M-SOP-008</a> | <a href="#">KPI0013</a> |     |

## 2. GMS (cont)

### Service objectives / deliverables

➤ To notify patients of practice changes including dissolutions and mergers of contracts and 24hr retirements

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References                |     |       |
|--|---|---|---------------------------|-----|-------|
|  |   |   | SOP                       | KPI | BCP   |
| <ul style="list-style-type: none"> <li>Ensure patients are aware of practice changes</li> <li>Funding of notifications issued by PCS.</li> </ul> | <ul style="list-style-type: none"> <li>Notification to patients (as required) of changes in practices as directed by the HB.</li> </ul> | <ul style="list-style-type: none"> <li>Letters to be agreed with HBs and practices and normally sent to PCS at least 14 days before changes occur.</li> <li>PCS to issue communication (prepare merge, print &amp; post) within 4 working days of receipt from HB.</li> </ul> | <a href="#">M-SOP-009</a> |     | 6 wds |

## 2. GMS (cont)

### Service objectives / deliverables

➤ Assignment of patients to contractors in accordance with GMS regulations

| Responsibilities of HB/WG   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References                |                         |     |
|---|---|--|---------------------------|-------------------------|-----|
|   |   |  | SOP                       | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>Ensure patients, including safe haven patients are assigned in accordance with regulations and local arrangements</li> <li>Hear representations against assignments</li> </ul> | <ul style="list-style-type: none"> <li>Assignments including safe haven patients to be made in accordance with policy agreed with HBs</li> <li>Assisting as required with Closed Lists.</li> <li>To provide quarterly/annual reports on removal at doctors request and assignments.</li> <li>When requested, attend safe haven patient scheme meetings</li> </ul> | <ul style="list-style-type: none"> <li>Reports on assignments to be provided to HBs on a quarterly basis.</li> <li>PCS remove patient within 1 working day. (See WHC (2000) (9)).</li> </ul> | <a href="#">M-SOP-010</a> | <a href="#">KPI0002</a> |     |

## 2. GMS (cont)

### Service objectives / deliverables

- Ensure that the National Health Authority Information Service (NHAIS) System operates effectively and efficiently as a patient registration/claims/payments database and that all GMS contract claims/payments are processed in accordance with the provisions of the SFE

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References  |  |     |
|--|---|---|---|--|-----|
|  |   |   | SOP   | KPI  | BCP |
| <ul style="list-style-type: none"> <li>Ensure that Statutory provisions are observed on all aspects of patient and clinical services.</li> </ul> | <ul style="list-style-type: none"> <li>Routine medical record transfers to/from GMS contractors and other Primary Care Agencies</li> <li>Listing of outstanding Medical Records for GP/Partnership/PCS</li> <li>Urgent transfer of clinically necessary medical records</li> <li>Retention of medical records</li> <li>Arrangement of archiving of deceased and suspended medical records</li> <li>Deal accordingly with requests for release of medical records</li> <li>Assisting in providing access to medical records national initiatives</li> <li>Maintain GP patient list including acceptances/deductions and allocations</li> </ul> | <ul style="list-style-type: none"> <li>PCS to transfer 95% within 6 weeks of request</li> <li>PCS to transfer to recipient within 5 working days</li> <li>Statutory time periods <a href="http://howis.wales.nhs.uk/doc/ib/WHC(00)71_appbret.htm">http://howis.wales.nhs.uk/doc/ib/WHC(00)71_appbret.htm</a></li> </ul> | <a href="#">M-SOP-011A</a><br><br><a href="#">M-SOP-011A-1</a><br><br><a href="#">M-SOP-011B</a><br><br><a href="#">M-SOP-011C</a><br><br><a href="#">M-SOP-011D</a><br><br><a href="#">M-SOP-011E</a><br><br><a href="#">M-SOP-068</a> | <a href="#">KPI0003</a><br><br><br><br><br><br><br><br><br><br><a href="#">KPI0003</a> |     |

### 3. GMS (cont)

#### Service objectives / deliverables

- Ensure that the NHAIS System operates effectively and efficiently as a patient registration/claims/payments database and that all GMS contract claims/payments are processed in accordance with the provisions of the SFE

| Responsibilities of HB/WG | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References  |                         |     |
|---------------------------|---|--|---|-------------------------|-----|
|                           |   |  | SOP   | KPI                     | BCP |
|                           | <ul style="list-style-type: none"> <li>▪ Maintain Registration Computer Links with GP practices</li> <li>▪ Acceptance/deduction to/from GPs list for linked/non linked practices</li> <li>▪ Provision of relevant reports to practices and HBs, WG and other parties.</li> <li>▪ Liaison with NHS National Back Office – EDI Links including Adoption, Gender Reassignment procedures.</li> <li>▪ Patient removals at GPs request (including immediate removals of violent patients)</li> <li>▪ Removals at patient request</li> <li>▪ Changes of information for non-linked practices</li> </ul> | <ul style="list-style-type: none"> <li>▪ Within 2 working days</li> <li>▪ Within 2 working days</li> </ul> | <a href="#">M-SOP-013</a><br><a href="#">M-SOP-014A</a><br><a href="#">M-SOP-014B</a><br><a href="#">M-SOP-063</a><br><a href="#">M-SOP-015A</a><br><a href="#">M-SOP-015B</a><br><a href="#">M-SOP-015C</a><br><a href="#">M-SOP-016A</a><br><a href="#">M-SOP-017</a> | <a href="#">KPI0004</a> |     |

## 2. GMS (cont)

### Service objectives / deliverables

- Ensure that the NHAIS System operates effectively and efficiently as a patient registration/claims/payments database and that all GMS contract claims/payments are processed in accordance with the provision of the SFE

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References  |     |     |
|---------------------------|--|--|---|-----|-----|
|                           |  |  | SOP   | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>▪ GP list changes (bulk transfers, retirements etc)</li> <li>▪ Up to date lists of GPs sent to patients on request</li> <li>▪ Annual review of GP dispensing lists</li> <li>▪ List inflation monitoring/FP69/immigration</li> <li>▪ Residential/Institution checks</li> <li>▪ Maintain Organ and Blood Donor Registration and transfer details to NHS Blood and Transplant</li> </ul> |  | <a href="#">M-SOP-018</a><br><br><a href="#">M-SOP-019</a><br><br><a href="#">M-SOP-022</a> |     |     |



## 2. GMS (cont)

### Service objectives / deliverables

- Ensure that the NHAIS System operates effectively and efficiently as a patient registration/claims/payments database and that all GMS contract claims/payments are processed in accordance with the provision of the SFE

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators                             | References  |     |     |
|---------------------------|--|--|---|-----|-----|
|                           |  |  | SOP   | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>Run reconciliation programmes between GMS Contractor databases with NHAIS database</li> <li>Deal with hospital notes sent to wrong contractors</li> <li>Deal with requests from hospitals for patient's details</li> <li>Issue new medical cards (letter format)</li> <li>Process mis-matches of patients ( e.g. NDRI)</li> <li>Salvation Army missing persons/trace line requests</li> <li>Issue health related exemption certificates</li> <li>Issue Entitlement Cards, as appropriate, for all Wales</li> <li>Scanning and reconciliation of additional patient notes</li> </ul> | <ul style="list-style-type: none"> <li>At least every 3 years</li> </ul> | <a href="#">M-SOP-023</a><br><br><a href="#">M-SOP-024</a><br><br><a href="#">M-SOP-24A</a><br><br><a href="#">M-SOP-025</a><br><br><a href="#">M-SOP-026</a><br><br><a href="#">M-SOP-027A</a> |     |     |

## 2. GMS (cont)

### Service objectives / deliverables

- Ensure that the NHAIS System operates effectively and efficiently as a patient registration/claims/payments database and that all GMS contract claims/payments are processed in accordance with the provision of the SFE

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References |     |     |
|---------------------------|--|--|------------|-----|-----|
|                           |  |  | SOP        | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>▪ Provision of capitation reports to WG, HBs and DOH</li> <li>▪ Audit enquiries of patients</li> <li>▪ Monitor GP patient death details</li> <li>▪ Close quarter (Capitation)</li> <li>▪ To administer and ensure appropriate access to the Open Exeter System</li> </ul> |  |            |     |     |

## 2. GMS (cont)

### Service objectives / deliverables

➤ Monitoring the assignment process of individuals as part of the Safeguarding Children Scheme

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References |     |     |
|--|--|---|------------|-----|-----|
|  |  |   | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>Safeguarding Children for the Health Board</li> </ul> | <ul style="list-style-type: none"> <li>To monitor and report figures of children under 18 years who remain un-registered following removals as OPA/7 day practice request</li> </ul> | <ul style="list-style-type: none"> <li>Patient Safety, monthly reporting</li> </ul> |            |     |     |

## 2. GMS (cont)

### Service objectives / deliverables

➤ To ensure that all payment functions undertaken by PCS on behalf of HBs to GMS contractors are in accordance with Statutory Regulations

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References   |                         |     |
|--|---|---|--|-------------------------|-----|
|  |   |   | SOP  | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>To ensure compliance with Statutory Regulations and payment timetables</li> </ul> | <b>Process local payments relating to:</b> <ul style="list-style-type: none"> <li>Global Sum and Correction Factor Payments</li> <li>Monthly Payments</li> <li>Quarterly Payments</li> <li>GP Superannuation Scheme (Administration)</li> <li>Payments to Doctors who dispense</li> <li>Payments to Doctors for personally administered drugs and appliances</li> </ul> | <ul style="list-style-type: none"> <li>All payments to be processed and accurately paid within statutory requirements.</li> </ul> | <a href="#">M-SOP-050</a><br><br><a href="#">M-SOP-051</a><br><br><a href="#">M-SOP-052</a><br><br><a href="#">M-SOP-053</a> | <a href="#">KPI0001</a> |     |

## 2. GMS (cont)

### Service objectives / deliverables

- To ensure that all payment functions undertaken by PCS on behalf of HBs to GMS contractors are in accordance with Statutory Regulations

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References  |     |     |
|---------------------------|--|--|---|-----|-----|
|                           |  |  | SOP   | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>Enhanced Services payments</li> <li>Aspiration payments</li> <li>Achievement payments</li> <li>Childhood Immunisation payments</li> <li>Locum payments for sickness, maternity, paternity, adoption and suspended doctors</li> <li>Seniority payments</li> <li>Retainer Scheme Payments</li> <li>GP Registrars Scheme</li> <li>Appropriate travel and subsistence payments, e.g. Section 63</li> <li>Deductions - Professional Levies, Charges for use of Health Centres etc, other miscellaneous deductions</li> </ul> |  | <a href="#">M-SOP-064</a><br><br><a href="#">M-SOP-054</a><br><a href="#">M-SOP-055</a><br><br><a href="#">M-SOP-057</a><br><br><a href="#">M-SOP-058</a><br><br><a href="#">M-SOP-059</a><br><br><a href="#">M-SOP-061</a> |     |     |

## 2. GMS (cont)

### Service objectives / deliverables

- To ensure that all payment functions undertaken by PCS on behalf of HBs to GMS contractors are in accordance with Statutory Regulations

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References  |     |     |
|---------------------------|--|--|---|-----|-----|
|                           |  |  | SOP   | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>Recording individual GP NHS profit figure</li> <li>Water Rates Payments</li> <li>Improvement Grant Schemes</li> <li>Calculation and payment of actual rent for GPs, and non- domestic rates payments for GPs</li> <li>Rent Reimbursement for GPs</li> <li>Trade refuse reimbursement for GPs</li> <li>Healthcare waste contract for GPs.</li> <li>All other payments as required under GMS Regulations</li> </ul> |  | <a href="#">M-SOP-062</a><br><br><a href="#">M-SOP-061</a><br><br><a href="#">M-SOP-067</a> |     |     |

## 2. GMS (cont)

### Service objectives / deliveries

➤ To provide the Welsh Government (WG), Department of Health (DOH) and HBs with accurate information from the NHAIS System

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References |     |     |
|---|--|--|------------|-----|-----|
|   |  |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>Utilise information received to effectively manage Primary Care</li> </ul> | <ul style="list-style-type: none"> <li>Data returns for GP Census including any necessary liaison with HBs</li> <li>HSW quarterly age/sex profile</li> <li>Production of contractor directories/labels</li> <li>Download of patient details for mapping counts by Post Code/Ward</li> <li>NHAIS downloads as required eg Cancer Research, WDS/PDS</li> <li>Quarterly downloads to management/HBs</li> <li>Statutory monitoring returns to WG/DOH</li> <li>Advice to patients concerning medical cards, health related exemption certificates and entitlement cards.</li> <li>When requested, maintain, update and review a register of practice boundaries.</li> </ul> |  |            |     |     |

## 2. GMS (cont)

| Service objectives / deliverables   |  |   |  |     |     |
|---|--|---|--|-----|-----|
| ➤ To effectively manage all PCS operations relating to NHAIS System and other GP payment systems                              |  |   |  |     |     |
| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References   |     |     |
|   |  |   | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>To ensure compliance with statutory requirements in respect of NHAIS System</li> </ul> | <ul style="list-style-type: none"> <li>Compliance with Statutory requirements</li> <li>Management of the NHAIS System for HBs</li> <li>Management of Open Exeter System for HBs and GP practices</li> <li>Management of network communications including the ICM System</li> </ul> | <ul style="list-style-type: none"> <li>Undertake a 6-monthly review of system access</li> </ul> | <a href="#">M-SOP-065</a><br><a href="#">M-SOP-065A</a><br><a href="#">M-SOP-065B</a><br><a href="#">M-SOP-066</a><br><a href="#">M-SOP-066A</a> |     |     |



### 3. General Dental Services (GDS)

| Service objectives / deliverables |   |
|-----------------------------------|---|
| ➤                                 | To act on behalf of HBs in dealing with contractual matters |

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References   |     |     |
|---|--|---|--|-----|-----|
|   |  |   | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>Decision on:               <ul style="list-style-type: none"> <li>Establishment of new GDS/PDS contracts</li> <li>Cessation of contracts</li> <li>To negotiate and secure dental contracts</li> <li>To authorise individual dental contracts</li> <li>To submit appropriate contract details to PCS</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>To ensure Business Services Authority (BSA) CoMPASS database adequately reflects the contracts held by HBs including details of performers within a contract.</li> <li>Process all necessary internal administration relating to new/replacement providers/performers</li> <li>PCS to maintain database of contractors.</li> <li>To act as the system administrator for the CoMPASS System. As required, to set up the dental contracts on the CoMPASS System.</li> <li>To ensure that CoMPASS System is updated in accordance with BSA requirements</li> </ul> | <ul style="list-style-type: none"> <li>Available no later than the commencement of contract.</li> <li>PDS provider practices in accordance with WG Directions</li> <li>Undertake a 6-monthly review of system access</li> </ul> | <a href="#">D-SOP-001A</a><br><br><a href="#">D-SOP-001A</a><br><a href="#">App3</a><br><br><a href="#">D-SOP-001A</a><br><a href="#">App4</a> |     |     |

### 3. GDS (cont)

#### Service objectives / deliverables

➤ To act on behalf of HBs in dealing with contractual matters

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References   |     |     |
|---------------------------|--|--|--|-----|-----|
|                           |  |  | SOP  | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>Assess eligibility for seniority, business rate reimbursement, patient refunds and maternity, sickness, paternity and adoption payments</li> <li>As soon as possible and usually prior to the financial year advise HBs of forecast payments.</li> <li>Advise HBs on the level of private practice notified by GDS contractors.</li> <li>To monitor continuation of inclusion in professional registers.</li> <li>To monitor compliance with insurance requirements.</li> </ul> |  | <a href="#">D-SOP-006</a><br><a href="#">D-SOP-007</a><br><a href="#">D-SOP-008</a><br><a href="#">D-SOP-014</a> |     |     |

### 3. GDS (cont)

| Service objectives / deliverables |  |
|-----------------------------------|--|
| ➤                                 | To ensure appropriate arrangements are in place for entry to and removal from the Dental Performers List (DPL) (to include Dental Foundation Trainees) |

| Responsibilities of HB/WG   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References   |                         |     |
|---|---|---|--|-------------------------|-----|
|   |   |   | SOP  | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>HBs will decide in accordance with NHS Regulations and following receipt of information from PCS which dentists are to be admitted to or removed from the DPL</li> </ul> | <ul style="list-style-type: none"> <li>Process all necessary forms for HBs relating to dentists wishing to be admitted to the DPL.</li> <li>Make appropriate checks with DBS, GDC, CFSMS and other statutory bodies regarding applications for admission to the DPL.</li> <li>Make appropriate checks for clinical references, professional indemnity, public liability (where appropriate), language testing and eligibility to work in the UK.</li> <li>To monitor continuation of inclusion in professional registers.</li> <li>To monitor compliance with insurance requirements.</li> <li>To sign off routine applications for entry to the List</li> <li>Where applicable (and for non routine applications), forward the appropriate completed pack with recommendations as appropriate to HB for determination</li> </ul> | <ul style="list-style-type: none"> <li>All applications for entry to the DPL to be processed within 10 weeks of receipt of application</li> </ul> | <a href="#">D-SOP-003</a><br><br><a href="#">D-SOP-014</a> | <a href="#">KPI0005</a> |     |

### 3. GDS (cont)

| Service objectives / deliverables |   |
|-----------------------------------|---|
| ➤                                 | To ensure appropriate arrangements are in place for entry to and removal from the DPL (to include Dental Foundation Trainees) |

| Responsibilities of HB/WG | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators | References                |     |     |
|---------------------------|---|--|---------------------------|-----|-----|
|                           |   |  | SOP                       | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>To issue appropriate letters to dental performers on behalf of HBs</li> <li>DBS fees to be charged separately to HBs.</li> </ul> |  | <a href="#">A-SOP-010</a> |     |     |

### 3. GDS (cont)

#### Service objectives / deliverables

- Maintain and amend the Dental Performers List (DPL)

| Responsibilities of HB/WG                                       | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References   |     |     |
|---|---|---|--|-----|-----|
|   |   |   | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>Publicise DPL</li> </ul> | <ul style="list-style-type: none"> <li>Maintain central List of all dental performers for HBs in Wales</li> <li>PCS to validate lists</li> <li>Advise HBs of admissions/deletions, etc.</li> <li>Where agreed, maintain and update a list of dentists accepting NHS patients and provide this information to HBs and the public.</li> </ul> | <ul style="list-style-type: none"> <li>Issue lists and updates to HBs as appropriate</li> </ul> | <a href="#">D-SOP-003</a><br><a href="#">D-SOP-016</a> |     |     |

### 3. GDS (cont)

#### Service objectives / deliverables

- Provision of administrative services to support dentists entering onto the Private Dental Register managed by Healthcare Inspectorate Wales (HIW)

| Responsibilities of WG/HIW   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References |     |     |
|--|---|--|------------|-----|-----|
|  |   |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>To establish and maintain a register of Dentists who wish to provide Dental Services in Wales under private contract</li> </ul> | <ul style="list-style-type: none"> <li>Upon receipt of applications make appropriate checks within agreed timeframes in accordance with the Private Dental Regulations.</li> <li>Alert HIW of any adverse indicators when all checks are completed</li> <li>Advise HIW when there are no perceived issues with documentation</li> </ul> | <ul style="list-style-type: none"> <li>As defined in the signed <a href="#">Service Level Agreement</a></li> </ul> |            |     |     |

### 3. GDS (cont)

| Service objectives / deliverables  |  |   |  |     |     |
|--|--|---|--|-----|-----|
| ➤ Assist with the administration of the Emergency Dental Scheme (EDS)/Out of Hours (OOH) Rotas               |  |   |  |     |     |
| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References   |     |     |
|  |  |   | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>Ensure EDS operates in accordance with current Regulations</li> </ul> | <ul style="list-style-type: none"> <li>Administer arrangements, including rotas and liaison with dentists and reporting as required on behalf of HBs;</li> <li>Make payments, as required on behalf of HBs</li> <li>Ensure provider/performer is on the DPL</li> </ul> | <ul style="list-style-type: none"> <li>Regular activity/financial report to be sent to HBs as may be agreed locally in terms of timescales and content</li> </ul> | <a href="#">D-SOP-013A</a><br><br><a href="#">D-SOP-013B</a> |     |     |

### 3. GDS (cont)

#### Service objectives / deliverables

- To ensure that all payment functions undertaken by PCS on behalf of HBs to General Dental Practitioner contractors are in accordance with Statutory Regulations

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References   |                         |     |
|--|---|--|--|-------------------------|-----|
|  |   |  | SOP  | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>▪ To ensure compliance with Statutory Requirements and payment timetables</li> <li>▪ To check and authorise CoMPASS System</li> </ul> | <ul style="list-style-type: none"> <li>▪ Enter the baseline financial allocation on the CoMPASS system</li> <li>▪ Make appropriate contract/financial adjustments as advised by HBs</li> <li>▪ Ensure appropriate authorisations from HBs are actioned on CoMPASS system</li> <li>▪ Provide payment data to HBs in order to populate each HB ledger</li> <li>▪ Appropriate travel and subsistence payments for trainers and trainees, e.g. Section 2</li> <li>▪ Discretionary payments on CoMPASS</li> <li>▪ Dental VT Scheme</li> <li>▪ Business Rates on CoMPASS</li> <li>▪ Refund of patients' charges under Statutory Regulations</li> <li>▪ Enter Superannuation on CoMPASS</li> <li>▪ Orthodontic payments</li> <li>▪ Healthcare waste contract for dentists</li> </ul> | <ul style="list-style-type: none"> <li>▪ All payments to be processed and accurately paid within Statutory requirements</li> </ul> | <a href="#">D-SOP-001</a><br><a href="#">D-SOP-004</a><br><a href="#">D-SOP-006</a><br><a href="#">D-SOP-007</a><br><a href="#">D-SOP-008</a><br><a href="#">D-SOP-015</a> | <a href="#">KPI0001</a> |     |



### 3. GDS (cont)

#### Service objectives / deliverables

- To ensure that all payment functions undertaken by PCS on behalf of HBs to GDP contractors are in accordance with Statutory Regulations

| Responsibilities of HB/WG | Responsibilities of PCS   | Quality Standards /Performance Indicators | References                |     |     |
|---------------------------|---|---|---------------------------|-----|-----|
|                           |   |   | SOP                       | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>Trade refuse payments and recoveries, as required</li> <li>Statutory monitoring returns to WG/DOH, as required by HBs</li> <li>Dental Audit Claims - CAPR</li> <li>All other payments as required under GDS Regulations</li> </ul> |   | <a href="#">D-SOP-017</a> |     |     |

#### 4. Community Pharmacy Services

[illegible]

#### 4. Community Pharmacy Services (cont)

| Service objectives / deliverables |   |
|-----------------------------------|---|
| ➤                                 | Approval of entry to and removal from the AWPDP (Appliance Contractors) |
| ➤                                 | Applications from Appliance Contractors to relocate premises            |
| ➤                                 | Applications from Appliance Contractors for change of ownership         |

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References  |                         |     |
|---|--|--|---|-------------------------|-----|
|   |  |  | SOP   | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>Arrange for applications by Appliance Contractors for new contracts to be considered in accordance with the NHS Pharmaceutical Regulations (Wales) 2013</li> </ul> | <b>Process all applications relating to :</b> <ul style="list-style-type: none"> <li>Entry to, removal from and relocation of pharmacies in the AWPDP</li> <li>Provide advice and guidance to HBs and Appliance Contractors</li> <li>Undertake statutory consultation</li> <li>Process applications for Change of Ownership</li> <li>Service the Pharmacy Practices Committee or other Advisory Committee which will determine applications on behalf of HBs</li> <li>Issue decision letter on behalf of HBs</li> <li>Assist HBs with appeals</li> </ul> | <ul style="list-style-type: none"> <li>Decision letter to be issued to applicants within one month of the decision by the Committee/Board</li> </ul> | <a href="#">P-SOP-001</a><br><br><a href="#">P-SOP-002</a><br><br><a href="#">P-SOP-001</a> | <a href="#">KPI0005</a> |     |

#### 4. Community Pharmacy Services (cont)

| Service objectives / deliverables |                              |
|-----------------------------------|------------------------------|
| ➤                                 | Maintain and amend the AWPDP |

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References                |     |     |
|---|--|---|---------------------------|-----|-----|
|   |  |   | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>Publicise the AWPDP</li> </ul> | <ul style="list-style-type: none"> <li>PCS to maintain the AWPDP of pharmacists currently in contract with HBs to provide pharmaceutical services</li> <li>Administer and ensure appropriate access to the AWPDP.</li> <li>Advise HBs of admissions/deletions, etc.</li> </ul> | <ul style="list-style-type: none"> <li>Issue lists and updates to HBs as appropriate</li> </ul> | <a href="#">P-SOP-012</a> |     |     |

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

- The consideration of applications from pharmacists for payments under the Essential Small Pharmacy Scheme, Pre-registration Training Grants, the arrangements for service hours, for directed, advanced and enhanced services

| Responsibilities of HB/WG   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References  |     |     |
|---|---|--|---|-----|-----|
|   |   |  | SOP   | KPI | BCP |
| <ul style="list-style-type: none"> <li>▪ To ensure compliance with statutory requirements</li> <li>▪ To approve applications</li> </ul> | <ul style="list-style-type: none"> <li>▪ To deal with accreditation issues associated with directed, advanced and enhanced services</li> <li>▪ Process applications from pharmacists</li> <li>▪ Issue appropriate letters to pharmaceutical contractors on behalf of HBs</li> </ul> | <ul style="list-style-type: none"> <li>▪ All applications to be processed within 3 months of receipt.</li> </ul> | <a href="#">P-SOP-003</a><br><br><a href="#">P-SOP-004</a><br><br><a href="#">P-SOP-005</a> |     |     |

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

- The consideration of applications in respect of Rurality from Community Pharmacy Wales (CPW), Local Medical Committees (LMCs) or HBs

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References                |     |     |
|--|--|---|---------------------------|-----|-----|
|  |  |   | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>To decide on the rurality of specified areas</li> </ul> | <ul style="list-style-type: none"> <li>Process applications relating to rurality</li> <li>Provide advice and guidance to HBs</li> <li>Undertake statutory consultation</li> <li>Service the Pharmacy Practices Committee or other Advisory Committee which will determine applications on behalf of HBs</li> <li>Issue appropriate letters to relevant interested parties on behalf of HBs</li> <li>Assist HBs with appeals</li> </ul> | <ul style="list-style-type: none"> <li>All decision letters to be issued within one month of the Committee/Board decision.</li> </ul> | <a href="#">P-SOP-001</a> |     |     |

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

➤ The consideration of applications in respect of Outline Consent and Premise Approval for GPs

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References                |     |     |
|--|---|---|---------------------------|-----|-----|
|  |   |   | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>To determine applications for Outline Consent and Serious Difficulty</li> </ul> | <ul style="list-style-type: none"> <li>Process applications relating to Outline Consent and Premise Approval</li> <li>Provide advice and guidance to HBs and GMS/PMS contractors</li> <li>Undertake statutory consultation</li> <li>Service the Pharmacy Practices Committee or other Advisory Committee which will determine applications on behalf of HBs</li> <li>Issue appropriate letters to GPs on behalf of HBs</li> <li>Assist HBs with appeals</li> <li>Process applications relating to Serious Difficulty</li> </ul> | <ul style="list-style-type: none"> <li>Decision letters to be issued within one month of the Committee/Board decision.</li> </ul> | <a href="#">P-SOP-001</a> |     |     |

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

- To receive, record, sort and scan all prescriptions submitted for pricing by Welsh dispensing contractors

| Responsibilities of HB/WG   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References   |     |     |
|---|---|--|--|-----|-----|
|   |   |  | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>WG to approve arrangements for submission of prescriptions by dispensing contractors and generate updates to Drug Tariff where necessary.</li> <li>HBs to ensure that all dispensing contractors submit their monthly accounts in accordance with the Drug Tariff, Statement of Fees and Allowances and their Terms and Conditions of Service.</li> <li>HBs to ensure that NHS prescriptions written by prescribers in England and Wales must be written on WP10/FP10 forms or their variants and in accordance with the doctor's terms of service and legal requirements. In order to preserve the integrity of the information where non computerised forms are used prescribers must use the forms issued to them bearing their identification number and not use forms issued to partners</li> <li>HBs / PCS to ensure that</li> </ul> | <ul style="list-style-type: none"> <li>To provide prompt and accurate details of all dispensing and prescribing contractors within their area.</li> <li>To provide weekly updates of changes to dispensing and prescribing contractors within their area.</li> <li>To receive, identify, sort and scan all parcels submitted for pricing purposes by Welsh contractors allocating batch headers as appropriate.</li> <li>To enter details in such a manner as to determine if an account has been received from a dispensing contractor.</li> <li>To identify parcels that have not been received, and to contact the dispensing contractor to clarify the position, prior to the advance payment process being completed.</li> <li>To check that prescription forms submitted correspond with what has been declared by contractors and notify dispensing contractors of differences of +/-10% to allow the dispensing contractor to confirm the level of declaration claim.</li> <li>To check that the information on the contractor's declaration form is consistent with the information held on the PCS Master File and to contact the NWSSP–</li> </ul> | <ul style="list-style-type: none"> <li>Complete by the designated target date for the current processing cycle.</li> <li>Record declaration figures by 15th of each month</li> </ul> | <a href="#">IG3-201</a><br><a href="#">IG3-202</a><br><a href="#">IG3-203</a><br><a href="#">IG3-204</a><br><a href="#">IG3-205</a><br><a href="#">IG3-206</a><br><a href="#">IG3-207</a><br><a href="#">IG3-208</a> |     |     |



|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <p>computer printed prescription forms comply with the guidance provided in the BNF and with Welsh Office circular FPN279 issued in March 1981. Accuracy and completeness of prescriptions is essential.</p> | <p>PCS.</p> <ul style="list-style-type: none"> <li>▪ To record the dispensing month, the account number and the declaration figures per account. This will include the amount of prescription forms and items declared and for the contractor to declare the number of hours worked each week by dispensing staff. For community pharmacies and dispensing GP practices only to record details from the declaration form to enable an advance payment to be made by PCS for the submitted month.</li> <li>▪ To scan all prescription forms and ensure that an image of each form is retained for use in processing systems, information systems and to fulfil the requirements for prescription retention under the agreement between WG and PCS. This is currently for 3 months for hard copy of contractor accounts and 6 years for electronic accounts.</li> </ul> |  |  |  |  |
|--|---|--|--|--|--|

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

➤ To capture all information necessary to enable all prescriptions to be priced and prepare remuneration reports

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References   |                                  |     |
|--|--|--|--|----------------------------------|-----|
|  |  |  | SOP  | KPI                              | BCP |
| <ul style="list-style-type: none"> <li>To communicate all changes to the remuneration structure applicable to Welsh dispensing contractors in a timely manner and generate updates to Drug Tariff where necessary</li> </ul> | <ul style="list-style-type: none"> <li>To capture dispensing contractor details to enable the processing of the account.</li> <li>To interpret what has been prescribed and identify what has been dispensed and to capture the information necessary to enable the prescriptions to be priced and to allow PCS to prepare remuneration reports.</li> <li>Where appropriate to pre-populate data entry systems by interpreting and applying drug tariff rules through the PCS automated pricing rules engine.</li> <li>To identify and return an image of items to the dispensing contractor for further information to enable processing to be completed.</li> <li>To provide an image of Schedule 10 and disallowed items to contractors.</li> <li>To validate and correct when necessary high cost items. All items over £100 are validated and items with a value of £1,000 or more are subject to a further validation.</li> <li>To forward complete information within the time scales as set out in PCS performance responsibilities outlined below for account production and forward transmission to PCS.</li> <li>To make available documentary evidence to enable an audit trail to be produced,</li> </ul> | <ul style="list-style-type: none"> <li>To generate and transfer electronic remuneration data to the payments department by 21<sup>st</sup> day of each month.</li> <li>Items to be priced to an accuracy of 99% or above.</li> <li>Net Cash Value tolerance to be +/- 0.17%.</li> <li>To report production on a monthly basis detailing current prescription items processed, % change from same period last year and % change from financial year to date compared to same period last year.</li> </ul> | <a href="#">IG3-301</a><br><a href="#">IG3-501</a><br><a href="#">IG3-505</a><br><a href="#">IG3-509</a><br><a href="#">IG3-511</a><br><a href="#">IG3-512</a> | KPI01<br>KPI05<br>KPI04<br>KPI03 |     |

|  |   |  |  |  |  |
|--|---|--|--|--|--|
|  | <p>which will identify all staff who have been involved in the processing of each account.</p> <ul style="list-style-type: none"> <li>▪ To check discrepancies between one months' and the previous months' data and correct as appropriate.</li> </ul> |  |  |  |  |
|--|---|--|--|--|--|

DRAFT

#### 4. Community Pharmacy Services (cont)

### Service objectives / deliverables

- To complete all tasks to ensure that remuneration for submitted prescription items meets quality standards described above

| Responsibilities of HB/WG | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References  |     |     |
|---------------------------|---|---|---|-----|-----|
|                           |   |   | SOP   | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>▪ To provide a general advisory service in relation to payment and account queries.</li> <li>▪ PCS is responsible for the full checking of accounts processed by the processing unit in order to allow external auditor to issue HBs with a Letter of Assurance for the work undertaken with regard to NHS Wales contractor dispensing services.</li> <li>▪ To investigate potential cases of irregularities on behalf of the WG and HBs, preparing reports for discussion with the initiating body.</li> <li>▪ To undertake investigation of accounts as requested by HBs or individual contractors.</li> <li>▪ To provide reasonable facilities for contractors, Local Pharmaceutical Committees and HBs to examine submitted prescription forms.</li> <li>▪ To undertake the input of changes to fee structures in respect of the changes to dispensing contractor remuneration services as required by WG.</li> <li>▪ To ensure all financial adjustments to accounts in respect of the external checks made by the Pharmaceutical Services Negotiating Committee (PSNC) or from internal processing checks are undertaken and auditable.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Monthly submissions to PSNC to be dispatched within 5 working days of the receipt of a request.</li> <li>▪ Submissions to PSNC associated with a contractor requested independent check to be dispatched within 5 working days of receipt of the request.</li> <li>▪ To complete the monthly audit and quality control checks within the monthly audit plan timetable and to present these to WG as required.</li> <li>▪ 95% of contractor queries submitted via the PS Help Desk to be answered within 24 hours.</li> </ul> | <a href="#">IG3-504</a><br><br><a href="#">IG3-506</a><br><br><a href="#">IG3-507</a><br><br><br><br><br><br><br><br><br><br><a href="#">IG3-508</a><br><br><br><br><br><br><br><br><br><br><a href="#">IG3-513</a> |     |     |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  | <ul style="list-style-type: none"> <li>▪ To promote fraud awareness and to provide advice and guidance to NHS Wales in respect of investigative matters.</li> <li>▪ To compile monthly audit analysis reports which provide details of over or under payments to dispensing contractors.</li> <li>▪ To provide 1% of prescriptions and associated remuneration information to PSNC each month to enable routine checking functions</li> <li>▪ To provide prescriptions and all associated paperwork associated with specific accounts to the PSNC where a contractor has requested an independent check</li> </ul> |  |  |  |  |
|--|--|--|--|--|--|

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

➤ To maintain the security of data captured during the remuneration process

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References |     |     |
|--|--|--|------------|-----|-----|
|  |  |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>To take ownership of the documents, information and data held as part of the remuneration process.</li> </ul> | <ul style="list-style-type: none"> <li>Appropriate security measures must be introduced to safeguard any premises and equipment used by PCS. Only those officers who are authorised and whose functions require access should be allowed access to premises and equipment.</li> <li>Access to data and information should be restricted to an authorised officer. The physical documents and information contained therein is in the ownership of the WG. The information is strictly confidential and all reasonable protection is enforced to ensure that it remains confidential. Contractors cannot under any circumstances use data for purposes outside of this agreement.</li> <li>PCS may not collect information or data relating to prescribing or dispensing data for other purposes. The WG will agree what information is to be collected and what purposes it can be used for in advance of the information to be collected.</li> <li>NWSSP are not allowed to use knowledge gained about welsh dispensing and prescribing information in any other part of its business, without the express permission of an appropriate WG representative.</li> </ul> |  |            |     |     |

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

➤ To produce dispensing reports as listed below and ensure that they are accessible to all relevant stakeholders

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References              |       |     |
|---------------------------|--|---|-------------------------|-------|-----|
|                           |  |   | SOP                     | KPI   | BCP |
|                           | <ul style="list-style-type: none"> <li>To provide the following dispensing reports: -               <ul style="list-style-type: none"> <li>WP10 (HP) - Hospital Report (monthly)</li> <li>PD1 (HA51) - Chemist and Appliance Contractors</li> <li>PD1 (A) - Extended Chemist and Appliance Contractors Report</li> <li>PD1 (WP51) - Dispensing General Practitioners</li> <li>PD1 Supplementary</li> <li>GP (WP51) - Personal Administration</li> <li>SPB7A - Chemist and Appliance Contractor Exemption / Charges</li> <li>Board Letter - All aspects of remuneration</li> <li>Prescription Cost Analysis (annual &amp; on request)</li> <li>Welsh Dispensing Analysis (annual)</li> <li>Dispensing Doctor Account Summary</li> <li>Personal Admin. Account Summary</li> <li>Dispensing Costs Forecast</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>To publish the described reports within 10 days of the production of the final dispensing remuneration information.</li> </ul> | <a href="#">G3-1006</a> | KPI02 |     |

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

➤ To produce prescribing reports as listed below and ensure that they are accessible to all relevant stakeholders

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References              |       |     |
|---|--|---|-------------------------|-------|-----|
|   |  |   | SOP                     | KPI   | BCP |
| <ul style="list-style-type: none"> <li>To provide a publication schedule for annual reports in accordance with WG statistical publication policy</li> </ul> | <p>To provide the following monthly prescribing reports: -</p> <ul style="list-style-type: none"> <li>Category A Monthly Monitoring Report</li> <li>Category M Monthly Monitoring Report</li> <li>PPRS Monthly Monitoring Report</li> </ul> <p>To provide the following quarterly prescribing reports: -</p> <ul style="list-style-type: none"> <li>All Wales Comparators</li> </ul> <p>To provide the following annual prescribing reports: -</p> <ul style="list-style-type: none"> <li>Welsh Prescribing Analysis</li> <li>National Programme Budget Reports</li> </ul> | <ul style="list-style-type: none"> <li>To publish the monthly reports within 10 days of the production of the final dispensing remuneration information.</li> <li>To publish the quarterly reports within 14 days of the production of the final dispensing remuneration</li> <li>To publish annual reports in accordance with WG publication schedule</li> </ul> | <a href="#">G3-1006</a> | KPI02 |     |



#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

➤ To develop, maintain and ensure the availability of data for a suite of web applications

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References               |       |     |
|--|---|---|--------------------------|-------|-----|
|  |   |   | SOP                      | KPI   | BCP |
| To ensure that requirements of stakeholders are identified and prioritised through the PCS Service Improvement Group | To provide the following web applications: - <ul style="list-style-type: none"> <li>Prescribing Audit Reports</li> <li>Budget Analysis</li> <li>On-Line Catalogue</li> <li>Standard Charts</li> <li>Control Charts</li> <li>Directed Enhanced Services</li> <li>Electronic Multi-vaccines Claims</li> <li>eSchedule</li> <li>eScheduleGP</li> </ul> | <ul style="list-style-type: none"> <li>Updated data to drive applications to be available within 14 days of the production of the final dispensing remuneration information.</li> </ul> | <a href="#">IG3-1006</a> | KPI02 |     |

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

➤ To develop, maintain and ensure the availability of data for a suite of desktop applications

| Responsibilities of HB/WG  | Responsibilities of PCS                   | Quality Standards/<br>Performance Indicators  | References               |       |     |
|--|---|---|--------------------------|-------|-----|
|  |   |   | SOP                      | KPI   | BCP |
| <ul style="list-style-type: none"> <li>To ensure that requirements of stakeholders are identified and prioritised through the PCS Service Improvement Group</li> </ul> | To provide CASPA.net desktop application. | <ul style="list-style-type: none"> <li>Updated data to drive applications to be available within 14 days of the production of the final dispensing remuneration information.</li> </ul> | <a href="#">IG3-1006</a> | KPI02 |     |

#### 4. Community Pharmacy Services (cont)

##### Service objectives / deliverables

➤ To provide data to and receive data from designated stakeholder organisations

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References   |     |     |
|--|---|---|--|-----|-----|
|  |   |   | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>To supply English prescriber and Master Drug data by 5<sup>th</sup> working day of each month</li> <li>To supply remuneration data for Welsh Prescriptions dispensed in England by end of second month following dispensing</li> <li>To supply New releases and monthly updates of all amendments to manuals and charts for implementation in the following month.</li> <li>To supply amendments to the Drug Tariff as and when produced.</li> <li>To provide a telephone support service, available to respond to individual queries and to supply new drug codes on request.</li> </ul> | <p>To supply the NHS BSA with: -</p> <ul style="list-style-type: none"> <li>English prescription data dispensed in Wales</li> <li>Weekly copy of Welsh Nurse Prescriber File (nurse and cost centre)</li> <li>Weekly copy of Welsh doctor file (DR and surgery details)</li> <li>Monthly details of Hospital Information</li> </ul> | <ul style="list-style-type: none"> <li>English prescription data to be supplied by the end of the second month following dispensing.</li> <li>Weekly files to be supplied by close of play every Monday (except bank holidays)</li> </ul> | <a href="#">G3-1001</a><br><a href="#">G3-1004</a> |     |     |

#### 4. Community Pharmacy Services (cont)

### Service objectives / deliverables

- To ensure that all payment functions undertaken by PCS on behalf of HBs to Pharmacy contractors are in accordance with Statutory Regulations

[illegible]

## 5. General Ophthalmic Services (GOS)

### Service objectives / deliverables

- To act on behalf of HBs in dealing with contractual matters

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References  |     |     |
|---|--|--|---|-----|-----|
|   |  |  | SOP   | KPI | BCP |
| <p>Decision on:</p> <ul style="list-style-type: none"> <li>Establishment of an Ophthalmic List (OL) and Supplementary Ophthalmic List (SOL)</li> <li>Cessation of contracts</li> <li>To submit appropriate contract details to PCS</li> </ul> | <ul style="list-style-type: none"> <li>Maintain a central list of all persons and bodies on the OL and SOL for all Wales</li> <li>Enter contractual details on Open Exeter System</li> <li>Prepare SBE 515 activity statistics annually for submission to WG on behalf of HBs</li> <li>Statutory monitoring returns to WG/DOH</li> </ul> | <ul style="list-style-type: none"> <li>Information to be available on Open Exeter no later than the commencement of contract.</li> </ul> | <p><a href="#">O-SOP-001</a></p> <p><a href="#">O-SOP-003</a></p> |     |     |

## 5. GOS (cont)

| Service objectives / deliverables  |  |  |  |                         |     |
|--|--|--|--|-------------------------|-----|
| ➤ To ensure appropriate arrangements are in place for entry to and removal from the OL and SOL   |  |  |  |                         |     |
| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References   |                         |     |
|  |  |  | SOP  | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>HBs will decide in accordance with NHS Regulations and following receipt of information from PCS which ophthalmic opticians and ophthalmic medical practitioners are to be admitted to or removed from the above Lists</li> </ul> | <ul style="list-style-type: none"> <li>PCS to process all necessary forms for HBs relating to persons wishing to be admitted to the OL and SOL</li> <li>Make appropriate checks with DBS, GOC, CFSMS and other statutory bodies regarding applications for admission to the List</li> <li>Make appropriate checks for clinical references, professional indemnity, public liability (where appropriate), language testing and eligibility to work in the UK.</li> <li>To monitor continuation of inclusion in professional registers.</li> <li>To monitor compliance with insurance requirements.</li> <li>To sign off routine applications for entry to the List</li> <li>Where applicable (and for non routine applications), forward the appropriate completed pack with recommendations as appropriate to HBs for determination</li> </ul> | <ul style="list-style-type: none"> <li>All applications for entry to OL to be processed within 10 weeks of receipt of application</li> </ul> | <a href="#">O-SOP-001</a><br><br><a href="#">O-SOP-004</a> | <a href="#">KPI0005</a> |     |

## 5. GOS (cont)

| Service objectives / deliverables   |   |  |                           |     |     |
|---|---|--|---------------------------|-----|-----|
| ➤ To ensure appropriate arrangements are in place for entry to and removal from the OL and SOL. |   |  |                           |     |     |
| Responsibilities of HB/WG   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators | References                |     |     |
|   |   |  | SOP                       | KPI | BCP |
|   | <ul style="list-style-type: none"> <li>To issue appropriate letters to ophthalmic opticians and ophthalmic medical practitioners on behalf of HBs</li> <li>DBS fees to be recharged accordingly.</li> </ul> |  | <a href="#">A-SOP-010</a> |     |     |

## 5. GOS (cont)

| Service objectives / deliverables                                      |   |  |                          |     |     |
|--|---|--|--------------------------|-----|-----|
| ➤ Maintain and amend OL and SOL  |   |  |                          |     |     |
| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References               |     |     |
|  |   |  | SOP                      | KPI | BCP |
| <ul style="list-style-type: none"> <li>Publicise OL and SOL</li> </ul> | <ul style="list-style-type: none"> <li>Maintain central list of opticians for HBs in Wales to be made electronically available via OL and SOL.</li> <li>PCS to validate list</li> <li>Advise HBs of admissions/deletions, etc.</li> </ul> | <ul style="list-style-type: none"> <li>Issue list and updates to HBs as appropriate</li> </ul> | <a href="#">O-SOP-01</a> |     |     |



## 5. GOS (cont)

### Service objectives / deliverables

#### ➤ Payment of Pre-Registration Training Grants

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References                |     |     |
|---|--|--|---------------------------|-----|-----|
|   |  |  | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>Ensure compliance with statutory requirements</li> </ul> | <ul style="list-style-type: none"> <li>Process applications in accordance with statutory guidance</li> <li>Maintain records on behalf of HB</li> </ul> | <ul style="list-style-type: none"> <li>Accurate payment to be made in accordance with statutory requirements and within one month of the application or if not practicable, by no later than the end of the month following the month of application.</li> </ul> | <a href="#">O-SOP-005</a> |     |     |

## 5. GOS (cont)

### Service objectives / deliverables

➤ To administer the Eye Health Examination Wales (EHEW) Scheme

| Responsibilities of HB/Wales Optometry Postgraduate Education Centre (WOPEC)                                 | Responsibilities of PCS  | Quality Standards/ Performance Indicators | References                |     |     |
|--|--|---|---------------------------|-----|-----|
|  |  |   | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>Responsible for the provision of the EHEW Scheme in Wales.</li> </ul> | <ul style="list-style-type: none"> <li>Process applications for inclusion in the Scheme</li> <li>Populate and thereafter maintain the EHEW accreditation data on the OPL database</li> <li>Arrange practice site inspections where necessary</li> <li>Issue approval letters</li> <li>Undertake a re-accreditation programme every 3 years.</li> </ul> |   | <a href="#">O-SOP-005</a> |     |     |

## 5. GOS (cont)

### Service objectives / deliverables

- To ensure that all payment functions undertaken by PCS on behalf of HBs to GOS contractors are in accordance with Statutory Regulations

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References   |                         |     |
|--|--|--|--|-------------------------|-----|
|  |  |  | SOP  | KPI                     | BCP |
| <ul style="list-style-type: none"> <li>To ensure compliance with Statutory Regulations and payment timetables</li> </ul> | <b>Process payments relating to :</b> <ul style="list-style-type: none"> <li>Sight testing</li> <li>Supply, repair and replacement of optical appliances for children and adults</li> <li>OMP Superannuation Scheme</li> <li>Domiciliary visit payments</li> <li>LOC Levy</li> <li>Exemption claims on sight tests i.e. students, benefit claimants</li> <li>Pre- registration trainees</li> <li>Hospitalise Eye Service claims (HES)</li> <li>Welsh Eye Care Scheme (WECS)</li> </ul> | <ul style="list-style-type: none"> <li>All payments to be processed and accurately paid within Statutory requirements</li> </ul> | <a href="#">O-SOP-007</a><br><a href="#">O-SOP-008</a> | <a href="#">KPI0001</a> |     |

## 5. GOS (cont)

### Service objectives / deliverables

- To ensure that all payment functions undertaken by PCS on behalf of HBs to GOS contractors are in accordance with Statutory Regulations

| Responsibilities of HB/WG | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References                |     |  |
|---------------------------|--|--|---------------------------|-----|--|
|                           |  |  | SOP                       | KPI |  |
|                           | <ul style="list-style-type: none"> <li>▪ CET payments</li> <li>▪ Ophthalmic patient refunds</li> <li>▪ Local Eye Care Initiatives e.g. Glaucoma, Cataract, Ophthalmic Diagnostic Treatment Centre (ODTC)</li> <li>▪ All other payments as required under GOS Regulations</li> <li>▪ Low Vision Service Wales (LVSW)</li> </ul> |  | <a href="#">O-SOP-009</a> |     |  |

## 6. Probity (Medical, Dental, Pharmacy & Ophthalmic) Services

### Service objectives / deliverables

➤ To assist HBs in dealing with poorly performing Primary Care Contractors/Performers

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References                |     |     |
|--|---|--|---------------------------|-----|-----|
|  |   |  | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>To monitor performance of independent Contractors and take steps to deal with deficiencies</li> </ul> | <ul style="list-style-type: none"> <li>To advise and assist HBs in their dealings with poorly performing practitioners</li> <li>Maintain a library of template probity letters for use by HBs</li> <li>To attend Reference Panels in an advisory capacity (but not to provide secretarial support)</li> <li>Distribute notification/decision letters to interested parties</li> <li>To ensure that the status of performers is correctly reflected on the Performers List (or equivalent) databases.</li> </ul> | <ul style="list-style-type: none"> <li>Compliance with statutory requirements</li> </ul> | <a href="#">A-SOP-010</a> |     |     |

## 7. Primary Medical Care Advisory Services (PMCAT)

### Service objectives / deliverables

➤ To provide primary medical care advice to WG and NWSSP

| Responsibilities of WG/NWSSP  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References |     |     |
|---|---|--|------------|-----|-----|
|   |   |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>To include PMCAT in General Practice and/or Primary Care matters as appropriate</li> </ul> | <ul style="list-style-type: none"> <li>To provide timely advice and/or signposting as appropriate</li> <li>To contribute to policy and contract changes as appropriate</li> <li>To assist on the process and management of the MPL and enhanced service provision</li> <li>To agree and prioritise projects requested within the PMCAT work plan</li> </ul> | <ul style="list-style-type: none"> <li>Initial response within 2 weeks by PMCA</li> <li>PMCAT project work plan with agreed priorities and timescales</li> </ul> |            |     |     |

## 7. PMCAT (cont)

### Service objectives / deliverables

- To provide advice and support to HBs in relation to GPs whose performance and/or conduct gives rise to concern and regarding referral to relevant panels and bodies.

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References |     |     |
|---|--|--|------------|-----|-----|
|   |  |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>▪ To comply with requirements outlined in the PMCAT SOP</li> <li>▪ To provide background documentation to PMCAT as requested</li> <li>▪ To work collaboratively with PMCAT in determining action plans to address the performance concern</li> <li>▪ To contribute to PMCAT feedback for each case referred</li> </ul> | <ul style="list-style-type: none"> <li>▪ To respond to HB referrals according to the agreed SOP</li> <li>▪ To collate case discussions, investigations and outcomes including timescales in an annual report</li> <li>▪ To work with other organisations and stakeholders to fulfil HB investigation training requirements as agreed</li> <li>▪ To ensure that the PMCA's are kept up to date with relevant training requirements</li> <li>▪ To contribute to service quality improvement initiatives</li> </ul> | <ul style="list-style-type: none"> <li>▪ Compliance with statutory requirements</li> <li>▪ Annual report</li> <li>▪ Maintenance of database of live, dormant and closed PMCAT cases</li> </ul> |            |     |     |

## 7. PMCAT (cont)

### Service objectives / deliverables

➤ To assist HBs in the review or investigation of GP practitioners and GP practices performance

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References |     |     |
|---|--|--|------------|-----|-----|
|   |  |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>▪ To comply with requirements outlined in the PMCAT SOP</li> <li>▪ To provide background documentation to PMCAT as requested</li> <li>▪ To work collaboratively with PMCAT in determining action plans including the development of mutually agreed Terms of Reference for each investigation</li> <li>▪ To contribute to PMCAT feedback for each investigation undertaken</li> <li>▪ To ensure investigation outcomes are determined and shared with PMCAT at 6 and 12 month intervals</li> </ul> | <ul style="list-style-type: none"> <li>▪ To respond to HB referrals in accordance with agreed timescales.</li> <li>▪ To collate investigations and outcomes</li> <li>▪ To ensure that the PMCA's are kept up to date with relevant training requirements</li> <li>▪ To develop and maintain standardised PMCAT templates</li> <li>▪ To share learning internally and with relevant stakeholders</li> <li>▪ To contribute to service quality improvement initiatives</li> </ul> | <ul style="list-style-type: none"> <li>▪ Compliance with statutory requirements</li> <li>▪ Annual report</li> <li>▪ Maintenance of database of live, dormant and closed PMCAT cases</li> </ul> |            |     |     |



## 7. PMCAT (cont)

### Service objectives / deliverables

- To provide, in partnership with the HB Medical Director and Assistant Medical Directors (Primary Care), an expert forum, with the skills, expertise and experience necessary to advise and comment on relevant issues.

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References |     |     |
|--|--|---|------------|-----|-----|
|  |  |   | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>▪ To include PMCAT in HB matters as appropriate</li> <li>▪ To contribute to the ongoing strategic development of PMCAT</li> </ul> | <ul style="list-style-type: none"> <li>▪ To attend AMD meetings and/or other fora as appropriate</li> <li>▪ To contribute to HB business including training programmes as appropriate</li> </ul> | <ul style="list-style-type: none"> <li>▪ Compliance with statutory requirements</li> <li>▪ PMCA response to email query within 2 weeks</li> </ul> |            |     |     |

## 7. PMCAT (cont)

### Service objectives / deliverables

- To provide advice and support concerning applications from doctors to join the MPL and to provide other services that require an accreditation process.

| Responsibilities of HB/NWSSP   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References |     |     |
|--|--|---|------------|-----|-----|
|  |  |   | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>▪ To ensure PMCAT are made aware of changes to GMS contracts</li> <li>▪ To ensure PMCAT are made aware of changes in regulations</li> </ul> | <ul style="list-style-type: none"> <li>▪ To ensure PMCA review applications according to agreed SOP</li> <li>▪ To contribute to service quality improvement initiatives</li> </ul> | <ul style="list-style-type: none"> <li>▪ Compliance with statutory requirements</li> <li>▪ MPL review within 3 weeks of presentation to PMCA</li> </ul> |            |     |     |

## 7. PMCAT (cont)

### Service objectives / deliverables

➤ To advise the WG on the monitoring of contractor regulations

| Responsibilities of WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References |     |     |
|--|--|--|------------|-----|-----|
|  |  |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>To ensure PMCAT are made aware of potential changes to GMS contracts</li> <li>To ensure PMCAT are made aware of potential changes in regulations</li> </ul> | <ul style="list-style-type: none"> <li>To contribute to service quality improvement initiatives</li> </ul> | <ul style="list-style-type: none"> <li>Compliance with statutory requirements</li> </ul> |            |     |     |

## 7. PMCAT (cont)

### Service objectives / deliverables

- To provide HBs and the NWSSP with advice and support on the developments of general practice and the wider primary care agenda, including the potential for new contractual arrangements

| Responsibilities of HB/NWSSP   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References |     |     |
|--|--|--|------------|-----|-----|
|  |  |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>▪ To ensure PMCAT are made aware of potential changes to GMS contracts</li> <li>▪ To ensure PMCAT are made aware of potential changes in regulations</li> <li>▪ To work with PMCAT on developing and supporting new contractual arrangements</li> </ul> | <ul style="list-style-type: none"> <li>▪ To respond in a timely manner to requests for advice and support</li> <li>▪ To agree and prioritise projects requested within the PMCAT workplan</li> </ul> | <ul style="list-style-type: none"> <li>▪ Compliance with statutory requirements</li> <li>▪ PMCAT workplan</li> </ul> |            |     |     |

## 8. Post Payment Verification (PPV) Services

### Service objectives / deliverables

- Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and the provision of PPV within Advanced Pharmaceutical Services (APS).

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality standard/<br>performance Indicators  | References  |     |     |
|--|---|--|---|-----|-----|
|  |   |  | SOP   | KPI | BCP |
| Establishment of arrangements for a post payment compliance testing function   |   |  |   |     |     |
| <ul style="list-style-type: none"><li>Collaborate with PCS in establishing local arrangements</li><li>Carry out quarterly review of issues arising in quarter and progress on reports</li><li>Liaise with all external agencies such as police, audit or local professional bodies in a timely and professional manner involving PCS as appropriate.</li><li>Identify risks arising from the use of computer or manual systems</li></ul> | <ul style="list-style-type: none"><li>Ensure appropriate post payment verification training is carried out within 6 months of new appointee starting</li><li>Monitor and report on recoveries to demonstrate return on costs.</li><li>Participate in quarterly review.</li><li>Support HBs in liaising with external agencies</li><li>Liaise as appropriate with local professional bodies in a timely and professional manner involving HB as appropriate</li><li>Identify risks arising from the use of computer or manual systems as appropriate</li></ul> | <ul style="list-style-type: none"><li>Ensure training is carried out within 6 months.</li><li>Provide regular update reports to both HB audit committees and Directors of Finance.</li></ul> | <a href="#">A-SOP-014</a><br><a href="#">A-SOP-015</a><br><a href="#">A-SOP-016</a> |     |     |

## 8. PPV Services (Cont)

| Service objectives / deliverables  |  |  |                           |     |     |
|--|--|--|---------------------------|-----|-----|
| ➤ Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and the provision of PPV within Advanced Pharmaceutical Services (APS).  |  |  |                           |     |     |
| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality standard/<br>performance Indicators  | References                |     |     |
|  |  |  | SOP                       | KPI | BCP |
| <b>Establishment of arrangements for a post payment compliance testing function</b>  |  |  |                           |     |     |
| ▪ Examine issues to establish risk of inappropriate or under claiming.   | ▪ Examine issues to establish inappropriate or under claiming.                   |  |                           |     |     |
| <b>Fraud Investigations</b>  |  |  |                           |     |     |
| ▪ Cooperate in all Wales level enquiries and investigations  | ▪ Cooperate in all Wales level enquiries and investigations                      |  |                           |     |     |
| ▪ Initiate counter fraud investigations.   | ▪ Collaborate and share information with HB's Local Counter Fraud Services       | ▪ Signed protocol in place.  | <a href="#">A-SOP-013</a> |     |     |
| <b>Audit Committee</b>   |  |  |                           |     |     |
| ▪ Ensure regular reports to Audit Committee on progress in development of function and progress with investigations  | ▪ Attend Audit Committee as required to report on progress against plan          | ▪ Achievement of audit plan<br>▪ Achievement of deadlines for reports to Audit Committee |                           |     |     |
| <b>Training</b>  |  |  |                           |     |     |
| ▪ Collaborate with PCS to ensure systematic training of all staff and contractors in awareness training (emphasising reporting arrangements, risk minimisation, preventative measures and the procedures to be followed when fraud is a concern) | ▪ Support HBs to achieve a systematic programme of staff and contractor training |  |                           |     |     |

## 8. PPV Services (cont)

### Service objectives / deliverables

- Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and the provision of PPV within Advanced Pharmaceutical Services (APS).

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality standard/ performance Indicators   | References  |     |     |
|--|---|--|---|-----|-----|
|  |   |  | SOP   | KPI | BCP |
| <b>Compliance testing</b> <ul style="list-style-type: none"><li>Agree an outline plan for compliance visits with PCS</li><li>Agree with PCS appropriate action following reports on compliance testing visits</li><li>Work with the PCS to agree required PPV protocols in partnership with the relevant professional body.</li><li>Monitor and amend PPV plans to respond to the needs of the HB.</li></ul> | <ul style="list-style-type: none"><li>Undertake compliance testing visits (PPV) to independent contractors as part of a preventative approach to fraud detection</li><li>Take action indicated by HB for carrying out follow up audits to contractors based on their routine audit</li><li>Work with HBs &amp; WG to agree required PPV protocols in partnership with the relevant professional body.</li><li>Provide regular updates to HB Audit Committees and Directors of Finance</li></ul> | <ul style="list-style-type: none"><li>Produce annual PPV plans to meet required “visit cycles”</li><li>Achievement of the number of visits set out in the annual plan</li><li>Report back findings to contractor within 28 days of visit</li></ul> | <a href="#">A-SOP-14</a><br><a href="#">A-SOP-015</a><br><a href="#">A-SOP-16</a> |     |     |
| <b>Confidentiality and data security</b> <ul style="list-style-type: none"><li>Comply with patient confidentiality and data security protocols</li></ul>   | <ul style="list-style-type: none"><li>Comply with patient confidentiality and data security protocols</li></ul>   |  |   |     |     |

## 8. PPV Services (cont)

| Service objectives / deliverables   |  |
|---|--|
| ➤ Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and the provision of PPV within Advanced Pharmaceutical Services (APS). |  |

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality standard/ performance Indicators                                  | References                |     |     |
|--|---|---|---------------------------|-----|-----|
|  |   |   | SOP                       | KPI | BCP |
| Access to information  |   |   |                           |     |     |
| <ul style="list-style-type: none"><li>Ensure LCFS have access to all information necessary to effectively undertake their role</li></ul> | <ul style="list-style-type: none"><li>Collaborate and share information with HB's Local Counter Fraud Services.</li></ul> | <ul style="list-style-type: none"><li>Signed protocol in place.</li></ul> | <a href="#">A-SOP-013</a> |     |     |



## 9. Waste Management Services (recharge applies for service delivery)

| Service objectives / deliverables  |  |  |  |     |     |
|--|--|--|--|-----|-----|
| ➤ To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management Regulations               |  |  |  |     |     |
| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References   |     |     |
|  |  |  | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>Acting as Waste Broker in accordance with Hazardous Waste Regulations.</li> </ul>             | <ul style="list-style-type: none"> <li>Implement an audit schedule based on GP and Pharmacy Practices being audited on a 3-year rolling programme.</li> <li>Undertake surveys at GP and Pharmacy premises to determine level of awareness and compliance.</li> </ul>   | <ul style="list-style-type: none"> <li>Monitor quarterly progress against schedule.</li> </ul>   | <a href="#">A-SOP-005</a><br><br><a href="#">A-SOP-006</a> |     |     |
| <ul style="list-style-type: none"> <li>Ensure GP and Pharmacy practices are aware of their obligations under Regulations.</li> </ul> | <ul style="list-style-type: none"> <li>Issue GP and Pharmacy Practices with guidance based on current Hazardous Waste Legislation;</li> <li>Issue GP and Pharmacy Practices with proposed policies and procedures for local implementation;</li> <li>Provide advice and guidance to GP and Pharmacy Practices;</li> <li>Make audit reports available to HBs via Sharepoint.</li> </ul> | <ul style="list-style-type: none"> <li>Letters, guidance issued to Producers as necessary;</li> <li>Availability of template documents which reflect current legislation.</li> <li>Audit reports to be posted to Sharepoint within 5 working days</li> </ul> |  |     |     |

## 9. Waste Management Services (recharge applies for service delivery) (cont)

### Service objectives / deliverables

➤ To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management Regulations

| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References   |     |     |
|--|--|---|--|-----|-----|
|  |  |   | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>Ensure that appropriate audits at practices are undertaken and that 'due diligence' is being observed.</li> </ul> | <ul style="list-style-type: none"> <li>Advise GP and Pharmacy Practices of audit outcomes in writing;</li> </ul> | <ul style="list-style-type: none"> <li>Advise GP Practices of audit outcomes in writing within 10 working days</li> <li>Advise Pharmacy Practices of audit outcomes in writing within 5 working days</li> </ul> | <a href="#">A-SOP-007</a><br><br><a href="#">A-SOP-008</a> |     |     |

## 9. Waste Management Services (recharge applies for service delivery) (cont)

| Service objectives / deliverables  |  |  |            |     |     |
|--|--|--|------------|-----|-----|
| ➤ To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management Regulations |  |  |            |     |     |
| Responsibilities of HB/WG  | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References |     |     |
|  |  |  | SOP        | KPI | BCP |
|  | <ul style="list-style-type: none"> <li>Retain all audit information in chronological order by HB for reference by regulating bodies</li> </ul>   |  |            |     |     |
| <ul style="list-style-type: none"> <li>Agree management arrangements with PCS.</li> </ul>                              | <ul style="list-style-type: none"> <li>Staff costs and travelling expenses will be calculated and apportioned to each HB based on population.</li> </ul>   |  |            |     |     |
| <ul style="list-style-type: none"> <li>Agree contracting arrangements regarding waste collection.</li> </ul>           | <ul style="list-style-type: none"> <li>Respond to routine collection queries and monitor the processing of invoices associated with the collection and disposal arrangements of clinical hazardous waste produced by GP and Pharmacy Practices.</li> </ul> |  |            |     |     |

## 9. Waste Management Services (recharge applies for service delivery) (cont)

### Service objectives / deliverables

➤ To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management Regulations.

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators | References |     |     |
|---|--|--|------------|-----|-----|
|   |  |  | SOP        | KPI | BCP |
| <ul style="list-style-type: none"> <li>Agree SLA with PCS.</li> </ul> | <ul style="list-style-type: none"> <li>The PCS reserves the right to renegotiate the SLA following any significant legislative changes relating to the management of Hazardous Waste.</li> </ul> |  |            |     |     |
|   | <ul style="list-style-type: none"> <li>To represent HBs at the All-Wales Clinical Waste Consortium relating to primary care waste matters.</li> </ul>  |  |            |     |     |

## 10. Printing Services

### Service objectives / deliverables

➤ To provide a reprographic printing and design service to HBs/WG

| Responsibilities of HB/WG | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators | References                 |     |     |
|---------------------------|---|--|----------------------------|-----|-----|
|                           |   |  | SOP                        | KPI | BCP |
|                           | <p>The Print Room service provides an NHS facility aiming to deliver a variety of high quality printing at low cost to public sector organisations. Boasting a range of modern digital printing and associated technology, the service has the capacity and expertise to meet a plethora of printing and reprographic requirements at competitive prices, including but not exclusive to:</p> <ul style="list-style-type: none"> <li>▪ Lithographic printing - two-colour bulk printing– for forms, letterheads &amp; compliments slips.</li> <li>▪ Poster design – capable of A1 x unlimited size in any desired finish.</li> <li>▪ Production of manuals, booklets &amp; leaflets – combed, heat bound, stapled, tri-fold, two-fold, &amp; glossy.</li> <li>▪ ID badges / entitlement cards – quality badges complete with holder and lanyard where required.</li> <li>▪ Signage – designed to the customer's requirements suitable for internal or external use up to A1 size.</li> <li>▪ Laminating – quality laminating up to A1 size.</li> <li>▪ Mail distribution service – professionally printed, folded, enveloped and posted.</li> </ul> |  | <a href="#">A-SOP-016A</a> |     |     |

| Responsibilities of HB/WG | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators | References |     |     |
|---------------------------|---|--|------------|-----|-----|
|                           |   |  | SOP        | KPI | BCP |
|                           | <ul style="list-style-type: none"> <li>Design service – our team of experienced personnel are ready to work with you to achieve your design requirements.</li> <li>Posters, letter heads, leaflets, signage, forms, booklets, etc, with the capacity to print up to A1 size offering a variety of finishes</li> </ul> <p>Individual costs agreed and recharged to HBs/WG.</p> |  |            |     |     |

## 11. Document Scanning Services

| Service objectives / deliverables               |   |  |                         |     |     |
|---|---|--|-------------------------|-----|-----|
| ➤ To provide a document scanning service to HBs |   |  |                         |     |     |
| Responsibilities of HB/WG                       | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References              |     |     |
|   |   |  | SOP                     | KPI | BCP |
|   | <p>To discuss customer requirements with a view to agreeing a bespoke service package which could include but is not exclusive to:</p> <ul style="list-style-type: none"> <li>Secure physical storage – peace of mind that documentation is kept secure pending and post scanning.</li> <li>Secure digital storage – quick access to digital storage via a secure portal.</li> <li>Document Management System – a standardised methodology for managing, indexing and controlling access to documents.</li> <li>Logistics – material to be scanned collected and returned to any location in Wales.</li> <li>Digital mail room services – mail arrives at the document scanning centre which is sorted and indexed digitally.</li> <li>Medical Records Scanning – Preparation and Scanning of medical records for any Health Records Requests received from GP practices or 3<sup>rd</sup> party requesters.</li> </ul> <p>Individual costs agreed and recharged to HBs/WG.</p> | <p>Standards followed includes</p> <ul style="list-style-type: none"> <li>Assurances – BS10008, ISO270001.</li> <li>Destruction – Certified (BS7858 Standard)</li> </ul> | <a href="#">SOP-019</a> |     |     |

## 12. Contractor Stationery and Supplies Services

| Service objectives / deliverables   |   |   |   |     |     |
|---|---|---|---|-----|-----|
| ➤ Effective processing of orders from contractors and the procurement of supplies and stores items  |   |   |   |     |     |
| Responsibilities of HB/WG   | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators  | References  |     |     |
|   |   |   | SOP   | KPI | BCP |
| <ul style="list-style-type: none"> <li>Ensure that orders for stationery, prescriptions etc. are dealt with in a timely manner</li> </ul> | <ul style="list-style-type: none"> <li>Processing orders for the supply and dispatch of forms and stationery</li> <li>Supply of needles and syringes to GP practices</li> <li>Processing orders for the supply and despatch of prescriptions to contractors</li> <li>Processing orders for the supply and despatch of private controlled drug prescriptions (costs recharged to the recipient)</li> <li>Maintenance of appropriate systems of long- term record/ information storage relating to deceased patients</li> </ul> | <ul style="list-style-type: none"> <li>Orders dispatched within 7 working days</li> <li>Orders dispatched within 7 working days</li> <li>Orders dispatched within 21 working days</li> <li>Orders dispatched within 10 working days</li> <li>In accordance with Statutory guidelines</li> </ul> | <a href="#">A-SOP-011</a><br><br><a href="#">A-SOP-012</a><br><br><a href="#">A-SOP-009</a> |     |     |



### 13. Distribution Services

#### Service objectives / deliverables

- To provide both HBs, PCS, Independent Contractors and other external agencies with an effective postal/communication service during office hours

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators  | References   |   |     |
|---|--|---|--|---|-----|
|   |  |   | SOP  | KPI   | BCP |
| <ul style="list-style-type: none"> <li>To ensure that all postal and other communications to independent contractors and other external agencies are effective</li> </ul> | <ul style="list-style-type: none"> <li>Distribution of BNFs every 12 months to all NHS organisations</li> <li>Distribution of Drug Tariffs (monthly to be recharged)</li> <li>Recharge Drug Tariff costs to HBs</li> <li>WG distributions 2 weeks GP, 4 weeks pharmacy</li> <li>Coordinate distribution services between the PCS, HBs, GP surgeries, dental surgeries, pharmacies and optometrists and, by agreement and potential recharge of costs, distribute material to practices as requested by HB.</li> <li>Management of urgent communications to contractors e.g. hazard warnings</li> <li>Linkage to All-Wales (WG) and courier services including distribution to HBs</li> </ul> | <ul style="list-style-type: none"> <li>Distributed within 6 weeks of receipt</li> <li>Distributed within 48 hours (by post).</li> <li>Distributed to GPs within 2 weeks of receipt; to pharmacies within 4 weeks of receipt</li> <li>All deliveries made to agreed timetable</li> </ul> | <a href="#">A-SOP-001</a><br><br><a href="#">A-SOP-004</a><br><br><a href="#">A-SOP-002</a><br><br><br><br><a href="#">A-SOP-003</a> | <br><br><br><br><br><br><br><br><br><br><a href="#">KPI0006</a> |     |

## 14. Patient Medical Records Storage and Retrieval Services

### Service objectives / deliverables

➤ To manage the secure storage and effective retrieval of primary care patient medical records on behalf of HBs

| Responsibilities of HB/WG  | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References                |     |     |
|--|---|--|---------------------------|-----|-----|
|  |   |  | SOP                       | KPI | BCP |
| <ul style="list-style-type: none"> <li>To ensure that requirements of stakeholders are identified and prioritised to support health care agendas/GP sustainability.</li> <li>Agree SLA with PCS.</li> <li>Agree funding on a case by case basis. Costs to be recharged to HBs or responsible GP Practice.</li> </ul> | <ul style="list-style-type: none"> <li>Ensure timely and appropriate guidance and information is supplied to practices expressing an interest within service.</li> <li>To manage the secure storage of patient medical records in line with defined standard operating procedures to support the movement of individual records.</li> <li>To provide general advice regarding the day to day running of the service.</li> <li>To manage the effective and timely retrieval of patient medical records</li> <li>To manage systems to support the physical transfer of patient medical records to/from requesting GP practices.</li> <li>To manage systems to support the digitising and electronic transfer of patient medical records.</li> <li>To ensure that applicable monitoring and audit procedures are in place.</li> <li>To communicate and manage the post transfer verification process for GP practices joining the service.</li> <li>Investigate and consolidate findings of the verification process with GP practices.</li> <li>Ensure that all financial charges have been undertaken and are auditable.</li> <li>Work with stakeholders to drive service</li> </ul> | <ul style="list-style-type: none"> <li>Services provided in accordance with agreed SLA</li> <li>Requests for 'high' priority paper records distributed within 48 hours (by post using Royal Mail Special Delivery).</li> <li>Requests for 'same day' priority scanned image records processed within 24 hours (by using Secure Sharing Portal).</li> <li>Requests for 'standard' priority paper records (by HCS) are made to agreed timescales.</li> </ul> | <a href="#">A-SOP-018</a> |     |     |

|  |   |  |  |  |  |
|--|---|--|--|--|--|
|  | <p>quality improvements initiatives.</p> <ul style="list-style-type: none"> <li>▪ Issue new GP practices within the service a survey within 3 months of joining.</li> </ul> <p>Individual costs agreed and recharged to HBs</p> |  |  |  |  |
|--|---|--|--|--|--|

DRAFT

## 15. Informatics

### Service objectives / deliverables

➤ To produce dispensing reports as listed below and ensure that they are accessible to all relevant stakeholders

| Responsibilities of HB/WG | Responsibilities of PCS   | Quality Standards/<br>Performance Indicators   | References              |       |     |
|---------------------------|---|--|-------------------------|-------|-----|
|                           |   |  | SOP                     | KPI   | BCP |
|                           | To provide the following dispensing reports: - <ul style="list-style-type: none"> <li>WP10 (HP) - Hospital Report (monthly)</li> <li>PD1 (HA51) - Chemist and Appliance Contractors</li> <li>PD1 (A) - Extended Chemist and Appliance Contractors Report</li> <li>PD1 (WP51) - Dispensing General Practitioners</li> <li>PD1 Supplementary</li> <li>GP (WP51) - Personal Administration</li> <li>SPB7A - Chemist and Appliance Contractor Exemption / Charges</li> <li>Board Letter - All aspects of remuneration</li> <li>Prescription Cost Analysis (annual &amp; on request)</li> <li>Welsh Dispensing Analysis (annual)</li> <li>Dispensing Doctor Account Summary</li> <li>Personal Admin. Account Summary</li> <li>Dispensing Costs Forecast</li> </ul> | <ul style="list-style-type: none"> <li>To publish the described reports within 10 days of the production of the final dispensing remuneration information</li> </ul> | <a href="#">G3-1006</a> | KPI02 |     |

## 15. Informatics (cont)

| Service objectives / deliverables   |  |  |                         |       |     |
|---|--|--|-------------------------|-------|-----|
| ➤ To produce prescribing reports as listed below and ensure that they are accessible to all relevant stakeholders   |  |  |                         |       |     |
| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References              |       |     |
|   |  |  | SOP                     | KPI   | BCP |
| <ul style="list-style-type: none"> <li>To provide a publication schedule for annual reports in accordance with WG statistical publication policy</li> </ul> | <p>To provide the following monthly prescribing reports: -</p> <ul style="list-style-type: none"> <li>Category A Monthly Monitoring Report</li> <li>Category M Monthly Monitoring Report</li> <li>PPRS Monthly Monitoring Report</li> </ul> <p>To provide the following quarterly prescribing reports: -</p> <ul style="list-style-type: none"> <li>All-Wales Prescribing Indicators</li> <li>All Wales Comparators</li> </ul> <p>To provide the following annual prescribing reports: -</p> <ul style="list-style-type: none"> <li>Welsh Prescribing Analysis</li> <li>National Programme Budget Reports</li> </ul> | <ul style="list-style-type: none"> <li>To publish the monthly reports within 10 days of the production of the final dispensing remuneration information</li> <li>To publish the quarterly reports within 14 days of the production of the final dispensing remuneration</li> <li>To publish annual reports in accordance with WG publication schedule</li> </ul> | <a href="#">G3-1006</a> | KPI02 |     |

## 16. Informatics (cont)

| Service objectives / deliverables  |  |
|--|--|
| ➤ To develop, maintain and ensure the availability of data for a suite of web applications |  |

| Responsibilities of HB/WG | Responsibilities of PCS | Quality Standards/ | References |
|---------------------------|-------------------------|--------------------|------------|
|---------------------------|-------------------------|--------------------|------------|

|   |  | Performance Indicators   | SOP | KPI   | BCP |
|---|--|--|-----|-------|-----|
| <ul style="list-style-type: none"> <li>To ensure that requirements of stakeholders are identified and prioritised through the PS Service Improvement Group</li> </ul> | To provide the following web applications: <ul style="list-style-type: none"> <li>Prescribing Audit Reports</li> <li>Budget Analysis</li> <li>On-Line Catalogue</li> <li>Standard Charts</li> <li>Control Charts</li> <li>Directed Enhanced Services</li> <li>Electronic Multi-vaccines Claims</li> <li>eSchedule</li> </ul> | <ul style="list-style-type: none"> <li>Updated data to drive applications to be available within 14 days of the production of the final dispensing remuneration information</li> </ul> |     | KPI02 |     |

## 15. Informatics (cont)

| Service objectives / deliverables |  |
|-----------------------------------|--|
| ➤                                 | To develop, maintain and ensure the availability of data for a suite of desktop applications |

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References              |       |     |
|---|--|--|-------------------------|-------|-----|
|   |  |  | SOP                     | KPI   | BCP |
| <ul style="list-style-type: none"> <li>To ensure that requirements of stakeholders are identified and prioritised through the PS Service Improvement Group</li> </ul> | To provide the following desktop applications: <ul style="list-style-type: none"> <li>CASPA.net</li> </ul> | <ul style="list-style-type: none"> <li>Updated data to drive applications to be available within 14 days of the production of the final dispensing remuneration information</li> </ul> | <a href="#">G3-1006</a> | KPI02 |     |

## 15. Informatics (cont)

### Service objectives / deliverables

- To provide data to and receive data from designated stakeholder organisations

| Responsibilities of HB/WG   | Responsibilities of PCS  | Quality Standards/<br>Performance Indicators   | References   |     |     |
|---|--|--|--|-----|-----|
|   |  |  | SOP  | KPI | BCP |
| <ul style="list-style-type: none"> <li>To supply English prescriber and Master Drug data by 5th working day of each month</li> <li>To supply remuneration data for Welsh Prescriptions dispensed in England by end of second month following dispensing</li> <li>To supply New releases and monthly updates of all amendments to manuals and charts for implementation in the following month.</li> <li>To supply amendments to the Drug Tariff as and when produced.</li> <li>To provide a telephone support service, available to respond to individual queries and to supply new drug codes on request.</li> </ul> | To supply the NHS BSA with: <ul style="list-style-type: none"> <li>English prescription data dispensed in Wales</li> <li>Weekly copy of Welsh Nurse Prescriber File (nurse and cost centre)</li> <li>Weekly copy of Welsh doctor file (DR and surgery details)</li> <li>Monthly details of Hospital Information</li> </ul> | <ul style="list-style-type: none"> <li>English prescription data to be supplied by the end of the second month following dispensing</li> <li>Weekly files to be supplied by close of play every Monday (except bank holidays)</li> </ul> | <a href="#">IG3-1001</a><br><a href="#">IG3-1004</a> |     |     |



## 16. Customer Service Matrix

| Service   | Abertawe Bro Morg UHB | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf UHB | Hywel Dda UHB | Powys tHB |
|---|-----------------------|-------------------|---------------------|--------------------|-------------|---------------|-----------|
| <b>GMS</b>  |                       |                   |                     |                    |             |               |           |
| To act on behalf of HBs in dealing with contractual matters   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To ensure appropriate arrangements are in place for entry to and removal from the MPL (to include freelance locums, retainers and salaried doctors), GPs, Registrars and PMS  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Maintain and amend the MPL  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| QOF process   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To ensure eligibility for Seniority Payments in accordance with the SFE   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Process applications in respect of SFE for locum allowances eg, Sickness and Maternity, Paternity and Adoption  | ✓                     | ✓                 | x                   | ✓                  | ✓           | ✓             | ✓         |
| To notify patients of practice changes including dissolutions and mergers of contracts and 24hr retirements   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Assignment of patients to contractors in accordance with GMS regulations  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Ensure that the NHAIS System operates effectively and efficiently as a patient registration/claims/payments database and that all GMS contract claims/payments are processed in accordance with the provisions of the SFE | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Monitoring the assignment process of individuals as part of the Safeguarding Children Scheme  | ✓                     | x                 | x                   | x                  | x           | x             | x         |
| To ensure that all payment functions undertaken by PCS on behalf of HBs to GMS contractors are in accordance with Statutory Regulations   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To provide the WG, DoH and HBs with accurate information from the NHAIS System  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |

| Service   | Abertawe Bro Morg UHB | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf UHB | Hywel Dda UHB | Powys tHB |
|---|-----------------------|-------------------|---------------------|--------------------|-------------|---------------|-----------|
| To effectively manage all PCS operations relating to NHAIS System and other GP payment systems  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| <b>GDS</b>  |                       |                   |                     |                    |             |               |           |
| To act on behalf of HBs in dealing with contractual matters   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To ensure appropriate arrangements are in place for entry to and removal from the DPL (to include Dental Foundation Trainees)   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Maintain and amend the DPL  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Assist with the administration of the EDS/OOH Rotas   | ✓                     | ✗                 | ✗                   | ✓                  | ✓           | ✗             | ✗         |
| To ensure that all payment functions undertaken by PCS on behalf of HBs to General Dental Practitioner contractors are in accordance with Statutory Regulations   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| <b>Community Pharmacy Services</b>  |                       |                   |                     |                    |             |               |           |
| Approval of entry to and removal from the AWPD<br>Applications from Pharmacists to relocate Pharmacy premises<br>Applications from Pharmacists for change of ownership of a Pharmacy  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Approval of entry to and removal from the AWPD (Appliance Contractors)<br>Applications from Appliance Contractors to relocate premises<br>Applications from Appliance Contractors for change of ownership                     | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Maintain and amend the AWPD   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| The consideration of applications from pharmacists for payments under the Essential Small Pharmacy Scheme, Pre-registration Training Grants, the arrangements for service hours, for directed, advanced and enhanced services | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |

| Service  | Abertawe Bro Morg UHB | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf UHB | Hywel Dda UHB | Powys tHB |
|--|-----------------------|-------------------|---------------------|--------------------|-------------|---------------|-----------|
| The consideration of applications in respect of Rurality from CPW, LMCs or HBs   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| The consideration of applications in respect of Outline Consent and Premise Approval for GPs   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To receive, record, sort and scan all prescriptions submitted for pricing by Welsh dispensing contractors                                    | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To capture all information necessary to enable all prescriptions to be priced and prepare remuneration reports                               | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To complete all tasks to ensure that remuneration for submitted prescription items meets quality standards                                   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To maintain the security of data captured during the remuneration process  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To produce dispensing reports as listed below and ensure that they are accessible to all relevant stakeholders                               | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To develop, maintain and ensure the availability of data for a suite of web applications   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To develop, maintain and ensure the availability of data for a suite of desktop applications   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To provide data to and receive data from designated stakeholder organisations  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To ensure that all payment functions undertaken by PCS on behalf of HBs to Pharmacy Contractors are in accordance with Statutory Regulations | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| <b>GOS</b>   |                       |                   |                     |                    |             |               |           |
| To act on behalf of HBs in dealing with contractual matters  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To ensure appropriate arrangements are in place for entry to and removal from the OL and the SOL   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Maintain and amend the OL and the SOL  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| Payment of Pre-Registration Training Grants  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |

| Service   | Abertawe Bro Morg UHB | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf UHB | Hywel Dda UHB | Powys tHB |
|---|-----------------------|-------------------|---------------------|--------------------|-------------|---------------|-----------|
| To ensure that all payment functions undertaken by PCS on behalf of HBs to GOS contractors are in accordance with Statutory Regulations   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| <b>Probity (Medical, Dental, Pharmacy &amp; Ophthalmic) Services</b>  |                       |                   |                     |                    |             |               |           |
| To assist HBs in dealing with poorly performing Primary Care Contractors/Performers   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| <b>Primary Medical Care Advisory Services (PMCAT)</b>   |                       |                   |                     |                    |             |               |           |
| To provide advice and support to HBs in relation to GPs whose performance and/or conduct gives rise to concern and regarding referral to relevant panels and bodies   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To assist HBs in the review or investigation of practitioners' and practices' performance   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To provide, in partnership with the HB Medical Director and Assistant Medical Directors (Primary Care), an expert forum, with the skills, expertise and experience necessary to advise and comment on relevant issues | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To provide advice and support concerning applications from doctors to join the MPL and to provide other services that require an accreditation process  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To provide HBs with advice and support on the developments of general practice and the wider primary care agenda, including the potential for new contractual arrangements  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| <b>PPV Services</b>   |                       |                   |                     |                    |             |               |           |
| Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and the provision of PPV within APS.  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| <b>Waste Management Services</b>  |                       |                   |                     |                    |             |               |           |
| To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |

| Service  | Abertawe Bro Morg UHB | Aneurin Bevan UHB | Betsi Cadwaladr UHB | Cardiff & Vale UHB | Cwm Taf UHB | Hywel Dda UHB | Powys tHB |
|--|-----------------------|-------------------|---------------------|--------------------|-------------|---------------|-----------|
| Regulations.   |                       |                   |                     |                    |             |               |           |
| <b>Document Scanning Services</b>  |                       |                   |                     |                    |             |               |           |
| To provide a document scanning service to HBs  | x                     | x                 | x                   | x                  | ✓           | x             | x         |
| <b>Printing Services</b>   |                       |                   |                     |                    |             |               |           |
| To provide a reprographic printing and design service to HBs/WG.   | x                     | ✓                 | x                   | ✓                  | ✓           | x             | ✓         |
| <b>Contractor Stationery and Supplies Services</b>   |                       |                   |                     |                    |             |               |           |
| Effective processing of orders from contractors and the procurement of supplies and stores items   | ✓                     | ✓                 | x                   | ✓                  | ✓           | ✓             | ✓         |
| <b>Distribution Services</b>   |                       |                   |                     |                    |             |               |           |
| To provide both HBs, PCS, Independent Contractors and other external agencies with an effective postal/communication service during office hours | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| <b>Patient Medical Record Storage/Retrieval Services</b>   |                       |                   |                     |                    |             |               |           |
| To manage the secure storage and effective retrieval of primary care patient medical records on behalf of HBs                                    | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | x         |
| <b>Informatics Services</b>  |                       |                   |                     |                    |             |               |           |
| To produce dispensing reports as listed below and ensure that they are accessible to all relevant stakeholders                                   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To develop, maintain and ensure the availability of data for a suite of web applications   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To develop, maintain and ensure the availability of data for a suite of desktop applications   | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |
| To provide data to and receive data from designated stakeholder organisations  | ✓                     | ✓                 | ✓                   | ✓                  | ✓           | ✓             | ✓         |

## Appendix 1

### Data Processing

|                              |  |
|------------------------------|--|
| <b>Scope</b>                 | Primary Care Services provides a wide range of services to and on behalf of Welsh Health boards and Welsh Government covering primary care contractors, appliance contractors, reimbursements to primary care contractors, post payment verification (PPV) and patient registration services. The division also issues alerts and hazard warning distributions to NHS contractors, care homes, nursing homes, children homes, further educational colleges and independent hospitals on a national basis.  |
| <b>Nature</b>                | <p>Key functions include:</p> <ul style="list-style-type: none"> <li>• The safe inclusion and removal of Doctors, Dentists, Opticians and Pharmacists onto the all Wales Primary Care Performers Lists.</li> <li>• The provision of timely and accurate advice in dealing with performance issues relating to efficiency, fraud or suitability and contractual issues relating to service provision.</li> <li>• Payments to service providers are made in accordance with Statutory Directions and Regulations for Primary Care Contractors.</li> <li>• The secure and timely dissemination of health alerts.</li> <li>• The secure and timely supply of NHS stationery &amp; forms to Primary Care Contractors.</li> <li>• The provision of health and safety management services, security and risk management, archiving, courier services, internal and external mail and portering services.</li> <li>• The secure, timely and accurate transfer of medical records from GP practice to GP practice.</li> <li>• The timely and accurate capture of data from every NHS prescription dispensed in Wales. This data is used to calculate the reimbursement due to community pharmacies, appliance contractors, dispensing doctors and GPs who personally administer medication for medicines and medical devices they dispense against NHS prescriptions.</li> <li>• The provision of management information to budget, plan for and manage the use of medicines in NHS Wales.</li> </ul> |
| <b>Purpose of processing</b> | <p>Statement of Financial Entitlements, NHS Contractor Regulations, Drug Tariff, Performers List Regulations, NHS Standing Financial Instructions, Private Dentists (on behalf of HIW).</p> <p>Annual payments to service providers are made in accordance with Statutory Directions and Regulations for Primary Care Contractors</p>  |

|                                      |  |
|--------------------------------------|--|
| <b>Duration of the processing</b>    | Processed in line with internal procedures with information retained in line with WHC (2000) Retention Schedule  |
| <b>Types of personal data</b>        | Name, address, date of birth, NI number, telephone number, pay, images, financial information, personal health information, personal e-mail address, personal certification,   |
| <b>Categories of data subject</b>    | Staff, contractor practice staff, patients, general public, independent healthcare contractors, private healthcare providers contractors, suppliers, private prescribers of controlled drugs, non-medical prescribers, |
| <b>List of Third Party Contracts</b> | Disclosure Barring Service, Reference requests, Counter Fraud and Security Management Service, Ipsum   |

DRAFT

## PROCUREMENT SERVICES - PURCHASE TO PAY SERVICE LEVEL AGREEMENT

### PROCUREMENT SERVICE SPECIFICATION

#### SERVICE OBJECTIVES/DELIVERABLES

- ◆ The provision of an effective and efficient procurement function, securing VFM for NHS Wales UHB/Trust(s), and the achievement of Procurement Savings Targets.
- ◆ The provision of an efficient and comprehensive payments service for all trade and other creditor payments, and timely payments to UHB/Trust(s) and Trusts in respect of LTA agreements.

#### NWSSP SECTIONS:

LP – Local Procurement Tem

S – Central Sourcing Team

AP – Accounts Payable Team

EE – Enablement Team

SC – Supply Chain

CTeS – Central Team

F – UHB/Trust Finance Team

#### SECTION 1 – Sourcing activity

Collaborative Procurement on behalf of NHS Trusts and Local Health Boards across Wales for a wide range of commonly used products and services such as syringes, bandages, foodstuffs, drugs and utilities.

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST | OWNER (S) | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY  |
|------------------------------|----------------------------------|-----------|--|--|
| KPI 1 – Savings against plan |                                  |           | 100%                                     | Corporate view and links in frontline (local plans)and |



|  |               |  |      |   |
|--|---------------|--|------|---|
|  |               |  |      | Sourcing (All Wales)  |
| KPI – Contract Programme / Delivered on time |               |  | 100% | Tactical sourcing view/<br>Also separate Bravo Milestone view   |
| KPI – Quotes & Tenders via Bravo             |               |  | 100% | Tenders issued tactical view<br>Quotes  |
| KPI – Capital                                | Projects      |  | 100% |   |
| KPI – Capital                                | discretionary |  | 100% |   |
| KPI 8– Catalogue Coverage                    |               |  | 80%  | Tactical Local (with agreed exceptions removed)   |
| KPI 8– Catalogue Pricing accuracy            |               |  | 100% | Catalogue turnaround -<br>Tactical enablement measures late change requests and completed within 3 days |

SECTION 2 – Purchasing activity

| ACTIVITY DESCRIPTION – SSP              | ACTIVITY DESCRIPTION – UHB/TRUST | OWNER (S) | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY  |
|---|----------------------------------|-----------|--|--|
| KPI 6 – Requisition Turnaround (3 days) |                                  |           | 90%                                      | Tactical frontline view  |
| KPI 3 & 4 – No Po No Payment – invoices |                                  |           | 80%                                      | Tactical frontline view also<br>Operational view full no po no pay report. |

## SECTION 3 – Supply Chain activity

| ACTIVITY DESCRIPTION – SSP | ACTIVITY DESCRIPTION – UHB/TRUST | OWNER (S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY       |
|----------------------------|----------------------------------|-----------|--|--|-----------------------|
| Efficiency first pick      |                                  |           |  | >95%                                     | Tactical Supply Chain |
| Delivery on time           |                                  |           |  | 100%                                     |                       |
| SSP/R&D                    |                                  |           |  | 48hrs                                    |                       |

## SECTION 4 – Quality activity

| ACTIVITY DESCRIPTION – SSP                             | ACTIVITY DESCRIPTION – UHB/TRUST | OWNER (S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY   |
|--|----------------------------------|-----------|--|--|---|
| KPI 9<br>Customer Satisfaction/surveys                 |                                  |           |  | 80%                                      | Corporate view then there are specific views in the tactical view for things like sourcing.<br>Also customer satisfaction specific view |
| KPI 11<br>EFQM Score                                   |                                  |           |  | >650                                     |   |
| Maintain ISO Accreditation                             |                                  |           |  |  |   |
| Maintain Customer Excellence<br>Standard/STS Standards |                                  |           |  |  |   |

**SECTION 5 – Accounts Payable activity**

The function's primary responsibility are to :

- Input all invoices that arrive either via electronic or paper means onto Oracle FMS
- Resolve any queries that arise from the invoices that cannot be processed for payment, working in consultation with Procurement and Health Boards & Trusts in order that the PSPP target of 95% for non NHS invoices is achieved
- Pay all invoices in accordance with agreed payment terms and/or Health Board & Trust requirements

For 2015/16 the function processed and paid over 1.57 million invoices with a value in excess of £3.2 billion

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST | OWNER (S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY                     |
|--|----------------------------------|-----------|--|--|-------------------------------------|
| KPI 2<br>To ensure that Health Boards & Trusts achieve the Welsh Government PSPP target  |                                  |           |  | 95%                                      | Corporate view and operational view |
| KPI<br>To ensure that telephone calls made to the Accounts Payable function based in Companies House are answered. Approximately 1,200 telephone calls are handled each week |                                  |           |  | 95%                                      | Tactical view                       |
| KPI<br>To ensure that all new supplier requests and amendments to supplier data are undertaken in a timely manner and that an audit log                                      |                                  |           |  | Within 2 working days                    | Tactical view                       |

|  |  |  |  |                            |               |
|--|--|--|--|----------------------------|---------------|
| is maintained  |  |  |  |                            |               |
| KPI<br>To ensure that all Companies House invoice queries that emerge from telephone queries are resolved in a timely manner. Approximately 400 queries are handled per week |  |  |  | 85% within 10 working days | Tactical view |
| KPI<br>To ensure that any invoice going on hold is released for payment within the month   |  |  |  | 97%                        | Tactical view |

**NWSSP – Procurement Services**  
**Schedule F Procurement Services**

**Appendix 1 of Schedule F**

**Data Processing**

|                                   |  |
|-----------------------------------|--|
| <b>Scope</b>                      | <i>Procurement Services</i>  |
| <b>Nature</b>                     | <i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>  |
| <b>Purpose of processing</b>      | <i>To enable support of the Procurement function, namely:</i><br><br><i>Human Resources of staff (staff records, PADRs, reviews, etc)</i><br><i>Correspondence and Communication</i><br><i>Minutes, agendas and meeting papers</i><br><i>Legal advice</i><br><i>Management reports/Business Intelligence</i><br><i>Contract Management programme</i><br><i>Market analysis processes</i><br><i>Invoices/Purchase orders</i><br><i>Inventory processes</i><br><i>Requisitions and orders</i><br><i>Supply chain correspondence/information/queries</i><br><i>Facilities and Equipment inspection</i><br><i>Complaints register</i><br><i>Contracts (NHS T&amp;Cs, advertisements, awards)</i><br><i>Reports (stock, activity)</i> |
| <b>Duration of the processing</b> | <i>Continuous requirement to process data for management of the Procurement Services function but only in line with legal processing (with consent where required) and retained under Records Management principles.</i>   |
| <b>Types of personal data</b>     | <i>Contract information</i><br><i>Human Resources records</i><br><i>Customer and NHS data</i><br><i>Procurement reporting data</i><br><i>Payment information</i><br><i>Purchasing information</i><br><i>Patient and Sensitive Patient data</i><br><i>Commercially/Business Sensitive data</i>  |
| <b>Categories of data subject</b> | <i>Personal identifiable</i><br><i>Commercially/Business sensitive</i><br><i>Patient identifiable</i><br><i>Sensitive Patient identifiable</i>   |

## HEALTH COURIER SERVICE

## SERVICE SPECIFICATION

## SERVICE OBJECTIVES/DELIVERABLES

- ◆ The provision of an effective and efficient Transport & Logistics function, securing Value for Money (VFM) for NHS Wales UHB/Trust(s), and the achievement of identified Key Performance Indicator Targets.
- ◆ To Ensure Administrative KPI's in transactional services are met in line with PSPP targets

Services by Area Are:

| ABMU  | ABHB  | Betsi Cadwalader  |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Complete service - Mail, specimens, Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU</li> <li>• Overnight pathology service</li> <li>• <i>Ad hoc</i> Transport</li> <li>• <i>Blue Light Support for POWB to UHWC for Emergency Histopathology</i></li> <li>• On Call Support</li> <li>• Clinical Waste (Renal)</li> <li>• EMRTS Support for Air Ambulance (Blood, Clotting Agents, Controlled Drugs)</li> <li>• Radioactive Isotopes</li> </ul> | <ul style="list-style-type: none"> <li>• Complete service - Mail, specimens, Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU</li> <li>• Call Centre (ad hoc services) vehicle</li> <li>• Stores &amp; Supplies Distribution</li> <li>• Foetus/Stillborn Transfer</li> <li>• School Vaccination Distribution</li> <li>• Home Care Clinical Waste</li> <li>• Out of Hours CSSD</li> </ul> | <ul style="list-style-type: none"> <li>• Complete service - Mail, specimens, , Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU</li> <li>• GP stores distribution</li> <li>• Needle Exchange Services</li> <li>• <i>Ad hoc</i> Transport</li> <li>• <i>Dedicated pathology service</i></li> <li>• Blue Light Service</li> <li>• Out of Hours On Call for Emergency Blood/Specialist Transplant/Pathology</li> <li>• EMRTS Support to Welshpool (managed via ABMU SLA)</li> <li>• Renal Pathology Welshpool (Powys)</li> <li>• Remaining BCU Transport Services will Transfer to NWSSP in April 2019</li> </ul> |

| Cardiff & Vale UHB  | Cwm Taf   | Hywel Dda  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Complete service - Mail, Specimens, Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU</li> <li>24/7 service (Inc. On Call Support)</li> <li><i>Ad hoc</i> Transport (Inc. Sure start/Flying Start)</li> <li>Blue Light service</li> <li>Dangerous Goods Safety Advice Provision/Annual Audit</li> <li>Source and deliver UN3373 Compliant Pathology Carriage Bags to GP Practices</li> <li>Specialist Chemo Distribution</li> <li>School Vaccination Programmes</li> <li>Radioactive Isotopes</li> </ul> | <ul style="list-style-type: none"> <li>Laundry Services</li> <li>Ironing Service</li> <li>Home Clinical Waste (full service inc. call taking/ ad hoc requests from patients)</li> <li>Ad Hoc Services (Chargeable basis)</li> </ul>   | <ul style="list-style-type: none"> <li>Pathology</li> <li>Stores &amp; Equipment Deliveries</li> <li>Mail Services</li> <li>Medical records</li> <li>CSSD/HSDU</li> <li><i>Ad hoc</i> Transport</li> <li><i>Wound Management Distribution</i></li> </ul>   |
| Powys   | Public Health Wales   | Velindre NHS Trust   |
| <ul style="list-style-type: none"> <li>Powys Transport Service will Transfer to NWSSP in April 2019</li> <li>Services provided in South Powys as part of ABHB pathology transport, and in North as part of BCU (Wrexham runs) for renal pathology</li> <li>Support from ABMU for Swansea valley</li> <li>Mail Services &amp; Payroll to Bronllys</li> </ul>   | <ul style="list-style-type: none"> <li>Service in BCU – Bangor to YGC</li> <li>Services are provided for campaign distribution &amp; to support Public Health inoculations – HPV, Meningitis, and Flu Etc.</li> </ul> <p>Standby Support provided ad-hoc for pandemic / Cat A support* H1N1 etc., e.g. standby for Ebola</p> <ul style="list-style-type: none"> <li>*Porton Down agreement to be finalised</li> </ul> | <p><b>Service to VCC and NWSSP</b></p> <ul style="list-style-type: none"> <li>Transport of Mail, Pathology &amp; Clinical Waste</li> <li>Operator's License Holder for NWSSP</li> <li>Mail Service for NWSSP</li> <li>BNF distribution to Primary Care</li> <li>Supply/Distribution of Controlled Stationary for all Health Boards in Wales</li> <li>Aseptic Chemotherapy distribution.</li> </ul> |
| Welsh Ambulance Service NHS Trust   | Welsh Blood Service   | Welsh Government   |
| <ul style="list-style-type: none"> <li>Clinical Waste</li> <li>Internal mail</li> <li>Patient Clinical Records (PCR's),</li> <li>Laundry, equipment, furniture moves</li> <li>Ad-hoc transport needs</li> <li>Non Patient 'Blue Light' Transport to avoid use of Clinical Staff</li> </ul>  | <ul style="list-style-type: none"> <li>In and Out of Hours Support for distribution and collection, plus Emergency and Urgent Restock of Blood and Blood products</li> <li>HCS provided Blood Bank transport via WBS on behalf of the Health Boards</li> <li>Support for Blue Light Blood Distribution on ad-hoc basis in Life Threatening situations</li> <li>BCU SLA &amp; Distribution inc Blue Light</li> </ul>   | <p><b>No direct service.</b></p> <ul style="list-style-type: none"> <li>Civil Contingency support for Health Counter Measures (HCMR) for both 'Immediate' and 'Rising Tide' Incidents</li> <li>Internal mail (NHS Mail)</li> <li>Mass Casualty Bag replenishment &amp; Distribution</li> <li>Support for MERIT</li> </ul>  |

NWSSP SECTIONS:

LMT – Local Management Team

SMT – Senior Management Team

BSU – HCS Business Support Unit

## SECTION 1 – Clinical Pathology

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST   | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY                         |
|--|--|----------|--|--|---|
| <ul style="list-style-type: none"> <li>Pathology will be transported as per ADR 2015 in accordance with UN3373 &amp; UN2814 regulations, and transported in IATA P620 &amp; P650 compliant drop tested containers.</li> </ul>  | <ul style="list-style-type: none"> <li>All Pathology from GP Practices, Primary Care Centre's, NHS Wales Treatment Centre's and Hospital sites will be appropriately packaged, contained and labelled</li> </ul>                                   | LMT      |  | Annual DGSA Audit                        | DGSA Advisor report                     |
| <ul style="list-style-type: none"> <li>Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk</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      |  |  | DATIX Incident Reports                  |
| <ul style="list-style-type: none"> <li>Schedules will be operated in accordance with agreed collection points and drop off points that will be subject to annual review to ensure their effectiveness and within a planned 2 Hour Time In transit agreement</li> </ul> | <ul style="list-style-type: none"> <li>Notification to HCS of changes in service delivery that may cause alteration of planned schedules in sufficient time to allow adjustments to be made</li> </ul>   | LMT      |  | 70%*<br>*exception for Centrifuged       | Planned Schedules / Cleric Reports      |
| <ul style="list-style-type: none"> <li>Provide Consignee/Consignor handover signatures for High Risk, Specialist &amp; Foetal Pathology, in line with agreed procedures and Home Office/Coroner regulations for carriage of Cadaver or the Deceased</li> </ul>         | <ul style="list-style-type: none"> <li>Provide Consignee/Consignor handover signatures on dispatch &amp; receipt of High Risk, Specialist &amp; Foetal Pathology using HCS handover books/electronic device (where known and available)</li> </ul> | LMT      |  |  | Documentation as per All Wales Protocol |
| <ul style="list-style-type: none"> <li>Manage leaks, spills or incidents in accordance with agreed procedures</li> </ul>   | <ul style="list-style-type: none"> <li>Report any non-compliance</li> <li>Assist with advice on clean-up of specialist incidents</li> </ul>  | LMT      |  |  | DATIX Incident Reports                  |



## SECTION 2 – Blood Products

| ACTIVITY DESCRIPTION – SSP  | ACTIVITY DESCRIPTION – UHB/TRUST  | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR  | DEMONSTRATED BY   |
|---|---|----------|--|---|---|
| <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      |  | Only Staff Trained in Managing Blood to be utilized   | 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      |  | <b>South Wales (C&amp;V):</b><br><br>Blue Light – 1 Hour<br>Urgent – 90 Minutes<br>Routine – 4 Hours<br><br><b>BCU- Collection</b><br>Ad-hoc:<br>100% in 45 minutes<br>95% in 30 Minutes<br><b>Blue Light OOH:</b><br>100% in 40 Minutes<br>In Hours:<br>100% in 20 Minutes<br><b>Delivery –</b><br>YGC – 100% in 90m<br>YGB – 100% in 150m<br>WXM – 100 in 10m | Reports Database / Cleric                               |
| <ul style="list-style-type: none"> <li>No other detail should be carried out when transporting Blood/Blood Products unless with the express permission of the Health Board</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      |  |   | Journey Tracking & Scheduling Block on Cleric           |
| <ul style="list-style-type: none"> <li>Report any loss or damage to consignment</li> </ul>  | <ul style="list-style-type: none"> <li>Report any loss or damage of consignment</li> </ul>  | LMT      |  |   | Escalation to Manager                                   |

## SECTION 3 – Radioactive Isotopes

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST   | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY        |
|--|--|----------|--|--|------------------------|
| <p>For Radioactive isotopes (Class 7 goods under ADR):</p> <ul style="list-style-type: none"> <li>○ Provide training, including security awareness training, for all drivers involved in transport of Class 7 goods</li> <li>○ Provide a certificate to all drivers who are trained in the carriage of Class 7 goods, to be carried on board for every consignment</li> <li>○ Ensure that “ADR Instructions in Writing” are available to drivers during every consignment</li> <li>○ Maintain vehicles to a high standard to minimise the risk of breakdown during transport</li> <li>○ Provide each vehicle with the required equipment for carriage of Class 7 goods, including “radioactive” placards, metal fireproof sign, ADR driver safety kit and appropriate fire extinguishers</li> <li>○ Ensure all drivers are familiar with Emergency Arrangements and the Security Action Plan</li> <li>○ Assist with a response to a Radiological Emergency arising during transport of Class 7 Goods</li> <li>○ Appoint a Dangerous Goods Safety Advisor (DGSA) to oversee regulatory compliance</li> <li>○ Implement any recommended actions resulting from internal and external audits/inspections</li> </ul> | <p>For Radioactive isotopes (Class 7 goods under ADR):</p> <ul style="list-style-type: none"> <li>○ Implement a suitable radiation protection programme.</li> <li>○ Provide a secure location for dispatch and receipt of radioactive packages</li> <li>○ Ensure all staff involved in dispatch and receipt are trained in accordance with ADR, including security awareness training</li> <li>○ Categorise all radioactive packages correctly according to their contents and transport index (TI)</li> <li>○ Pack radioactive isotopes in approved containers</li> <li>○ Label and mark Class 7 packages correctly</li> <li>○ Provide correct and traceable documentation for all Class 7 packages</li> <li>○ Maintain a security action plan</li> <li>○ Prepare and test Emergency Arrangements, and provide instructions to NWSSP HCS</li> <li>○ Initiate and assist with a response to a Radiological Emergency arising during transport of Class 7 Goods <ul style="list-style-type: none"> <li>○ Appoint a Dangerous Goods Safety Advisor (DGSA) to oversee regulatory compliance</li> </ul> </li> <li>○ Implement any recommended actions resulting from internal and external audits/inspections</li> </ul> | LMT      |  | Nil                                      | DATIX Incident Reports |

## SECTION 4 – Internal mail

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST  | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY        |
|--|---|----------|--|--|------------------------|
| <ul style="list-style-type: none"> <li>Collect &amp; Deliver mail to agreed scheduled locations without negative disruption of Clinical Pathology</li> </ul>     | <ul style="list-style-type: none"> <li>Ensure all internal mail:               <ul style="list-style-type: none"> <li>is Packaged correctly</li> <li>is Correctly addressed</li> <li>is Sealed Appropriately</li> <li>Does not contain any Dangerous Goods/Items</li> <li>Does not contain Pathology</li> </ul> </li> </ul> | LMT      |  | Nil                                      | DATIX Incident Reports |
| <ul style="list-style-type: none"> <li>Sort &amp; exchange mail in the established Mail Hubs/Post Rooms, ensuring reasonable processing time of items</li> </ul> |   | LMT      |  |  | N/A                    |
| <ul style="list-style-type: none"> <li>Provide Audit Data in relation to Activity &amp; Volume in line with expected KPI's</li> </ul>                            |   | LMT      |  | Audit                                    | Audit                  |

## SECTION 5 – CSSD/HSDU

| ACTIVITY DESCRIPTION – SSP  | ACTIVITY DESCRIPTION – UHB/TRUST   | OWNER(S) |    | QUALITY STANDARD / PERFORMANCE INDICATOR    | DEMONSTRATED BY        |
|---|--|----------|----|---|------------------------|
| <ul style="list-style-type: none"> <li>Collect &amp; Deliver CSSD/HSDU to agreed scheduled locations</li> </ul>           | <ul style="list-style-type: none"> <li>Ensure all items:               <ul style="list-style-type: none"> <li>are Packaged correctly</li> <li>are Correctly addressed</li> <li>are Sealed Appropriately</li> </ul> </li> </ul> | LMT      |    | Agreed TOV by HB dependent on Clinical Need | Planned Schedules      |
| <ul style="list-style-type: none"> <li>Report any loss or damage to consignment or risk of cross contamination</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      |    |   | DATIX Incident Reports |
|   | <ul style="list-style-type: none"> <li>Notification to HCS of changes in service delivery that may cause alteration of planned schedules in sufficient time to allow adjustments to be made</li> </ul>                         |          | HB |   |                        |

## SECTION 6 – Medical Records

| ACTIVITY DESCRIPTION – SSP  | ACTIVITY DESCRIPTION – UHB/TRUST   | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY                             |
|---|--|----------|--|--|---|
| <ul style="list-style-type: none"> <li>Collect &amp; Deliver Medical records to agreed scheduled locations</li> </ul>   | <ul style="list-style-type: none"> <li>Ensure all Records:               <ul style="list-style-type: none"> <li>Are appropriately contained</li> <li>Are correctly identified with delivery point</li> </ul> </li> </ul> |          |  |  | Planned Schedules/ Recorded Urgent Requests |
| <ul style="list-style-type: none"> <li>Ensure security of Medical Records in line with Data Protection requirements</li> </ul>                                  | <ul style="list-style-type: none"> <li>Any Non-Compliance will be raised and addressed in reasonable timescales to reduce risk</li> </ul>  |          |  |  | DATIX Incident Reports                      |
| <ul style="list-style-type: none"> <li>Where Confidential/Records Waste are transported, ensure compliance with Data Protection and vehicle security</li> </ul> | <ul style="list-style-type: none"> <li>Ensure an confidential waste is securely packaged for transit</li> </ul>  |          |  |  | DATIX Incident Reports re Non Compliance    |

## SECTION 7 – Clinical Waste

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST   | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY             |
|--|--|----------|--|--|-----------------------------|
| <ul style="list-style-type: none"> <li>Collect Clinical Waste &amp; Deliver to agreed scheduled locations/Waste Transfer or Disposal Stations</li> </ul>   | <ul style="list-style-type: none"> <li>Notification to HCS of changes in service delivery that may cause alteration of planned schedules in sufficient time to allow adjustments to be made</li> </ul>   | LMT      |  |  | Planned Schedule            |
| <ul style="list-style-type: none"> <li>Ensure all Waste is handled and transported in line with ADR Regulations to include where necessary:               <ul style="list-style-type: none"> <li>ADR licensed Staff (unless derogation applies)</li> <li>Correctly Marked Vehicles in line with Transport Law</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Ensure all Waste:               <ul style="list-style-type: none"> <li>is Packaged correctly</li> <li>is correctly separated</li> <li>is Correctly contained</li> <li>is correctly tagged</li> </ul> </li> </ul>                | LMT      |  | DGSA Annual Report                       | DGSA Report                 |
| <ul style="list-style-type: none"> <li>Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk               <ul style="list-style-type: none"> <li>This may include HCS issuing a Non Compliance note to meet NRW requirements.</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      |  |  | DATIX Incident Reports      |
| <ul style="list-style-type: none"> <li>Where managed from Home Addresses, ensure any access, storage or visible issues are reported to the Health Board</li> </ul>   | <ul style="list-style-type: none"> <li>Ensure 'Pre Acceptance Audits' are (where we provide them) in line with NRW Regulations to include appropriate storage.</li> <li>Provide a Risk assessment in relation to access, egress and storage at the location</li> </ul> | LMT      |  | SLA Agreed by HB Area                    | Compliance/Activity Reports |

## SECTION 8 – Controlled Drugs

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST   | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY   |
|--|--|----------|--|--|-------------------|
| <ul style="list-style-type: none"> <li>Collect &amp; Deliver General Pharmacy/Controlled Drugs ensuring safe transportation and handover in accordance with ADR Regulations and MHRA audit compliant procedures</li> </ul>   | <ul style="list-style-type: none"> <li>Ensure HCS staff are aware they are transporting controlled drugs to ensure local handover procedures can be applied</li> <li>Provide Consignee/Consignor handover signatures on dispatch &amp; receipt using HCS handover books / electronic device (where available)</li> </ul> |          |  |  | Cleric Reports    |
| <ul style="list-style-type: none"> <li>Ensure the security of Controlled Drugs at all times</li> </ul>   |  |          |  |  |                   |
| <ul style="list-style-type: none"> <li>Manage Specialist Pharmacy within required timeframes and local /national (Inc. Blue Light) procedures and Hand-over requirements</li> </ul>  | <ul style="list-style-type: none"> <li>Where this service is delivered in the Health Board area, use the agreed 'Blue Light' Activation protocol (<b>Updated</b>) for confirmed cases</li> <li>Agree to investigate any non-compliance / Inappropriate activation</li> </ul>   |          |  |  | Cleric Reports    |
| <ul style="list-style-type: none"> <li>Transport Medical Gases in Line with Transport Regulations</li> </ul>   |  |          |  |  |                   |
| <ul style="list-style-type: none"> <li>Manage &amp; Transport Radioactive Isotopes in accordance with Transport Regulations ensuring:               <ul style="list-style-type: none"> <li>Staff are appropriately trained</li> <li>Adherence to accident/incident procedures</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Ensure staff are aware when carrying Radioactive materials using agreed local procedures</li> </ul>   |          |  |  | Agreed Procedures |

## SECTION 9 – Laundry Services

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST  | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY        |
|--|---|----------|--|--|------------------------|
| <ul style="list-style-type: none"> <li>Collect &amp; Deliver Laundry to agreed scheduled locations ensuring provision with driver hours regulations</li> </ul> | <ul style="list-style-type: none"> <li>Notification to HCS of changes in service delivery that may cause alteration of planned schedules in sufficient time to allow adjustments to be made</li> <li>Understand driver hours regulations</li> </ul> |          |  |  | Planned Schedule       |
| <ul style="list-style-type: none"> <li>Ensure vehicles are adequately cleaned internally to meet infection control requirements</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>  |          |  |  | Cleaning Audit         |
| <ul style="list-style-type: none"> <li>Manage fleet inspection downtime of Large Goods Vehicles to prevent impact on service delivery</li> </ul>               | <ul style="list-style-type: none"> <li>Work with NWSSP HCS to maximize Fleet utilization to allow rotation of vehicles</li> </ul>   |          |  |  | Fleet Maintenance Plan |



## SECTION 10 – Stores &amp; Supplies Transport

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST  | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY           |
|--|---|----------|--|--|---------------------------|
| <ul style="list-style-type: none"> <li>Ensure vehicles are adequately cleaned internally to meet infection control requirements (due to Dried Food Stock)</li> </ul> | <ul style="list-style-type: none"> <li>Any Non-Compliance will be raised and addressed in reasonable timescales to reduce risk</li> </ul> |          |  |  | Vehicle Cleaning Schedule |
| <ul style="list-style-type: none"> <li>Manage fleet inspection downtime of Large Goods Vehicles to prevent impact on service delivery</li> </ul>                     | <ul style="list-style-type: none"> <li>Work with NWSSP HCS to maximize Fleet utilization to allow rotation of vehicles</li> </ul>         |          |  |  | Fleet Maintenance Plan    |

## SECTION 11 – Transport of Equipment &amp; Furniture

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST  | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY        |
|--|---|----------|--|--|------------------------|
| <ul style="list-style-type: none"> <li>Transport Medical Equipment, Furniture items etc. in a professional manner, obtain handover signatures and in the event of damaged items ensure they are reported, re-charging for cost where required</li> </ul> | <ul style="list-style-type: none"> <li>Ensure items are appropriately packaged, labeled and tested</li> <li>Accept that any claims are managed in-line with Welsh Risk Pool protocols. As HCS is unable to hold commercial insurance</li> </ul> |          |  |  | Invoicing for Services |

## SECTION 12 – Blue Light Emergency Support

| ACTIVITY DESCRIPTION – SSP   | ACTIVITY DESCRIPTION – UHB/TRUST   | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY               |
|--|--|----------|--|--|-------------------------------|
| <ul style="list-style-type: none"> <li>Provide Blue Light Emergency Support for: (Not Exhaustive): <ul style="list-style-type: none"> <li>Emergency Blood/Blood Products</li> <li>Frozen Section Histopathology</li> <li>Specialist Pharmacy e.g. Specialist Chemo</li> <li>Emergency CSSD/HSDU for Theatre</li> <li>HCMR &amp; MERIT Activation</li> <li>Non Patient Emergency Response <ul style="list-style-type: none"> <li>■ Anti-Venom</li> <li>■ Specialist Toxicology</li> <li>■ Category A</li> </ul> </li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Where this service is delivered in the Health Board area, use the agreed Activation protocol (<b>Updated</b>) for confirmed cases</li> <li>Agree to investigate any non-compliance / Inappropriate activation</li> </ul> <div style="text-align: center;">   <p>HCS Blue Light      road traffic<br/>Activation for Blood Border_june 2014.pdf</p> </div> |          |  |  | Database Reports for Activity |
| <ul style="list-style-type: none"> <li>Ensure only appropriately trained staff undertake this function, all subject to regular refresher training to meet High Speed Driver Compliance</li> </ul>  | <ul style="list-style-type: none"> <li>WAST &amp; South Wales Police as accredited agency to continue to provide Driver Training support and registration of authorized staff.</li> </ul>  |          |  |  |                               |



## Key Performance Indicators

## KPI Section A – PSPP/IOH/Invoicing

| ACTIVITY DESCRIPTION – SSP  | ACTIVITY DESCRIPTION – UHB/TRUST   | OWNER(S) |  | QUALITY STANDARD / PERFORMANCE INDICATOR | DEMONSTRATED BY   |
|---|--|----------|--|--|---|
| KPI 1 –<br>To ensure that HCS achieve the Welsh Government PSPP target                                  |  | BSU      |  | 95%                                      | Monthly System Driven Reporting from Failed Invoices report |
| KPI 2 –<br>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 –<br>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 -<br><br>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%*<br>*Exception for Centrifuged       | Planned Scheduled Times |
| KPI 2 –<br>% 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             |
|  |   |          |  |  |                         |

## All Wales Pathology Standards (As health Boards Subscribe to the Revised Service)

### Compliance with ISO15189

ISO15189 stipulates that laboratory's shall have a documented procedure for monitoring the transportations of samples to ensure they are transported:

- 1) Within a time frame appropriate to the nature of the requested examination and the laboratory disciplined concerned (2 Hours). The Cleric system monitors compliance with the scheduled standard and live reports for non-compliance
- 2) Within a temperature interval specified for sample collection and handling and with the designated preservatives to ensure the integrity of samples (Maximum range 15°C and 25°C)

For Wales, to ensure we are well within the parameters, the desired National Key Performance Indicators (KPI's) for Pathology Transport proposed are:

#### KPI No. 1 – Environmental Factors


Specific Measurable Elements:

- A. 100% of all specimens to be transported at an ambient temperature of between **18°C and 22°C** regardless of external temperatures, unless otherwise specified.
- B. The ability to transport specimens at **4°C**.
- C. 100% of all journeys to be Temperature Logged.
- D. The ability to transport some frozen samples

Management of the conditions in which the pathology specimens are transported will prevent exposure to excessive temperature, and result in fewer spoilt samples. It will also ensure a full review of specialist pathology requirements, transport initiatives and reconfigurations Linking to the HCS Cleric system (Transport Scheduling CAD), the temperature controlled boxes will have the ability to report on the temperature environment of items from point of collection (Primary Care setting or Acute Centre setting) to the Pathology Lab. This will provide live and retrospective reportable data that can be cross-referenced with the Pathology services IT system (LIMS) to report on service improvements

### Why is this being done?

1. There is a risk that patient care will be compromised if samples degrade during transit because they are not transported in accordance with the required environmental factors.
2. There is a risk that pathology services will be unable to obtain and maintain UKAS accreditation if pathology transport services do not meet the environmental and regulatory requirements listed in KPIs.
3. There is a risk that pathology services will need to seek alternate providers of transport services if current providers are not able to deliver against the KPIs. This risks a fragmented approach to managing pathology
4. There is a risk that if not introduced centrally, then fragmentation across Health Boards would result in inconsistency and not meet principles of prudent healthcare.
5. There is a risk of increased patient inconvenience and unnecessary clinician time incurring unnecessary costs and duplication,
6. Spoilt results could result in increased patient re-bleeds; increased hospital admission through missed/lost results from spoilt pathology; increased unnecessary spend; unnecessary clinical intervention with invasive techniques.

|  |   |
|--|---|
| All Wales Pathology<br>Specification Standards | <br>Service<br>Specification for Pat |
|--|---|

## Data Processing

|                                   |  |
|-----------------------------------|--|
| <b>Scope</b>                      | <i>Health Courier Services</i>   |
| <b>Nature</b>                     | <i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>  |
| <b>Purpose of processing</b>      | <i>To enable support of the business, namely:</i><br><br><i>Human Resources of HCS staff (staff records, PADRs, etc)</i><br><i>Completion of Risk Assessments</i><br><i>Recording of assets</i><br><i>Corporate functions (declaration of interests)</i><br><i>Medical Updates</i><br><i>Prescription requests</i><br><i>Management of Deliveries (customer database)</i><br><i>Management of vehicle fleet (fuel cards, fleetcheck)</i><br><i>Vehicle documentation (MOT/V5C/Tax/Insurance)</i><br><i>Procurement (tender information)</i><br><i>Financial transactions (purchases, accounts receivable, budget management, invoices)</i><br><i>Minutes, agendas and meeting papers</i><br><i>Contracts (Clinical Waste)</i><br><i>Service Level Agreements</i><br><i>Transport requests</i><br><i>Correspondence and communication</i> |
| <b>Duration of the processing</b> | <i>Continuous requirement to process data for management of the Health Courier Service functions but only in line with legal processing (with consent where required) and retained under Records Management principles.</i>  |
| <b>Types of personal data</b>     | <i>Contract information</i><br><i>Human Resources records</i><br><i>Customer and NHS data</i><br><i>Purchasing information</i><br><i>Account numbers</i>   |
| <b>Categories of data subject</b> | <i>Personal identifiable</i><br><i>Commercially/Business sensitive</i><br><i>Patient identifiable</i>  |

DRAFT

|  |  |  |
|--|--|--|
|  <b>GIG<br/>CYMRU<br/>NHS<br/>WALES</b> | Partneriaeth<br>Cydwasaethau<br>Shared Services<br>Partnership | <b>AGENDA ITEM:5.1</b><br><b>17 January 2019</b> |
|--|--|--|

|   |
|---|
| <b><i>The report is Exempt</i></b>        |
| <b>Teitl yr Adroddiad/Title of Report</b> |
| <b>PMO Project Highlight Report</b>       |

|   |  |
|---|--|
| <b>ARWEINYDD:<br/>LEAD:</b>                   | Andy Butler, Director of Finance & Corporate Services                      |
| <b>AWDUR:<br/>AUTHOR:</b>                     | Ian Rose, Head of PMO  |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b> | Andy Butler, Director of Finance & Corporate Services                      |
| <b>MANYLION CYSWLLT:<br/>CONTACT DETAILS:</b> | <a href="mailto:andrew.butler@wales.nhs.uk">andrew.butler@wales.nhs.uk</a> |

|   |
|---|
| <b>Pwrpas yr Adroddiad:<br/>Purpose of the Report:</b>                  |
| The purpose of this report is to provide a progress update to the SSPC. |

|  |  |
|--|--|
| <b>Llywodraethu/Governance</b>               |  |
| <b>Amcanion:<br/>Objectives:</b>             | Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement |
| <b>Tystiolaeth:<br/>Supporting evidence:</b> | -  |

|                                   |
|-----------------------------------|
| <b>Ymgynghoriad/Consultation:</b> |
| NWSSP SMT                         |

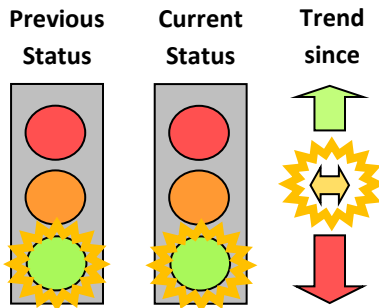
| <b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b> |  |   |  |                            |  |                         |
|--|--|---|--|----------------------------|--|-------------------------|
| <b>DERBYN/<br/>APPROVE</b>                                 |  | <b>ARNODI/<br/>ENDORSE</b>    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

| <b>Crynodeb Dadansoddiad Effaith:<br/>Summary Impact Analysis:</b>                        |   |
|---|---|
| <b>Cydraddoldeb ac amrywiaeth:<br/>Equality and diversity:</b>                            | Considered where appropriate  |
| <b>Cyfreithiol:<br/>Legal:</b>  | Considered where appropriate  |
| <b>Iechyd Poblogaeth:<br/>Population Health:</b>  | Considered where appropriate  |
| <b>Ansawdd, Diogelwch a Profiad y Claf:<br/>Quality, Safety &amp; Patient Experience:</b> | Considered where appropriate  |
| <b>Ariannol:<br/>Financial:</b>   | Considered where appropriate  |
| <b>Risg a Aswiriant:<br/>Risk and Assurance:</b>  | Considered where appropriate  |
| <b>Safonau Iechyd a Gofal:<br/>Health &amp; Care Standards:</b>                           | Access to the Standards can be obtained from the following link:<br><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><br><b>Standard 1.1 Health Promotion, Protection and Improvement</b> |
| <b>Gweithlu:<br/>Workforce:</b>   | Considered where appropriate  |
| <b>Deddf Rhyddid Gwybodaeth/<br/>Freedom of Information</b>                               | Open.   |



|                         |  |                       |            |
|-------------------------|--|-----------------------|------------|
| <b>Reporting Period</b> | <b>Dec 2018 – Jan 2019</b>   | <b>Date Completed</b> | 09/01/2019 |
| <b>Summary</b>          | The purpose of this report is to provide a progress update to NWSSP Senior Management Team | <b>Completed By</b>   | Ian Rose   |

### Status Update

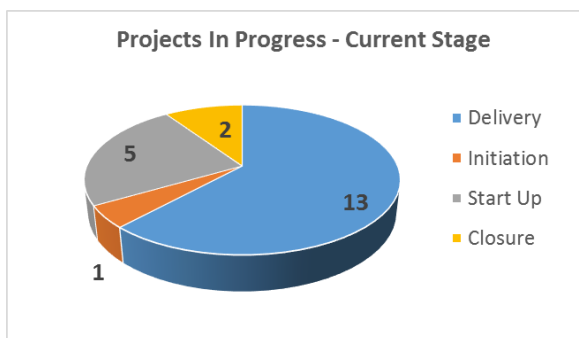


21 projects in progress with new projects in Start Up for Boss System and Infected Blood.

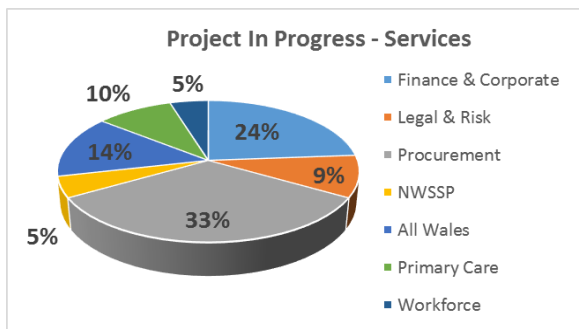
The Catering IT system is nearing closure with projected closure date of 31<sup>st</sup> Jan, which is within time. January will also see the completion of the PMOs own internal assurance review and introduction of further benefit management tools and processes, which in turn support and under reporting and delivery of strategic objectives.

**Training** – This quarter should see the progression of currently certified project managers in the Five Case Model moving forwards to practitioner status.

### High Level Status



### Projects in Progress – By Service









### PMO In Progress Projects Dec 2018 – Jan 2019

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

- NWSSP PMO Software**
- Laundry Services Project OBC Stage 1**
- Procurement Server migration**
- STOMA Strategy and Service Redesign and Implementation**
- Alder House: building, telephony & IT refresh.**
- Procurement Sabrecom TV**
- SPOC – Single Point of Contact**
- Web Information Architecture NWSSP INTRANET - Sharepoint**
- All Wales Catering IT System**
- Community Dressings ABMU - Stage 1 OBC**
- Cleric DR and Server Reconfiguration**
- Community Dressings AB - Stage 1 OBC**
- OBC Review for Legal & Risk**
- Transforming Access to Medicines (TRAMS)**
- Patient Registration Workstream - NHAIS Programme**
- Bulk Mail**
- Nurse Agency Holding Project**
- Car Club**
- GP Indemnity**
- Boss System Refresh**
- Infected Blood Inquiry Support**





|   |                    |   |   |
|---|--------------------|---|---|
|   |                    |   |   |
| <b>Key Planned Tasks next month / Completed Last Month</b> <ul style="list-style-type: none"> <li>Inclusion of PM Resource Timeline - Completed and added to Project Register and bandwidth tool.</li> <li>NWIS Engagement – Completed and ongoing.</li> <li>Internal Quality Assurance e.g. RPAs – To take place in January focusing on documentation and management.</li> <li>Requirements capture for potential replacement PMO – Taking place in January with 4 workshops planned.</li> <li>Benefit Maps and statements - Benefits plan devised and in process of adoption and population through Jan.</li> </ul>   |                    |   |   |
| <b>PMO Concerns/Issues/Risks</b> <ul style="list-style-type: none"> <li>PMO software penetration test process non-compliant, impacting contract renewal.</li> </ul>   |                    |   |   |
| <b>Projects On Track</b>  | <b>12 Projects</b> |    |    |
| <ul style="list-style-type: none"> <li><b>OBC Review for Legal &amp; Risk (Support Only)</b></li> <li><b>Transforming Medicines Supply (TRAMS)</b></li> <li><b>Bulk Post Services – Primary Care</b></li> <li><b>Car Club</b></li> <li><b>GP Indemnity</b></li> <li><b>BOSS System Refresh</b></li> <li><b>Infected Blood Inquiry Support</b></li> <li><b>Nursing Agency Project (Temporary Holding)</b></li> <li><b>All Wales Catering IT System</b></li> <li><b>Community Dressings ABMU</b></li> <li><b>Alder House Air-con Re-provision</b></li> <li><b>STOMA</b></li> </ul>  |                    |   |   |
| <b>Projects At Risk</b>   | <b>7 Projects</b>  |  |  |
| <ul style="list-style-type: none"> <li><b>SPOC – Single Point of Contact – IT Service Desk</b> – Trial in progress in Alder House and this aims to continue until firm date to increase coverage is agreed. Funding discussions to be finalised.</li> <li><b>Laundry Services Project Outline Business Case Stage 1</b> – Management arrangements workshop to be held in Jan 19 to close final action in current business case, which will support WG decision on progression to FBC.</li> <li><b>Procurement Server migration</b> – Resources assigned once again and commitment obtained to carry on work.</li> <li><b>Web Information Architecture</b> – SharePoint – Quotations in place to formalise the assessment day which should take place in Jan/Feb with the aim to produce a cost for implementing SP across NWSSP independently from NWIS.</li> <li><b>Community Dressings AB – Work</b> – Ongoing cost analysis to be completed for OBC inclusion.</li> <li><b>Patient Registration Workstream - NHAIS Programme</b> – Waiting to obtain costs which will inform the options appraisal process.</li> <li><b>Cleric DR and Server Reconfiguration</b> – Work Planned for Feb to migrate to new version for bug fixes</li> </ul> |                    |   |   |
| <b>Projects that have Slipped</b>   | <b>2 Project</b>   |  |  |
| <ul style="list-style-type: none"> <li><b>SABRECOM TV SOFTWARE</b> - Slipped but now assigned to IT resource with NWSSP to progress final stages and being regularly pushed for completion.</li> <li><b>NWSSP PMO Software</b> – Failed Pen Test and contract review to conclude which will initiate direction of travel which will become clearer through Jan. There are workshops already planned to obtain</li> </ul>  |                    |   |   |



reviewed specification requirements but also increasing the focus on reporting and outputs, which will determine a significant number of input requirements and framework context.

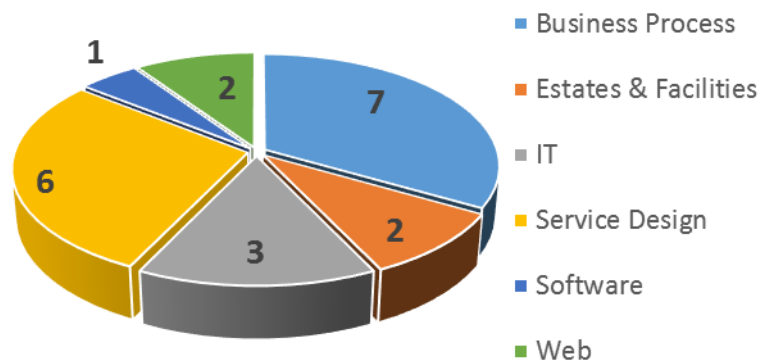
#### Projects awaiting assignment to a Project Manager

- Medical Examiner
- WIAP – Cascade to Mura redesign (NWSSP Intranet)

#### Summary Information

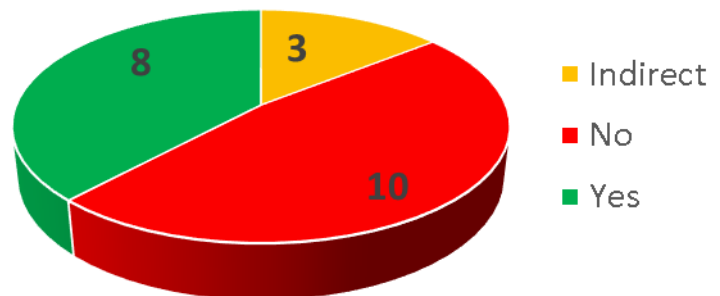
Projects covering 6 different product types.

Project By Product



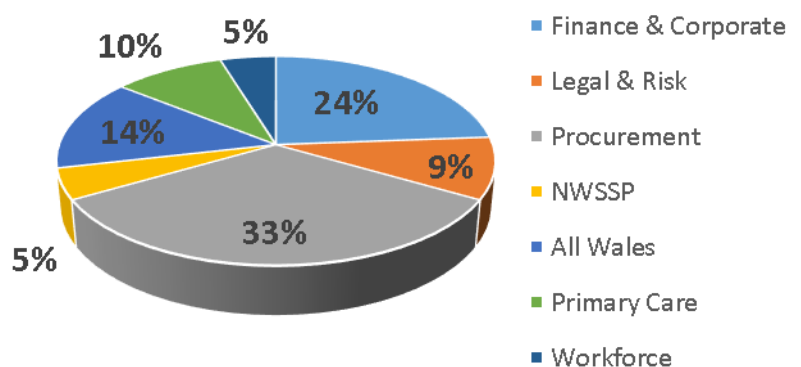
IMTP coverage less than 50% of overall in-progress projects.

IMTP Related Projects



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

Project In Progress - Services



|   |   |
|---|---|
|  <b>GIG<br/>CYMRU<br/>NHS<br/>WALES</b>   Partneriaeth<br>Cydwasaethau<br>Shared Services<br>Partnership | <b>AGENDA ITEM:5.3</b><br><br><b>15 November 2018</b> |
|---|---|

|   |
|---|
| <b><i>The report is Exempt</i></b>                        |
| <b>Teitl yr Adroddiad/Title of Report</b>                 |
| Transforming Access to Medicines (TRAMS) Highlight Report |

|   |  |
|---|--|
| <b>ARWEINYDD:<br/>LEAD:</b>                   | Neil Frow, Managing Director   |
| <b>AWDUR:<br/>AUTHOR:</b>                     | Peter Elliott, Programme Management Office                                 |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b> | Neil Frow, Managing Director   |
| <b>MANYLION CYSWLLT:<br/>CONTACT DETAILS:</b> | <a href="mailto:peter.elliott@wales.nhs.uk">peter.elliott@wales.nhs.uk</a> |

|  |
|--|
| <b>Pwrpas yr Adroddiad:<br/>Purpose of the Report:</b>   |
| To update the Committee on the progress with this project and seek a resource commitment to continue project activity in the 2019/20 financial year. |

| Llywodraethu/ Governance             |  |
|--------------------------------------|--|
| Amcanion:<br>Objectives:             | Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement |
| Tystiolaeth:<br>Supporting evidence: | -  |

|                                   |
|-----------------------------------|
| <b>Ymgynghoriad/Consultation:</b> |
| NWSSP SMT                         |

| <b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b> |  |                            |  |                            |                       |   |
|--|--|----------------------------|--|----------------------------|-----------------------|---|
| <b>DERBYN/<br/>APPROVE</b>                                 |  | <b>ARNODI/<br/>ENDORSE</b> |  | <b>TRAFOD/<br/>DISCUSS</b> | <b>NODI/<br/>NOTE</b> | ✓ |

|   |  |
|---|--|
| <b>Argymhelliad/<br/>Recommendation</b> | The Committee is asked to <b>NOTE</b> the Progress Report. |
|---|--|

| <b>Crynodeb Dadansoddiad Effaith:<br/>Summary Impact Analysis:</b>                        |   |
|---|---|
| <b>Cydraddoldeb ac amrywiaeth:<br/>Equality and diversity:</b>                            | Equality and diversity considerations have been taken into account.   |
| <b>Cyfreithiol:<br/>Legal:</b>  | Legal considerations have been taken into account where applicable.   |
| <b>Iechyd Poblogaeth:<br/>Population Health:</b>  | The outcomes of the project will provide benefits to the population of Wales in terms of better VFM for medicines.  |
| <b>Ansawdd, Diogelwch a Profiad y Claf:<br/>Quality, Safety &amp; Patient Experience:</b> | The project will help to improve the quality of services provided to patients.  |
| <b>Ariannol:<br/>Financial:</b>   | The costs of all potential options have been taken into account.  |
| <b>Risg a Aswariant:<br/>Risk and Assurance:</b>  | Appropriate risks and forms of assurance have been considered.  |
| <b>Safonau Iechyd a Gofal:<br/>Health &amp; Care Standards:</b>                           | Access to the Standards can be obtained from the following link:<br><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><br><b>Standard 1.1 Health Promotion, Protection and Improvement</b> |
| <b>Gweithlu:<br/>Workforce:</b>   | The impact on the workforce has been considered.  |
| <b>Deddf Rhyddid Gwybodaeth/<br/>Freedom of Information</b>                               | Open.   |

## Project Progress Report

|                          |   |                     |                 |
|--------------------------|---|---------------------|-----------------|
| Project Title:           | Transforming Access to Medicines (TRAMS)  | Project ID:         | C.PMO.17/18.033 |
| Reporting Period:        | Dec 2018  | Report Date:        | 21/12/18        |
| NWSSP Function:          | Project Management for the All Wales Project to propose reconfiguration of Pharmacy Supply Services |                     |                 |
| Project Manager:         | Peter Elliott   |                     |                 |
| Project initiation date: | June 18   | Due for completion: | Apr 19          |

Agreed Project Size    Local    Small    Medium ☒ Large

|  |           |           |           |           |
|--|-----------|-----------|-----------|-----------|
| Project Progress: (RAG Rating – Delete status that does not apply) |           |           |           |           |
| Overall Status   | Time      | People    | Systems   | Budget    |
| On Target  | On Target | On Target | On Target | On Target |

|   |
|---|
| <p>High level update to governing group:</p> <p>Project Board, Efficiency &amp; Value Group, and the Chief Pharmacists stakeholder group, have all received updates on project progress, including a presentation of the interim option evaluation.</p> <p>The Strategic Outline Case (SOC) has been approved by Project Board, and drafting of the Programme Business Case (PBC) is well advanced. Informal contact with Welsh Government capital planners continues, in order to inform the forthcoming approvals process.</p> <p>The current direction of travel and progress to date have been endorsed, and the work plan for January - March 2019 agreed.</p> |
|---|

|   |          |
|---|----------|
| Decisions and recommendations that the governing group need to approve: |          |
| Issue/Question:   | Outcome: |
|   |          |

| Risks: (Further details in Project Risk Log - Likelihood & Consequence - 5 = Very High 1 = Low)<br>(Risk Factor = L x C) |   |   |    |   |        |         |
|--|---|---|----|---|--------|---------|
| Known risk:  | L | C | RF | Mitigating action:  | Owner: | Status: |
| Impact of skilled and essential staff in the existing Pharmacy Services  | 3 | 4 | 12 | Communications approach formally adopted and enforced                                     | SRO    | Open    |
| Interruption or Disruption to supply of Pharmacy Products  | 2 | 4 | 12 | Detailed planning of reconfiguration utilising skills and experience of appropriate staff | SRO    | Open    |
| Funding  | 3 | 3 | 9  | Careful measurement and reporting of spend against budget                                 | PM     | Open    |
| Utilisation of Resource  | 3 | 3 | 9  | Careful planning of the Project Team's activities   | PM     | Open    |
| Timescales   | 3 | 3 | 9  | Careful planning of the Project Team's activities   | PM     | Open    |
| Data Integrity   | 3 | 3 | 9  | Liaise with Health Boards at the appropriate level to secure appropriate disclosure       | SRO    | Open    |

| Project Plan: What has been achieved |   |                 |           |             |
|--------------------------------------|---|-----------------|-----------|-------------|
| Deliverables/Milestones              | Target  | Success Measure | Plan date | Actual date |
| Project Mandate                      | Mandate Letter  | Received        | 30/4/18   | 30/4/18     |
| Start-up Phase                       | Initial Scoping   | Done            | 22/5/18   | 22/5/18     |
| Presentation of Scope                | To Chief Pharmacists  | Done            | 8/6/18    | 8/6/18      |
| Funding Paper                        | Submitted to SSPC   | Done            | 21/6/18   | 21/6/18     |
| Initiation Phase                     | Appointment of SRO, Development of Scope, Documentation Produced. | Done            | 27/6/18   | 27/6/18     |
| Project Board                        | Authorisation to Proceed  | Done            | 3/7/18    | 3/7/18      |
| Project Team                         | Matrix & Morriston  | Done            | 11/7/18   | 11/7/18     |
| Project Team                         | Glangwilli  | Done            | 18/7/18   | 18/7/18     |
| Project Team                         | Westpoint & Landough  |                 | 25/7/18   | 25/7/18     |
| Project Team                         | Westpoint & VCC   | Done            | 1/8/18    | 1/8/18      |
| Questionnaire Issued                 | To Production Managers  | Done            | 2/8/18    | 3/8/18      |
| Directors of Planning                | Briefing  | Done            | 3/8/18    | 3/8/18      |
| Project Team                         | Royal Gwent Hosp  | Done            | 8/8/18    | 8/8/18      |
| Project Team                         | Matrix & Neath  | Done            | 15/8/18   | 15/8/18     |
| Study Visit                          | Bath ASU  | Done            | 17/8/18   | 17/8/18     |
| Project Team                         | Wrexham   | Done            | 22/8/18   | 22/8/18     |

|                          |                   |      |          |          |
|--------------------------|-------------------|------|----------|----------|
| Project Board            | Cathays Park      | Done | 23/8/18  | 23/8/18  |
| Project Team             | Royal Glamorgan   | Done | 29/8/18  | 29/8/18  |
| Project Team             | Bridgend Stores   | Done | 5/9/18   | 5/9/18   |
| Quantity Surveyor Visit  | Wrexham Maelor    | Done | 10/9/18  | 10/9/18  |
| Project Team             | Singleton         | Done | 19/9/18  | 19/9/18  |
| Project Team             | SMPU              | Done | 26/9/18  | 26/9/18  |
| Project Board            | NWSSP Nantgarw    | Done | 2/10/18  | 2/10/18  |
| Project Team             | Picketston        | Done | 3/10/18  | 3/10/18  |
| Quantity Surveyor Visit  | Singleton         | Done | 4/10/18  | 4/10/18  |
| Quantity Surveyor Visit  | SMPU              | Done | 5/10/18  | 5/10/18  |
| Project Team             | Nevill Hall       | Done | 10/10/18 | 10/10/18 |
| Project Team             | Haverfordwest     | Done | 17/10/18 | 17/10/18 |
| Project Team             | Bangor            | Done | 24/10/18 | 24/10/18 |
| Project Team             | Llandrindod Wells | Done | 31/10/18 | 31/10/18 |
| Project Team             | Companies House   | Done | 7/11/18  | 7/11/18  |
| Project Team             | Companies House   | Done | 14/11/18 | 14/11/18 |
| Project Team             | Nevill Hall       | Done | 21/11/18 | 21/11/18 |
| Project Team             | HCS Westpoint     | Done | 28/11/18 | 28/11/18 |
| Update to Chief Pharms   | Cardiff Bay       | Done | 30/11/18 | 30/11/18 |
| Project Team             | Welsh Government  | Done | 5/12/18  | 5/12/18  |
| Project Board            | NWSSP HQ          | Done | 6/12/18  | 6/12/18  |
| Efficiency & Value Board | Presentation      | Done | 12/12/18 | 12/12/18 |

| Project Plan: What is planned activity for next reporting period |             |         |         |  |
|--|-------------|---------|---------|--|
| Project Team   | Nevill Hall | Planned | 9/1/19  |  |
| Assurance Meeting  | Cardiff     | Planned | 16/1/19 |  |
| Project Team   | Tbc         | Planned | 23/1/19 |  |
| Project Team   | Tbc         | Planned | 30/1/19 |  |
| Project Board  | Tbc         | Planned | 5/2/19  |  |

# **Project Review**

## **Activity Update**

Project Team met on 5 Dec to finalise a recommendation to Project Board in powerpoint form, which was successfully accomplished. The revised Strategic Outline Case (SOC) was also received from the Copy Editor, reviewed, and submitted to Project Board.

Project Board met on 6 Dec and approved the SOC. On the proposed option selection, while they were happy with the direction of travel, they did not feel able to formally endorse the recommendation without further assurance on the methodology that has been followed. A revised presentation was prepared which gave an update on interim findings without making an explicit recommendation.

Project SRO Andrew Evans presented these slides to Efficiency and Value group on 12 December, where they were warmly received. The plan to complete and submit the PBC (Programme Business Case) in early 2019 was endorsed.

An Assurance Meeting has therefore been arranged for 16 Jan 2019, at which the Project Team will present the draft PBC to the Chief Pharmacists, supported by external assurance. A period of 2 weeks will follow for final tweaks and copy editing of the PBC document.

Project Board will then meet on 5 Feb 2019 with a view to approving the PBC.

## **Communications**

Stakeholder communication has been maintained with Chief Pharmacists to understand their expectations, and maximise support for the Project's outcomes. Project SRO Andrew Evans wrote to all Chief Pharmacists on 15 Dec to update them on the response of Efficiency & Value Group and to thank them for their support of the Project Team over the last 5 months.

Informal contact also continues with Ian Gunney in Welsh Government to understand the approvals process which will follow if Project Board approves the PBC in February. The indication is that WG will immediately begin a Gateway Review once the PBC is submitted to them.

Informal contact has also been established with the group in HDUHB who are scoping an urgent solution to their lack of Aseptic capacity. These contacts will continue in order to foster alignment and a common direction of travel.

Project Mandate Holder Neil Frow will update SSPC at its January meeting on project progress, and seek a resource commitment to continue project activity in the 2019/20 financial year.



### **Control of Spend**

The project remains within planned levels of spend – a full analysis of the Quarter 3 spend will be presented at the next Project Board.

|                     |         |
|---------------------|---------|
| Next report is due: | 31/1/19 |
|---------------------|---------|



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:6.1**

**17th January 2019**

***The report is/is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Finance, Workforce, Risk and Performance Update Report**

**ARWEINYDD:  
LEAD:**

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

**AWDUR:  
AUTHOR:**

**Finance and Workforce Team**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

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

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

The purpose of this report is to provide the SSPC with an update on finance, workforce, risk and performance matters within NWSSP as at 30th November 2018.

**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/<br/>APPROVE</b>                                 |  | <b>ARNODI/<br/>ENDORSE</b> |  | <b>TRAFOD/<br/>DISCUSS</b> |  | <b>NODI/<br/>NOTE</b> | <b>✓</b> |
| <b>Argymhelliad/<br/>Recommendation</b>                    | <p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the financial position to 30<sup>th</sup> November 2018</li> <li>2. Note the planned increase in distribution.</li> <li>3. Note the significant level of professional influence benefits generated by NWSSP to 30<sup>th</sup> November 2018.</li> <li>4. Note the performance against the High level key performance indicators to 30<sup>th</sup> November 2018.</li> <li>5. Note the workforce data for the period.</li> <li>6. Note the content of this update and seek further information if required.</li> </ol> |                            |  |                            |  |                       |          |

| <b>Crynodeb Dadansoddiad Effaith:<br/>Summary Impact Analysis:</b>                        |   |
|---|---|
| <b>Cydraddoldeb ac amrywiaeth:<br/>Equality and diversity:</b>                            | No direct Impact                            |
| <b>Cyfreithiol:<br/>Legal:</b>  | No direct Impact                            |
| <b>Iechyd Poblogaeth:<br/>Population Health:</b>  | No direct Impact                            |
| <b>Ansawdd, Diogelwch a Profiad y Claf:<br/>Quality, Safety &amp; Patient Experience:</b> | No direct Impact                            |
| <b>Ariannol:<br/>Financial:</b>   | Distribution to NHS Wales                   |
| <b>Risg a Aswiriant:<br/>Risk and Assurance:</b>  | Consolidation of Financial & Workforce Risk |
| <b>Safonau Iechyd a Gofal:<br/>Health &amp; Care Standards:</b>                           | No direct Impact                            |
| <b>Gweithlu:<br/>Workforce:</b>   | No direct Impact                            |
| <b>Deddf Rhyddid Gwybodaeth/<br/>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 2018
- High Level Performance indicators to 30<sup>th</sup> November 2018
- Workforce Information to 30<sup>th</sup> November 2018

### NWSSP Financial position – Month 8

NWSSP reported a Breakeven position at the close of Month 8.

The income and expenditure position for the month period to 30<sup>th</sup> November 2018 can be summarised as follows:

|   | Annual<br>Budget<br>£000 | YTD<br>Budget<br>£000 | YTD<br>Expend<br>£000 | YTD under/<br>overspend<br>£000 |
|---|--------------------------|-----------------------|-----------------------|---------------------------------|
| Audit & Assurance Services              | 2,637                    | 1,749                 | 1,741                 | -8                              |
| Procurement Services                    | 16,363                   | 10,484                | 10,342                | -142                            |
| Employment Services                     | 9,818                    | 6,507                 | 6,395                 | -112                            |
| Primary Care Services                   | 11,221                   | 7,464                 | 7,111                 | -353                            |
| Legal & Risk Services                   | 2,450                    | 1,599                 | 1,578                 | -21                             |
| Welsh Risk Pool Services                | 543                      | 350                   | 348                   | -2                              |
| WIBSS                                   | 0                        | 0                     | 0                     | 0                               |
| Specialist Estates Services             | 2,915                    | 1,942                 | 1,833                 | -109                            |
| E-Business Central Team Services        | 537                      | -758                  | -758                  | 0                               |
| Counter Fraud Services                  | 411                      | 266                   | 250                   | -16                             |
| Non Medical Education                   | 48,866                   | 48,866                | 48,866                | 0                               |
| Health Courier Services                 | 653                      | 418                   | 440                   | 22                              |
| SMTL                                    | 604                      | 261                   | 261                   | 0                               |
| Corporate Services                      | 1,339                    | 889                   | 910                   | 21                              |
| Corporate IT Support/RPA                | 1,448                    | 939                   | 929                   | -10                             |
| PMO                                     | 332                      | 241                   | 232                   | -9                              |
| Finance                                 | 891                      | 616                   | 495                   | -121                            |
| Workforce & OD/WFIS/ESR/TEL             | 1,448                    | 963                   | 894                   | -69                             |
| Accommodation                           | 2,506                    | 1,691                 | 1,673                 | -18                             |
| WEDS                                    | 447                      | 447                   | 447                   | 0                               |
| Salary Sacrifice                        | -30                      | -20                   | -21                   | -1                              |
| Finance Academy/Finance Graduate Scheme | 422                      | 181                   | 170                   | -11                             |
| ESR Enhanced                            | -60                      | -30                   | -30                   | 0                               |
| Stores                                  | 0                        | -89                   | -89                   | 0                               |
| Distribution                            | -750                     | 0                     | 0                     | 0                               |
|   |                          |                       |                       |                                 |

Significant service outturns to note at Month 8 are:

**Primary Care Services** – A £353k underspend was reported in month 8, the underspend primarily relates to vacancies.

**Finance** – A £121k underspend was reported in month 8, the underspend primarily relates to outward secondees and vacancies.

### **Savings Distribution 2018/19**

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

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

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

### **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 - November 2018 are summarised as follows:

| <b>Service</b>              | <b>YTD Benefit<br/>£m</b> |
|-----------------------------|---------------------------|
| Specialist Estates Services | 5.651                     |
| Procurement Services        | 25.336                    |
| Legal & Risk Services       | 60.729                    |
| <b>Total</b>                | <b>91.716</b>             |

## PERFORMANCE

### Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 2 reports have been produced and distributed. 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 2018 (Unless otherwise stated) along with comparison to the previous 3 periods.

### KEY FINANCIAL TARGETS

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

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

## KEY PERFORMANCE MEASURES

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

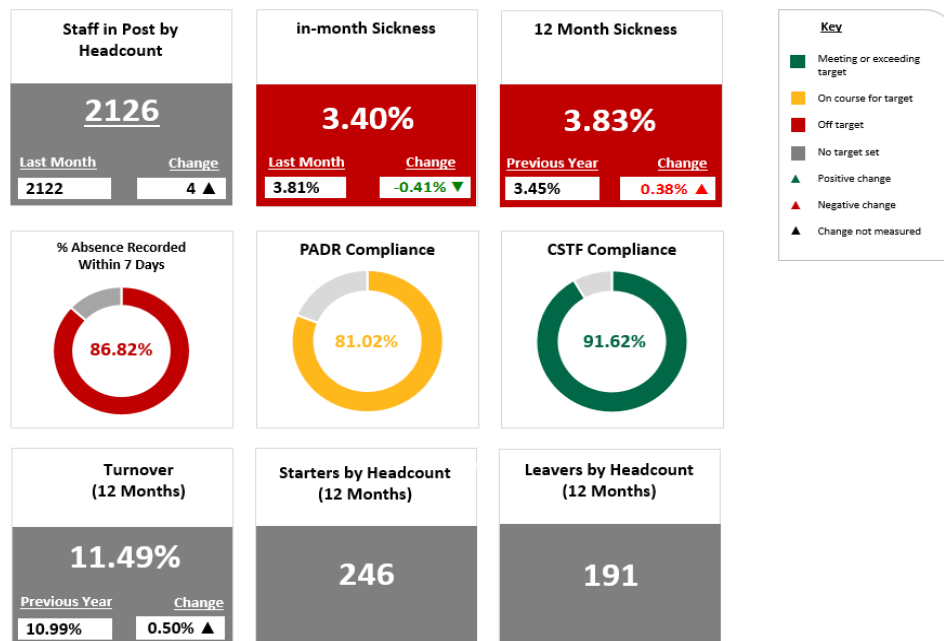
| High Level - KPIs Nov 2018 (unless stated otherwise) | Target         |            | Position at 30-Apr | Position at 31-July | Position at 30-Sept | Position at 30-Nov |
|--|----------------|------------|--------------------|---------------------|---------------------|--------------------|
| <b>Internal Indicators</b>                           |                |            |                    |                     |                     |                    |
| <b>Corporate</b>                                     |                |            |                    |                     |                     |                    |
| NHS Debts in excess of 17 weeks – Value              | <£25k          | Monthly    | £3k                | £1k                 | £41k                | £81k               |
| Variable Pay – Overtime                              | £344k          | Cumulative | £49k               | £172k               | £278k               | £367k              |
| <b>Workforce</b>                                     |                |            |                    |                     |                     |                    |
| Staff Sickness – rolling 12 months                   | 3.3%           | Cumulative | 3.55%              | 3.80%               | 3.87%               | 3.83%              |
| PADR Compliance                                      | >85%           | Monthly    | 81.94%             | 80.74%              | 83.50%              | 81.02%             |
| Statutory and Mandatory Training                     | >85%           | Monthly    | 95.60%             | 95.58%              | 95.51%              | 91.62%             |
| Agency % to date                                     | <0.8%          | Cumulative | 0.77%              | 0.82%               | 0.82%               | 0.85%              |
| <b>External Indicators</b>                           |                |            |                    |                     |                     |                    |
| <b>Professional Influence</b>                        |                |            |                    |                     |                     |                    |
| Professional Influence Benefits                      | £50m           | Cumulative | £26m               | £62m                | £79m                | £92m               |
| <b>Procurement Services</b>                          |                |            |                    |                     |                     |                    |
| Procurement savings *Current Year                    | £15.094m 18/19 | Cumulative | *£9.305m           | *£21.792m           | *£23.473m           | *£25.336m          |
| All Wales PSPP                                       | 95%            | Quarterly  | Reported Quarterly | 95%                 | 95.59%              | Reported Quarterly |
| Accounts Payable % Calls Handled (South)             | 95%            | Monthly    | 98.6%              | 97.6%               | 96.5%               | 99.1%              |
| <b>Employment Services</b>                           |                |            |                    |                     |                     |                    |
| Payroll accuracy rate inc Value Added                | 99%            | Monthly    | 99.80%             | 99.73%              | 99.74%              | 99.72%             |
| <u>Organisation KPIs Recruitment</u>                 |                |            |                    |                     |                     |                    |
| Time to Approve Vacancies                            | 10 days        | Monthly    | 9 days             | 9 days              | 9.8 days            | 9.4 days           |
| Time to Shortlist by Managers                        | 3 Days         | Monthly    | 7.5 days           | 6.1 days            | 9.3 days            | 8.7 days           |
| Time to notify Recruitment of Interview Outcome      | 2 Days         | Monthly    | 3.6 days           | 3.5 days            | 2.9 days            | 4.7 days           |
| <u>NWSSP KPIs Recruitment</u>                        |                |            |                    |                     |                     |                    |
| Time to Place Adverts                                | 2 days         | Monthly    | 1.1 days           | 1.7 days            | 1.4 days            | 1.4 days           |

| High Level - KPIs Nov 2018 (unless stated otherwise)                           | Target |         | Position at 30-Apr | Position at 31-July | Position at 30-Sept | Position at 30-Nov |
|--|--------|---------|--------------------|---------------------|---------------------|--------------------|
| Time to Send Applications to Manager   | 2 days | Monthly | 1.0 days           | 1.0 days            | 1.0 days            | 0.9 days           |
| Time to send Conditional Offer Letter  | 4 days | Monthly | 2.9 days           | 4 days              | 3.7 days            | 3.8 days           |
| Recruitment % Calls Handled  |        | Monthly | 97.9%              | 96.3%               | 95.3%               | 98.7%              |
| <b>Primary Care Services</b>   |        |         |                    |                     |                     |                    |
| Payments made accurately and to timescale                                      | 100%   | Monthly | 100%               | 100%                | 100%                | 100%               |
| Prescription - keying Accuracy rates (Sept)                                    | 99%    | Monthly | 99.47%             | 99.47%              | 99.70%              | 99.75%             |
| <b>Internal audit</b>  |        |         |                    |                     |                     |                    |
| Audits reported % of planned audits  | 48%    | Monthly | 93%                | 13%                 | 26%                 | 39%                |
| Report turnaround LHB / Trust management response to Draft report              | 80%    | Monthly | 63%                | 65%                 | 58%                 | 60%                |
| Report turnaround draft response to final reporting                            | 80%    | Monthly | 99%                | 100%                | 99%                 | 99%                |
| <b>Legal and risk</b>  |        |         |                    |                     |                     |                    |
| Timeliness of advice acknowledgement - within 24 hours                         | 90%    | Monthly | 98%                | 100%                | 100%                | 100%               |
| Timeliness of advice response – within 3 days or agreed timescale              | 90%    | Monthly | 100%               | 100%                | 98%                 | 100%               |
| <b>Welsh Risk Pool</b>   |        |         |                    |                     |                     |                    |
| Acknowledgement of receipt of claim  | 100%   | Monthly | No Committee       | 100%                | 100%                | 100%               |
| Valid claims received within deadline processed in time for next WRP committee | 100%   | Monthly | No Committee       | 100%                | 100%                | 100%               |
| Claims agreed paid within 10 days  | 100%   | Monthly | No Committee       | 100%                | 100%                | 100%               |



## WORKFORCE INFORMATION

### Summary



### NWSSP Staff in Post

The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP as at 30th November 2018:

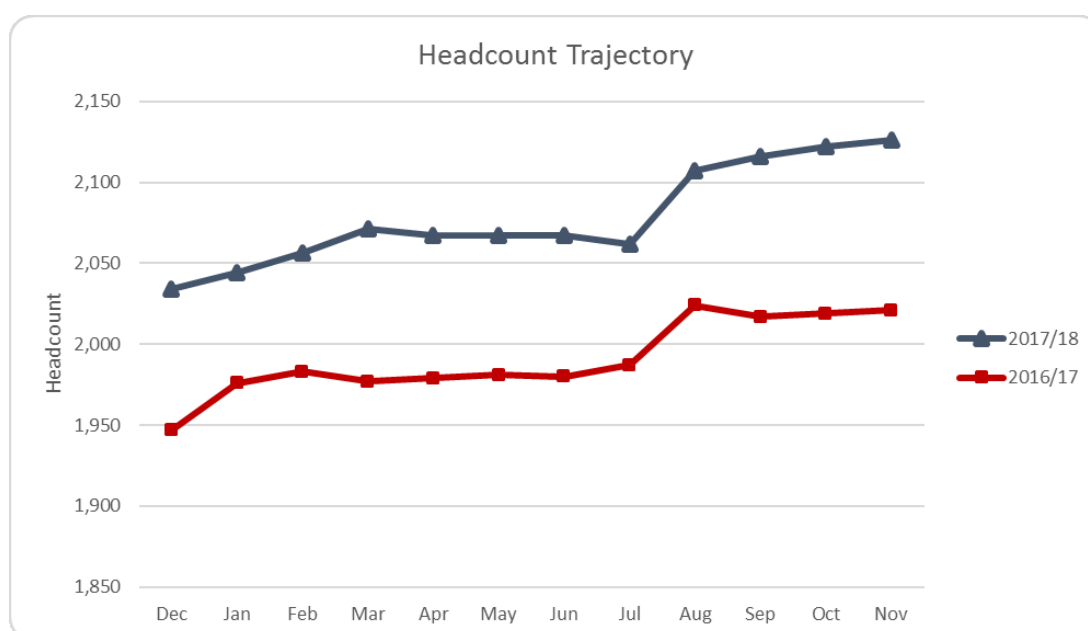
| Directorate                         | Headcount Oct 2018 | Headcount Nov 2018 | FTE Oct 2018 | FTE Nov 2018 | FTE Change +/- | FTE Change +/- % |
|-------------------------------------|--------------------|--------------------|--------------|--------------|----------------|------------------|
| Audit & Assurance Section           | 55                 | 55                 | 52.29        | 52.29        | 0.00           | 0.00%            |
| Corporate Section                   | 46                 | 46                 | 44.83        | 44.83        | 0.00           | 0.00%            |
| Counter Fraud Section               | 7                  | 7                  | 7.00         | 7.00         | 0.00           | 0.00%            |
| Digital Workforce Solutions Section | 12                 | 12                 | 12.00        | 12.00        | 0.00           | 0.00%            |
| E-Business Central Team Section     | 11                 | 11                 | 9.53         | 9.32         | 0.00           | 0.00%            |
| Employment Section                  | 344                | 345                | 314.07       | 314.77       | 1.00 ▲         | 0.29%            |
| Finance Section                     | 21                 | 21                 | 19.92        | 19.92        | 0.00           | 0.00%            |
| GP Trainees Section                 | 443                | 439                | 399.00       | 394.80       | -4.00 ▼        | -0.91%           |
| Legal & Risk Section                | 102                | 103                | 93.55        | 94.51        | 1.00 ▲         | 0.97%            |

| Directorate                               | Headcount Oct 2018 | Headcount Nov 2018 | FTE Oct 2018 | FTE Nov 2018 | FTE Change +/- | FTE Change +/- % |
|---|--------------------|--------------------|--------------|--------------|----------------|------------------|
| Primary Care Section                      | 302                | 303                | 276.79       | 277.76       | 1.00 ▲         | 0.33%            |
| Procurement Section                       | 690                | 696                | 655.19       | 661.13       | 6.00 ▲         | 0.86%            |
| Specialist Estates Section                | 44                 | 44                 | 41.91        | 41.91        | 0.00           | 0.00%            |
| Surgical Materials Testing (SMTL) Section | 19                 | 19                 | 17.52        | 17.52        | 0.00           | 0.00%            |
| Welsh Employers Unit Section              | 4                  | 4                  | 3.80         | 3.80         | 0.00           | 0.00%            |
| Workforce & OD Section                    | 22                 | 21                 | 21.16        | 20.16        | -1.00 ▼        | -4.76%           |
| <b>Grand Total</b>                        | <b>2,122</b>       | <b>2,126</b>       | <b>1,969</b> | <b>1,972</b> | <b>4.00 ▲</b>  | <b>0.19%</b>     |

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

### NWSSP Overall Headcount Trajectory

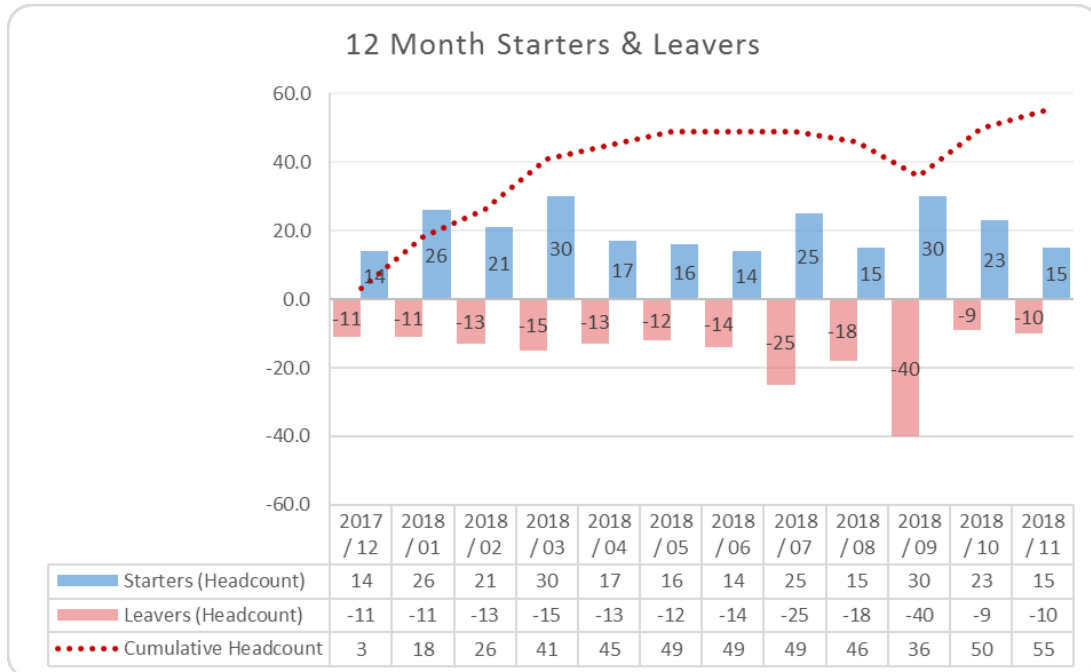
The graph below shows the rolling 12 month headcount trajectory compared to the same period the previous year.



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

## Staff Turnover

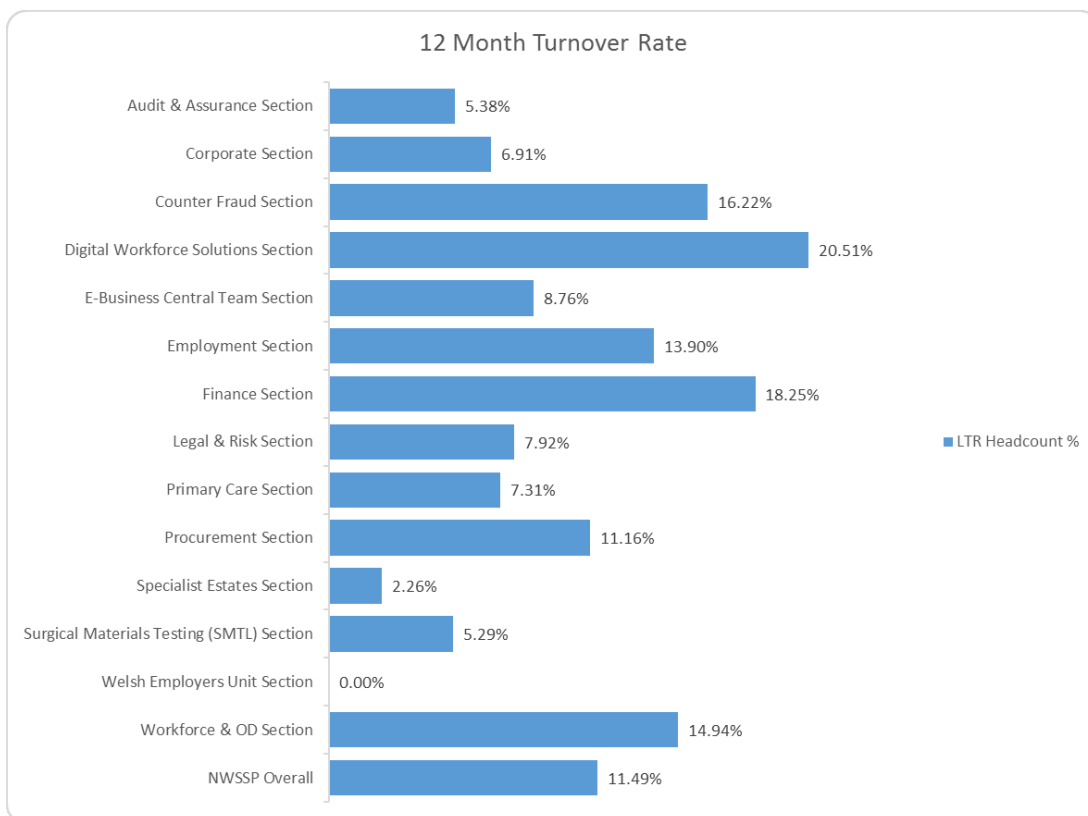
The graph below shows the starters and leavers in NWSSP from December 2017 to November 2018. GP Trainees and Bank workers are excluded from this information:



The turnover rate for NWSSP from 1<sup>st</sup> December 2017 to 30<sup>th</sup> November 2018 is **11.49%** compared to 10.99 % for the same period last year.

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

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



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

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

A summarised analysis of the reasons why staff have left is provided below for the period 1<sup>st</sup> December 2017 to 30<sup>th</sup> November 2018:

| Non Voluntary Resignations                                 |    | Voluntary Resignations                                     |    | Retirement  |    |
|--|----|--|----|---|----|
| Death in Service   | 2  | Voluntary Resignation - Better Reward Package              | 10 | Voluntary Early Retirement - with Actuarial Reduction | 6  |
| Dismissal - Capability                                     | 6  | Voluntary Resignation - Health                             | 6  | Flexi Retirement                                      | 5  |
| Dismissal - Conduct  | 0  | Voluntary Resignation - Incompatible Working Relationships | 2  | Retirement - Ill Health                               | 2  |
| Employee Transfer  | 24 | Voluntary Resignation - Lack of Opportunities              | 3  | Retirement Age  | 21 |
| End of Fixed Term Contract                                 | 4  | Voluntary Resignation - Other/Not Known                    | 29 |   |    |
| End of Fixed Term Contract - Completion of Training Scheme | 2  | Voluntary Resignation - Promotion                          | 34 |   |    |
|  |    | Voluntary Resignation - Relocation                         | 7  |   |    |

| Non Voluntary Resignations |           | Voluntary Resignations   |            | Retirement |           |
|----------------------------|-----------|--|------------|------------|-----------|
|                            |           | Voluntary Resignation - To undertake further education or training | 7          |            |           |
|                            |           | Voluntary Resignation - Work Life Balance                          | 18         |            |           |
|                            |           | Mutually Agreed Resignation - Local Scheme with Repayment          | 1          |            |           |
|                            |           | Voluntary Resignation - Adult Dependants                           | 1          |            |           |
|                            |           | Voluntary Resignation - Child Dependants                           | 1          |            |           |
| <b>Total</b>               | <b>38</b> |  | <b>119</b> |            | <b>34</b> |

Of **191** staff that left the organisation during this period **119** staff terminated as a result of a voluntary resignation, equivalent to **62.30%** of all terminations.

**10** staff terminated in November 2018.

## Sickness Absence

The chart below shows the average sickness absence rate for NWSSP for 12 months from 1st December 2017 to 30th November 2018.

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

The in-month sickness absence rate for November 2018 was 3.40% which is a 0.41% decrease from the October position:

| Absence % | Absence Days | Abs        | Avail     |
|-----------|--------------|------------|-----------|
| 3.83%     | 27,045.47    | 705,773.01 | 3.83%     |
| Month     | Absence %    | Abs        | Avail     |
| 2017 / 12 | 3.65%        | 2,138.40   | 58,561.67 |
| 2018 / 01 | 4.21%        | 2,478.82   | 58,831.00 |
| 2018/ 02  | 4.41%        | 2,354.12   | 53,416.15 |
| 2018/ 03  | 3.93%        | 2,343.28   | 59,553.49 |
| 2018/ 04  | 3.65%        | 2,108.43   | 57,711.61 |
| 2018/ 05  | 3.59%        | 2,141.97   | 59,658.15 |
| 2018/ 06  | 3.86%        | 2,231.30   | 57,879.49 |
| 2018/ 07  | 3.92%        | 2,341.69   | 59,794.61 |
| 2018/ 08  | 3.86%        | 2,358.66   | 61,085.42 |
| 2018/ 09  | 3.75%        | 2,219.65   | 59,264.28 |
| 2018/ 10  | 3.81%        | 2,321.35   | 60,941.60 |
| 2018/ 11  | 3.40%        | 2,007.79   | 59,075.53 |

## **CORPORATE RISK REGISTER**

### **INTRODUCTION**

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

### **RISKS FOR ACTION**

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

| <b>Current Risk Rating</b> | <b>Jan 2019</b> |
|----------------------------|-----------------|
| Red Risk                   | 2               |
| Amber Risk                 | 9               |
| Yellow Risk                | 1               |
| Green Risk                 | 0               |
| <b>Total</b>               | <b>12</b>       |

#### **Red-rated Risks**

##### ***Risk A1 - Demise of the Exeter Software System***

***Current Risk Score: Red 20***

##### ***Risk A2 – Threat of a "No-Deal Brexit"***

***Current Risk Score: Red 20***

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

#### **New/Removed/Amended Risks**

No further risks have been added to, or removed from, the Risk Register since the last meeting of the Committee in November. Four risks have however, been down-graded in terms of their current risk score. These relate to:

- A3 Security of NWSSP sites – findings from the security review were reported to the December SMT and demonstrate no major issues. Some recommendations for improvement were however made and the progress on action to address these will be appropriately monitored;
- A5 Reporting of Performance – a performance management framework has been drafted and will be implemented for the 2019/20 financial year;
- A7 Impact on Payroll – the pay award and arrears has been actioned and support provided to establish HEIW. There are still significant concerns in terms of the Bridgend transfer but this is the subject of a separate and specific risk; and

- A11 Business Continuity – significant work has been undertaken in recent months to improve and enhance business continuity processes. These have been separately tested and action cards are currently being produced for specific scenarios. Internal Audit are also undertaking a review of the progress to date.

## 1. RISKS FOR MONITORING

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





| <b>Current Risk Rating</b> | <b>Jan 2019</b> |
|----------------------------|-----------------|
| Red Risk                   | 0               |
| Amber Risk                 | 1               |
| Yellow Risk                | 3               |
| Green Risk                 | 1               |
| <b>Total</b>               | <b>5</b>        |

## RECOMMENDATIONS

The Shared Service Partnership Committee is requested to note:

- The financial position reported to 30<sup>th</sup> November 2018.
- The planned increase in distribution for 18/19.
- The significant level of professional influence benefits generated by NWSSP to 30<sup>th</sup> November 2018.
- The performance against the high level key performance indicators.
- The workforce data for the period; and
- The Corporate Risk Register as at 11 January 2019.

## Corporate Risk Register

| Ref              | Risk Summary  | Inherent Risk |        |             | Existing Controls & Mitigations   | Current Risk |        |             | Further Action Required   | Progress   | Trend since last review   | Target & Date |
|------------------|---|---------------|--------|-------------|---|--------------|--------|-------------|---|--|---|---------------|
|                  |   | Likelihood    | Impact | Total Score |   | Likelihood   | Impact | Total Score |   |  |   |               |
| Risks for Action |   |               |        |             |   |              |        |             |   |  |   |               |
| A1               | Risks associated with the demise of the Exeter system coming to an end in 2015, with no replacement system designed for NHS Wales. The contract in NHS England has been outsourced to Capita.   | 4             | 5      | 20          | Establishment of NHS Wales Steering Group. High level option appraisal undertaken. Mapping exercise completed with Capita and PCS subject matter experts to identify gaps between NHSE and NHSW.  | 4            | 5      | 20          | Review proposal received from Northern Ireland in terms of legal, financial and operational implications. DH 31 Jan 2019          | Joint work continues in relation to the transfer of the NHS Wales Patient Registration System on NHAIS to the Primary Care Registration Management (PCRM) system run by NHS Digital. This is now likely to take place by the end of December 2019 at the earliest. Initial dialogue with Northern Ireland BSO has taken place and a follow up initial service discussion is taking place on 22nd January. It is planned that negotiated arrangements will be in place by the end of March for implementation and live running from October 2019. Initial costs suggest the replacement GMS system will exceed the current PCS revenue budget |    | 31-Mar-19     |
|                  | Escalated Directorate Risk  |               |        |             |   |              |        |             |   | Risk Lead: Director of Primary Care Services   |   |               |
| A2               | Threats to the supply of medical consumables, and potential employment issues, in the event of a no-deal Brexit.  | 4             | 5      | 20          | Regular discussions with UK and Welsh Governments<br>Attend Ministerial Advisory Board<br>Velindre Brexit Group   | 4            | 5      | 20          | Deloitte undertaking review of stock items. (31 Jan 2019)   | NWSSP is represented on a number of NHS Wales and Welsh Govt groups to ensure that we both contribute to, and are aware of, the issues affecting NHS Wales in the event of a no-deal Brexit.   |  | 31-Mar-19     |
|                  | Strategic Objective - Customers   |               |        |             |   |              |        |             |   | Risk Lead: Director of Procurement Services  |   |               |
| A3               | Disruption to services and threats to staff due to unauthorised access to NWSSP sites.  | 5             | 4      | 20          | Manned Security at Matrix<br>CCTV<br>Locked Gates installed at Matrix.<br>Secirity Review Undertaken (reported Dec 18)  | 2            | 4      | 8           | Review progress with findings from security review (PS 30/04/2019)<br>On-going discussion with Landlord at Matrix (RD 31/01/2019) | Security Review undertaken and reported to SMT in Dec 2018. No major findings but all agreed actions will be flowed up through audit tracker. Any high risk actions are due for completion by 30 April 2019  |  | 30-Apr-19     |
|                  | Strategic Objective - Staff   |               |        |             |   |              |        |             |   | Risk Lead; Director Specialist Estates<br>Services/Director of Finance and Corporate Services  |   |               |
| A4               | NWSSP are unable to recruit and retain sufficient numbers and quality of staff for certain professional services (Procurement Services) resulting in a potential failure to meet desired performance targets and/or deliver service improvements. | 5             | 4      | 20          | Staff Surveys & Exit Interviews<br>Monitoring of turnover and sickness absence<br>Workforce & OD Framework<br>Work with Great With Talent to develop On-Boarder, Absence & Exit questionnaires (3, 6 and 12 months)<br>Development of Clerical Bank<br>Strengthened relationship with local universities<br>Work-based degree opportunities in some professional services<br>Use of Social Media<br>Use of Recruitment Consultants<br>Targeted Advertising - Trade Journals | 4            | 3      | 12          | Exit interviews to assess rationale for staff leaving employment - 31 Mar 2018 (HR) - on hold due to procurement tender exercise  | Recruitment and retention remains a concern, particularly within professional posts primarily with the procurement services function.<br><br>Recruitment has improved in other professional functions.<br><br>Work is taking place with all services to have in pace agile recruitment and retention strategies to attempt to address these concerns, utilising available data and information.  |  | 31-Jan-19     |
|                  | Strategic Objective - Staff   |               |        |             |   |              |        |             |   | Risk Lead: Director of Workforce and OD  |   |               |



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

|                      |  |   |   |    |   |   |   |   |  |  |   |           |
|----------------------|--|---|---|----|---|---|---|---|--|--|---|-----------|
| A11                  | 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<br>Service Level Agreement (SLA) in place with NWIS<br>Significant additional capital funding obtained from Welsh Government in prior year for IT investment<br>Development of draft IT strategy<br>Quarterly Reporting of Performance to SMT   | 1 | 4 | 4 | 1. Finalise IT Strategy for NWSSP, to include an IT replacement strategy - complete<br>2. Consolidate Desktop support from one strategic partner - currently a mix of arrangements (NWIS & BCU) - 31 Mar 2019 (AB)<br>3.Finalise Cyber Security Action plan - complete<br>4. Develop an overarching Business Continuity plan for NWSSP incorporating operational, IT and building requirements and test the plan annually - complete | All actions on track and a consultant from the Wales Quality Centre is currently working with NWSSP to enhance BCP arrangements.<br><br>1. Completed<br>2. Ongoing<br>3. Completed<br>4. Completed - plan developed and tested in Sept.<br><br>Internal audit of BCP arrangements currently being undertaken.<br><b>Risk Lead: Director of Finance &amp; Corporate Services</b>  | ↓ | 31-Mar-19 |
|                      | Strategic Objective - Excellence   |   |   |    |   |   |   |   |  |  |   |           |
| A12                  | Failure to comply with Welsh Language requirements and capacity to meet the increased demand for Welsh translation services resullting from the implementation of the Welsh Language Standards leading to reputational damage for NWSSP.   | 3 | 4 | 12 | Welsh Language Officer appointed<br>Staff required to populate Welsh language skillset in ESR<br>Welsh Language Translator appointed<br>WL awareness is included within the face to face corporate induction training day<br>Accredited WL training in place at several NWSSP sites<br>WL monitoring report submitted to SMT<br>External comms - WIAP project ensuring all web information is bilingual, graphic design, public events, etc | 2 | 4 | 8 | 1. Undertake a Cost/benefits analysis to justify further investment in Welsh Language capacity - complete<br>2.Bilingual interface of TRAC recruitment software to be fully bilingual - complete<br>3. Investigate the potential for introducing a WL hub to provide support with translation for NHS Wales - complete<br>4. Undertake Internal Audit review of progress against Welsh Language Standards - currently being scoped.  | Regular updates to SMT and additional resource being recruited Jan 2019.<br>Findings of internal audit review expected shortly.<br>Meetings held with PHW in Dec 18 to explore joint recruitment.<br><br><b>Risk Lead: Director of Finance and Corporate Services</b>  | → | 31-May-19 |
|                      | Strategic Objective - Staff  |   |   |    |   |   |   |   |  |  |   |           |
| Risks for Monitoring |  |   |   |    |   |   |   |   |  |  |   |           |
| M1                   | 1. The Learning@Wales server provided and supported by NWIS requires enhancements to ensure user capacity is aligned with forecasted usage and is fully supported and managed to ensure provision of service does not degrade further.<br><br>Further enhancements are required to reporting capability as this is affecting the service provided and reputation of NWSSP.<br><br>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.<br><br>Over 70% of learning undertaken in NHSW at 07/2017 was via e-learning. There would be a significant impact on the compliance of the workforce if the server failed. | 4 | 4 | 16 | Additional support provided from NWIS to schedule reports out of hours to minimise impact on server disruption.<br><br>Significant cleansing and formatting of reports by DWS Team before they are forwarded to organisations to enable them to manage compliance.<br><br>NWSSP IT function have enabled a temporary solution via the Manchester server.  | 2 | 4 | 8 | 1. Escalation with NWIS for resolution.<br><br>2. Provision of fully supported server, hosted in NWIS, DMZ required.   | 1. A part-solution is in place for reporting but the final reporting solution is still to be sourced. NWIS are making progress and a recent meeting has taken place where the specification and possible solutions have been discussed. NWIS need to go out to advert for a specialist to support this work and they have also submitted a request for a new server build for this project. A further update will be available at the end of June following the next meeting.<br><br>2. We are awaiting confirmation from NWIS on the timeline for the server move. The server is currently resilient and there is a meeting with NWIS on 13/6 where we hope to get clarification on a new migration timeline. | ↓ |           |
|                      | Escalated Directorate Risk   |   |   |    |   |   |   |   |  |  |   |           |
| M2                   | Reputational impact due to issues within the Accounts Payable (AP) team that have resulted in the delay in payment to suppliers in a number of Health Boards and Trusts leading to failure to achieve their Public Sector Payment Policy (PSPP) targets.   | 4 | 4 | 16 | Review of performance at regular meetings with LHBs and Trusts<br>SMT review high level progress reports on regular basis<br>Restructure of AP team to improve performance<br>Action plan in place to address issues - has been subject to independent review<br>Finance Academy has established P2P as a national project under the developing excellence initiative.<br>Accounts payable helpdesk introduced                              | 3 | 4 | 6 | 1. Complete implementation of action plan ( RW)<br>2. Internal Audit to complete follow up review ( SC)<br>3. The All Wales P2P group to provide regular updates on progress to the SMT (AB)<br>4. Appoint P2P Project Manager (AB)  | 1. Completed<br>2. Completed<br>3. Regular updates to Finance Directors and Committee<br>4. Completed<br><br>Actions taken to date have resulted in improvement in PSPP performance not now considered a problem.  | → |           |
|                      | Escalated Directorate Risk   |   |   |    |   |   |   |   |  |  |   |           |





|    |  |   |   |    |  |   |   |   |  |   |   |  |
|----|--|---|---|----|--|---|---|---|--|---|---|--|
| M3 | Failure to ensure compliance with GDPR requirements leading to a serious breach which damages the reputation of NWSSP  | 4 | 3 | 12 | Information Governance Steering Group<br>Information Governance Manager<br>Caldicott Guardian<br>Senior Information Risk Owner (SIRO)<br>Training programme for staff<br>CPIP Annual Self-Assessment and Report<br>Information Asset Owners in each Directorate<br>ICO Audits<br>Information Governance Risk Register<br>Health and Care Standards | 2 | 3 | 6 | 1. Information Governance Work Plan to be formally approved (AB)<br>2. Review lessons learned from IG breaches (AB)<br>3. GDPR Action Plan<br>4. Internal Audit review to be undertaken in 2018/19   | 1. Completed - IG Work Plan approved by IG Steering Group.<br>2. Ongoing - Standard agenda item on IG Steering Group; presentations delivered by each directorate, in turn.<br><br>NWSSP achieved a score of 96% in the latest Caldicott Principles into Practice assessment.   | ➔ |  |
|    | Strategic Objective - Service Development  |   |   |    |  |   |   |   |  | Risk Lead: Director of Finance & Corporate Services in conjunction with Service Heads   |   |  |
| M4 | The establishment of HEIW from October 2018 will cause significant disruption and uncertainty for NWSSP staff.   | 5 | 4 | 20 | Programme Board<br>Regular presentation to SMT<br>WEDS Legacy Statement produced   | 1 | 3 | 3 | WEDS Legacy Statement to be produced for SSPC September meeting - Complete<br>Review accuracy of suggested costs ahead of next Finance workstream - Complete   | HEIW established 1 Oct 2018.<br>Recognition now from WG that this will be a hugely expensive exercise.<br>Concerns over impact on NWIS and whether our service from them will suffer as a result.   | ⬇ |  |
|    | Strategic Objective - Staff  |   |   |    |  |   |   |   |  | Risk Lead: Director of Finance and Corporate Services   |   |  |
| M5 | The forecasting of the Risk Pool spend is complex. Any inaccuracies could have a major impact on NHS Wales' ability to achieve financial balance and could adversely impact the reputation of NWSSP.<br><br>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<br>Introduction of Business Partnering Arrangements<br>On-going development of robust forecasting arrangements<br>Regular reporting to SSPC and Directors of Finance<br>Subject to WAO review.   | 2 | 3 | 6 | 1. Closer working with Health Boards, Welsh Government and Solicitors required to maintain a current and accurate view of the level of risk.<br><br>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.<br><br>A dialogue system is in place and forecasting is always on the LARS monthly Senior Team meeting, chaired by the Director and attended by Martin Riley and Legal & Risk Services' Senior Solicitors/Team Leaders.<br><br>Finance Directors were updated on the latest position in 01/2018. Additional funding has now been provided by HM Treasury. | ➔ |  |
|    | Escalated Directorate Risk   |   |   |    |  |   |   |   |  | Risk Lead: Director of Finance & Corporate Services   |   |  |

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

|   |                 |
|---|-----------------|
|  | New Risk        |
|  | Escalated Risk  |
|  | Downgraded Risk |
|  | No Trend Change |

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

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

|   |                 |
|---|-----------------|
|  | New Risk        |
|  | Escalated Risk  |
|  | Downgraded Risk |
|  | No Trend Change |



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

**THURSDAY 15<sup>TH</sup> NOVEMBER 2018**

**12:00 – 13:00**

**NWSSP HQ, BOARDROOM – PART B**

**Present:**

| <b>Attendance</b>  | <b>Designation</b>                                   | <b>Health Board / Trust</b>   |
|--------------------|--|-------------------------------|
| Huw Thomas (HT)    | Deputy Director of Finance – Acting Chair            | Hywel Dda UHB                 |
| Neil Frow (NF)     | Managing Director                                    | NWSSP                         |
| Geraint Evans (GE) | Director of Workforce and Organisational Development | ABUHB                         |
| Hazel Robinson     | Director of Workforce and Organisational Development | ABMUHB                        |
| Julie Rowles       | Director of Workforce and Organisational Development | Powys THB                     |
| Chris Lewis (CL)   | Deputy Director of Finance                           | Cardiff & Vale UHB            |
| Steve Ham (SH)     | Chief Executive                                      | Velindre University NHS Trust |
| Chris Turley (CL)  | Assistant Director of Finance                        | WAST                          |
| Steve Elliott (SE) | Deputy Director of Finance                           | Welsh Government              |
| Andy Butler (AB)   | Director of Finance & Corporate Services             | NWSSP                         |
| Pete Hopgood       | Deputy Director of Finance                           | Powys THB                     |
| Denise Roberts VC  | Financial Accountant                                 | BCUHB                         |
| Phil Bushby VC     | Director of People & OD                              | PHW                           |

| <b>6. PRELIMINARY MATTERS</b>  |  |           |
|--|--|-----------|
| <b>UNCONFIRMED MINUTES OF THE MEETING HELD ON 20<sup>st</sup> SEPTEMBER 2018</b> |  |           |
| <b>6.1</b>   | <p>The unconfirmed minutes of the meeting held on 20<sup>th</sup> September 2018 were agreed as a true and accurate record of the meeting.</p> <p>Apologies were provided from Margaret Foster</p>   |           |
| <b>6.2</b>   | <p><b>NATIONAL IMPROVEMENT PROGRAMME UPDATE</b></p> <p>A number of papers were provided for information giving an update on the position with the National Improvement Programme.</p> <p>NF mentioned that no feedback had been received following submission of the All-Wales FM paper to the September Committee. A number of attendees stated that they had not yet discussed this with their Executive Teams as was originally planned. HT requested that NF write to all HBs and Trusts to remind them of what he needed them to do in respect of this paper.</p> | <b>NF</b> |
| <b>6.3</b>   | <p><b>WIBBS INQUIRY UPDATE</b></p> <p>AB presented a paper for information which details the requirements on NWSSP to engage with the inquiry into infected blood that is being undertaken on an UK-wide basis.</p>  |           |
| <b>7 SERVICE REVIEW</b>  |  |           |
| <b>7.1</b>   | <p><b>IMTP UPDATE</b></p> <p>Iain Hardcastle, Head of Planning, attended the meeting to give a presentation on the IMTP process.</p>   |           |
| <b>7.2</b>   | <p><b>LEGAL &amp; RISK UPDATE</b></p> <p>Gavin Knox from Legal and Risk Services gave an informative presentation on the work of the Complex Patient Team.</p>   |           |