

1 PRELIMINARY MATTERS

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SSPC A AGENDA - Part 1 21st June 2018.doc Final missing items.doc

1.1 Welcome and Introductions

1.2 Apologies for Absence

1.3 Declarations of Interest

1.4 Unconfirmed Minutes of Meeting:

1.4. Unconfirmed Minutes of Meeting Held on 270318 clean version.docx

1.5 Action Log

1.5 Action Log June 2018.doc

1.6 Matters Arising not considered on the Action Log

2 DEEP DIVE

2.1 Hire to Retire

3 CHAIR AND MANAGING DIRECTORS REPORT

3.1 Chairman's Report

3.2 Internal Audit Strategy

4 ITEMS FOR APPROVAL/ENDORSEMENT

4.1 Annual Review 2017-2018

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4.1 Annual Review 2017-18June.pdf

4.2 Health and Care Standards Self-Assessment 2018

4.2 SSPC Health and Care Standards Self-assessment 2017-2018.docx

Appendix 1 - Governance Leadership and Accountability (2).docx 2017-2018.docx June 2018.docx

Appendix 2 Theme 1 Staying Healthy June 2018.docx

Appendix 3 Healthcare Standards - Theme 2 Safe Care June 2018.docx

Appendix 4 Healthcare Standards - Theme 3 Effective Care June 2018.docx

Appendix 5 Healthcare Standards - Theme 4 Dignified Care June 2018.docx

Appendix 6 Healthcare Standards - Theme 5 Timely Care June 2018.docx

Appendix 7 Healthcare Standards - Theme 6 Individual Care June 2018.docx

Appendix 8 - Healthcare Standards - Theme 7 Staff and Resources 2018.docx

5 PROJECT UPDATES

5.1 Update on Laundry Review

5.1 Laundry report.docx

5.2 Catering Review

5.2 Catering report.docx

5.3 Pharmacy Update

5.3 Pharmacy Service update report SSP June 2018.docx

5.3 Pharmacy project funding paper to SSPC 21 06 18 v0.2.docx

5.3 Appendix 1 Pharmacy Project Scoping DRAFT V0.2 04 06 18 18.docx

5.4 Project Management Office (PMO) Summery

5.4 SSPC PMO june 18.docx

6 GOVERNANCE, PERFORMANCE AND ASSURANCE

6.1 Integrated Medium Term Plan (IMTP) Update

6.1 SSPC IMTP 18 21 Review and Lessons June 18.docx

6.2 Corporate Risk Register

6.2 Corporate Risk June 2018.docx

- 6.3 Welsh Risk Pool Financial Position
  - 6.3 WRP.docx
- 6.4 Annual Governance Statement 2017-2018
  - 6.4A SSPC Cover Sheet Annual Governance.docx
  - 6.4B Annual Governance Statement FINAL 2017-2018.docx
- 6.5 Finance and Performance Report
  - 6.5 SSPC Finance and Corporate Services June 2018.docx
- 6.6 Results Committee Self - Assessment Survey 2018
  - 6.6 2018 SSPC Committee Effectiveness Survey Results.docx
- 7 Items for Information / Discussion
  - 7.1 Risk Protocol
    - 7.1 NWSSP Risk Protocol 2018.doc
  - 7.2 Annual Report on Complaints 2017-2018
    - 7.2 SSPC Annual Report Issues and Complaints 2017-2018.docx
  - 7.3 Annual Report on Gifts & Hospitality
    - 7.3 SSPC Annual Report on Gifts Hospitality & Sponsorship.docx
  - 7.4 Pharmacy Rebate Scheme
    - 7.4 Primary care rebate report.docx
  - 7.5 Counter Fraud Operational Plan 2018-2019
    - 7.5A nhs wales counter fraud operational plan 2018-2019.docx
    - 7.5B Counter Fraud Operational Plan 2018-2019.docx
  - 7.6 Audit Committee Highlight Report
    - 7.6A SSPC Audit Comm Highlight Report.pdf
    - 7.6B SSPC Audit Comm Highlight Report.pdf
- 8 Other Matters
  - 8.1 Any Other Urgent Business
  - 8.2 Date of Next Meeting - Thursday 20th September, NWSSP HQ , Nantgarw, Boardroom

**NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**  
**THURSDAY 21<sup>TH</sup> JUNE 2018**  
**10:00 – 13:00**  
**BOARDROOM, CHARNWOOD COURT, NANTGARW**

**AGENDA**

<b>PART 1</b>		
<b>1. PRELIMINARY MATTERS</b>		<b>LEAD/ ATTACHMENTS</b>
1.1	Welcome and Introductions	Chair
1.2	Apologies for absence	Chair
1.3	Declarations of Interest	Chair
1.4	"Unconfirmed" Minutes of meeting held on 27 <sup>th</sup> March 2018	Chair
1.5	Action Log	Chair
1.6	Matters Arising not considered on the action log	Chair
<b>2. DEEP DIVE</b>		
2.1	Hire to Retire	Helen Thomas Deputy ESR Programme Director <b>Presentation</b>
<b>3. CHAIR AND MANAGING DIRECTOR'S REPORTS</b>		
3.1	Chairman's Report	Chair <b>Verbal</b>
3.2	Managing Director's Report <ul style="list-style-type: none"> <li>• Health Education and Improvement Wales (HEIW) Update</li> <li>• National Improvement Programme (NIP) update</li> <li>• Prudent Procurement</li> <li>• National Procurement Service (NPS) Update</li> <li>• Matrix House update</li> </ul>	Managing Director <b>Verbal</b>

	<ul style="list-style-type: none"> <li>Pharmacy Supply Chain</li> </ul>	
3.3	Internal Audit Strategy	Director of Audit & Assurance <b>Presentation</b>
<b>4. ITEMS FOR APPROVAL/ENDORSEMENT</b>		
4.1	Annual Review 2017-2018	Director of Finance & Corporate Services <b>To follow</b>
4.2	Health and Care Standards Self-Assessment 2018	Director of Finance & Corporate Services
<b>5. PROJECT UPDATES</b>		
5.1	Update on Laundry Review	Managing Director
5.2	Catering Review	Managing Director
5.3	Pharmacy Update	Managing Director
5.4	Project Management Office (PMO) Summary	Director of Finance & Corporate Services
<b>6. GOVERNANCE, PERFORMANCE AND ASSURANCE</b>		
6.1	Integrated Medium Term Plan (IMTP) Update	Director of Finance & Corporate Services
6.2	Corporate Risk Register	Head of Finance & Business Development
6.3	Welsh Risk Pool Financial Position	Director of Finance & Corporate Services
6.4	Annual Governance Statement 2017-2018	Head of Finance and Business Development



6.5	Finance and Performance Report	Director of Finance & Corporate Services
6.6	Results Committee Self-Assessment Survey 2018	Director of Finance & Corporate Services
<b>7. ITEMS FOR INFORMATION/DISCUSSION</b>		
7.1	Risk Protocol	Head of Finance and Business Development
7.2	Annual Report on Complaints 2017-2018	Director of Finance & Corporate Services
7.3	Annual Report on Gifts & Hospitality	Director of Finance & Corporate Services
7.4	Pharmacy Rebate Scheme	Director of Procurement
7.5	Counter Fraud Operational Plan 2018-2019	Director of Finance & Corporate Services
7.6	Audit Committee Highlight Report	Director of Finance & Corporate Services
<b>8.OTHER MATTERS</b>		
8.1	Any Other Urgent Business	Chair
8.2	<u>Date of Next Meeting</u> Thursday, 20 <sup>th</sup> September 2018, Boardroom, NWSSP Headquarters, Nantgarw	Chair



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

**THURSDAY 27<sup>TH</sup> MARCH 2018**

**10:00 – 13:00**

**NWSSP HQ, BOARDROOM**

**Present:**

<b>Attendance</b>	<b>Designation</b>	<b>Health Board / Trust</b>
Margaret Foster (MF)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Geraint Evans (GE)	Director of Workforce and Organisational Development	ABUHB
Huw Thomas	Director of Finance	BCUHB
Jo Davies (JD)	Director of Workforce and Organisational Development	Cwm Taf UHB
Chris Lewis (CL)	Deputy Director of Finance	Cardiff & Vale UHB
David Eave (DE)	Executive Project Manager	Hywel Dda UHB
Sue Morgan (SM))	Executive Director of Nursing & Service Improvement	Velindre NHS Trust
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Jacqui Maunder (JM)	Head of Corporate Services	NWSSP
Darron Dupre (DD)	Trade Union Representative - Unison	NWSSP
Mark Roscrow (MR) (Items 5.2 & 7.5)	Director of Procurement Services	NWSSP
Non Richards (Item 2.2)	Welsh Language Officer (WLO)	NWSSP
Marie-Claire Griffiths (Item 4.1)	IMTP Lead	NWSSP

Maria Newbold (MN)	Secretariat	NWSSP
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1. PRELIMINARY MATTERS														
WELCOME AND INTRODUCTIONS														
No.	Minute	Action												
1.1	The Chair welcomed everyone to the March 2018 Shared Services Partnership Committee (SSPC) meeting.													
APOLOGIES FOR ABSENCE														
1.2	Apologies of absence were <b>received</b> from the following: <table><tr><td>Lynne Hamilton</td><td>ABM UHB</td></tr><tr><td>Patsy Roseblade</td><td>WAST</td></tr><tr><td>Robert Williams</td><td>CTUHB Governance Support</td></tr><tr><td>Nia Williams</td><td>Hywel Dda UHB</td></tr><tr><td>Melanie Westlake</td><td>PHW</td></tr><tr><td>Darron Dupre</td><td>Staff Side</td></tr></table>	Lynne Hamilton	ABM UHB	Patsy Roseblade	WAST	Robert Williams	CTUHB Governance Support	Nia Williams	Hywel Dda UHB	Melanie Westlake	PHW	Darron Dupre	Staff Side	
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Robert Williams	CTUHB Governance Support													
Nia Williams	Hywel Dda UHB													
Melanie Westlake	PHW													
Darron Dupre	Staff Side													
DECLARATIONS OF INTEREST														
1.3	There were no additional declarations of interest to those already declared.													
UNCONFIRMED MINUTES OF THE MEETING HELD ON 18 <sup>th</sup> JANUARY 2018														
1.4	The unconfirmed minutes of the meeting held on 18 <sup>th</sup> January 2018 were agreed as a true and accurate record of the meeting with the exception that Huw Thomas' job title should be amended to reflect that he was a Deputy Director of Finance.													
ACTION LOG														
1.5	Members <b>NOTED</b> the updates provided and <b>ENDORSED</b> the Action Log.													
MATTERS ARISING														
1.6	No matters were raised.													
2	SERVICE REVIEW													
DEEP DIVE – Internal Audit Strategy														
2.1	Members <b>received</b> an informative presentation on NWSSP's draft Internal Audit Strategy. Simon Cookson, Director of Audit and Assurance, gave an update on the findings of the external quality assessment (EQA)													

	<p>undertaken by the Chartered Institute of Internal Auditors (CIIA). Members noted that the International Standards comprised of 64 guiding principles across 118 criteria, and that the EQA was undertaken every 5 years. A survey questionnaire was issued to individual Health Board's (HB's), Trust's and hosted bodies seeking feedback on the internal audit function and a number of interviews were undertaken to gather qualitative feedback to support the survey findings.</p> <p>The Committee <b>NOTED</b> that the overall feedback on the internal audit service was very positive and only two areas were suggested for improvement. The two areas suggested were to strengthen the framework required for board assurance frameworks linked to managing risk; and to review the efficiency of the existing audit software system to better support the internal audit function.</p> <p>The findings of the report and the strategy will be presented to the Velindre NHS Trust Audit Committee for NWSSP on the 24<sup>th</sup> April 2018 and will be presented to HB/Trust Audit Committee's and Welsh Government thereafter.</p> <p>The findings had also provided an evidence led platform upon which to develop an internal audit strategy and the All Wales NHS Audit Committee Chairs group and the NHS Wales Board Secretaries Network had been consulted on the draft document. The strategy will focus on the 4 key areas of: people, coverage, technology and quality.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> </ul>	
<b>Welsh Language Standards (No 7.) Regulations 2018</b>		
<b>2.2</b>	<p>The report and presentation providing an update on the Welsh Language Standards (No 7.) Regulations 2018 was <b>received</b>.</p> <p>Jacqui Maunder (JM), Head of Corporate Services and Non Richards (NR), Welsh Language Officer updated the Committee on the Welsh Language Standards (No. 7) Regulations ('the Regulations') which specify service delivery standards, policy making standards, operational standards and record keeping standards, which were formally adopted and approved in the Plenary Meeting, in the National Assembly for Wales on the 20<sup>th</sup> March 2018.</p>	

	<p>Members <b>noted</b> that the “Regulations” had been subject to formal consultation “Welsh Language Standards – improving services for Welsh speakers within the Health Sector”<sup>1</sup> between July-October 2016 and that the draft “Regulations” were laid in the Senedd by the Minister for Welsh Language &amp; Lifelong Learning on the 27<sup>th</sup> February 2018. In March 2018, the Assembly received oral evidence from a number of Health Boards, the British Medical Association (BMA) Cymru and the Culture, Welsh Language and Communications Committee where they scrutinised the draft regulations and had received written feedback from the Welsh NHS confederation, BMA Cymru and the Royal College of GP’s. Representatives of Local Health Boards were supportive of the Regulations and reiterated many of the key themes.</p> <p>Members <b>noted</b> that there were 121 standards (65 less than was included in the original consultation document in 2016) which were split into 5 schedules focused on Service Delivery Standards, Policy Making Standards, Operational Standards, Record Keeping Standards and Standards that deal with supplementary matters. The Regulations will come into force on the 29<sup>th</sup> June 2018 and the Welsh Language Commissioner will commence placing draft compliance noticed on NHS bodies. Once received there would be a 6-week consultation period for the NHS body to respond on the feasibility of full compliance with the compliance notice. Once the final compliance notice was received, NHS bodies will have 6 months to fully implement the standards.</p> <p>The Service Delivery Standards and the Operational Standards within the updated regulations will present significant challenges for NHS Wales and NWSSP were undertaking a baseline assessment of NWSSP’s existing compliance level against the standards to identify gaps in compliance and to identify what additional support may be required to fully comply with the provisions of the regulations.</p> <p>In anticipation of the Regulations being formally approved, NWSSP had considered developing a business case outlining how it could support NHS bodies in Wales to fully comply with the standards through offering a “Welsh Language Unit/Hub” service to interested parties.</p>	
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<sup>1</sup>Welsh Government Consultation “Welsh Language Standards – improving services for Welsh speakers within the Health Sector”, July 2016  
<http://www.wales.nhs.uk/sitesplus/documents/901/Welsh%20Language%20Standards%20%28Health%20Sector%29%20consultation.pdf>

	<p>Jo Davies, (JD) advised that CTUHB would welcome the option of NWSSP being able to provide support to HB's/Trusts if required. NR explained that if NWSSP introduced a Welsh Language Unit this would support the existing Welsh Language units in place at HB's.</p> <p>Huw Thomas (HT), advised that it was important that discussions were co-ordinated through the NHS Wales Welsh Language Officer Group and Geraint Evans (GE) advised that ABUHB would be interested subject to view from the WLO group.</p> <p>NF advised that the potential of such a unit being offered as a "Once for Wales" support function would be considered in the next 6-12 months.</p> <p>The Committee discussed the existing risk of system overlap and potential duplicitous expenditure and the scope of how such a unit could add value to existing local services.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update and</li> <li>• <b>AGREED</b> that NWSSP should work with NHS Welsh Language Officer's group over the next 6 months to assess what support they may require in future. Following this work an update report will be presented to the Committee in 6 months' time outlining a way forward to reduce duplication of costs with a view to delivering a "Once for Wales" approach to bilingual services.</li> </ul>	
<b>3. CHAIR AND MANAGING DIRECTOR'S REPORT</b>		
<b>CHAIR'S REPORT</b>		
<b>3.1</b>	<p>The verbal update from the Chair was <b>received</b>.</p> <p>The Chair advised that she had attended several events focussed on the Welsh Government's Final Report on the Parliamentary Review of Health and Social Care in Wales that was published on the 16<sup>th</sup> January 2018. The Chair advised that there had not been any clarity linked to the reference that NWSSP should be working more closely with the NHS Wales Informatics Services (NWIS). NF advised that he would be discussing the review with Andrew Goodall at his next quarterly review meeting.</p> <p>Members <b>noted</b> that Mrs Hazel Robinson, Director of Workforce &amp; Organisational Development (DWODS), NWSSP had been appointed as the new DWODS for</p>	

	<p>Abertawe Bro Morgannwg UHB (ABMU), and the Chair extended her thanks to her for her valued contribution and commitment in making NWSSP a successful service provider, and wished her every success in her new role. She advised that following a competitive recruitment exercise Mr Gareth Hardacre, Deputy DWODS, Cwm Taf UHB had been appointed as the new DWODS for NWSSP and would commence his new role in June 2018.</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>3.2</b>	<p>The verbal report from the Managing Director, NWSSP was <b>received</b>.</p> <p>The update included:</p> <ul style="list-style-type: none"> <li>• <b>European Shared Services Leaders' Summit, London March 2018</b> – the summit provided an opportunity to learn about global experiences in providing shared services to different sectors and demonstrated that the use of robotic process automation (RPA) to deliver efficient services and analyse data was on the increase.</li> <li>• <b>Review of Welsh Government Sponsored Bodies</b> – the Permanent Secretary had written to the Public Accounts Committee (PAC) concerning a number of potential changes to the delivery of services through Welsh Government Sponsored Bodies (WGSB) and that a shared service model was being considered in terms of back office functions. A number of WGSBs had recently approached the NWSSP to learn more about the NHS shared service journey and to discuss any opportunities of working more closely together.</li> <li>• <b>Potential Areas For Pharmacy Supply Chain Reconfiguration</b> – The Committee discussed the potential opportunities to review the supply chain configuration and agreed to use any potential NWSSP savings to support a piece of work which would help scope out the potential benefits based on some of the work being conducted in a number of areas within NHS England and the Lord Carter review.</li> <li>• <b>Primary Care Agenda</b> – NWSSP continued to work with Directors of Commissioning, Primary Care, Therapies and Health Sciences across NHS Wales on GP cluster work and the sustainability agenda.</li> </ul>	

- **Health Technology Wales (HTW)** - Health Technology Wales (HTW) was established following an announcement by the Cabinet Secretary for Health & Social Care in 2017. The remit of HTW is to facilitate the timely adoption of clinically and cost effective health technologies. HTW is hosted by Velindre NHS Trust and has a remit that covers all health technologies that are not medicines, which could include medical devices, surgical procedures, tele monitoring, psychological therapies, rehabilitation or any other non-medicine health intervention. The Life Sciences Hub in Cardiff had recently revised its remit to cover health technology in Wales and further work was required to ensure that there was no duplication of overlap.

The Committee **RESOLVED** to:

- **NOTE** the update and **AGREED** to use the first call on any savings to support the Pharmacy Supply Chain project.



4. ITEMS FOR APPROVAL/ENDORSEMENT		
Integrated Medium Term Plan (IMTP) Progress Update 2018-2021		
4.1	<p>The update report from Andy Butler (AB), Director of Finance &amp; Corporate Services on progress in delivering the performance measures outlined within the IMTP 2017-2018 was <b>received</b>.</p> <p>Members noted that the plan had been updated to reflect the feedback received from the January 2018 meeting. AB provided an update on the positive feedback received from Welsh Government on progress in delivering the performance measures outlined within the IMTP 2017-2018 and on the format of the 2018-2021 plan.</p> <p>Marie Claire-Griffiths (MCG), IMTP lead gave an update on activities outlined within the IMTP communications plan to raise awareness of the importance of the plan, which included "lunch and learn" sessions with staff and an in-house video to enable them to learn more about the IMTP process and the publication of a summarised "easy read" version of the full IMTP document.</p> <p>Members discussed the financial elements of the plan and <b>noted</b> that NWSSP were planning to invest in robotic process automation (RPA) and strengthening its Programme Management Office (PMO) capabilities in future.</p> <p>The Committee <b>APPROVED</b> the final plan for submission to Welsh Government at by the end of March 2018. In approving the plan members emphasised the importance of further work being undertaken over the next few months to review additional opportunities to support Health Boards &amp; Trusts and deliver efficiencies through increased collaborative working across Wales.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and</li> <li>• <b>APPROVED</b> the IMTP 2018-21</li> </ul>	
Board Decision required for Commitment Exceeding £100k for the period 19 <sup>th</sup> January 2018 – 20 <sup>th</sup> March 2018		
4.2	<p>The report requesting approval for a financial commitment in excess of £100k for refurbishment and lease renewal for the Alder House site in St Asaph, in accordance with the NHS Wales Procurement rules and relevant Standing Financial Instructions (SFI's) was <b>received</b>.</p>	

	<p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the expenditure for refurbishment and lease renewal for the Alder House site in St Asaph, subject to the additional of a break clause within the lease contract.</li> </ul>	
<b>Draft Annual Governance Statement</b>		
<b>4.3</b>	<p>The draft Annual Governance Statement 2017-2018 was <b>received</b>.</p> <p>AB advised that the draft Annual Governance Statement was substantially completed. However, there were a small number of areas where information was awaited. The Annual Governance Statement will be updated to reflect the information once available and will be presented to the next meeting in May 2018.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	
<b>Benefits Portal</b>		
<b>4.4</b>	<p>The Committee <b>received</b> a verbal report on the potential of introducing a Benefits Portal for NHS employees.</p> <p>The Director of Finance &amp; Corporate Services advised that following the January meeting further discussions had been undertaken regarding the introducing a benefits staff benefits portal. It was noted that there were already portals operating within the NHS and there could be considerable benefits from introducing a "Once for Wales" approach in NHS Wales. It was agreed that work should be undertaken by NWSSP in collaboration with NHS Wales Directors of Workforce Development Services (DWODS) and staff side representatives to develop a proposition for consideration at a future meeting.</p> <p>The Committee <b>NOTED</b> the report.</p>	

5. PROJECT UPDATES		
Purchase to Pay Update		
5.1	<p>The verbal report from AB on progress with the Finance Academy's Purchase to Pay (P2P) work stream was <b>received</b>.</p> <p>AB advised gave an update on the new NHS Wales No PO No Pay (No Purchase Order/No Payment) Policy which is a key enabler to improving the efficiency of the purchase to pay (P2P) process in NHS Wales by ensuring suppliers seek a purchase order (PO) number in advance of supplying goods and services.</p> <p>AB advised that the P2P project formed part of the work of the NHS Wales Finance Academy and that Andrew Naylor, Director of Finance, Aneurin Bevan UHB, was the lead. Members <b>noted</b> that the No PO no pay work was progressing well and that the priority supplier programme had progressed, however no tangible financial benefits had been delivered as yet.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and</li> <li>• <b>ENDORSED</b> the no PO No Pay Policy position</li> </ul>	
Update on Laundry Review		
5.2	<p>The update report on progress made by Health Board's/Trusts to consider the outline business case for the Laundry review project was <b>received</b>.</p> <p>Neil Frow (NF) advised that further to the January 2018 meeting, during which it was agreed that individual Health Boards/Trusts would consider the Laundry review proposal at Board meetings taking place in February and March 2018, that:</p> <ul style="list-style-type: none"> <li>• <b>AB UHB</b> – the report was considered by the Strategic Change Committee in March 2018, and that they had recommended that ABU support the 3 site option only and that they wished to receive the collective views of the other HB's/Trusts before reporting back to the full Board.</li> <li>• <b>BCU</b> – the Planning and Performance Committee had agreed to the 3 site model, on the assumption that one of the sites would be located in North</li> </ul>	

	<p>Wales. Consideration should also be given to the future proofing of the model.</p> <ul style="list-style-type: none"> <li>• <b>C&amp;V UHB</b> – the proposal was agreed by the Board.</li> <li>• <b>CTUHB</b> – the proposal was discussed by the Board in January 2018 and there had been some comments concerning clarity on the methodology used to determine option 3 as a possible recommendation. CTUHB supported two of the options, however there was a need for more visibility on the decision making process and next steps and it was requested that the Project Lead attend a future Board meeting to present the information to the Board.</li> <li>• <b>Powys THB</b> - the proposal was agreed by the Board.</li> <li>• <b>Velindre NHS Trust</b> – no formal feedback received from the Board, however the CEO had given verbal advice that the Board were in support of the proposal.</li> </ul> <p>The Committee <b>noted</b> that not all HB's/Trusts had responded formally and requested that NF write to individual Chief Executives requesting a formal response to the proposal by the next meeting</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	
<b>Update on Catering Review</b>		
<b>5.3</b>	<p>The report on the All Wales Catering Project was <b>received</b>.</p> <p>The Committee <b>received</b> a verbal update from the Managing Director on progress in reviewing the catering system arrangements in place across NHS Wales.</p> <p>Members <b>NOTED</b> that Anthony Hayward, Assistant Director National Clinical Commissioning Unit (NCCU) was leading the project and NWSSP were working with the NHS Wales Informatics Services (NWIS) to procure a pan Wales catering system framework for NHS organisations to draw services from as required. Working groups and targeted workshops had been set up in conjunction with NHS organisations and a timetable was being put in place to track progress and adhere to the strict time parameters imposed by Welsh Government.</p> <p>The Committee <b>RESOLVED</b> to:</p>	

- **NOTE** the report

### Transfer of Redress from Welsh Government to NWSSP

<p><b>5.4</b></p>	<p>The report on the Transfer of Redress from Welsh Government to NWSSP was <b>received</b></p> <p>AB gave an update on the potential transfer implications of transferring the management of Redress from Welsh Government to the Welsh Risk Pool from April 2018 onwards, and on latest developments in the 'Fixed Recoverable Costs Scheme' and its relationship with the redress system</p> <p>The annual budget for redress within the Welsh Government had been confirmed as £1.259m. A surplus was recorded against this budget until 2015-16. Since then, due to the increasing use of redress, costs have been higher than budget leading to a deficit position which has been managed from other Welsh Government health budget variances. In 2016-17 this budget was overspent by £440k. In 2017-18 the overspend is forecast to increase to £740k.</p> <p>The Welsh Government's baseline budget for Redress was £1.259m with no identified funding for running costs. Overspends against this budget have been managed in recent years through favourable variances on other centrally held budgets. As more claims are settled via redress, there is an expectation that the call against the pre-PIDR affected £75m allocation (or £76.3m with the inclusion of the redress) will reduce, thus resulting in cost savings to the NHS. In terms of running costs, the management of redress forms only a small part of staff roles within Welsh Government and therefore does not warrant a transfer of resources to manage.</p> <p>However, it was important to note that whilst these are real savings to the NHS in Wales the cost in the short term (1 to 3 years) will increase. This is because claims settle far quicker under redress. The effect on having fewer claims in the system will benefit the NHS in the medium term as the profiling of cases currently in the system reduces and fewer new claims are transferred to LARS, subject to the effect of FRC mandatory scheme referred to above.</p> <p>This would result in a cost pressure in 2018/19 against the baseline budget likely to exceed £740k (the difference between the 17/18 budget of £1.259m and the expected</p>	
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	<p>level of expenditure of £2m). Based on current forecast levels it was anticipated that the Risk Sharing Agreement for claims over £25k will not be invoked. However, if only £1.259m was transferred for Redress, this placed a potential additional risk on the NHS.</p> <p>Without additional support, redress claims could be treated differently, with less scrutiny, which would not meet the basic criteria for managing claims.</p> <p>Welsh Government had agreed that the risks against the traditional WRPS budget of £75m and the Redress budget were managed separately in the short term. They would be managed as two schemes within NWSSP for the next three financial years, but with the expectation that the risks were managed in total by the NHS from 2021-22 onwards.</p> <p>Under this arrangement, the level of funding transferred from Welsh Government to NWSSP under this option would be £1.3m. Any overspend against the Redress budget, including running costs of the new arrangements, would be met by any underspend against the £75m WRPS allocation. If the £75 million WRPS allocation was fully utilised, the Welsh Government would fund the shortfall on the redress budget including running costs.</p> <ul style="list-style-type: none"> <li>• The Committee <b>RESOLVED</b> to: <b>NOTE</b> the update on the introduction of the Fixed Recoverable Costs Scheme</li> <li>• <b>NOTE</b> the risk within Welsh Government around the baseline budget and current costs of redress</li> <li>• <b>ENDORSED</b> the funding transfer arrangements as set out in the report</li> </ul>	
<b>6. GOVERNANCE, PERFORMANCE AND ASSURANCE</b>		
<b>Finance &amp; Performance Report</b>		
<b>6.1</b>	<p>The report from the Director of Finance &amp; Corporate Services summarising the latest <b>financial position</b> and key performance indicators (KPIs) was <b>received</b>.</p> <p>It was reported that an additional NWSSP distribution of £1.250m had been declared for 2017-18. This increases the distribution from the planned £0.750m per the agreed IMTP to £2.000m and that a number of organisations NHS had agreed to reinvest their share of the planned distribution. It was noted that NWSSP had continued to forecast a breakeven position. It was however highlighted that the NWSSP capital allocation was insufficient to take</p>	

	<p>forward a number of key initiatives but discussions with Welsh Government were ongoing.</p> <p>Committee members reviewed and discussed performance as part of the scrutiny process.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and the position with regard to available capital.</li> </ul>	
<b>Welsh Risk Pool Financial Position</b>		
<b>6.2</b>	<p>The report from the Director of Finance &amp; Corporate Services summarising the latest Welsh Risk Pool Financial Position) was <b>received</b>. In particular, it was noted that the outturn expenditure was in line with the budget and it was confirmed to members that there would be <b>NO</b> requirement to invoke the risk sharing agreement this financial year. The change in the discount rate had a major impact on the overall level of provisions, which now exceeded £1 billion.</p> <p>The Committee <b>RESOLVED</b> to:</p> <p><b>NOTE</b> the report and the position with regard to the risk sharing agreement.</p>	
<b>Corporate Risk Register</b>		
<b>6.3</b>	<p>The report on the Corporate Risk Register was <b>received</b>.</p> <p>The Committee received an update on <b>key risks</b> and reviewed the updated Corporate Risk Register. The risks contained within the risk register included matters discussed within the business of the meeting.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report highlighting the one red risk identified on the register, which related to the ongoing issues following the changes made by NHS England in relation to primary care records transfers and the proposed changes to the Exeter payment and patient registration system and that there had been a change in the format for the corporate risk register</li> </ul>	

	and that there was a clearer focus on the risk score as a clear translation of risk appetite.	
<b>7. ITEMS FOR INFORMATION/DISCUSSION</b>		
<b>Audit Committee Highlight Report</b>		
<b>7.1</b>	<p>The Audit Committee Highlight report was <b>received</b>.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>	
<b>8. OTHER MATTERS</b>		
<b>Any Other Urgent Business</b>		
<b>8.1</b>	<ul style="list-style-type: none"> <li>• The Committee <b>NOTED</b> the NWSSP overall work Programme and committed to ensure where appropriate that the relevant Officers within health boards / trusts support the related work streams.</li> <li>• The Committee Members were asked to <b>CONSIDER</b> any potential pressures that NWSSP could consider providing support for, or any areas which NWSSP could invest in to further support HBs/Trusts in meeting any additional challenges over the next three years. To be reported back to the next Committee meeting.</li> </ul>	
<b>Date of next meeting</b>		
	<p>Date of Future Meetings:</p> <p>17<sup>th</sup> May 2018, Boardroom, NWSSP HQ, Nantgarw</p> <p>21<sup>st</sup> June 2018, Boardroom, NWSSP HQ, Nantgarw</p> <p>18<sup>th</sup> September 2018, Boardroom, NWSSP HQ, Nantgarw</p>	



Item 1.5

**ACTION LOG**

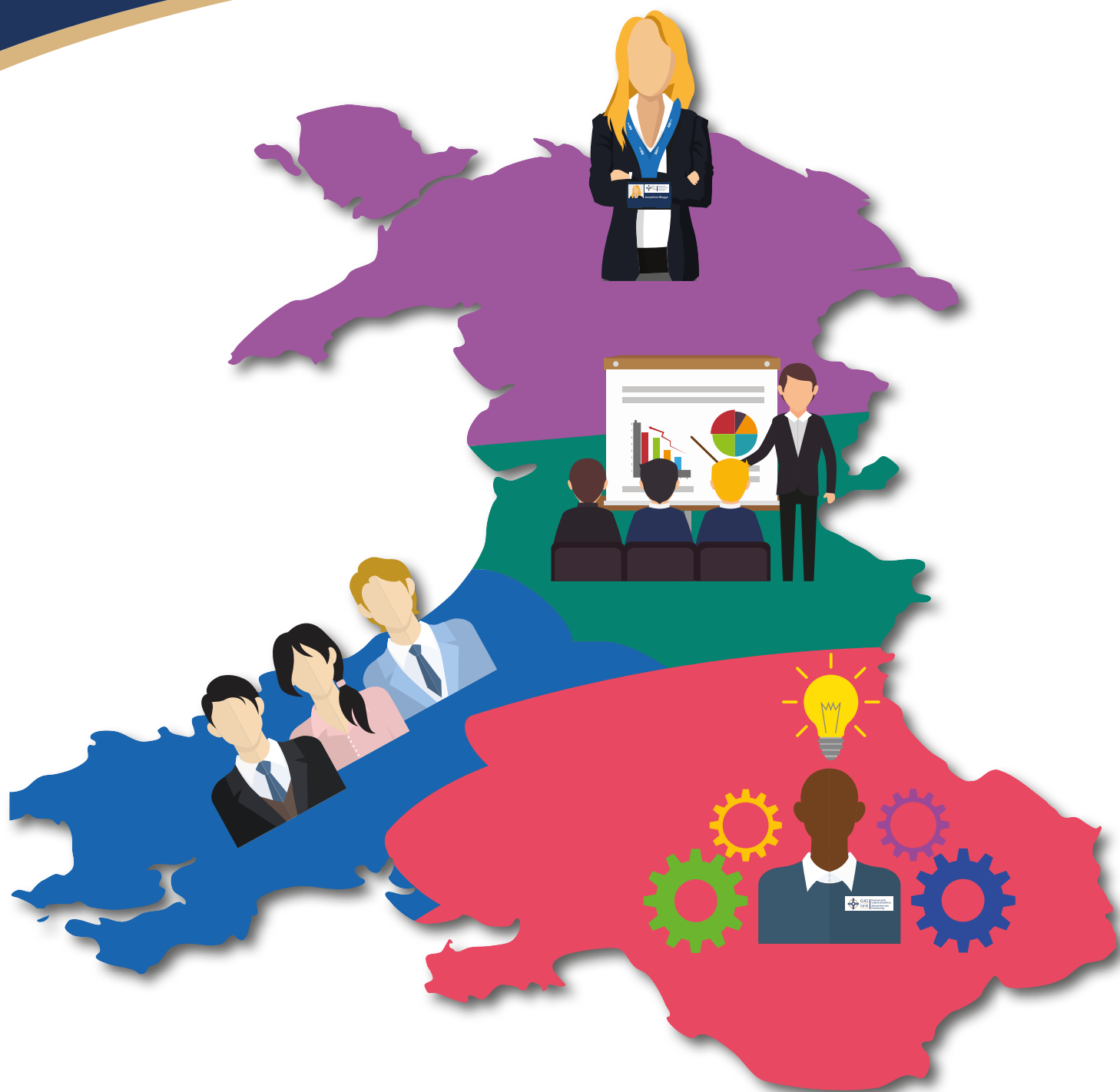
**SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)**

**UPDATE FOR 21<sup>st</sup> JUNE 2018 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS JUNE 2018
1.	SSPC/11/17	16 <sup>th</sup> November 2017	<b><u>Pharmacy Rebate Scheme</u></b> The Chair requested that a progress report be presented to Committee in 6 months' time with an assessment of progress.	NF/MR	June 2018	On agenda
2.	SSPC/11/17 SSPC/3/18	16 <sup>th</sup> November 2017  27 <sup>th</sup> March 2018	<b><u>Laundry Review Project</u></b> As Laundry Services did not fall under the current NWSSP portfolio of services the Committee agreed for members to seek support from their own organisations before NWSSP proceeded to the development of a full business case for the laundry review project.  Updates given at January 2018 & March 2018, further updates required at May 2018 meeting.	NF	June 2018	On agenda
3.	SSPC/3/18	27 <sup>th</sup> March 2018	<b><u>Welsh Language Standards [No7.] Regulations 2018</u></b> NWSSP to work with NHS Welsh Language Officer's group over the next 6 months to assess what support they may require in future; and that an update report be brought back to the Committee in 6 months' time outlining a way forward to reduce duplication of costs with a view to delivering a "Once for Wales" approach to bilingual	NF/JM	September 2018	Not yet due

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS JUNE 2018
			services			
4.	SSPC/3/18	27 <sup>th</sup> March 2018	<b><u>Welsh Language Standards [No7.] Regulations 2018</u></b> Mr Neil Frow, Managing Director should formally write to Chief Executives requesting a steer on what support individual HB's/Trusts/Hosted bodies may require to support them in complying with the Regulations.	NF/JM	June 2018	Completed. Included on the National improvement programme (NIP)
5.	SSPC/3/18	27 <sup>th</sup> March 2018	<b><u>National Health Applications and Infrastructure Services (NHAIS) – replacement</u></b> Business Case on the options for replacing the NHAIS system to be considered by Committee.	NF/DH	September 2018	On agenda
6.	SSPC/3/18	27 <sup>th</sup> March 2018	<b><u>Integrated Medium Term Plan (IMTP) 2018-2021</u></b> The easy read summary of the IMTP 2018-2021 to be circulated to Committee members for information.	AB/MCG	May 2018	Completed
7.	SSPC/3/18	27 <sup>th</sup> March 2018	<b><u>Feedback on Laundry Review</u></b> Further to some verbal updates being received at Committee, not all HB's/Trusts had responded formally to the proposal on the review of laundry services. NF to write to individual Chief Executives regarding laundry proposal.	NF	June 2018	Completed
8.	SSPC/3/18	27 <sup>th</sup> March 2018	<b><u>National Improvement Plan (NIP) Update</u></b> Committee members to send suggestions to NF on potential "Once for Wales" work areas that NWSSP could consider as part of the NIP work for 2018-2019.	NF	June 2018	Verbal update at meeting

# NHS Wales Shared Services Partnership Annual Review 2017-2018



**Adding Value Through Partnership**



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

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# About Our Annual Review

The Annual Review 2017-2018 explains what we do and how we are working to deliver professional, technical and administrative support services to NHS Wales. It explains the importance of working in collaboration with the Health Boards and Trusts to add value through partnership working, ensuring we deliver services that meet their needs.

Our priorities for 2017-2018 were set out in our Integrated Medium Term Plan (IMTP) 2019-2021, which also sets out our strategic objectives and provides a detailed analysis of our performance in 2017-2018. This Annual Review document shows how progress is being made against the plan.



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# Introduction from the Managing Director & Chair

**Welcome** to the NHS Wales Shared Services Partnership (NWSSP) Annual Report for 2017-2018. This is our 7th annual report and, as in previous years, shows how we are continually improving our services to meet the demands of our customers and our ongoing commitment to adding value through partnership working.

2017/18 was another positive year for the Partnership's development with lots of notable service achievements and improvements to many underpinning processes and systems. Our organisational values support us on our journey to world class; we continue to listen and learn from our partners, working together across NHS Wales, taking responsibility through all our actions and innovating to deliver the best results for the people of Wales.

Our strategic plan shows the road map of how we will provide value added support services over the next three years and beyond. The vision we continue to set ourselves remains challenging, however we are confident that we have the dedication and capability to deliver against this plan.

As an all-Wales organisation we are uniquely placed to achieve efficiency and reduce variation through standardisation, modernisation and collaboration. Working with all of our stakeholders we will deliver transformational change that will make a lasting impact on NHS Wales.

We would like to thank our staff for their hard work and dedication; without all of you our achievements would not have been possible. We are always extremely proud of how our staff drive continuous improvement and will continue to recognise their commitment through our annual staff recognition awards.

You will see the contributions of our staff through the achievements and case studies in this annual review aligned to our five strategic objectives; value for money, customers, excellence, staff and service development.

It is also important to acknowledge the commitment and support of the members of the Shared Services Partnership Committee (SSPC), who represent the Health Boards and Trusts across NHS Wales and ensure that NWSSP's services are meeting the needs of the population of Wales.

As a world-class organisation we are determined to further improve and develop our commitment to supporting NHS Wales tackle key issues.



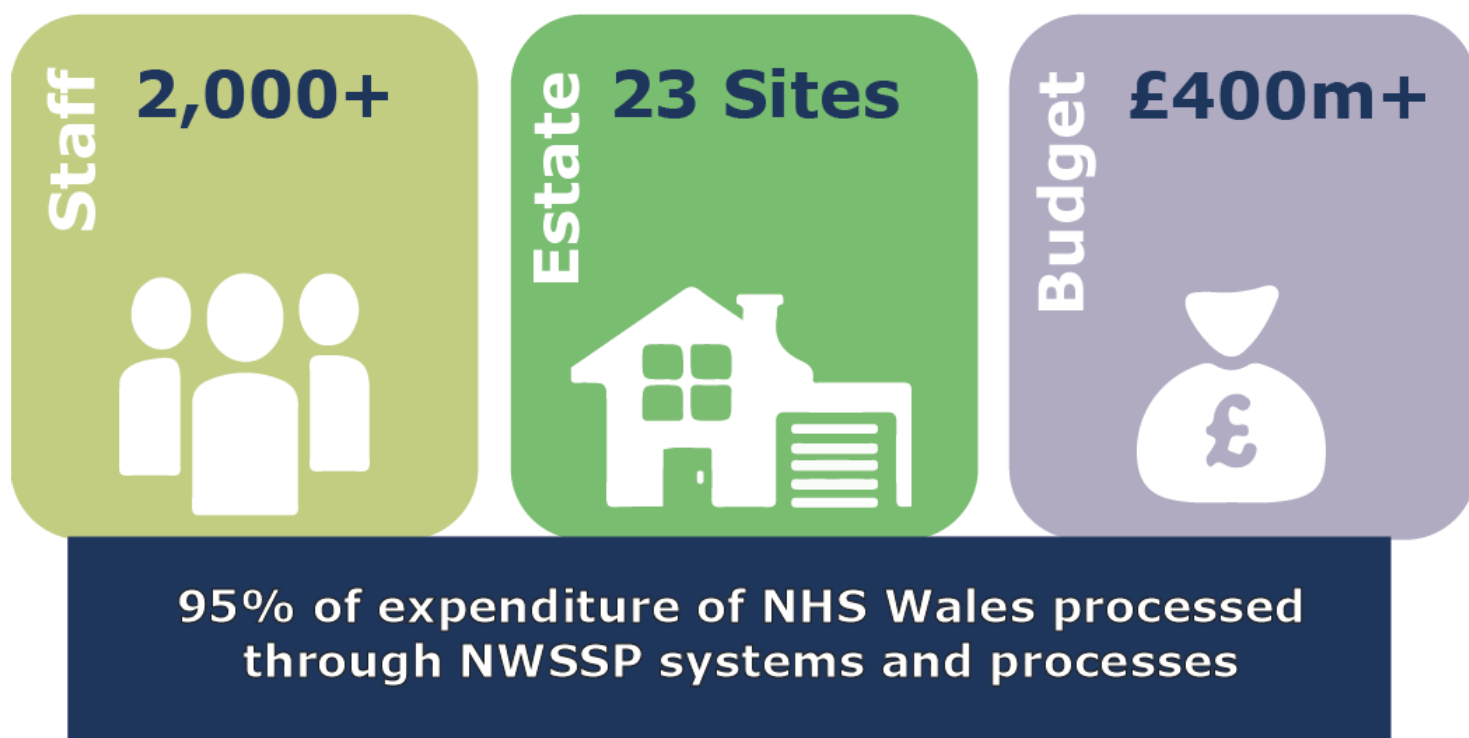
**Margaret Foster,**  
Chair of the Shared  
Services Partnership  
Committee (SSPC)



**Neil Frow,**  
Managing Director,  
NWSSP

# Who We Are and What We Do

NWSSP is an independent mutual organisation, owned and directed by NHS Wales. We provide a range of high quality, customer-focused, professional, technical and administrative functions and services to Health Boards and Trusts in Wales, delivering significant savings and benefits, both qualitative and financial, to the NHS.



NWSSP is an integral part of the NHS Wales family, and is led by a Managing Director and Senior Management Team who are accountable to the SSPC. The Committee is composed of representatives from each of the seven Health Board and three NHS Trusts across Wales. We also have a number of sub-committees and advisory groups, which include members drawn from our partners, stakeholders and service users.

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

Our vision is to be recognised as a world-class shared services organisation through the excellence of our people, services and processes. We are committed to creating and developing a positive approach to customer service in which we strive to consistently exceed the expectations of our customers and create an environment within which customer service is a core component of the management and delivery of services.



# Who We Are and What We Do

## Our Services

Our services are provided through Divisions. An overview of each Division is given below, with more details provided in the individual Delivery Plans.



**Audit and Assurance Services** – we provide audit and assurance services to all health organisations in Wales



**Central Team e-Business Services** – we centrally manage and support the All- Wales Financial Ledger systems



**Counter Fraud Services** – we lead on work to identify and tackle Economic Crime including Fraud, Bribery and Corruption in NHS Wales



**Digital Workforce Solutions** – we manage the strategic electronic staff record (ESR) and workforce system programme



**Employment Services** – we pay salaries and expenses and support the safe and timely recruitment of new staff



**Health Courier Services** – we provide a wide range of courier services to hospitals, community services, health alliances, local health groups and General Practitioners



**Legal and Risk Services** – we provide legal advice for all of the health bodies in Wales



**Primary Care Services** – we provide a wide range of services to GPs, community pharmacies, dentists, opticians and appliance contractors



**Procurement Services** – we source, contract, order and pay for the goods and services which the NHS needs everyday



**Single lead employer for GP Specialty Registrars** – we provide a workforce service to GP Specialty Registrars as they undertake their training across NHS Wales



**Student Awards Services** – we manage the NHS Wales Bursary Schemes, which provide funding for healthcare students on NHS funded courses in Wales



**Surgical Medical Testing Laboratory** – we test medical devices to make sure they are safe and develop standards for manufacturers to comply with



**Specialist Estates Services** – we provide advice and support to help NHS Wales provide modern, safe and efficient buildings and facilities



**Welsh Risk Pool** – we manage financial risk arising from negligence claims or other losses through a pooled fund arrangement



**Workforce, Education and Development Services** – we ensure NHS Wales has a workforce with the skills to meet the demands of modern day healthcare.



# Highlights of 2017-2018

Delivered **£100 million** worth of **professional influence savings**

**652,000** orders processed totalling **£932 million**



**1.2 million** ophthalmic claims forms scanned and processed



Over **65,000** internet hits per month

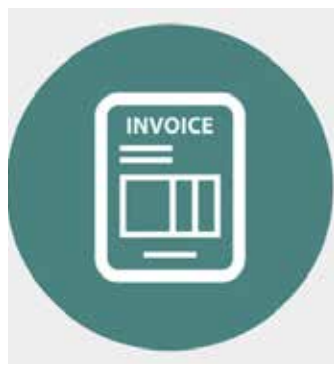


SMTL laboratory accredited to **ISO 17025**



Achieved a statutory and mandatory training compliance of above **85%** for our staff

**1.7 million** invoices processed totalling **£4.2 billion**



Over **70,000** NHS Wales employees with ESR self-service access

**NHS**

Electronic Staff Record

**99.88%** payroll accuracy rate



**£1.58 billion** of payments to NHS Wales Contractors by Primary Care Services



Improved GP Trainee fill rates to **91%** following success of the Single Point of Contact (SPOC) for employment queries



Introduced new **Health Courier Service Delivery Models** to include providing 24 Hour/ Out of Hours cover



**40 million** prescription forms scanned and processed

**98%** student bursary applications processed in less than 20 days

Recruitment helpdesk **98%** responsiveness with an increase of **200** calls a month



Supporting the development of **111** and the extension of **GP Out of Hours**

# Calendar of Achievements

## 2017



**April 2017**  
NWSSP Team  
Support Primary  
Care Nursing  
Conference

**May 2017**  
Success for  
NWSSP at  
HPMA Wales  
Healthcare  
Conference

**June 2017**  
Success for  
NWSSP Teams at  
HPMA National  
Awards 2017

**August 2017**  
NHS Wales  
Celebrating  
Diversity at  
PRIDE Cymru

**September 2017**  
NWSSP Teams  
move to new  
Offices in Matrix  
House, Swansea

**October 2017**  
Director of  
Procurement  
Services Awarded  
MBE

**November 2017**  
Success for  
Procurement  
Services at  
Prestigious GO  
and HCSA Awards

**December 2017**  
Wales Health  
Student Forum  
hold all-Wales  
Conference for  
students

## 2018







**February 2018**  
Digital Workforce  
Solutions team  
hold national  
conference

**March 2018**  
Legal & Risk  
Services  
shortlisted for  
Public Sector  
Paperless Awards

# Strategy Map

Our Vision		Our Mission
To be a recognised world class shared service through the excellence of our people, services and processes		To enable the delivery of world class Public Services in Wales through customer-focus, collaboration and innovation

## Our Values

<b>Listening &amp; Learning</b>  To constantly improve the quality, effectiveness and efficiency of all we do	<b>Innovating</b>  To encourage continuous improvement	<b>Taking Responsibility</b>  For decisions and making things happen	<b>Working Together</b>  With colleagues customers and supplier
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## Our Strategic Objectives

 <b>Value for money</b> Highly efficient and effective organisation Deliver real term savings and service quality benefits to its customers	 <b>Customers</b> Open and transparent customer-focused culture That supports the delivery of high quality services	 <b>Excellence</b> An organisation that delivers process excellence Focus on continuous service improvement, automation and the use of technology	 <b>Staff</b> Appropriately skilled, productive, engaged and healthy workforce	 <b>Service development</b> Extend the range of high quality services provided to NHS Wales and Welsh public sector
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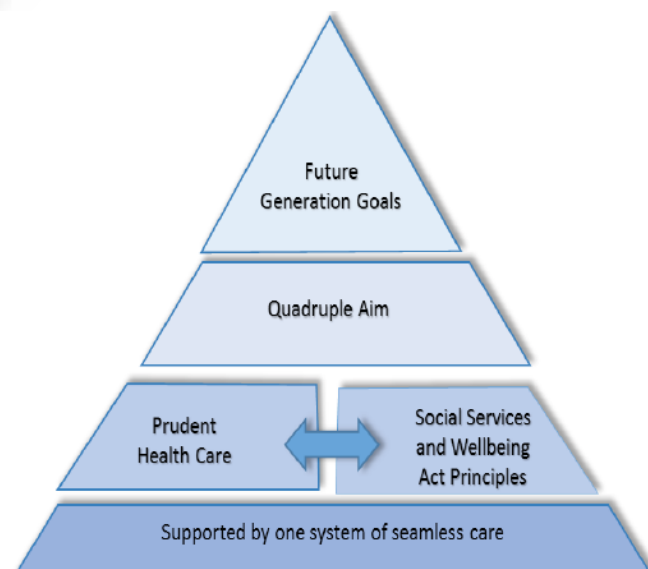
## Our Overarching Goals

 We will promote a <b>consistency of service</b> across Wales by talking and listening to our partners	 We will use our resources effectively so that as the need for our services grow we can maintain a <b>balanced financial plan</b>
 We will <b>extend</b> our services to increase value for money and innovation benefitting the people of Wales	 We will provide <b>excellent customer service</b> and we will <b>maximise efficiency</b> by providing our services in one way across Wales
 We will continue to <b>standardise, innovate and modernise</b> our services delivery models to achieve prudent healthcare	 We will deliver a world class service and use our skills and expertise to help NHS Wales <b>tackle key issues</b>
 We will encourage people to want to <b>work and stay</b> with us by attracting, training and keeping them	 We will support NHS Wales <b>meet their challenges</b> by <b>sharing good practice</b> and identifying opportunities

# Strategic Approach

**Our strategic approach responds to a number of regional drivers for health and social care, including:**

- The National Strategy "Prosperity for All"
- Parliamentary Review of Health and Social Care
- Well-being of Future Generations Act (2015)
- Health and Care Standards (2015)
- Prudent and Value Based Healthcare
- Developing the role of primary care
- Social services and well-being act (2014)
- National Improvement Programme
- Strengthening health and care quality and governance in Wales
- Public Health (Wales) Act 2017
- Nurse Staffing Levels (Wales) Act 2016.





# Our People

Chartered Institute of Personnel and Development - Cohort 1 & Cohort 2  
**29** staff participating



People Management Skills  
**2** Workshops - **15** staff trained

Conflict Management Training  
**1** Workshop - **12** staff trained



Business Improvement Techniques NVQ's L2 & L3 North and South Wales **40+** learners progressing

**5** People Management Skills Programmes delivered to **35** staff

Pili Pala – South Wales Cohort 1  
**7** workshops  
**14** Staff participating



PADR Skills for New Managers  
**8** Workshops  
**66** Managers trained

Corporate Induction  
**16** Workshops  
**162** staff participated

Fire Marshal Training  
**11** Workshops  
**110** staff trained



Accredited Programmes ILM and NVQ's  
**29+** learners completed

**40+** learners progressing



AP Triple 3 Summit  
**15** Summit Meetings with **10** Leaders of Change  
**3** work streams established

PADR Refresher for Existing Managers  
**4** Workshops  
**34** Staff trained



HealthCare Leadership Model – Cohort 2  
**6** Workshops  
**8** senior managers participating



Team Based Working - Payroll  
**4** Workshops  
**27** staff participated

Information Governance Training & Refresher  
**32** Workshops  
**333** staff trained



PCS World Class Journey  
**38** Workshops  
**251** staff trained

Legionella Awareness  
**2** Workshops  
**18** staff trained



Team Based Working - Procurement Services  
**6** Workshops



Esop Class Training Level 3  
**16** Workshops  
**104** staff trained



AW Sickness Absence  
**11** Workshops  
**78** staff trained



# Achievements & Priorities



Staff

*Appropriately skilled,  
productive, engaged  
and healthy  
workforce*

## Achievements we have made:

Improved **PADR** compliance despite the implementation of the **pay progression policy**



Developed and implemented an **action plan** based on the **2016 national staff survey** outcomes

**1400+** staff trained/ training



Achieved a **statutory and mandatory training** compliance of above **85%** for our staff

Successful **transfer** of staff to **Matrix House**, Swansea



**206** workshops delivered

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



**913+** hours of **training** for all non-accredited programmes



## Our Key priorities for action over the next three years

- Provide staff with the skills they need to excel at work
- Make sure we attract and keep the best staff
- Support our staff so they feel happy and listened to in the workplace
- Ensure NWSSP is a "Great place to Work".



## What good looks like in three years?

- A multi-skilled and motivated workforce to support continuous improvement
- A workforce which fully embraces the values of NWSSP
- A well-established support programme for staff that promotes emotional well-being
- Delivered the action plan based on the staff survey outcomes.



Staff

# Good Practice & Recognition

## NWSSP Colleagues Raise Money for Bradley Lowery Foundation

Kind hearted staff from our Companies House office, Cardiff, held a football shirt themed 'dress down day' in aid of the Bradley Lowery Foundation. Just over £300 was raised for the Foundation which is named after the little boy who made the UK and world news when, at the age of 18 months, was diagnosed with cancer. Bradley's inspirational battle and friendship with Jermain Defoe, who used to play for his beloved Sunderland FC, touched the nation's heart.



The money raised will now go to the Foundation that will help to support families with their own fund raising campaigns. Victoria Bartlett from Employment Services said: *"It turned into a tremendous effort from everyone who joined in on the day and those who continued to donate afterwards. Special thank you must be given to Alex Gould for raising the idea as without his contribution the day would never have happened."*

## Colleagues Raise Money for Welsh Hearts Charity

Colleagues at our Nantgarw headquarters raised £100 for the Welsh Hearts, the heart charity for Wales. The money was raised from the proceeds of the office tuck shop which has raised money in the past for other worthy causes.



Welsh Hearts was founded in 2013 and has focused on placing Defibrillators in communities and schools throughout Wales and holding free CPR training sessions to the public. The charity's aim is to significantly improve the chances of those that have cardiac arrests outside of hospital where the first few minutes are absolutely crucial in saving their lives.

Welsh Hearts representative and spokesman, John Tyrell, said: *"Your support of our Charity is very much appreciated. Thank you once again for considering Welsh Hearts – I would like to reassure you that the donation will be put to good and effective use throughout Wales."*





Staff

# Case Studies

## Health Courier Services

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

HCS often go 'above and beyond' in terms of their duties and were thanked by the family of an injured patient after HCS staff supported her after a fall, in extremely poor weather and with difficult access for emergency services. Once again HCS have demonstrated the highest standard of professionalism, judgement and caution in carrying out their roles.

HCS South East Wales Area Manager, Gildas Griffiths, said: *"Colleagues Nick Kihlberg, Roger Jones and Ashley Rowell supported me with an injured female who had sustained serious injuries to her leg following a fall outside her home, during the recent adverse weather whilst HCS were maintaining and supporting critical services in 4x4 vehicles. Because of the weather and prevailing conditions, emergency services had difficulties in reaching us."*

*"I received contact from the patient's family who wanted to express their gratitude for our assistance and to provide an update on her condition. As suspected, the injury was serious and I was advised that the trauma team at University Hospital of Wales, Cardiff, informed the family that without your prompt and safe actions, her condition could have been critical."*

Director of Procurement Services, Mark Roscrow, said: *"Can I also add my appreciation for the job the guys did and it's an excellent example of the real NHS doing a fantastic job for patients and in very difficult circumstances. The team really are 'more than just a blue light service' in supporting NHS Wales."*





# Case Studies

## Celebrating Success at the Staff Recognition Awards 2017

NWSSP's second Staff Recognition Awards were held on 9 June 2017 at the Angel Hotel, Cardiff, to celebrate staff achievements across our services. The award categories are our core values of Listening and Learning, Working Together, Taking Responsibility and Innovating. Awards were also given for Team of the Year, Welsh Language Learner of the Year and for the NWSSP Managing Director's 'Stars'.

The 'Listening and Learning' category was won by Primary Care Services' 'World Class Journey' project, which focused on giving staff a better understanding of the importance of their role within NWSSP and how they take the organisation forward. The 'Working Together' award was given to the Non-Medical Sourcing Team (Transport and Utilities) from Procurement Services, who demonstrated incredible resilience in delivering value for customers as well as saving the organisation over £100,000 through cash release savings in the financial year 2017/2018.

The 'Taking Responsibility' category was won by the Workforce and Organisational Development team for their work supporting the e-Learning platform. The awards judges recognised that the team had gone the 'extra mile' for working outside of normal hours to avoid disruption to the service. The award for 'Innovating' was presented to the All-Wales Recruitment Team for the Trac Implementation Programme. The judges were impressed with the Trac system, as it offers a step-by-step recruitment process, and believe the team implemented Trac to its full potential.

The 'Team of the Year' award went to the Personal Injury Team who work within Legal and Risk Services. The judges were impressed with the teams' mission statement of 'Be the Best, Do the Most, Innovate', as well as their winning formula of weekly workshop sessions that included client focused innovation, bespoke lectures and ideas for social media. The winner of the Welsh Language Learner of the Year Award was Ann Cahalane from Employment Services, who was recognised as making significant and visible progress in terms of her learning and development. The final award category of the evening belonged to 'Neil's Stars,' NWSSP's Managing Director, Neil Frow, nominated staff that he felt had made outstanding contributions to delivering a world class service. Eight members of NWSSP staff were presented with these awards from across Shared Services.

- John Holdham, Workforce and Organisational Development
- Michelle Stephens, Employment Services
- Paula Jones, Health & Safety
- Katie Edmunds, Central Team eBusiness Services
- Claire Salisbury, Procurement Services
- Kayla Macmillan, Procurement Services
- Jodanna Beynon, Employment Services
- Beverley Palmer, Workforce and Organisational Development.

Reflecting on the evening, NWSSP Managing Director, Neil Frow, said: *"It was fantastic to see how this event has grown from our first Staff Recognition Awards in 2016. I'd like to thank everyone who took the time to nominate colleagues, highlighting just how many staff members deserved to be recognised at such a formal event. I would also like to thank our Director of Workforce and Organisational Development, Hazel Robinson, and her planning team for their efforts in organising a fantastic event. Without all of you, the event would not have been possible."*



# Achievements & Priorities



*Open and transparent customer-focused culture that supports the delivery of high quality services*

## Achievements we have made:

Improved GPSTR fill rates to **91%** following success of the Single Point of Contact (SPOC) for employment queries



**Customer Service Excellence Compliance+** for implementation of TRAC

Provided **dedicated support** to each Health Board to **increase** the supply of nursing through contract agencies



**94%** of adverts placed within 2 days



Triennial rental reassessments are completed on over **600** GP surgeries

Offered a straightforward route to access **legal services** as and when they are needed

**99.88% payroll accuracy** rate



**65k** internet hits per month



**Continued focus** by our Audit and Assurance services on sharing lessons learnt and **good practice** across organisations



## Our Key priorities for action over the next three years

- Strengthen our relationships with our customers
- Work with customers to develop standard systems and processes
- Turn our data into information that helps NHS Wales make informed changes
- Lead and support the delivery of NHS Wales priorities.



## What good looks like in three years?

- Ongoing customer appraisal, feedback and business review
- An embedded trusted partnership relationship across NHS Wales
- Well-developed customer service strategy with high customer satisfaction levels across all services
- Developed strong mechanisms for engagement and co-production to improve quality and user experience.

# Good Practice & Recognition

## Primary Care Services retain Customer Services Excellence Award

Primary Care Services (PCS) successfully completed their two day annual assessment with regards to the government's Customer Service Excellence Standard (CSE). Subject to ratification from the awarding body, PCS will retain the CSE standard award being compliant in all areas. Furthermore, and building on from last year's results, PCS is likely to be awarded 'Compliance Plus' (no non-conformities with compliance in all areas), status in a number of assessment categories.

A major theme of the assessment was surrounding the ongoing development of the Patient Medical Record (PMR) service that PCS provide. The assessor was extremely pleased how this was progressing taking the opportunity to visit 2 PMR practices based in Ystrad Mynach and Burry Port. Dave Hopkins, Director of Primary Care Services, said: *"The feedback from the assessor was very positive and it is extremely pleasing that PCS has once again illustrated how it is committed to customer service excellence. I would like to thank the business support staff who supported the assessor directly, especially in the PMR area and to everyone in making such an impression which has enabled PCS to maintain the standard and make the assessment such a success."*



## Legal and Risk Services hold All-Wales Anti-Violence Collaborative workshop

The first all-Wales Anti-Violence Collaborative workshop was held on 8 December 2017 at the Metropole Hotel, Llandrindod Wells. The Collaborative is being driven by NWSSP Legal and Risk Services as part of an initiative involving all Welsh regional Police forces, the Crown Prosecution Service (CPS), Welsh Government and NHS Wales. The aim of the Collaborative is to work in partnership with the above bodies to promote anti-violence initiatives towards NHS Wales staff whilst also updating a previous memorandum of understanding between the parties.

The Collaborative is being sponsored by Director General of Health and Social Services/Chief Executive, NHS Wales Andrew Goodall, the Cabinet Secretary's office for Health and Social Services, and a specialist Project Board Steering Team and Project Team. The workshop was attended by almost 100 people and was chaired and coordinated by Legal and Risk Solicitor Andrew Hynes (project lead) and his Personal Injury team as well as support from the NWSSP Communications team.

Reflecting on the day, Andrew Hynes said: *"The workshop proved to be an excellent event with attendees fully engaged and eager to drive forward the premise of the collaborative together. All speakers gave powerful, thought provoking presentations which really hit home with the audience. I am really looking forward to our future plans for the Collaborative including increasing public, police, NHS, online and CPS awareness, to hold further all-Wales workshops and to design and implement further training and educational workshops."*



# Case Studies

## **Procurement Services assist with new SuRNICC Unit at Ysbyty Gan Clwyd**

The first phase of the new £18m SuRNICC (Sub-Regional Neonatal Intensive Care Centre) at Ysbyty Glan Clwyd was completed in early 2018.

The unit will care for newborn babies from across North Wales with significant care needs. The first phase of the project includes the construction of the new unit, which features five intensive care cots, five high-dependency cots, and nine special care cots.

The new unit also features a dedicated isolation unit, a transitional care service to keep mums and newborn babies together, and on-site parent accommodation, helping patients with premature and sick babies spend as much time with their child as possible.

The SuRNICC meets the latest modern neonatal healthcare standards and provides significantly improved facilities for both families of babies on the unit and neonatal staff. The department will work in tandem with neonatal and maternity units at Ysbyty Gwynedd and Wrexham Maelor Hospital to provide joined-up care for sick and premature babies across North Wales.

The procurement team at Alder House have been regularly involved over the past 12 months with the Management Team for the project, the staff in the unit and the Electro-Biomedical Engineering (hospital equipment technicians) department in identifying and procuring all the specialist equipment and furniture for the project. The project fits really well with NWSSP's Core value ethos of Listening and Learning and Working Together.

The construction of the second phase of the project, which includes additional special care and high dependency cots, has now commenced in the site previously accommodating the SCBU (Special Care Baby Unit) and upon its completion in a few months, the two phases will be joined to make the unit fully operational. During this period the local teams' support of the project will continue with the procurement of the additional equipment required for the second phase.



# Case Studies

## Payroll Customer Support Team

Outlined within the Employment Services 2015-18 Integrated Medium Term Plan (IMTP) was a recommendation to further develop the customer service centre for Payroll services in Companies House to create a single point of contact for all incoming payroll calls.

The Payroll teams within Companies House, Cardiff, had differing models of contact, the teams servicing Cardiff and Vale University Health Board, Cwm Taff University Health Board, Public Health Wales and Velindre NHS Trust were still operating an individual "direct dial" approach, the Aneurin Bevan University Health Board (ABUHB)/Powys Teaching Health Board (PTHB) team was running a contact centre approach with an average of a 75% call answering success rate. The payroll model for the ABUHB/PTHB team was providing insufficient numbers of first resolution with the majority of queries being transferred to the operational teams delaying caller resolution.

Key Business Objectives for implementing this change was to ensure consistency of current provisions with the NWSSP Customer Service Strategy and the NWSSP Strategic Objectives, in particular:

- Focus on customer care ethos and service quality
- Improve quality of support for new NHS Wales organisations
- Strengthen public sector partnership working
- Increase public confidence in NHS Wales.

## Key Areas of Change

- Increase knowledge of Customer Support Team to provide efficient first point resolution and improve customer journeys
- Service Level increased from 75% to averaging between 90 - 99%
- Customer Service Training Packages to improve customer service
- Customer Focused Recruitment of Staff
- Culture Change
- Workforce Optimisation
- Unified Customer Experience
- Improvements to utilisations of Systems.

## What's Happening Next?

With the new systems, analysis of the types of calls has been more efficient and has highlighted the need to work with Health Boards/Trusts in order to improve the availability of information and knowledge of the service users.

Removing unnecessary calls such as "when do I get paid", "what is my increment date" and changes to personal details such as name, address resulting in further increase in performance. Our aim is to provide an interactive customer FAQ's to direct users quickly to the right action whilst supporting other strategies such as uptake of Electronic Staff Record self service. This will aim to increase customer satisfaction and remove unnecessary telephone volumes.



# Achievements & Priorities



Excellence

*An organisation that delivers process excellence, focus on continuous service improvement, automation and the use of technology*

## Achievements we have made:



**Invested** in project management **support** to drive **excellence** in systems and procedures

Supported Welsh Government **Train, Work, Live campaign** increasing professional appointments



**3** days average time of appointment letters sent to Managers



Managed the new **Student Bursary Scheme** to support commissioned training places

Developed the **Store and Scan on Demand** service within Primary Care Services **reducing pressures** on GP Practices estates



We have been a key enabler in delivering the **National Improvement Programme**

**99.5%** accuracy rate for prescription keying

We have provided **National services** and **solutions** to reduce variation helping our partners adopt the **best practice**

Implemented temperature controlled transport for **pathology**



**SMTL** laboratory accredited to **ISO 17025**



## Our Key priorities for action over the next three years

- Strive for excellence in everything we do
- Provide standard modern and automated services
- Use our All-Wales performance data to highlight and deliver improvement
- Invest in technology to increase the efficiency and quality of our services.



## What good looks like in three years?

- Larger regional centres of excellence increasing resilience, efficiency, standardisation and collaboration
- Established plan for service improvement priorities informed from innovation
- Using metrics to help improve our performance in a more proactive manner
- Benchmarking of our services and achievements against world class requirements.



# Good Practice & Recognition

## Fourth free Education Day held by Legal & Risk Personal Injury Team wows clients from across Wales

A Personal Injury Day, hosted by Personal Injury team within NWSSP Legal and Risk Services, was held in Companies House, Cardiff on 5 May 2017. The day gave colleagues involved in the legal process from across NHS Wales Health Boards the chance to update and refresh their legal knowledge and to network.

The event, hosted by Head of Department Andrew Hynes, was very well attended and received much positive feedback. Andrew said: *"The opportunity to forge and renew relationships (client to client and client to legal advisor) is equally as important as the educational content."*

*The feedback has been hugely supportive, in fact I couldn't be happier. We will definitely continue with more of the education days which are provided entirely free of charge."*



## Cwmbran Stores receives successful Audit outcome

Cwmbran Stores, part of NWSSP Procurement Services, was subject to its annual audit of food receipt, storage and distribution processes by assessors Support, Training & Services Limited (STS).

The audit was carried out over the course of a whole day during which the auditor conducted a thorough visual internal and external inspection of the premises and a detailed review of its operational procedures. During this specific audit, a total of 46 procedures, protocols, forms, files and licences were reviewed, making it an intense day for the Cwmbran Stores staff.

The audit was subsequently passed within the appropriate timescales and a Public Sector Compliance Certificate issued. Martin Schell, Regional Supply Chain Manager (South and East Wales) commented: *"I am very pleased to learn that Cwmbran Stores have retained their 'Code of Practice and Technical Standard for Food Processors and Suppliers to the Public Sector' accreditation. It represents an important and highly credible acknowledgement of the hard work carried out at Cwmbran Stores in so many areas, not least of which were stock rotation, cleanliness, product recalls, working practices, waste disposal and stock purchasing."*



# Case Studies

## **Surgical Materials Testing Laboratory (SMTL) maintains UKAS accreditation**

In line with NWSSP's strategic objective of achieving excellence, the SMTL implements an International Organisation for Standardisation (ISO) 17025) General requirements for the competence of testing and calibration laboratories) accredited Quality Management System (QMS). ISO 17025 is an international standard which assesses the competence of testing and calibration laboratories and accreditation is provided by the United Kingdom Accreditation Service (UKAS). Accreditation is a means of assessing the technical competence and integrity of organisations offering evaluation services. SMTL utilise a rigorous QMS to ensure work undertaken by the laboratory is both accurate and reliable. A satisfactory annual inspection by UKAS is necessary for the ISO 17025 accreditation to be maintained.

In October 2017 SMTL hosted UKAS for their annual 2 day inspection when SMTL staff were observed and questioned with regards to the testing of various medical devices. For this visit, the UKAS audit team included a specialist inspector to review the Environmental Testing service, observing SMTL staff testing a controlled room within Princess of Wales Hospital HSDU Department. The inspectors also reviewed SMTL's Quality Management System (QMS) as well as scrutinising the Physical Testing Department.

The inspection was extremely positive once again, with the UKAS Inspectors recommending SMTL maintain their accreditation status. They commented on the good level of service provided by the lab, noting that staff were well trained and experienced. They also noted that SMTL have effective quality control measures in place.

The maintenance of this accreditation is important to Procurement Services, as SMTL testing is regularly included as a quality hurdle in All Wales Procurement processes, ultimately helping to ensure value for money for NHS Wales. SMTL also provide commercial testing services to the international medical device industry, and are internationally renowned as experts within their field.





# Case Studies

## Audit & Assurance Services

It is a requirement of the Public Sector Internal Audit Standards (PSIAS) that all audit services have an External Quality Assessment (EQA) undertaken at least once every five years to assess the level of conformance with standards.

In order for Audit & Assurance Services to be able to demonstrate and report conformance with the PSIAS and thereby demonstrate to its client organisations that it provides a quality and professional service the EQA was an essential process to go through. The EQA process enables Audit & Assurance Services to show commitment to achieving the Strategic Objective of Excellence - Developing an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of digital technology.

Audit & Assurance Service appointed the Chartered Institute of Internal Auditors to undertake the EQA via a tender process. The EQA was undertaken during February and March 2018 using a process of a validation of the self-assessment carried out by NWSSP Audit & Assurance Services using the methods prescribed by the Chartered Institute of Internal Auditors.

The assessment was undertaken on the basis of reviewing a wide range of documentary evidence, surveys to representative stakeholders and also by interviews undertaken with members of the Internal Audit teams and stakeholders including Directors and Independent members from across NHS Wales.

The Final EQA report was received by the Director of Audit and Assurance in April 2018 following a draft report and further more detailed comments on a standard-by-standard checklist. Conclusions by the External Assessor: Conformance to the International Professional Practice Framework (IPPF) and to the Public Sector Internal Audit Standards (PSIAS). The Institute of Internal Audit's (IIA's) International Professional Practice Framework (IPPF) includes the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards. The Public Sector Internal Audit Standards are wholly aligned with these standards. There are 64 fundamental principles to achieve with 118 points of recommended practice.

It is our view that NWSSP Audit and Assurance Services conforms to all of these principles, and it is therefore appropriate for NWSSP Audit and Assurance Services to say in reports and other literature that it *"conforms to the IIA's professional standards and to PSIAS."*

Audit & Assurance Service now can state in its documentation that it "Generally Confirms" to the PSIAS. This the highest level of conformance achievable and therefore is an important mark of quality and will benefit the service when looking to develop its service with NHS Wales and also the wider public sector in line with their Strategic Objective of Service Development.



## Patient Medical Record (PMR) Storage and Scan on Demand Service

The concept of off-site storage within Primary Care Services (PCS), came to the fore following an initial request from a GP practice for a temporary storage solution for live patient paper medical records (PMR's). Whilst GP practices predominantly operate using electronic records, current legislation requires paper records to be produced upon either the death of the patient or when patients register with another practice.

Prior to 2015, the All-Wales storage facility predominantly stored and retrieved primary care medical death records. Utilising this facility as the foundation, a solution was successfully piloted proving the concept of providing an efficient records delivery service supported by established courier transport arrangements and embracing digital technology using the electronic transfer of live patient records to GP practices via a secure network portal.

This service embodies the organisation's core values through listening to the needs of our stakeholders, being responsive to their requirements, empowering colleagues, and valuing our customers.

The PMR service is aligned with NWSSP's strategic aims and objectives:

- Achieving value for money through the delivery of consistent services by economies of scale
- Supporting the development of an open and transparent customer focused culture that supports the delivery of high quality services
- Developing an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of digital technology
- Enabling the organisation to deploy existing skilled resources which will be released through continued service improvement and automation
- Developing and extending the range of high quality services provided to NHS Wales and the broader public sector.

This programme has driven service re-design that aligns to the NHS Wales Primary Care Plan, 2018. Delivering a modernised service that supports the sustainability agenda whilst enabling NHS Wales to realise and deliver significant benefits including:

- Process re-engineering achieving more with less resource
- Reducing variation through modernisation of current service models
- Supporting prudent healthcare – reducing variation through evidence based approaches
- Enhancing scanning solutions and utilising technology to reduce and eliminate paper transactions.

The culture embedded within PCS is 'what more can we do' and we will use this programme as a catalyst to further drive:

- Proactive engagement with stakeholders
- Continuous service improvement whilst continually achieving full audit assurance
- Expanding NWSSP services into Primary Care cluster networks and federations.

With 300,000 paper records moving across Wales per annum, the further development of the PMR service combined with a full review of the current legislation truly provides PCS with a huge opportunity in supporting the development of a modern NHS, built on a secure footing of quality and secure digital services.



# Achievements & Priorities



*Highly efficient and effective organisation  
Deliver real term savings and service quality benefits to its customers*

## Achievements we have made:

Collaborative **procurement strategy** developed **in partnership**



**NWSSP 99% compliance** with Public Sector Pay Policy

**Qlik**

Deliver **£100 million** worth of professional influence benefits

Phase 1 of certificate of sponsorship **management for medical and dental trainees** resulted in **£22,288** estimated savings



Deliver cost efficiencies across **Hire to Retire** transactional services

**£1.2 million** cost avoidance through technology enabled learning solutions

**Eliminated paper payslips** and administered e-payslips for NWSSP by **April 2018**



Provide QlikView 2nd Line Support and complete developments in house saving **£60k** per annum



Deliver procurement **savings** target



## Our Key priorities for action over the next three years

- Generate over £2 million of direct savings
- Deliver over £100 million worth of professional influence benefits for NHS Wales
- Secure capital funding to invest in services to meet customer needs
- Deliver efficient processes and drive down costs.



## What good looks like in three years?

- Delivery of overall financial targets
- A well-established, financially stable business model with future benefits and growth identified
- Continued realisation of significant Professional Influence savings
- Identification and maximisation of income generation opportunities.



# Good Practice & Recognition

## Mum Who Enjoyed Holidays in America Jailed after Joint Operation by Counter Fraud Services

A former student nurse who fraudulently claimed more than £70,000 in tax credits lived a "lavish" lifestyle, enjoyed holidays with her husband, underwent plastic surgery and took out a joint finance loan for a time-share property in America. Tammy Ann Gunter, claimed tax credits after declaring she was a single person, made false claims for student finance and an NHS bursary and forged a letter purporting to be from Her Majesty's Revenue and Customs (HMRC), Merthyr Tydfil Crown Court was told. The joint investigation began in January 2015, led by NHS Counter Fraud Service Wales, and involved the Department for Work and Pensions and HMRC.

Ms Gunter was jailed for two years at the court after pleading guilty to one count of being knowingly concerned in fraudulent activity undertaken with a view to obtaining tax credits, one count of forgery and four counts of fraud. One count of fraud was ordered to lie on her file. Her husband Neil Mark Hart, was also sentenced to six months imprisonment after pleading guilty to one count of encouraging or assisting the commission of an offence, believing it would be committed.

Craig Greenstock, lead Counter Fraud Specialist for NWSSP, said: *"Tammy Ann Gunter has, by her actions and assisted by Neil Mark Hart, been quite deliberate and calculating when trying to obtain as much money as they could from the individual public bodies. It is hoped, therefore, that this sentence will show that such a deliberate fraud will not be tolerated and that the NHS, together with other public bodies, will take firm action against the dishonest minority who are, in effect, stealing taxpayers' money for their own gain."*

## Value Based Procurement

Procurement Services are leading the way in healthcare across the UK by developing a Value Based Procurement approach. Working closely with Aneurin Bevan University Health Board, Procurement Services have secured 3 year's funding from Welsh Government (Efficiency Through Technology Programme) to develop and implement the practice. The approach assesses value as a derivative of outcome divided by cost and places Clinical and Patient Reported Outcomes at the heart of the procurement decision making process and resulting contractual performance management.

Based upon work from Harvard Business School and the Boston Consulting Group, the concept switches from the traditional procurement decisions of input product specification and individual component price to an outcome focused contractual model, where risks transfer to the supplier and improved outcomes are rewarded. The approach also fully embraces the principles of Prudent Health and helps to remove barriers to innovation adoption.

The Value Based Procurement Programme will develop an Implementation Framework in order to ensure a systematic approach to delivery against the Programme, this will include (but not be limited to) description of processes to support Value Based Procurement activity for all of NHS Wales and to support the development of a different system of care for Wales.



# Case Studies

## Removal of Paper payslips for GP Specialty Training Registrars

When NWSSP became the Lead Employer (on behalf of Velindre NHS Trust) for GP Specialty Training Registrars (GPSTRs) within Wales in February 2015, GPSTRs were receiving paper payslips from NWSSP Payroll. Owing to the rotational nature of the training scheme, these were sent direct to their home address and resulted in a significant financial and resource drain.

In September 2017, paper payslips were switched off for all GPSTRs on the training scheme, who instead now use the Electronic Staff Record (ESR) Self Service application to access, view and download their monthly payslips. While this may seem like a simple task, all GPSTRs required set up on ESR and the provision of log in details, and therefore required the partnership working of Payroll, Medical Workforce, Digital Workforce Solutions and the ESR team. All GPSTRs are now automatically set up on ESR upon commencing on the scheme.

The switch to electronic payslips aligns with both the strategic aims of NWSSP and the Well-being and Future Generations Act Objectives by:

- Improving value for money by reducing postage costs
- Realising cost savings to be redirected back into the NHS
- Increasing efficiency by removing the manual labour and time required for postal payslips
- Releasing staff members to perform value adding tasks and allow further skill development
- Taking a step towards reaching a paperless NHS system
- Modernisation of processes
- Reducing the environmental impact and subsequently improving the sustainability for future generations.

The move to electronic payslips also brings additional benefits, with ESR access allowing GPSTRs to keep their personal information up-to-date themselves, removing this task from the Medical Workforce Department, while also aiding communications between NWSSP and GPSTRs. The potential for future opportunities is also evident, with ESR access permitting the possibility of:

- Access to online E-learning modules as part of the Core Skills Framework
- Submitting, approval and tracking of annual and sickness leave for all GPSTRs.



# Case Studies

## Lead Sponsor for Tier 2 (General) Certificate of Sponsorships for Deanery appointed Junior Doctors in training in Wales

Historically, NHS Wales organisations were responsible for issuing a Tier 2 (General) Certificate of Sponsorship (CoS) to non- European Economic Area (EEA )medical trainees as they acted as both the sponsor and the employer. This, however, impacted and restricted the movement of the trainees across NHS Organisations in Wales as they were required to obtain a new CoS each time they rotated to a new employer. This would cost £199 to the employer, with a potential upfront cost of £1000 per year for the Immigration Skills Charge and a cost of between £466 and £1,944 to the trainee plus dependants costs.

During this time, Tier 2 trainees that were working in Wales were only considered eligible to apply in the first recruitment round if the whole of the training programme was within their current Health Board. This could rarely be guaranteed as the vast majority of training programmes in Wales rotate across Health Boards in order to meet training curriculum requirements.

The Wales Deanery had received reports from trainees regarding the negative impact this was having upon recruitment and retention, since Wales offered fewer opportunities to obtain a training post compared to England and Scotland. These trainees are considering applying for positions in England or Scotland as they offered lower costs and earlier applications in the training programmes.

NWSSP set up the project to establish a process that allowed non-EEA trainees on Tier 2 visas to be considered alongside UK or EEA applicants and not be subjected to the Resident Labour Market Test. Therefore, the trainees were eligible in the first recruitment round and reduced the costs for NHS Organisations and the trainees, as they no longer need to reapply for each rotation.

Following successful dialogue between NWSSP with the Home Office during the summer of 2016, we established and coordinated an implementation group of representatives from Medical Workforce teams in NHS Organisations across Wales and Wales Deanery to agree a process with a target date for implementation of Autumn 2016.

With the new process successfully implemented, NWSSP have received positive feedback from all involved and the benefits below have been realised with further to come.



### Outcomes/Benefits:

- Processed 66 Certificates of Sponsorships
- Reduction of 225 Tier 2 (General) Certificates of Sponsorship
- Saving to NHS Wales: £29,452
- Savings to Junior Doctors: £216,188
- Over 450 hours of administrative time saved
- Survey feedback from Doctors who have used this service, rated the service as an average score of 9.28 (10 being highly satisfied)
- Doctors commence training in NHS Wales, remain in NHS Wales, with provision of consistent training to the doctor and consistent care to the patients
- Rotational pathway based on training requirements not visa restrictions.



# Achievements & Priorities



*Extend the range of high quality services provided to NHS Wales and Welsh public sector*

## Achievements we have made:

Introduced a **One Wales Primary Care Rebate Scheme** to include a new IT platform



Working with NHS Wales to **support service change** and service **redesign**



**Substantially increased** advertising vacancies for **Primary Care sector**

We have continued to deliver existing services whilst exploring **new all Wales functions** such as the **Welsh Infected Blood Support Service**



Provide **new shared services** to NHS Wales and the wider public sector

Supporting the development of **111** and the extension of **GP Out of Hours**

**Introduced** new HCS Service Delivery Models to include providing 24 Hour/ Out of Hours cover



**Integration** of Primary Care Services transport and distribution to **HCS**

**Enhanced** the e-learning solution to enable accessibility to over **300 courses** for NHS Wales and the wider public sector including **Local Authorities** and **Welsh Government**



Support working across the public sector through our **systems** and **processes**



**Our Key priorities for action over the next three years**

- Develop our services under five themes:
  1. Supporting sustainable Primary Care
  2. Sharing best practice and informing decisions
  3. Workforce modernisation
  4. Supporting service re-design
  5. Once for Wales systems.



**What good looks like in three years?**

- Developing our all Wales service following the review of current arrangements
- Provide a holistic legal advice service across the public sector in Wales
- Extension of our support services into Primary Care sector
- Supporting our partners to deliver transformation programmes.

# Good Practice & Recognition

## NWSSP Supports Innovative National Pharmacy Recruitment Scheme

NWSSP's Workforce, Education and Development Services (WEDS) division supported the first National Pre-registration Pharmacist Recruitment Scheme for England and Wales. The recruitment scheme involves a rigorous selection process for trainees in a single day at a single venue of their choice. Wales hosted one of seven interview centres at Cardiff City Stadium over 2 days.

The vision was to develop an evidence based recruitment system that enables the best candidates to be selected into training posts in an equitable, transparent and efficient manner. The new process provides interview slots for all eligible candidates, removing the need to shortlist. The streamlined process removes duplication and is fairer. NWSSP staff were involved with employers in welcoming students to the event, checking their identification and in delivering the assessment methods.

Wales Pharmacy Recruitment Lead, Michele Sehwat, said: "We are all really pleased with how well the 2 day interview centre ran for students and employers. A huge thanks to all those involved in the collaboration. In reality this is a first step in a process of a big change for pre-reg pharmacist training for Wales. We really have our eye on the further goals; filling training posts in Wales with good trainees and providing excellent pre-reg training, so we can grow a workforce who deliver the best possible person centred services for Wales."



## NWSSP Supported Framework launched for NHS Wales Medical Workforce

The Together We Care (TWC) framework was launched at the Welsh NHS Confederation annual conference in Cardiff. Supported and developed in partnership with stakeholders by Workforce, Education and Development Services, TWC is a new framework for the Medical Workforce within NHS Wales. The framework was also developed on behalf of the Chief Executives of NHS Wales organisations by the All- Wales Strategic Medical Workforce Group, through a series of engagement events with medical staff and other relevant stakeholders from across Wales. The framework also sets out what doctors can expect from training and working in NHS Wales, throughout their whole careers, and what is expected of them.

Tracy Myhill, Chief Executive Abertawe Bro Morgannwg University Health Board and Chief Executive Lead for Workforce: "The framework demonstrates NHS Wales' commitment to both our current and future doctors through its alignment with the NHS Wales Core Principles and demonstrates a commitment to the well-being goals of the Well-being of Future Generations (Wales) Act. It is a unique document to NHS Wales."



# Case Studies

## Property Team Legal and Risk Services

We buy, sell, take leases and grant leases, grant and accept rights and advise generally on property matters across the NHS Wales Estate which include but are not limited to offices, Headquarter buildings, hospitals, GP surgeries, ambulance stations, development sites, helipads, newsagents and pharmacies etc.

Legal and Risk advised Velindre NHS Trust in relation to the development of Maggie's Cancer Centre within the grounds of the Velindre Cancer Hospital in Cardiff. Velindre Cancer Centre sees around 5,000 new diagnoses a year, with a further 50,000 new outpatient appointments from people living with or after cancer within the South Wales cancer network. The largest cancer centre in the country, it provides specialist cancer services to over 1.5 million people in Cardiff, Newport and beyond.

Maggie's and Velindre Cancer Centre are working in partnership to create cancer support of the highest quality for people in South East Wales. Once established, Maggie's South East Wales is expected to receive up to 20,000 visits a year.

Legal and Risk's property team worked in conjunction with Specialist Estate Services to prepare complex documentation between Velindre and Maggie's. To document the build obligations of Maggie's and upon completion of the build the 10 year lease which sets out how Maggie's will occupy Maggie's cancer centre where it will exist and operate alongside the existing Velindre Cancer Hospital.

Legal and Risk advised Velindre with a customer focused approach. They took the time to familiarise themselves with Velindre's relocation plans should Velindre decide to relocate the cancer hospital during Maggie's 10 year lease term and advised Velindre throughout the transaction in relation to possible termination rights and documented these appropriately within the legal development agreement.

Legal and Risk also advised Cardiff and Vale University Health Board in relation to this transaction who offered a compound area within the Whitchurch Hospital grounds to facilitate the construction and development of Maggie's Centre. Legal and Risk offered service quality benefits to Cardiff and Vale ensuring the compound licence contained the necessary conditions upon Maggie's to preserve and reinstate the compound land to ensure it remained in a fit state for future development.

Cardiff and Vale also offered car parking facilities for the operation of Maggie's cancer centre and linked the parking agreements with the lease agreements in place between Velindre and Maggie's i.e. they contained cross obligations and identical termination dates.

The legal documentation prepared by the property legal services team which allowed the commencement of the construction of the Maggie's cancer centre embodies the organisation's core values through listening to the needs of our customers and supporting them in service development by being responsive to their requirements, empowering change, and valuing our customers.



# Case Studies

## Wales Infected Blood Support Scheme (WIBSS)

On the 30 March 2017 the Cabinet Secretary for Health, Well-being and Sport announced new support arrangements for individuals and their families, infected with Hepatitis C and/or HIV through treatment with contaminated blood in NHS Wales. The focus was on improving on the support provided by the previous schemes, to ensure a transparent and equitable scheme for beneficiaries infected in Wales.

A single streamlined scheme was introduced in November 2017, providing not just financial support, but pastoral and welfare advice too. The Cabinet Secretary announced that Velindre NHS Trust, through NHS Wales Shared Services Partnership (NWSSP), and Velindre Cancer Centre, would administer the Scheme on his behalf.

WIBSS is aligned with NWSSP's strategic aims and objectives by providing a single point of contact for Scheme Beneficiaries, offering:

- Reliable, responsive and accurate payments process, supported by clear understandings with Department for Work and Pensions and Her Majesty's Revenue and Customs about the tax and benefits status of the support provided
- Welfare rights advice from a dedicated team of trained advisors
- Key worker support to help beneficiaries to navigate the healthcare system
- Signposting beneficiaries towards other services, funds and sources of support
- A dedicated bilingual website
- Local rate phone line securely connecting to the WIBSS team
- Secure storage and handling of beneficiary data
- Outcome based reporting to Ministers and Velindre NHS Trust Board
- Quality accreditation of the support service
- An independent appeals process.

The scheme has around 200 beneficiaries, who mostly transferred from the five separate schemes previously operating on a UK wide basis. New applicants can also apply to join the WIBSS if they can demonstrate they were infected with HIV and /or Hepatitis C through contaminated blood received during treatment by NHS Wales.

The service embodies NWSSP's core values through listening to the needs of stakeholders, being responsive to their requirements and valuing and respecting beneficiaries. Since WIBSS became operational in November 2017, they have contacted all our beneficiaries to let them know what services they offer. WIBSS have since had a very positive response and complimentary feedback.



# Governance

The Governance Structure for NWSSP is shown below:



## Governance Framework

NWSSP has two main Committees that have key roles in relation to the Governance and Assurance Framework. Both Committees are chaired by Independent Members and undertake scrutiny, development discussions, and assess current risks and monitor performance in relation to the diverse number of services provided by NWSSP to NHS Wales. Details on these committees is provided below.

### Shared Services Partnership Committee

The composition of the Partnership Committee includes an Independent Chair, the Managing Director of Shared Services, and either the Chief Executive of each partner organisation in NHS Wales or a nominated representative who acts on behalf of the respective Health Board or Trust.

The Partnership Committee ensures that NWSSP consistently follows the principles of good governance applicable to NHS organisations, including the oversight and development of systems and processes for financial control, organisational control, governance and risk management. The Partnership Committee assesses strategic and corporate risks through the Corporate Risk Register.

### Velindre Audit Committee for NWSSP

The primary role of the Velindre NHS Trust Audit Committee for Shared Services (Audit Committee) has been to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This role is set out clearly in the Audit Committee's terms of reference which were revised in 2017/2018 to ensure these key functions were embedded within the standing orders and governance arrangements.

The Audit Committee supports the Partnership Committee in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

### System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2018.



# Governance

## Managing Risk

Velindre NHS Trust has an approved strategy for risk management and NWSSP has a risk management protocol in line with our host's strategy providing a clear systematic approach to the management of risk within NWSSP.

NWSSP seeks to integrate risk management processes so that it is not seen as a separate function but rather an integral part of the day-to-day management activities of the organisation including financial, health and safety and environmental functions.

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



Changes have since been made to the format of the corporate and directorate risk registers to ensure that they are both consistent and that they provide a more concise picture of the current position with each risk.

The recently appointed Head of Finance and Business Development, supported by the Compliance Officer, is working with Directors and their Senior Management Teams to ensure that the risks recorded within each register remains current and that there is focus on achievement of planned actions to mitigate the risk. This is reinforced through the quarterly review process of each directorate where review of the directorate risk register is a standing agenda item.

In 2017/18 assurance maps were produced for each of the directorates to provide a view on how the key operational, or business-as-usual risks were being mitigated. These were presented to the Audit Committee in November 2017 and they will be updated and reviewed by the Audit Committee annually.

# Governance

## Information Governance

There is an ever-increasing culture of confidentiality within NWSSP, with continual training and awareness, whilst promoting the Information Governance (IG) service on the intranet. During 2017-18 significant work has been undertaken in ensuring preparedness for the implementation of the General Data Protection Regulations on May 25 2018.

### Key activities during the year included:

**333** staff trained in 2017-18

Regular attendance at **Corporate Induction**

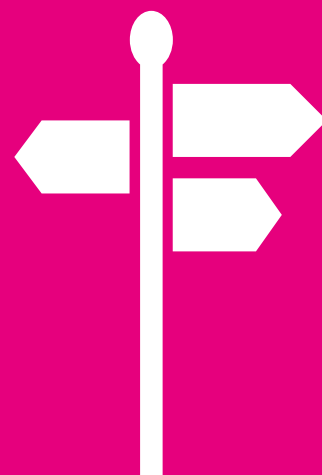
**Dedicated** NWSSP Information Governance **email address** linked to Actionpoint that has recorded over **300** calls in 2017-2018



**89%** compliance in IG online e-learning

**96%** compliant with the **Caldicott** self-assessment toolkit

A reviewed, reformatted **comprehensive** suite of **protocols** and **guidance documents** (including development of those where gaps were identified)



**Established** point of contact for NWSSP including **Breach Reporting** Work plans concentrating on **IG, FOI** and **General Data Protection Regulation (GDPR)**

**Established** Information Governance **risk register**

**Privacy Impact Assessment** process for all major changes to **working plans** and **new projects**



## Annual Governance Statement

The Annual Governance Statement is a key feature of NWSSP's annual report on performance. It demonstrates how we managed and controlled resources in 2017-18 and the extent to which we complied with our own governance requirements. In doing so, it brings together all disclosures relating to governance, risk and control.

The Head of Internal Audit provides an annual opinion on the adequacy and effectiveness of the risk management, control and governance processes to support the statement. As a hosted organisation, the statement also forms part of the Velindre NHS Trust's Annual Report and Accounts.

The Annual Governance Statement for 2017-18 can be accessed at this link:  
<http://www.nwssp.wales.nhs.uk/governance-and-assurance-arrangements/>

# Sustainability

## Our Sustainable Development Statement

*"Ensuring that our long-term vision meets and continues to meet the needs of Wales, through Working in Partnership."*



# Sustainability



*"Ensuring that we act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs."*

## -Sustainable Development Principle

NWSSP is aware of its obligations under the Well-being of Future Generations (Wales) Act 2015 and the associated Sustainable Development Principle; to think about the long-term, to strengthen and improve its working partnerships and to communicate effectively with partners with a view to working in partnership to prevent problems and take a more joined up approach to service delivery.

## Development of Our Well-being Goals

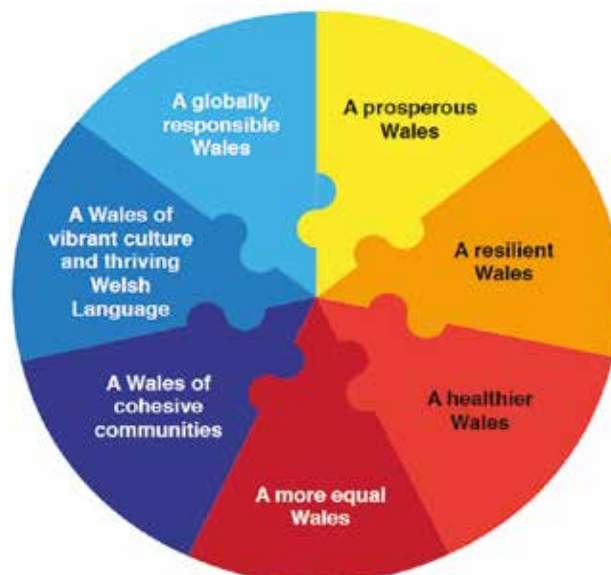
In partnership with our Senior Management Team and key individuals across divisions, we have produced a Well-being Statement and Objectives which demonstrates how we are supporting achievement of the Well-being Goals that Wales should be; prosperous, resilient, healthier, more equal, globally responsible and a country of cohesive communities, have a vibrant culture and a thriving Welsh language. Additionally, our integrated reporting framework provides assurance to align with the seven goals contained within the Act.

We hosted Well-being Workshops to develop our Objectives, carried out SWOT Analysis exercises and welcomed Rita Singh, Head of Policy, Future Generations Commissioner's Office and Sophie Howe, Future Generations Commissioner, to meet our SMT and discuss the well-being agenda.

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

## Our Commitment to Well-being and Sustainable Development

We are highly committed to developing and implementing Once for Wales approaches. Paramount to this is the 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 below demonstrates how our divisions are committed to delivering sustainable services aligned to the five ways of working.



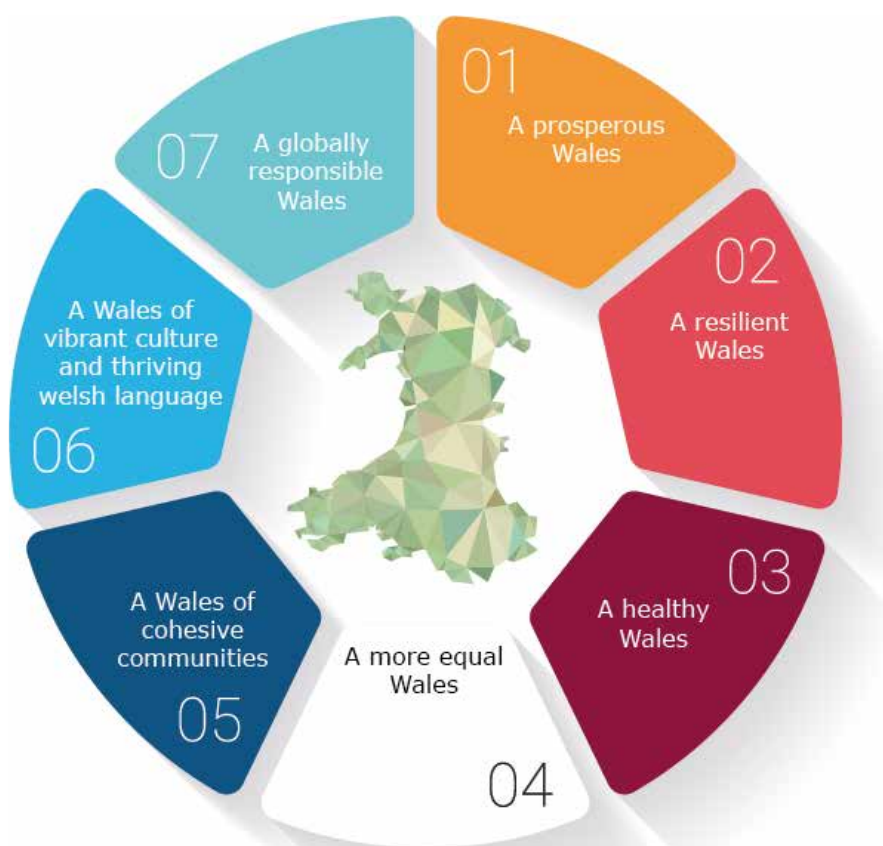


# Sustainability

## Our Well-being Goals for 2018

During the IMTP planning process for 2018, we have integrated our well-being goals into our overarching goals to set out our intentions and strategic direction. These are our long-term goals and demonstrate how we are contributing towards the 'Wales We Want' in 2050. We will be focusing on actions that help Wales tackle key issues, support the development of sustainable services and lead to a healthier Wales.

1. We will promote a **consistency of service** across Wales by engagement with our partners whilst respecting local needs and requirements
2. We will **extend the scope of our services** 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
3. We will continue to **standardise, innovate and modernise** our service delivery models to achieve the well-being goals and the benefits of prudent healthcare
4. We will be an **employer of choice** for today and future generations by attracting, training and retaining a highly skilled and resilient workforce who are developed to meet their maximum potential
5. We will maintain a **balanced financial plan** whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into the economy
6. We will provide **excellent customer service** ensuring that our services maximise efficiency, effectiveness and value for money, through system leadership and a 'Once for Wales' approach
7. We will **work in partnership** to deliver world class service that will help NHS Wales tackle key issues and lead to a healthier Wales that supports sustainable Primary Care
8. We will support NHS Wales to **meet their challenges** by being a catalyst for learning lessons and **sharing good practice**, identifying further opportunities to deliver high quality services.





# Sustainability



## Longterm

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  
Reduce the burden on GP practices by providing back-office administration support  
Consideration given for life cycle and sustainable, ethical procurement practices



## Prevention

A digitally enabled workforce system that will eliminate paper  
Eliminate paper payslips and to administer e-payslips by April 2018  
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  
ISO14001 environmental initiatives to reduce carbon footprint of organisation



## Integration

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  
Frequent engagement with our partners to ensure continuous improvement



## Collaboration

Build opportunities for expansion of audit services within the wider public sector  
Retention and efficient matching of healthcare graduates with employment  
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

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

# Sustainability: Case Studies

## iBabs Implementation for Committees

*"Paperless meetings – much more than a green idea!"*

If you hold meetings regularly, you will be all too well aware of the stacks of paper and quantities of ink/toner used in the process of Committee administration, as well as the time it takes staff to print, sort, tab and bind the papers for Committee members.

As of October 2017, the NWSSP introduced a more environmentally friendly and sustainable alternative, iBabs, which has been successfully rolled out to our Audit and Partnership Committees. This enables us to reduce the resources used in the process and provides Committee members with access to their more up to date agenda, papers and appendices via the internet site, or their laptop/tablet/smartphone. An added bonus is that members can make notes on the papers in real time and share these with colleagues.

Benefits of iBabs:

- Saves time
- Is efficient
- Saves money
- Facilitates the flow of documents
- Reduces stress
- Is healthier for the environment
- Is safe, stable and dependable.

We took iBabs' 'Save a Tree Test' and calculated the paper saved since the implementation for NWSSP's Audit Committee and Partnership Committee since October 2017 – 2 trees saved already!



## Matrix House Health and Well-being Week

To celebrate the relocation from Oldway Centre to Matrix House, we launched our first Health and Well-being Week, promoting staff well-being and the importance of engaging in a healthy way of living. The aim of the week was to encourage staff to take part in the activities to bring on board new healthy habits and continue these in the workplace, with support from colleagues. The week boasted a jam-packed itinerary of activities for staff, with many being so popular, such as the Lakeside Walking Group, Yoga and Charity Fruit Snack Box that they will be implemented on a permanent basis!

Yoga Teacher, Simon Hegarty said: *"...so good to see our NHS here in Wales taking the initiative and spear-heading this kind of sustainable care for people in the workplace. Simply put, if you're not caring for your staff, you're way behind the curve."*

We also invited along our Public Health Wales colleagues to join in with the healthy celebrations and they kindly loaned us props from their Healthy Working Wales Scheme (HWWS), which included Life and Death Lungs, Beer Goggles and Models of 1lb and 5lb of Body Fat. Sustrans Cymru also supported the event, by kindly providing walking and cycling route maps for the Swansea area, which were showcased at an Active Travel Stand.



# Sustainability: Case Studies

## Celebrating Diversity at PRIDE Cymru

### A celebration of equality, diversity and inclusion!

With PRIDE celebrations being enjoyed across the globe by thousands of Lesbian, Gay, Bisexual, Transgender and non-binary people, as well as allies (those that support LGBT rights), it is important to remember how far we have come in achieving equality.

The event was very well attended by NWSSP colleagues and staff members from across NHS Wales, who were all very excited to join in with the celebrations. The atmosphere was absolutely fantastic, the sun was shining, everyone was enjoying themselves and wishing each other a "Happy Pride"; Cardiff was essentially a rainbow of colour!

Roxann Davies said *"It was my very first experience of PRIDE Cymru and what a fantastic time I had! It was an absolute blast and we raised lots of awareness as to our services at the event stand. There is also lots of coverage of us during the Parade and of our event banner, NHS Wales "Celebrating Diversity", on social media!"*



## Show your Rainbow!

During February 2018, we celebrated LGBT History Month; at its heart was an opportunity to celebrate LGBT life, culture and to recognise the achievements of LGBT people and communities. The aim of the month-long initiative was to recognise and raise awareness, promote equality, diversity and, most importantly, inclusion. This year's theme was Geography!

To celebrate LGBT History Month, rainbow coloured lanyards were made available, as we joined our host, Velindre NHS Trust, in asking staff to show their rainbows! The rainbow is a universal symbol of LGBT identity and solidarity; whether you identify as straight or LGBT, together we can recognise the diversity in our community and help to create a more inclusive society, by wearing a rainbow to show our support for each other.

Wearing a rainbow lanyard was completely optional; staff could choose to wear the rainbow to highlight their support for LGBT colleagues and to get people talking about the topic in a confident an open manner and we are pleased to note that 200 lanyards were given out as a result of the initiative!





# Sustainability: Case Studies

## Active Travel

To complement our active travel commitments, during the year, we collaborated with our hosts and Sustrans Cymru/Cycle Solutions to promote active and sustainable travel and encourage the use of public transport for healthy, active journeys, wherever possible. We provided resources and information about changing travel habits, current initiatives and how to get involved as an Environmental Champion.

The Cymru Travel Challenge ran from the 1 to 31 July, hosted by Sustrans Cymru. NWSSP finished overall in 3rd position for the 1500+ staff category. As an organisation, we logged over 500 journeys, travelled almost 3,500 miles and burnt off the equivalent of 313 doughnuts. The Challenge was flexible and inclusive for all, with the aim being to get as many people as possible travelling sustainably for local journeys. It was healthy, environmentally friendly and fun for those who participated.



## Ethical Employment In Supply Chain Code of Practice & Modern Slavery Act 2015

This Code of Practice (CoP) has been established by the Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector and third sector organisations in receipt of public funds.

Evidence illustrates that unethical employment practices are taking place in supply chains throughout Wales and beyond. The CoP is designed to ensure that workers in public sector supply chains are employed ethically and in compliance with both the letter and spirit of UK, EU, and international laws.

The CoP covers the following employment issues:

- Modern slavery
- Human rights abuses
- Blacklisting
- False self-employment
- Unfair use of umbrella schemes
- Zero hours contracts; and
- Paying the Living Wage.

NWSSP has signed up to the CoP Commitments, developed Action Plan and appointed our Director of Workforce & Organisational Development as our Ethical Employment Champion.

Transparency in Supply Chains (TISC) is a centralised database that gives access to Modern Slavery Statements posted by suppliers. This site is sponsored by the Welsh Government and acts as a step towards eradicating modern slavery in supply chains.

These statements are utilised during tendering exercises undertaken, as part of the Ethical Employment Code of Practice Commitments. The site allows NWSSP to publically declare our anti-slavery stance and associated policies.

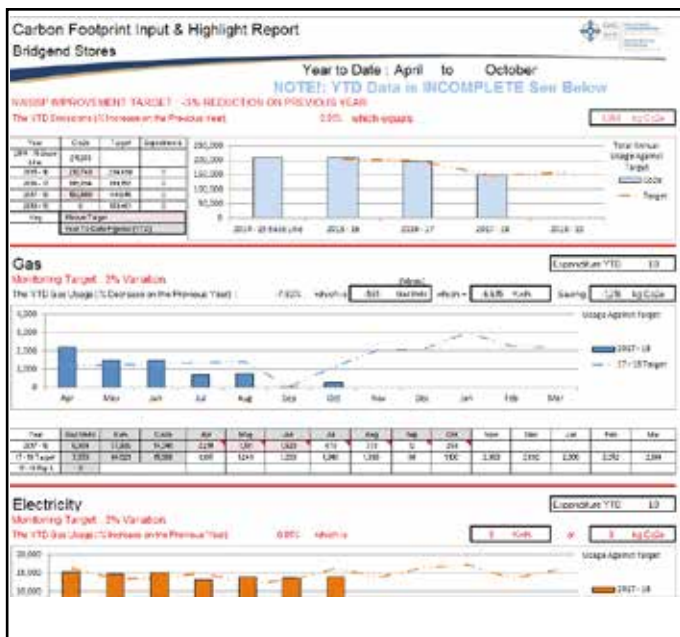
# Sustainability: Case Studies

## Carbon Footprint Tool - Demystifying the Monitoring Process!

Welsh Government has set targets that aim to de-carbonise the Public Sector by at least 80%, working towards "The Wales We Want" by 2050. Although this seems far into the future, they have also introduced interim 5-yearly carbon reduction targets. We have been monitoring our emissions in NWSSP for the past 4 years, since achieving and maintaining our ISO14001 certification, using the "Carbon Footprint Survey", a tool created internally by our creative Carbon Footprint 'Guru', Dave Ball of Procurement Services.

The innovative tool monitors energy consumption, carbon emissions and most importantly allows efficient energy management, which best informs objective setting and accurate reporting. The summary sheet that accompanies the tool encompasses engaging graphs and statistics, useful for management reviews and audits of the sites within the scope e.g. meter readings for utilities, waste, fuel usage and/ or vehicle mileage, depending upon need. Everything else is calculated automatically by using the functionality built into the innovative tool.

This tool is very versatile and can be adapted to meet numerous criterion and to assist us in achieving our objectives and reporting targets efficiently and effectively. By using this tool, we are able to evidence that sites are on target to achieve or exceed their targets for the current financial year. At present, sites are boasting an impressive reduction in energy consumption overall. Keep up the environmentally friendly initiatives at your sites!



All values below are kg CO2e

2014-15 Baseline year for WAGS mandated 3% year on year reductions

Totals	Total CO2e	CO2e Gas	CO2e Electricity	CO2e Del Transport	CO2e Lease / Pool Cars	CO2e Waste	CO2e Bus Mileage	CO2e Business Travel
2014 / 15	1,284,524	183,327	655,617	200,202	1,587			
2015 / 16	1,247,225	133,256	698,878	384,138	38,953			
2016 / 17	1,381,796	179,575	688,453	309,819	34,358			
2017 / 18	941,106	113,188	388,999	259,864	18,738	125,480		

**2015 - 16 v 2014 - 15**

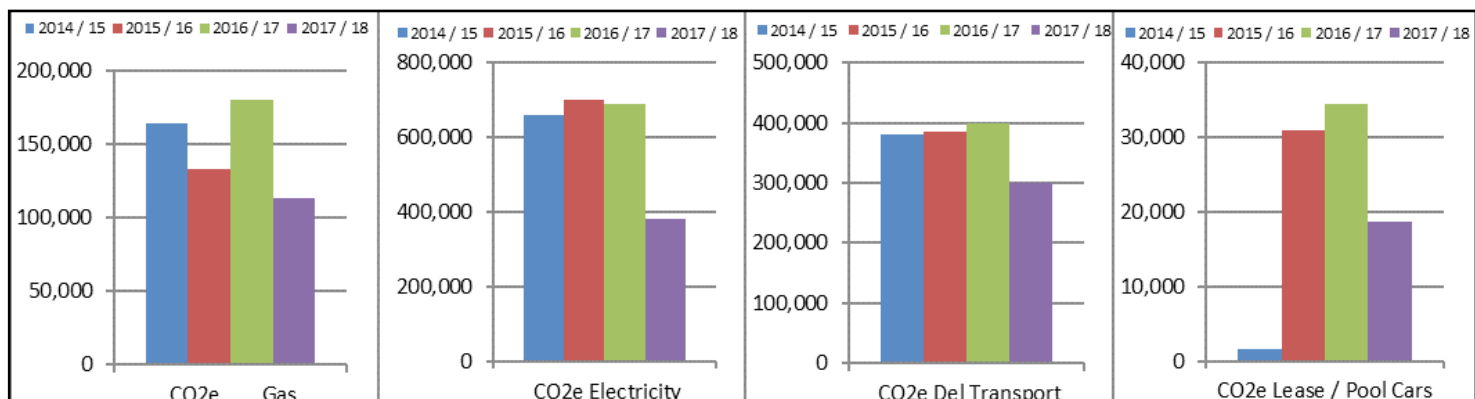
Change on Previous Year	CO2e Variation (kg)	Percentage Variation
CO2e Variation (kg)	-47,299	-3.6%
Percentage Variation	-3.6%	-3.6%

**2016 - 17 v 2015 - 16**

Change on Previous Year	CO2e Variation (kg)	Percentage Variation
CO2e Variation (kg)	14,527	1.1%
Percentage Variation	1.1%	1.1%

**2017 - 18 v 2016 - 17**

Change on Previous Year	CO2e Variation (kg)	Percentage Variation
CO2e Variation (kg)	-447,690	-32.4%
Percentage Variation	-32.4%	-32.4%



# Sustainability

## Environmental Sustainability & ISO14001

The ISO14001 Environmental Management Standard was developed and published by the International Standards Organisation and specifies requirements for organisations who wish to achieve and demonstrate sound environmental performance, through controlling the impact of their activities, products or services on the environment.

Welsh Government mandated that all Health Boards and Trusts in Wales should attain ISO14001 certification at its main sites by 2012 and throughout the whole organisation by 2014. We were successful in attaining the Standard and annual surveillance audits are undertaken to assess continued compliance with the Standard. The last external assessment was undertaken in August 2017 and we successfully achieved recertification to the Standard.

We are committed to environmental improvement and operates a comprehensive Environmental Management System (EMS), in order to facilitate and achieve the Environmental Policy. As we prepare to achieve transition to the ISO14001:2015 Standard, this places particular emphasis on ongoing improvement, we will continue to promote environmental protection, resource conservation and improved efficiencies in our everyday business.

The sites included in the scope of our accreditation are:

- Charnwood Court (HQ)
- Companies House
- Alder House
- Matrix House
- Brecon & Cwmbran House
- Bridgend Stores
- Cwmbran Stores
- Denbigh Stores
- St Athan Stores.





# Sustainability

## Environmental Achievements and Progress Towards Objectives

### Long term



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

- Integration and embedding of the Well-being agenda; greater focus on integrated reporting
- Planned transition to the ISO14001:2015 Standard, which demonstrates our continuous improvement and commitment towards the protection of the environment
- Addition to the scope of ISO14001 planned for Health Courier Services; gap analysis undertaken and work commenced
- Greater emphasis and consideration for the lifecycle perspective of waste associated with our activities; the 'reduce, reuse and recycle' ethos
- Relocation from Oldway Centre to Matrix House, boasts improved recycling facilities, sensor lights and zip taps have replaced kettles/water coolers! Each wing has its own energy and water meters for improved data monitoring
- Sustainable Procurement and Community Benefits training to be developed and delivered in connection with Workforce & OD
- Trust Travel Plan introduced and Action Plan developed; annual survey to be released during Summer 2018 and findings will be brought to a future SMT.

### 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.

- For 2018-2021, the SDP has been embedded into the IMTP planning process and our Strategic Objectives have merged with our Well-being Goals
- Our innovative carbon footprint monitoring is a well-integrated process and we are looking to further integrate water usage to improve our data collection and accuracy
- Strengthening links and aligning our local Sustainable Development & ISO14001 Groups, including the revision of our Sustainability Objectives for 2018-19
- Legal and Risk Services have been shortlisted for the Public Sector Paperless Awards 2018 for their innovative Virtual Cabinet system
- ISO14001 and the Environment has been introduced into the Corporate Induction programme for new starters; environmental leaflet and signposting for staff at first week induction.

### 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.

- Achieved 3rd place overall for the Cymru Travel Challenge, in the 1500+ staff category!
- Staff walking groups support the active sustainable travel agenda with Matrix House's Lakeside Walking Group being a shining example
- Attending Sustrans' focus group meetings and workplace travel champion training to share best practice, knowledge and resources
- Applying a Community Benefits approach to all relevant procurement over the Welsh Government threshold of £2 million - audits of this process are carried out
- Opportunities for staff to get involved in the agenda and make a difference through becoming a volunteer Environmental Champion.

# Sustainability

## 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.

- Active travel stands and celebrations held to support the Travel Plan, at local sites throughout the year, in conjunction with Sustrans and Velindre NHS Trust
- Working in Partnership with Velindre NHS Trust, Welsh Blood Service and NHS Wales Informatics Services to produce an NHS Sustainability Day Newsletter showcasing our sustainable achievements
- Cycle to Work Roadshows have been facilitated with Sustrans and Cycle Solutions, with 11 staff taking advantage of the scheme in December 2017. Next Roadshow planned for Companies House on 11 May 2018
- Sustrans' worked with us to provide legacy packs for sites which will help to embed the active, healthy and sustainable travel agenda into the organisation.

## Prevention



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

- Bin the Bin initiative at Alder House introduced in order to promote responsible waste disposal practices
- Implementation of iBabs for Committee meetings to reduce paper usage
- Planned introduction of Bring Your Own Mugs to Meetings initiative and installation of recycling facilities into meeting rooms
- Sustainability Risk Assessments undertaken for all procurement activity over £25,000 - audits of this process are carried out
- Alder House introduction of secure printing facility for staff; boasting a reduction in paper/ink/toner usage and waste produced
- Health Courier Services have introduced a green internal printing initiative with recycled, unbleached paper being utilised at sites and development of Green Driving at Work Handbook
- Primary Care Services initiatives including electronic transfer of prescription claims; utilisation of document scanning/scan and transfer; electronic pharmacy e-returns; live storage of patient medical records; Health Records Requests via file sharing portal; and all PCS staff personnel files scanned for Companies House and Pontypool with Swansea files in progress.

# Sustainability

## Sustainability performance 2017-18



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership



Performance targets are year-on-year, except where noted otherwise. \*7% reduction already achieved 2016-17.

100%








of confidential waste is recycled and repurposed into paper, hand towels, notebooks and toilet roll

Through these measures we have saved

2,718 trees

5,115,264 litres of water

95,911kg of CO<sub>2</sub> emissions



## NWSSP Environmental Sustainability Objectives 2018-19



1	<b>Objective</b> To reduce our carbon footprint and our contribution to climate change	<b>Target</b> 3% year-on-year reduction of carbon emissions generated at sites (baseline established 2016-17)
2	<b>Objective</b> To continually identify opportunities to improve our efficiency for using finite and scarce resources	<b>Target</b> Introducing a system for staff to identify suggestions for improvement
3	<b>Objective</b> To minimise waste associated with our activities	<b>Target</b> 70% of waste generated at sites is recycled – working Towards Zero Waste Strategy (baseline established 2016-17)
4	<b>Objective</b> To support Welsh Government's 'Wales Procurement Policy Statement' and contribute to the UK goal of being among EU leaders in sustainable procurement	<b>Target</b> Utilisation of Sustainability Risk Assessments for all relevant procurement frameworks in excess of £25,000 and applying a 'Community Benefits' approach to all relevant procurement
5	<b>Objective</b> To comply with the Well-being of Future Generations Act (Wales) 2015 and the Sustainable Development Principle	<b>Target</b> Contributing towards achieving the Well-being Objectives

# Appendices

## Annual Sustainability Report Data 2017-18

NWSSP ANNUAL SUSTAINABILITY REPORT DATA										% Difference
Gas, Electricity and Business Emissions & Mileage										
Year		2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	
Non Financial Indicators (1,000 tCO2e)	Total Gross Emissions	0	0	0	0.00	0.00	1.00	1.40	1.16	-17.13%
	Total Net Emissions	0	0	0	0.00	0.00	1.00	1.40	1.16	-17.13%
	Gross emissions Scope 1	0	0	0	0.00	0.00	0.09	0.37	0.36	-2.80%
	Gross Emission Scope 2 & 3	0	0	0	0.00	0.00	0.91	1.03	0.80	-22.32%
Related Energy Consumption (million kWh)	Electricity: non renewable	0	0	0	0.00	0.00	1.97	2.17	1.92	-11.74%
	Electricity: Renewable	0	0	0	0	0.00	0.00	0.00	0.00	
	Gas	0	0	0	0.00	0.00	0.49	1.97	1.90	-3.54%
	LPG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Financial Indicators (£million)	Expenditure on Energy	0	0	0	0.00	0.00	0.00	0.37	0.34	-9.86%
	CRC Licence	0	0	0	0	0	0	0	0.00	
	Expenditure on accredited offsets eg GCOF	0	0	0	0	0	0	0	0.00	
	Expenditure on Official business travel	0	0	0	0.00	0.00	0.00	0.21	0.21	-0.85%
Water										
Year		2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	
Non financial Indicators (000m3)	Water supplied	0	0	0.00	0.00	0.00	20.70	30.11	27.43	-8.89%
	Consumption (office)	0	0	0	0	0	0	0	0	
	per fte	0	0	0	0	0	0	0	0	
	Water supplied	0.000	0.000	0.000	0.000	0	0.00	0.00	0.00	
	Consumption	0	0	0	0	0	0	0	0	
Financial Indicators (£million)	water supply costs (office)	0	0	0.000	0.000	0.000	0.027	0.041	0.037	-9.38%
	water supply costs (non office)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Waste										
Year		2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	
Non financial indicators (tonnes)	Total Waste	0.00	0.00	0.00	0.00	0.00	0.00	265.70	294.75	10.93%
	Landfill	0.00	0.00	0.00	0.00	0.00	0.00	115.63	13.76	-88.10%
	Re-used / Recycled	0.00	0.00	0.00	0.00	0.00	0.00	97.33	201.51	107.03%
	Composted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.22	
	Incinerated with Energy recovery	0.00	0.00	0.00	0.00	0.00	0.00	52.74	77.27	46.50%
	Incinerated without Energy recovery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Financial Indicators (£million)	Total Disposal Cost	0.000	0.000	0.000	0.000	0.000	0.000	0.082	0.210	155.51%
	Landfill	0.000	0.000	0.000	0.000	0.000	0.000	0.026	0.010	-59.38%
	Re-used / Recycled	0.000	0.000	0.000	0.000	0.000	0.000	0.034	0.125	272.56%
	Composted	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.002	
	Incinerated with Energy recovery	0.000	0.000	0.000	0.000	0.000	0.000	0.023	0.073	216.82%
	Incinerated without Energy recovery	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	



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organisations

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NWSSP Senior  
Management Team



# Contacts & Further Information

## Thank you for reading our Annual Review

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## Further Information

If you require additional copies of this document, it can be downloaded in both English and Welsh versions from our website: [www.nwssp.wales.nhs.uk](http://www.nwssp.wales.nhs.uk)

Alternatively, if you require the document in an alternative format, we can provide a summary of this document in different languages, larger print or Braille (English only) please contact: 01443 848585



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NHS Wales Shared Services Partnership




NHS Wales Shared Services Partnership



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 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:4.2</b>  <b>21<sup>st</sup> June 2018</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**HEALTH AND CARE STANDARDS SELF-ASSESSMENT 2017-2018**

<b>ARWEINYDD: LEAD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Head of Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Jacqui Maunder 01443 848560 or email <a href="mailto:jacqueline.maunder@wales.nhs.uk">jacqueline.maunder@wales.nhs.uk</a>

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

The purpose of this report is to provide the Committee with an update on progress in completing the annual self-assessment process against the Welsh Government's Health and Care Standards Framework.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
<b>Tystiolaeth: Supporting evidence:</b>	Welsh Government's Health and Care Standards Framework April 2015

**Ymgynghoriad/Consultation :**

Senior Management Team

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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<b>Argymhelliad/ Recommendation</b>	The Committee is asked to <b>APPROVE</b> NWSSP's annual self-assessment against the Health and Care Standards Framework.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	An Equality Impact Assessment has not been undertaken as the implications would have been considered during the process for developing the new framework in April 2015.
<b>Cyfreithiol: Legal:</b>	The Health and Care Standards were introduced in accordance with Section 47 of the Health and Social Care (Community Health and Standards) Act 2003, which states that Welsh Ministers are permitted to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Government is required to keep the standards under review and all NHS bodies in Wales are required to undertake annual self-assessments to monitor compliance against the standards. NWSSP's participation in the annual self-assessment process demonstrates effective legal compliance.
<b>Iechyd Poblogaeth: Population Health:</b>	No impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff and will ensure that NWSSP's services are delivered in a satisfactory manner and will support Health Bodies in delivering an excellent service which will contribute to improving quality, safety and patient experience.
<b>Ariannol: Financial:</b>	No impact
<b>Risg a Aswariant: Risk and Assurance:</b>	Completion of the Health and Care Standards self-assessments provides an assurance that there are effective governance arrangements in place.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	The Health and Care Standards framework can be accessed on the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a>
<b>Gweithlu: Workforce:</b>	No Impact
<b>Deddf Rhyddid Gwybodaeth/</b>	Open

## **HEALTH AND CARE STANDARDS SELF-ASSESSMENT 2017-2018**

### **1. CEFNDIR/BACKGROUND**

The Welsh Government's Health and Care Standards set out the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. They set out what the people of Wales can expect when they access health services and what part they themselves can play in promoting their own health and wellbeing. They set out the expectations for services and organisations, whether they provide or commission services for their local citizens.

The Health and Care Standards<sup>1</sup> came into force from 1 April 2015 and incorporate a revision of the 'Doing Well, Doing Better: Standards for Health Services in Wales (2010)' and the 'Fundamentals of Care Standards (2003)'.

The standards provide a consistent framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are doing the right thing, in the right way, in the right place at the right time and with the right staff.

There are seven main themes and under each theme there are a number of standards with some overlap across themes and standards. The themes with their individual standards are listed below

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<sup>1</sup> Welsh Government: Health and Care Standards, April 2015  
[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)



## 2. NWSSP's ANNUAL SELF-ASSESSMENT

The agreed approach for undertaking the annual self-assessment against the Health and Care standards is for the Head of Corporate Services and the Compliance Officer to undertake an initial evaluation. Then the draft self-assessment schedules are presented to the SMT for consideration.

In order to embed the standards beyond SMT, it was agreed by the SMT that each Directorate would discuss the relevance of the new standards on their service areas by discussing the Health and Care standards evaluation table with their managers and staff to assess what "local" views and opinions were on NWSSP's compliance and if there was any additional evidence that could be identified to assist in demonstrating compliance.

The individual self-assessments are presented at **Appendices 1 – 8** for review.

Each theme has been assessed and given an overall self assessment rating of between 1 and 5 which is shown on the last page of each individual self-assessment. It is important to note that due to the non-clinical services provided by NWSSP not all of the sub-criteria were applicable to the services that NWSSP provide.

A summary of the self-assessment ratings for is outlined in Table 1 below:



Table 1 – Self- Assessment Rating Against the Health and Care Standards 2017-2018

<b>Theme</b>	<b>Executive Lead</b>	<b>2016-2017 Self-Assessment Rating</b>	<b>2017-2018 Self-Assessment Rating</b>
<b>Governance, Leadership and Accountability</b>	Senior Management Team	4	4
<b>Staying Healthy</b>	Director of Workforce & Organisational Development	4	4
<b>Safe Care</b>	Director of Finance & Corporate Services  Director of Specialist Estates	4	4
<b>Effective Care</b>	Senior Management Team	4	4
<b>Dignified Care</b>	Not applicable	Not applicable	Not applicable
<b>Timely Care</b>	Not applicable	Not applicable	Not applicable
<b>Individual Care</b>	Senior Management Team	3	3
<b>Staff and Resources</b>	Director of WODS	4	4

The overall rating against the mandatory Governance, Leadership and accountability module and the seven themes within the Health and Care Standards reflects NWSSP's overall compliance against the standards and has been rated as a 4 as outlined in Table 2 below:

Table 2 – NWSSP's Overall Self-Assessment Score Health and Care Standards 2017-2018

Self Assessment Rating - Governance, Leadership and Accountability					
Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating				✓	

## 2.1 Timescales for Completion

The timescale for completion are as follows:

Date	Action
29 <sup>th</sup> March 2018	<u>SMT</u> Formal SMT meeting review draft documents
April 2018	<u>Directorate Consultation</u> SMT consult with teams. Responses to be submitted to Corporate Services by 27 <sup>th</sup> April 2018
21 <sup>st</sup> June 2018	<u>SSPC for approval</u> SSPC receive the final documents and are requested to approve them.

After completing the self-assessments an action plan to manage and monitor areas whereby NWSSP need to develop and strengthen its compliance against the standards will be developed.

## 3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK

Once the final self-assessment is agreed by SMT it is presented to the Shared Services Partnership Committee (SSPC), the Velindre Audit Committee for NWSSP and the Velindre NHS Trust Quality and Safety Committee.

An internal audit of NWSSP's approach to managing the annual self assessment of compliance against the *Standards for Health Services* was undertaken in April 2015 and the level of assurance given for the system

of internal control in place to manage the associated risks was a substantial assurance. In light of this, it is envisaged that the planning, consultation and approvals process outlined above will continue.

The process for undertaking the annual self-assessments is monitored through the internal audit process and features as a standing item on the annual programme of internal audits. NWSSP's approach to completing the Health and Care standards self-assessment process will be subject to an internal audit review and the findings will be reported in the Annual Governance Statement for 2017-2018.

#### **4.RECOMMENDATION**

The Committee is asked to:

- **APPROVE** NWSSP's annual self-assessment against the Health and Care Standards Framework.



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# **Health and Care Standards Self-Assessment 2017-2018**

## **NWSSP Health and Care Standards – Evaluation Table 2017-2018**

The Standards for Health Service in Wales provide a framework for consistent standards of practice and delivery across the NHS in Wales, and for continuous improvement. In accordance with the Partnership's programme of Internal Audits, the process is tested and is an integral part of the organisation's assurance.

There are seven main themes and under each theme there are a number of standards with some overlap across themes and standards. The themes with their individual standards are represented in the "Person Centred Care" Diagram.



NWSSP has evaluated which of the standards outlined within the Health and Care standards framework are applicable to its service areas for the reporting period 2017-2018. The evaluation process included a consultation exercise with Directors and staff which contributed towards the self-assessment evidence and scoring.



## **Governance, Leadership and Accountability**

<b>1. Governance, Leadership and Accountability (this standard is mandatory)</b>			
Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care			
	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person</b>
1	Health services demonstrate effective leadership by setting direction, igniting passion, pace and drive, and developing people.	<p><b>Vision and Mission</b></p> <p>NWSSP's demonstrates effective leadership by setting the direction of its services through its vision and mission statements.</p> <p>NWSSP's purpose is to :</p> <p><i>"Provide a shared service arrangement that fundamentally supports the improvement of patient care by reducing bureaucracy, removing internal artificial boundaries and channelling more money into frontline services through greater efficiency"</i></p> <p>NWSSP's Vision and mission is:</p>	SMT SSPC Audit Committee



#### Our Vision

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

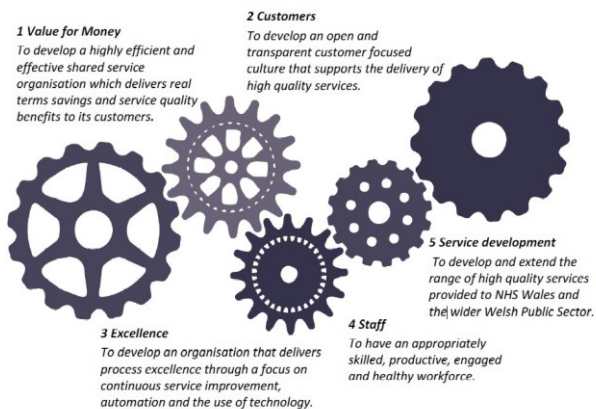


#### Our Mission

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

NWSSP have set five strategic objectives upon which all business decisions are based:

#### Our Priorities and Key Strategic Objectives



Underpinned by Prudent Healthcare, Quality & Health Equality

### Integrated Medium Term Plan (IMTP)

NWSSP demonstrate effective leadership and sets out a clear vision and direction of travel for the future in its three year

		<p>Integrated Medium Term Plan (IMTP) 2018-2021. The plan builds on NWSSP's vision of a World Class Shared Services and recognises the future challenges and actions we will need to take to ensure effective delivery of services to meet the needs of our users and stakeholders.</p> <p>In accordance with the NHS Wales Planning Framework and Welsh Government advice, the 2018-2021 IMTP was developed by updating and recasting the previous plan, engaging with the Health Boards and the NHS Trusts on local needs; and through considering the implications of the broader macro environment on our services, for example the report of the Welsh Government's White Paper: "Services Fit for the Future, Quality and Governance in Health and Care in Wales" and the provisions of the Well-being of Future Generations Act 2015.</p> <p>Since the first plan was introduced in 2014, NWSSP have built upon the strong foundation of the annual plans that had been developed from the inception of NWSSP, thus demonstrating that the process for developing the plan has evolved and matured.</p> <p>The IMTP includes information relating to NWSSP' strategies for quality improvement, people and organisational development, finance, building capacity and capacity to deliver outcomes and governance.</p> <p><b>Shares Services Partnership Committee (SSPC)</b></p> <p>Since its establishment in April 2011 significant improvements have been made to ensure that NWSSP's services are developed and planned in partnership with all NHS bodies. The governance of the NWSSP is overseen by the NHS Wales</p>	
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		<p>Shared Services Partnership Committee (SSPC) which was established under the Velindre NHS Trust (Establishment) (Amendment) Order 2012. The purpose of the committee is to:</p> <ul style="list-style-type: none"> <li>• Set the policy and strategy for Shared Services</li> <li>• To monitor the delivery of Shared Services through the Managing Director</li> <li>• To seek to improve the approach to delivering Shared Services which are effective, efficient and provide value for money for NHS Wales &amp; Welsh Government</li> <li>• To ensure the efficient and effective leadership, direction and control of Shared Services</li> <li>• To ensure a strong focus on delivering savings that can be reinvested in direct patient care</li> </ul> <p>The membership of the Committee comprises of an independent Chair with specialist knowledge and expertise relevant to the work of NHS Wales, either the Chief Executive or nominated representative from each Health Board/Trust and a representative from Welsh Government and an independent trade union. The committee is supported by four advisory groups, namely the Workforce Development and Education Group, Welsh Risk Pool, the Evidence Based Procurement Board (EBPB) (previously known as the All Wales Medical Consumables and Devices Strategy Group (AWMCDSG)) and the Local Partnership Forum (LPF).</p> <p>The Velindre NHS Trust Audit Committee for NWSSP comprises of an independent Chair and three other independent members. The Audit Committee advises the SSPC on whether there are effective governance arrangements in place.</p>	
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		<p><b>Senior Management Team (SMT)</b></p> <p>The Managing Director is responsible for the delivery of the Shared Services Partnership and assumes overall accountability in relation to the management of NWSSP. The Managing Director is supported by a Senior Management Team (SMT) who are responsible for determining NWSSP's policy, setting the strategic direction and ensuring that there are effective systems of internal control and that high standards of governance and behaviour are maintained.</p>	
2	<p>Strategy is set with a focus on outcomes, and choices based on evidence and people insight. The approach is through collaboration building on common purpose.</p>	<p><b>Partnership Working &amp; Integrated Medium Term Plan (IMTP)</b></p> <p>NWSSP's strategy is set with a focus on service delivery outcomes and performance through ongoing dialogue and consultation with partners and stakeholders.</p> <p>In accordance with the NHS Wales Planning Framework and Welsh Government advice, the 2018-2021 IMTP was developed by updating and recasting the previous plan, engaging with the Health Boards and NHS Trusts on local needs and through considering the implications of the broader macro environment on our services, for example the report of the Welsh Government's White Paper: "Services Fit for the Future, Quality and Governance in Health and Care in Wales" and the provisions of the Well-being of Future Generations Act 2015.</p> <p>Since the first plan was introduced in 2014, NWSSP have built upon the strong foundation of the annual plans that had been developed from the inception of NWSSP, thus demonstrating that the process for developing the plan has evolved and matured.</p>	SMT

		<p>In line with Welsh Government advice, the 2018-2021 IMTP has been developed by updating and recasting the previous plan in line with the reissued NHS Wales Planning Framework. The feedback from Welsh Government on our second IMTP (2017-2020) was that it:</p> <ul style="list-style-type: none"> <li>✓ Balanced plan with good links to prudent healthcare</li> <li>✓ Positive strategic focus in areas like primary care</li> <li>✓ Commended on the progress made on the LIFT programme</li> <li>✓ Second best plan( verbal)</li> </ul> <p>But it was noted that</p> <ul style="list-style-type: none"> <li>• More detail on how we measure performance and effectiveness of our services</li> <li>• Highlight areas where we are providing intense support to other organisations in respect of national agenda</li> <li>• Raise the profile of the scope work carried out to allow more organisations to tap into opportunities</li> </ul> <p>The above feedback has been addressed in the approach adopted in developing the draft IMTP for 2017-2020. We have further developed our ongoing engagement with on our IMTP including:</p> <ul style="list-style-type: none"> <li>• IMTP Lessons Learnt workshops held across the organisation</li> <li>• NWSSP strategy map developed through the SMT horizon scanning and planning day held in September</li> <li>• Planning guidance issued to SMT and divisional planning leads outlining; national drivers, Welsh Government requirements and NWSSP key planning assumptions</li> <li>• Each division allocated a finance and workforce IMTP link to support planning process</li> </ul>	
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		<ul style="list-style-type: none"> <li>• All divisions are required to present their draft delivery plan to the Managing Director, Director of Finance and Corporate Services and the Director of Workforce and Organisational Development in their individual quarterly review meetings</li> <li>• NWSSP held an internal peer review to review quality and assurance prior to the document being submitted to Welsh Government.</li> <li>•</li> </ul> <p>This year the NHS Wales peer review took a different format and allowed organisations to have conversations about the main themes in their plans so we could identify how we could collaborate and support each other. This was very beneficial in shaping the content of the plan allowing us to focus on how we are adding value to our partner's needs and priorities.</p> <p>We have reviewed, refreshed and refined our goals from last year. Our overarching goals outline our long-term strategic direction. Over the next three years, we will be focusing on actions that improve the experiences of our service users, the quality of our services and help organisations deliver their priorities.</p> <p>Following submission at the end of January, the draft plan will be subject to further assessment and feedback from Welsh Government.</p> <p>As agreed by the NHS Wales Shared Services Partnership Committee, we will receive further feedback from Health Boards and Trusts on our IMTP, informed by the development of their own plans and the feedback they have received from Welsh Government.</p>	
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		<p>The final IMTP will be presented to Shared Services Partnership Committee for approval at its next meeting on the 27th March 2018, prior to submission by the 31st March 2018.</p> <p><b>Quarterly Review Meetings</b> All directors have quarterly review meetings with the Health Boards/Trusts to monitor efficiencies being made, service delivery and quality of service.</p> <p><b>Customer Insight</b> Our customer's views are important to us and we work hard to improve and strengthen the service we provide to customers. Our Directorates have well established systems in place for collecting information from their customers, including:</p> <ul style="list-style-type: none"> <li>• The Managing Director and Committee Chair attend Board meetings with the Executive teams at each Health Board/Trust to gain a clearer understanding of their operational requirements</li> <li>• quarterly review meetings with Health Boards/Trusts</li> <li>• Monthly professional peer group meetings, including the Directors of Finance group, the Directors of Workforce &amp; organisational Development and the Directors of Governance/Board Secretaries Group</li> <li>• Customer satisfaction surveys</li> <li>• Post-project surveys</li> </ul> <p><b>Working in Partnership – Trade Unions</b> NWSSP works in partnership with Trade Union organisations through its "Local Partnership Forum (LPF)" and associated sub groups. NWSSP and the Senior Management Team work</p>	
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		<p>closely with the LPF on a wide range of corporate and strategic issues. This includes engagement on all aspects of organisational change, re-organisation, re-structuring and re-location. Trade Unions are represented on a variety of subgroups and task and finish groups. Staff side nominations are regularly requested for participation in national and local initiatives, for example, the NHS Wales Staff Survey, Sickness Absence Training, NWSSP's Reward and Recognition Scheme. Trade Union representatives also contribute to Integrated Impact Assessments (IIA's)/Equality Impact Assessments (EIA's) and are involved in the Corporate Induction programme for new staff.</p> <p>The Staff Partnership and other local partnership groups contribute to key planning processes at divisional and corporate level. The Local Partnership Forum (LPF) meets bi-monthly and is used to engage with trade union representatives on all employment matters, which affect NWSSP staff, which builds on the principles of the prudent healthcare agenda and has been agreed by the SSPC. The Terms of Reference for the LPF are frequently reviewed and revised to reflect the maturing organisation.</p> <p>Job evaluation is undertaken in partnership in accordance with the Job Evaluation procedure. There are two organisational leads, one management and one staff side. Staff side representatives participate in the job evaluation, matching and consistency checking processes.</p> <p><b>Business Intelligence/Benchmarking</b>  NWSSP is proactive in reviewing performance and utilising business intelligence to review its own service outputs.  NWSSP is a member of the UK Benchmarking group.</p>	
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		<p>The Health Courier Service (HCS) is a member of the NHS Transport &amp; Logistics Best Practice Group which meets quarterly. The group shares best practice policy and documents and undertake benchmarking exercises.</p> <p><b>Recruitment and Retention</b> Where recruitment and retention challenges exist, service specific strategies continue to be implemented as an ongoing priority including:</p> <ul style="list-style-type: none"> <li>• 'Social sourcing' for professional staff</li> <li>• Strengthening relationships with local Universities</li> <li>• Work based degree opportunities</li> <li>• Development of clerical 'bank'</li> <li>• Use of LIFT programme for transactional work</li> </ul>	
3	Health services innovate and improve delivery, plan resource and prioritise, develop clear roles, responsibilities and delivery models, and manage performance and value for money.	<p><b>Integrated Medium Term Plan (IMTP)</b></p> <ul style="list-style-type: none"> <li>○ Consultation and engagement is key to innovating and improving service through allocating resources to priorities. Performance against the IMTP was reviewed at the annual "Horizon Scanning" planning day in September 2017 during which the SMT took a reflective view on achievements to date, identified successes and challenges; identified future risks to service delivery and identified service priorities for the next 12 months based on customer insight and performance data.</li> <li>○ Each directorate has its own "Service Delivery Plan" which outlines the delivery model for their area of work. The detailed service delivery plans are devised in consultation with customers and other key</li> </ul>	SMT

		<p>stakeholders which ensures that service provision and performance is in alignment with customer expectations.</p> <ul style="list-style-type: none"> <li>○ The SSPC "Horizon Scanning" workshop held in 2017 provided all committee members with an opportunity to review past performance and identify priorities for the future.</li> <li>○ NHS Peer Reviews allowed organisations to have conversations about the main themes in their plans in order to identify how to collaborate and support each other. This was beneficial in shaping the content of the plan allowing focus on adding value to our partner's needs and priorities.</li> </ul> <p><b>Customer Service Excellence &amp; Wales Quality Award</b>  NWSSP's commitment to engaging with its stakeholders is demonstrated through attaining the rigorous Customer Service Excellence Standard for Procurement Services, Primary Care Services, Legal and Risk Services and Specialist Estates Services. In addition, NWSSP as a whole has been assessed against the Wales Quality Award (WQA) excellence model framework derived from the European Foundation for Quality Management (EFQM), which includes a specific focus on "customer results" led through dialogue, feedback and co-production.</p> <p><b>Service Level Agreement's (SLA's)</b>  When, NWSSP was created a number of operational agreements were inherited, which after a period of consultation with specialist groups across NHS Wales resulted</p>	
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		<p>in a detailed overarching Service Level Agreement (SLA) outlining the mutual agreement for the provision of services between NWSSP and the Health Boards/Trusts, and several accompanying schedules outlining the specific agreements in place for the provision of audit and assurance services, employment services, specialist estates services, legal and risk services, primary care services, procurement services and the health courier service. To ensure that NWSSP's services are in alignment with the demands and expectations of individual Health Board's/Trust's each relevant service area has a responsibility to communicate and engage with them on service provision requirements, this includes consulting with them on the annual review of their SLA schedules. The last review was undertaken in October 2017 and the revised schedules were approved at the SSPC meeting November 2017.</p> <p>As part of the Single Lead Employer for GP trainees a suite of Service Level Agreements were developed to ensure each stakeholder had an understanding of their roles and responsibilities under the new employment arrangements. Three separate documents were produced that aligned to the responsibilities of:</p> <ul style="list-style-type: none"> <li>• Velindre – NWSSP and Health Boards</li> <li>• Velindre – NWSSP and GP Practices</li> <li>• Velindre – NWSSP and Wales Deanery</li> </ul> <p>The Primary Medical Care Advisory Team (PMCAT) transferred to NWSSP in January 2017 and are included within the</p>	
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		<p>Establishment order definition of <i>“shared services” means professional, administrative and technical services provided to the health service in Wales;</i>”</p> <p>PMCAT are a small team of practising GPs who have experience in education, appraisal, quality improvement, public health and/or other NHS roles as well as experience working in clinical general practice and are based within Public Health Wales (PHW). As part of an organisational review PHW has proposed a number of changes to the arrangements for governance support to Health Boards.</p> <p>On 30<sup>th</sup> March 2017, the Cabinet Secretary for Health, Well-Being and Sport announced new support arrangements for individuals and their families affected by hepatitis C and HIV through treatment with contaminated blood in Wales.</p> <p>The focus is on improvement to the ex-gratia support provided by Welsh Government and to take into account of the views of those affected to ensure that, going forward, this support is used to best effect and our arrangements are transparent and equitable. Therefore, there will be a single streamlined scheme for Wales to be administered by the NHS Wales Shared Services Partnership. The title for the new scheme is Wales Infected Blood Support Service (WIBSS) and it went live on November 1<sup>st</sup> 2017.</p> <p><b>Finance and Workforce and Organisational Development (WOD) performance reports/KPIs</b></p> <p>The SMT and SSPC receive detailed reports on finance and performance and scrutinise expenditure and performance</p>	
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		<p>information to maintain and improve service delivery. In addition to this localised reports are provided to individual directorates reflecting key workforce information.</p> <p><b>Organisational Design</b>  NWSSP is continuously reviewing its services and delivery models to ensure best use of resources to deliver efficiencies for NHS Wales. Most functions have reviewed their delivery models and undertaken directorate restructures which has delivered efficiencies and smarter ways of working. In addition, NWSSP continues to implement its Accommodation Strategy through the formation of three Regional Centres co-locating many of the transactional services allowing a planned reduction in staff numbers and releasing NHS estates for clinical use. In September 2017 staff from NWSSP and Public Health Wales (PHW) located at Oldway Centre, Swansea moved to a new contemporary site in Matrix House, Llansamlet Enterprise Park, Swansea. The move went well and has provided a fit for purpose building to house NWSSP's South West Wales Regional Hub.</p>	
4	Health services foster a culture of learning and self-awareness, and personal and professional integrity.	<p><b>Core skills training framework</b>  All NWSSP staff are required to complete the online statutory and mandatory training modules of the Core Skills Training Framework. The framework comprises of 10 mandatory modules. Individual modules must be refreshed between every 1-3 years:</p> <ul style="list-style-type: none"> <li>• Health &amp; Safety</li> <li>• Fire safety</li> <li>• Resuscitation</li> </ul>	SMT

		<ul style="list-style-type: none"> <li>• Information Governance</li> <li>• Infection Control</li> <li>• Safeguarding Children</li> <li>• Safeguarding Adults</li> <li>• Manual Handling</li> <li>• Equality</li> <li>• Violence &amp; Aggression</li> </ul> <p>There are also an optional online module on counter fraud.</p> <p>In addition, a number of face to face training courses are provided to staff including corporate induction training, fire safety, people management skills for managers, stress awareness, information governance and Welsh language awareness.</p> <p>A number of learning and development programmes are undertaken by first line and middle managers, specifically the ILM Level 3 and ILM Level 5. These programmes develop the core skills for managers, promoting and including the professional standards.</p> <p>There are a number of All Wales policies which have been approved by the Wales Partnership Forum which aim to encourage a consistent approach to the management of staff across NHS Wales. To support the effective use of these policies and also local policies and processes we have developed a Core Skills Programme for all NWSSP Managers utilising internal expertise and resources. The programme consists of a range of workshops which include:</p> <ul style="list-style-type: none"> <li>• Managing Sickness Absence</li> <li>• Managing Capacity</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Recruitment &amp; Selection</li> <li>• Performance Appraisal Development Review (PADR)</li> <li>• Managing Conflict</li> </ul> <p><b>NWSSP Core values</b></p> <p>NWSSP's core values are the guiding principles that dictate behaviour and action. They are:</p> <ul style="list-style-type: none"> <li>• Listen and learn</li> <li>• Work together</li> <li>• Take responsibility</li> <li>• innovate</li> </ul> <p>Since April 2016 the core values have aligned with the Performance and Development Review (PADR) for staff in accordance with the All Wales Pay Progression policy launched in 2015. The policy is in the process of being rolled to all bands and should be completed by May 2018. To support the implementation of the Pay Progression Policy NWSSP has developed a set of core organisational objectives that all staff must demonstrate they have fulfilled in addition to their work objectives. These core organisational objectives have been aligned to the NWSSP Core Values.</p> <p><b>Health and Safety Objectives</b></p> <p>Health and Safety objectives have been set for 2017 – 2019 and one of the objective is to 'develop and enhance the health and safety and risk management knowledge and skills of managers and supervisors throughout NWSSP. To achieve this NWSSP will ensure the TNA's for Managers and supervisors H&amp;S training is updated annually; facilitate e-</p>	
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		<p>learning IOSH Working Safely and IOSH Managing Safely for certain members of staff; develop a series of Toolbox talks for managers and supervisors and undertake regular Datix training.</p> <p><b>PADR's</b> Performance Appraisal Development Review (PADR) processes are a key building block of staff engagement practices and NWSSP has set a target of 100% compliance. To date significant progress has been made with 81% (as at 31<sup>st</sup> March 2018) of staff having received a PADR. Further improvement to the PADR process is being developed to ensure that all objectives for all staff are aligned to the business plan and key corporate objectives. All PADR information is in the process of being entered onto the Electronic Staff Record (ESR) to ensure that there is ongoing compliance visibility at both a corporate and local level. In addition, this process is used to inform an assessment of individual and organisation training and development needs to inform ongoing investment priorities.</p> <p><b>Governance &amp; Probity</b> <b>Velindre Audit Committee for NWSSP</b></p> <p>NWSSP has an established Velindre NHS Trust Audit Committee for Shared Services, which meets at least four times a year, as part of the wider governance arrangements for hosting shared services. The purpose of the Audit committee is to advise and assure the Shared Services Partnership Committee (SSPC) and the Accountable officer on whether effective arrangements are in place, regarding the design and operation of NWSSP's system of governance and assurance. This supports the SSPC in its decision making and</p>	
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		<p>in discharging its accountabilities for securing the achievements of NWSSP's objectives in accordance with the standards of good governance determined for the NHS Wales.</p> <p>The composition of the Audit committee includes an independent Chair and two other independent members (all of which are members of Velindre NHS Trusts substantive Audit committee), representatives from internal audit, Wales Audit Office, the Counter Fraud Service Wales, the Chief Executive from Velindre NHS Trust, the Director of Governance/Board Secretary from Velindre NHS trust, the Chair of SSPC, Managing Director of NWSSP and the Director of Finance &amp; Corporate Services. The Standing items on the agenda for the Audit Committee include the corporate risk register; counter fraud update, reports from internal audit and the Wales Audit Office (WAO); and a report on Governance matters including single tender actions, gifts and hospitality, and tenders awarded. The Audit Committee provides the SSPC with an annual report on audit committee activities.</p> <p><b>Accountability and Assurance Framework</b>  NWSSP has put in place a robust Governance and Accountability Framework and its Standing Orders set out the codes of conduct and probity expected of all staff. These are supported by a number of policies and procedures such as the Standards of Behaviour Framework Policy and Whistle blowing Policy. These policies are accessible to staff via the intranet.</p> <p>The following arrangements are in place, as part of our Governance and Accountability Framework, to ensure that our work is supported by clear standards of ethical behaviour</p> <ul style="list-style-type: none"> <li>• Standing Orders</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Standing Financial Instructions</li> <li>• Hosting Agreement</li> <li>• Memorandum of Co-operation</li> <li>• A Service Level Agreement (SLA) with supporting schedules</li> <li>• Terms of Reference for all Committees</li> <li>• Register of Interests</li> <li>• Gifts and Hospitality Procedure</li> </ul> <p>The NWSSP uses the host organisation's Standards of Behaviour Framework Policy. The Framework Policy and its supporting policies are designed to protect individuals in respect of interests, gifts, hospitality and sponsorship. It allows them to continue to receive the benefits of these activities within the confines of the Framework Policy and good governance arrangements, thus avoiding any potential challenge or conflict.</p> <p>The NWSSP has a high proportion of professionally registered staff who abide by their own professional code of conduct. The NWSSP utilises the policies of Velindre NHS Trust, which are available to all staff on the website and detail the expectation of working practices and behaviours.</p> <p>Registered Nurses within NWSSP are aware of the requirements for Revalidation that came into force in April 2016. Awareness sessions have been undertaken and important information is made available via NWSSP's intranet site.</p> <p>Counter Fraud arrangements have been developed with the Counter Fraud Officer from Cardiff and Vale University Health</p>	
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		<p>Board (C&amp;VUHB). An assessment of arrangements has been undertaken and a subsequent report presented to the Audit Committee. Appropriate policies are in place and there has been good progress in raising awareness.</p> <p>During 2017-2018, internal auditors undertook a review of the corporate governance arrangements at NWSSP and reported a "substantial assurance".</p> <p>The Director of Finance &amp; Corporate Services leads on Governance within the NWSSP and is supported by the Director of Governance/Board Secretary at Cwm Taf University Health Board (Cwm Taf UHB) and the Head of Corporate Services, NWSSP in advising the SSPC.</p> <p>The overarching corporate risk register is supported by each Directorate having its own risk register to record risks pertinent to their areas of work. Any risk categorised as being red triggers an automatic referral to the SMT for them to assess whether it needs to be recorded on the Corporate Risk Register.</p> <p><b>Finance Academy</b> The NHS Wales Finance Academy brings together finance representatives from all of the Welsh health boards and Trust's with a shared vision to develop a centre of expertise for finance to support the NHS Wales finance community.</p> <p><b>Job Evaluation</b> NWSSP adheres to the national Job Evaluation scheme as set out in the Job Evaluation Handbook (5<sup>th</sup> edition). NWSSP has developed a local procedure summarising the process</p>	
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		<p>managers and staff should follow for processing requests for evaluations. All information is held on the Computer Aided Job Evaluation (CAJE) system for a complete audit trail. All of the job evaluation processes are carried out in partnership with staff side representatives. NWSSP contributes to the NHS Wales monitoring process of banding outcomes, which is coordinated by the Job Evaluation Unit.</p> <p><b>Vacancy Control Process</b></p> <p>The NWSSP vacancy control process has been enhanced to ensure a robust audit trail is in place for approval to recruit to new and replacement posts. The process provides that:</p> <ul style="list-style-type: none"> <li>• All recruitment activity supports the organisational aims and vision to be recognised as a world class Shared Service through the excellence of our people, our services and our processes.</li> <li>• All recruitment activity supports the IMTP for services</li> <li>• NWSSP operates within its financial envelope</li> <li>• Appropriate consideration is given to redeployment, staff on pay protection etc.</li> </ul> <p><b>Voluntary Early Release Scheme</b></p> <p>The Voluntary Early Release Scheme has been designed to assist staff in taking a personal decision regarding their future employment and enable staff who may wish to leave their employment with NHS Wales to do so with an appropriate compensatory payment. In considering individual applications for early release, NWSSP acts in accordance with the governance principles to ensure that funding for posts is</p>	
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		<p>released on a recurrent basis within the required payback period.</p> <p><b>Professional Qualifications</b> Professional standards underpin NWSSP's services and staff. There are appropriately qualified staff in place throughout all services. Staff are also supported and encouraged to study towards professional qualifications. This is done as part of the PADR process.</p>	
<b>Supporting Guidance Questions – What you need to do:</b>			
<b>a) Upholds organisational values and standards of behaviour;</b>			
	Question	Evidence	Responsible Person within each Directorate
1	Have you identified and set objectives for your organisation / service?	<p>NWSSP demonstrates effective leadership and sets out a clear vision and direction of travel for the future in its three year Integrated Medium Term Plan (IMTP) 2018-2021. The plan builds on NWSSP's vision of a World Class Shared Services and recognises the future challenges and actions we will need to take to ensure effective delivery of services to meet the needs of our users and stakeholders.</p> <p>In accordance with the NHS Wales Planning Framework and Welsh Government advice, the 2018-2021 IMTP was developed by updating and</p>	SMT

		<p>refreshing the previous plan, engaging with the health boards/trusts on local needs and through considering the implications of the broader macro environment on our services.</p> <p>Since the first plan was introduced in 2014, NWSSP have built upon the strong foundation of the annual plans that had been developed from the inception of NWSSP, thus demonstrating that the process for developing the plan has evolved and matured.</p> <p>The IMTP includes information relating to NWSSP's strategies for quality improvement, people and organisational development, finance, building capacity and capacity to deliver outcomes and governance.</p> <p>NWSSP has developed a set of core organisational objectives as part of the implementation of the Pay Progression Policy, which align themselves to the NWSSP core values. These core organisational objectives form part of all staff's PADR discussions, and they must be able to demonstrate that they have met these core organisational objectives to receive a satisfactory rating for their Pay Progression discussion.</p>	
2	Have you identified risks and barriers to achieving these objectives?	NWSSP has developed an executive and operating management structure which reflects the different areas of accountability where risk resides. The responsibility for overseeing risk management in these areas rests with the Audit Committee.	SMT



		<p>A "Horizon Scanning" and planning day was held with the Senior Management Team (SMT) and the Chair of the SSPC in September 2017, which considered the internal and external risks for NWSSP as part of the IMTP planning process.</p> <p>The overarching corporate risk register is supported by each Directorate having its own directorate risk register to record risks pertinent to their areas of work. Any risk categorised as being red triggers an automatic referral to the SMT for them to assess whether it needs to be recorded on the NWSSP Corporate Risk Register.</p> <p>The Corporate Risk Register is a standing item on the agenda for the SSPC, Audit committee and SMT.</p>	
3	What corporate policies exist within your organisation / service to guide your staff and others on how you do business?	<p>NWSSP is governed by the Velindre NHS Trust Shared Services Regulations 2012(2012/1261(w.156)). The required standards for effective governance are outlined within the Shared Services Partnership Committees (SSPC) standing orders, values and standards of behaviours framework, and associated policies. The ten NHS bodies (seven health boards and three Trusts) in Wales participate in the Shared Services Partnership Committee and take collective responsibility for the delivery of the services through a Hosting Agreement between the Partners. Collectively the SSPC supports NWSSP in</p>	

		<p>making an effective contribution to the achievement of the strategic vision for health services in Wales.</p> <p>Where, the Velindre policies do not align with NWSSP operations NWSSP has autonomy to introduce “protocols” to ensure effective governance for standards operating procedures, for example NWSSP complaints and issues protocol.</p> <p>Velindre as the host employer is the employing organisation for all NWSSP staff. The employment relationship is governed by the all Wales policies and Velindre workforce policies and procedures. In addition, NWSSP is committed to maintaining a consistent partnership approach to the evaluation of posts to ensure pay bands comply with the principles of equal pay for work of equal value which underpins the NHS Job Evaluation Scheme</p>	
4	How do you know your staff are aware of the values and standards of behaviour expected of them?	<p>Staff are made aware of the values and standards of behaviour expected of them through:</p> <ul style="list-style-type: none"> <li>• Corporate induction training – all new staff are required to attend a corporate induction day which includes information on HR policies, Welsh language, information governance, health and safety and expected behaviours and organisational core values. The induction process is also supported through local workplace inductions.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Standards of Behaviour Framework Policy – The Framework Policy and its supporting policies are designed to protect individuals in respect of interests, gifts, hospitality and sponsorship. It allows them to continue to receive the benefits of these activities within the confines of the Framework Policy and good governance arrangements, thus avoiding any potential challenge or conflict. The Register of Gifts and Hospitalities is presented regularly to Audit Committee.</li> <li>• Register of interests – key staff are required to declare any personal interests that may impact on their work through completing an annual declaration of interest form.</li> <li>• Staff are required to comply with the policies and procedures which govern the employment relationship. The Disciplinary Policy ensures that all employees are made aware of the standards expected of them and the consequence of failing to adhere to them and clearly understand their rights and obligations.</li> </ul> <p>NWSSP has developed a set of core organisational objectives as part of the implementation of the Pay Progression Policy, which align themselves to the NWSSP core values. These core organisational objectives form part of all staff's PADR discussions, and they must be able to demonstrate that they have met these core organisational objectives to</p>	
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		receive a satisfactory rating for their Pay Progression discussion.	
5	How do your corporate policies uphold the values of your organisation / service?	<p>Employment Policies - All staff working within NWSSP are required to comply with the provisions of the all Wales policies and procedures and Velindre NHS Trust policies that govern the employment relationships. The policies set out the consequences of failing to adhere to them.</p> <p>The NHS Wales Pay Progression policy has been implemented within NWSSP and applies to all members of staff on NHS Terms and Conditions of Service and must be used in conjunction with the PADR/Appraisal principles. The policy sets out the procedure to be followed to deal with annual incremental reviews. To support the implementation of the NHS Wales Pay Progression Policy, NWSSP has developed measurable criteria to form a suite of core organisational objectives which will apply to all NWSSP staff. These core objectives reflect NWSSP's values:</p> <ul style="list-style-type: none"> <li>• Taking Responsibility;</li> <li>• Listening and Learning;</li> <li>• Working Together and</li> <li>• Innovation.</li> </ul> <p>Staff will also be set work related objectives during their PADR discussions with their line manager.</p>	SMT

		<p>The organisation's PADR compliance is recorded and reported to the SMT each month.</p> <p>The NWSSP core organisational objectives for the Pay Progression Policy have been aligned to the NWSSP core values, and form part of all staff PADR discussions.</p> <p>Cultural awareness – NWSSP undertakes regular staff surveys which provide an insight into the views of staff to inform what needs to be implemented to strengthen effective working relationships and develop the culture of NWSSP.</p> <p>Team engagement sessions have been delivered across a range of service areas including:</p> <ul style="list-style-type: none"> <li>• Procurement Services</li> <li>• Employment Services</li> <li>• Primary Care Services</li> <li>• Workforce &amp; OD</li> </ul> <p>The team engagement sessions are designed to meet the needs of the teams but a key learning outcome is for teams to:</p> <ul style="list-style-type: none"> <li>• Have a team identity</li> <li>• Agree team values</li> <li>• Explore team objectives</li> <li>• Explore the motivational drivers for successful teams</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Identify how teams are living the values of the organisation</li> <li>• Identify wicked issues and come with an implementation plan for initiating change</li> </ul> <p>In 2016 a cultural change programme was developed and implemented within the Accounts Payable team which included a number of Learning &amp; Development interventions including:</p> <ul style="list-style-type: none"> <li>• Customer Service programmes</li> <li>• BIT programme</li> <li>• Management Competency framework</li> <li>• Healthcare Leadership Model</li> <li>• PIP programme</li> <li>• Team Engagement</li> <li>• Coaching</li> </ul>	
<b>b) Complies with all relevant regulatory, accreditation, licensing requirements, standards, directions and instructions;</b>			
	<b>Question</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Do you know about all accreditation and licensing schemes that apply to your organisation and how do you comply with them?	<p>NWSSP ensures quality and regulatory compliance through:</p> <ul style="list-style-type: none"> <li>• Undertaking the Health and Safety Executives (HSE) "Managing for Health &amp; Safety" HSG65 assessment framework</li> </ul>	SMT



		<ul style="list-style-type: none"> <li>• ISO14001 environmental management system for NWSSP as a whole,</li> <li>• ISO 27001 Information security for Procurement Services and Specialist Estates</li> <li>• ISO 9001 Quality Management system held by Specialist Estates and Procurement Services</li> <li>• OHSAS 18001 occupational health and safety management requirements held by Procurement Services</li> <li>• STS food safety and health and safety accreditation held for our stores facilities</li> </ul> <p>In addition, the Health Courier Service are required to abide by the tissue quality and safety regulations and blood safety and quality regulations when transporting blood and organs.</p> <p>The Surgical Materials Testing Laboratory (SMTL) offers <u>a wide range of medical device testing</u> services, for which they hold UKAS accreditation to ISO 17025. They undertake physical and biological testing of wound dressings, bandages, medical hosiery, medical gloves, gowns and drapes, syringes and needles, and many other medical devices.</p>	
2	How will you act on outcomes from completing the HIW's Governance and	As a non statutory, hosted organisation under Velindre NHS Trust NWSSP are not required to be inspected by the Health Inspectorate Wales (HIW). However, to ensure effective governance NWSSP	

	Accountability Module self-assessment?	<p>undertake the self-assessment in order to monitor its compliance against the standards and review its own governance procedures.</p> <p>The outcomes from the self-assessment will be discussed by the Senior Management Team (SMT) and the Audit Committee and any areas identified as requiring development will be actioned.</p>	
3	How do you ensure that you comply with Welsh Government and other requirements / directives that apply to your organisation?	<p>The Senior Management Team (SMT) are responsible for overseeing legal and regulatory compliance for NWSSP and the forward plan of business outlines the statutory and mandatory reporting requirements which feeds into the SSPC and Audit committee.</p> <p>The SMT, SSPC and Audit committee receive regular assurance reports on:</p> <ul style="list-style-type: none"> <li>• Annual review of the Standing Orders</li> <li>• Policy/protocol reviews</li> <li>• HSG65 annual assessment on compliance in relation to health and safety</li> <li>• Finance and performance reports which includes sickness absence targets</li> <li>• Freedom of Information responses and timely of response</li> <li>• Register of interests</li> <li>• Register of gifts and hospitality</li> <li>• Caldicott Principles Into Practice (Cpip) self-assessment</li> <li>• Health &amp; care standards self-assessment</li> <li>• Well-being statement and objectives</li> </ul>	SMT

		<ul style="list-style-type: none"> <li>• Welsh Language</li> <li>• Complaints and Issues protocol</li> <li>• Whistle blowing policy</li> <li>• LIFT scheme</li> <li>• Sickness Absence</li> <li>• Pay progression and PADR compliance</li> <li>• Compliance with the Core Skills Training Framework</li> </ul> <p>In accordance with the Welsh Government NHS Wales Planning Framework, NWSSP sets out a clear vision and direction of travel for the future in its three year Integrated Medium Term Plan (IMTP) 2018-2021, which sets out the priorities and actions that will be delivered on a rolling three year basis. The IMTP is approved by the Shared Services Partnership Committee (SSPC), which includes representatives from each Health Board and Trust. In addition, each directorate have their own local service delivery plans, which are developed in association with the relevant All Wales peer groups e.g. Directors of Finance from across the seven health boards and three Trusts.</p> <p>In line with Welsh Government advice, the 2018-2021 IMTP was developed by reviewing performance against the IMTP 2017-2020, engaging with the health boards and trusts on local needs and through considering the implications of the broader macro environment on our services, for example the Well-being of Future</p>	
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		Generations Act and Welsh Language Standards (Health Sector) Regulations.	
4	How do you comply with professional standards?	<p>The Shared Services Partnership Committee's (SSPC) standing orders, values and standards of behaviours framework, and associated policies outline the standards of behaviour expected of all employees.</p> <p>The NWSSP has a high proportion of professionally registered staff who abide by their own professional codes of conduct. In addition finance and audit practitioners abide by ethical standards including the Public Sector Internal Audit standards and the ACCA auditing and accounting standards.</p> <p>NWSSP applies and embeds professional standards and quality requirements to ensure that a professional service is provided to its stakeholders.</p> <p><b>Professional Qualifications</b> Professional standards underpin NWSSP's services and staff e.g. Consultative Committee of Accountancy Bodies (CCAB) standards, Professional Investment Management Services (PIMS) and Chartered Institute of Personnel and Development (CIPD). There are appropriately qualified staff in place through all services e.g.</p>	SMT

		<ul style="list-style-type: none"> <li>○ Chartered Institute of Purchasing and Supply (CIPS)</li> <li>○ Association of Accounting Technicians (AAT)</li> <li>○ The Law Society &amp; Solicitors Regulation Authority</li> <li>○ Chartered Institute of Personnel and Development (CIPD)</li> <li>○ Chartered Institute of Internal Auditors</li> <li>○ Chartered Institute of Management Accountants</li> <li>○ Institute of Healthcare Management (IHM)</li> <li>○ Institute of Healthcare Engineering and Estate Management (IHEEM)</li> <li>○ Royal Institute of Chartered Surveyors (RICS)</li> <li>○ Chartered Institute of Building (CIOB)</li> <li>○ Chartered Institution of Building Services Engineers (CIBSE)</li> <li>○ Institute of Engineering and Technology (IET)</li> <li>○ Royal Institute of British Architects (RIBA)</li> <li>○ Chartered Management Institute (CMI)</li> <li>○ Institute of Fire Engineers (IFE)</li> <li>○ Chartered Institute of Financial Accountants (CIPFA)</li> <li>○ Association of Certified Chartered Accountants (ACCA)</li> </ul>	
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		<ul style="list-style-type: none"> <li>○ The Institute of Chartered Accountants (ICAEW)</li> <li>○ Royal College of GP Practitioners (RCGP)</li> <li>○ Nursing and Midwifery Council (NMC)</li> </ul> <p>Registered Nurses within NWSSP are aware of the requirements for Revalidation that came into force in April 2016. A number of awareness sessions have been undertaken and important information is made available via NWSSP's intranet.</p> <p>The Procurement services directorate are required to abide by NHS procurement standards and the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains 5 which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.</p> <p>Our legal and risk services team abide the Law Society's Lexcel standard and our Primary Care Services Team take cognisance of the General Pharmaceutical Council's standards when consulting and engaging with pharmaceutical professionals.</p>	
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		The SSPC adheres to the new "Governance Code on Public Appointments" <sup>1</sup> which came into effect on 1st January 2017 and sets out the regulatory framework for public appointments processes within the Commissioner's remit. Unlike the previous Codes of Practice which were drawn up and published by the Commissioner for Public Appointments, the Governance Code was drawn up and published by HM Government. (Note, appointments made between April 2012 to 31st December 2016 will be subject to the archived documents for April 2012).	
<b>c) Secures the efficient, effective and economic use of resources;</b>			
	<b>Question</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Have you established effective reporting structures for all services?	The reporting system hierarchy has the Shared Services Committee (SSPC) at the top which comprises of senior representatives from the ten Health Board's and Trusts across NHS Wales. The SSPC has an independent Chair and the Managing Director is the accountable officer for NWSSP. The SSPC is supported by the Velindre Audit Committee for NWSSP.	SMT

<sup>1</sup> Governance Code on Public Appointments, December 2016 <https://www.gov.uk/government/publications/governance-code-for-public-appointments>

		<p>The Senior Management Team report to the Managing Director and comprises of ten Directors each with specialist responsibility for:</p> <ul style="list-style-type: none"> <li>• Audit and Assurance</li> <li>• Finance, finance academy, Central Team e business services, counter fraud and corporate services</li> <li>• Employment services, student awards</li> <li>• Workforce &amp; Organisational development including GP speciality registrar, and e-solutions and Technology Enabled Learning (TEL)</li> <li>• Legal and risk &amp; Welsh risk pool</li> <li>• Procurement &amp; Health Courier Services</li> <li>• Primary Care Services</li> <li>• Specialist Estates services</li> <li>• Workforce Education and Development Services (WEDS)</li> <li>• NHS Employers host</li> </ul> <p>The SMT have an informal and formal meeting each month. Each Director convenes monthly Directorate meetings with their senior managers to discuss business issues and to keep them informed and engaged on any business decisions made by the SMT/SSPC.</p> <p>The SMT are linked into a number of stakeholder peer groups which also are a valuable source of information with regard to NWSSP's services. These groups directly influence the work of the Partnership.</p>	
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		<p>Each Director has quarterly meetings with their peers at Health Board/Trust level to monitor performance and customer satisfaction. This includes discussing the Service Level Agreement (SLA) schedules that are in place which outline the mutually agreed terms of the service delivery areas.</p> <p>NWSSP has formal arrangements in place whereby the Chair and NWSSP's Managing Director attend Board level meetings across the seven health boards and three trusts to inform them of NWSSP's performance and to engage and consult with them on strategic objectives and activities. In addition, a minimum of two performance reports are presented to each Board meeting per annum as directed by the Chairs group for NHS Wales.</p> <p>The Managing Director, Director of Finance &amp; Corporate Services and the Director of Workforce &amp; Organisational Development (WOD) attend "Team Wales" events to help influence the development of key strategic areas in NHS Wales.</p> <p>The Director of WOD and the Assistant Director of Workforce &amp; OD attend their all Wales peer group and contribute to the all Wales workforce agenda.</p> <p>The Director of Finance &amp; Corporate Services attends the NHS Directors of Finance forum, the Head of Corporate attends the NHS Wales Directors of Governance/Boards Secretaries group and the</p>	
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		IMTP lead attends the NHS Wales Assistant Directors of Planning group.	
2	Do you have effective leadership, direction and decision making within your organisation / service?	<p>The Managing Director for NWSSP is responsible for the delivery of the Shared Services functions and assumes overall accountability in relation to the management of NWSSP and report to the SSPC. The Managing Director is supported by a Senior Management Team (SMT) who are responsible for determining NWSSP policy, setting the strategic direction and ensuring that there are effective systems of internal control and that high standards of governance and behaviour are maintained.</p> <p>The SMT are responsible for approving all business decisions, protocols and projects and their work is supported by a number of working groups which ensure that decision making is in the interest of NWSSP as a whole, including:</p> <ul style="list-style-type: none"> <li>• Information governance steering group</li> <li>• Health and safety group</li> <li>• Communications strategy group</li> <li>• IT group</li> <li>• Local Partnership Forum</li> </ul> <p>The SMT reviews its leadership through undertaking PADR's with Directors and participating in annual assessments for the Wales Quality Award and the Customer Service Excellence standard.</p>	SMT

		<p><b><u>Leadership Development</u></b></p> <p>We will continue to focus on the development of leaders at all levels of the organisation. A number of leadership competence aligned to the leadership competence framework contained within the NHS Leadership Model issued in 2014. The PADR process mechanisms will be used to ensure that staff are assessed against these standards in the context of what is required for their leadership position. This approach was successfully piloted in Primary Care Services and has been rolled out initially to Employment Services and will be more widely available to other services in 2018.</p> <p>We continue to run ILM programmes at both Level 4 and 5. The appropriateness and content of the ILM programmes has been reviewed and revised in the light of the Healthcare Leadership Model. The ILM 7 leadership programme will also be available to senior staff within NWSSP.</p> <p>A new leadership short programme "NextGen Manager" was piloted as an alternative to participation in the fully accredited longer term ILM courses and is now more widely offered within the organisation.</p> <p>In line with individual identified personal development needs we also actively encourage</p>	
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		<p>managers to access development programmes provided by Academi Wales.</p> <p>The SSPC and the Audit Committee undertake annual; "committee effectiveness" surveys to evaluate the performance and effectiveness of:</p> <ul style="list-style-type: none"> <li>• the SSPC members and the Chairman of SSPC;</li> <li>• the quality of the reports presented to committee</li> <li>• the effectiveness of the committee secretariat</li> </ul>	
3	What levels of delegation have been agreed? Do they provide a robust framework for accountability?	<p>The SSPC's standing orders, agreed by the Velindre NHS Trust Board, set out the governance framework to which NWSSP must operate which includes a scheme of delegation details the levels of delegation the Committee gives to individuals &amp; committees/groups and provides an appropriate balance between finance, safety and governance.</p> <p>NWSSP has put in place a robust Governance and Accountability Framework and its Standing Orders set out the codes of conduct and probity expected of all staff. These are supported by a number of policies and procedures such as the Standards of Behaviour Framework Policy and Whistle blowing Policy. These policies are accessible to staff via the intranet.</p>	Neil Frow, Managing Director

		<p>The following arrangements are in place, as part of our Governance and Accountability Framework, to ensure that our work is supported by clear standards of ethical behaviour</p> <ul style="list-style-type: none"> <li>• Standing Orders</li> <li>• Standing Financial Instructions</li> <li>• Hosting Agreement</li> <li>• Memorandum of Co-operation</li> <li>• Service Level Agreements with supporting schedules</li> <li>• Terms of Reference for all Committees</li> <li>• Register of Interests</li> <li>• Gifts and Hospitality Procedure</li> <li>• A Scheme of Delegation included within the Disciplinary Policy and Procedure. It outlines the level of manager with the delegated powers to issue warnings, invoke suspension and dismiss.</li> </ul> <p>The NWSSP uses the host organisation's Standards of Behaviour Framework Policy. The Framework Policy and its supporting policies are designed to protect individuals in respect of interests, gifts, hospitality and sponsorship. It allows them to continue to receive the benefits of these activities within the confines of the Framework Policy and good governance arrangements, thus avoiding any potential challenge or conflict. The Register of Gifts and Hospitalities is presented regularly to Audit Committee.</p>	
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4	Do you have sound systems of financial control?	<p>The Standing Orders set out the codes of conduct and probity expected and includes detailed Standing Financial Instructions (SFI's) to ensure effective control of NWSSP's financial activities.</p> <p>NWSSP has enhanced the vacancy control approval procedure to ensure that there is a robust audit trail for the recruitment to replacement and new posts. This procedure ensures all recruitment supports the IMTP for services, operates within its financial envelope and provides appropriate consideration to redeployment. During the process approval is provided by the appropriate Finance Business Partner and the Director of Finance and Corporate Services.</p> <p>The Director of Finance and Corporate Services is responsible for managing and monitoring NWSSP's financial expenditure and provides an update on finance and performance at each meeting of the SSPC, Audit Committee and SMT.</p> <p>NWSSP's system of internal control is audited annually by internal audit and assurance is provided through the publication of the Annual Governance statement.</p> <p>The Finance Team introduced robust financial systems and procedures and have introduced medium term financial plans in line with the 2018-2021 Integrated Medium Term plan.</p>	Andy Butler, Director of Finance & Corporate Services
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		Any applications for the Voluntary Early Release Scheme are subject to consideration and ratification by Velindre Trust's Remuneration & Terms of Service Committee in accordance with the standards as determined by the NHS in Wales	
5	Do you have clear arrangements for monitoring governance activities?	<p>NWSSP has developed and enhanced governance arrangements which were originally put in place in April 2011 and subsequently updated following the Welsh Government consultation which led to the current governance arrangements which came into force on 1<sup>st</sup> June 2012. NWSSP has in a relatively short period of time developed its overall strategy and vision and put in place effective governance arrangements working in conjunction with the host Organisation. NWSSP has met or exceeded the key targets set out in its IMTP 2017-2020 and has already started to instigate significant change and improvement. NWSSP continues to perform well in this area, which is supported by reports from Internal Audit and Wales the Audit Office (WAO). The overall governance arrangements received a "substantial assurance" rating in the 2017-2018 internal audit review and there are a number of significant initiatives planned to introduce change and help deliver the vision, including:</p> <ul style="list-style-type: none"> <li>• Involvement in the Welsh Government's peer review process for planning the IMTP 2018-2021, continues to create new channels in which to evaluate our performance and consult and engage with our stakeholders.</li> </ul>	Andy Butler, Director of Finance & Corporate Services

		<ul style="list-style-type: none"> <li>• The risk register is monitored by the Senior Management Team, which is then presented to the SSPC and Audit Committee for assurance</li> <li>• The committee effectiveness survey represents a rich source of information and has provided some positive assurance in terms of existing arrangements</li> </ul> <p>The Annual Governance Statement explains the processes and procedures in place to enable the NWSSP to carry out its functions effectively</p> <p>The Velindre NHS Trust Audit Committee for Shared Services which meets at least four times a year, as part of the wider governance arrangements for hosting shared services. The purpose of the Audit Committee is to advise and assure the Shared Services Partnership Committee (SSPC) and the Accountable Officer on whether effective arrangements are in place, regarding the design and operation of NWSSP's system of governance and assurance. This supports the SSPC in its decision making and in discharging its accountabilities for securing the achievements of NWSSP's objectives in accordance with the standards of good governance determined for the NHS Wales.</p> <p>The composition of the Audit Committee includes an independent Chair and two other independent members (all of which are members of Velindre NHS Trust's substantive Audit committee),</p>	
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		<p>representatives from internal audit, Wales Audit Office, the Counter Fraud group, Chair of Velindre NHS Trust, Board Secretary from Velindre NHS trust, the Chair of SSPC, Managing Director of NWSSP and the Director of Finance. The Standing items on the agenda for Audit committee includes the corporate risk registers, counter fraud update, reports from internal audit and WAO and a report on Governance matters including single tender actions, gifts and hospitality, and tenders awarded. The Audit committee provides the SSPC with an annual report on audit committee activities.</p> <p>Governance matters features as a standing item on the agenda for SSPC, Audit committee and SMT.</p>	
6	Are all new services / business cases underpinned by the Standards for Health Services in Wales?	<p>To strengthen the decision making process, the report proforma for the SSPC was reviewed in its entirety in September 2014 and in 2017 and a new revised format was produced and approved by the SSPC. The new report proforma:</p> <ul style="list-style-type: none"> <li>• better aligns with the overarching strategic direction of NWSSP;</li> <li>• provides clarity of purpose;</li> <li>• includes appropriate evidence and where relevant, information and benchmarking to support decision making;</li> <li>• outlines the impact the required decision and where appropriate not making a decision will</li> </ul>	SMT

		<p>have, including the Health and Care standards;</p> <ul style="list-style-type: none"> <li>• outlines the related implementation plan, associated timescales and review / monitoring arrangements</li> </ul> <p>When developing the new report proforma reference was made to the following source documents:</p> <ul style="list-style-type: none"> <li>• An Overview of Governance Arrangements, Betsi Cadwaladr University Health Board. Joint Review undertaken by Healthcare Inspectorate Wales and the Wales Audit Office (June 2013);</li> <li>• Financial Reporting Council (FRC), Guidance on Board Effectiveness (2011);</li> <li>• The National Leadership Academy, The Healthy NHS Board, Principles for Good Governance (2013).</li> <li>• Good Practice in Existence at Cwm Taf LHB</li> </ul>	
<b>d) Safeguards and protects all assets, including its people;</b>			
	<b>Question</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Do you have a risk framework and a system of assurance?	The SSPC has set out the governance framework and a scheme of delegation for the organisation, which provides a suitable balance between finance, safety and governance.	Andy Butler, Director of Finance & Corporate Services

		<p>The governance framework includes the corporate risk register and forward plans of business for SMT, SSPC and Audit committee and internal audit opinion.</p> <p>In 2017, as part of the programme of work to strengthen governance procedures a board assurance framework was introduced setting out the list of strategic risks, mitigating actions and internal and external assurances. This will provide the SMT with a dashboard view of risk and assurance across NWSSP and provide assurance to the Audit Committee that we are reinforcing strategic focus and better management of risk.</p>	
2	How do you gain assurance about your organisation / service?	<p>NWSSP has an independent Audit Committee which provides scrutiny of its financial and governance arrangements. The Audit Committee acts in compliance with the NHS Wales Audit Committee Handbook and reports through to the Shared Services Partnership Committee.</p> <p>The Audit Committee set a programme of business and has agreed an internal audit plan which demonstrates assurance for the committee. These ongoing arrangements represent a continuance of the review and independent scrutiny of the governance and controls operated by Shared Services.</p> <p>In accordance with the 2017-2018 internal audit plan, a review of the corporate governance</p>	Andy Butler, Director of Finance & Corporate Services

		<p>processes in place was undertaken in March 2017 to ensure compliance with statutory/regulatory requirements within Velindre NHS Trust.</p> <p>The objective of the Internal Audit was to evaluate and determine the adequacy of the systems and controls in place for ensuring compliance with statutory and regulatory requirements, in order to provide reasonable assurance to the NWSSP Audit Committee that risks material to the achievement of system objectives were managed appropriately. The level of assurance given as to the effectiveness of the system of internal control was "substantial" Assurance.</p>	
3	Where do you get the assurance from?	<p>NWSSP has an independent Audit Committee which provides scrutiny of its financial and governance arrangements. The Audit Committee acts in compliance with the NHS Wales Audit Committee Handbook and reports through to the Shared Services Partnership Committee.</p> <p>In accordance with the 2017-2018 internal audit plan, a review of the corporate governance processes in place was undertaken in March 2017 to ensure compliance with statutory/regulatory requirements within Velindre NHS Trust.</p> <p>The objective of the Internal Audit was to evaluate and determine the adequacy of the systems and controls in place for ensuring compliance with statutory and regulatory requirements, in order to</p>	Andy Butler, Director of Finance & Corporate Services



		<p>provide reasonable assurance to the NWSSP Audit Committee that risks material to the achievement of system objectives were managed appropriately. The level of assurance given as to the effectiveness of the system of internal control was "substantial" Assurance.</p> <p>The Audit Committee's annual report and the Annual Governance statement provide assurance that NWSSP has effective governance procedures in place.</p>	
4	How do you use internal and clinical audit mechanisms to provide assurance?	The Audit Committee agree and approve an annual programme of internal audit assessments and external audit assessments through the Wales Audit Office for NWSSP. Audit reports are presented to the Audit committee to provide assurance. All audit recommendations are captured on an audit tracking spreadsheet which provides a dashboard view of recommendations for both internal and external audit.	Andy Butler, Director of Finance & Corporate Services
5	How do you identify, assess and manage your risks?	<p>NWSSP has developed an executive and operating management structure which reflects the different areas of accountability where risk resides. The responsibility for overseeing risk management in these areas rests with the Audit Committee.</p> <p>The overarching corporate risk register is supported by each Directorate having its own risk register to record risks pertinent to their areas of work. Any risk categorised as being red triggers an automatic</p>	Andy Butler, Director of Finance & Corporate Services

		<p>referral to the SMT for them to assess whether it needs to be recorded on the NWSSP Corporate Risk Register.</p> <p>The Corporate Risk Register is a standing item on the agenda for the SSPC, Audit committee and SMT.</p> <p>A "Horizon Scanning" and planning day was held with the Senior Management Team (SMT) and the Chair of the SSPC on in September 2017, which provided an opportunity to identify, assess and manage potential risks as part of the IMTP planning process.</p> <p>In December 2015, the SMT agreed a consistent process for project management across NWSSP. A new Programme Management Office (PMO) was set up in October 2016 and a robust project methodology is applied to identify and manage risk to ensure that projects are delivered successfully.</p>	
6	How do you identify and mitigate against risk in respect of this standard?	<p>NWSSP's overarching corporate risk register is supported by each Directorate having its own risk register to record risks pertinent to their areas of work. Any risk categorised as being red triggers an automatic referral to the SMT for them to assess whether it needs to be recorded on the NWSSP Corporate Risk Register.</p> <p>Each directorate monitors the local risks on a monthly basis and the Compliance Officer</p>	Andy Butler, Director of Finance & Corporate Services

		<p>undertakes quarterly reviews of Directorate risk registers.</p> <p>The Corporate Risk Register is a standing item on the agenda for the SSPC, Audit committee and SMT.</p> <p>A "Horizon Scanning" and planning day was held with the Senior Management Team (SMT) and the Chair of the SSPC on in September 2017, which provided an opportunity to identify, assess and manage potential risks as part of the IMTP planning process.</p>	
<b>e) Ensures good governance when working in partnership with others.</b>			
	<b>Question</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Do you know about all partner organisations / networks?	<p>NWSSP actively engages with its partners and stakeholders through the SSPC, attending quarterly meetings with Health Board's/Trusts, Joint Executive Team (JET) meetings with Welsh Government, attending "Team Wales" events, meeting with counter fraud specialists, meeting with suppliers etc and through being involved in professional peer groups. For example, there are peer groups in existence across NHS Wales for Directors of Finance, Directors of Workforce &amp; Organisational Development and Directors of Governance/Board Secretaries.</p> <p>NWSSP has formal arrangements in place whereby the Chair and NWSSP's Managing Director attend</p>	SMT

		<p>Board level meetings across the seven health boards and three trusts to inform them of NWSSP's performance and to engage and consult with them on strategic objectives and activities. In addition, a minimum of two performance reports are presented to each Board meeting per annum as directed by the Chairs group for NHS Wales.</p> <p>NWSSP works in partnership with Trade Union organisations through its "Local Partnership Forum (LPF)" and associated sub groups. NWSSP and the Senior Management Team work closely with the LPF on a wide range of corporate and strategic issues. This includes engagement on all aspects of organisational change, re-organisation, re-structuring and re-location. Trade Unions are represented on a variety of subgroups including the Accommodation Strategy Group and the Car Parking and Travel working group.</p> <p>NWSSP's commitment to engaging with its stakeholders is demonstrated through attaining the rigorous Customer Service Excellence Standard for Procurement services, Primary Care Services, Legal and Risk Services and Specialist Estates Services.</p> <p>In addition, NWSSP as a whole has been assessed against the Wales Quality Award (WQA) excellence model framework derived from the European Foundation for Quality Management (EFQM), which includes a specific focus on "customer results" led through dialogue, feedback and co-production.</p>	
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2	What accountability arrangements exist for partnerships and networks?	<p>In 2010, the Health Minister set up a programme to develop a Shared Service structure for NHS Wales, which fundamentally supported the improvement of patient care by reducing bureaucracy, removing internal artificial boundaries and channelling more money into frontline services through greater efficiency. One of the key objectives of the programme was to enable HBs and Trusts focus on delivering the Strategic Vision for health services in Wales and more recently delivering "Together for Health".</p> <p>The programme led to the establishment of the NHS Wales Shared Services Partnership (NWSSP) on 1st April 2011 in a virtual format before becoming a separate organisation as hosted by Velindre NHS Trust in 1 June 2012. The accountability arrangements for NWSSP are through the Shared Services Partnership Committee (SSPC), which comprises of representation from the seven Health Boards (HB's), the Welsh Ambulance Service Trust (WAST), Public Health Wales (PHW) and Velindre NHS Trust.</p> <p>NWSSP provide professional, administrative and technical services to the health service in Wales and prior to 2011 a number of these Shared Services were originally hosted by individual Health Boards and NHS Trusts. NWSSP was</p>	SMT

		<p>created with the intention that all NHS Wales organisations could work together collaboratively and make use of their expertise. The governance surrounding these new arrangements were laid out within a specific overarching Service Level Agreement (SLA), with supporting schedules that 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 overarching SLA is supported by service schedules for the following functions:</p> <ul style="list-style-type: none"> <li>• Audit and Assurance Services</li> <li>• Employment Services</li> <li>• Specialist Estates Services</li> <li>• Legal and Risk Services (incl Welsh Risk Pool)</li> <li>• Primary Care Services</li> <li>• Procurement Services</li> <li>• Health Courier Service</li> <li>• GP Trainees – individual SLA's have been developed for the service</li> </ul> <p>The Procurement Services department have specific policies in place, which outline the accountability arrangements when entering into contracts, including Sustainable Procurement Policy, NWSSP Procurement Policy and NWSSP Supplier Policy and address the recommendations of Wales Procurement Policy Statement</p>	
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		(April 2015) and Well-being and Future Generations Act.	
3	Are you compliant with local compact arrangements between the NHS and Third Sector?	NWSSP does not have any written compact agreements which define and manage the relationship between the third sector and one or more public sector bodies when managing partnership agreements. However, NWSSP do have third sector contractual relationships, which are officially recognised through official procurement tenders.	-
4	What corporate policies exist within your organisation / service to guide your staff and others on how you do business?	<p>NWSSP is governed by the Velindre NHS Trust Shared Services Regulations 2012(2012/1261(w.156)). The required standards for effective governance are outlined within the Shared Services Partnership Committees (SSPC) standing orders, values and standards of behaviours framework, and associated policies on quality and safety and workforce issues.</p> <p>Where, the Velindre policies do not align with NWSSP operations NWSSP has autonomy to introduce "protocols" to ensure effective governance for standards operating procedures, for example NWSSP complaints and issues protocol.</p> <p>The Procurement Services department have specific policies in place which outline the accountability arrangement's when entering into</p>	SMT



		<p>contracts, including Sustainable Procurement Policy, NWSSP Procurement Policy and NWSSP Supplier Policy and address the recommendations of Wales Procurement Policy Statement (April 2015) and Well-being and Future Generations Act.</p> <p>A number of Standards Operating Procedures (SOPS) are in place across Primary Care Services (PCS) and the Health Courier Service (HCS).</p>	
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Self-Assessment Rating - Governance, Leadership and Accountability					
Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating				✓	
<p><b>Comments:</b></p> <p>NWSSP's approach to ensuring effective governance, leadership and accountability has developed and strengthened during 2017-2018 as evidenced by the substantial assurance ratings attained for corporate</p>					

governance and information governance. The focus on Information Governance has given greater assurance that information is safeguarded and the strategic directions of the SMT's IMTP has embedded effective governance procedures into all of its decision making procedures.

#### Actions 2018-2019

- Prepare for GDPR focus on further communication and engagement with staff and managers on developing NWSSP's services
- Once the Welsh Government's response to the Parliamentary Review of Health and Social Care in Wales<sup>2</sup> is published assess how NWSSP can further strengthen and develop its governance arrangements

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<sup>2</sup> Parliamentary Review of Health and Social Care in Wales: <http://gov.wales/topics/health/nhswales/review/?lang=en>

### Theme 1 - Staying Healthy

#### **1.1 Health Promotion, Protection and Improvement**

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person</b>
1	People know and understand what care, support and opportunities are available, locally, regionally and nationally, including community support and support for people from protected groups.	<p>Staff are made aware of what care, support and opportunities are available through the Velindre NHS Trust policies which are accessible through the intranet and are also communicated via the internal staff newsletter "Rhannu". A number of policies are in place to support staff health and wellbeing including; Stress and Mental Health Wellbeing Policy, Special Leave Policy, Sickness Policy, Purchase of Annual Leave procedure, Domestic Abuse policy, and Work Life Balance scheme. NWSSP is also able to demonstrate support, dignity and respect of children via its initiatives such as Childcare vouchers scheme and school holiday childcare subsidies.</p> <p>The Workforce and Organisational Development (WOD) team co-ordinate and the face to face Corporate Induction training day and ensure that staff are made aware of the support available to them during their employment. This is also captured within the staff handbook provided at the induction.</p>	Director of Workforce & Organisational Development

		<p>Employee Assist Programme is available to all staff members. NWSSP staff can also access the Employee Assistance Programme which provides staff with advice and support on a range of matters from financial support to counselling. This can be accessed 24/7 either online or via a free-phone telephone number.</p> <p>A website has been developed for Wellbeing and staff have been signposted to this.</p> <p>A quarterly newsletter is issued to staff containing information on wellbeing issues.</p>	
2	People are supported to engage, participate and feel valued in society.	<p>Our host, Velindre NHS Trust has a dedicated area on the intranet for services and benefits for staff and provides specific guidance on health and wellbeing including smoking cessation, alcohol and substance misuse, mental health and well-being promotion and nutrition. We are also proactive in promoting well-being campaigns to staff through the internal newsletter, intranet articles and posters, including alcohol awareness, healthy eating, screening services and health checks.</p> <p>The Health and Safety group and the SMT have agreed to work towards attaining the Welsh Government's Corporate Health standard for its services which will support the "Five Ways to Well-being" campaign for staff. The NWSSP staff newsletter also features regular articles on staff involvement in charitable events.</p> <p>There is also a dedicated intranet page on wellbeing.</p>	<p>Director of Workforce &amp; Organisational Development</p> <p>Director of Finance &amp; Corporate Services</p>

		NWSSP staff can also access the Employee Assistance Programme which provides staff with advice and support on a range of matters from financial support to counselling. This can be accessed 24/7 either online or via a free-phone telephone number.	
3	People are supported to be healthy, safe, and happy, and to lead an active life.	<p>NWSSP has a dedicated area on the intranet for providing information and guidance on health and wellbeing topics, including the services available and the benefits for staff. These include smoking cessation, alcohol and substance misuse, mental health, physical activity and nutrition. We are also proactive in promoting well-being campaigns to staff through the internal newsletter, intranet articles and posters, email and roadshows at different sites. Staff are encouraged through these means to participate in various wellbeing enhancing activities and to share stories of good practice and positive outcomes, with the hope of encouraging others.</p> <p>Regular activity is supported by our environmental goals, including the cycle to work scheme (and the provision of bike shelters) and regular walking.</p> <p>The Health and Safety manager for NWSSP ensures that all working environments are safe and that the appropriate risk assessments, equipment and personal protection equipment are present and available to minimise any risk to staff.</p> <p>The decision to work towards achieving the Corporate Health Standard re-enforces NWSSP's drive towards promoting a</p>	<p>Director of Workforce &amp; Organisational Development</p> <p>Director of Finance &amp; Corporate Services</p>

		<p>healthy lifestyle and supporting our staff in taking steps towards this.</p> <p>NWSSP also promotes the Velindre NHS Flexible Working Policy which supports staff in achieving a suitable work life balance. In addition to this, NWSSP have developed a Flexi-Time protocol for implementation within the service.</p> <p>A quarterly newsletter is issued to staff which contains information on Wellbeing.</p> <p>A dedicated intranet page has been developed to provide staff with information on wellbeing.</p> <p>A course on "Mental Toughness" has been offered to all staff course and follow up training sessions on "Mindfulness" will be held in future.</p>	
4	Children have a good, healthy, safe and nurturing start in life.	<p>NWSSP's services do not directly affect children.</p> <p>NWSSP adhere to Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains <sup>1</sup> which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.</p>	-

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<sup>1</sup> Welsh Government, Code of Practice Ethical Employment in Supply Chains  
<http://gov.wales/topics/improvingervices/bettervfm/code-of-practice/?lang=en>

		<p>All staff are required to complete the "Safeguarding" children online training module contained within the statutory and mandatory core skills training framework for NHS Wales.</p> <p>NWSSP adhere to the Velindre NHS Trust Policy for the Photography, Video and Audio Recordings of Service Users and ensure that consent is sought for any photography/videography featuring children under 16.</p> <p>If records or information is requested around children's medical information held by the NWSSP, then the Common Law Duty of Confidence is applied as well as Data Subject Access and general Data Protection Act protocols to ensure safe use and processing of such data.</p>	
5	Carers of individuals who are unable to manage their own health and wellbeing are supported.	<p>NWSSP promotes the Velindre NHS Trust Carers Policy which signposts staff who are carers to appropriate support and guidance.</p> <p>These individuals are also able to access the support provided through the Occupational Health Service and the Employee Assistance Programme, which provide access to wellbeing advice and counselling services.</p>	Workforce and OD
6	People are supported to make decisions about their health behaviour and wellbeing which impact on their health and the health and wellbeing of their children.	Through various wellbeing campaigns, staff are encouraged to think about the impact of lifestyle on their children, for example smoking, nutrition and alcohol consumption. The encouragement of physical activity also encourages family participation, for example walking, cycling etc.	-

7	Breast feeding is promoted and supported.	<p>In accordance with the legislative framework outlined within the Workplace (Health, Safety &amp; Welfare) Regulations 1992, the Management of Health and Safety at Work Regulations 1999, the Equality Act 2010 and the Maternity, Adoption and Parental Leave Policy NWSSP undertakes risk assessments for new and expectant mothers and provide suitable rest facilities for breastfeeding purposes. NWSSP also adhere to the Health and Safety Executive's (HSE) Guidance for New and Expectant Mothers<sup>2</sup>.</p> <p>As a non-clinical service NWSSP is not required to attain UNICEF UK Baby friendly accreditation.</p>	SMT
8	Smoking cessation and smoke free environments are promoted and supported.	<p>NWSSP is aware of the actions contained within the Welsh Government's Tobacco Control Delivery Plan for Wales 2017-2020 which provides a clear direction of work to reduce smoking prevalence in Wales; with an overall vision of a smoke-free society for Wales in which the harm from tobacco is eradicated.</p> <p>Staff and visitors are not permitted to smoke cigarettes or e-cigarettes within the building or grounds of NWSSP's estate.</p> <p>NWSSP is committed to reducing smoking prevalence and is proactive in promoting smoking cessation services via the intranet, internal staff newsletter, Rhannu and the Health, Safety and Wellbeing newsletter. The "Help Me Quit" campaign for</p>	All

<sup>2</sup> HSE Guidance New and Expectant Mothers <http://www.hse.gov.uk/pubns/indg373.pdf>



		<p>smoking cessation in Wales has now become a standard item in both newsletters. This information is given in the quarterly newsletter during March and November.</p> <p>The Public Health (Wales) Act 2017<sup>10</sup> will introduce further legislation in Wales to support our efforts to reduce smoking and to</p> <p>prevent the uptake of smoking and we will be cross referencing our approach to smoking cessation and smoke free environments and will consider introducing a tobacco control plan if appropriate as part of our corporate health standard journey.</p>	
9	<p>People are supported to avoid harm to their health and wellbeing by making healthy choices and accepting opportunities to prevent ill health.</p>	<p>NWSSP are proactive in supporting staff to maintain and improve health, well-being and independence through promoting healthy choices and opportunities to prevent ill health through various policies, Corporate Induction, the internal staff newsletter, Rhannu, the Health, Safety and Wellbeing newsletter, intranet, email, posters and seminars. Topics include the cycle to work scheme, drug and alcohol awareness, free health checks, seasonal influenza vaccinations, occupational health referral service, mental health awareness and counselling services.</p> <p>NWSSP refer to a number of effective policies and procedures, utilising those from both our Host, Velindre NHS Trust and those adapted specifically for NWSSP. These are reviewed as necessary through partnership working with Velindre NHS Trust and associated hosted bodies and union representatives.</p> <p>We also have access to occupational health services across Wales, including the capacity for self-referrals, for advice</p>	All

		<p>regarding any health related issues and the Employee Assistance Programme for confidential advice and support on a range of personal, work, family and legal issues.</p> <p>We have a well-established Health and Safety network, overseen by a dedicated Health and Safety manager, ensuring safe conditions within the workplace across all Velindre Lease sites and providing advice on both manual handling equipment and display screen equipment.</p> <p>Through our environmental officer, we promote active travel both to/from, within and outside of work, alongside promotion of a Velindre NHS rust hosted Cycle to Work Scheme.</p> <p>Within NWSSP we aim to:</p> <ul style="list-style-type: none"> <li>• Maintenance of a safe and healthy working environment</li> <li>• Improvements in longer term sickness absence by supporting staff to attend work in a healthy capacity</li> <li>• A workforce making healthier choices and managing their own health and wellbeing</li> <li>• A well-being support network and resources available to all staff members</li> </ul> <p><u>Priorities in 2018</u></p> <ul style="list-style-type: none"> <li>• Enhance the mental well-being of staff through the provision of mental well-being specific courses</li> <li>• Support managers by better equipping them with communications, guidance and support</li> <li>• Promote the overall improvement of health both within and outside of the workplace by embedding well-being into everyday activities</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Continue efforts towards the Bronze Corporate Health Standard Award</li> <li>• Sign the Welsh Government backed 'Time to Change' pledge in partnership with staff side representatives</li> </ul> <p>Wellbeing information is also given out to staff during the corporate induction programme.</p>	
10	There is active promotion of healthy and safe workplaces and communities.	<p>The Health and Safety manager for NWSSP ensures that all working environments are safe and that the appropriate risk assessments, equipment and personal protection equipment are present and available to minimise any risk to staff. Information is disseminated to staff through the Corporate Induction, Local Induction, risk assessments, handbooks (if necessary) and e-Learning modules.</p> <p>The Health &amp; Safety group continuously review and evaluate that NWSSP environments and communities are health and safe through, analysing incidents and implementing remedial action if required and adhering to robust health and safety processes.</p> <p>NWSSP further promotes and protects the physical and mental health and well-being of staff through promotion of wellbeing guidance and campaigns and the proactive marketing of well-being initiatives through our internal communication channels, such as email, the internal staff newsletter, Rhannu, the Health, Safety and Wellbeing newsletter and intranet</p> <p>With regards to the Community, the nutritionist within Procurement Services influences healthier options when tendering for catering and food supplies for NHS Wales. Further, vending machines, the supply of which is procured through</p>	Director of Finance & Corporate Services

		<p>Procurement Services, are filled with a proportion of healthier options.</p> <p>A quarterly newsletter providing information to staff on wellbeing is published regularly and a dedicated intranet page providing staff with information on wellbeing has been introduced.</p> <p>Wellbeing information is also given out to staff during the corporate induction programme.</p>	
11	There is active promotion of the health and wellbeing of staff.	<p>NWSSP promotes and protects the physical and mental health and wellbeing of staff through promotion of wellbeing guidance and campaigns and the proactive marketing of well-being initiatives through our internal communication channels, such as email, the internal staff newsletter, Rhannu, the Health, Safety and Wellbeing newsletter, Corporate Induction and intranet. Noticeboards are also used to display wellbeing information and to promote upcoming wellbeing campaigns. Topics include, smoking cessation, drug and alcohol misuse, nutrition, physical exercise and mental wellbeing. Staff are encouraged to participate in various campaigns to enhance their wellbeing and share stories of success and good practice to encourage other members of staff.</p> <p>Staff are also made aware of available initiatives that may support their health and wellbeing such as Health shield; this has been promoted via the intranet, posters, corporate induction training and through site visits.</p> <p>A quarterly newsletter providing staff with information to staff on wellbeing is published regularly and a dedicated ntrnaet page</p>	<p>Director of Finance &amp; Corporate Services</p> <p>Director of WODS</p>

		<p>providing staff with information on wellbeing has been introduced.</p> <p>Wellbeing information is also given out to staff during the corporate induction programme.</p> <p>Information on wellbeing is also displayed on notice boards in office areas.</p>	
12	<p>Systems, resources and plans are in place to identify and act upon significant public health issues so as to prevent and control communicable diseases and provide immunisation programmes; with effective programmes to screen and detect disease.</p>	<p>NWSSP is proactive in identifying and acting upon Public Health issues and access public health advice from newsfeeds and alerts from Health Boards, Public Health Wales (PHW), Health and safety newsletters and through attending seminars and training.</p> <p>The Health Safety and Risk Manager attends the Velindre Health &amp; Safety group and receives Trust wide information on delivering specific health improvement and health protection programmes; e.g. seasonal influenza immunisation programme for staff and the control of communicable diseases including the noro virus, Severe Acute respiratory syndrome (SARS) coronavirus and environmental hazards.</p> <p>NWSSP identifies and mitigates risk in relation to this standard through its local and national health and safety meetings and through proactive reporting of incidents on to the Datix incident reporting software system. The group have clear arrangements for monitoring health promotion, protection and improvement activities, and issue communication alerts to staff to prevent and control communicable diseases through immunisation programmes, encouraging good hygiene through having alcohol</p>	<p>Director of Finance &amp; Corporate Services</p>

		<p>hand sanitisers in place at each site and through awareness posters being displayed at each site.</p> <p>Staff receive training on health promotion, protection and improvement through the mandatory online core skills training framework which includes modules on:</p> <ul style="list-style-type: none"> <li>• Health &amp; Safety</li> <li>• Fire safety</li> <li>• Resuscitation</li> <li>• Infection Control</li> <li>• Safeguarding Children</li> <li>• Safeguarding Adults</li> <li>• Manual Handling</li> <li>• Equality &amp; Diversity "Treat Me Fairly"</li> <li>• Violence &amp; Aggression</li> </ul> <p>In addition, key staff receive additional specific training on fire safety, manual handling and asbestos management linked to their job roles and legionella.</p> <p>All staff within NWSSP were encouraged to receive an influenza vaccination in line with the NHS "Flu Fighter" campaign and drop in flu clinics were in place across several of NWSP's sites in addition to working collaboratively with Health Boards to encourage staff to attend one of their local clinics.</p> <p>No smoking campaign information is given out to staff along with Dry January etc.</p>	
13	Needs assessment and public health advice	NWSSP undertakes a needs and impact assessment for key, policies, projects, work streams and initiatives through completing	Director of Finance &

	<p>informs service planning, policies and practices.</p>	<p>the Integrated Impact Assessment (IIA)/Equality Impact Assessment (EQUIA) forms. The form takes consideration of the nine protected characteristics outlined within the Equality Act 2010, Welsh language, information governance, well-being of future generations Act and health and safety. This integrated approach to assessment informs service planning, policies and practices and includes partnership working with the trade Union to ensure that the service NWSSP provides does not in any way have a negative impact in discriminating against staff, patients, and stakeholders.</p> <p>NWSSP's IIA was compiled following assistance from the NHS Wales Centre for Equality and Human Rights (CEHR) to devise a bespoke equality impact assessment proforma for NWSSP.</p> <p>Following advice from the NHS Wales CEHR a bespoke EIA for NWSSP has been devised and approved by SMT in 2016. A nominated representative from each directorate attended training on equality &amp; diversity and undertaking EQUIA's 1IN 2016. The aim of the training was to assist them in supporting Directorates in completing EQUIA's for their work areas. During the training the agreed EQUIA template was used, however given the nature of NWSSP's services and in the interest of efficiency CEHR suggested that NWSSP use a narrative approach to completing EQUIA's instead of the tabular template agreed earlier in 2016.</p> <p>During the course of the discussions other compliance requirements were touched upon and the group suggested that the EQIA develop into an "Integrated Impact Assessment (IIA)" process to consider the impact of other legislative and regulatory requirements.</p>	<p>Corporate Services</p> <p>Director of WODS</p>
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		<p>The Head of Corporate Services and the Compliance Officer are representatives on the NHS Wales Equality Leadership group and work in collaboration with the NHS bodies to share best practice.</p> <p>NWSSP complies with the Equality and Diversity Policies of the host Trust Velindre and the all Wales policies as listed below:</p> <ul style="list-style-type: none"> <li>• Dignity at Work</li> <li>• Raising Concerns (Whistle blowing) Policy</li> <li>• Standards of Behaviour Framework Policy.</li> </ul> <p>Our host has a dedicated Equality and Diversity Manager, who holds regular workshops, training and sends out communications on areas equality, diversity and the promotion of dignity and respect for Velindre and shares the information if required.</p> <p>The Assistant Director of Workforce and Organisational Development is a member of the host organisations "Equality Monitoring Group". Equality and Diversity is firmly embedded within the Performance Appraisal Development Review (PADR) process.</p>	
14	Health services have systems and processes in place that play their part in reducing inequalities and protect and improve the health and wellbeing of their local population.	<p>NWSSP has effective systems and processes in place to attempt to reduce inequalities and protect and improve the health and well-being of their local population. In accordance with the provisions of the Well-being of Future Generations Act 2015 NWSSP has produced a Well-being Statement for 2017-2018<sup>3</sup> which demonstrates how NWSSP is supporting achievement of the Well-being Goals that Wales should be; <i>prosperous, resilient,</i></p>	SMT

<sup>3</sup>NWSSP Well-being Statement and Objectives <http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/NWSSP%20Wellbeing%20Statement%20%26%20Objectives.pdf>



		<p><i>healthier, more equal, globally responsible and a country of cohesive communities, have a vibrant culture and a thriving Welsh language.</i> The reporting framework provides assurance to align with the seven themes contained within the Act and the duty to publish a Well-being Statement.</p> <p>Each of our organisation's Strategic Objectives contributes towards at least one specific Well-being Goal and often touches upon multiple Goals, given that we have purposefully aligned our Integrated Medium Term Plan 2017 – 2020 with the Well-being Goals, together with the purpose and remit of the Act generally, considering its effect and how we may best maximise our contribution to achieving those Goals.</p> <p>We have identified where our strongest links have been made, however, collectively, our set of Well-being Objectives, contributes to all seven Well-being Goals.</p> <p>On the 26 January 2017, the NWSSP Senior Management Team (SMT) met with Sophie Howe, Future Generations Commissioner for Wales who discussed how NWSSP could support improving the social, economic, environmental and cultural well being of Wales to comply with the Well-Being of Future Generations (Wales) Act 2015.</p> <p>On the 9<sup>th</sup> March 2017, NWSSP held a Well-being of Future Generations Planning Day, where our Senior Management Team and key individuals participated in Well-being Workshops to discuss, design and develop Well-being Objectives. Please see overleaf for further information. Our Well-being Objectives have</p>	
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		<p>been prepared in consultation with the Integrated Medium Term Plan Lead and Workforce Lead.</p> <p>We kept staff updated on how we were planning to “future fit” our services for the Next Generation by publishing articles in our in-house newsletter, Rhannu. In our March 2017 edition of Rhannu, we outlined the purpose of the Act, the Well-being Goals and the five ways of working.</p> <p>NWSSP adhere to Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains<sup>4</sup> which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.</p> <p>NWSSP actively supports the Welsh Government’s “LIFT” programme which provides dedicated one-to-one support to people who have been out of work for more than six months and face barriers to employment, including young single parents, disabled people, and adults with no qualifications or those with poor employment records. The scheme has provided over 1,300 training and employment opportunities across Wales to people from households where no-one is in work, changing people’s lives and helping to tackle poverty across Wales.</p> <p>Since its launch, by 2016 NWSSP had employed twelve Lift volunteer placements at its sites in Cardiff, Swansea and St Asaph and have a further six are due to commence work in April.</p>	
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<sup>4</sup> Welsh Government, Code of Practice Ethical Employment in Supply Chains  
<http://gov.wales/topics/improvingervices/bettervfm/code-of-practice/?lang=en>

		<p>Eight lift placements have been successfully employed across four different service areas across NWSSP. We continue to support this programme and create opportunities for work placements as well as delivering training on their employability programme and the CSTF.</p>	
15	<p>Relationships and allocations of responsibilities between the various organisations with public health responsibilities are clear and acted upon.</p>	<p>NWSSP is proactive in working with partners to reduce health inequalities and population health. Whilst NWSSP is not one of the named organisations within the Well-being of Future Generations Act 2015 and is therefore not required to attend Public Services Boards, as a pan Wales support service we are committed to supporting NHS bodies to deliver their WBFG plans and have produced a Well-being Statement for 2017-2018<sup>5</sup>.</p> <p>The statement and accompanying objectives demonstrates how NWSSP is supporting achievement of the Well-being Goals that Wales should be - prosperous, resilient, healthier, more equal, globally responsible and a country of cohesive communities, have a vibrant culture and a thriving Welsh language.</p> <p>The reporting framework provides assurance to align with the seven themes contained within the Act and the duty to publish a Well-being Statement.</p> <p>Each of NWSSP's Strategic Objectives contributes towards at least one specific Well-being Goal and often touches upon multiple Goals, given that we have purposefully aligned our Integrated Medium Term Plan 2017 – 2020 with the Well-being</p>	-

<sup>5</sup>NWSSP Well-being Statement and Objectives <http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/NWSSP%20Wellbeing%20Statement%20%26%20Objectives.pdf>

		<p>Goals, together with the purpose and remit of the Act generally, considering its effect and how we may best maximise our contribution to achieving those Goals.</p> <p>We have identified where our strongest links have been made, however, collectively, our set of Well-being Objectives, contributes to all seven Well-being Goals.</p>			
Self Assessment Rating – Theme 1 - Staying Healthy					
Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating				✓	
Comments: The action plan will identify areas for further development.					

### Theme 2 – Safe Care

#### **Standard 2.1 Managing Risk and Promoting Health and Safety**

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person</b>
1	Best practice is applied in assessing, managing and mitigating risk which draws on people's experiences of the service.	<p>As a hosted organisation NWSSP follows the Velindre NHS Trust Risk Management Strategy and risk assurance framework which complies with legislation and supports best practice. NWSSP has also developed its own Risk Management Protocol. The policy and supporting protocol are reviewed on annual basis.</p> <p>NWSSP ensures it promotes a positive H&amp;S culture within the organisation through regular training, communication and awareness raising and has a commitment to continual improvement, to prevent injury and ill health and to comply with all applicable legislation.</p> <p>A risk register exists for each service group along with the Corporate Risk Register and a Health and Safety Risk register.</p> <p>Staff have attended various risk assessment training courses to identify health and safety hazards in their workplace.</p> <p>Certain staff groups have or are undertaking the IOSH Managing Safely course.</p>	SMT

		<p>NWSSP contributes to and learns from key report (e.g. HSE) through holding local and national health and safety meetings to disseminate and learn information and through issuing regular communication in the newsletter and on the intranet.</p> <p>The learning identified from concerns raised is reported to each SMT, SSPC and Audit committee meeting and directly links to NWSSP's risk management protocol and processes.</p>	
2	<p>Risk management and health and safety are embedded within all healthcare settings and are monitored to ensure continuous improvement.</p>	<p>Health and Safety Structure</p> <p>There are structures in place throughout the organisation, which underpin the management of H&amp;S.</p> <p>NWSSP has active H&amp;S groups, which in turn feed into the Velindre NHS Trust H&amp;S management group. Highlight reports are generated locally for reporting and at a SMT level. There are also close links with other management groups such as prevention and control of infection, fire safety and estates statutory compliance.</p> <p>There are mechanisms in place to undertake audits of health and safety management system and recently introduced as objectives for H&amp;S for a two year period.</p> <p>There is an NWSS H&amp;S procedure, which is given to all staff, which gives clear guidelines for the management of health and safety within NWSSP. Its aim is to mitigate health and safety risks and improve health, safety and welfare conditions at NWSSP for its employees and through better health and safety</p>	<p>Director of Finance &amp; Corporate Services</p>

		<p>knowledge information sharing and adoption of safe systems across NWSSP.</p> <p>Risk management and managing health and safety are embedded into NWSSP's operational delivery of services and the corporate risk register is a standing item on the agenda for SMT, SSPC and the Audit committee. At each SMT, the Corporate Risk Register is discussed and updated. If a service group wishes their risk to be added to the risk register this is discussed. Each quarter each service group submit their risk registers to corporate services for review.</p> <p>In addition, the SMT and the Audit Committee receive quarterly performance reports on health and safety matters, which outline what activities are being undertaken to protect the health, safety and wellbeing of service users, staff and the public. They also receive a Health and safety annual Report.</p> <p>The Health and safety function also has its own risk register, which is monitored by the health and safety group at their quarterly Health and Safety meetings. Any incident or "near miss" incident is discussed at the meeting and demonstrates a lessons learnt culture of within the organisation.</p> <p>Objectives have been set in relation to the improvement of H&amp;S within NWSSP and over an 18-month period trends have been analysed and objectives set. These are monitored on a quarterly basis and information is fed to SMT and All Wales H&amp;S groups to show on progress.</p>	
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		<p>NWSSP continuously works to manage and minimise risks of harm to people, services and NWSSP itself to an acceptable level and will ensure that:</p> <ul style="list-style-type: none"> <li>• There is compliance with statutory legislation;</li> <li>• All sources and consequences or risks are identified;</li> <li>• Risks are assessed, evaluated and managed;</li> <li>• Damage and injuries are reduced, and people's health and well-being is optimised;</li> <li>• Lessons are learnt from incidents in order to share best practise and prevent reoccurrence.</li> </ul> <p>NWSSP adheres to the Health and Safety Executive's (HSE) HSG65 self-assessment tool for assessing health and safety compliance across its sites and performance is monitored and verified on an annual basis.</p> <p>An annual report is produced in relation to sites visited across NWSSP to assess against non-conformities and observations using the HSE Plan, Do, Check, Act approach. Consequently, an action plan is devised to see where issues are needed to be resolved.</p> <p>There is a H&amp;S management Structure set up which monitors H&amp;S issues. A quarterly report is produced to ensure that trends are identified and actions taken as a consequence.</p> <p>All incidents reported onto the Datix system are investigated and lessons are learnt and disseminated across NWSSP.</p>	
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3	<p>Access to up to date and relevant information is readily available to identify, prioritise and manage real risks that may cause serious harm.</p>	<p>NWSSP use the Datix incident reporting system to capture information relating to any incident/accident or “near miss” incident. The system records the required information and once reported an investigation is undertaken. Following investigation, remedial/preventative action is taken and lessons learnt are captured and shared with managers in an effort to raise awareness of potential risks and to prevent a reoccurrence of the incident.</p> <p>If a serious incident occurs within NWSSP, then the H&amp;S manager will investigate and also report on observations or non-conformities and ensure information is passed across NWSSP.</p> <p>The SMT and the Velindre Audit Committee for NWSSP are provided with quarterly reports on health and safety and incident reporting; and the SSPC is provided with an Annual Report on Health and safety activity.</p> <p>A corporate risk register is also available and each service group have their own risk registers.</p> <p>The H&amp;S manager compiles a legislation of compliance and ensures that all legislation is adhered to across NWSSP.</p> <p>Regular site audits/visits are undertaken on the sites within NWSSP by the h&amp;S manager and a report is written to capture observations or non-conformities.</p> <p>Fire risk assessments are undertaken on the Velindre leased sites and all actions are monitored to ensure compliance.</p>	<p>Director of Finance &amp; Corporate Services</p>
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		Estates compliance is monitored on all sites and again any non-conformities or observations are actioned as a consequence.	
4	Safety notices, alerts and any such communication are acted upon.	<p>NWSSP is proactive in issuing safety notices, consignment/handling alerts and newsletters to all staff in a timely manner, for example the recent Winter safety newsletter.</p> <p>The Health and Safety group meet on a quarterly basis and monitor if actions arising from notices etc have been adhered to and provide assurance to the SMT through quarterly update reports outlining progress and compliance.</p> <p>The Procurement services directorate issue Workers Health &amp; Safety Centre (WHCS) WHNS notices to staff to prevent hazards.</p> <p>The Primary Care Services directorate issue alerts and notices to primary care contractors which include GP practices, Community Pharmacy, Dental Practices and Community Ophthalmic Contactors.</p> <p>Any Medical Device Alert or Estates alert is issued to all sites for action if applicable and followed up by the H&amp;S manager to ensure compliance.</p> <p>A website has been devised of all MDA and estates alerts so that these can be stored.</p> <p>The health and safety manager is also registered with the recall of White Goods.</p>	<p>Director of Finance &amp; Corporate Services Director Primary Care Services</p> <p>Director of Procurement</p>

5	<p>Measures are in place to prevent serious harm or death where the required controls are well known.</p>	<p>The SMT and the Audit Committee are assured that there are effective controls in place to prevent serious harm or death where the required controls are well known, by receiving quarterly update reports on health and safety at their meetings. The reports include information on risk assessments that have been undertaken where hazards were identified, feedback from "Toolbox talks" with operational staff in Procurement and health and safety related training undertaken across NWSSP.</p> <p>Risk assessments have been undertaken at sites to identify the hazards and control measures have been put into place. A series of Safe Systems of Work and Flash cards have been introduced and necessary training has been given – particularly in the stores and HCS settings.</p> <p>When an incident occurs an investigation is carried out as a consequence to identify root causes and the necessary actions are carried out as a consequence.</p> <p>Objectives have also been set for H&amp;S whereby trends of incidents have been analysed over an 18 month period and objectives have now been set from 2017-2019 to monitor compliance against reductions.</p> <p>NWSSP aims to prevent or reduce the number of accidents and incidents to a minimum. It monitors all accidents and incidents and implements the necessary control measures to prevent any recurrence.</p> <p>Certain staff members attend manual handling inanimate load training to reduce the risk of multi-skeletal injuries.</p>	<p>Director of Finance &amp; Corporate Services</p>
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		<p>All sites have a fire risk assessment and a management system is in place to prevent fire from occurring.</p> <p>Staff undertake violence and aggression training via the core skills training and there has been conflict management and telephone conflict training set up to address certain violence and aggression incidents, which have occurred within NWSSP over the year.</p> <p>There are also measures in place to prevent serious harm through Service Standards Supplier Contracts, which are managed via KPI's and Audits.</p> <p>Due to the non-clinical services provided by NWSSP the risk of "Serious Incident" and "Never Event" (defined as 'largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers) investigations being undertaken is low. However, as part of its risk management strategy the corporate risk register does capture potential large scale risks and the risk assurance framework when introduced will consider a "Never Event/Serious Incident" protocol for NWSSP.</p>	
6	Issues relating to the environment such as security, safe and sustainable design, clear signage, planning, privacy, fire safety, age related general health and safety, and disability	<p>All of NWSSP's premises are accessible to service users and staff and the Specialist Estates department provides advice on accessibility requirements.</p> <p>The SES team undertake Equality Impact Assessments when planning changes to an environment or when managing a new development.</p>	<p>Director of Specialist Estates</p> <p>Director of Finance &amp; Corporate Services</p>

	<p>accessibility are considered.</p> <p>All of NWSSP's sites are accessible by public transport and all sites have adequate parking facilities. Staff at Companies House participate in a "team of two" scheme for car sharing and staff at Charnwood Court use the car park opposite the main site when the main car park is full.</p> <p>The signposting for all sites meets accessibility requirements and all sites are safely accessible for people with a disability or sensory loss.</p> <p>All the Velindre NHS Trust leased sites have a fire risk assessment and the actions are worked through – an estates compliance spreadsheet has been set up to monitor estates issues and in particular fire.</p> <p>New starters are given a H&amp;S first week site induction handbook which goes through all the site issues and staff are given information on assembly points, fire alarm call points, what to do in the event of a fire etc.</p> <p>Regular fire drills occur on site and lessons are learnt as a consequence if issues arise.</p> <p>Fire marshals are identified and undertaken annual fire marshal training.</p> <p>There is an Asbestos Policy in place and an asbestos plan – nominated lead has been identified which is the H&amp;S manager within NWSSP and surveys are undertaken annually where asbestos is present.</p>	
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		<p>Any recommendations arising from fire risk assessments are addressed and responded to promptly, for example the gas suppression system for CH site. A fire suppression system is also being installed in Brecon House, Mamhilad Park Estates for PCS where they store medical records.</p> <p>When considering service re-design requirements NWSSP's specialist estates team consider how environments can be made more accessible for people with sight loss, including:</p> <ul style="list-style-type: none"> <li>• Use of colour contrast in interior design (e.g. doorways, stairways) and in furniture and other equipment</li> <li>• Ensuring signage and way-finding is clear, bold and has large print lettering</li> <li>• Ensuring adequate lighting</li> <li>• Audio enabling lifts</li> <li>• Clearing obstacles to make the environment safer</li> </ul> <p>NWSSP ensures compliance with the "All Wales Standards for Accessible Communication and Information for People with Sensory Loss" through attending meeting with the NHS Wales sensory loss group and by ensuring that key staff receive training and awareness on communication support tools, including:</p> <ul style="list-style-type: none"> <li>• British Sign Language interpreters</li> <li>• source assistive equipment such as Sonido Listeners</li> <li>• large print corporate documents</li> <li>• text phone service</li> </ul> <p>There is a quarterly checklist, which is completed by site managers on the workplace, which takes into account the site –</p>	
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		in addition, there is a security checklist which is completed and a monthly fire checklist.	
7	<p>There is compliance with legislation and guidance to provide safe environments that are:</p> <ul style="list-style-type: none"> <li>• accessible;</li> <li>• well maintained;</li> <li>• fit for purpose;</li> <li>• safe and secure;</li> <li>• protect privacy;</li> <li>• sustainable.</li> </ul>	<p>NWSSP occupy a range a different buildings across Wales. The vast majority being offices, archive facilities and stores rather than healthcare buildings. The buildings are assessed for fitness for purpose by utilising the HSG65 Self Assessment Audit Toolkit and the Estates Statutory Compliance process. Action plans are developed and work undertaken to address any risks identified.</p> <p>NWSSP have an Estates Statutory Compliance Spreadsheet which looks at all the statutory requirements of a building. We have also adopted a Guidance Booklet for Site Managers to view and have a more understanding of when certificates etc are required.</p> <p>Maintenance is addressed on each site by the Site Managers and regular workplace checklists are completed to ensure compliance.</p> <p>There is also a security checklist which is completed on site.</p> <p>The H&amp;S manager undertakes regular site audits/visits to ensure that good housekeeping is adhered to.</p> <p>All Velindre leased sites have winter maintenance standard operating procedures in place.</p> <p>Certain sites have CCTV installed.</p>	Director of Finance & Corporate Services

		<p>Defects/hazard reporting is undertaken by informing the Site Managers of issues and these are usually dealt with in a timely manner.</p> <p>All premises are adequately heated, ventilated and lit.</p> <p>There is an estates compliance monitoring system in place whereby certain statutory compliance issues are monitored, e.g. emergency lighting, FAT testing, fire alarm systems etc.</p> <p>Premises have cleaning contractors to undertake the cleaning each evening. If there are any issues then these are reported to the Supervisor to ensure compliance. No treatment is provided to patients at any sites.</p> <p>NWSSP follows the HSG65 process to manage health and safety and these issues are raised in this process.</p> <p>NWSSP occupy a range a different buildings across Wales. The vast majority being offices, archive facilities and stores rather than healthcare buildings. The buildings are assessed for fitness for purpose by utilising the HSG65 Self Assessment Audit Toolkit and the Estates Statutory Compliance process. Action plans are developed and work undertaken to address any risks identified.</p> <p>Building condition surveys and any design modifications are identified through the same process as described above. Environment Performance Monitoring is an integral element of the accredited environmental management system, ISO 14001. This standard is applied to all NWSSP's major sites.</p>	
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	<p>The condition of NWSSP's buildings have been a key element in helping to determine NWSSP's Accommodation Strategy. Significant investment has been made over the last 2 years to improve the quality of NWSSP's estate.</p> <p>All sites have cleaning contractors in situ.</p> <p>There are no staff on call who remain on the premises. However, every office has a telephone system and access to an outside line facility.</p> <p>The Specialist Estates Team are aware of the minimum standards for practice premises set out in The National Health Services (General Medical Services – Premises Costs) (Wales) Directions 2015, and provide advice and support to Health Boards concerning queries from independent contractors in primary care.</p> <p>ISO14001 has been achieved within various sites of NWSSP – Environmental website available and site leads are continually working through initiatives on environment.</p> <p>Security checklists have been introduced at each site</p> <p>Fire risk assessments are undertaken on an annual basis.</p> <p>Personal Emergency Evacuation Plans are in place where applicable at sites.</p> <p>NWSSP ensures compliance with the "All Wales Standards for Accessible Communication and Information for People with Sensory Loss" through attending meeting with the NHS Wales</p>	
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		<p>sensory loss group and by ensuring that key staff receive training and awareness on communication support tools, including:</p> <ul style="list-style-type: none"> <li>• British Sign Language interpreters</li> <li>• source assistive equipment such as Sonido Listeners</li> <li>• large print corporate documents</li> <li>• text phone service</li> </ul> <p>Personal Emergency Evacuation Processes are in situ for all staff and visitors. If some staff require hearing mechanism we have hearing loops and if staff have a disability regarding mobility there are evacuation chairs or buddy systems etc in situ. Fire alarms are testing on a regular basis and this is recorded for auditing purposes. If there are disabled toilet facilities there are emergency pull cords available and assistance will be given as and when required.</p> <p>Key fob systems are in situ on the offices where staff have access to certain areas if need be in certain buildings. Receptionists are on site in most sites and a process of meet and greet is in situ. Sites are alarmed if a break in occurs.</p> <p>There is a present no alternative to intercoms and audio based information.</p> <p>Violence and Aggression – staff are trained on the Module A part and certain staff are required to undertake module B which is available on ESR. All violence and aggression incidents are recorded onto the Datix system and addressed by HR if required or via management or Emergency Services. All violence and aggression incidents are also reported onto the quarterly</p>	
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		<p>information under health and safety and Velindre NHS Trust report statistics to Welsh Government.</p> <p>If any private and confidential information needs to be discussed then meeting rooms are available for all staff and service users to use.</p> <p>If there are personal identifiable information then these are locked in cupboards. A key fob system is also in situ so that no persons can wonder in areas which are not within their remit.</p> <p>All computers have passwords.</p>	
8	<p>There is compliance with the requirements of the Civil Contingencies Act 2004 and supporting guidance. This will include undertaking risk assessments, having current and tested emergency plans and business continuity arrangements developed through collaboration with partner agencies. This will ensure delivery of a robust response and ensure continuity of essential health services in the event of a major incident or emergency</p>	<p>As a hosted organisation under Velindre NHS Trust we are required to take cognisance of their GC 12 Business Continuity Management Policy and ensure that NWSSP has effective strategies in place for:</p> <ul style="list-style-type: none"> <li>• People – the loss of personnel due to sickness or pandemic</li> <li>• Premises – denial of access to normal places of work</li> <li>• Information Management and Technology (IM &amp; IT) and communications/ICT equipment issues</li> <li>• Suppliers internal and external to the organisation</li> </ul> <p>NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify assess and implement applicable legislation and regulation requirements related to the continuity of operations, services as well as the interests of interested parties. At present there are local directorate procedures in place for ensuring business continuity arrangements are in place for key services.</p>	<p>Director of Finance &amp; Corporate Services</p> <p>Director of Procurement</p>

	situation.	<p>In preparation for the Winter period, individual directorates have their own plans in place for staff and operational resilience specific to their areas, e.g. Health Courier Service has robust BCP in place to ensure effective frontline delivery of services and an on-call rota to ensure effective communication outside of normal working hours.</p> <p>There are also, robust “building continuity plans” in place for the main sites at Oldway Centre, Swansea, Mamhilad, Pontypool, Companies House, Cardiff and Alder House, St Asaph, which are maintained and monitored by the Business Support Managers. In the event of building closures, following approval by the Director of Finance &amp; Corporate Services the home page of the website will be used to inform staff that access to the building is prohibited. This will be in addition to local communication through directorate managers.</p> <p>The Velindre NHS Trust Adverse Weather policy provides advice and guidance on the procedure to follow if staff cannot attend work, or will be late attending work or are delayed in returning from annual leave, due to adverse weather conditions. However, it is recognised that some directorates within NWSSP have their own local arrangements for managing such occurrences, and therefore managers are advised to be sensitive to this when agreeing local arrangements for staff absence.</p> <p>In the absence of a “Major Media Incident Plan” for NWSSP, an emergency contact list has been compiled to ensure that the contact details for Directorate leads are easily available. NWIS have provided NWSSP with several dedicated audio conference extensions which can be utilised in the event that SMT need to collectively discuss urgent business</p>	
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		<p><a href="https://dogfen.cymru.nhs.uk/nwis/osd/isd/ms/audiobookings/default.aspx">https://dogfen.cymru.nhs.uk/nwis/osd/isd/ms/audiobookings/default.aspx</a>.</p> <p>NWSSP's proactive approach to continuous development has placed business continuity planning as a potential risk on the corporate risk register and SMT participated in a BCP workshop in 2016 to consider what work was required to further develop robust plans to plan for and respond to a wide range of incidents that could affect health or patient care. A business continuity consultant will be attending the May 2017 SMT meeting to present the findings of a BCP audit on NWSSP's services.</p> <p>Due to the nature of their work the Health Courier Service (HCS) has a robust business continuity plan in place which is tested regularly. The Head of HCS is also attends multi-agency emergency planning meetings as the HCS service is classed as a category 1 responder under the provisions of the Civil Contingencies Act. A project to review BC planning across NWSSP commenced in 2016.</p> <p>Fire risk assessments are undertaken at each site and each site has an emergency evacuation procedure. These are tested annually and 6 monthly.</p> <p>In addition, the Caldicott Principles Into Practice (CPIP) annual self-assessment also assesses if organisations have up to date and tested business continuity plans in place for all of their critical infrastructure components and core information systems</p>	
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## Standard 2.2 Preventing Pressure and Tissue Damage

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.

	Sub Criteria	Evidence	Responsible Person within each Directorate
1	People are assessed for risk of pressure and tissue damage and if considered at risk, they receive further assessment and a plan of care is developed and implemented.	Not Applicable	-
2	People are made aware of the risks of pressure and tissue damage and shown ways of preventing them. They and those caring for them are encouraged and advised on appropriate care procedures, including nutritional advice.	Not Applicable	-
3	Appropriate beds, chairs and other equipment are	Not Applicable	-

	made available to reduce the risks of pressure and tissue damage and specialist preventative equipment such as special mattresses and cushions are also available if necessary. All equipment is clean and properly maintained.		
4	Correct moving techniques are encouraged, including regular turning and appropriate self-care, helping people to avoid pressure and tissue damage, increasing their well-being, independence and dignity.	Not Applicable	-
5	Risk assessments are in place to identify if a person is at risk, their skin is checked at least once daily, and preferably when their personal hygiene is attended to.	Not Applicable	-





**Standard 2.3 Falls Prevention**

People are assessed for risks of falling and every effort is made to prevent falls and reduce avoidable harm and disability.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Falls prevention strategies are implemented based on national standards and evidence based guidelines.	Not Applicable	-
2	People are assessed for risks to their own safety and the safety of others. A plan for managing risk is agreed between the person being cared for and those caring for them.	Not Applicable	-
3	Staff receive appropriate information, training and supervision to ensure that people and their carers are safe.	Not Applicable	-
4	People are encouraged to develop or maintain the level of independence they wish, striking a responsible balance between risk and safety.	Not Applicable	-

5	People are able to summon help easily at all times, using a telephone, bell or other convenient means. If unable to do so their needs will be checked regularly.	Not Applicable	-
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## Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

	Sub Criteria	Evidence	Responsible Person within each Directorate
1	There are appropriate organisational structures and management systems for infection prevention, control and decontamination in place.	<p>As a hosted organisation under Velindre NHS Trust, NWSSP are required to adhere to the Velindre NHS Health and Safety policies which include management systems for infection prevention, control and decontamination. NWSSP attend the Velindre Health and Safety Group and infection control and prevention is standing item on the agenda. Information is cascaded to NWSSP own Health and Safety group and management systems are in place, for example legionella protocol.</p> <p>All Velindre leased sites have a legionella risk assessment undertaken and all actions are undertaken and are overseen by the H&amp;S Manager and SES representative. Certain staff members also undertake the bi-ennial legionella awareness training.</p> <p>The majority of NWSSP's are non-clinical; however, the Health Courier Service does have a specific standard operating procedure, which covers infection control measures for its services.</p>	<p>Director of Finance &amp; Corporate Services</p> <p>Director of Procurement</p>

		<p>Certain staff have undertaken the COSHH level 2 course and within the stores environment Spill kits are available.</p> <p>All fire related incidents including false alarms are reported on the Datix system and investigated.</p>	
2	Physical environments are maintained and cleaned to a standard that facilitates infection prevention and control and minimises the risk of infection.	<p>NWSSP is committed to managing its impact on the environment and adheres to the Velindre Environmental Policy and waste management policy. NWSSP's commitment to environmental management was recognised when we attained the ISO14001 Environmental standard in December 2014 and continue to participate in annual audits to maintain and strengthen compliance.</p> <p>NWSSP has designated environmental leads at each site who are responsible for ensuring that environmental standards are met.</p> <p>Each cleaning contract has a specification for exactly what cleaning is required in each part of the premises, for example weekly cleaning of the fridge at Charnwood Court. A schedule of cleaning frequencies is available.</p> <p>Certain staff have undertaken the COSHH level 2 course and within the stores environment Spill kits are available.</p> <p>All Velindre leased sites have a legionella risk assessment undertaken and all actions are undertaken and are overseen by the H&amp;S Manager and SES representative. Certain staff members also undertake the bi-ennial legionella awareness training.</p>	-

		<p>Due to the non-clinical nature of NWSP's work there is no requirement to for decontamination of instruments and other equipment.</p> <p>There is adequate provision of suitable hand hygiene facilities at all of our sites, including Hand driers, paper towels and alcohol hand gel. Posters are displayed encouraging staff to wash their hands to maintain good hygiene.</p> <p>NWSSP does not supply linen and laundry.</p>	
3	Suitable and accurate information on infections is available.	Not Applicable	-
4	Suitable, timely and accurate information on infections is provided to any person concerned with providing further support or nursing/medical care when a person is moved from one organisation to another or within the same organisation.	Not Applicable	-
5	Staff employed to provide care in all settings are fully engaged in the process of infection prevention and control.	Not Applicable	-

6	Adequate isolation facilities are provided to support effective infection prevention and control.	Not Applicable	-
7	Policies on infection prevention and control are in place and made readily accessible to all staff.	<p>As a hosted organisation under Velindre NHS Trust, NWSSP are required to adhere to the Velindre NHS Health and Safety policies which include management systems for infection prevention, control and decontamination. NWSSP attend the Velindre Health and Safety Group and infection control and prevention is standing item on the agenda. Information is cascaded to NWSSP own Health and Safety group and management systems are in place, for example legionella protocol.</p> <p>All information is available on the intranet.</p> <p>All Velindre leased sites have a legionella risk assessment undertaken and all actions are undertaken and are overseen by the H&amp;S Manager and SES representative. Certain staff members also undertake the bi-ennial legionella awareness training.</p>	Director of Finance & Corporate Services
8	So far as is reasonably practicable staff are free of and are protected from exposure to infections that can be acquired or transmitted at work.	As a hosted organisation NWSSP staff have access to assistance and support via Occupational Health & Wellbeing, Confidential Counselling provision and Employee Assistance Programme through Velindre NHS Trust. Some staff also have access to these services directly from Health Board's as part of their employment contract.	<p>Director of Finance &amp; Corporate Services</p> <p>Director of Procurement</p>

		<p>Velindre NHS Trust has occupational health policies on the prevention and management of communicable infections in staff in place and also keep a record of any flu vaccinations given to Velindre staff, including NWSSP.</p> <p>All NWSSP staff are provided with Protective Equipment (PPE) if relevant for their role.</p> <p>All Velindre leased sites have a legionella risk assessment undertaken and all actions are undertaken and are overseen by the H&amp;S Manager and SES representative. Certain staff members also undertake the bi-ennial legionella awareness training.</p> <p>There is also an Asbestos Policy and all Velindre leased sites have an asbestos survey undertaken annually where applicable and any contractor works are monitored and controlled by using the Control of Contractor Policy.</p>	
9	Staff are suitably trained and educated in infection prevention and control associated with the provision of healthcare.	<p>The principles and practice of IPC are included as part of the statutory and mandatory core skills training framework induction and training programmes for all new staff, with a specific modules on health and safety and infection control. This training is an ongoing programme of learning and all staff are required to re-complete the online modules every 2 years. This training is an ongoing programme of learning. All staff are required to re-complete the online modules between every 1-3 years dependent upon module.</p> <p>Completion rates for the ten code training modules are reported to each monthly SMT meeting. Due to the non-clinical nature of NWSSP's services the online training on IPC is</p>	Director of WODS

		<p>considered appropriate with no need for follow up face to face training.</p> <p>All Velindre leased sites have a legionella risk assessment undertaken and all actions are undertaken and are overseen by the H&amp;S Manager and SES representative. Certain staff members also undertake the bi-ennial legionella awareness training.</p> <p>Certain members of staff also undertake COsHH level 2 awareness</p> <p>Certain members of staff undertaken the annual Nominated asbestos lead training.</p>	
10	Suitable and sustainable systems, policies and procedures are in place for medical device decontamination by competent staff in an appropriate environment.	Not Applicable	-
11	Patients and visitors are supported to achieve and maintain high standards of hygiene.	Not Applicable	-
12	Proper arrangements exist for the segregation, handling, transporting and disposal of waste including human tissue and subsequent	The Health Courier Services have standard operating procedures in place to support the safe handling, segregation, transport and disposal of waste in healthcare settings.	Director of Procurement



	disposal appropriately and sensitively.		
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<b>Standard 2.5 Nutrition and Hydration</b> People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.			
	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	People's nutritional needs and physical ability to eat and drink are assessed, recorded and addressed. They are reviewed at appropriate intervals and are referred to dietetic services as required for specialist advice and support.	Not Applicable	-
2	People are offered a choice of food and drink which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and is accessible 24 hours a day.	Not Applicable	-

3	People are encouraged to eat nutritious, varied, balanced meals, hygienically prepared and served at regular times.	Not Applicable	-
4	Food and drink are served in an acceptable setting, with minimal interruption and are at the right temperature and attractively presented. People have a positive eating experience.	Not Applicable	-
5	Carers and family members who wish to support people at meal times are encouraged and enabled to do so.	Not Applicable	-
6	If a meal is missed, alternative food is offered and/or snacks and drinks can be accessed at any time.	Not Applicable	-
7	Fresh drinking water is available at all times, and water and appropriate fluids are encouraged throughout the day for people to meet their hydration requirements, except when restrictions	Not Applicable	-

	are required as part of treatment.		
8	People are provided with therapeutic diets in accordance with their medical needs.	Not Applicable	-
9	If eating and/or drinking cause people difficulties, they receive prompt assistance to eat or drink encouragement and appropriate aids or support.	Not Applicable	-
10	People with swallowing difficulties are assessed by a speech and language therapist and where necessary training in assisting people to swallow food or drink safely is given.	Not Applicable	-
11	People are supported who require artificial nutritional support via enteral or parenteral routes.	Not Applicable	-
12	Where food and drink are provided: a choice of food and drink are offered, which is prepared safely and meets the nutritional, therapeutic, religious and	Not Applicable	-

	cultural needs of all; and is accessible 24 hours a day.		
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### Standard 2.6 Medicines Management

People receive medication for the correct reason, the right medication at the right dose and at the right time

	Sub Criteria	Evidence	Responsible Person within each Directorate
1	There is compliance with legislation, regulatory and professional guidance and with local guidance for all aspects of medicines management	Not Applicable	-
2	Health professionals are qualified, registered with their respective regulatory bodies and fit for practice to prescribe, dispense and administer medicines within their professional competence and appropriate to the needs of the patient.	Not Applicable	-

3	There is timely, accessible and appropriate medicines advice and information for patients, carers and staff. Patients are provided with sufficient information to meet their needs regarding the purpose and correct use of their medication and alternate treatment options. All patients have an opportunity to discuss and agree their treatment plan.	The Primary care prescribing information provide accessible and appropriate medicines advice and information, both written and orally. This information is routinely provided to all Health Boards Medicine Management teams, GP practices and Community Pharmacies. The data comprises of each and every prescription item prescribed and dispensed inside NHS Wales. Aggregated at National, Health Board, Cluster, GP Practice and individual prescriber levels information is able to be drilled down to the actual prescription that was presented in Community Pharmacy.	Director of Primary Care Services
4	Adverse drug reactions and medicine related adverse incidents are reported and investigated where appropriate.	Not Applicable	-

**Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk**

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	<p>There is compliance with legislation and guidance to include:</p> <ul style="list-style-type: none"><li>• All Wales Child Protection and Vulnerable Adults Procedures</li><li>• Mental Health Act 1983 in relation to persons liable to be detained, and the Mental Capacity Act 2005 regarding Deprivation of Liberty Safeguards</li></ul>	<p>The statutory and mandatory core skills training framework induction and training programmes for all new staff, include specific modules on safeguarding children and safeguarding adults which complies with the All Wales Child Protection and Vulnerable Adults Procedures. This training is an ongoing programme of learning and all staff are required to re-complete the online modules every 2 years.</p> <p>Completion rates for the ten core training modules are reported to each monthly SMT meeting.</p> <p>NWSSP does not have the same services as Health Boards; therefore there are some gaps and areas of the standards which will not be applicable, including Children's Services. This should in no way be interpreted as a lack of commitment. However, our host's policies are inclusive where possible on the Rights of the Child, including, Domestic Abuse policy, Work Life Balance scheme, child protection and Vulnerable Adult training which complies with the Rights of Children and Young Persons Measure (Wales 2011) which has a duty on Welsh Ministers to consider the United Nations Convention on the Rights of the Child (UNCRC) in all decisions. The Trust is also able to demonstrate support, dignity and respect of children via its initiatives such as Childcare vouchers scheme and school holiday childcare subsidies.</p>	<p>Director of WODS</p> <p>Director of Finance and Corporate Services</p>

		<p>Due to the non clinical service provided by NWSSP we do not receive complaints from patients directly</p> <p>As a hosted organisation under Velindre NHS Trust we comply with the Rights of Children and Young Persons Measure (Wales 2011) which has a duty on Welsh Ministers to consider the United Nations Convention on the Rights of the Child (UNCRC) in all decisions.</p>	
2	Assurance of safeguarding services and processes is evident across all levels of the organisation	Not Applicable	-
3	Effective multi-professional and multi-agency working and co-operation are in place complying with the Social Services and Well-being (Wales) Act.	<p>NWSSP work in collaboration with health boards and support them in complying with the provisions of the Social Services and Well-being (Wales) Act and respond appropriately to all requests from partners and agencies. This continuous dialogue is supported through Directors having quarterly review meetings with Health Board's Trusts, peer review meetings (e.g. DOF's), tender framework exercises, surveys etc</p> <p>NWSSP is committed to delivering efficiency savings for the NHS and broader public sector and are proactive in identifying needs for multi-agency working. This is often initiated through utilising business intelligence data to identify areas for efficiencies, through discussion with partner agencies, including the SSPC on ideas to expand NWSSP's services (e.g. audit and assurance services providing service to the House of Lords, London) and from queries received directly from interested parties, for example several Local Authorities have expressed an interest in audit and assurance services.</p>	SMT

		<p>NWSSP monitor that partnerships are working well through regular dialogue and through annually reviewing Service Level Agreements (SLA), quarterly review meetings and through the SSPC.</p> <p>NWSSP does not have the same services as Health Boards; therefore there are some gaps and areas of the standards which will not be applicable, including Children's Services. This should in no way be interpreted as a lack of commitment. However, our host's policies are inclusive where possible on the Rights of the Child, including, Domestic Abuse policy, Work Life Balance scheme, child protection and Vulnerable Adult training which complies with the Rights of Children and Young Persons Measure (Wales 2011) which has a duty on Welsh Ministers to consider the United Nations Convention on the Rights of the Child (UNCRC) in all decisions.</p>	
4	Staff are trained to recognise and act on issues and concerns, including sharing of information and sharing good practice and learning	<p>NWSSP Issues and Complaint protocol is reviewed by the SMT on an annual basis and once approved is disseminated broadly through the intranet, newsletter, and email and through discussion at SMT directorate meetings. The protocol and accompanying leaflet clearly set out when staff should report concerns, who they should be reported to and when to share information if required. A complaints awareness seminar is being held for staff in 2017. Staff also receive customer service training through the Learning &amp; Development Team.</p> <p>NWSSP's Information Governance (IG) Steering group share issues and concerns relating to IG and share good practice and learning.</p>	Director of Finance and Corporate Services



		Due to the non-clinical nature of NWSSP's services we do not deal with safeguarding cases.	
5	People are informed how to make their concerns known	<p>NWSSP Issues and Complaint protocol is reviewed by the SMT on an annual basis and once approved is disseminated broadly through the intranet, website, newsletter, email and through discussion at SMT directorate meetings. The protocol and accompanying leaflet clearly set out NWSSP complaints procedure, including an acknowledgement within 2 working days and an aim to provide a full response within 30 working days. The protocol was recently reviewed and now aligns to the NHS Wales Putting Things Right guidance and accompanying legislation on redress measures. Service users can make their concerns known through discussing with local managers or through submitting a formal complaint through the complaints process. A complaints awareness seminar is being held for staff in 2016. All staff are made aware of how they can raise concerns during the corporate induction training day which includes sessions on HR policies, information governance, communications and counter fraud. The counter fraud helpline is promoted and the whistleblowing policy are signposted. This information is promoted through the intranet and posters on display at each site.</p> <p>Due to the non-clinical nature of NWSSP's services we do not deal with safeguarding cases.</p>	Director of Finance and Corporate Services
6	Priority is given to providing services that enable children and vulnerable adults to express themselves and to	Not Applicable	-

	be cared for through the medium of the Welsh language because their care and treatment can suffer when they are not treated in their own language. (They are recognised as a priority group in More than just Words).		
7	Suitable arrangements are in place for people who put their safety or that of others at risk to prevent abuse and neglect.	Not Applicable	-
8	Risk is managed in ways which empower people to feel in control of their life.	Not Applicable	-
9	Arrangements are in place to respond effectively to changing circumstances and regularly review achievement of personal outcomes	Not Applicable	-

**Standard 2.8 Blood Management**

People have timely access to a safe and sufficient supply of blood, blood products and blood components when needed.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Health services have robust governance systems in place to maintain a safe sufficient supply of blood, blood components and blood products to support timely appropriate and effective use for all.	Not Applicable	-
2	There is compliance with legislation and national guidance on the supply and appropriate use of blood, blood components and products.	Not Applicable	-
3	Effective schemes and systems are in place to actively manage stock, minimise wastage, and plan effectively for shortages	Not Applicable	-
4	A continuous innovative programme of education, training and competence assessment covers all staff	Not Applicable	-

	involved in the transfusion process in line with national strategy.		
5	Processes are in place that enhance the safety of blood transfusion and support the recognition and reporting of, and shared learning from all incidents, adverse blood events and reactions.	Not Applicable	-
6	There is a collaborative approach to optimal blood management	Not Applicable	-

**Standard 2.9 Medical Devices, Equipment and Diagnostic Systems**

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	There is compliance with health, safety and environmental legislation, regulation and Guidance	<p>NWSSP ensures it conforms with health, safety and environmental legislation, standards and guidance through undertaking the Health and Safety Executive (HSE) HSG65 annual self-assessment to monitor legislative and regulatory compliance on health and safety. In addition, Procurement Services have ISO18001 accreditation which monitors compliance.</p> <p>As a hosted organisation under Velindre NHS Trust, NWSSP are required to adhere to the Velindre NHS Health and Safety policies, this includes the Medical device policy which we follow for the Defibrillator machines at each site.</p> <p>The Health, Safety and Risk Manager is the centre of expertise on health and safety advice and liaises with local experts/advisers in NWSSP's Specialist estates team Velindre NHS Trust, NHS Wales Health and Safety Group and other external bodies when required to keep abreast of developments in this sphere and to compliance with health, safety and environmental legislation. The NWSSP health and safety group meets quarterly and each site has a health and safety lead with local health and safety meetings.</p> <p>A central register is kept of applicable legislation and this is reviewed every 6 months to ensure compliance across NWSSP.</p>	Director of Finance and Corporate Services

		Site visits/audits are undertaken by the H&S manager to ensure that legislation etc is adhered to and a report is generated on any observations or non conformities raised.	
2	Processes ensure that equipment, and devices are maintained, cleaned and calibrated in accordance with manufacturer's guidelines, ensuring they are appropriate for their intended use and for the environment in which they are used.	<p>Where applicable, NWSSP had processes in place to ensure that equipment and devices are cleaned and maintained in accordance with the manufacturer's guidance and relevant EN standards. For example, What the Defibrillator devices have a standard operating procedure for their use and an annual maintenance schedule; and the Ventilators/Flu St.Athan.</p> <p>NWSSP do not use medical equipment as part of its service and therefore do not have storage policies, calibration laboratories or testing facilities.</p> <p>NWSSP's procurement services ensure that there are robust arrangements in place for safe and effective procurement through its policies and procedures and work with the Health Boards/Trust's to ensure that ensure that potential suppliers are in compliance with relevant legislation and standards.</p> <p>There is a Use of Work Equipment Policy, which is adhered to. A defect sheet is used for staff to identify issues prior to using certain equipment. Maintenance contracts have been set up where applicable</p>	Director of Finance and Corporate Services
3	An ongoing programme of training and competence assessment covers staff and users	All NWSSP staff are required to complete the online statutory and mandatory training modules of the Core Skills Training Framework. The framework comprises of 10 mandatory modules which must be completed every 2 years:	Director of Finance and Corporate Services

		<ul style="list-style-type: none"> <li>• Health &amp; Safety</li> <li>• Fire safety</li> <li>• Resuscitation</li> <li>• Information Governance</li> <li>• Infection Control</li> <li>• Safeguarding Children</li> <li>• Safeguarding Adults</li> <li>• Manual Handling</li> <li>• Equality</li> <li>• Violence &amp; Aggression</li> </ul> <p>In addition, a number of face to face training courses are provided to staff including corporate induction training, fire safety, people management skills for managers, stress awareness, information governance and Welsh language awareness. The Learning &amp; Development and Workforce solutions team manage the core skills training framework and work with the Directors of Workforce and Organisational development across NHS Wales to develop the online training requirements for NHS Wales staff .</p> <p>The SMT receive monthly reports on % compliance against the ten core modules, is well maintained and identifies staff who have lapsed. If staff are outside of the training window individual Directors are responsible for addressing non-compliance within their own directorates. For example, the HCS service migrated to NWSSP and proactive work is ongoing to ensure that all HCS staff are 100% compliant through specific training workshops etc.</p> <p>The Health and Safety Group also consider what additional face to face training is required to ensure that NWSSP is complaint</p>	
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		with Velindre policy and legislative and regulatory requirements, for example it was recently agreed to introduce face to face for safety training in addition to the online module and annual training on using the defibrillator.	
4	Timely reporting and management arrangements exist to address any device, equipment or system faults in use or in stock, including any alert or warning notices issued by appropriate agencies such as MHRA	<p>NWSSP used the Datix reporting software system the timely reporting, management and communication of faults, breakdowns and incidents. In addition, managers are proactive in addressing issues swiftly and keeping the Health, Safety &amp; Risk Manager informed of progress.</p> <p>All staff are made aware of the importance of reporting incident on to the DATIX system and the Health, Safety &amp; Risk Manager monitors what has been recorded and what actions were taken to address the issue. Each site has a Datix lead with responsibility for Datix management. All incidents reported are discussed at the Health and Safety group and alerts are issued to staff if required.</p> <p>NWSSP do not use medical devices, however the HCS are required to monitor the temperature of goods when transporting them on behalf of NHS bodies, for example flu vaccine stock.</p>	<p>Director of Finance and Corporate Services</p> <p>Director of Procurement</p>
5	Suitable and sustainable systems, policies and procedures are in place for medical device decontamination by competent staff in an appropriate environment	Not Applicable	-



Self Assessment Rating – Theme 2 - Safe Care					
Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating				✓	
<b>Comments:</b> The action plan will identify actions to strengthen key areas.					

## **Healthcare Standards – Self-Assessment 2018**

### **Theme 3 – Effective Care**

<b>Standard 3.1 Safe and Clinically Effective Care</b> Care, treatment and decision making should reflect best practice on evidence to ensure that people care and support to meet their individual needs.			
	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	People are safe and protected from avoidable harm through appropriate care, treatment, information, support and early detection of risks.	Not Applicable	-
2	People are supported to protect their own and their families' health	Not Applicable	-
3	Welsh speakers are able to use the Welsh language to express themselves and information is communicated effectively	Not Applicable	-
4	Practice evolves to reflect new evidence and provides an efficient and effective response to promote safe and clinically effective care.	Not Applicable	-
5	Systems and processes comply with safety and	Not Applicable	-

	clinical directives in a timely way, including alerts.		
6	Systems ensure that non-compliance or variance from best practice is properly recorded and audited and any risks identified are managed appropriately	Not Applicable	-
7	People receive a high quality, safe and effective service whilst in the care of the NHS which is based on agreed best practice guidelines including those defined by condition specific Delivery Plans, National Institute for Health and Clinical Excellence (NICE), NHS Wales Patient Safety Solutions, and professional bodies	Not Applicable	-
8	Practice keeps up to date with best practice, national and professional guidance, new technologies and innovative ways of working	Not Applicable	-

**Standard 3.2 Communicating Effectively**

In communicating with people health services proactively meet individual language and communication needs.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Welsh speakers are offered language services that meet their needs as a natural part of their care.	<p>As a hosted organisation NWSSP are required to comply with the Velindre NHS Trust Welsh Language scheme which includes adhering to the More than Just Words strategic framework and the Welsh Language (Wales) Measure. All public facing information is provided in a bilingual format</p> <ul style="list-style-type: none"><li>• Clauses within Procurement contracts for bilingual services/goods</li><li>• Bilingual forms</li><li>• Notice boards</li><li>• Website</li><li>• Corporate literature</li></ul> <p>Following a meeting between the Welsh Language Commissioner's office, Velindre NHS Trust and NWSSP, it was decided that given the scope of NWSSP's services, the Commissioner would hold a separate standards investigation into NWSSP rather than include the organisation in the wider Trust review. NWSSP responded to the 179 questions in 2014. This decision was made due to the important services NWSSP provide to LHBs and Trusts across Wales, particularly regarding procurement and recruitment.</p> <p>Whilst, NWSSP were not named as one of the organisations within the provisions of the Welsh Language Measure (Wales) 2011 there is an expectation that compliance with the legislation is demonstrated.</p>	All

		<p>Staff who are confident in using Welsh in the workplace or learners who are confident in speaking Welsh wear a 'Iaith Gwaith' or 'Dysgu Cymraeg' badge to show that they can speak Welsh. NWSSP has a list of Welsh speaking staff so that they can be matched with Welsh speaking service users if required.</p> <p>All of NWSSP sites has a bilingual environment and is welcoming for Welsh speakers, including signage, reading materials and where possible television facilities and videography.</p> <p>NWSSP appointed a Welsh Language Officer in 2014, who works proactively to ensure that all of our services are compliant with the Welsh Language (Wales) measure and we provide a fully bilingual service that supports the requirements of the Health Board's and Trusts. The WLO attends the Velindre NHS Trust Welsh Language Steering Group and the NHS Wales Welsh Language Officers Group.</p>	
2	Open and honest communication is emphasised in the spirit of co-production.	<p>NWSSP has a range of open and honest communication channels that keeps staff, partners and service users abreast of our activities. This includes:</p> <ul style="list-style-type: none"> <li>• <b>1:1s &amp; Team Meetings:</b> Staff and managers arrange regular 1:1 meetings to ensure strong staff/manager relationships. Team Meetings ensure that information from senior managers and the organisation in general is cascaded to all staff within the organisation. Staff also have the opportunity to raise any items with their manager.</li> <li>• <b>Performance and Development Review (PADRs):</b> 81% (as at March 2018) of NWSSP staff have had a PADR in the</li> </ul>	All

		<p>last 14 months. The PADR interview provides reviewing their performance, objectives and giving the opportunity for any feedback or suggestions to be recorded.</p> <ul style="list-style-type: none"> <li>• <b>Intranet:</b> All staff have access to the NWSSP intranet, where information is published specifically for staff including the sharing of news and important documentation from across NHS Wales for staff to keep up to date.</li> <li>• <b>Internal Staff Newsletter:</b> Our electronic staff newsletter "Rhannu" is produced on a monthly basis and provides important information such as updates on business, good practice initiatives, personal achievements and charitable work. This is circulated to all staff via email and is also published on the staff intranet.</li> <li>• <b>Hearsay:</b> An online email form provides the opportunity for staff to ask any questions or raise any concerns to the senior management team or very senior manager. An answer is provided and then fed back to the Communications Manager who then forwards to the originator. Each question and answer is published on a dedicated page on the staff intranet. There is a 48 hour target in place for providing a response.</li> <li>• <b>HR Contact Point:</b> Staff are able to contact the Workforce and Organisational Development team via a dedicated email address listed on the NWSSP intranet with any specific queries relating to human resource issues. There is a 48 hour target in place for providing a response.</li> <li>• <b>Chair and Managing Director Site Visits:</b> The Chair of the NWSSP committee and the Managing Director of NWSSP visit the different directorates and sites within the organisation, and meet with staff to discuss their work, concerns and suggestions.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• <b>Twitter:</b> NWSSP has a profile on the twitter social networking site and tweets regular updates on achievements, good practice and important information. The account is followed by a number of NWSSP staff, wider NHS, Welsh Government, academic and health communities.</li> <li>• <b>Linked IN</b></li> <li>• <b>Global Communication Email:</b> A specific global email address group has been created to issue focussed emails on communication to all staff. This mass email distribution enables key messages to be sent to all staff swiftly and effectively.</li> <li>• <b>Intranet traffic:</b> intranet hits and click per page are measured on a monthly basis.</li> <li>• <b>Google Analytics:</b> The Google Analytics function is utilised on our external website to measure clicks per page, web traffic, and is useful source of information to keep both internal and external stakeholders updated on popular pages etc.</li> <li>• <b>Staff Survey:</b> Regular staff surveys are undertaken to gauge staff opinion on knowledge management, organisational culture and communications.</li> <li>• <b>Communications Survey:</b> A survey on NWSSP communication methods and staff expectations and feedback will be completed.</li> <li>• <b>Media:</b> NWSSP has an arrangement with Cwm Taf Health Board whereby the communications team provide NWSSP with advice and support with press enquiries and graphic design for the external magazine "In Partnership"</li> <li>• <b>External Newsletter:</b> Cwm Taf Health Board provides a resource to co-ordinate and publishes our external</li> </ul>	
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		<p>magazine newsletter "In Partnership" to our stakeholders. This is produced on a quarterly basis.</p> <ul style="list-style-type: none"> <li>• <b>Other External Publications:</b> NWSSP Specialist Estates Services publish a seasonal document which details latest news and progress.</li> <li>• <b>FOIs:</b> The NWSSP Governance Manager responds in accordance with recommendations to the FOI requests received and a publication scheme will be published in 2016.</li> <li>• <b>Individual Services:</b> Each service has in place systems/processes/staff to receive external enquiries. Procurement Services have a Customer Services team, E-Enablement Help Desk and contact details are published via the Procurement Services webpage. Employment Services recruitment teams also have dedicated switchboards and individual email addresses for correspondence. This is replicated throughout each of the NWSSP Services with all contact details available on internal and external websites.</li> <li>• <b>Contact information:</b> Contact information for all services and general enquiries is published on the NWSSP website. There is a dedicated email address for communications and general enquirers which is checked regularly by communications staff.</li> <li>• <b>Complaints/Concerns:</b> A dedicated email address is used for complaints; these are acknowledged and responded to within timescales defined in the organisation's protocol. The email address is highlighted on a dedicated page within the NWSSP external website.</li> <li>• <b>A Communications &amp; Engagement Strategy:</b> Has been developed for the organisation with an action plan supporting the aims of the strategy. This plan is currently being reviewed with the senior management team and priorities for action agreed.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• <b>Digital signage system</b> – there are TV screens in key locations that provide staff and visitors with important information about NWSSP’s performance, profile and purpose.</li> <li>• ILM/Customer Service/Specialist Training: These include ILM Level 5 Diploma, ILM Level 3 Certificate, Customer Service NVQs, Warehousing, Distribution &amp;Storage, CIPD, CIPS and Business Improvement NVQ</li> <li>• <b>PIP Programme:</b> A Personal Improvement Programme (PIP) for NWSSP staff has been launched which focuses on techniques to enhance and staff wellbeing and productivity.</li> <li>• <b>Surveys:</b> Identify any areas of weakness and action plans produced in conjunction with this to mitigate risks.</li> <li>• <b>Peer review meetings</b></li> <li>• <b>Quarterly review meetings</b></li> <li>• <b>minutes of meetings,</b></li> <li>• <b>SSPC reports</b></li> <li>• <b>Audit committee reports,</b></li> </ul> <p>Feedback from staff and service users is encouraged in all communication and any issues, concerns or suggestions for improvement are addressed as part of our commitment to customer led developments and co-production.</p> <p>Staff and customer/partner consultations are based on an equal and reciprocal relationship that allows the member of staff/partner to make informed choices around ‘what matters to them’ providing a holistic assessment of strengths as well as need. This includes the staff survey, directorate specific customer satisfaction surveys, focus groups, committee effectiveness surveys for SSPC and Audit committee and workshops.</p>	
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		<p>All customer facing written communications are produced in a bilingual format and are produced in alternative formats that are accessible to the reader where possible, for example large print, audio and Braille versions of frequently used leaflets and documents.</p> <p>NWSSP's commitment to open and honest communication is recognised through having attained the Customer service excellence standard for several of its services.</p>	
3	Special care is taken in communicating with those whose mental capacity may be temporarily or permanently impaired	<p>The statutory and mandatory core skills training framework induction and training programmes for all new staff, include specific modules on safeguarding children and safeguarding adults which complies with the All Wales Child Protection and Vulnerable Adults Procedures. This training is an ongoing programme of learning and all staff are required to re-complete the online modules every 2 years.</p> <p>Due to NWSSP's non-clinical services staff have not been given any additional training on the provision of the Mental Capacity Act, however some of our specialist in house lawyers do have expertise in this area.</p> <ul style="list-style-type: none"> <li>• NWSSP complies with the Equality and Diversity Policies of the host Trust Velindre and the all Wales policies as listed below : <ul style="list-style-type: none"> <li>○ Dignity at Work</li> <li>○ Raising Concerns (Whistle blowing) Policy</li> <li>○ Standards of Behaviour Framework Policy.</li> </ul> </li> </ul>	All

		<ul style="list-style-type: none"> <li>• Our host has an Equality and Diversity Manager, who holds regular workshops, training and sends out communications on areas equality, diversity and the promotion of dignity and respect for Velindre and shares the information if required.</li> <li>• The Assistant Director of Workforce and Organisational Development is a member of the host organisations "Equality Monitoring Group". Equality and Diversity is a core dimension in KSF and is firmly embedded within the Performance Appraisal Development Review (PADR) process.</li> <li>• NWSSP aims to be a supportive place to work as well as ensuring the service it provides does not in any way have a negative impact in discrimination against staff, patients, and stakeholders. Working in partnership with Trade Union colleagues, NWSSP endeavour to undertake equality impact assessments when considering changes to policies, practises or proposed service changes to policies, practices or proposed service change, where relevant.</li> <li>• The Director of Finance and the Head of Corporate Services are members of the NHS Wales Centre for Equality and Human Rights (CEHR) Business Planning group and NWSSP are in the process of seeking assistance from the CEHR to devise a bespoke equality impact assessment proforma for NWSSP.</li> <li>• Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes: Ethnic Origin; Nationality; Country of Birth; Religious Belief, Sexual Orientation and Welsh language competencies.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Our equality information helps us identify and understand potential key equality issues across our functions including employment and service delivery areas. Where appropriate we will use the findings to develop our equality objectives</li> <li>• NWSSP provides a “Core Skills for Managers” Training Programme and the, “Managing Conflict” module, includes an awareness session on the Dignity at Work Policy and Procedure.</li> <li>• NWSSP has a statutory and mandatory induction training programme for all new recruits, which includes the NHS Wales “Treat Me Fairly” e-learning module which focuses on equality and diversity. The module is national training package and the statistical information pertinent to NWSSP completion contributes to the overall figure for NHS Wales.</li> <li>• The “NHS Jobs” all Wales recruitment service, run by NWSSP adheres to all of the practices and principles in accordance with the Equality Act and quality checks the adverts and supporting information to ensure that there are no discriminatory elements.</li> <li>• A recruitment and selection toolkit is available for managers which provide advice and guidance on the equality requirements of the recruitment and selection process.</li> <li>• As a hosted organisation under Velindre NHS Trust we are also supported by their Equality &amp; Diversity Manager and we also benefit from the proactive work undertaken to strengthen compliance with equality and diversity legislation, for example the Trust has received the “tick” for Disability and the Welsh Government’s sponsored “Rainbow mark” standard for delivering Lesbian, Gay, Bisexual, Transgender (LGBT) Equality across Wales.</li> <li>• NWSSP welcomed the new All Wales Standards for Accessible Communication and Information for People with</li> </ul>	
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		<p>a Sensory Loss, launched on 5 December 2014, which are aimed at helping frontline NHS staff communicate with patients who have hearing and/or sight loss</p> <ul style="list-style-type: none"> <li>• To recognise Sensory Loss Awareness Month, NWSSP commissioned specialist Deaf awareness training for staff in December 2015 and promoted the campaign broadly to staff and partners alike through our newsletter and magazine. Sensory Loss Awareness Month was also promoted to staff in internal communications in 2-16 and 2017.</li> <li>• The SMT had a workshop on undertaking "Equality Impact Assessments" in 2015 facilitated by the NHS Wales Centre for Equality &amp; Human Rights and work has begun to introduce a bespoke template for NWSSP EQIA's in 2016.</li> <li>• Each reception area has an Induction loop system for staff with sensory loss and we are purchasing additional equipment as advised by sensory loss groups.</li> <li>• In 2018, we will be reviewing our telephone service for users with a hearing/speech impairment.</li> </ul>	
4	Language and communication needs are addressed for people with specific care needs including: learning disabilities, dementia, stroke, sensory loss, neurological developmental problems and brain injury	<p>In the event of a service user with sensory loss requiring information in an alternative format the communication team would manage the request. To recognise Sensory Loss Awareness Month, the corporate services team commissioned specialist Deaf awareness training for staff in December 2015 to assist them in dealing with services users and potentially family members who may have sensory loss. The campaign broadly to staff and partners alike through our newsletter and magazine.</p> <p>We ensure that the communication needs of people with sensory loss are met through ensuring that:</p> <ul style="list-style-type: none"> <li>• our website is compliant with the standards of the World Wide Web Consortium (W3C) compliance</li> <li>• Easy read versions of corporate reports</li> </ul>	All

		<ul style="list-style-type: none"> <li>• Ensuring that information is provided in an alternative format on request, e.g. braille, large print or audio</li> <li>• Using info graphics to depict information where possible in corporate literature,e.g. Annual review document</li> <li>• Equality Impact Assessments to be introduced in December 2015 for all policies, projects etc</li> <li>• Induction loop system at reception areas</li> <li>• In 2016 we will be reviewing our telephone service for users with a hearing/speech impairment.</li> </ul> <p>NWSSP made all staff aware of the All Wales Standards for Accessible Communication and Information for People with a Sensory Loss, launched in December 2014, which is aimed at helping frontline NHS staff communicate with patients who have hearing and/or sight loss. The guidance was promoted through the newsletter and intranet and the communications team take cognisance of the principles of the guidance when designing and distributing corporate information. The campaign was repeated in December 2016 and December 2017.</p> <p>The core skills training framework includes a module on equality and diversity which includes awareness of sensory loss. In addition, to recognise Sensory Loss Awareness Month, NWSSP commissioned specialist Deaf awareness training for staff in December 2015 and promoted the campaign broadly to staff and partners alike through our newsletter and magazine. The Head of Corporate also attended the launch of the Sensory loss awareness event which was launched by the Deputy Minister for Health and Social Services and the Specialist Estates Team have met with a Deaf Wales charity to discuss ensuring that estates design and management for NHS ensures adherence to guidance on accessible building for people with sensory loss.</p>	
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		The recruitment team has received awareness training on the needs of complying with the 'two ticks' positive about disability symbol is awarded by Jobcentre Plus to employers who have made a proactive move to avoiding discrimination against disabled people in the recruitment process.	
5	Effective, accessible, appropriate and timely communication is tailored to the needs of each individual person and reasonable adjustments are made as defined in the Equality Act 2010.	NWSSP made all staff aware of the All Wales Standards for Accessible Communication and Information for People with a Sensory Loss, launched in December 2014, which is aimed at helping frontline NHS staff communicate with patients who have hearing and/or sight loss. The guidance was promoted through the newsletter and intranet and the communications team take cognisance of the principles of the guidance when designing and distributing corporate information.	All
6	Methods of on and off line communication in various languages and accessible formats are used	<p>We ensure that the communication needs of people with sensory loss are met through ensuring that:</p> <ul style="list-style-type: none"> <li>• our website is compliant with the standards of the World Wide Web Consortium (W3C) compliant</li> <li>• Easy read versions of corporate reports</li> <li>• Ensuring that information is provided in an alternative format on request, e.g. braille, large print or audio</li> <li>• Using info graphics to depict information where possible in corporate literature, e.g. Annual review document</li> <li>• Equality Impact Assessments to be introduced in December 2015 for all policies, projects etc</li> <li>• Induction loop system at reception areas</li> <li>• In 2016 we began reviewing our telephone service for users with a hearing/speech impairment and will complete this work in 2018.</li> </ul>	All

		<ul style="list-style-type: none"> <li>NWSSP is part of the NHS Wales Sensory loss group and the CEHR Business Planning Group has obtained detailed of the recommended services for obtaining information in an alternative format</li> <li>The Corporate Governance officer has been given the task of leading on equalities issues and will be reviewing NWSSP communication channels for people with sensory loss in 2017 and will be considering purchasing the sonido systems following a successful demonstration at the launch of the All Wales Sensory loss conference.</li> <li>All reception areas have hearing loop systems which are tested regularly and they receive training</li> </ul>	
7	Communication is age appropriate and considers people's ability to engage in health related conversations	Not Applicable	-
8	Support is given for carers and advocates who in turn are supporting the needs of people with communication needs	Not Applicable	-
9	There is compliance with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing. The purpose, effectiveness, methods, security and	NWSSP are required to adhere to the Velindre NHS Trust Welsh Language Scheme and whilst, NWSSP were not named as one of the organisations within the provisions of the Welsh Language Measure (Wales) 2011 there is an expectation that compliance with the legislation is demonstrated. NWSSP is required to contribute compliance information for the Velindre annual "Welsh Language Monitoring Report", and monitor compliance with the "Measure" through:	All



	<p>appropriateness of communication is considered internally and externally with patients, service users, carers and staff, and about patient, service users and carers using a range of media and formats.</p>	<ul style="list-style-type: none"> <li>• Monitoring WL skillset of the workforce through the ESR system</li> <li>• Training and awareness session given to staff</li> <li>• Number of staff learning Welsh</li> <li>• Number of request for Welsh translations</li> <li>• Audit of bilingual signage, corporate literature</li> <li>• Number of complaints received regarding Welsh language service provision</li> <li>• Mystery customer exercise on bilingual telephone greeting</li> </ul> <p>NWSSP participated in the Welsh Language Commissioner's Standards investigation of all NHS bodies in Wales and provided detailed response to the 179 draft standards.</p> <p>NWSSP's commitment to ensuring that all of its diverse services are compliant with the provisions of the Measure and that both the Welsh and English languages are treated on the basis of equality, through appointing its own Welsh Language Officer in 2016.</p> <p>NWSSP made all staff aware of the All Wales Standards for Accessible Communication and Information for People with a Sensory Loss, launched in December 2014, which is aimed at helping frontline NHS staff communicate with patients who have hearing and/or sight loss. The guidance was promoted through the newsletter and intranet and the communications team take cognisance of the principles of the guidance when designing and distributing corporate information. Compliance against the standards is monitored by the communications team.</p>	
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		<p>NWSSP has introduced a "Communications Strategy" group which is representative of each directorate within NWSSP. The remit of the group is to ensure that a consistent, service led approach is adopted for developing and implementing new communication channels, including a Corporate communications and engagement strategy for NWSSP and Web Information Architecture Project. The group report directly to the SMT. This approach demonstrates that:</p> <ul style="list-style-type: none"> <li>• Individual directorates work collectively to influence corporate communications</li> <li>• Support the Health Board's/Trusts to protect and improve population health</li> <li>• ensures the resources of the NWSSP, are used to best effect to ensure efficiencies and excellence in customer service delivery</li> </ul> <p>The Corporate Communication and Strategy will be agreed by the SMT who will ensure that the strategy aligns with stakeholder feedback received from quarterly review meetings etc.</p> <p>The workforce team monitor the effectiveness of systems to facilitate timely two-way communication with the workforce through staff surveys (e.g. recent survey on the effectiveness of recruitment processes), meetings with the NHS Wales Directors of WODS meetings and individual directorates undertake pulse surveys with staff.</p> <p>The effectiveness of communication systems with the public is measured through online surveys issued through "i-survey" (e.g. SSPC effectiveness survey, Audit committee effectiveness survey, Legal and risk services customer satisfaction survey).</p>	
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		<p>The cascade web platform is restrictive and does enable us to issue specific surveys on the effectiveness of our website.</p> <p>Given NWSSP's relatively low interaction with the press and media we do not undertake consultation exercises to assess the effectiveness for press releases, magazine or twitter account.</p> <p>NWSSP website encourages users to make enquiries through <a href="mailto:shared.services@nhs.wales.uk">shared.services@nhs.wales.uk</a> and through <a href="mailto:nwssp.complaints@wales.nhs.uk">nwssp.complaints@wales.nhs.uk</a>. Both accounts are managed by the communications team and an acknowledgement is issued within 24 hours. In addition, the individual directorates have acknowledgement processes, e.g. the recruitment team have an automated acknowledgement email response. Also, enquiries can be made through our main telephone line, by letter, facsimile or through our twitter account @nwssp.</p> <p>NWSSP are proactive in mitigating against risk in respect of the effectiveness of its communications channels by planning and organising staff resource to ensure adequate cover for reception areas and for monitoring the enquiry accounts and by providing advice, guidance and training where appropriate.</p> <p>All written communication is proof read to ensure it is clear and concise and suitable for the reader's ability to read and understand what is written. NWSSP will consider adopting the crystal mark for its corporate literature as part of the corporate communication and engagement strategy action plan.</p> <p>NWSSP use a variety of communication channels to support effective communication, including:</p>	
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		<ul style="list-style-type: none"> <li>• <b>1:1s &amp; Team Meetings:</b> Staff and managers arrange regular 1:1 meetings to ensure strong staff/manager relationships. Team Meetings ensure that information from senior managers and the organisation in general is cascaded to all staff within the organisation. Staff also have the opportunity to raise any items with their manager.</li> <li>• <b>Performance and Development Review (PADRs):</b> 81% (as at March 2018) of NWSSP staff have had a PADR in the last 12 months. The PADR interview provides reviewing their performance, objectives and giving the opportunity for any feedback or suggestions to be recorded.</li> <li>• <b>Intranet:</b> All staff have access to the NWSSP intranet, where information is published specifically for staff including the sharing of news and important documentation from across NHS Wales for staff to keep up to date.</li> <li>• <b>Internal Staff Newsletter:</b> Our electronic staff newsletter "Rhannu" is produced on a monthly basis and provides important information such as updates on business, good practice initiatives, personal achievements and charitable work. This is circulated to all staff via email and is also published on the staff intranet.</li> <li>• <b>Hearsay:</b> An online email form provides the opportunity for staff to ask any questions or raise any concerns to the senior management team or very senior manager. An answer is provided and then fed back to the Communications Manager who then forwards to the originator. Each question and answer is published on a dedicated page on the staff intranet. There is a 48 hour target in place for providing a response.</li> <li>• <b>HR Contact Point:</b> Staff are able to contact the Workforce and Organisational Development team via a dedicated email address listed on the NWSSP intranet with any specific</li> </ul>	
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		<p>queries relating to human resource issues. There is a 48 hour target in place for providing a response.</p> <ul style="list-style-type: none"> <li>• <b>Chair and Managing Director Site Visits:</b> The Chair of the NWSSP committee and the Managing Director of NWSSP visit the different directorates and sites within the organisation, and meet with staff to discuss their work, concerns and suggestions.</li> <li>• <b>Twitter:</b> NWSSP has a profile on the twitter social networking site and tweets regular updates on achievements, good practice and important information. The account is followed by a number of NWSSP staff, wider NHS, Welsh Government, academic and health communities.</li> <li>• <b>Linked IN</b></li> <li>• <b>Global Communication Email:</b> A specific global email address group has been created to issue focussed emails on communication to all staff. This mass email distribution enables key messages to be sent to all staff swiftly and effectively.</li> <li>• <b>Intranet traffic:</b> intranet hits and click per page are measured on a monthly basis.</li> <li>• <b>Google Analytics:</b> The Google Analytics function is utilised on our external website to measure clicks per page, web traffic, and is useful source of information to keep both internal and external stakeholders updated on popular pages etc.</li> <li>• <b>Staff Survey:</b> Regular staff surveys are undertaken to gauge staff opinion on knowledge management, organisational culture and communications.</li> <li>• <b>Communications Survey:</b> A survey on NWSSP communication methods and staff expectations and feedback will be completed.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• <b>Media:</b> NWSSP has an arrangement with Cwm Taf Health Board whereby the communications team provide NWSSP with advice and support with press enquiries and graphic design for the external magazine "In Partnership"</li> <li>• <b>External Newsletter:</b> Cwm Taf Health Board provides a resource to co-ordinate and publishes our external magazine newsletter "In Partnership" to our stakeholders. This is produced on a quarterly basis.</li> <li>• <b>Other External Publications:</b> NWSSP Specialist Estates Services publish a seasonal document which details latest news and progress.</li> <li>• <b>FOIs:</b> The NWSSP Governance Manager responds in accordance with recommendations to the FOI requests received and a publication scheme will be published in 2016.</li> <li>• <b>Individual Services:</b> Each service has in place systems/processes/staff to receive external enquiries. Procurement Services have a Customer Services team, E-Enablement Help Desk and contact details are published via the Procurement Services webpage. Employment Services recruitment teams also have dedicated switchboards and individual email addresses for correspondence. This is replicated throughout each of the NWSSP Services with all contact details available on internal and external websites.</li> <li>• <b>Contact information:</b> Contact information for all services and general enquiries is published on the NWSSP website. There is a dedicated email address for communications and general enquirers which is checked regularly by communications staff.</li> <li>• <b>Complaints/Concerns:</b> A dedicated email address is used for complaints; these are acknowledged and responded to within timescales defined in the organisation's protocol. The</li> </ul>	
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		<p>email address is highlighted on a dedicated page within the NWSSP external website.</p> <ul style="list-style-type: none"> <li>• <b>A Communications &amp; Engagement Strategy:</b> Has been developed for the organisation with an action plan supporting the aims of the strategy. This plan is currently being reviewed with the senior management team and priorities for action agreed.</li> <li>• <b>Digital signage system</b> – there are TV screens in key locations that provide staff and visitors with important information about NWSSP’s performance, profile and purpose.</li> <li>• <b>ILM/Customer Service/Specialist Training:</b> These include ILM Level 5 Diploma, ILM Level 3 Certificate, Customer Service NVQs, Warehousing, Distribution &amp;Storage, CIPD, CIPS and Business Improvement NVQ</li> <li>• <b>PIP Programme:</b> A Personal Improvement Programme (PIP) for NWSSP staff has been launched which focuses on techniques to enhance and staff wellbeing and productivity.</li> <li>• <b>Surveys:</b> Identify any areas of weakness and action plans produced in conjunction with this to mitigate risks.</li> <li>• <b>Peer review meetings</b></li> <li>• <b>Quarterly review meetings</b></li> <li>• <b>minutes of meetings,</b></li> <li>• <b>SSPC reports</b></li> <li>• <b>Audit committee reports,</b></li> </ul> <p>Service users are kept informed about the full range and locations of services NWSSP provides through:</p> <ul style="list-style-type: none"> <li>• Website</li> <li>• Intranet</li> <li>• Integrated Medium Term Plan (IMTP)</li> <li>• Annual Review</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Face to face meetings</li> </ul> <p>Members of the public can feed views to NWSSP and we can in turn respond to queries feedback via email, letter, telephone call, in person, through corporate reports, magazines, web articles or through twitter.</p> <p>NWSSP are required to adhere to the Velindre NHS Trust policies on information sharing and attend the Velindre IG &amp; IMT meeting to monitor information governance procedures and compliance. Individual directorates have a heightened awareness of the importance of Data Protection compliance, for example the Primary Care Services team managing the publication of aggregated prescription data to the public and the publication of aggregated dispensing data to the public.</p> <p>NWSSP ensures that all of its public facing information is provided in a bilingual format, in both English and Welsh. Any requests received for information in an alternative language are managed by the communications team.</p> <p>As a hosted organisation NWSSP are required to comply with the Velindre NHS Trust Welsh Language scheme which includes adhering to the More than Just Words strategic framework and the Welsh Language (Wales) Measure</p>	
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**Standard 3.3** Quality Improvement, Research and Innovation Services engage in activities to continuously improve by developing and implementing innovative ways of delivering care. This includes supporting research and ensuring that it enhances the efficiency and effectiveness of services.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Local capacity and capability is developed to support and enable teams to identify and address local improvement priorities, including participation in audit and recognised quality improvement methodologies, activities and programmes	Not Applicable	-
2	Progress is measured, recorded and learning is shared	Not Applicable	-
3	There is consistent application of the principles and requirements of the Framework for Health and Social Care Research and Development	Not Applicable	-
4	Research and innovation has a direct impact on improving the efficiency and effectiveness of services, delivering better	NWSSP is proactive in reviewing performance and utilising business intelligence to review its own service outputs. NWSSP is a member of the UK Benchmarking group.	All

	health and well being outcomes for people, and improving the experience of care	The Health Courier Service (HCS) is a member of the NHS Transport & Logistics Best Practice Group which meets quarterly. The group shares best practice, policy and documents and also undertake benchmarking exercises	
5	There is a structured approach to promoting and supporting research and Innovation and it is applied in every day practice	Not Applicable	-
6	There is clear visible leadership and a strong collaborative approach with university and industry partners	<p>The Workforce, Education and Development Services (WEDS) have developed external partnership working and collaboration with university and industry partners to support the workforce plans produced by the Health Boards and NHS Trusts across Wales. The WEDS team establish how many training places are required each year for the following professional staff groups:</p> <ul style="list-style-type: none"> <li>• doctors,</li> <li>• dentists,</li> <li>• <u>nurses</u>,</li> <li>• <u>midwives</u>,</li> <li>• allied health professionals (AHP),</li> <li>• <u>healthcare scientists</u> (HCS),</li> <li>• psychologists and</li> <li>• pharmacists.</li> </ul> <p>These training numbers, together with workforce analysis and evidence, are presented to a Strategic Education Development Group (SEDG) in November each year. SEDG scrutinises WEDS' thinking and ensures they are satisfied that the proposals are sufficient to meet the needs of service. The Welsh Government (WG) considers SEDG's recommendations and provides a final set of training numbers and a budget back to WEDS, which then Contracts with the Education sector to deliver the training. The</p>	<p>Director of Finance &amp; Corporate Services</p> <p>Director of WEDS</p>

		<p>numbers are usually finalised in February, for the following September's admissions.</p> <p>The NWSSP contracts mainly with the University sector for the provision of undergraduate/pre registration training. We contract for all groups except Doctors and Dentists (they are funded directly by WG).</p> <p>About half of NWSSP's budget funds bursaries, salaries, expenses and allowances for students. The remaining budget funds the University courses. NWSSP (WEDS and finance colleagues) negotiate a fee per student for each student on each programme. The aim is to obtain high quality health education that provides good value for money for the NHS, while supporting our education partners. As well as considering the prices we pay, we look at key performance indicators relating to programmes (e.g. the number and quality of applicants and attrition from programmes), through a series of contracting meetings throughout the year.</p> <p>By controlling the numbers going through professional training, NWSSP is able to match the output from health professional training to the available jobs. It is not in the interest of the NHS or the public purse to train health professionals whose skills and knowledge cannot then be utilised. As an NHS organisation dealing directly with Universities, NWSSP is able to ensure that the budget is utilised efficiently. We have been able to demonstrate this by maintaining training numbers at a time of financial constraint. It is also worth noting that Wales has some of the lowest attrition from programmes in the UK, when compared with figures in NHS England.</p>	
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		<ul style="list-style-type: none"> <li>• A review of the key achievements in 2017/2018 include: <ul style="list-style-type: none"> <li>○ commissioning of and delivery of workforce planning training,</li> <li>○ supporting Welsh Government and Directors of Workforce, Education and Development to update the workforce strategy and planning section of their Integrated Medium Term Plan's (IMTP),</li> <li>○ setting up a "Workforce planning Network for Wales" with a shared knowledge management hub through SharePoint,</li> <li>○ Commissioning the Centre for Workforce Intelligence (CfWI) to undertake medical workforce modelling</li> <li>○ in house development of a "Nurse Workforce Supply/Demand" model which looked at the impact of overseas recruitment, data on Welsh nurses graduating employed in Wales impact and fluctuation, training 1,000 nurses in Wales per annum</li> <li>○ utilising business intelligence data for complex pay modelling to support the work of the Wales Strategic Pay Modelling Group, which includes an incremental drift model and a living wage model</li> <li>○ detailed data reports for Welsh Government Pay Review Body evidence</li> <li>○ workforce interactive benchmarking tools, including Age Profiling tool, skills mix analyser, workforce interactive tool and an Agency and locum tool</li> <li>○ development of a Wales Workforce Measures Dashboard with the Directors of WODS</li> <li>○ development of an all Wales Emergency Nurse Practitioner (ENP)/ Exposure Prone Procedures (EPP) training course to support Emergency medicine</li> </ul> </li> </ul>	
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		<ul style="list-style-type: none"> <li>○ development of an all Wales Health Care Support Worker (HCSW) Career Framework and an All Wales Allied Healthcare Professionals framework</li> </ul> <p>A new NHS careers website was launched in 2017 to support recruitment processes.</p> <p>SG advised that given the increased expectation and demands from stakeholders concerning an increased appetite for business intelligence data, pressures for workforce configuration/redesign and changes to education provision that proactive work was being undertaken to manage demand for services in 2017/2018 and beyond. The future opportunities included:</p> <ul style="list-style-type: none"> <li>○ The creation of "Health Education Improvement Wales (HIEW) as a new special health authority in 2018</li> <li>○ the decision by NHS England to cease the NHS England Bursary system and stop paying student tuition fees could have an impact on Wales, however no decision was likely until post Welsh Government elections.</li> <li>○ the forecast for an increase in potential nursing staff for 2017/2018 were likely to be the highest since 2003, which would require additional investment and medical workforce planning</li> <li>○ harnessing the knowledge and experience of long serving medical staff who were due to retire by employing them on short term Bank Contracts to fill the skills gap</li> </ul> <p>NWSSP also manages the Student Awards Services NHS Wales Bursary Scheme, which provides funding for healthcare students on NHS funded courses in Wales and Welsh domiciled medical and dental students within the UK.</p>	
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7	Quality of clinical records is improved through implementing standards which enable re-use of the data for research	See 3.4 and 3.5	<p>Director of PCS</p> <p>Director of Finance and Corporate Services (SIRO)</p>

<b>Standard 3.4 Information Governance and Communications Technology</b> Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services. Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework			
	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Safe and secure information systems are developed in accordance with legislation and within a robust governance framework	<p>NWSSP's information systems are supported through a Service Level Agreement (SLA) with the National Informatics Service (NWIS) who ensure that all electronic information systems are safe and secure in accordance with legislation.</p> <p>We also adhere to the Velindre NHS Trust Records Management policy and ensure that all electronic and hard copy information is safe and secure. There are also local procedures and guidance available for staff.</p> <p>The NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant Information Governance law, regulations and Information Commissioners Office guidance when required.</p> <p>NWSSP Information Governance Steering Group monitor information governance compliance and report directly to the SMT who assess and mitigate against information risks as part of its monthly review of risk management. The Audit committee monitor that there are effective governance procedures in place on behalf of the SSPC and the Managing Director submits an Annual Governance statement to both Committees to</p>	SMT

		<p>demonstrate that there are robust governance arrangements and effective systems for internal control in place.</p> <p>The Director of Finance and Corporate Services is the Senior Information Risk Owner (SIRO) in relation to information governance and the Caldicott Guardian for NWSSP is Dr Rhydian Hurle, medical Director NWIS.</p> <p>NWSSP participated in the Information Commissioner's Office (ICO) Information governance training across NHS Wales in 2017 and the findings were positive with minor recommendations for improvement. The action plan is being led through the IG steering group.</p> <p>All requests received under the Freedom of Information Act, the Environmental Information Regulations and the Data Protection Act are managed and co-ordinated through the Information Governance Manager within the corporate services department.</p> <p>NWIS undertake Privacy Impact Assessments (PIA's) for all of NWSSP projects and proposed changes to working practices that involve the use of identifiable information to ensure that privacy is built in from the start. The Information Governance Manager reviewed the existing process in 2017.</p> <p>NWSSP complete the annual Caldicott Principles into Practice (CPIP) self-assessment which is approved by the SMT. The Information Governance Manager is working with the NHS Wales Information Governance Management Group (IGMAG) to consider introducing an IG toolkit to supersede the C-PIP from 2018 onwards which will support NHS bodies in Wales to</p>	
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		<p>measure information governance performance, similar to the approach taken in NHS England.</p> <p>As part of the internal audit functions annual programme for work information governance was audited in 2017 and was assessed as having a substantial assurance rating in relation to General Data Protection Regulation (GDPR) preparedness.</p> <p>NWSSP manages access control to systems and data through the active directory (NADEX), password control for various systems and encryption standards as dictated by NWIS.</p> <p>All information governance breaches are required to be reported on to the Datix incident reporting software system. NWSSP adhere to the Velindre Information Governance policy and NWSSP have also introduced its own IG protocols, including an IG confidentiality breach reporting protocol and investigation process.</p> <p>NWSSP is currently developing its own privacy impact assessments to ensure appropriate Data Protection and IG compliance by our Data Processors. The IG steering group comprises of Information Asset Owners who have collectively contributed to devising an information asset register for NWSSP.</p> <p>ISO 27001 Information Security for Procurement Services and Specialist Estates</p> <p>ISO 9001 Quality Management system held by Specialist Estates and Procurement Services</p>	
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		<p>Policies and procedures are in place to highlight risks and escalate problems</p> <p>Paper filing systems are located in secure areas and, are protected from fire and away from bright light or risk of damage from water.</p> <p>Paper filing systems containing patient or person identifiable and business sensitive information are stored in safe, secure and lockable cabinets and housed appropriately.</p> <p>Electronic systems are located in safe, secure areas which are backed up on a regular basis and are filed in relevant topical folders, not within staff personal folders.</p> <p>The safe storage of national systems and third party electronic systems hosted outside of the organisation all comply with legislation, guidance and audits e.g. the ESR ISAE audit and assurance report.</p> <p>Only authorised personnel can access sensitive. Electronic records can only be accessed if authorisation has been given to access to files usually be way of password control.</p> <p>Third party systems such as E-expenses are only used where they individually demonstrate an appropriate level of security and are supported by the ESR provider (McKesson).</p> <p>All records relating to the Student Awards BOSS system are stored electronically and only staff that have been given the appropriate permissions are able to log onto the system and retrieve records.</p>	
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		<p>Secure maintenance of records is demonstrated by compliance with system data definitions, data sets, user manuals and training</p> <p>Data accuracy is achieved where possible by utilising data verification tools and agreed end to end best practice processes</p> <p>Access to confidential data is e.g. workforce data (ESR) is securely controlled via user responsibility profiles linked to functional job roles</p> <p>Safe disposal/archiving of data is achieved by adopting end to end processes</p> <p>Electronic systems are easily accessible to all appropriate staff with restricted access to folders/files containing patient or person identifiable information</p> <p>Film, CCTV, sound recordings and video-tapes are stored in metal, cardboard or inert plastic containers, and placed vertically on metal shelving.</p>	
2	Processes exist to operate and manage information and data effectively, to maintain business continuity and support and facilitate patient care and delivery	<p>Standard operating procedures exist and are regularly tested by both internal audit and where appropriate through the Welsh Audit Office</p> <p>NWSSP has the following processes in place:</p> <ul style="list-style-type: none"> <li>• Periodic reviews take place within all services of the quality of records to ensure they are accurate and complete. Regular</li> </ul>	SMT

		<p>audits of systems are carried out within Primary Care Services ensuring all records are fit for purpose.</p> <ul style="list-style-type: none"> <li>• NWSSP does not have its own policy for creating, maintaining and destroying records but abides by the Records Management Policy of our host organisation Velindre NHS Trust. Departmental protocols are in place with regard to creating, maintaining, monitoring and destroying records within Primary Care and Legal &amp; Risk.</li> <li>• A protocol has been developed by W &amp; OD in regard to the management of staff personal files.</li> <li>• Clear arrangements are in place for recording the receipt and return of all documents in relation to the Student Awards BOSS system.</li> <li>• To ensure information is easily retrievable document naming conventions should be/ are in place to ensure ease of document retrieval.</li> <li>• All NWSSP records are Public Records under the Public Records Act and are kept in accordance with statutory provisions which include: <ul style="list-style-type: none"> <li>○ Data Protection Act 1988</li> <li>○ Freedom of Information Act 2000</li> <li>○ Public Records Acts 1958</li> <li>○ Caldicott Report 1997</li> <li>○ Records Management: NHS Code of Practice March 2006</li> <li>○ Lord Chancellor's Code of Practice on the Management of Records published by requirement of law under Section 46 of the Freedom of Information Act 2000</li> </ul> </li> <li>• The lengths of documentation retention periods are dependent on the type of record stored, its importance to the</li> </ul>	
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		<p>organisation and the legal requirements. Significant amounts of documentation within NWSSP contain personal, sensitive or confidential information. Robust mechanisms are in place ensuring the safeguarding of confidential information e that confidential information is safeguarded. Procurement Services hold ISO 27001 Information Security management certification at a number of its key sites.</p> <ul style="list-style-type: none"> <li>• Confidential employee documents used for Payroll and Recruitment purposes are maintained for timescales consistent with the appropriate legislative body e.g. HMRC, Disclosure and Barring service, National Standards for safe recruitment.</li> <li>• When information is destroyed or archived, dependant on the nature of its destruction or archiving, whether it contains personal, sensitive or confidential information it is either shredded, or destroyed via the confidential records process. When contractors are used for disposal of confidential records they are required to sign confidential undertakings and produce written certification as proof of destruction.</li> <li>• Confidential waste paper is bagged or boxed and placed in designated confidential waste containers for collection by an approved supplier/contractor.</li> <li>• NWSSP along with all NHS organisations have a legal responsibility to maintain records safely and securely under Principle 7 of the Data Protection Act. Original copies of patients records which are requested under a subject access request are not provided with original records ( even if it has reached the end of the recommended retention period and is due for destruction) unless permission has been granted by the Lords Chancellor in accordance with s.3(6) of the Public Records Act.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Some records may be identified for transfer to the Public Records Office for permanent preservation or release to the public. When reviewing records for public release it is ensured that public records become available at the earliest possible time in accordance with the Freedom of Information Act.</li> <li>• Transfer to the Public Records Office takes place by the time the records are 30 years old unless the Lord Chancellor gives permission for them to be retained for a longer period of time.</li> <li>• If records are found to contain information exempt under the Freedom of Information Act, a schedule is prepared and submitted to the Public Records Office identifying the information precisely, citing the relevant exemptions and either an appropriate release date or a date at which a case for release could be reconsidered.</li> <li>• Documentation between NWSSP (WEDS) and universities setting out contractual requirements is based on legal and procurement advice sought from experts in their field.</li> </ul> <p>Velindre policies and local practices on information management and information governance are issues to staff through intranet pages, staff bulletins, information governance steering group meetings, Q&amp;A sessions , local IG point of contact through the Information Governance Manager, posters and so forth. This provides staff with a source of information and ensures that the importance of effective Information Governance is signposted as broadly as possible.</p> <p>As a hosted organisation under Velindre NHS Trust we are required to take cognisance of their GC 12 Business Continuity Management Policy and ensure that NWSSP has effective strategies in place for:</p> <ul style="list-style-type: none"> <li>• People – the loss of personnel due to sickness or pandemic</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Premises – denial of access to normal places of work</li> <li>• Information Management and Technology (IM &amp; IT) and communications/ICT equipment issues</li> <li>• Suppliers internal and external to the organisation</li> </ul> <p>NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify assess and implement applicable legislation and regulation requirements related to the continuity of operations, services as well as the interests of interested parties. At present there are local directorate procedures in place for ensuring business continuity arrangements are in place for key services, however the separate arrangements pose a significant risk as there is no "Resilience Lead" to monitor, co-ordinate and test business continuity plans.</p> <p>In addition, the Caldicott Principles Into Practice (CPIP) annual self-assessment also assesses if organisations have up to date and tested business continuity plans in place for all of their critical infrastructure components and core information systems.</p> <p>individual directorates have their own plans in place for staff and operational resilience specific to their areas, e.g. Health Courier Service has robust BCP in place to ensure effective frontline delivery of services and an on-call rota to ensure effective communication outside of normal working hours.</p> <p>There are also, robust "building continuity plans" in place for the main sites at Matrix House, Swansea, Mamhilad, Pontypool, Companies House, Cardiff and Alder House, St Asaph, which are maintained and monitored by the Business Support Managers.</p>	
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		<p>To ensure effective arrangements are in place for business continuity across NWSSP's services and to provide an assurance to Health Boards/Trust's that we have contingency arrangements in place to ensure service delivery, in 2017 the SMT considered a proposal to undertake a review of all of NWSSP's business continuity arrangements and that the following actions be undertaken:</p> <ul style="list-style-type: none"> <li>• Professional Business Continuity Training to be provided to SMT</li> <li>• Overarching Business Continuity Plan for NWSSP to be devised, incorporating separate schedules for different service areas. The plan should be tested annually.</li> <li>• Business continuity lead to be identified to lead progress</li> <li>• Business continuity planning risk (5.5) to be escalated to red on the corporate risk register</li> <li>• The Senior Information Risk Owner (SIRO) to ensure that a business continuity strategy is put in place for all critical Information Assets, systems and processes, including those provided under service contract or agreement by third parties.</li> <li>• Introduce a Major Media Incident plan, which is supported by an on call rota for SMT</li> <li>• Consider NWSSP attending Local Resilience Forum's led by Welsh Government, which involved Health Board's Trusts, Local Authorities, Police Forces etc</li> </ul> <p>The SLA with NWSI for IT support would be in compliance with the International Standards for Information Security and NWSSP has ISO 27001 Information security accreditation for Procurement Services.</p>	
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		<p>All NWSSP staff are required to complete the online statutory and mandatory training modules of the Core Skills Training Framework. The framework comprises of 10 mandatory modules which must be completed every 2 years which include module on information governance. This includes senior professionals. As part of the Information Commissioner's Office (ICO) IG training audit one of the recommendations was to ensure that students and agency workers were given IG training as part of their induction and this is being addressed by the Learning &amp; Development team and progress is monitored through the IG steering group.</p> <p>In addition, a number of face to face training courses are provided to staff on information governance which includes the importance of safe data management. The corporate induction training day includes a session on information governance.</p> <p>Staff responsible for records management and specialist data management receive bespoke face to face IG training, for example the Primary Care Services (PCS) team.</p> <p>NWSSP's Caldicott Guardian, Dr Rhydian Hurle has received IG training to support them in the role and the Director of Finance &amp; Corporate Services has received training on the role of the Senior Information Risk Owner (SIRO).</p> <p>Staff training in Information Governance and Security is recorded on the ESR system and monitored by the workforce team, IG steering group and SMT. Directors are informed of any staff that have not completed the IG training module in an effort to achieve the % compliance met.</p>	
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		<p>The nominated leads for Information Governance are:</p> <ul style="list-style-type: none"> <li>• Caldicott Guardian , Rhidian Hurle, Clinical Director at NWIS and undertakes the role of Caldicott guardian for NWSSP.</li> <li>• Senior Information Risk Owner (SIRO) –the Director of Finance and Corporate Services within NWSSP. SIRO support is provided by the Head of Corporate Services and the Information Governance Manager.</li> <li>• Data Protection officer – the role of Data Protection Officer is undertaken by the Information Governance Manager</li> <li>• Subject Access Request (SAR) – this is undertaken by the Information Governance Manager</li> <li>• FOI – managed by the Head of Corporate Services &amp; Information Governance Manager</li> <li>• IT security/records management – the Head of IT manages the information security and records management</li> <li>• Quality Manager, Procurement Services leads the ISO 27001 Information Security management certification at a number of its key sites</li> </ul> <p>NWSSP has robust audit and monitoring processes in place to manage the appropriate access and use of data by staff, including:</p> <ul style="list-style-type: none"> <li>• The design and preparation of any new records will be subject to rigorous scrutiny prior to implementation. Dependent on the nature of documentation it will be reviewed prior to implementation by the department concerned, and the Senior Management. Records are designed and published for use by appropriate senior management or representative forums. Where appropriate records can be accessed from the intranet and are also stored on electronic departmental shared drives.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Periodic reviews take place within all services of the quality of records to ensure they are accurate and complete. Regular audits of systems are carried out within Primary Care Services ensuring all records are fit for purpose.</li> <li>• NWSSP does not have its own policy for creating, maintaining and destroying records but abides by the Records Management Policy of our host organisation Velindre NHS Trust. Departmental protocols are in place with regard to creating, maintaining, monitoring and destroying records within Primary Care and Legal &amp; Risk.</li> <li>• A protocol has been developed by W &amp; OD in regard to the management of staff personal files.</li> <li>• Clear arrangements are in place for recording the receipt and return of all documents in relation to the Student Awards BOSS system.</li> <li>• To ensure information is easily retrievable document naming conventions should be/ are in place to ensure ease of document retrieval.</li> <li>• All NWSSP records are Public Records under the Public Records Act and are kept in accordance with statutory provisions which include: <ul style="list-style-type: none"> <li>○ Data Protection Act</li> <li>○ Freedom of Information Act 2000</li> <li>○ Public Records Acts 1958 and 1967</li> <li>○ Caldicott Report 1997</li> </ul> </li> </ul>	
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		<ul style="list-style-type: none"> <li>○ Records Management: NHS Code of Practice March 2006</li> <li>○ Lord Chancellor's Code of Practice on the Management of Records published by requirement of law under Section 46 of the Freedom of Information Act 2000</li> </ul> <p>The lengths of documentation retention periods are dependent on the type of record stored, its importance to the organisation and the legal requirements. Significant amounts of documentation within NWSSP contain personal, sensitive or confidential information. Robust mechanisms are in place ensuring the safeguarding of confidential information e that confidential information is safeguarded. Procurement Services hold ISO 27001 Information Security management certification at a number of its key sites.</p> <ul style="list-style-type: none"> <li>• Confidential employee documents used for Payroll and Recruitment purposes are maintained for timescales consistent with the appropriate legislative body e.g. HMRC, Disclosure and Barring service, National Standards for safe recruitment.</li> <li>• When information is destroyed or archived, dependant on the nature of its destruction or archiving, whether it contains personal, sensitive or confidential information it is either shredded, or destroyed via the confidential records process. When contractors are used for disposal of confidential records they are required to sign confidential undertakings and produce written certification as proof of destruction.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Confidential waste paper is bagged or boxed and placed in designated confidential waste containers for collection by an approved supplier/contractor.</li> <li>• NWSSP along with all NHS organisations have a legal responsibility to maintain records safely and securely under Principle 7 of the Data Protection Act. Original copies of patients records which are requested under a subject access request are not provided with original records ( even if it has reached the end of the recommended retention period and is due for destruction) unless permission has been granted by the Lords Chancellor in accordance with s.3(6) of the Public Records Act.</li> <li>• Some records may be identified for transfer to the Public Records Office for permanent preservation or release to the public. When reviewing records for public release it is ensured that public records become available at the earliest possible time in accordance with the Freedom of Information Act.</li> <li>• Transfer to the Public Records Office takes place by the time the records are 30 years old unless the Lord Chancellor gives permission for them to be retained for a longer period of time.</li> <li>• If records are found to contain information exempt under the Freedom of Information Act, a schedule is prepared and submitted to the Public Records Office identifying the information precisely, citing the relevant exemptions and either an appropriate release date or a date at which a case for release could be reconsidered.</li> </ul>	
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		<ul style="list-style-type: none"> <li>Documentation between NWSSP (WEDS) and universities setting out contractual requirements is based on legal and procurement advice sought from experts in their field.</li> </ul> <p>Any information governance breaches are investigated thoroughly and consequences are determined through the severity of the incident and dealt with through the disciplinary policy is appropriate.</p>	
3	Data and information are accurate, valid, reliable, timely, relevant, comprehensible and complete	<p>NWSSP ensure that its data is robust, accurate and timely and meets national standards through:</p> <ul style="list-style-type: none"> <li>SLA with NWIS</li> <li>Velindre NHS Trust Information Governance policy and NWSSP's IG protocols</li> <li>Standard operating procedures linked to our Key Performance Indicator embedded in Service Level Agreements with Health Boards/Trusts.</li> <li>Quality control processes in a number of transaction processes to ensure the validity, accuracy and timely delivery of services</li> </ul> <p>The PCS function does utilise NHS Numbers in all data systems as a key NHS Wales patient identifier. NWSSP developed an information asset register in 2017 which will ensure that all flows of information are accounted for.</p> <p>NWSSP applies fair processing fair processing information to stakeholders and staff.</p>	SMT

4	Information is used to review, assess and improve services	<p>NWSSP is proactive in reviewing performance and utilising business intelligence to review its own service outputs. NWSSP is a member of the UK Benchmarking group.</p> <p>The Health Courier Service (HCS) is a member of the NHS Transport &amp; Logistics Best Practice Group which meets quarterly. The group shares best practice, policy and documents and also undertake benchmarking exercises. Stakeholders utilise Primary Care data to assess, review and plan service developments</p> <p>The core skills training framework includes a mandatory module on Information Governance and the Information Governance Manager provides staff with information governance training which ensures that staff can use information appropriately in accordance with the Data Protection Act 1998 and other associated legislation and guidance.</p> <p>NWSSP often receive request for information under the freedom of information Act which may be used for research purposes, specifically PCS information for pharmaceutical studies. We do not actively encourage using information for research purposes, however as part of our duties under the Reuse of Public Sector Information Regulations we will be promoting the process to follow for re-using information on our website.</p> <p>When providing information to FOIA requests it is anonymised/ and or redacted to ensure data privacy. Some reports do pseudonymise information for data privacy purposes if required.</p>	SMT
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		For Health and Safety trends are analysed and objectives are set for a two year period which are monitored.	
5	Information is shared with relevant partners using protocols when necessary to provide good care for people	<p>NWSSP does not have a record sharing policy but follows the Data Protection &amp; Confidentiality Policy of our host organisation Velindre Trust and adheres to the Wales Accord on the Sharing of Personal Information (WASPI) and the eight data protection principles which are:</p> <ul style="list-style-type: none"> <li>○ Fair and Lawful</li> <li>○ Specified and Lawful</li> <li>○ Adequate, relevant and non excessive</li> <li>○ Accurate and up to date</li> <li>○ Retained for longer than necessary</li> <li>○ Rights of the Data Subject</li> <li>○ Appropriate Technical measures</li> <li>○ Transfer outside the EEA</li> </ul> <p>Partnership working arrangements are supported by appropriate and secure means of sharing personal information, for example Primary Care Services provide information with partner/stakeholder organisations including Welsh Government, Contractor Representative Bodies, Health Boards and individual primary care contractor, including GP Practices, Community Pharmacies, Ophthalmic practices and Community dentists.</p> <p>NWSSP often receive request for information under the freedom of information Act which may be used for research purposes, specifically PCS information for pharmaceutical studies. We do not actively encourage using information for research purposes, however as part of our duties under the Reuse of Public Sector Information Regulations we will be</p>	SMT



		<p>promoting the process to follow for re-using information on our website.</p> <p>The Information Governance Manager will be reviewing the use of acronyms and whether we have sufficient processes to avoid them in the future.</p>	
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**Standard 3.5 Record Keeping**

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Paper and electronic clinical record quality is improved through adoption of the Academy of Medical Royal Colleges standards for the clinical structure and content of patient records.	Not Applicable	-
2	Clear accountability for record keeping supports effective clinical judgements and decisions.	Not Applicable	-
3	There is effective communication and sharing of information between members of the multi-professional healthcare team and the patient	Not Applicable	-
4	Record keeping supports clinical audit, research, allocation of resources and performance planning.	Not Applicable	-

5	Evidence shows how decisions relating to patient care were made	Not Applicable	-
6	Identification of risks enables early detection of complications	Not Applicable	-
7	Record keeping supports the delivery of services, patient care and communications	Not Applicable	-
8	Records are designed, prepared, reviewed and accessible to meet the required needs	Not Applicable	-
9	Records are stored securely, maintained, are retrievable in a timely manner and disposed of appropriately	Not Applicable	-
10	Records are accurate, up-to-date, complete, understandable and contemporaneous in accordance with professional standards and guidance; and shared when appropriate	Not Applicable	-
11	People's personal records are regularly updated and available to them. To ensure	Individual directorates are responsible for managing personal records and for complying with the provisions of the Data Protection Act 1998.	SMT Information Governance

	confidentiality, they are kept secure and comply with the Data Protection Act 1998	NWSSP adhere to the Velindre policy on dealing with requests for records under the Data Protection Act 1998 or the Freedom of Information Act 2000 and Environmental Information Regulations 2004.	Steering Group
12	Care, treatment and decision making is supported by structured, accurate and accessible patient records documenting the conversations between people and health professionals and the resulting decisions and actions taken and reflects best practice founded on the evidence base.	Not Applicable	-

Theme 3 - Self Assessment Rating - Effective Care					
Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating				✓	
<b>Comments:</b> A list of actions to strengthen compliance is outlined within the action plan.					

### **Theme 4 – Dignified Care**

<b>Standard 4.1 Dignified Care</b> People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs			
	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	People are treated with respect, courtesy and politeness.	Not Applicable	-
2	People are able to access free and independent advice so they can make choices about their care and lifestyle.	Not Applicable	-
3	Individuals are addressed by their preferred name	Not Applicable	-
4	Welsh Language needs are responded to sensitively.	Not Applicable	-
5	Confidentiality, modesty, personal space and privacy are respected especially in hospital wards, public spaces and reception areas	Not Applicable	-
6	People's feelings, needs and problems are actively	Not Applicable	-

	listened to, acknowledged and respected.		
7	All care is recognised as holistic and includes a spiritual, pastoral and religious dimension	Not Applicable	-
8	Information and care are always provided with compassion and sensitivity. Ensuring that people and their carers have the freedom to act and decide based on opportunities to participate and on clear and comprehensive information	Not Applicable	-
9	Consideration is given to people's environments and comfort so they may rest and sleep	Not Applicable	-
10	People are helped to be as comfortable and pain free as their condition and circumstances allow.	Not Applicable	-
11	People are supported to be as independent as possible in taking care of their personal hygiene, appearance and feet and nails.	Not Applicable	-
12	People are supported to maintain a clean, healthy,	Not Applicable	-

	comfortable mouth and pain-free teeth and gums, enabling them to function as normal (including eating and speaking) and prevent related problems		
13	Continence care is appropriate and discreet and prompt assistance is provided as necessary taking into account peoples' specific needs and privacy	Not Applicable	-
14	People are supported to feel confident to talk through all aspects of their care including sensitive areas such as life expectancy. Advanced care planning, end of life care and addressing the needs of the dying and as good a death as practical for the individual and their family is a key part of dignified care.	Not Applicable	-



**Standard 4.2 Patient Information**

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	People's rights and individual circumstances are respected so they have a voice and control, empowering them to make decisions that affect their lives	Not Applicable	
2	Welsh speakers are empowered to express their needs and they are able to fully participate in their care as equal partners. Where needed people are provided with access a translator or a member of staff with appropriate language skills.	Not Applicable	-
3	Health, personal and social care needs are assessed and set out in regularly reviewed plans of care	Not Applicable	-
4	Assistance or specialist aids are provided to those with speaking, sight or hearing	Not Applicable	-

	difficulties, special needs such as memory problems or learning disabilities, enabling them to receive and respond to information.		
5	People are consulted about any treatment and care they are to receive and opportunities provided to discuss and agree options.	Not Applicable	-
6	People's personal records are kept safe regularly updated and available to them.	Not Applicable	-
7	Time is taken to listen and actively respond to any questions and concerns that the individual or their relatives may have, treating their information confidentially.	Not Applicable	-
8	Valid consent is obtained in line with best practice guidance; and assessing and caring for people in line with the Mental Capacity Act 2005, and when appropriate the Deprivation of Liberty Safeguards 2009	Not Applicable	-

9	Timely and accessible information is provided on people's conditions and care, medication, treatment and support arrangements.	Not Applicable	-
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#### Self Assessment Rating – Theme 4 - Dignified Care

Assessment Level	<b>1</b> We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	<b>2</b> We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	<b>3</b> We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	<b>4</b> We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	<b>5</b> We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating	n/a	n/a	n/a	n/a	n/a

#### Comments:

Due to the non-clinical services provided by NWSSP the sub-criteria were NOT applicable to the services that NWSSP provide.



### Theme 5 – Timely Care

<b>Standard 5.1 Timely Access</b> All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff			
	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	People's health outcomes are monitored in order to ensure they receive care in a timely way.	Not Applicable	-
2	All aspects of care are provided, including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with national timescales, pathways and best practice	Not Applicable	-
3	Conditions are diagnosed early and treated in accordance with clinical need.	Not Applicable	-
4	Accessible information and support is given to ensure people are actively involved	Not Applicable	-

	in decisions about their care		
5	There is compliance with the NHS Outcomes and Delivery framework relating to timely care outcomes.	Not Applicable	-

Self Assessment Rating – Theme 5 - Timely Care					
Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating	n/a	n/a	n/a	n/a	n/a
<b>Comments:</b> Due to the non-clinical services provided by NWSSP the sub-criteria were NOT applicable to the services that NWSSP provide.					





### Theme 6 – Individual Care

<b>Standard 6.1 Planning Care to Promote Independence</b> Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well-being.			
	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	People are supported to engage and participate in their care and feel valued in society	Not Applicable	-
2	People are treated with the understanding that they have the right to be who they are, to be understood, considered and recognised as an individual	Not Applicable	-
3	Sufficient time is available to support and encourage people to care for themselves, and supporting carers where individuals are unable to care for themselves	Not Applicable	-
4	Support is given to ensure that people have the right	Not Applicable	-

	to make decisions about their life.		
5	The care that people receive will respect their choices in making the most of their ability and desire to care for themselves.	Not Applicable	-
6	Ongoing assessment and individual care planning involving all those relevant to the person's care, forms the basis of the plan of activities and care. This takes account of the person's requirements, strengths, abilities and potential	Not Applicable	-
7	Patients receiving secondary mental health services subject to the Mental Health (Wales) Measure 2010 must have a statutory outcome focussed care and treatment plan that must be regularly reviewed.	Not Applicable	-
8	Where possible, people are shown different ways of doing things to help them to be independent.	Not Applicable	-

9	<p>If appropriate, people are offered equipment to help them walk, move, eat, hear and see.</p> <p>This equipment is well maintained, and if provided for a specific person is kept for their own use.</p>	Not Applicable	-
10	<p>People's ability to care for themselves is fostered and their NHS/care environment is as accessible, comfortable and safe as possible.</p>	Not Applicable	-
11	<p>People are encouraged to be active taking appropriate exercise and/or recreation as far as their condition allows.</p>	Not Applicable	-
12	<p>Healthcare workers are sensitive to people's linguistic needs and people will receive services through the medium of Welsh as a natural part of their care. People are shown respect for their cultural identity and are able to access Welsh language services</p>	Not Applicable	-

	without any obstacles, although not everyone responsible for their care will speak Welsh		
13	Public information will be easily accessible to ensure people take responsibility to access care appropriately	Not Applicable	-
14	There is effective transition from children to adult services	Not Applicable	-
15	Health, personal and social care needs are assessed and set out in regularly reviewed plans of care agreed by the individual and the people caring for them. The plan is only shared with others with the service user's consent	Not Applicable	-
16	People are supported to get help, when they need it in the way they want it.	Not Applicable	-
17	Support is provided to develop competence in self-care and promote rehabilitation and re-enablement; and achieve effective partnership working with other	Not Applicable	-

	services and organisations, including social services and the third sector		
18	Health services will work with community groups for example those who can help support people with protected characteristics.	Not Applicable	-

**Standard 6.2 Peoples Rights**

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Needs of individuals are recognised and addressed whatever their identity and background, and their human rights are upheld.	<p>All NWSSP staff are required to complete the online statutory and mandatory training modules of the Core Skills Training Framework. The framework comprises of 10 mandatory modules which must be completed every 2 years and completion of the modules develops staff awareness and understanding so that they are able to provide a high quality service to people from diverse backgrounds and with different needs. The ten modules are::</p> <ul style="list-style-type: none"><li>• Health &amp; Safety</li><li>• Fire safety</li><li>• Resuscitation</li><li>• Information Governance</li><li>• Infection Control</li><li>• Safeguarding Children</li><li>• Safeguarding Adults</li><li>• Manual Handling</li><li>• Equality – Treat Me Fairly</li><li>• Violence &amp; Aggression</li></ul> <p>In addition, a number of face to face training courses are provided to staff including corporate induction training, fire safety, people management skills for managers, stress awareness, information governance and Welsh language awareness.</p>	All

		<p>Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes: Ethnic Origin; Nationality; Country of Birth; Religious Belief, Sexual Orientation and Welsh language competencies. Any specific needs identified are addressed as required, for example a personal evacuation chair for a member of staff who was unable to use the stairs in the event of an emergency, specialist seating and desks for staff with spinal problems etc. Our equality information helps us identify and understand potential key equality issues across our functions including employment and service delivery areas. Where appropriate we will use the findings to develop our equality objectives</p> <p>NWSSP complies with the Equality and Diversity Policies of the host Trust Velindre and the all Wales policies are available for staff to view on the intranet:</p> <ul style="list-style-type: none"> <li>○ Dignity at Work</li> <li>○ Raising Concerns (Whistle blowing) Policy</li> <li>○ Standards of Behaviour Framework Policy.</li> </ul> <p>Our host has an Equality and Diversity Manager, who holds regular workshops, training and sends out communications on areas equality, diversity and the promotion of dignity and respect for Velindre and shares the information if required.</p>	
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		<p>The Assistant Director of Workforce and Organisational Development is a member of the host organisations "Equality Monitoring Group". Equality and Diversity is a core dimension in KSF and is firmly embedded within the Performance Appraisal Development Review (PADR) process.</p> <p>NWSSP aims to be a supportive place to work as well as ensuring the service it provides does not in any way have a negative impact in discrimination against staff, patients, and stakeholders. Working in partnership with Trade Union colleagues, NWSSP endeavour to undertake equality impact assessments when considering changes to policies, practises or proposed service changes to policies, practices or proposed service change, where relevant.</p> <p>The Director of Finance and the Head of Corporate Services are members of the NHS Wales Centre for Equality and Human Rights (CEHR) Business Planning group and NWSSP are in the process of seeking assistance from the CEHR to devise a bespoke equality impact assessment proforma for NWSSP.</p> <p>NWSSP provides a "Core Skills for Managers" Training Programme and the, "Managing Conflict" module, includes an awareness session on the Dignity at Work Policy and Procedure.</p> <p>The "NHS Jobs" all Wales recruitment service, run by NWSSP adheres to all of the practices and principles in accordance with the Equality Act and quality checks the adverts and supporting information to ensure that there are no discriminatory elements.</p>	
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		<p>A recruitment and selection toolkit is available for managers which provides advice and guidance on the equality requirements of the recruitment and selection process.</p> <p>As a hosted organisation under Velindre NHS Trust we are also supported by their Equality &amp; Diversity Manager and we also benefit from the proactive work undertaken to strengthen compliance with equality and diversity legislation, for example the Trust has received the "tick" for Disability and the Welsh Government's sponsored "Rainbow mark" standard for delivering Lesbian, Gay, Bisexual, Transgender (LGBT) Equality across Wales.</p> <p>The WEDS team support NHS Wales to ensure the adequacy of staffing levels of registered nurses and health care support workers to enable the provision of safe, compassionate and dignified nursing care to patients at all times through workforce plans.</p>	
2	Discrimination is challenged, equality and human rights are promoted and efforts are made to reduce health inequities through strategies, equality impact assessment, policies, practices, procurement and engagement.	<p>In accordance with the Velindre policies NWSSP aims to be a supportive place to work as well as ensuring the service it provides does not in any way have a negative impact in discrimination against staff, patients, and stakeholders. Working in partnership with Trade Union colleagues, NWSSP endeavour to undertake equality impact assessments when considering changes to policies, practises or proposed service changes to policies, practices or proposed service change, where relevant.</p> <p>Equality, diversity and human rights are incorporated into the governance considerations on the front cover for all SSPC reports which seeks to reduce health inequalities and promote</p>	ALL

		<p>fair and equal treatment. They will be further incorporated into NWSSP's governance arrangements when the Equality Impact Assessment (EQUIA) template is agreed by SMT in February 2016.</p> <p>Equality and Human rights is promoted the through the "Treat Me Fairly" induction module and through internal communication and training.</p> <p>The Velindre equalities policy follows the Older People's Commissioner Wales' Guidance issued under s.12 Commissioner for Older People (Wales) Act 2006 (February 2013) - Best Practice Guidance on Assessing the Impact on Older People in Wales of Changes by Local Health Boards to Policy and Provision of Services. It also covers a how to recognise and uphold the rights of disabled people in accordance with the UN Convention on the rights of People with Disabilities, the UN Principles for Older People and the UN Convention on the Rights of the Child.</p> <p>As a hosted organisation under Velindre NHS Trust we are also supported by their Equality &amp; Diversity Manager and we also benefit from the proactive work undertaken to strengthen compliance with equality and diversity legislation, for example the Trust has received the "double tick" positive about Disability award. The ESR system monitors disability requirements and workplace assessments are undertaken to ensure that reasonable adjustments are carried out to ensure that services are accessible to disabled people.</p>	
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3	Strategic equality plans are published setting out equality priorities in accordance with legislation.	<p>As our host Velindre NHS Trust consult on the outcomes of their equality objectives in accordance with the Equality Act 2010 and the Public Sector Equality Duty and NWSSP respond and contribute to the overall outcome.</p> <p>As a non-statutory hosted organisation under Velindre NHS Trust NWSSP are required to adhere to Velindre NHS Trust Equality &amp; Diversity policy  <a href="http://howis.wales.nhs.uk/sitesplus/documents/972/Black%2030%20Equality%20and%20Diversity%20Policy1.pdf">http://howis.wales.nhs.uk/sitesplus/documents/972/Black%2030%20Equality%20and%20Diversity%20Policy1.pdf</a> which sets out the Trust's commitment to equality and diversity and the legal setting for doing so.</p> <p>Velindre NHS Trust has an agreed Equality Impacts Assessment (EIA) proforma and a well established EIA Group which meets on a monthly basis. The group comprises of representatives from NWSSP, NWIS, Trade unions, Welsh Language, Training, Finance and other stakeholders who have collective responsibility for reviewing the completed EIA's for policies, projects and service plans.</p> <p>To date, the Assistant Director of Workforce and Organisational Development has attended the Velindre EIA group and going forward the Corporate Governance Manager is leading on equality for NWSSP and will also attend future meetings.</p> <p>NWSSP have been using the Velindre EIA proforma for some of its projects, e.g. Accommodation Strategy for the South East Wales region. However, NWSSP does not have its own process for ensuring consistency in completing EIA's for all of its services. To consider potential options for developing NWSSP's</p>	All

		<p>approach to EIA's, in October 2015 the NHS Wales Centre for Equality and Human Rights (CEHR) facilitated a workshop for the SMT to explain and demonstrate the newly published toolkit for undertaking EIA's and to explore the relevance and need for the introduction of an EIA process specifically for NWSSP.</p> <p>Following on from the workshop the Corporate Governance Manager worked with the CEHR to devise a draft EIA proforma to fit in with NWSSP's services and this has since developed into an Integrated Impact Assessment (IIA) to cover equality and diversity, information governance, sustainability, health and safety and the WBFG.</p>	
4	Care is consistent whatever the age of the person being cared for, so that for example for younger people with serious illnesses should expect an efficient transition from child services to adult services with good communication between those agencies.	Not Applicable	-
5	The rights of children are recognised in accordance with the United Nations Convention on the Rights of the Child (UNCRC).	NWSSP does not have the same services as Health Boards; therefore there will be some gaps and areas which will not be applicable, including Children's Services. This should in no way be interpreted as a lack of commitment.	All

		Our host's policies are inclusive where possible on the Rights of the Child, including, Domestic Abuse policy, Work Life Balance scheme, child protection and Vulnerable Adult training. The Trust is also able to demonstrate support, dignity and respect of children via its initiatives such as Childcare vouchers scheme and school holiday childcare subsidies.	
6	The rights for older people in Wales are recognised in accordance with the Declaration of Rights for Older People in Wales and the UN principles for Older Persons.	The Velindre equalities policy follows the Older People's Commissioner Wales' Guidance issued under s.12 Commissioner for Older People (Wales) Act 2006 (February 2013) - Best Practice Guidance on Assessing the Impact on Older People in Wales of Changes by Local Health Boards to Policy and Provision of Services. It also covers a how to recognise and uphold the rights of disabled people in accordance with the UN Convention on the rights of People with Disabilities, the UN Principles for Older People and the UN Convention on the Rights of the Child.	All
7	The spiritual and pastoral care needs of people and their carers are recognised and addressed.	Not Applicable	-
8	People are encouraged to maintain their involvement with their family and friends and develop relationships with others, according to their wishes.	Not Applicable	-

### Standard 6.3 Listening and Learning from Feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

	<b>Sub Criteria</b>	<b>Evidence</b>	<b>Responsible Person within each Directorate</b>
1	Health services and boards demonstrate how they are responding to user experience to improve services.	<p>Service user experience is obtained from:</p> <ul style="list-style-type: none"> <li>• SSPC meetings and effectiveness surveys</li> <li>• Audit committee meetings and effectiveness surveys</li> <li>• Customer satisfaction surveys</li> <li>• Quarterly review meetings</li> <li>• IMTP peer review workshops</li> <li>• Contract management i.e. home oxygen contract, patient experience questionnaires</li> </ul> <p>NWSSP will consider using the four quadrants of the Service User Experience Framework to ensure you are getting the full range of feedback as part of its corporate communication and engagement strategy going forward.</p> <p>NWSSP use a variety of communication channels to feedback including online surveys through survey-i, paper, social media etc.</p> <p>Several of NWSSP's directorates use customer satisfaction surveys to assess service user's satisfaction with service delivery. This information is analysed by the individual teams and used as evidence as part of the Customer Service Excellence Assessments. The data analysis involves analysing quantitative data and presenting in graph format and qualitative</p>	All

		<p>data through “you said we did”. The customer feedback data is presented in the Annual review document and within individual directorate reports as part of their customer service excellence application.</p> <p>NWSSP would triangulate the service user experience feedback with information received on concerns and serious incidents if required.</p> <p>As a non statutory organisation, NWSSP does not produce its own “Annual Quality Statement” and our services feature as part of the Velindre NHS Trust AQS.</p> <p>NWSSP welcomes feedback in both English and Welsh.</p>	
2	Partners are engaged in supporting and enabling people to be involved in the design planning and delivery of services.	<p>NWSSP is committed to engaging with service users to support and enable people to be involved in the design and planning of services, including:</p> <ul style="list-style-type: none"> <li>• SSPC meetings and horizon scanning workshops</li> <li>• Audit committee meetings</li> <li>• IMTP peer review</li> <li>• The Managing Director and Committee Chair attend Board meetings with the Executive teams at each Health Board/Trust to gain a clearer understanding of their operational requirements</li> <li>• quarterly review meetings with Health Boards/Trusts</li> <li>• Monthly professional peer group meetings, including the Directors of Finance group, the Directors of Workforce &amp; organisational Development and the Board Secretaries Group</li> <li>• Customer satisfaction surveys</li> </ul>	All

		<ul style="list-style-type: none"> <li>• Post-project surveys</li> </ul> <p>Due to the nature of NWSSP's non-clinical services we do not have patient participation groups.</p> <p>NWSSP involve service users in the planning and delivery of services through its consultation process on the 3 year IMTP. NWSSP participate in peer review workshops facilitated by Welsh Government, which act as service user engagement events and provide an opportunity for Health Board's and Trusts to input to NWSSP's three year planning process. In addition, the SSPC have an annual "Horizon scanning" workshop in which they review performance and forecast future priorities.</p> <p>The Velindre equalities policy follows the Older People's Commissioner Wales' Guidance issued under s.12 Commissioner for Older People (Wales) Act 2006 (February 2013) - Best Practice Guidance on Assessing the Impact on Older People in Wales of Changes by Local Health Boards to Policy and Provision of Services. It also covers a how to recognise and uphold the rights of disabled people in accordance with the UN Convention on the rights of People with Disabilities, the UN Principles for Older People and the UN Convention on the Rights of the Child.</p> <p>NWSSP are committed to treating both the English and Welsh language on the basis of equality and all external facing surveys are issued in a bilingual format.</p>	
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3	The patient's and carer's voice is heeded by health services and boards, including through the use of patient stories.	Due to NWSSP's non-clinical services "patient stories" do not feature as part of the SMT or SSPC's agenda. However, NWSSP are proactive in listening and engaging with service users and any patient stories concerning NWSSP's services would be discussed with managers at quarterly review meetings.	SSPC
4	Feedback is captured, published and acted upon in a way that provides an ongoing and continuous view of performance and demonstrates learning and improvement	<p>NWSSP is committed to engaging with service users to support and enable people to be involved in the design and planning of services, including:</p> <ul style="list-style-type: none"> <li>• SSPC meetings and horizon scanning workshops</li> <li>• Audit committee meetings</li> <li>• IMTP peer review</li> <li>• The Managing Director and Committee Chair attend Board meetings with the Executive teams at each Health Board/Trust to gain a clearer understanding of their operational requirements</li> <li>• quarterly review meetings with Health Boards/Trusts</li> <li>• Monthly professional peer group meetings, including the Directors of Finance group, the Directors of Workforce &amp; organisational Development and the Board Secretaries Group</li> <li>• Customer satisfaction surveys</li> <li>• Post-project surveys</li> </ul> <p>Due to the nature of NWSSP's non-clinical services we do not have patient participation groups.</p> <p>NWSSP involve service users in the planning and delivery of services through its consultation process on the 3 year IMTP. NWSSP participate in peer review workshops facilitated by Welsh Government which act as service user engagement events and provide an opportunity for Health Board's and Trusts to input to</p>	All

		<p>NWSSP's three year planning process. In addition, the SSPC have an annual "Horizon scanning" workshop in which they review performance and forecast future priorities.</p> <p>NWSSP's commitment to engaging with its stakeholders is demonstrated through attaining the rigorous Customer Service Excellence Standard for Procurement services, Primary Care Services, Legal and risk services and specialist estates services. In addition, NWSSP as a whole has been assessed against the Wales Quality Award (WQA) excellence model framework derived from the European Foundation for Quality Management (EFQM), which includes a specific focus on "customer results" led through dialogue, feedback and co-production. Customer feedback is included in our Annual review document, which is available through the website.</p>	
5	<p>Service delivery improvement for all people is captured and demonstrated which includes as a consequence meeting statutory responsibilities for children and young people, equality and diversity, and the Welsh language.</p>	<p>NWSSP complies with the Equality and Diversity Policies of the host Trust Velindre and the all Wales policies as listed below :</p> <ul style="list-style-type: none"> <li>○ Dignity at Work</li> <li>○ Raising Concerns (Whistle blowing) Policy</li> <li>○ Standards of Behaviour Framework Policy.</li> </ul> <p>Our host has an Equality and Diversity Manager, who holds regular workshops, training and sends out communications on areas equality, diversity and the promotion of dignity and respect for Velindre and shares the information if required.</p> <p>The Assistant Director of Workforce and Organisational Development is a member of the host organisations "Equality</p>	All

		<p>Monitoring Group". Equality and Diversity is a core dimension in KSF and is firmly embedded within the Performance Appraisal Development Review (PADR) process.</p> <p>NWSSP aims to be a supportive place to work as well as ensuring the service it provides does not in any way have a negative impact in discrimination against staff, patients, and stakeholders. Working in partnership with Trade Union colleagues, NWSSP endeavour to undertake equality impact assessments when considering changes to policies, practises or proposed service changes to policies, practices or proposed service change, where relevant.</p> <p>The Director of Finance and the Head of Corporate Services are members of the NHS Wales Centre for Equality and Human Rights (CEHR) Business Planning group and NWSSP are in the process of seeking assistance from the CEHR to devise a bespoke equality impact assessment proforma for NWSSP.</p> <p>Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes: Ethnic Origin; Nationality; Country of Birth; Religious Belief, Sexual Orientation and Welsh language competencies.</p> <p>Our equality information helps us identify and understand potential key equality issues across our functions including employment and service delivery areas. Where appropriate we will use the findings to develop our equality objectives.</p> <p>All NWSSP staff are required to complete the online statutory and mandatory training modules of the Core Skills Training</p>	
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		<p>Framework. The framework comprises of 10 mandatory modules which must be completed every 2 years, which include</p> <ul style="list-style-type: none"> <li>• Safeguarding Children</li> <li>• Safeguarding Adults</li> <li>• Equality</li> <li>• Violence &amp; Aggression</li> </ul> <p>The % compliance for each of the above is monitored and reported to the SMT on a monthly basis.</p>	
6	It is clear how data reported in national surveys and audits are used and applied	<p><b>Surveys</b></p> <p>Our Directorates have well established systems in place for collecting information from their customers, including:</p> <ul style="list-style-type: none"> <li>• Customer satisfaction surveys</li> <li>• Post-project surveys</li> <li>• Committee effectiveness surveys</li> <li>• NHS Wales Staff survey</li> <li>• NWSSP staff surveys and pulse surveys</li> </ul> <p>Survey results are reported to SMT and committees and a summary of the findings is presented in the Annual review document which is bilingual.</p> <p><b>Audit</b></p> <p>NWSSP has an established Velindre NHS Trust Audit Committee for Shared Services which meets at least four times a year, as part of the wider governance arrangements for hosting shared services. The purpose of the Audit committee is to advise and assure the Shared Services Partnership Committee (SSPC) and</p>	All

		<p>the Accountable officer on whether effective arrangements are in place, regarding the design and operation of NWSSP's system of governance and assurance. This supports the SSPC in its decision making and in discharging its accountabilities for securing the achievements of NWSSP's objectives in accordance with the standards of good governance determined for the NHS Wales.</p> <p>The composition of the Audit committee includes an independent Chair and three other independent members (all of which are members of Velindre NHS Trusts substantive Audit committee), representatives from internal audit, Wales Audit Office, the Counter Fraud group, Chair of Velindre NHS Trust, Board Secretary from Velindre NHS trust, the Chair of SSPC, Managing Director of NWSSP and the Director of Finance. The Standing items on the agenda for Audit committee includes the corporate risk register, counter fraud update, reports from internal audit and WAO and a report on Governance matters including single tender actions, gifts and hospitality, and tenders awarded. The Audit committee provides the SSPC with an annual report on audit committee activities.</p> <p>At present information pertaining to the work of the Audit committee is supplied in English only, however if the decision is made to publish externally the information will be presented in a bilingual format.</p>	
7	<p>There are processes in place that assure a good experience for people which include:</p> <ul style="list-style-type: none"> <li>Assessing and evaluating service</li> </ul>	Not Applicable	-

	<p>user experience, especially for those who are vulnerable</p> <ul style="list-style-type: none"> <li>• provision for people who are less able to speak for themselves</li> <li>• delivering and measuring improvement</li> <li>• using patient feedback to influence/drive changes to service provision and delivery;</li> <li>• recognising the spiritual, pastoral and religious dimension of care</li> </ul>		
8	<p>There is compliance with legislation and guidance to deal with concerns, incidents, near misses, and claims as set out in the "Putting Things Right" arrangements.</p>	<p><b>Putting Things Right</b></p> <p>NHS Wales aims to provide the very best care and treatment and the vast majority of people are happy with the service they receive. Sometimes though, things might not go as well as expected. When that happens, we need to look at what went wrong so we can try to make it better. Some cases might need further investigation under the redress arrangements.</p> <p>Redress is a range of actions that can be taken to resolve a concern where the organisation might have been at fault in causing some harm. Redress can include a written apology and explanation of what happened, an offer of treatment or</p>	All

		<p>rehabilitation to help relieve the problem and/or financial compensation.</p> <p>The solicitors within NWSSP'S Legal and Risk Services offer advice and assistance in identifying whether there is a qualifying liability in a concern and provide legal support to quantify the financial recompense and help to obtain independent expert evidence.</p> <p>The Legal and Risk services directorate also hold Lexcel accreditation.</p> <p><b>Issues and Complaints Protocol</b></p> <p>NWSSP is committed to the delivery of high quality services to its customers and takes complaints and concerns seriously. Our mission is 'to enable the delivery of world class Public Services in Wales through customer focus, collaboration and innovation' and believe in the value of learning from complaints to develop and strengthen our services. Following a review, the SMT have approved an "Issues and Complaints Protocol" which outlines the process for complaints management within NWSSP and ensured closer alignment to the PTR guidance and redress measures. In addition the website "complaints" section provides information on how to complaint through a complaints leaflet. The Procurement services directorate also have their own in house complaints procedures for procurement related issues.</p> <p>During the financial year reporting period for 2017-18, 14 formal complaints were received and recorded by Corporate Services. This compares with seven complaints received in the same reporting period during the 2016-2017 financial year.</p>	
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		<p>There were nine matters that were categorised as issues, and which were locally resolved, thus negating the requirement for a formal complaint. This compares with five issues received during the 2016-2017 financial year.</p> <p>No complaints were escalated to the Public Services Ombudsman's Wales Office (PSOW).</p>	
9	<p>Concerns are reported, acted upon and responded to in an appropriate and timely manner and are handled and investigated openly, effectively and by those appropriately skilled to do so.</p>	<p>NWSSP is committed to the delivery of high quality services to its customers and takes complaints and concerns seriously. Our mission is 'to enable the delivery of world class Public Services in Wales through customer focus, collaboration and innovation' and believe in the value of learning from complaints to develop and strengthen our services. Following a review, the SMT have approved an "Issues and Complaints Protocol" which outlines the process for complaints management within NWSSP and ensured closer alignment to the PTR guidance and redress measures. In addition the website "complaints" section provides information on how to complaint through a complaints leaflet. The Procurement services directorate also have their own in house complaints procedures for procurement related issues.</p> <p>The protocol includes dealing with "issues" in the first instance which empowers staff 'nip concerns in the bud' to ensure swift resolution of any issues at source. A complaints seminar was undertaken in 2017 reminded staff/managers of the importance incident reporting, best practice for complaints handling and effective complaints investigation techniques. This also included reference to the Root Cause Analysis (RCA) method of investigation.</p> <p>NWSSP do not report incidents and near misses reported to National Reporting and Learning System (NRLS).</p>	All



		NWSSP complies with its own targets for responding to complaint, namely an acknowledgement is issued within 2 working days and we aim to provide a full response within 30 days. Should we have cause to deal with the Coroner's office, the Public Services Ombudsman for Wales (PSOW) or the Health and Safety Executive (HSE) then we would ensure adherence to their performance targets standards.	
15	Patients, service users and their carers are offered support including advocacy and where appropriate redress.	<p><b>Putting Things Right</b></p> <p>NHS Wales aims to provide the very best care and treatment and the vast majority of people are happy with the service they receive. Sometimes though, things might not go as well as expected. When that happens, we need to look at what went wrong so we can try to make it better. Some cases might need further investigation under the redress arrangements.</p> <p>Redress is a range of actions that can be taken to resolve a concern where the organisation might have been at fault in causing some harm. Redress can include a written apology and explanation of what happened, an offer of treatment or rehabilitation to help relieve the problem and/or financial compensation.</p> <p>The solicitors within NWSSP'S Legal and Risk Services offer advice and assistance in identifying whether there is a qualifying liability in a concern and provide legal support to quantify the financial recompense and help to obtain independent expert evidence.</p> <p>Our team also contributed to the Evans Report called</p>	Managing Director

		<p>"Using the Gift of Complaints" commissioned in February 2014 and completed in June 2014 which reviewed the complaints and concerns handling mechanisms within the NHS in Wales. The review, which was well received, made more than 100 recommendations for improvement to this important area of patient care and service.</p> <p><b>The Welsh Risk Pool (WRP)</b>  NWSSP's Welsh Risk Pool(WRP)administers the risk pooling arrangement for NHS Wales for losses and special payments over £25,000. The core functions include:</p> <ul style="list-style-type: none"> <li>• Reimbursing members for losses in excess of £25,000 upon receipt of confirmation that proportionate action has been taken to learn lessons.</li> <li>• Administering the arrangements for the ongoing payments of claims settled under a periodical payment order.</li> <li>• Undertaking of financial modelling to forecast financial trends in claims against NHS Wales.</li> <li>• Annual assessments of organisational arrangements for the management of Concerns, Claims and their Learning from Events.</li> <li>• Assessments of clinical areas considered to be at risk from litigation.</li> <li>• Themed work in respect of high risk areas.</li> <li>• Supporting NHS Wales in the quality and safety agenda through the provision of information, education and training and attendance at National level groups (e.g. National Quality and Safety Forum).</li> <li>• Provision of a Claims Management function for former Health Authority claims</li> </ul>	
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		<p>The WRP work with the Health Board Trusts throughout the life of the claim and maintain communication with staff throughout the management of the concern.</p> <p>Both Legal and risk services and WRP are proactive in obtaining customer/service user feedback on their work.</p> <p>NWSSP do not work with local Community Health Councils to ensure advocacy services are provided.</p>	
16	Health services are open and honest with people when something goes wrong with their care and treatment.	<p>NWSSP is committed to the delivery of high quality services to its customers and takes complaints and concerns seriously. Our mission is 'to enable the delivery of world class Public Services in Wales through customer focus, collaboration and innovation' and believe in the value of learning from complaints to develop and strengthen our services.</p> <p>NWSSP does not have a specific "Being Open policy", however are open and transparent in their governance procedures and complaints handling processes.</p>	Managing Director
17	Appropriate support is provided to health staff and learning and services improve through sharing lessons from local and national reviews.	<p>NWSSP utilise information gained from national audits and reviews to assist in identifying developments and improvements for NWSSP' services, for example:</p> <ul style="list-style-type: none"> <li>• Health Education review</li> <li>• Green Paper on "Our Health, Our Health Service"</li> <li>• Governance review report from Betsi Cadwaldr UHB</li> <li>• ICO Information Governance review report</li> <li>• Internal audit reports</li> <li>• External audit reports</li> </ul>	Managing Director

		NWSSP does not participate in HIW or clinical audits and does not use National Reporting and Learning System (NRLS).	
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Self Assessment Rating – Theme 6 - Individual Care					
Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating			✓		
<b>Comments:</b> Actins to strengthen and develop key areas are identified on the action plan.					



## Healthcare Standards – Self-Assessment 2018

### Theme 7 – Staff and Resources

<b>Standard 7.1 Workforce</b> Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.			
	Sub Criteria	Evidence	Responsible Person within each Directorate
1	Health services work with partners to develop an appropriately skilled safe and sustainable workforce by: <ul style="list-style-type: none"> <li>• having effective workforce plans which are integrated with service and financial plans;</li> <li>• meeting the needs of the population served through an appropriate skill mix with staff having language awareness and the capability to provide services through the Welsh language;</li> </ul>	<p>We have developed a Workforce and OD Framework to help us achieve our vision to become a world class shared services organisation.</p> <p>The first Workforce and OD Framework, outlined actions which would support NWSSP and its staff to deliver the organisational ambitions as described in our Vision, Mission and Values. This framework has now been updated and describes the actions being taken that will further support organisational and cultural change, build capacity and capability and align our people, processes and structures.</p> <p>The support, hard work, dedication and commitment of our staff has been fundamental to the progress that we have achieved in maturing as an organisation. There remains much to be done, and there are areas that we need to strive to improve.</p> <p>Work proactively with our customers; especially where things have not gone well increase the pace of change, with services, teams and every individual seeking to continuously innovate to deliver improvement. Maintain the appropriate balance between efficiency and quality, with both holding equal importance</p>	Director of WODS

	<ul style="list-style-type: none"> <li>• promoting the continuous improvement of services through better ways of working;</li> <li>• enabling the supply of trainees, students, newly qualified staff and new recruits and their development;</li> <li>• ensuring plans reflect cross organisational/regional/all Wales workforce requirements where appropriate.</li> </ul>	<p>Communicate and engage with all our stakeholders to ensure that we collectively share and resolve challenges and work together.</p> <p>The focus of the refreshed framework will remain unchanged and will again be structured around the 4 pillars:</p> <ul style="list-style-type: none"> <li>• <b>Vision</b> – unifying the energy and focus of all leaders and staff to become a world class organisation</li> <li>• <b>Leadership</b> - developing strong, effective, visionary and ambitious leadership to empower staff</li> <li>• <b>Engagement</b> - Staff are engaged and understand, commit to and support the organisational aims and objectives</li> <li>• <b>Staffing, Systems, Structures and Processes</b> - developing staff, organisational structures, systems and processes that are fit for purpose to meet NWSSP customer requirements</li> </ul> <p>Integrated Medium Term Plan developed and amended for 2018 – 2021 which clearly articulates workforce plans for each service area. The IMTP outlines business plans and service improvement plans for all functional service areas within NWSSP aligned to the overall organisational strategy and vision.</p> <p>Workforce plans have been produced to support/reflect service plans and related organisational change. This includes workforce plans to deliver the significant reconfiguration, skill mix and re-structuring programmes for each service. Specific recruitment and retention issues are addressed, together with a service by service review of training and development requirements for forthcoming years. Due to recruitment and retention difficulties faced by a number of professional staffing groups, NWSSP has</p>	
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		<p>explored the use of social media to advertise posts. LinkedIn has been utilised for a number of posts, and work is ongoing to review the effectiveness of these adverts.</p> <p><b><u>Recruitment and Retention</u></b></p> <p>Where recruitment and retention challenges exist, service specific strategies continue to be implemented as an ongoing priority including:</p> <ul style="list-style-type: none"> <li>• 'Social sourcing' for professional staff</li> <li>• Strengthening relationships with local universities</li> <li>• Work based degree opportunities</li> <li>• Development of clerical 'bank'</li> <li>• Use of LIFT programme for transactional work</li> </ul> <p>A revised vacancy control process has been introduced to NWSSP to allow an executive review of all posts recruited into NWSSP, and to prompt managers to ensure they are reviewing their skill mix and recruitment requirements.</p> <p>Partnership working with the Trades Unions is well established through Local Partnership Forum (LPF) and associated sub groups. NWSSP and its senior management team work closely with the LPF members on a wide range of corporate and strategic issues. This includes engagement in all aspects of organisational change, re-organisation, re-structuring and re-location. Trades Unions are represented on a variety of subgroups established to manage change initiatives.</p> <p>The process of organisational change and re-structuring programmes that are being planned and implemented in almost every service have required a review of skill mix and the development of new jobs roles.</p>	
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		<p>Expert workforce information team and co-location of national Workforce Information Systems programme team enable the production of high quality and timely workforce data to support workforce planning processes.</p> <p>Achieve the target of 95% PADR compliance has been a key organisational objective. The PADR compliance level was 81.16% (end March 2018), excluding new starters for the first 3 month period, Clerical Bank workers and GP Trainees. This process is critical in ensuring that the work objectives of all NWSSP staff are aligned to corporate objectives and NWSSP's Core Values. In addition this process is used to inform an assessment of individual and organisation training and development needs to inform ongoing investment priorities.</p> <ul style="list-style-type: none"> <li>• To support the reporting of organisational compliance NWSSP uses ESR functionality to provide Managers with Business Intelligence reports which includes: <ul style="list-style-type: none"> <li>○ Number of PADRs conducted</li> <li>○ Staff who are compliant with statutory and mandatory requirement</li> <li>○ Competencies and professional standards for individual staff</li> </ul> </li> </ul> <p>Staff competency for Welsh Language is recorded in the Electronic Staff Record and monitored through the PADR process and reported at NWSSP SMT. In respect of Welsh Language compliance, a total of 93.05% of assignments in ESR have information recorded for Speaking and Listening Skills, a total of 92.04% of assignments in ESR have information recorded for Reading Skills and a total of 92.04% of assignments in ESR have</p>	
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		<p>information recorded for Writing Skills. Overall Welsh Language compliance sits at 92.37%.</p> <p>Partnership status achieved with the Training Foundation for meeting standards of excellence in design and delivery of training to ensure staff are competent and up-skilled to respond to stakeholder requirements</p> <p>NWSSP is hosted by Velindre NHS Trust and such is governed by the organisation's employment policies. However, NWSSP has reviewed the Velindre Study Leave Policy and has developed and published a revised protocol that is appropriate for the staff groups employed within NWSSP to ensure equity and access. NWSSP employs a small number of clinical staff within the procurement, legal and WEDs functions. The Primary Medical Care Advisory Team (PMCAT) TUPEd across to NWSSP with effect from 1<sup>st</sup> January 2017 and now sit within the Primary Care Services Team. Mechanisms have been established to ensure that these staff maintain appropriate professional registration and receive appropriate professional support when required. Registrations and DBS are recorded on ESR to ensure compliance visibility.</p> <p>As of 4<sup>th</sup> February 2015, NWSSP has become the Lead Employer for GP Specialty Registrars in Wales for their 3 year rotational placement. The Lead Employer provides the GPST Registrars with the continuity of support over the 3 years and provides a streamlined process in terms of on boarding and negates the need to distribute multiple contracts. The following has been implemented:</p>	
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		<ul style="list-style-type: none"> <li>○ 3 x Service Level Agreements between host organisations (Health Boards and GP Practices) and the Wales Deanery</li> <li>○ Bridging document to support the 2 contracts of employment</li> <li>○ Standard Operating Procedure for dealing with conduct and performance issues.</li> <li>○ Full partnership engagement with the BMA and GPC</li> <li>○ Full interface between ESR and the Intrepid system within Wales Deanery</li> <li>○ ESR limited access</li> <li>○ Electronic payslips</li> </ul> <p>Following the Ministerial announcement of the targeted incentive for GP trainees undertaking their training within hard to recruit areas within Wales from 2<sup>nd</sup> August 2017, Incentive Agreement Terms and Conditions have been produced and distributed to all eligible trainees. Both the universal and targeted incentives have been extended to the February 2019 intake.</p> <p>NWSSP also host GP Returners, for a period of up to 6 months (whole time equivalent) and are governed by a Terms of Engagement document for the duration of this placement.</p> <p>A clerical bank was introduced to NWSSP in June 2015 to address immediate and short term business need to supplement NWSSP's permanent workforce. The clerical bank was originally piloted within the Accounts Payable (AP) Department, but has since been utilised by all NWSSP Departments with a total of 60 members actively working across the organisation as at March 2018. Following its implementation, the bank has been extended to include stores workers and HCS drivers. A uniform has been</p>	
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		<p>produced for these positions and is being used as a standard. Following the high level of requests for store workers and HCS workers, further rounds of recruitment are taking place to meet the existing demand. The application process has been reviewed and enhanced, which has resulted in an extremely robust recruitment process being put in place. In order to ensure the effective management and pay of clerical bank workers, a new and secure electronic timesheet has been developed. This was piloted in a few departments initially before being rolled out across all clerical bank positions, with the exception of store workers and HCS drivers. A new Terms of Engagement document has also been developed for the bank. Since its implementation the bank has helped to reduce agency costs and has also seen numerous bank workers become successful in securing substantive posts within NWSSP.</p> <p>Transactional services have developed a number of performance KPIs which provide information on relative workforce efficiency and performance.</p> <p>In further help the development of recruitment and retention strategies a Last Opinion and First Opinion confidential questionnaire mechanism is being established to better understand why staff are leaving the organisation and how well we welcome new staff to NWSSP. The outcome of both questionnaires will further inform the work required to enhance recruitment and retention with NWSSP. Progress is ongoing with the OnBoarder questionnaires, which are sent to new starters after 3 months of employment. The questionnaires are then resent to the individuals when they have completed 9 months and 12 months of employment. The exit process is currently on</p>	
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		hold due to procurement tender. The company Great with Talent are carrying out this piece of work on NWSSP's behalf.	
2	<p>The workforce:</p> <ul style="list-style-type: none"> <li>• have all necessary recruitment and periodic employment checks and are registered with the relevant bodies;</li> <li>• are appropriately recruited, trained, qualified and competent for the work they undertake;</li> <li>• act, and are treated, in accordance with identified standards and codes of conduct;</li> <li>• The workforce: are able to raise, in confidence without prejudice, concerns over</li> </ul>	<p>Job descriptions are formed and assessed through the Job Evaluation process which details the minimum standard of qualifications, experience, knowledge etc that are required for the post. Recruitment is then undertaken against these requirements. Job Evaluation activity remains high with 12 new Job Matchers having been trained in order to support the heightened level of activity. Consistency checking training has also taken place. Work is ongoing in attempt to secure a new staff side lead as well as working closely with Unison to help increase the staff side resource. A new CAGE system has been implemented which is far safer from an Information Governance perspective.</p> <p>A piece of work has been scoped around the Job Evaluation Collaborative, whereby the 5 smaller NHS organisations (NWSSP, Velindre,PHW, WAST and Powys) will collaborate their Job Evaluation process. A project board has been established and an options appraisal has been sent to the Workforce &amp; OD directors to review the feasibility of NWSSP becoming the host for the JE Collaborative.</p> <p>Recruiting Managers are required to undertake the appropriate Recruitment and Selection Training. This training can be accessed on line via the online training programme at Learning@NHS Wales. Funding has been obtained for Recruitment and Selection Training, which will be undertaken in partnership with ACAS. The full day training session will be piloted by Accounts Payable before being rolled out to all recruiting managers.</p>	<p>Director of WODS</p> <p>Director of WEDS</p> <p>Director of PCS</p>

	<p>any aspect of service delivery, treatment or management;</p> <ul style="list-style-type: none"> <li>• are mentored, supervised and supported in the delivery of their role</li> <li>• are dealt with fairly and equitably when their performance causes concern;</li> <li>• are provided with appropriate skills, equipment and support to enable them to meet their responsibilities to consistently high standards</li> </ul>	<p>The Standard Operating Procedure for the safe recruitment and selection of staff has been agreed between NHS Organisations and the NWSSP Recruitment Service to comply with current employment legislation, NHS Employers Pre Employment Check Standards and best practice. The Recruiting Managers' Pack contains important information regarding the recruitment process including Pre Employment Checks. Following interview, offers of employment are conditional and subject to the following pre-employment checks:</p> <ul style="list-style-type: none"> <li>• Satisfactory references</li> <li>• An Occupational Health Assessment</li> <li>• A Disclosure and Barring Service check (where applicable)</li> <li>• Original essential qualifications (where applicable)</li> <li>• Professional Registration check (where applicable)</li> <li>• Evidence of right to work in the UK</li> <li>• Evidence of identity</li> </ul> <p>Recruitment checks are recorded on ESR and can be monitored through the Business Intelligence module of the Electronic Staff Record centrally by WfOD, by local managers and by staff themselves.</p> <p>At the interview stage, all candidates are required to bring proof of identity and proof of essential qualifications specified in the person specification. The successful candidate will be required to attend a face-to-face pre-employment document check meeting with Recruitment and produce original documentation.</p> <p>Demonstration of CPD is a standard and ongoing requirement for qualified practitioners in any field to maintain membership of</p>	
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	<p>their professional body. There are appropriately qualified staff across all functions of NWSSP who hold membership with their professional bodies. Staff are encouraged to maintain their Professional &amp; Technical Register within ESR which reflects the professional standards of the organisation. These include:</p> <ul style="list-style-type: none"> <li>▪ Chartered Institute of Purchasing and Supply (CIPS)</li> <li>▪ Association of Accounting Technicians (AAT)</li> <li>▪ The Law Society</li> <li>▪ Chartered Institute of Personnel and Development (CIPD)</li> <li>▪ Chartered Institute of Internal Auditors</li> <li>▪ Chartered Institute of Management Accountants</li> <li>▪ Institute of Healthcare Management (IHM)</li> <li>▪ Institute of Healthcare Engineering and Estate Management (IHEEM)</li> <li>▪ Royal Institute of Chartered Surveyors (RICS)</li> <li>▪ Chartered Institute of Building (CIOB)</li> <li>▪ Chartered Institution of Building Services Engineers (CIBSE)</li> <li>▪ Institute of Engineering and Technology (IET)</li> <li>▪ Royal Institute of British Architects (RIBA)</li> <li>▪ Chartered Management Institute (CMI)</li> <li>▪ Institute of Fire Engineers (IFE)</li> <li>▪ Chartered Institute of Financial Accountants (CIPFA)</li> <li>▪ Association of Certified Chartered Accountants (ACCA)</li> <li>▪ The Institute of Chartered Accountants (ICAEW)</li> <li>▪ General Medical Council (GMC)</li> <li>▪ Nursing and Midwifery Council (NMC)</li> </ul> <p>Registered Nurses within NWSSP are aware of the requirements for Revalidation that came into force in April 2016. Awareness</p>	
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		<p>sessions have been undertaken in December 2015 and important information is made available via NWSSP's intranet.</p> <p>All staff are required to have an annual Personal Appraisal Development Review to help them understand what is expected of them in their role through honest and constructive feedback on role requirements and individual performance. Agreed work and performance objectives are regularly reviewed and discussed.</p> <p>The NHS Wales Pay Progression policy has been implemented within NWSSP and applies to all members of staff on NHS Terms and Conditions of Service and must be used in conjunction with the PADR/Appraisal principles. The policy sets out the procedure to be followed to deal with annual incremental reviews. To support the implementation of the NHS Wales Pay Progression Policy, NWSSP has developed measurable criteria to form a suite of core organisational objectives which will apply to all NWSSP staff. These core objectives reflect NWSSP's values – Taking Responsibility; Listening and Learning; Working Together and Innovation. Staff also be have work related objectives during their PADR discussions with their line manager. Pay Progression audits have been undertaken on a sample of staff who were due to receive their increments to ensure that the NHS Wales Pay Progression Policy is being adhered to and being implemented fully. The organisation's PADR compliance is recorded and reported on monthly to the Senior Management Team and local divisional Senior Manager Team meetings for each service. This is monitored along with the organisation's core objectives of entering sickness absence in a timely manner and completing statutory and mandatory training.</p>	
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		<p><b>Our Current training provision includes:</b></p> <p>Business Administration Level 3  Business Administration Level 4  Business Improvement Technique Level 2  Business Improvement Technique Level 3  Customer Service Level 2  Customer Service Level 3  Warehousing &amp; Distribution Level 2  Team Engagement  Coaching – Level 3  ILM7  ILM5  ILM4  ILM 3  Healthcare Leadership Model – Leadership Programme  Pili Pala – Management Development Programme  IQT Bronze  IQT Silver  Mindfulness  Stress Awareness  Personal Improvement Programme  NWSSP Corporate induction  Education and Training Level 3  PADR Skills for Managers  People Management Skills  Sickness Absence  Cultural Change Programme with AP</p> <p>All staff are required to undertake the Core Skills Training Framework, the minimum requirement for statutory and</p>	
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		<p>mandatory training consisting of ten modules. The Electronic Staff Record (ESR) is used to monitor and manage compliance.</p> <p>The Workforce &amp; Organisational Development team continue to deliver its People Management programme for managers. The programme consists of a series of workshops that all managers are required to attend to ensure they have the core skills, competencies and knowledge required to enable them to manage their staff in line with policies, fairly, consistently and effectively. Specific policy training is also provided as required. For example following the launch of the revised All Wales Sickness Absence Policy specific training was provided for managers and supervisors with responsibility for implementing this policy. This continues to be run on a quarterly basis. NWSSP has also been key in ensuring that the e-learning package around sickness absence is fit for purpose, liaising with all NHS Organisations and the WfIS team to develop this. An adhoc Dignity at Work Training package has also been implemented.</p> <p>When performance concerns arise, the Capability Policy and Procedure is instigated; this promotes the fair and equal treatment of all employees. Formal capability issues are supported and monitored by the Workforce &amp; OD Team.</p> <p>NWSSP staff are required to comply with the provisions of the employing organisation, Velindre NHS Trust, Standards of Behaviour Framework Policy. Failure to adhere to the requirements could result in disciplinary action.</p> <p>NWSSP is committed to honesty, openness and probity in all its activities. The 'Raising Concerns' Policy provides a framework for raising concerns and provides guidance for staff on how to manage and address particular situations. Staff who have</p>	
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		<p>concerns relating to their employment relationship have access to the Grievance Policy and Procedure. This provides for informal and formal resolution on an individual or collective basis.</p> <p>Staff can raise concerns through their trade union representative. The Local Partnership Forum meets bi-monthly and local representatives are able to feedback to their union so that these concerns can be raised, if appropriate, at Partnership Forum.</p> <p>'Hearsay' is a forum designed to give staff the opportunity to escalate any queries or rumours they might have about the NWSSP, how it operates and plans for the future. Queries are responded to within 48 hours.</p> <p>The NWSSP Workforce &amp; OD Team's 'HR Contact Point' -an email service which provides practical and proactive advice regarding HR issues/concerns for all staff in a timely manner</p> <p>As part of the actions developed within the Workforce &amp; OD Framework, coaching and mentoring skills have been developed within the organisation. By investing in an accredited coaching programme, which to date 24 staff have successfully undertaken, we have also bedded in a coaching practitioners network which enables staff to access coaching through developmental or aspirational routes.</p> <p>In 2018 we shall be investing in further coaching programmes to continue to support the growing coaching culture within NWSSP</p>	
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		<p>A coaching module features in both our Leadership &amp; Management Development programmes</p> <p>W&amp;OD framework and action plan published and progress monitored</p> <p>Launched Customer Service Learning framework for level 2 and level 3. 110 staff across Wales have successfully completed learning through the customer service learning framework. In 2017/18 we continue to recruit learners to the customer service framework.</p> <p>In 2017/18 to gauge if learning has been successful in supporting the drive in continuous improvement and has had an impact on improving customer satisfaction levels, we will be applying a range of evaluation methodology including pulse surveys with our stakeholders</p> <ul style="list-style-type: none"> <li>• Regular reporting of compliance rates for statutory and mandatory training</li> <li>• Core skills for Managers will be mapped to National Occupational Standards (NOS)</li> </ul> <p>Part of our continuing work plan is to:</p> <ul style="list-style-type: none"> <li>• Identify leadership competencies and identify leadership programmes/interventions – we currently have over 100 staff undertaking accredited ILM leadership and management development programmes</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Roll out our Leadership Programme that has been designed around the Healthcare Leadership Framework and their competencies</li> <li>• Continue to roll out core skills for managers framework that has been remodelled based on feedback from learners and senior managers</li> <li>• Populate core competencies within Electronic Staff Record (ESR) and relaunch the Performance Management Plan (PMP) functionality based on National changes</li> <li>• Continue to work with Procurement to identify and populate ESR with job specific competencies</li> <li>• Continuous service improvement is a key corporate objective and outlined as a key deliverable in the NWSSP Integrated Medium Term Plan. All services have developed a 3 year service improvement plan aligned to Oracle best practice standards</li> <li>• Roll out internal service improvement workshops</li> <li>• We have recruited a further 25 learners across Wales to undertake the BIT Level 2/3 programme to support our continuous service improvement agenda and will continue to recruit learners to further cohorts throughout 2018</li> <li>• Developing service improvement roles and skills is a key priority for NWSSP and in terms of the PADR process all staff have a core objective that reflects the individuals contribution in continuous service improvement and customer service excellence and embed service improvement ethos in all we do</li> <li>• Work with service improvement champions who will facilitate various teams across NWSSP to share learning tools and techniques and support teams who are engaged in service improvement initiatives</li> <li>• Working in partnership with the Procurement Strategic Learning &amp; Development group to ensure all learning reflects</li> </ul>	
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		<p>the needs of the organisation and to promote and support portfolio of learning within their respective service areas</p> <ul style="list-style-type: none"> <li>• OLM utilised with learning catalogue detailing all NWSSP offerings and shared training centres established to enable NWSSP staff to access relevant programmes within NHS Wales</li> </ul> <p>The Workforce, Education and Development Services (WEDS) have developed external partnership working and collaboration with university and industry partners to support the workforce plans produced by the Health Boards and NHS Trusts across Wales. The WEDS team establish how many training places are required each year for the following professional staff groups:</p> <ul style="list-style-type: none"> <li>• doctors</li> <li>• dentists</li> <li>• nurses,</li> <li>• midwives</li> <li>• allied health professionals (AHP)</li> <li>• healthcare scientists (HCS)</li> <li>• psychologists and</li> <li>• pharmacists</li> </ul> <p>These training numbers, together with workforce analysis and evidence, are presented to a Strategic Education Development Group (SEDG) in November each year. Following the decision that WEDS and the Wales Deanery should merge into a new body, Health Education and Improvement Wales with effect from 1 October 2018, the consultation process, in line with TUPE, commenced on 1<sup>st</sup> February 2018.</p>	
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		PCS plays a role on assuring professionals (Doctors, Dentists, and Opticians) are assessed prior to being accepted on to Health Board Performers lists. Pharmacist are required to be accredited for providing advanced services and are included in the NWSSP All Wales Pharmacy database.	
3	<p>The workforce is provided with appropriate support to enable them to:</p> <ul style="list-style-type: none"> <li>• maintain and develop competencies in order to be developed to their full potential;</li> <li>• attend induction and mandatory training programmes</li> <li>• have an annual appraisal and a personal development plan</li> <li>• develop their role;</li> <li>• demonstrate continuing professional development</li> <li>• access opportunities to develop collaborative</li> </ul>	<p><b>PADR</b></p> <p>Comprehensive compliance with PADR processes was a target established when NWSSP came into being. We have made excellent progress with PADR compliance in 2017-2018 standing at 86.95%, excluding new starters for 3 months, bank workers and GP Trainees. This is as direct a consequence of the re-alignment of PADR dates in line with the implementation of the NHS Wales Pay Progression Policy.</p> <p>NWSSP has implemented the pay progression policy, which applies to all staff governed by NHS Terms and Conditions. . This process is supporting a refreshed PADR process to ensure that all staff have NWSSP core objectives that support the delivery of key organisational values.</p> <p>A comprehensive training plan has been rolled out across all parts of NWSSP to support staff and managers in undertaking this process. The plan includes:</p> <ul style="list-style-type: none"> <li>• Understanding the new PADR process awareness sessions</li> <li>• Skill based training for new Managers</li> <li>• Maximising the functionality of ESR</li> <li>• Developing Service areas ESR Champions</li> </ul> <p>The Electronic Service Record, Online Learning Management continue to be updated with all PADR records which will allow us to monitor compliance with the target. Managers and staff</p>	

	<p>practice and team working</p> <ul style="list-style-type: none"> <li>• work closely together, preventing duplication of effort and enabling more efficient use of resources.</li> </ul>	<p>are also able to access their PADR records through their self service access.</p> <p><b>Leadership Development</b></p> <p>We will continue to focus on the development of leaders at all levels of the organisation. A number of leadership programmes have been established to support and develop leadership competence aligned to the leadership competency framework contained within the NHS Leadership Model launched in 2014. The PADR process mechanisms will be used to ensure that staff are assessed against these standards in the context of what is required for their leadership position. This approach has been successfully piloted in Primary Care Services and is being rolled out initially to Employment Services and then more widely to other services in 2017/18</p> <p>We continue to run ILM programmes at levels 3, 4 and 5. As indicated in last year's IMTP the appropriateness and content of the ILM programmes has been reviewed and revised in the light of the Healthcare Leadership Model. The ILM 7 leadership programme is also available to senior staff within NWSSP.</p> <p>We have piloted a new leadership short programme "NextGen Manager", for a small cohort of managers initially as an alternative to participation in the full accredited longer term ILM courses. Following successful programme evaluation, this is now being more widely offered within the organisation.</p> <p>In line with individual identified personal development needs we also actively encourage managers to access development programmes provided by Academi Wales including: Summer School</p>	
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		<p>Winter School Senior Leadership Experience ILM Coaching Level 7</p> <p><b>Management Competency Development</b> In 2014 the NHS Wales Core Competence Framework for Managers and Supervisors was launched. The Framework is a tool that has been designed to help individuals identify the behaviours, skills and knowledge that they need to do their job to the highest standard.</p> <p>The Workforce &amp; Organisational Development team continue to deliver its core Skills for Managers programme. The programme consists of a series of workshops that all managers are required to attend to ensure they have the core skills, competencies and knowledge required to enable them to manage their staff in line with policies, fairly, consistently and effectively. The workshops for 2017/2018 have been changed to focus on management behaviours in addition to relevant case studies/scenarios on:</p> <ul style="list-style-type: none"> <li>• Managing Sickness Absence</li> <li>• Managing Capability</li> <li>• Managing Conflict</li> <li>• Disciplinary</li> <li>• Grievance</li> </ul> <p>Our Learning &amp; Development Strategy illustrates the people management skills that our managers are required to demonstrate a range of competencies against and it details the development pathways for our leaders, managers and staff</p> <p><b>Coaching Network</b></p>	
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		<p>The development of coaching expertise is a high organisational priority. Many of our services have undertaken significant restructures over the last year which has resulted in many staff securing more senior leadership positions within the organisation. In addition all parts of NWSSP are facing new and emerging leadership and management challenges. We developed a network of 'coaches' in 2014 to support managers which has been further expanded in 2015.</p> <p>In 2016 and beyond we will continue to ensure staff continue to have the opportunity to access a coach for aspirational or developmental needs.</p> <p><b>Statutory, Mandatory and Legislative Training</b></p> <p>In 2013 the Core Skills Training Framework was introduced to outline the minimum requirement for statutory and mandatory training. This was endorsed by Welsh Government and the 10 module Framework launched in March 2014.</p> <p>Whilst good progress has been made there will be a continued push to ensure that compliance targets are met. Workforce &amp; OD will continue to produce a range of BI reports utilising ESR to monitor and manage learning compliance</p> <p>To ensure all NWSSP staff have access to ESR and the CSTF in partnership with unison we embarked on a programme of change which included the up skilling of staff within the stores facilities across Wales and an investment in eZones which have been established and maintained within our stores across Wales.</p>	
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		<p><b>Staff Engagement</b></p> <p>The implementation of effective engagement strategies for both staff and customers is a key challenge identified within the Workforce and OD Framework. Participation in the NHS Wales Staff Survey has given us a benchmark to assess and monitor progress against a baseline. We are committed to responding to the results of the staff survey and working with managers, staff and staff side organisations to improve staff satisfaction and engagement. Following the completion of the 2017 staff survey, formal feedback is to be provided by each service on their staff survey action plans at the Local Partnership Forum meetings.</p> <p>A Staff Engagement module features in NWSSps Leadership &amp; Management Development Programmes.</p> <p>To further support and improve staff engagement a series of pulse surveys will be undertaken in partnership in 2016/17.</p>	
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Self Assessment Rating – Theme 7 – Staff and Resources					
Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating				✓	
Comments:					

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM 5.1</b>  <b>21st June 2018</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**All Wales Laundry Facilities Review**

<b>ARWEINYDD: LEAD:</b>	<b>Neil Davies – Director, Specialist Estates Services</b>
<b>AWDUR: AUTHOR:</b>	<b>Ian Rose – Project Manager</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Neil Frow – Managing Director, Shared Services Partnership.</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Neil Frow 01443 848550 by phone or email Neil.frow@wales.nhs.uk</b>

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

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

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	To provide a recommendation on provision of All Wales Laundry Services that comply with BSEN 14065 and to consider optimised management arrangements.
<b>Tystiolaeth: Supporting evidence:</b>	All Wales Laundry Review PID New Standard BS EN 14065

**Ymgynghoriad/Consultation :**

Shared Services Partnership Committee  
All Wales Laundry Project Board Members representing all Health Boards  
Staff Side Trade Unions  
Welsh Government  
Infection Control  
NWSSP Workforce & OD  
Independent NHS Wales Directors

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>	✓	<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>	The Committee is requested to NOTE the report and <b>ENDORSE</b> the OBC preferred option and approve progress to FBC subject to Welsh Government approval.						

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	A full IIA will be completed at the FBC stage.
<b>Cyfreithiol: Legal:</b>	The need to comply with BS EN 14065.
<b>Iechyd Poblogaeth: Population Health:</b>	Not applicable.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Modernise existing practice and standards used.
<b>Ariannol: Financial:</b>	An outline financial appraisal arising from the plan is set out in the outline business case in Nov 2017.
<b>Risg a Aswariant: Risk and Assurance:</b>	Risks are being captured within the Project Risk Log and reviewed on periodic basis in the schedule project board meetings. And will be continued in detail during the FBC process.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Staff Care Staff and Resources
<b>Gweithlu: Workforce:</b>	All workforce implications will be detailed when we progress to the FBC. A consultation will be undertaken at the appropriate time if deemed appropriate.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Closed

## **All Wales Laundry Facilities Review**

### **1. CEFNDIR/BACKGROUND**

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

This was as a result of the pending publication of :

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

### **2. CRYNODEB/SUMMARY**

The project commenced in November 2016 with the first project board meeting. The Project board is made up of members of each health board, Welsh Government, Trade Unions and NWSSP project team members and Neil Davies Director Estates acting as the Senior Responsible Owner.

The project board agreed the approach outlined within the PID and an ITT was published to secure the external consultant resource required to complete a holistic review which will conclude with production of an outline business case in September 2017.

The ITT process was completed between Dec 16 and Jan 17 and Capita were appointed to complete the review in line with the requirements contained in the ITT.

The budget for procuring external resource was 75k, with the actual cost being 59,308k excl VAT.

To initiate the process and production of the outline business case, each health board, where appropriate, had been requested to supply data relating to its facility, costs, resource and backlog maintenance detail.

This was completed in Feb 2017 and will be used support future workshop and the production of the OBC.

Two workshops were held during March and a 3rd workshop was held in May to review the data captured so far in the process.

This followed a specific process as detailed within the five case model approach as required by Welsh Government and also allowed maximum input from all Laundry Management teams, Trade Unions, Public Health Wales and Customer Health Boards.

To further support the process and as agreed in workshop 3, we have also completed an ITT activity to appoint consultants to carry out an additional work package comprising two key elements:

**A. CONDITION APPRAISAL**

Documented evidence of the current condition of the Laundry Production Units and, where the facilities are currently below Condition B standard, the backlog maintenance liability.

**B. COMPLIANCE WITH BS EN 14065**

NWSSP require confirmation whether the existing laundries can achieve BS EN 14065 June 2016, and where they can, the cost of achieving full compliance.

It was agreed by the project board and other key stakeholders this action and further analysis was vital to support the OBC in its aim to produce a holistic and thoroughly detailed outcome in line with the five case model.

Both the Condition Appraisal and Compliance survey were completed throughout June and July and the details and findings of which were fed back into the Consultant team responsible for the production of OBC.

During September a session was held with a panel of very senior Executives from Health Boards and other health related public sector organisations who supplied feedback and endorsed the direction of travel being followed by the process to date.

Throughout the remainder of September, October and early November the OBC has been further refined, and the remaining stages of the five case model completed to allow us to present the case to the Shared Services Partnership committee.

The OBC was presented to the SSPC in November 2017 and it was requested by the SSPC, the draft OBC was shared with the SSPC members for onward distribution to the respective members healthboard, board members for discussion and feedback into the subsequent SSPC meetings in January and March 2018

This was requested with a view to secure endorsement to proceed to the next stage of the project.

In addition, in December 2017 the output from the six facet survey and laundry inspections were issued to the respective member within each Healthboard and the documents then also shared with Laundry management soon after.



Following the sharing of the six-facet survey and laundry inspections reports, feedback has been received based on the contents on the reports from the healthboards and is being reviewed within next stage of the project.

To further support the move to the next stage, a further communication from the Managing Director of the Shared Services has been issued to the Chief Executives of each Healthboards and trusts signalling the intention to proceed to the next stage of the process and steps being taken thereafter.

In support of this, work has begun to scope the next stage and identify the appropriate activities within the draft OBC specifically focusing on areas relating costs, risks, workforce impact. Capita have been engaged to undertake these tasks at a cost of 16.5k.

This approach will ensure the project is continued in the most effective and compliant manner with the aim of producing a finalised more detailed preferred option in September 2018.

Project costs continue to be managed accordingly, a Risk/Issue register is being maintained and reviewed at each Project Board to ensure satisfactory mitigation plans are in place, and all recorded risks and issues are appropriately managed.

The communications plan continues to remain active and updated at each opportunity to ensure maximum coverage. We have also issued additional joint communications with our Trade Union stakeholders.

The Webpage for the Laundry review continues to host key documents and will continue to be used throughout the project and can be found at this location - Laundry LPU Webpage.

Any further questions or enquires please contact:

Project Director - Anthony Hayward - [anthony.Hayward@wales.nhs.uk](mailto:anthony.Hayward@wales.nhs.uk)

Project Manager - Ian Rose – [ian.rose@wales.nhs.uk](mailto:ian.rose@wales.nhs.uk)

### **3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK**


Compliance with :

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

#### **4. ARGYMHELLIAD/RECOMMENDATION**

The Committee is requested to:

- **NOTE** the report and
- **ENDORSE** the OBC preferred option and approve progress to FBC subject to Welsh Government approval.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM 5.2</b>  <b>21<sup>st</sup> June 2018</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**All Wales Catering IT System**

<b>ARWEINYDD: LEAD:</b>	<b>Anthony Hayward – Asst Director, NCCU</b>
<b>AWDUR: AUTHOR:</b>	<b>Ian Rose – Project Director</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Neil Frow – Managing Director, Shared Services Partnership.</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Neil Frow 01443 848550 by phone or email Neil.frow@wales.nhs.uk</b>

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

To provide an update on current progress with the All Wales Catering IT System.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence Value For Money
<b>Tystiolaeth: Supporting evidence:</b>	All Wales Catering IT System PID WAO Report 2011

**Ymgynghoriad/Consultation :**

1. Wales Audit Office publication, Hospital Catering and Patient Nutrition Report (24 March 2011) Review 2011 and updated review 2016
2. Public Accounts Committee Hospital Catering and Patient Nutrition report (March 2017)

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
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<b>Argymhelliad/ Recommendation</b>	The Partnership Committee is requested to <b>NOTE</b> the report.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Not assessed as part of this exercise will be assessed in any subsequent delivery stages
<b>Cyfreithiol: Legal:</b>	Not applicable.
<b>Iechyd Poblogaeth: Population Health:</b>	Not applicable.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Expected benefits in patient experience which will be measured post implementation.
<b>Ariannol: Financial:</b>	Cost Benefit Analysis to be completed as part of OBC
<b>Risg a Aswiriant: Risk and Assurance:</b>	Risks are being captured within the Project Risk Log and reviewed on periodic basis in the schedule project board meetings.
<b>Safonnau Iechyd a Gofal: Health &amp; Care Standards:</b>	Not applicable.
<b>Gweithlu: Workforce:</b>	Any workforce implications will be detailed as we progress but none are anticipated
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## **ALL WALES CATERING SYSTEM**

### **1. CEFNDIR/BACKGROUND**

Catering is provided to patients & non-patients within the NHS in Wales as part of the overall service provision and has been for many years. Following a report by The National Audit Office in 2011 and subsequent reviews in Sept 2016 and March 2017, it was reported that non-plated patient waste was circa £960k and an average of 6% of provisions costs. Catering is currently managed in the Health Boards via paper & electronic processes in accordance with local procedures. The NAO reported that there is no real time or accurate spend data available for catering, and no means of controlling and managing the catering budget.

In considering the amount of food waste previously been highlighted at 6% (£960k) it should be noted that other studies referred to in the business case have concluded that the cost of plate waste accounts for 20 – 25% of food waste. This is estimated to be circa £4m.

Following discussions at a senior level regarding the issues outlined above, it was agreed that NWSSP & NWIS should work in partnership to procure and implement a Wales wide system. This solution would enable Health Boards to manage catering electronically by ordering requirements via tablets in the wards. Therefore, the new electronic solution will improve cost management for catering and will provide data for reporting purposes.

Consequently, there is an opportunity reduce costs by having more control over spend, whilst at the same time reducing the amount of food waste that is generated on daily basis. The electronic solution will also provide an opportunity to standardise processes, and improve patient experience of Catering Services.

### **2. CRYNODEB/SUMMARY**

In accordance with the project plan and to support the development of a system specification, that can act as the baseline for an all wales catering it system, two critical tasks have been completed.

1. The consultant team has been appointed via a procurement exercise to complete work over 8 weeks with clear objectives to confirm existing practices and establish costs and potential benefits.

The consultant brings a wealth of experience and knowledge from other NHS related projects of a similar size and scope completed in

Scotland and demonstrates a clear approach to completing the assignment against the available timeline.

Early indications from the site visits suggest waste figures are higher than recorded within EFPMS and opportunities for efficiencies within the overall Catering process exist which in turn could present a cost savings between £1.4m and £2.4M within the first two years. The financial data is still be refined and is currently indicative but a full report is expected on the 29<sup>th</sup> June.

2. The first user requirements workshop has been completed with excellent representation from healthboard catering representatives, Public Health Wales and Dieticians. This activity will support the wider consultant activity in the aim of producing a single baseline system specification.

The output of the workshop was collated, electronically recorded, and then shared with the workshop attendees and other stakeholders for feedback and additional input to form user requirements.

Furthermore, and to support the user requirements, a Supplier engagement day has been held. This was arranged by our Procurement Leads within the project and four suppliers attended a demonstration day and using the earlier agreed user specification, suppliers demonstrated their product against the key requirements captured at the earlier workshop.

This session was very successful in demonstrating that not only were our requirements realistic but also prove existing products do actually exist to meet the requirements at the key requirement level.

Throughout the rest of this month the team will endeavour to produce a full revised user specification and also start to consider technical requirements such as wifi, handheld devices and any other potential costs.

The project remains on time and within budget and immediate focus will be on the collation and validation of the workshop outputs and also completion of the 6-week consultant work package.

Any further questions or enquires please contact:

SRO - Anthony Hayward - [anthony.Hayward@wales.nhs.uk](mailto:anthony.Hayward@wales.nhs.uk)

Project Director - Ian Rose – [ian.rose@wales.nhs.uk](mailto:ian.rose@wales.nhs.uk)

Project Manager – Bethan Rees – [bethan.rees12@wales.nhs.uk](mailto:bethan.rees12@wales.nhs.uk)

### **3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK**

This report provides an assurance that there are robust project management arrangements in place to support the project, including a risk register.

### **4. ARGYMHELLIAD/RECOMMENDATION**

The Committee requested to:

- **NOTE** the report.



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:5.3**

**21 June 2018**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Pharmacy Service Supply Chain Review**

<b>ARWEINYDD: LEAD:</b>	<b>Neil Frow – Managing Director, Shared Services Partnership</b>
<b>AWDUR: AUTHOR:</b>	<b>Peter Elliott, Project Manager</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Neil Frow – Managing Director, Shared Services Partnership</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Neil Frow 01443 848550</b> <a href="mailto:Neil.frow@wales.nhs.uk">Neil.frow@wales.nhs.uk</a>

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

To endorse the project initiation for a Pharmacy Service Supply Chain Review to begin and to identify some resource to undertake the baseline scoping work.

**Llywodraethu/ Governance**

<b>Amcanion: Objectives:</b>	To provide a recommendation to the NHS efficiency and health care value group.
<b>Tystiolaeth: Supporting evidence:</b>	<a href="#">Operational productivity and performance in English NHS acute hospitals: unwarranted variations</a> An independent report for the Department of Health by Lord Carter of Coles February 2016. Prudent healthcare principles. Pharmacy Technical Services Strategy for Wales.

**Ymgynghoriad/ Consultation :**

Shared Services Partnership Committee – Verbal update March 2018  
Wales Chief Pharmacist group – 8 June 2018

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>	✓	<b>TRAFOD/ DISCUSS</b>	✓	<b>NODI/ NOTE</b>	
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<b>Argymhelliad/ Recommendation</b>	<ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the project initiation phase which will include appointment of a Project Executive and a Project Board and completion of baseline analysis;</li> <li>• <b>DISCUSS</b> additional nominations to the Project Board in addition to those already proposed in this report;</li> <li>• <b>DISCUSS</b> and identify resources to support the commencement of a qualitative baseline analysis exercise.</li> </ul>
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	An impact assessment will be completed as part of the project initiation.
<b>Cyfreithiol: Legal:</b>	Regulatory compliance will be considered as part of the option appraisal.
<b>Iechyd Poblogaeth: Population Health:</b>	Opportunities to extend homecare services will be considered as part of the option appraisal.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	More effective deployment of skills and experience will form part of the option appraisal as will regulatory compliance of existing premises and transport fleet.
<b>Ariannol: Financial:</b>	The financial consequences arising will be set out in the option appraisal with an aim to reduce the overall cost of Pharmacy services to NHS Wales.
<b>Risg a Aswariant: Risk and Assurance:</b>	Risks, opportunities and constraints will be captured within the project risk log and reviewed on a periodic basis in the scheduled project board meetings.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	<p>Access to the standards can be obtained from the following link:  <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a></p> <p>Standard 1.1 Health Promotion, Protection and Improvement  Standard 2.6 Medicines Management  Standard 2.9 Medical Devices, Equipment and Diagnostic Systems  Standard 3.1 Safe and Clinically Effective Care  Standard 5.1 Timely Access  Standard 7.1 Workforce</p>
<b>Gweithlu: Workforce:</b>	Workforce implications will form part of the initial project initiation and workforce data captured in the

	baseline data collection exercise. Opportunities for workforce redesign and future skills development and recruitment needs will be a consideration.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. CEFNDIR/BACKGROUND

A paper written by Andrew Evans, Chief Pharmaceutical Officer for Wales was tabled at the March 2018 NHS efficiency and health care value group recommending work be undertaken to explore the potential gains that could be achieved from reconfiguration of the pharmacy supply chain in line with the principle recommendations in the Carter Report.

The NHS Wales Shared Services Partnership (NWSSP) has been asked to establish a project and work with other NHS partners to identify some resource to undertake the scoping work and made recommendations for the NHS efficiency and health care value group.

## 2. CRYNODEB/SUMMARY

The Carter report highlighted that the primary functions of the hospital pharmacy team are to work closely with patients, doctors and nursing staff to choose, prescribe and monitor clinical outcomes of medicines to meet clinical needs and to support their optimal use. The review found there was significant potential for the buying, making and supply of medicines, along with other back office functions, to become more efficient.

The paper submitted to the NHS Wales efficiency group highlighted the following potential areas for further consideration across NHS Wales:

- NHS and wholesaler partnerships – price, supply chain consolidation and stock holding arrangements;
- Consolidation of pharmacy services – processing and production including aseptic services; and
- Homecare services – reducing delivery costs and improving patient experience.

Additional gains may also arise by including within the scope:

- the overall management e.g. logistics, and governance arrangements of a reconfigured service; and
- more effective use of skills and improved workforce planning arrangements.

A summary of activity completed to date includes:

- Appointment of two project managers by NWSSP.
- Two workshop sessions held to define the scope of the project.
- Further consultation with the Chief Pharmacists group on a draft Scoping Document.
- A quantitative baseline data template drafted.

- Nominations for Project Team members, on a secondment basis, sought from Chief Pharmacists group.

The draft Scoping Document is attached to this report as **Appendix 1**.

The overarching aim would be 'to devise an integrated solution to support frontline users with pharmacy and other supplies, to a high quality standard, achieving better sustainability, lower cost and more effective use of skills'.

To move forward, a Project Executive needs to be agreed and nominations sought for Project Board members. The Project Board will then take responsibility for finalising the scope, confirming resource requirements and agreeing the delivery approaches to be used.

The Chief Pharmacists group has nominated Andrew Evans as a potential candidate for the SRO role, Mark Francis, ABM as Project Senior User and one other (tbc) nomination for the Project Board.

The substantive work of the project will then flow as follows:

Stage	Activity	Duration (months)	Product
1	Quantitative baseline	3	Strategic Outline Case
2	Option analysis	3	Outline Business Case
3	Option selection	3	Approval of OBC
4	Solution implementation	TBC	Full Business Case

Key to the successful completion of the first stage will be completion of a quantitative baseline analysis of existing provision. This baseline will then inform options for reconfiguration, using the 5 Case Model and the preparation of an outline business case.

Further consideration is required to funding backfill costs to free up pharmacy staff to join the Project Team and review the baseline data. Access to technical and professional knowledge is an essential requirement to complete the baseline analysis promptly and to a standard that will inform decision making. The view of the Chief Pharmacist group is that backfill is essential.

A project team will support the project; project management to be provided by NWSSP.

An outline costing is attached at **Appendix 2** for information.

It is anticipated that with the necessary resources in place, the baseline work would require approximately three months to complete and an

update will be provided to the Committee at that point with a recommendation from the Project Executive on proposed next steps.

### **3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK**

Compliance with All Wales Quality Assurance Pharmacist procedures and MHRA (Medicines & Healthcare products Regulatory Agency) inspection regime.

Nominated SRO offers professional expertise on quality and clinical governance risks. Project Board will also include representatives of key stakeholders who will identify and manage risks and issues regularly and escalate as appropriate. NWSSP project managers will provide updates on progress, risks and issues to NWSSP Managing Director.

### **4. ARGYMHELLIAD/RECOMMENDATION**

The Committee are asked to:

- **ENDORSE** the project initiation phase which will include appointment of a Project Executive and a Project Board and completion of baseline analysis;
- **DISCUSS** additional nominations to the Project Board in addition to those already proposed in this report;
- **DISCUSS** and identify resources to support the commencement of a qualitative baseline analysis exercise.

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:5.3</b>  <b>21 June 2018</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Pharmacy Supply Chain Project**

<b>ARWEINYDD: LEAD:</b>	<b>Neil Frow</b>
<b>AWDUR: AUTHOR:</b>	<b>Peter Elliott</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Neil Frow</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Peter Elliott</b>

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

To seek SSPC approval to fund backfill of Project Team secondments

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	To devise an integrated solution to support front line users with pharmacy and other supplies, to a higher quality, better sustainability, and lower cost, than at present.
<b>Tystiolaeth: Supporting evidence:</b>	Draft Project Scope v0.2 Table of Costs (To be presented at meeting)

**Ymgynghoriad/Consultation :**

Draft scope was consulted with Chief Pharmacists Meeting 8/6/18

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>	•	<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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<b>Argymhelliad/ Recommendation</b>	SSPC is invited to <b>Approve</b> funding to backfill secondments of Trust Pharmacists to the Project Team.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No expected impacts
<b>Cyfreithiol: Legal:</b>	No expected impacts
<b>Iechyd Poblogaeth: Population Health:</b>	No expected impacts
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	The project aims to enhance the quality of Pharmacy services offered
<b>Ariannol: Financial:</b>	The project aims to reduce the overall cost of Pharmacy services to NHS Wales
<b>Risg a Aswariant: Risk and Assurance:</b>	The project aims to improve the sustainability of with Pharmacy services provision
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No expected impacts
<b>Gweithlu: Workforce:</b>	Potential reconfiguration of services.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

# Pharmacy Supply Chain Project

## **1. BACKGROUND**

The mandate to commence the project was provided in a letter from Andrew Goodall to Neil Frow dated 30 April 2018.

The Project Aim is as follows:

*"To devise an integrated solution to support front line users with pharmacy and other supplies, to a higher quality, better sustainability, and lower cost, than at present."*

Activity to date includes:

- Project Managers have been appointed by NWSSP
- Two workshop sessions have been held to define scope
- The draft scope has been consulted with the Chief Pharmacists Group
- Nomination of the SRO has been received
- Nomination of Project Team members has been sought

Current status is that the project is in the Initiation Stage, confirming structure, roles, governance and approaches

The Draft Scoping Document (v0.2) is attached to this report as **Appendix 1.**

## **2. TIMELINE FOR APPROVAL**

Project Board will be requested to authorise the project to start work once the following conditions are achieved:

- Roles and Responsibilities are confirmed
- Project Scope is approved
- Project Approaches are agreed
- Funding is in place for Secondments



The substantive work of the project will then follow these stages:

Stage	Activity	Duration (months)	Product
1	Quantitative baseline study	3	Strategic Outline Case
2	Option analysis	3	Outline Business Case
3	Option selection	3	Approval of OBC
4	Solution Implementation	TBC	Full Business Case

### 3. GOVERNANCE & RISK

The Chief Pharmacists Group has been consulted on Project Scope (8/6/18).

Project Board will include representatives of key stakeholders from amongst the Chief Pharmacists, will review and manage Risks & Issues regularly, and will escalate them as appropriate.

NWSSP Project Manager will ensure that the NWSSP Managing Director and SMT also remain sighted on project progress, risks, & issues.

Andrew Evans, Chief Pharmacist for Wales, has been nominated to act as Senior Responsible Officer for the project.

### 4. RECOMMENDATION

The Chief Pharmacists for each Trust have been invited to nominate secondments to serve on the Project Team.

It is proposed that the cost of these secondments will be back filled by the NWSSP Savings from the current year.

A table of costs for these secondments (Appendix 2 of this report) will be presented at the meeting of SSPC on 21/6/18.

SSPC is requested to:

- **APPROVE** the request for funding.

# Scoping Document

**Author:** Peter Elliott / Bethan Rees  
**Date:** 30/05/18  
**Doc Ref:** 0.2  
**Version:** Draft

<b>Project Title</b>	Pharmacy Supply Models	<b>Project Manager</b>	Peter Elliott	<b>Programme Manager</b>	N/a
<b>Project Purpose</b>	To devise an integrated solution to support front line users with pharmacy and other supplies, to a higher quality, better sustainability, and lower cost, than at present.				
<b>Start Date</b>	22/05/18	<b>End Date</b>	<i>Tbc</i>	<b>Budget</b>	<i>Tbc</i>

Objectives	In Scope		Exclusions								
<p>Improve quality through:</p> <ul style="list-style-type: none"><li>Increased clinical pharmacy input into patient care and outcomes</li><li>Patient experience of closer to home services</li><li>Creation of a Centre of Excellence for specialist pharmacy services</li><li>Longer hours of Pharmacy service to the frontline</li><li>Timely delivery of orders to the frontline</li><li>Improved quality of transport for pharmacy products</li></ul> <p>Improve sustainability through:</p> <ul style="list-style-type: none"><li>Better working conditions for staff</li><li>Minimum duplication of regulatory requirements(MHRA licenses)</li><li>Better use of automation and IT</li><li>More robust rotas and absence cover</li></ul> <p>Reduce cost through</p> <ul style="list-style-type: none"><li>Reduced reliance on commercial providers</li><li>Efficiency from a “Once for Wales” provision</li><li>Effective interface with Pharmacy IT project</li><li>Reduced inventory</li><li>Reduce processing &amp; processing costs.</li><li>Maximise distribution &amp; logistics opportunities.</li><li>Reduced payment of sales Tax if delivered in primary care or through a community interest company</li></ul>	<p>The following Pharmacy support activities:</p> <ul style="list-style-type: none"><li>Procurement</li><li>Stock-holding of medicines</li><li>Dispensing of medicines<ul style="list-style-type: none"><li>Out-patients</li><li>High cost medicines (Homecare Service or Community Pharmacy)</li></ul></li><li>Production<ul style="list-style-type: none"><li>Non Sterile Products</li><li>Aseptic Manufacture</li><li>Sterile Manufacture</li><li>IV Nutrition (PN)</li></ul></li><li>Processing<ul style="list-style-type: none"><li>Pre Packing</li><li>Over-labelling</li></ul></li><li>Logistics<ul style="list-style-type: none"><li>Distribution</li><li>Waste Collection</li></ul></li><li>Organisation<ul style="list-style-type: none"><li>Management and governance of the reconfigured service(s)</li></ul></li></ul>		<p>The project supports the following frontline services. The project <b>will not</b> seek to reconfigure these services themselves, but will instead look at <b>how best to support them</b> with reconfigured pharmacy services:</p> <ul style="list-style-type: none"><li>Teams and Wards within Acute Hospitals</li><li>GP Surgeries</li><li>GP Dispensaries</li><li>Hospices</li><li>Air Ambulance</li><li>Welsh Blood Service</li></ul>								
			<p><b>Interfaces</b></p> <ul style="list-style-type: none"><li>The ongoing IT project to support Pharmacy Procurement is a key interface for this project.</li></ul>								
	<p><b>Constraints</b></p> <ul style="list-style-type: none"><li>Availability of Pharmacy resource to support the Project</li><li>Availability of Capital</li><li>Time to deliver a revised solutions against current service pressures</li><li>Ability of IT systems to support a reconfigured service</li><li>Ability of Logistics providers to deliver a reconfigured service</li><li>Staff time within HCS and Procurement to support the project</li></ul>		<p><b>Assumptions</b></p> <ul style="list-style-type: none"><li>Health Boards, Trusts, and Welsh Government support reconfiguration of Pharmacy support activity, based on:<ul style="list-style-type: none"><li>Once for Wales</li><li>Prudent Healthcare</li><li>Lord Carter Review</li><li>WG Parliamentary Review of Health and Social Care in Wales</li></ul></li></ul>								
	<p><b>Project Board</b></p> <table><tr><td><b>Project Executive</b></td><td>TBC</td></tr><tr><td><b>Senior User</b></td><td>TBC</td></tr><tr><td><b>Senior Supplier</b></td><td>TBC</td></tr><tr><td><b>Project Manager</b></td><td>Peter Elliott Bethan Rees</td></tr></table>		<b>Project Executive</b>	TBC	<b>Senior User</b>	TBC	<b>Senior Supplier</b>	TBC	<b>Project Manager</b>	Peter Elliott Bethan Rees	<p><b>Project Team</b></p> <p>TBC</p>
<b>Project Executive</b>	TBC										
<b>Senior User</b>	TBC										
<b>Senior Supplier</b>	TBC										
<b>Project Manager</b>	Peter Elliott Bethan Rees										

# Scoping Document

					○ PCS			
<b>Key Benefits</b>								
<b>Benefit</b>		<b>Benefit Description</b>		<b>Owner</b>	<b>Expected Outcomes</b>	<b>Measurement</b>	<b>Realisation By</b>	
<b>Plan</b>					<b>Deliverables</b>			
<b>Milestones</b>			<b>End Date</b>		<ul style="list-style-type: none"><li>A reconfigured Pharmacy Support Service for all of NHS Wales, meeting the Project Purpose and Objectives</li><li>Quantified Measures against the items listed as Project Objectives</li></ul>			
Start-up	Confirm the Brief, Identify Stakeholders	22/05/18						
Initiation	Appoint Project Executive, Project Board, Confirm Governance Line	TBC						
Baseline	Examine and Quantify the existing Pharmacy Provision that is in scope for the Project	3 Months						
Option Analysis	Analyse options for reconfiguration using the 5 Case Model, and produce an Outline Business Case	3 Months						
Option Selection	Decision Makers and Stakeholders review the option analysis, select the preferred option, and authorise implementation	3 Months						
Implementation	Implementation of the reconfigured service, including production of a Full Business Case if required.	TBC based on option selection						
<b>Risk Issue / Definition</b>			<b>Mitigating Actions</b>			<b>Impact</b>	<b>Likelihood</b>	<b>Risk Level</b>
Impact of skilled and essential staff in the existing Pharmacy Services								
Interruption or Disruption to supply of Pharmacy Products								
<b>Additional Information</b>					<b>Useful Links</b>			
<i>Any background relevant to the project?</i>								



***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Progress Update**  
**Corporate & Finance Programme Management Office (PMO)**

<b>ARWEINYDD: LEAD:</b>	<b>Andrew Butler – Director, Finance &amp; Corporate Services</b>
<b>AWDUR: AUTHOR:</b>	<b>Ian Rose – Head of PMO</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Andrew Butler – Director, Finance &amp; Corporate Services</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Andrew Butler 01443 848550</b> <a href="mailto:andy.Butler@wales.nhs.uk">andy.Butler@wales.nhs.uk</a>

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

To provide the Committee with an update on progress and continued growth within the Corporate and Finance Programme Management Office (PMO).

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	To provide a consistent and reusable framework for managing, assuring and supporting projects both within and externally to NWSSP.
<b>Tystiolaeth: Supporting evidence:</b>	-

**Ymgynghoriad/Consultation :**

Shared Services Partnership Committee  
NWSSP directorates  
Service Users  
UK best practice, i.e. Prince 2. MSP.

<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 Partnership Committee is to <b>NOTE</b> the report.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No impact. Equality Impact Assessments are undertaken for all project business cases managed by the PMO.
<b>Cyfreithiol: Legal:</b>	No impact.
<b>Iechyd Poblogaeth: Population Health:</b>	No impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	The Quality and accuracy of information presented to the Committee is important to support and enable them to make fully informed decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
<b>Ariannol: Financial:</b>	No impact.
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides an assurance that risks associated with the PMO are being managed effectively.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	The PMO progress report demonstrates compliance with the governance, leadership and accountability overarching principle of the framework. Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> .
<b>Gweithlu: Workforce:</b>	No impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## **Progress Update**

### **Corporate & Finance Programme Management Office (PMO)**

#### **1. CEFNDIR/BACKGROUND**

The Corporate & Finance Programme Management Office (PMO) is a team made up of five project managers and a project support officer based at Nantgarw, Cardiff, Mamhilad, Pontypool and Matrix House, Swansea. The team cover all Wales and provide professional project management to NWSSP. This team has been in existence since 2016 and continues to grow in line with organisational demand and the needs of the Integrated Medium Term Planning (IMTP) process.

#### **2. CRYNODEB/SUMMARY**

The PMO is currently engaged across 5 different directorates and a number of pan Wales NHS projects. The projects range in size and complexity and include the All Wales service design of Laundry services, Catering and Pharmacy and individual projects relating to Internet services and information.

A “front door” process has been developed and a website has been created to manage the first point of contact call for all potential customers seeking project management support. The PMO have introduced a single contact point, which simplifies the process of requesting support with project initiation and will be launched in July 2018.

Once a request for project support is received, an evaluation is carried out to determine if the request can be supported within the PMO. Once evaluated any requests that are undertaken, are transferred to a live tracker within the PMO for assignment to an experienced Project Manager and to monitor the lifecycle of the project for reporting and delivery purposes.

In total, there are currently 21 projects in progress across within the team, which are either being managed by the PMO or the PMO is providing support to the project Director/Lead.

The 21 projects include Business Process, Estates & Facilities, IT, Service redesign and software. The PMO also integrates delivery of the IMTP objectives through into project plans.

To support development of the team, key skills and training are being completed with the team recently passing the better business cases certification at foundation level, which will support the organisations approach to producing business cases and to align to the five case model.

It is anticipated there will be a need to further increase the bandwidth within the team as demand increases with requests being received from all directorates.

### **3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK**

The Senior Management Team (SMT) has overall responsibility for the governance of project management, and to support this the roles, responsibilities and performance criteria for the governance of project management are clearly defined. Disciplined governance arrangements, supported by appropriate methods and controls are applied throughout the project life cycle.

All projects are subject to an Integrated Impact Assessment (IIA), which considers impacts including equality & diversity, Welsh Language and information governance. All projects have an approved plan containing authorisation points, at which the business case is reviewed and approved. Decisions made at authorisation points are recorded and communicated.

There are clearly defined criteria for reporting project status and for the escalation of risks to the Project Director/lead and the SMT.

### **4. ARGYMHELLIAD/RECOMMENDATION**

The Committee are asked to:

- **NOTE** the report

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:6.1</b> <b>21 June 2018</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**IMTP 2018-21 a review of the process, learning lessons for 19-22**

<b>ARWEINYDD: LEAD:</b>	Marie-Claire Griffiths Head of IMTP Development and Implementation
<b>AWDUR: AUTHOR:</b>	Marie-Claire Griffiths Head of IMTP Development and Implementation
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy Butler Director of Finance & Corporate Services 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>

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

The purpose of this report is to provide the Partnership Committee with a review of the IMTP process for this year's plan and a summary of the lessons captured to inform planning processes within NWSSP.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

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

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	No impact.
<b>Iechyd Poblogaeth: Population Health:</b>	No impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability, which feature as overarching principles of the quality themes outlined in the Health and Care Standards.
<b>Ariannol: Financial:</b>	Not applicable.
<b>Risg a Aswariant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has transparent and robust planning processes in place
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability, which feature as overarching principles of the quality themes outlined in the Health and Care Standards.
<b>Gweithlu: Workforce:</b>	No impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## **IMTP 2018-21 a review of the process, learning lessons for 19-22**

### **1. BACKGROUND**

As part of the annual planning cycle NWSSP undertakes a lessons learnt review to ensure each year we continue to develop our planning processes. This year this was done in two stages a paper questionnaire was completed by each division planning lead and then a workshop session with the Senior Management Team.

### **2. LESSONS LEARNT**

The questionnaire and workshop were both structured to answer three questions;

1. What went well?
2. What didn't go well?
3. What would we want to do differently?

In addition to this respondents were asked to give their views on the newly developed lunch and learn sessions. These sessions have been undertaken across NWSSP to engage staff on the content of this year's plan.

#### **2.1 What went well**

The questionnaire and workshop had aligned findings. They agreed that the process this year had been further embedded making it straightforward and benefitted from a dedicated resource to drive it. The internal peer review process that allows divisions to be the critical friend for each other's plans added value. The plan was submitted on time with ease due to timely sign off and was the first received in Welsh Government. The document itself is visually appealing and easy to digest, particularly the summary version, which has been well received.

#### **2.2 What didn't go well?**

Both the questionnaire and workshop agreed that further work could be done to ensure enabling services engagement with directorates during the business planning and demonstrate the synergies across NWSSP. The current capital restraints can be demoralising for the managers developing the plans as they can't not secure funding to meet their ambitions. It was agreed that we need to further embed a continuous planning cycle to ensure we close the door on last years plan and where possible keep the plan live. We need to be bolder in our offering especially in years two and three demonstrating the missed opportunities. The difficulties with being a support organisations and reliant on others organisations IMTP whilst submitting to Welsh Government with the same timescales were also discussed.

### 2.3 What would we want to do differently?

Below is a summary of the outputs on what would we want to do differently.

- Cross divisional working on the IMTP may be an advantage
- Divisions top four or five initiatives to be showcased
- Proactive conversations by our enabling services such as ICT and procurement with our planning leads
- Focus some time in our annual Horizon and Planning Scanning day on real issues 'blockages/showstoppers'
- Interdependencies should be correlated across services as a summary table, to ensure we are joined up

### 2.4 Lunch and Learn sessions feedback

The lunch and learns sessions have received positive feedback across all divisions and it was agreed it is a good addition to try and raise the profile of the IMTP. Furthermore, it would be useful if this approach is retained going forward and it is a testament to the hard work that has gone into the process. To build on their success it would be beneficial to explore how they could be delivered in partnership with division, highlighting their top five priorities. This would also be a useful addition to the IMTP summary for next year.

## 3. CONSIDERATIONS FOR IMTP 19-22

- Integrate internal submission process with Annual Review so remove duplications of effort
- Work with Enabling services to embed into planning cycle
- Further work with planning leads and enabling services to develop a NWSSP network
- Further embed within staff training, PADR and inductions

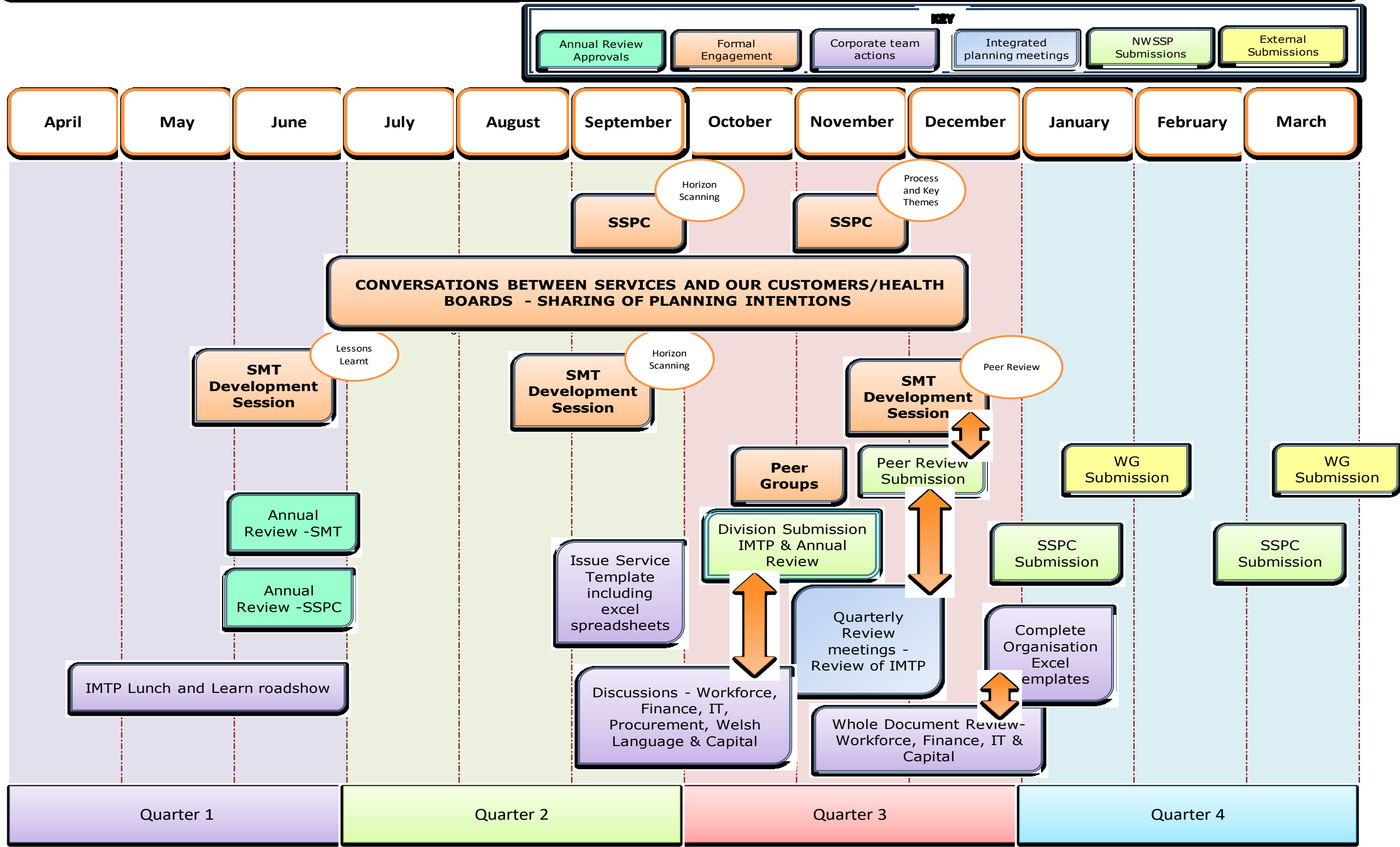
**Appendix 1** shows the updated critical pathway for the IMTP planning cycle 19-22.

## 4. RECOMMENDATION

The Committee is asked to:

- **NOTE** IMTP 2018-21 a review of the process, learning lessons for 19-22

# NWSSP IMTP and Annual Review Critical Pathway





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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 6.2**

**21 June 2018**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Update – June 2018**

<b>ARWEINYDD: LEAD:</b>	Peter Stephenson Head of Finance & Business Development
<b>AWDUR: AUTHOR:</b>	Roxann Davies Compliance Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy Butler Director of Finance & Corporate Services 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>

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

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

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

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

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

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

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

## **NWSSP CORPORATE RISK REGISTER UPDATE June 2018**

### **1. INTRODUCTION**

The Corporate Register is presented at **Appendix 1** for information. Following discussion at the February Audit Committee, the Register has been split into two sections as follows:

- Risks for Action – this includes all risks where further action is required to achieve the target score. The focus of attention for these risks should be on ensuring timely completion of required actions; and
- Risks for Monitoring – this is for risks that have achieved their target score but which need to remain on the Corporate Risk Register due to their potential impact on the organisation as a whole. For these risks the focus is on monitoring both any changes in the nature of the risk (e.g. due to external environmental changes) and on ensuring that existing controls and actions remain effective (e.g. through assurance mapping).

### **2. RISKS FOR ACTION**

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

<b>Current Risk Rating</b>	<b>June 2018</b>
Red Risk	1
Amber Risk	12
Yellow Risk	0
Green Risk	0
Total	13

#### **2.1 Red-rated Risks**

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

The NWSSP met with NWIS and PHW in January 2018 and it was agreed that a revised contract would need to be put in place with NHS Digital for second line support on a time and materials basis. The current SLA expired at the end of March 2018 but an interim SLA has been agreed to cover the period until the end of October 2018. There are a number of dependencies on cross border patient data exchanges. NHS Wales will work with NHS Digital to ensure that such transactions are managed during any transformation that takes place in England, bearing in mind the timescales in Wales to replace the NHAIS Payments systems.

In terms of the future NHS Wales payments solutions there are three options to consider for GMS, those being:

- NHS Wales redevelop the GMS Payments systems in-house;
- Contract with CAPITA to develop the highlighted gap between the NHSE systems (framework contract exists) and Welsh Requirements; *and*

- To further engage with Northern Ireland as they have a GMS payments solution fully independent of NHAIS albeit they use the NHAIS demographic services supplied by NHS Digital.

The Northern Ireland option is currently the preferred approach and PCS senior management visited the contacts there at the end of April. This visit confirmed that we would be able to utilise the Northern Ireland technology, and detailed costs are likely to be received shortly, which will then be subject to appropriate scrutiny ahead of any decision being made.

## **2.2 New Risks**

Five new risks have recently been added to the Corporate Risk Register. The detail on each is as follows:

### ***Risk A2 - Disruption to services and threats to staff due to unauthorised access to NWSSP sites.***

***Current Risk Score: Amber***

This risk has arisen following an incident at Matrix House in Swansea towards the end of April where a number of travellers gained access to the car park for several days and caused significant damage to the building and site, as well as intimidating NWSSP staff. Significant improvements have been made to the security measures at Matrix House and the travellers have since moved on. There is a need to ensure that security measures are appropriate across all NWSSP sites to prevent a re-occurrence of this problem.

### ***Risk A5 – Transfer of Responsibility/Staff from ABMU to Cwm Taf UHB***

***Current Risk Score: Amber***

Responsibility for services in the Bridgend area is potentially transferring from ABMU to Cwm Taf in April 2019, which will have a significant impact for NWSSP staff in a number of areas. We have engaged with the Chief Executives of both Health Boards to ensure that NWSSP are involved in all relevant discussion, and a formal project is being established to ensure that this risk is appropriately managed.

### ***Risk A6 – Transfer of Responsibility/Staff from NWSSP to HEIW***

***Current Risk Score: Amber***

The go-live date for HEIW is confirmed as 1 October 2018. While there is a Programme Board in place on which NWSSP are represented, there is a concern that the majority of activity is happening outside the formal work streams. There is a particular concern on the current demand on NWIS from HEIW and whether that will impact the service provision to NWSSP. There is also a need to identify the services that NWSSP will be delivering to HEIW and the resultant costs of this.

### ***Risk A7 – Payroll capacity issues resulting from NHS Wales A4C Pay Award and Priority Service Reconfiguration.***

***Current Risk Score: Amber***

NWSSP is integral to national pay negotiations and delivery of the 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 the following significant service change:

- M&D Trainee Rotation
- Establishment of HEIW
- Payment of T&C Arrears
- CTUHB/ABMUHB Transfer

There could therefore be significant capacity issues for Payroll at this time.

### ***Risk A12 - Delay with 3<sup>rd</sup> Generation Frameworks***

#### ***Current Risk Score: Amber***

There had been a delay in tendering the 3<sup>rd</sup> Generation Construction and Consultancy Framework which covers all proposed contracts in excess of £4m. The framework was originally scheduled to be let in October 2017 and the delay was caused by a number of required amendments to the contract from Welsh Government. SES have consulted with the Supply Chain Partners and Members who submitted bids for the October deadline and who have confirmed that they will accept the amendments. The framework can now be let and assuming this happens successfully, the risk can then be removed from the Register.

### **3. RISKS FOR MONITORING**

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

<b>Current Risk Rating</b>	<b>June 2018</b>
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	0
<b>Total</b>	<b>4</b>

### **4. ASSESSMENT/GOVERNANCE & RISK ISSUES**

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

### **5. RECOMMENDATION**

The Committee are asked to:

- **NOTE** to the Corporate Risk Register as at June 2018.

Corporate Risk Register												
Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
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.	4	5	20	Mapping exercise to be completed with Capita and PCS subject matter experts to identify gaps between NHSE and NHSW.  Review costings when received from Northern Ireland and submit business case (PS 30 June 2018)	Regarding GMS, there are 3 potential options: 1. NHS Wales redevelop the GMS payments system; 2. Contract with CAPITA; 3. To engage with Northern Ireland.  Northern Ireland is preferred option and visit undertaken in Apr 18. Detailed costings to be received end of May.  GOS Service Agreement to move forward with work already underway in NHSW under PCS, but keep a watching brief on the CAPITA services being developed. Delays being experienced in NHSE which reduces pressure on timescales for Wales.	➡	31-Dec-18
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Disruption to services and threats to staff due to unauthorised access to NWSSP sites.	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix.	3	4	12	Undertake reviews of security at all sites (ND TBC) Increase physical security at Matrix - install automatic barrier overseen by camera and control mechanism in reception. (Landlord)	Further incident noted at Companies House	⚡	30-Jun-18
	Strategic Objective - Staff									Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services		
A3	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 Monitoring of turnover and sickness absence Workforce & OD Framework Work with Great With Talent to develop On-Boarder, Absence & Exit questionnaires (3, 6 and 12 months) Development of Clerical Bank Strengthened relationship with local universities Work-based degree opportunities in some professional services Use of Social Media Use of Recruitment Consultants Targeted Advertising - Trade Journals	4	3	12	Exit interviews to assess rationale for staff leaving employment - 31 Mar 2018 (HR) - on hold due to procurement tender exercise  Updating and refreshing current adverts on NHS Jobs.	Recruitment and retention remains a concern, particularly within professional posts primarily with the procurement services function.  Recruitment has improved in other professional functions.  Work is taking place with all services to have in pace agile recruitment and retention strategies to attempt to address these concerns, utilising available data and information.	➡	30-Sep-18
	Strategic Objective - Staff									Risk Lead: Director of Workforce and OD		
A4	NWSSP is unable to adequately demonstrate the value it is bringing to NHS Wales due to insufficiently developed reporting systems.	4	4	16	Quarterly Performance Reports to Health Boards & Trusts Performance Reporting to SSPC & SMT SSPC Assurance reports Periodic Directorate Meetings with LHBs & Trusts Quarterly meetings with LHB and Trust Exec Teams Regular updates to Peer Groups (DOF's, DWODS, Board Secretaries) Customer Satisfaction Surveys Internal Audit Review (May 2018) Presentations from CEB Gartner (June 2018)	3	4	12	1. Introduce consistent approach in reporting and meetings for all directorates and all LHBs & Trusts (AB) 2. Review and refine performance framework (MR - 31 Dec 2018) 3. Work proactively to support NHS Wales in delivering the actions outlined within the NHS Wales Chief Executives National Improvement Programme (NIP)	1. Completed 2. Ongoing 3. Paper taken to All Wales Finance Directors meeting in 09/2017.	➡	31-Dec-18
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A5	The potential transfer of responsibilities and staff for Bridgend from ABMU to CTUHB wef April 2019 will have significant implications for NWSSP processes and workloads.	5	4	20	Programme Board	4	3	12	Implications to be worked through as part of formal project.	Formal Programme being established. NF has spoken with CEOs of both HBs and got agreement that NWSSP will be included in all relevant planning discussions.	⚡	31-Mar-19
	Strategic Objective - Customers									Risk Lead: Director of Finance and Corporate Services		
A6	The establishment of HEIW from October 2018 will cause significant disruption and uncertainty for NWSSP staff.	5	4	20	Programme Board	4	3	12	Need to identify what services NWSSP will provide to HEIW and at what cost. Ensure that all input from NWSSP to produce a successful outcome is recorded.	Confirmed go-live date of 1 Oct 2018. Recognition now from WG that this will be a hugely expensive exercise. Concerns over impact on NWIS and whether our service from them will suffer as a result. Exec Director posts shortly to be advertised. Lots of activity taking place outside formal work streams.	⚡	31-Dec-18
	Strategic Objective - Staff									Risk Lead: Director of Finance and Corporate Services		
A7	NHS Wales A4C Pay Award and Priority Service Reconfiguration : NWSSP integral to national pay negotiations and delivery of 2018 A4C Pay Award and payment of T&C arrears. Depending on progress of negotiations implementation is proposed for July/Aug 18 running in parallel with significant service change: - M&D Trainee Rotation - Establishment of HEIW - Payment of T&C Arrears - CTUHB/ABMUHB Transfer	5	4	20		3	4	12	Escalate potential July/Aug timescales with IBM to secure and maximise application of new Award and T&C's in ESR Work commenced to establish payment of T&C arrears to individuals Pay modelling to inform negotiations to speed up decision process with potential of aligning with payment in line with NHS England		⚡	31-Aug-18
	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 Horizon scanning days with SMT and SSPC to develop services Established new Programme Management Office (PMO) IT Strategy	3	3	9	1. Implementation of project management software (AB) 2. Invest in Robotic Process Automation (AB)	1. Procurement pilot project completed - currently being rolled out in NWSSP 2. RPA pilot in progress	➡	30-Jun-18
	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.	➡	30-Jun-18
	Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services & Director of WEDS		
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 On-going development of existing staff to ensure a ready supply of staff to meet the maturing organisation's needs. Leadership Development Programmes	3	3	9	1. Develop a plan which includes likely key dates for each of the affected services and which prioritises succession planning based on proximity of risk (HR) 2. NHS Wales Leadership Programme - identify key staff with potential for future development and encourage them to undertake the leadership programme - (HR) 3. National Succession Strategy for NHS Wales - participate in the work of the national group and identify high performing staff who may be eligible for consideration to support succession planning requirements - (HR)	Recent appointments of senior staff have helped to address this risk.	➡	30-Sep-18
	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 Service Level Agreement (SLA) in place with NWIS Significant additional capital funding obtained from Welsh Government in prior year for IT investment Development of draft IT strategy Quarterly Reporting of Performance to SMT	2	4	8	1. Finalise IT Strategy for NWSSP, to include an IT replacement strategy - complete 2. Consolidate Desktop support from one strategic partner - currently a mix of arrangements (NWIS & BCU) - 31 Mar 2018 (AB) 3.Finalise Cyber Security Action plan - complete 4. Develop an overarching Business Continuity plan for NWSSP incorporating operational, IT and building requirements and test the plan annually - 30 Jun 18 (AB)	All actions on track and a consultant from the Wales Quality Centre is currently working with NWSSP to enhance BCP arrangements.  1. Completed 2. Ongoing 3. Completed 4. Ongoing	➡	30-Jun-18
	Strategic Objective - Excellence									Risk Lead: Director of Finance & Corporate Services		
A12	Delays to the development and procurement of the 3rd Generation Construction and Consultant Frameworks due to Welsh Government amendments impact on the ability to tender schemes >£4m.	5	4	20	Quarterly Performance Reports to Health Boards & Trusts Performance Reporting to SSPC & SMT	2	4	8	1. Agree WG amendments with contractors. 2. Agree revised process with Strategic Framework Board and Cabinet Secretary. 3. Complete tender process for new framework by 1 April 2018.	1. Contractors have been contacted and provided with details of amendments - these have been accepted. One request received from an unsuccessful contractor for more information which is delaying contract award.	⚡	30-Jun-18
	Escalated Directorate Risk									Risk Lead: Director, Specialist Estate Services.		



A13	Failure to comply with Welsh Language requirements and capacity to meet the increased demand for Welsh translation services resulting from the implementation of the Welsh Language Standards leading to reputational damage for NWSSP.	3	4	12	Welsh Language Officer appointed Staff required to populate Welsh language skillset in ESR Welsh Language Translator appointed WL awareness is included within the face to face corporate induction training day Accredited WL training in place at several NWSSP sites WL monitoring report submitted to SMT External comms - WIAP project ensuring all web information is bilingual, graphic design, public events, etc	2	4	8	1. Undertake a Cost/benefits analysis to justify further investment in Welsh Language capacity - complete 2.Bilingual interface of TRAC recruitment software to be fully bilingual - complete 3. Investigate the potential for introducing a WL hub to provide support with translation for NHS Wales - 31 Mar 2018 (AB)	Overall Welsh Language compliance is 96.45% as at 07/2017).  Appointment of Welsh Translator  Delay with the publication of Welsh Language Standards - these are now expected to be introduced in Summer 2018.  Welsh Language Strategy due to be taken to SMT 03/2018.  <b>Risk Lead: Director of Finance and Corporate Services</b>	➔	31-Aug-18
Risks for Monitoring												
M1	1. The Learning@Wales server provided and supported by NWIS requires enhancements to ensure user capacity is aligned with forecasted usage and is fully supported and managed to ensure provision of service does not degrade further.  Further enhancements are required to reporting capability as this is affecting the service provided and reputation of NWSSP.  2. The ESR e-learning server is currently provided by NWSSP, via a server located in Manchester. This server has little resilience and requires hosting within NWIS DMZ with a fully supported service management wrap.  Over 70% of learning undertaken in NHSW at 07/2017 was via e-learning. There would be a significant impact on the compliance of the workforce if the server failed.	4	4	16	Additional support provided from NWIS to schedule reports out of hours to minimise impact on server disruption.  Significant cleansing and formatting of reports by DWS Team before they are forwarded to organisations to enable them to manage compliance.  NWSSP IT function have enabled a temporary solution via the Manchester server.	3	4	12	1. Escalation with NWIS for resolution.  2. Provision of fully supported server, hosted in NWIS, DMZ required.	Part 1 of Reporting Capability Solution done and receipt from, and application of, code by NWIS should be complete within next few weeks.  Understood that NWIS have undertaken initial review of Manchester ESR server resilience and identified no issues but agreed further scoping - TBC.	➔	
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 (PSP) targets.	4	4	16	Review of performance at regular meetings with LHBs and Trusts SMT review high level progress reports on regular basis Restructure of AP team to improve performance Action plan in place to address issues - has been subject to independent review Finance Academy has established P2P as a national project under the developing excellence initiative. Accounts payable helpdesk introduced	3	4	6	1. Complete implementation of action plan ( RW) 2. Internal Audit to complete follow up review ( SC) 3. The All Wales P2P group to provide regular updates on progress to the SMT (AB) 4. Appoint P2P Project Manager (AB)	1. Completed 2. Completed 3. Regular updates to Finance Directors and Committee 4. Completed  Actions taken to date have resulted in improvement in PSPP performance not now considered a problem. The introduction of the No PO/No pay Policy from June may have a short term adverse impact.	➔	
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 Information Governance Manager Caldicott Guardian Senior Information Risk Owner (SIRO) Training programme for staff CPIP Annual Self-Assessment and Report Information Asset Owners in each Directorate ICO Audits Information Governance Risk Register Health and Care Standards	2	3	6	1. Information Governance Work Plan to be formally approved (AB) 2. Review lessons learned from IG breaches (AB) 3. GDPR Action Plan 4. Internal Audit review to be undertaken in 2018/19	1. Completed - IG Work Plan approved by IG Steering Group. 2. Ongoing - Standard agenda item on IG Steering Group; presentations delivered by each directorate, in turn.  NWSSP achieved a score of 96% in the latest Caldicott Principles into Practice assessment.	➔	
M4	The forecasting of the Risk Pool spend is complex. Any inaccuracies could have a major impact on NHS Wales' ability to achieve financial balance and could adversely impact the reputation of NWSSP.  The change in the discount rate in February 2017 has increased the complexity of the calculations.	4	4	16	Appointment of a dedicated Risk Pool Accountant Introduction of Business Partnering Arrangements On-going development of robust forecasting arrangements Regular reporting to SSPC and Directors of Finance Subject to WAO review.	2	3	6	1. Closer working with Health Boards, Welsh Government and Solicitors required to maintain a current and accurate view of the level of risk.  2. Development of a forecasting model to map the financial impact of the discount rate change over the next 3 years.	Both actions completed. NWSSP have developed a forecasting system which incorporates all the latest information about cases over £250k available from the Solicitors. This has been agreed with Welsh Government.  A dialogue system is in place and forecasting is always on the LARS monthly Senior Team meeting, chaired by the Director and attended by Martin Riley and Legal & Risk Services' Senior Solicitors/Team Leaders.  Finance Directors were updated on the latest position in 01/2018. Additional funding has now been provided by HM Treasury.	➔	

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



<b>CIRCULATION</b>	Directors of Finance & Welsh Government
<b>DATE</b>	27 <sup>th</sup> April 2018
<b>PREPARED BY</b>	Sue Saunders
<b>RESPONSIBLE HEAD OF SERVICE</b>	Martin Riley, Head of Finance

**TITLE OF REPORT**

Welsh Risk Pool Services – Financial Update

**PURPOSE OF REPORT**

The purpose of this report is to confirm the outturn financial position for 2017/18 and to highlight professional influence savings made by Legal & Risk Services during 2017/18.

## 1.0 INTRODUCTION

The purpose of this report is to provide an update on 17/18 outturn expenditure incurred by the Welsh Risk Pool Service, the provisions, contingent liabilities and the implications for 18/19.

## 2.0 FUNDING ARRANGEMENTS

The WRPS receives two funding streams:

- Departmental Expenditure Limit (DEL) to meet in year costs associated with settled claims.
- Annually Managed Expenditure (AME) to meet the cost of accounting for the long term liabilities of claims.

## 3.0 DEPARTMENTAL EXPENDITURE LIMIT

The WRPS utilises DEL resource through the following expenditure headings:

- Reimbursements to members

- Movement on the WRPS Claims Creditor
- Payments in respect of a WRPS managed claim (i.e. former Health Authority claims)
- Payments in respect of claims settled using Periodical Payment Order

### 3.1 Resource utilised 2017/18

The forecast outturn position was £105m. However, the Welsh Government requested that the annual spend was in the region of £106 to £106.7m. Assurance was received from WG that it would underwrite this position and that the risk sharing agreement would not be invoked. As at the end of the financial year the final position was 106.5m.

	No.	£m	2016/17 Comparative
<b>Claims reimbursed to members &amp; WRP managed expenditure:</b>			
Clinical negligence	363	77.121	54.120
Personal injury	68	3.376	1.782
All other losses and special payments	4	0.188	0.083
<b>Sub-total</b>	<b>435</b>	<b>80.685</b>	<b>55.985</b>
Periodical Payments		10.869	9.963
Movement on claims creditor (see note below)		14.990	7.468
<b>Expenditure 2017/18</b>		<b>106.544</b>	<b>73.416</b>

The annual accounts require disclosure of reimbursements in-year of above £300k for each Health Organisation. In total there were 55 cases where the in-year reimbursement was above £300k. The average reimbursement across all 435 paid claims was £185k.

	Number	£m	2016/17 Comparative
<b>Cases exceeding £300,000</b>			
ABMU	16	15.717	7.041
Aneurin Bevan	9	9.259	4.728
BCU	7	9.484	5.282
Cardiff and Vale	9	6.197	11.038
Cwm Taf	8	6.366	3.909
Hywel Dda	2	0.986	4.200
Powys	1	8.401	0
PHW	1	0.369	0.508
WAST	2	0.900	0
<b>Sub-total</b>	<b>55</b>	<b>57.679</b>	<b>36.706</b>
<b>All other cases</b>	<b>380</b>	<b>23.006</b>	<b>19.279</b>
<b>Total cases</b>	<b>435</b>	<b>80.685</b>	<b>55.985</b>

#### **Note: Movement on Creditors**

Payments in year – including reimbursements to individuals for PPO's / Structured Settlements totalled £91.554. The difference between this figure and the reported spend of £106.544m is £14.990m.

The £14.990m relates to the movement on the claims creditor. This is the total of all cases that have been settled / interims agreed where

- the Health organisation has paid out but not yet sought reimbursement from the WRPS
- agreement has been reached in year but no payment has yet been made. This satisfies International Accounting Standards (IAS 37).

At the end of March 2017 there was £57.040m of creditors outstanding. At 31<sup>st</sup> March 2018 this has risen to £72.030m and the increase is reflected in the 2017/18 accounts.

#### **Note: Movement on Creditors**

	<b>31/03/18 £000'S</b>	<b>31/03/17 £000's</b>	<b>Movement £000's</b>
<b>ABMu</b>	<b>13.608</b>	10.485	3.123
<b>Aneurin Bevan</b>	<b>11.406</b>	13.360	(1.954)
<b>Betsi Cadwaladr LHB</b>	<b>5.082</b>	7.798	(2.716)
<b>Cardiff &amp; Vale</b>	<b>25.328</b>	11.175	14.153
<b>Cwm Taf</b>	<b>8.926</b>	8.948	(0.022)
<b>Hywel Dda</b>	<b>5.603</b>	3.151	2.452
<b>Powys</b>	<b>0.000</b>	0.000	0.000
<b>PHW</b>	<b>0.719</b>	0.421	0.298
<b>WAST</b>	<b>0.928</b>	1.184	(0.256)
<b>Velindre</b>	<b>0.430</b>	0.518	(0.088)
<b>Total</b>	<b>72.030</b>	<b>57.040</b>	<b>14.990</b>

#### **4 COMMENT ON LIABILITIES BELOW £25,000**

Whilst this report has focussed on the resource that is required by the WRPS the risks and uncertainties outlined in this report remain equally applicable to the individual Health Boards and NHS Trusts. The number of claims received in month continues to remain high.

#### **5 AME / PROVISIONS**

The closing WG WRPS provision last year, as detailed in the NHS Summarised accounts was £866.86m. This is comprised of;

- £546.271m relating to cases identified as probable or certain and,
- £320.589m relating to Structured Settlements/PPO's

The summary below shows that for the first time, total provisions have risen in value to over £1 billion. The provision has increased by £196.354m from £866.86m in 2016/17 to £1,063.214m in 2017/18.

Last year's movement for the probable and certain cases was an increase of £145.4m and this compares to a similar movement for 2017/18 of £147.5m.

The “probables” and “certain” in the database have increased by 27% to £694m from £546m whilst the value of the Periodical Payment Orders have increased by 15% to £369.5m from £320.6m.

The closing balances for 2015/16 have also been included to show the significant increases to provisions since the PIDR change in March 2017.

<b>PROBABLE AND CERTAIN CASES</b>	<b>31/03/18 £000s</b>	<b>31/03/17 £000's</b>	<b>Movement</b>	<b>31/03/16 £000's</b>
Clinical Negligence	679,372	534,826	144,546	391,116
Personal Injury	6,625	4,959	1,666	4,476
Defence Legal Fees & other costs	7,751	6,486	1,265	5,265
<b>Sub total</b>	<b>693,748</b>	<b>546,271</b>	<b>147,477</b>	<b>400,857</b>
Periodical Payment Orders	369,466	320,589	48,877	281,253
<b>Total Provision</b>	<b>1,063,214</b>	<b>866,860</b>	<b>196,354</b>	<b>682,110</b>

	<b>2017/18 – No of Cases</b>	<b>£000's</b>	<b>2016/17 – No of Cases</b>	<b>£000's</b>
<b>Probable</b>	146	144,004	157	130,186
<b>Certain</b>	543	549,745	529	416,085
<b>Total</b>	<b>689</b>	<b>693,748</b>	<b>686</b>	<b>546,271</b>

The above summary demonstrates the movement in provision for the probable and certain cases is being driven by increases to quantum rather than an increase in the number of claims in the system.

The number of cases has remained relatively static whilst the claims values have risen significantly.

Analysis of the Legal & Risk database indicates the increase in value relates to the change in the PIDR rate for future losses provisions.

The table below reconciles the movement in PPO's. There have been seven additions in year and two cases removed.

#### **MOVEMENT ON PPO's**

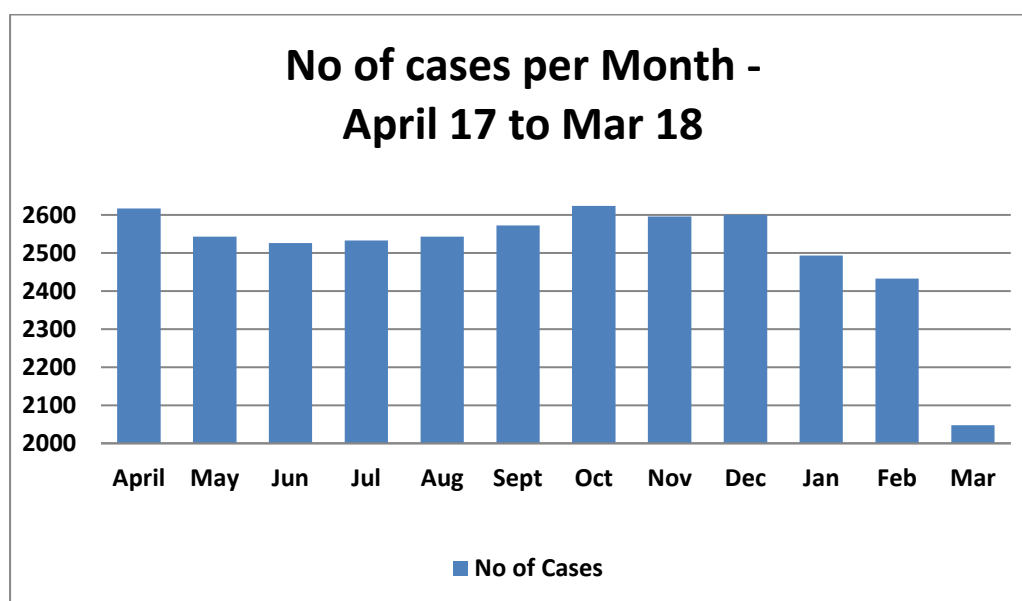


	£m
<b>Opening Balance</b>	<b>320.589</b>
New PPO's	27.006
Removed from Provision	-1.762
Application of Discount Rates	23.633
<b>Closing Balance</b>	<b>369.466</b>

## 6 Clinical negligence – analysis of ongoing claims

The graph below shows a reduction in the number of cases from March 2017 to March 2018. The number of total open cases has reduced from 2,621 to 2,048.

The reduction is mostly limited to contingent liabilities rather than provisions i.e, remote and possible cases rather than probable and certain cases. The second table on Page 5 shows the number of probable and certain cases has remained similar to previous years.



The reduction partly relates to an exercise to remove a cohort of cases from the database.

During the last quarter of the year, a number of remote and possible cases were identified as 'Medical Disclosures Only'. These are cases where medical records have been requested by potential claimants and a case file opened by

the solicitor, but the file remains dormant for at least 9 months and a future liability is not expected to arise.

This exercise has been concluded and a total of 375 cases within this category have been removed from the database.

The adjustment has no effect on WRPS provisions or future years' forecast DEL/cash requirements, but has impacted contingent liabilities.

The revision aligns with the NHS Resolution in England's treatment of these types of cases.

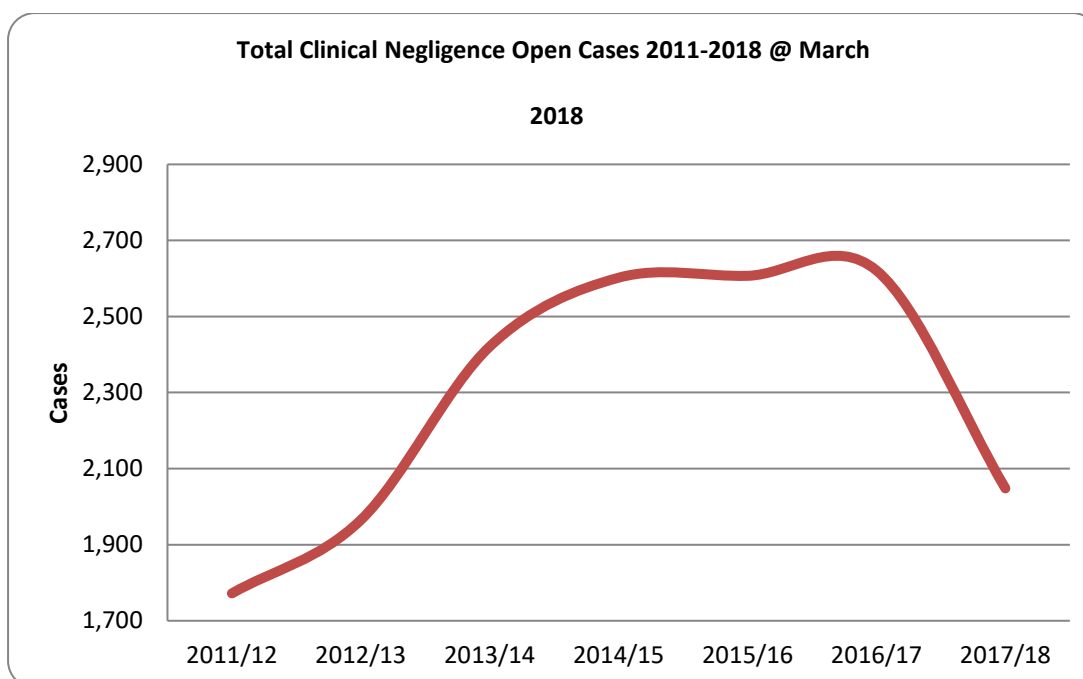
### **6.1 Open matters assessed as Probable or Certain**

The number of new matters opened in year was 854, compared to 923 in 2016/17.

The number of closed matters including the disclosure only cases was 1427 compared to 909 in 2016/17.

Appendix 1 below sets out the movement on the number of cases during the year by Health Board. The graph below indicates the decrease in the number of cases during 2017/18.

The decline in the number of cases has been mostly for remote and possible cases within contingent liabilities and has had no effect on provisions.



A high level analysis of claims by probability and gross value shows the scale of the financial challenge faced by NHS Wales.

Assessment of Probability	Number of claims	Estimated Value £'M
Unspecified	47	0.16
Remote	36	19.82
Possible	1,153	809.22
Probable	146	144.00
Certain	543	576.82
Finalised	123	0
<b>Total</b>	<b>2,048</b>	<b>1,550.02</b>

It should be noted 56% of the total number of cases have a 'possible' status.

## 7 CONTINGENT LIABILITIES

In accordance with IAS37, Trusts and Local Health Boards disclose claims made against them for alleged clinical negligence and personal injury. These claims are disputed and, until they are resolved, are the Trusts' and Local

Health Boards' financial liability. No provision has been made in these accounts for these items. Contingent liabilities disclosed by Trusts and Local Health Boards are given in their annual accounts.

For 2017/18 the total disclosed in the draft Accounts is £814.985m.. The comparative figure in the 2016/17 accounts was £854.463m. This therefore represents a decrease of £39m or 4.8% in the value of cases classified as possible.

The remote cases on the LARS database recorded in the draft accounts total £27.987m. This is a decrease from the 2016/17 remote figure of £41.253m.

Total contingent liabilities have reduced from £896m in 2016/17 to £843m in 2017/18. Approximately £30m of the £54m decrease relates to the removal of the disclosure only cases. The remaining decrease relates to the net value of cases opened in year less cases closed in year.

Welsh Audit Office have confirmed there is no requirement to re-state contingent liabilities for the previous year in the 2017/18 accounts.

## 8 2018/19

The budget for 2018/19 has not yet been confirmed but is expected to be £105m, an increase from the previous allocation of £75m. However, the forecast is based on the current -0.75% PIDR rate which is expected to change during 2018/19.

If the rate does change, then the forecasts will be revised to remodel resource requirements using the new rate.

A 3 year forecast has been completed and early indications show a possible invocation of the Risk Sharing Agreement in future years:-

	2018/19	2019/20	2020/21
<b>3 Year Forecast</b>	<b>105.63</b>	<b>120.77</b>	<b>143.81</b>
Before PIDR impact	75.00	84.46	100.57
Element Relating to PIDR impact	30.63	36.32	43.24
<b>Core Claims Growth Subject to Risk</b>	<b>0.00</b>	<b>9.46</b>	<b>25.57</b>

<b>Sharing Agreement</b>			
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The above table indicates the Risk Sharing Agreement is not expected to be invoked for 2018/19 at this stage but could impact 2019/20 and 2020/21. However, it must be noted that the 2019/20 and 2020/21 are estimated and there is likely to be movement on the total quantum and also variance on settlement dates of cases, together with PIDR rate changes. All these factors could materially affect the forecast position. However, based on current information and the current PIDR rate these represent the current best estimate forecast spend position.

## 9 Professional Impact of Legal & Risk Services

During 2017/18, Legal and Risk Services reported professional influence savings of £100m. The table below provides an overview of the professional influence savings recorded for 17/18 and reflects significant achievements in reducing the final settlements from that of the claimant's initial estimate

<b>Savings</b>	<b>£'m 2017/2018</b>	<b>2016/17 Comparative</b>
Claims below £100K	4	4
Claims above £100k	90	66
Savings in relation to costs	2	3
Repudiated Claims	4	7
Miscellaneous Savings	0	7
<b>TOTAL</b>	<b>100</b>	<b>87</b>

## 9 CONCLUSION

NHS Wales is experiencing significant financial challenges arising from negligence claims. The claims settled and ongoing claims are reviewed on a monthly basis with variations and movements noted and investigated.

## Appendix 1 – Analysis of caseload and activity for clinical negligence matters to 31<sup>st</sup> March 2018 by Health Board with 16/17 comparative

2016/17	ABMU	BCU	AB	C Taf	HD	C&V	Powys	WAST	Velindre	PHW	Grand Total
Opening Month 1	535	576	460	403	286	294	19	24	10	14	<b>2621</b>
Closing	423	397	331	255	297	286	16	22	8	13	2048
<b>Movement</b>	<b>-112</b>	<b>-179</b>	<b>-129</b>	<b>-148</b>	<b>11</b>	<b>-8</b>	<b>-3</b>	<b>-2</b>	<b>-2</b>	<b>-1</b>	<b>-573</b>

Total opened 2016/2017	186	184	159	88	119	97	5	12	1	3	<b>854</b>
Total closed 2016/2017	-298	-363	-288	-236	-108	-105	-8	-14	-3	-4	<b>-1,427</b>

2016/17	ABMU	BCU	AB	C Taf	HD	C&V	Powys	WAST	Velindre	PHW	Grand Total
Opening Month 1	561	539	457	427	289	268	20	16	16	14	<b>2607</b>
Closing	535	576	460	403	286	294	19	24	10	14	2621
<b>Movement</b>	<b>-26</b>	<b>37</b>	<b>3</b>	<b>-24</b>	<b>-3</b>	<b>26</b>	<b>-1</b>	<b>8</b>	<b>-6</b>	<b>0</b>	<b>14</b>

Total opened 2016/2017	171	218	163	106	114	132	4	11	2	2	<b>923</b>
Total closed 2015/2016	-197	-181	-160	-130	-117	-106	-5	-3	-8	-2	<b>-909</b>





GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 6.4**

**21 June 2018**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Annual Governance Statement 2017-2018**

<b>ARWEINYDD: LEAD:</b>	Andy Butler Director of Finance & Corporate Services
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**Pwrpas yr Adroddiad:  
Purpose of the Report:**

To provide the Partnership Committee with the finalised version of the NHS Wales Shared Services Partnership's (NWSSP) Annual Governance Statement.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

The purpose of this report is to receive the Annual Governance Statement (AGS) for the NHS Wales Shared Services Partnership (NWSSP). The Committee reviewed the draft statement at its March meeting, and the Statement has also been submitted to the Senior Management Team in March 2018 and the Audit Committee in April 2018. The Statement will be formally approved at the June meeting of the Audit Committee.



Adduned y Pwyllgor/Committee Resolution (insert ✓):							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>	✓	<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>ENDORSE</b> the report ahead of formal approval by the Audit Committee.					

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

# NWSSP ANNUAL GOVERNANCE STATEMENT 2017-2018

## 1. BACKGROUND

The Shared Services Partnership Committee ("the Committee") was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 No. 1261(W.156) and the functions of managing and providing shared services (professional, technical and administrative services) to the health service in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

The Annual Governance Statement is a mandatory requirement. It provides assurance that NWSSP has a generally sound system of internal control that supports the achievement of its policies, aims and objectives, and provides details of any significant internal control issues.

The Statement must be signed off by the Managing Director as the accountable officer, and approved by the Velindre NHS Trust Audit Committee for NWSSP. As a hosted organisation, NWSSP's annual governance statement forms part of the Velindre NHS Trust's annual report and accounts. The external auditor will report on inconsistencies between information in the Statement and their knowledge of the governance arrangements for NWSSP.

The Head of Internal Audit provides an annual opinion to the accounting officer and the Velindre NHS Trust Audit Committee for NWSSP on the adequacy and effectiveness of the risk management, control and governance processes to support the Statement.

The Annual Governance Statement for 2017-2018 is presented at **Appendix 1**.

## 2. TIMELINE FOR APPROVAL

The timeline for approving the statement is as follows:

Date	Action
27 March 2018	<u>SSPC</u> SSPC endorsed the draft statement.
29 March 2018	<u>Senior Management Team (SMT)</u> The SMT reviewed the draft statement
24 April 2018	<u>Audit Committee</u> The Velindre NHS Trust Audit Committee for Shared Services

	considered the draft and agreed that it is consistent with the Committee's view on the NWSSP's assurance framework
21 June 2018	<u>SSPC</u> SSPC to note the AGS prior to submission to Audit committee on 24 July 2018
28 Jun 2018	<u>Formal SMT</u> SMT to formally adopt the statement
24 July 2018	<u>Audit Committee</u> Velindre NHS Trust Audit Committee for NWSSP review of the Statement along with the final Head of Internal Audit Opinion and final version agreed.
25 July 2018	Arrange Welsh language translation and publicise on NWSSP website

### 3. GOVERNANCE & RISK

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 NWSSP. The Managing Director is the designated Accountable Officer for NWSSP and is accountable through the leadership of the Senior Management Team.

The Managing Director is accountable to the Shared Services Partnership Committee (SSPC) in relation to those functions delegated to him by the SSPC. The Managing Director is also accountable to the Chief Executive of Velindre NHS Trust in respect of the hosting arrangements supporting the operation of NWSSP.

The Annual Governance Statement is complete apart from a small number of areas where information is awaited e.g. results of Committee effectiveness survey. The Annual Governance Statement will be updated to reflect the information once available.

### 4.RECOMMENDATION

The Committee is asked to: -

- **ENDORSE** the report



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

6.4

# **Annual Governance Statement 2017/2018**

<b>Version</b>	<b>Approved</b>
<b>1</b>	<b>SSPC 27 March 2018 draft for endorsement</b>
<b>2</b>	<b>SMT 29 March 2018 draft for information</b>
<b>3</b>	<b>Velindre Integrated Governance Group 10 April 2018</b>
<b>4</b>	<b>Audit Committee 24 April 2018</b>
<b>5</b>	<b>SMT 24 May 2018</b>
<b>6</b>	<b>Audit Committee 5 June 2018 (for Final Approval)</b>

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# **ANNUAL GOVERNANCE STATEMENT 2017/2018**

## **1. SCOPE OF RESPONSIBILITY**

As Accounting Officer, the Managing Director has responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Wales Shared Services Partnership's (NWSSP), and the host's (Velindre NHS Trust) policies, aims and objectives. The Managing Director also 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 responsible for ensuring that NWSSP is administered prudently and economically and that resources are applied efficiently and effectively.

Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. Effective governance is paramount to the successful and safe operation of NWSSP's services. This is achieved through a combination of "hard" systems and processes including standing orders, policies, protocols and processes; and "soft" characteristics of effective leadership and high standards of behaviour (Nolan principles).

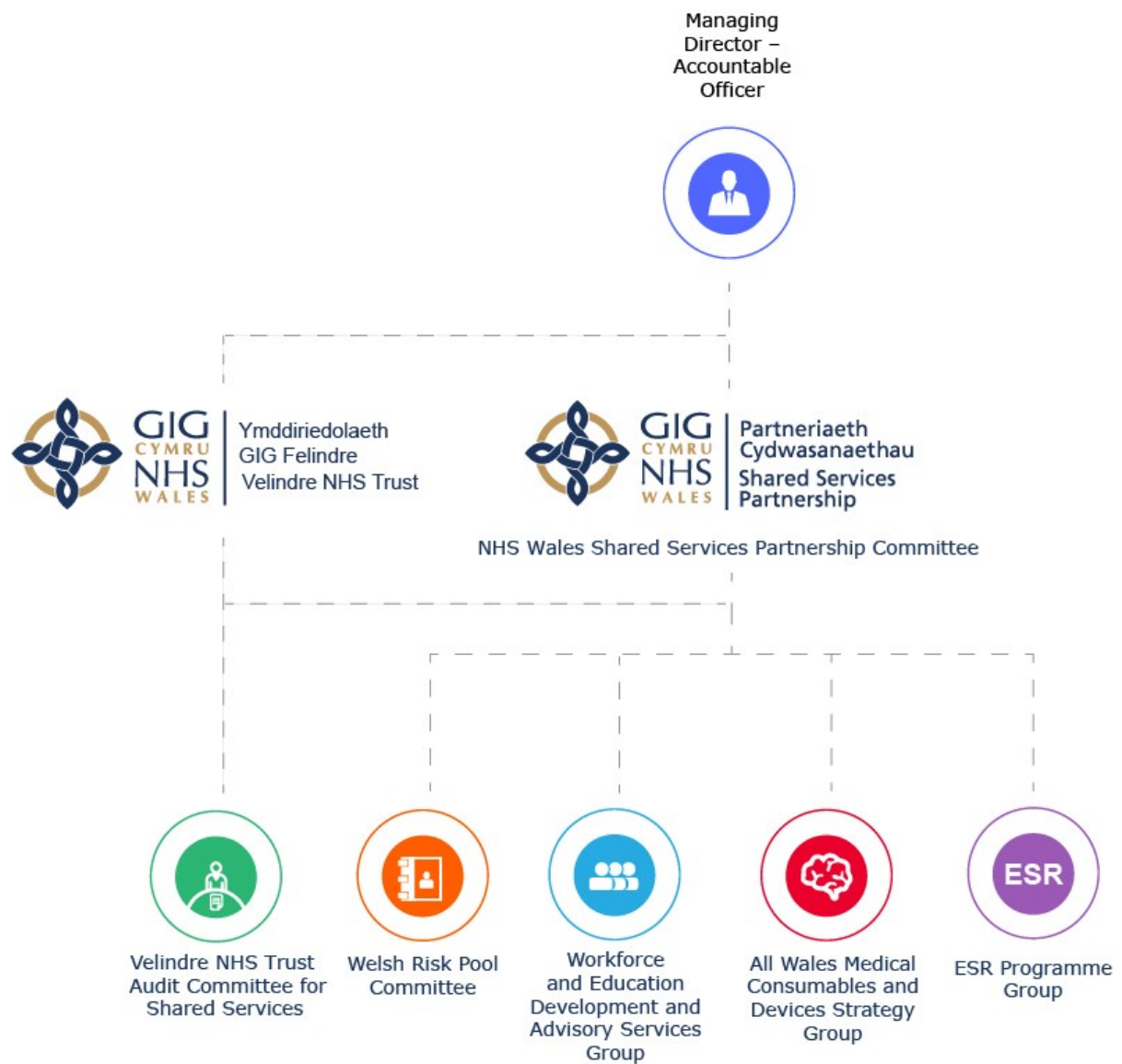
The Managing Director of Shared Services is accountable to the Shared Services Partnership Committee (Partnership Committee) in relation to those functions delegated to it. The Managing Director is also accountable to the Chief Executive of Velindre NHS Trust in respect of the hosting arrangements supporting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

The Chief Executive of Velindre NHS Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust. As the host organisation, the Chief Executive (and the Velindre Board) has a legitimate interest in the activities of the Shared Services Partnership and has certain statutory responsibilities as the legal entity hosting Shared Services.

The Managing Director of Shared Services (as the Accountable Officer for Shared Services) and the Chief Executive of Velindre NHS Trust (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 co-operate with each other to ensure that full accountability for the activities of the Shared Services and Velindre NHS Trust is afforded to the Welsh Government Ministers/Cabinet Secretary whilst minimising duplication.

The Governance Structure for NWSSP is presented in Figure 1 below:

Figure 1 –NWSSP's Governance Structure



Underpinned through the overarching Velindre NHS Trust legal and assurance framework



## **2. GOVERNANCE FRAMEWORK**

NWSSP has two main Committees that have key roles in relation to the Governance and Assurance Framework. Both Committees are chaired by Independent Members and undertake scrutiny, development discussions, and assess current risks and monitor performance in relation to the diverse number of services provided by NWSSP to NHS Wales.

### **2.1 Shared Services Partnership Committee**

The Shared Services Partnership Committee (Partnership Committee) was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 No. 1261(W.156) and the functions of managing and providing shared services (professional, technical and administrative services) to the health service in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

The composition of the Partnership Committee includes an Independent Chair, the Managing Director of Shared Services, and either the Chief Executive of each partner organisation in NHS Wales or a nominated representative who acts on behalf of the respective Health Board or Trust.

At a local level, Health Boards and NHS Trusts in Wales must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out within the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, into day to day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of NWSSP and define its "way of working". These documents, accompanied by relevant Velindre NHS Trust policies and NWSSP's corporate protocols, approved by the SMT, provide NWSSP's Governance Framework.

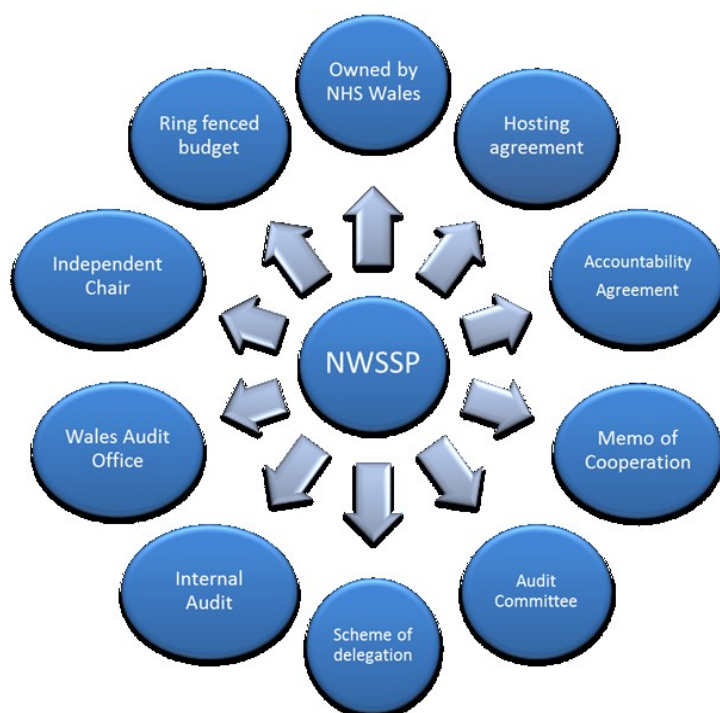
Health Boards and NHS Trusts in Wales have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in accordance with the policy and strategy set out above, determined by the Partnership Committee.

Whilst the Partnership Committee acts on behalf of the Health Boards and NHS Trusts in undertaking its functions, the responsibility for the exercise of Shared Services functions is a shared responsibility of all NHS bodies in Wales.

The Partnership Committee is supported by the Director of Corporate Governance/Board Secretary of Cwm Taf University Health Board, who acts as the guardian of good governance within the Committee.

NWSSP's governance arrangements are summarised below.

Figure 2: Summary of Governance Arrangements



The Partnership Committee has in place a robust Governance and Accountability Framework for NWSSP including:

- Standing Orders;
- Hosting Agreement;
- Interface Agreement between the Chief Executive Velindre NHS Trust and Managing Director of NWSSP; and
- Accountability Agreement between the Partnership Committee and the Managing Director of NWSSP.

These documents, together with the Memorandum of Co-operation form the basis upon which the Partnership Committee's Governance and Accountability Framework is developed. Together with the Velindre 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.

The Membership of the Committee during the year ended 31 March 2018 is outlined in Figure 3 below. All meetings were quorate and attended by the Chair, and the attendance of the Committee is outlined in Figure 4.

Figure 3: Table of Members of the NHS Wales Shared Services Partnership Committee during 2017/2018

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>From – To</b>
Margaret Foster (Chair)	<i>Independent Member</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Full Year</i>
Neil Frow	<i>Managing Director of NWSSP</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Full Year</i>
Paul Gilchrist	<i>Deputy Director of Finance</i>	<i>Abertawe Bro Morgannwg UHB</i>	<i>Full Year</i>
Geraint Evans	<i>Director of Workforce and OD</i>	<i>Aneurin Bevan UHB</i>	<i>Full Year</i>
Huw Thomas (Vice Chair )	<i>Director of Operational Finance</i>	<i>Betsi Cadwaladr UHB</i>	<i>Full Year</i>
Christopher Lewis	<i>Deputy Director of Finance</i>	<i>Cardiff and Vale UHB</i>	<i>Full Year</i>
Joanna Davies	<i>Director of Workforce &amp; OD</i>	<i>Cwm Taf UHB</i>	<i>Full Year</i>
Nia Williams	<i>Executive Project Manager</i>	<i>Hywel Dda UHB</i>	<i>Full Year</i>
Eifion Williams	<i>Director of Finance</i>	<i>Powys THB</i>	<i>Full Year</i>
Melanie Westlake	<i>Head of Corporate Governance/Board Secretary</i>	<i>Public Health Wales NHS Trust</i>	<i>Full Year</i>
Steve Ham	<i>Chief Executive</i>	<i>Velindre NHS Trust</i>	<i>Full Year</i>
Chris Turley	<i>Acting Director of Finance</i>	<i>Welsh Ambulance Services NHS Trust</i>	<i>Full Year</i>

The composition of the Committee also requires the attendance of the following: Director of Finance, Welsh Government, Director of Finance & Corporate Services, NWSSP, Director of Workforce & Organisational Development, Boards Secretary/Director of Governance, Cwm Taf UHB as governance support.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2017/2018

<b>Organisation</b>	<b>18/05/2017</b>	<b>07/06/2017</b>	<b>19/09/2017</b>	<b>16/11/2017</b>	<b>18/01/2018</b>	<b>27/03/2018</b>
<i>Abertawe Bro Morgannwg UHB</i>	<i>x</i>	<i>x</i>	<i>x</i>	<i>✓*</i>	<i>x</i>	<i>x</i>
<i>Aneurin Bevan UHB</i>	<i>x</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>
<i>Betsi Cadwaladr UHB</i>	<i>✓</i>	<i>✓</i>	<i>x</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>

<i>Cardiff and Vale UHB</i>	✓	✓*	✓*	✓	✓	✓
<i>Cwm Taf UHB</i>	✓✓	✗	✓✓	✓✓	✓	✓
<i>Hywel Dda LHB</i>	✓	✓	✓*	✓	✓	✓
<i>Powys Teaching Health Board</i>	✗	✗	✓	✗	✗	✗
<i>Public Health Wales Trust</i>	✗	✓	✓	✓	✗	✗
<i>Welsh Ambulance Service Trust</i>	✓	✗	✓	✓	✓	✗
<i>Welsh Government</i>	✗	✓	✗	✓	✓	✗
<i>Velindre NHS Trust</i>	✗	✓	✗	✓✓	✓	✓

✓ Denotes the nominated member was present

✓\* Denotes the nominated member was not present and that a suitable officer attended on their behalf

✗ Denotes Health Body not represented

\*\* Denotes the Director of Corporate Governance/Board Secretary, Governance Support role deputised for the Cwm Taf UHB representative

The purpose of the Partnership Committee is set out below:

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

The Partnership Committee monitors performance monthly against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. These are presented to the Partnership Committee by the relevant Director. *Deep Dive* sessions are a standing item on the agenda to learn more about the risks and issues of directorates within NWSSP.

The Partnership Committee ensures that NWSSP consistently followed the principles of good governance applicable to NHS organisations, including the oversight and development of systems and processes for financial

control, organisational control, governance and risk management. The Partnership Committee assesses strategic and corporate risks through the Corporate Risk Register.

## **2.2 Partnership Committee Performance**

During 2017/2018, the Partnership Committee approved an annual forward plan of business, including:

A “Horizon Scanning” Workshop – following on from the SMT Horizon Scanning workshop held on 13 September 2017. A specific workshop was held with the Partnership Committee which provided an opportunity for members to:

- Review performance;
  - Review NWSSP achievements over the preceding 12 months;
  - Review how NWSSP is performing against its Integrated Medium Term Plan (IMTP);
  - Consider the future macro challenges to service delivery; and
  - Consider what additional support NWSSP could provide to NHS Wales.
- A workshop to discuss the potential expansion of NWSSP services to further support NHS Wales; and
  - *Deep Dive* sessions to explore in detail individual service areas and to collectively discuss areas of success and potential weakness with a view to collectively agreeing a potential solution.

## **2.3 Velindre Audit Committee for NWSSP**

The primary role of the Velindre NHS Trust Audit Committee for Shared Services (Audit Committee) has been to review and report upon the adequacy and effective operation of NWSSP’s overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP’s objectives. This role is set out clearly in the Audit Committee’s terms of reference which were revised in 2017/2018 to ensure these key functions were embedded within the standing orders and governance arrangements.

The Audit Committee reviews the effective local operation of internal and external audit, as well as the Counter Fraud Service. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that assurance resource is effectively used.

The Audit Committee supports the Partnership Committee in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP’s objectives in accordance with the standards of good governance determined for the NHS in Wales.

The Committee attendees during 2017/2018 comprised of three Independent Members of Velindre NHS Trust supported by representatives

of both Internal and External Audit and Senior Officers of NWSSP and Velindre NHS Trust.

**Figure 5 - Composition of the Velindre NHS Trust Audit Committee for NWSSP during 2017/18**

<b>In Attendance</b>	<b>April 2017</b>	<b>June 2017</b>	<b>July 2017</b>	<b>Nov 2017</b>	<b>Feb 2018</b>	<b>Total Out of 5</b>
<b>Committee Members</b>						
Martin Veale, Chair & Independent Member	✓	✓	✓	✓	✓	<b>5</b>
Ray Singh, Independent Member	✓		✓	✓		<b>3</b>
Professor Jane Hopkinson, Independent Member	✓	✓	✓	✓	✓	<b>5</b>
<b>Wales Audit Office</b>						
Audit Team Representative	✓✓	✓	✓		✓	<b>4</b>
<b>NWSSP Audit Service</b>						
Director of Audit & Assurance	✓	✓	✓	✓	✓	<b>5</b>
Head of Internal Audit	✓	✓	✓	✓	✓	<b>5</b>
Audit Manager	✓	✓	✓	✓	✓	<b>5</b>
<b>Counter Fraud Services</b>						
Local Counter Fraud Specialist	✓	✓	✓	✓	✓	<b>5</b>
<b>NWSSP</b>						
Margaret Foster, Chair NWSSP	✓		✓	✓	✓	<b>4</b>
Neil Frow, Managing Director	✓	✓	✓		✓	<b>4</b>
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	✓	<b>5</b>
Jacqui Maunder, Head of Corporate Services	✓	✓	✓	✓	✓	<b>5</b>
Roxann Davies, Compliance Officer	✓	✓	✓	✓	✓	<b>5</b>
NWSSP Secretariat	✓	✓		✓		<b>3</b>
Other Staff		✓✓	✓✓	✓	✓✓	<b>4</b>
<b>Velindre NHS Trust</b>						
Steve Ham, Chief Executive		✓				<b>1</b>
Mark Osland, Director of Finance	✓	✓	✓		✓	<b>4</b>

The Audit Committee met formally on five occasions during the year with the majority of members attending regularly and all meetings were quorate. An Audit Committee "Highlight Report" and Minutes of the meeting have been reported back to the Partnership Committee.

## **2.4 Reviewing Effectiveness of Audit Committee**

The Audit Committee completes an annual committee effectiveness survey evaluating the performance and effectiveness of:

- the Audit Committee members and Chair;
- the quality of the reports presented to Committee; and
- the effectiveness of the Committee secretariat.

The survey questionnaire comprises self-assessment questions intended to assist the Committee in assessing their effectiveness with a view to identifying potential areas for development going forward. The survey for 2017/18, undertaken during May 2018, had an 80% response rate (8 responses received) and identified the following:

- 88% of all responses were positive;
- 100% of respondents felt that the Committee had been provided with sufficient authority and resource to perform its role effectively;
- 100% of respondents also considered that the Committee meets sufficiently frequently to deal with planned matters and that sufficient time is made available for questions and discussion;
- All respondents agreed that the atmosphere at Committee meetings is conducive to open and productive debate;
- All agreed that the behaviour of members and attendees was courteous and professional; and
- All agreed that the reports received by the Committee were timely and included the right format and content to enable the Committee to discharge its internal control and risk management responsibilities.

Areas for further consideration included the use of the Welsh Language in meetings, and in promoting greater use of technology for Committee papers.

## **2.5 Sub Groups and Advisory Groups**

The Partnership Committee is supported by four advisory groups:

- **Workforce Education and Development Services Advisory Group (WEDSAG)**
  - Advisory group to the Shared Services Partnership Committee; and
  - Reviews progress with Workforce Development and Education activity on behalf of NHS Wales.
- **Welsh Risk Pool Committee**
  - Reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
  - Funded through the NHS Wales Healthcare budget;
  - Oversees the work and expenditure of the Welsh Risk Pool; and
  - Helps promote best clinical practice and lessons learnt from clinical incidents.
- **Evidence-Based Procurement Board**
  - Advisory group to promote wider liaison across NHS Wales;

- Includes representatives of various disciplines across NHS Wales and relevant research bodies;
  - Helps inform and develop a value and evidence based procurement process for medical consumables and devices for NHS Wales.
- **Local Partnership Forum (LPF)**
    - Formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions. The LPF facilitates an open forum in which parties can engage with each other to inform debate and seek to agree local priorities on workforce and health service issues.

## 2.6 Senior Management Team (SMT)

The Managing Director leads the SMT and reports to the Chair of the Partnership Committee on the overall performance of NWSSP. The Managing Director is the designated Accountable Officer for Shared Services and is accountable, through the leadership of the Senior Management Team, for:

- The performance and delivery of NWSSP through the preparation of the annually updated Integrated Medium Term Plan (IMTP) based on the policies and strategy set by the Committee and the preparation of Service Improvement plans;
- Leading the SMT to deliver the IMTP and Service Improvement Plans;
- Establishing an appropriate Scheme of Delegation for the SMT; and
- Ensuring that adequate internal controls and procedures are in place to ensure that delegated functions are exercised properly and prudently.

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

The SMT comprises:

Figure 7 – Composition of the SMT at NWSSP during 2017/2018

<b>Name</b>	<b>Designation</b>
Mr Neil Frow	Managing Director
Mr Andy Butler	Director of Finance and Corporate Services
Mrs Hazel Robinson	Director of Workforce and Organisational Development
Mr Mark Roscrow	Director of Procurement Services
Mr Paul Thomas	Director of Employment Services
Mr Simon Cookson	Director of Audit and Assurance
Mrs Anne-Louise Ferguson	Director of Legal and Risk



Mr Dave Hopkins	Director of Primary Care Services
Mr Neil Davies	Director of Specialist Estates
Mr Stephen Griffiths	Director of Workforce Education and Development Services (WEDS)

### **3. THE SYSTEM OF INTERNAL CONTROL**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2018.

#### **3.1 External Audit**

During 2017/2018, NWSSP's external auditors were the Wales Audit Office (WAO). The Audit Committee has worked constructively with the WAO and the areas examined included:

- NWSSP Nationally Hosted NHS IT Systems Assurance Report 2016-17;
- WAO Proposed Work 2016-2017;
- Capital Expenditure Scheme Update;
- Internal Audit Visit Update;
- WAO Report of NWSSP 2016-17; and
- WAO Assurance Arrangements 2018.

The work of external audit is monitored by the Audit Committee through regular progress reports. Their work is considered timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and in minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented.

In addition to internal NWSSP issues, the Audit Committee has been kept apprised by our external auditors of developments across NHS Wales and elsewhere in the public sector. These discussions have been helpful in extending the Audit Committee's awareness of the wider context of our work.

#### **3.2 Internal Audit**

The Audit Committee regularly reviewed and considered the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit have attended each meeting to discuss their work and present their findings. The Audit Committee are satisfied with the liaison and coordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having “no assurance” or “limited assurance” were issued to Welsh Government in accordance with the instruction received from Dr Andrew Goodall, Chief Executive NHS Wales/Director General in July 2016. During 2017/18 no internal audit reports were rated as limited or no assurance.

For both internal and external audit, the Audit Committee have ensured that management actions agreed in response to reported weaknesses were implemented in a timely manner. Any planned revisions to agreed timescales for implementation of action plans requires Audit Committee approval.

Reports were timely and enabled the Audit Committee to understand operational and financial risks. In addition, our internal auditors have provided valuable benchmarking information relating to best practice across NHS Wales.

### **3.3 Counter Fraud Specialists**

The work of the Local Counter Fraud Services is undertaken to help reduce and maintain the incidence of fraud (and/or corruption) within NWSSP to an absolute minimum.

Regular reports were received by the Committee to monitor progress against the agreed Counter Fraud Plan; including the following reports:

- Progress Update at each meeting
- Quality Assessment Final Report
- Velindre NHS Trust Annual Report 2016-17
- Counter Fraud Work Plan 2017-18
- Counter Fraud Self Review Tool Submission 2016-17
- Counter Fraud Press Release
- Counter Fraud Quarterly Newsletter

During 2017/18, four new investigations into possible fraudulent or corrupt activity were instigated together with the five cases that were brought forward from 2016/17. Out of the four new cases, three involved alleged false claims submitted to the NHS Student Awards Service and which are still under investigation.

As part of its work, the Counter Fraud Department has a regular annual programme of raising fraud awareness within the Health Body for which a number of days are then allocated and included as part of a an agreed Counter Fraud Work-Plan which is signed off, by the Health Body’s Finance Director, on an annual basis.

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how and to who fraud can be reported are outlined.

In addition to this and in an attempt to promote an Anti-Fraud Culture within the Health Body, a quarterly newsletter is produced which is then available to all staff on the Health Body's Intranet website and all successful prosecutions' cases are also publicised in order to obtain the maximum deterrent effect.

### **3.4 Integrated Governance**

The Audit Committee is responsible for the maintenance and effective system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance, which include:

- The Quality Assurance and Improvement Plan arising from the 2015-16 year end self-assessment;
- Tracking of Audit Recommendations;
- Corporate Risk Register;
- Directorate Assurance Maps; and
- Governance Matters report on single tender actions, declarations of interest, gifts and hospitality received and declined.

During 2017/2018, the Audit Committee reported any areas of concern to the Partnership Committee and played a proactive role in communicating suggested amendments to governance procedures and the corporate risk register.

### **3.5 Quality**

During 2017/2018, the Partnership Committee has given attention to assuring the quality of services by including a section on "Quality, Safety and Patient Experience" as one of the core considerations on the committee report template when drafting reports for Partnership Committee meetings.

In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors.

NWSSP is also committed to continuously reviewing its services and has made a commitment for all of its services to undergo the rigorous Wales Quality Award (WQA) Assessment, based on the European Foundation for Quality Management (EFQM) system, through the Wales Quality Centre. Following on from the initial follow up assessment in February 2016, the feedback indicated that NWSSP had matured as an organisation over the following 12 months and that significant progress has been made in developing IT strategies and Programme Management.

### **3.6 Looking Ahead**

As a result of its work during the year the Audit Committee is satisfied that NWSSP has appropriate and robust internal controls in place and that the systems of governance incorporated in the Standing Orders are fully embedded within the Organisation.

Looking forward to 2018-2019 the Audit Committee will continue to explore the financial, management, governance and quality issues that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- Continue to examine the governance and internal controls of NWSSP;
- Monitor closely risks faced by NWSSP and also by its major providers;
- Work closely with the "Chairs of Audit Committee group" on issues arising from financial governance matters affecting NHS Wales and the broader public sector community;
- Work closely with external and internal auditors on issues arising from both the current and future agenda for NWSSP;
- Ensure the Partnership Committee is kept aware of its work including both positive and adverse developments; and
- Request and review a number of "deep dives" into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the Partnership Committee.

#### **4. CAPACITY TO HANDLE RISK**

The Shared Services Partnership Committee has overall responsibility and authority for NWSSP's Risk Management programme through the receipt and evaluation of reports indicating the status and progress of risk management activities.

The lead director for risk is the Director of Finance and Corporate Services who is responsible for establishing the policy framework and systems and processes needed for the management of risks within the organisation.

Velindre NHS Trust has an approved strategy for risk management and NWSSP has a risk management protocol in line with our host's strategy providing a clear systematic approach to the management of risk within NWSSP.

NWSSP seeks to integrate risk management processes so that it is not seen as a separate function but rather an integral part of the day-to-day management activities of the organisation including financial, health and safety and environmental functions.

The Corporate Risk Register is reviewed monthly by the SMT who ensure that key risks are aligned to delivery and are considered and scrutinised by the SMT as a whole. It is the responsibility of each Director and Head of Service to ensure that risk is addressed within each of the locations relevant to their Directorates. It is also important that an effective feedback mechanism operates across NWSSP so that frontline risks are escalated to the attention of Directors.

Each Director is required to provide a regular update on the status of their directorate specific risk registers during quarterly review meetings with the Managing Director. All risks categorised as being red within individual directorate registers trigger an automatic referral for review by the SMT, and if deemed appropriate the risk is added to the NWSSP Corporate Risk Register.

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

Changes have since been made to the format of the corporate and directorate risk registers to ensure that they are both consistent and that they provide a more concise picture of the current position with each risk. The recently appointed Head of Finance and Business Development, supported by the Compliance Officer, is working with Directors and their Senior Management Teams to ensure that the risks recorded within each register remains current and that there is focus on achievement of planned actions to mitigate the risk. This is reinforced through the quarterly review process of each directorate where review of the directorate risk register is a standing agenda item.

In 2017/18 assurance maps were produced for each of the directorates to provide a view on how the key operational, or business-as-usual risks were being mitigated. These were presented to the Audit Committee in November 2017 and they will be updated and reviewed by the Audit Committee annually.

The NWSSP Risk Protocol has been updated accordingly and now includes a greater focus on the risk appetite of the organisation. The operationalisation of the risk appetite is through the target score applied to each risk, and this has led to a re-structuring of the Corporate Risk Register into two sections as follows:

- Risks for Action – this includes all risks where further action is required to achieve the target score. The focus of attention for these risks should be on ensuring timely completion of required actions; and
- Risks for Monitoring – this is for risks that have achieved their target score but which need to remain on the Corporate Risk Register due to their potential impact on the organisation as a whole. For these risks the focus is on monitoring both any changes in the nature of the risk (e.g. due to external environmental changes) and on ensuring that existing controls and actions remain effective (e.g. through assurance mapping).

NWSSP's approach to risk management therefore ensures that:

- Leadership is given to the risk management process;
- Staff are trained on how to identify and manage risk;
- Risks are identified, assessed, and prioritised ensuring that appropriate mitigating actions are outlined on the risk register; and
- The effectiveness of key controls is regularly assured.

An internal audit of the progress made with implementing the findings of the 2016/17 audit into risk management was finalised in May 2018 and concluded that the level of assurance given as to the effectiveness of the system of internal control in place to manage the risk associated with Risk Management was **Substantial Assurance**.

## **5. THE RISK AND CONTROL FRAMEWORK**

NWSSP's commitment to the principle that risk is managed effectively means that we will continue to work to ensure that:

- There is compliance with legislative requirements where non-compliance would pose a serious risk;
- All sources and consequences of risk are identified and risks are assessed and either eliminated or minimised; information concerning risk is shared with staff across NWSSP and with Partner organisations through the Partnership Committee and the Audit Committee;
- Damage and injuries are minimised, and people health and wellbeing is optimised; and
- Lessons are learnt from compliments, incidents, and claims in order to share best practice and reduce the likelihood of reoccurrence.

### **5.1 Corporate Risk Framework**

The detailed procedures for the management of corporate risk have been outlined above. As at 31 March 2018, there is one corporate risk categorised as having a "red" risk rating. This relates to issues surrounding the outsourcing of a number of primary care services in England which have an impact on NHS Wales. There are a number of options for NWSSP in managing this particular risk and these are being evaluated at present.

Generally to mitigate against potential risks concerning governance, NWSSP is proactive in reviewing its governance procedures and ensuring that risk management is embedded throughout its activities, including:

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- The Partnership Committee and Audit Committee both have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements;

- The effectiveness of governance structures is regularly reviewed including through Committee self-effectiveness surveys;
- The front cover pro-forma for reports for Committees includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Wellbeing of Future Generations, Health and Care Standards and workforce;
- The Service Level Agreements in place with the Health Boards and NHS Trusts set out the operational arrangements for NWSSP's services to them and are reviewed on an annual basis;
- NWSSP are proactive in completing the Welsh Government's Health and Care Standards framework and ensure that Theme 2 Safe Care provided a clear picture of NWSSP's approach to health, safety and risk management; and
- The responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

## **5.2 Policies and Procedures**

NWSSP follows the policies and procedures of Velindre NHS Trust as the host organisation. In addition, a number of workforce policies have been developed and promulgated on a consistent all-Wales basis through the Welsh Partnership Forum and these apply to all staff within NWSSP.

All staff are aware of and have access to the internal Intranet where the policies and procedures are available. In a number of instances supplementary guidance has been provided. Velindre NHS Trust ensures that NWSSP have access to all of the Trust's policies and procedures and that any amendments to the policies are made known to the Managing Director and the Corporate Governance Manager and other designated staff as they are agreed. NWSSP participate in the development and revision of workforce policies and procedures with the host organisation and has established procedures for staff consultation.

The Partnership Committee will where appropriate develop its own protocols or amend policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the Velindre NHS Trust Scheme of Delegation.

## **5.3 Information Governance**

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, when required from the Information Commissioner's Office (ICO). This includes established laws including Data Protection Legislation, Common Law Duty of Confidentiality, the Human Rights Act, the Caldicott Report and specific Records Management Principles. These cover the data that the organisation collects and the processing of this to ensure that NWSSP only uses it for compatible purposes and it remains secure and confidential whilst in our custody.

The Director of Finance and Corporate Services is the designated Senior Information Risk Owner (SIRO) in relation to Information Governance for NWSSP and, due to NWSSP's hosted status, the Caldicott Guardian for decisions of a clinical nature is Mr Rhydian Hurle, Medical Director, who is employed by the NHS Wales Informatics Service (NWIS).

NWSSP has an Information Governance Manager who has the objective of facilitating the effective use of controls and mechanisms to ensure that staff comply with Information Governance fundamental principles and procedures. This work includes awareness by delivery of an online core skills training framework eLearning module on Information Governance, classroom based training for identified "high risk" staff groups, developing and reviewing policies and protocols to safeguard information, and advising on and investigating Information Governance breaches reported on the Datix incident reporting system.

The Information Governance Manager is responsible for the continuing delivery of an enhanced culture of confidentiality. This includes the presence of a relevant section on the intranet and a dedicated contact point (via ActionPoint) for any requests for advice, training or work.

NWSSP has an "Information Governance Steering Group" (IGSG) that comprises representatives from each directorate who undertake the role of "Information Asset Administrators" for NWSSP. This is to ensure that all information assets are accounted for as they are realised. This is an area that forms part of the recommendations of the General Data Protection Regulation (GDPR) that is due to be implemented by 25 May 2018 and which will be an increasing area of focus.

The IGSG discusses quarterly issues such as Data Protection Legislation, the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, Training compliance, new guidance documentation and training materials, areas of concern and latest new information and law including the implementation of GDPR.

All members of the IGSG have the opportunity during a defined consultation period to review any work that requires comment before being approved by the NWSSP Senior Management Team. The Information Governance Manager provides information in relation to any areas that require input and determines the agenda for each meeting based on their own requirements and also from those members who have items for discussion. There is also an IT or "Informatics" section on the agenda for discussion of technological issues such as Cyber Security.

NWSSP has a suite of protocols and guidance documents used in training and awareness for all staff on the importance of confidentiality and to ensure that all areas are accounted for. These include email and password good practice guides, summarised protocols and general guidance for staff. There is also a documented Privacy Impact Assessment (or "Privacy by Design") process in place to ensure consideration of Information Governance principles during the early stages of new projects, processes or workstreams proposing to use identifiable information in some form. This



poses questions on the Who, What, Why, Where, When and How of the project to get official Information Governance sign off and ensure that the work will not breach any confidentiality of patients, service users, clients or staff and that the integrity of the data is secure.

NWSSP has developed an Integrated Impact Assessment process to include broader legislative and regulatory assurance requirements, and the pro-forma includes the need to consider the impact of the protected characteristics (including race, gender and religion) on the various types of Information Governance protocols.

The Information Governance Manager attends various meetings including the Velindre NHS Trust IG and IM&T Committee and the NHS Wales Information Governance Management Advisory Group (IGMAG) hosted by NHS Wales Informatics, attended by all NHS Wales Health Boards. This allows discussion of issues on an All Wales basis. The Information Governance Manager is also Chair of the Freedom of Information Community of Practice, and Chair and Author for the review of the "Your Information, Your Rights" public document in readiness for the new legislation on an All Wales basis. This document will inform patients of their rights and promotes openness and transparency within the NHS.

#### General Data Protection Regulations (GDPR)

Work has been ongoing during 2017/18 to prepare for the new General Data Protection Regulations (GDPR) which came into effect on 25 May 2018. The GDPR builds on and strengthens the previous Data Protection Act 1998. The key work undertaken in the year included:

- *Updates to Information Governance internal protocols and training materials;*
- *Development of Privacy Notices (fair processing notices) for staff and service users due to the enhancement of individuals' rights;*
- *Information mapping to include all data known, held and processed by the NWSSP*
- *Establishment of Information Asset Owners and Administrators;*
- *A thorough review of all internal activities, including specific areas such as Procurement and Recruitment Services;*
- *Attendance at National and Local Task and Finish Groups;*
- *Appointment of a Data Protection Officer (currently the Head of Information Governance, NHS Wales Informatics Service (NWIS))*

Plans are in place to ensure that NWSSP is fully compliant with GDPR and progress is being monitored by the SIRO and the Senior Management Team.

#### **5.4 Counter Fraud**

Counter Fraud support is incorporated within the hosting agreement with Velindre NHS Trust. Under this agreement, local Counter Fraud Services are provided to NWSSP by Cardiff and Vale UHB.

In addition, NWSSP lead the NHS Wales Counter Fraud Steering Group, facilitated by Welsh Government, which works in collaboration with the NHS Counter Fraud Authority in NHS England to develop and strengthen counter fraud services across NHS Wales. The Director of Finance and Corporate Services chairs the group.

## **5.5 Internal Audit**

The NWSSP hosting agreement provides in Section 14 that the Partnership Committee will establish an effective internal audit as a key source of its internal assurance arrangements, in accordance with the Public Internal Auditing Standards.

Accordingly for NWSSP, an internal audit strategy has been approved by the Audit Committee which provides coverage across NWSSP functions and processes sufficient to assure the Managing Director of Shared Services and in turn the Partnership Committee and Velindre NHS Trust as host organisation, on the framework of internal control operating within NWSSP.

The delivery of the audit plan for NWSSP culminates in the provision of a Head of Internal Audit opinion on the governance, risk and control processes operating within NWSSP. The opinion forms a key source of assurance for the Managing Director when reporting to the Partnership Committee and partner organisations.

In March 2018, the internal audit team was subject to a formal external quality assessment undertaken by the Chartered Institute of Internal Auditors. The opinion from this review has recently been received and states that:

*The Institute of Internal Audit's (IIA's) International Professional Practice Framework (IPPF) includes the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards. The Public Sector Internal Audit Standards are wholly aligned with these standards. There are 64 fundamental principles to achieve with 118 points of recommended practice. It is our view that NWSSP Audit and Assurance Services conforms to all of these principles, and it is therefore appropriate for NWSSP Audit and Assurance Services to say in reports and other literature that it **"conforms to the IIA's professional standards and to PSIAS"**.*

## **5.6 Integrated Medium Term Plan (IMTP)**

The basis for NWSSP planning has been the Business Case approved by the Minister for Health and Social Services in October 2010.

Further to the National Health Service Finance (Wales) Act 2014 becoming law in Wales from January 2014, new duties with regard to operational planning were placed upon Health Boards and Trusts. The legislative changes were effected to section 175 of the NHS Wales Act 2006 and placed a duty to produce three year Integrated Medium Term Plans.

NWSSP has continued with the medium term approach to planning and has undertaken a significant amount of work which continues to ensure it maintains progress to develop its three year IMTP. The IMTP is approved by the Partnership Committee and performance against the plan is monitored throughout the year.

The IMTP is formally reviewed and amended annually and approved by the Partnership Committee in March each year prior to submission to Welsh Government. The 2018-2020 IMTP was submitted to Welsh Government on 31 March 2018.

## 5.7 Health and Care Standards for NHS Wales

The Standards for Health Service in Wales provide a framework for consistent standards of practice and delivery across the NHS in Wales, and for continuous improvement. In accordance with the programme of Internal Audits, the process is tested and is an integral part of the organisation's assurance framework process.

The Health and Care Standards Framework comprises seven main themes and sub criteria against which NHS bodies need to demonstrate compliance. A summary of the themes is outlined below:



The process for undertaking the annual self-assessments is:

- The Head of Corporate Services and Corporate Governance Manager undertake an initial evaluation;
- A draft self-assessment is then presented to the SMT for discussion and further consultation is undertaken at Directorate level;
- Feedback from each Directorate is reviewed and incorporated into the self-assessment pro-forma and is then re-presented to SMT for final approval
- Once approved, it is presented to the Partnership Committee, Audit Committee and the Velindre NHS Trust Quality and Safety Committee.

Each theme is assessed and given an overall self-assessment rating of between 1 and 5. As a largely non-clinical service provider, not all of the sub-criteria are applicable.

A summary of the self-assessment ratings is outlined below:

Figure 9 – Self- Assessments Rating Against the Health and Care Standards 2017/2018

<b>Theme</b>	<b>Executive Lead</b>	<b>2017/2018 Self-Assessment Rating</b>	<b>2016/2017 Self-Assessment Rating</b>
<b>Governance, Leadership and Accountability</b>	Senior Management Team	4	4
<b>Staying Healthy</b>	Director of Workforce and Organisational Development	3	3
<b>Safe Care</b>	Director of Finance and Corporate Services  Director of Specialist Estates	4	4
<b>Effective Care</b>	Senior Management Team	3	3
<b>Dignified Care</b>	Not applicable	Not applicable	
<b>Timely Care</b>	Not applicable	Not applicable	
<b>Individual Care</b>	Senior Management Team	3	3
<b>Staff and Resources</b>	Director of Workforce and Organisational Development	4	4

The overall rating against the mandatory Governance, Leadership and accountability module and the seven themes within the Health and Care Standards reflects NWSSP's overall compliance against the standards and has been rated as a 3 as outlined below:

Figure 10 – NWSSP's Overall Self-Assessment Score Health and Care Standards 2017/2018

Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating			✓		

## 6. MANDATORY DISCLOSURES

In addition to the need to report against delivery of the Standards for Health Services in Wales, NWSSP is also required to report that arrangements are in place to manage and respond to the following governance issues:

### 6.1 Equality, Diversity and Human Rights

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

As a non-statutory hosted organisation under Velindre NHS Trust, we are required to adhere to Velindre NHS Trust's Equality and Diversity Policy, Strategic Equality Plan 2016-2020 and Equality Objectives, which set out the Trust's commitment and legislative requirements to promoting inclusion: <http://www.nwssp.wales.nhs.uk/governance-and-assurance-arrangements>

We work together with colleagues across NHS Wales to collaborate on events, facilitate workshops, deliver and undertake training sessions, issue communications and articles relating to equality, diversity and inclusion, together with the promotion of dignity and respect.

We also benefit from the proactive work undertaken by our host organisation to strengthen compliance with equality and diversity legislation; the Trust has received the Positive About Disabled People "Double Tick" symbol which demonstrates the encouragement of applications from people who identify as having a disability. In addition, the Trust has attained "The Rainbow Mark" which is an equality mark sponsored by the Welsh Assembly Government and supported by the Welsh Local

Government Association and Tai Pawb. The Mark is a signifier of good practice, commitment, and knowledge of the specific needs, issues and barriers facing those who identify as lesbian, gay, bisexual, and transgender (LGBT+) in Wales.

We have worked with the NHS Wales Centre for Equality & Human Rights (CEHR) to introduce our own process for undertaking Equality Integrated Impact Assessments (EQIIA), which we are integrating into our Project Management System software. The EQIIA will consider the needs of the protected characteristics identified under the Equality Act 2010 (including the Welsh specific duties), the 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), and Welsh Language, Information Governance and Health and Safety aspects.

We have provided key managers with training on the EQIIA process and introduced an "Equality Integrated Impact Assessment Panel" to review completed assessments to ensure that our policies, projects and events do not discriminate against vulnerable or disadvantaged people. Further training sessions to strengthen awareness are planned for 2018/19. We also ensure compliance with the engagement provisions of the "Gunning Principles" and the duty to have "due regard" laid out in the "Brown Principles" when reviewing existing policies, or assessing new policies for impact on protected characteristics.

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

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

NWSSP has a statutory and mandatory induction training programme for all new recruits which includes the NHS Wales "Treat Me Fairly" e-learning module focusing on equality and diversity. The module is a national training package and the statistical information pertinent to NWSSP completion contributes to the overall figure for NHS Wales. NWSSP provides a "Core Skills for Managers" Training Programme and the "Managing Conflict" module includes an awareness session on the Dignity at Work Policy and Procedure. A corporate induction package on equality, diversity and inclusion has been included within the 2018 programme for new starters in the organisation.

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

## **6.2 Welsh Language**

NWSSP is committed to ensuring that the Welsh and English languages are treated equally in the services we provide to the public and NHS partner organisations in Wales. This is in accordance with the current Velindre NHS Trust Welsh Language Scheme, Welsh Language Act 1993 and the Welsh Language Measure (Wales) 2011. In addition the Welsh Language Standards [No7.] Regulations 2018 will come into force in June 2018.

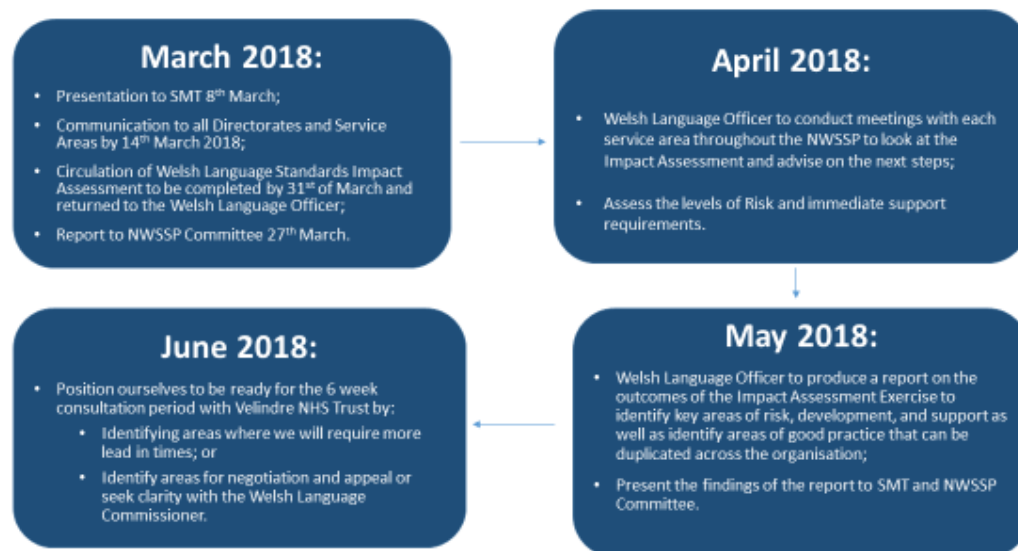
The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government, National Assembly and the Welsh Language Commissioner within the Annual Performance Report. This work is largely undertaken by the Welsh Language Officer and a Welsh Language Translator. In March 2018 we advertised another full time Welsh Language Translator post for a fixed-term period of 12 months in the first instance.

These posts enable us to comply with our current obligations under the current Welsh Language Scheme and in the planning and preparations to meet the requirements of the Welsh Language Standards. This will increase the demand for translation services in the following areas:

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

The plans already in place to meet the requirements of the Welsh Language Standards are as follows:

## The next steps:



NWSSP has made significant progress in developing and growing its Welsh language services by successfully offering all staff the opportunity to learn Welsh at work. The NWSSP website is bilingual and we have invested in the development of a candidate interface on the TRAC recruitment system.

The Impact Assessment Exercise referred to above will enable NWSSP to further develop our services. The findings from the impact assessment will be compiled into a report informing the Welsh Language Strategy and Welsh Language Implementation Plan. Our achievements from the implementation plan will enable us to report on our performance against the Welsh Language Standards within our Annual Performance Report, which is bilingually to the Welsh Language Commissioner in June each year.

### 6.3 Handling Complaints and Concerns

NWSSP is committed to the delivery of high quality services to its customers; the NWSSP mission is 'to enable the delivery of world class Public Services in Wales through customer focus, collaboration and innovation'. In addition, one of NWSSP's corporate objectives is to 'develop customer insight and a customer focused culture'.

NWSSP's Issues and Complaints Protocol is reviewed annually. The Protocol aligns with the Velindre NHS Trust Handling Concerns Policy, the Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 and Putting Things Right Guidance. In addition the protocol was recently amended to include specific guidance on identifying if a complaint is vexatious and how to manage such complaints within NWSSP.

During 2017-18, 14 complaints were received. **71%** of the complaints received were responded to within the 30 working day target, which is consistent with the performance for the prior year. Four responses were issued outside of the target, being responded to at 31, 34, 37 and 39 working days respectively. However, in all instances holding letters were



issued to the complainants detailing that NWSSP were still in the process of investigating the matters raised and that they would be provided with a substantive response as soon as the investigation had been concluded.

## **6.4 Freedom of Information Requests**

The Freedom of Information Act (FOIA) 2000 gives the wider UK public the right of access to a variety of information held by public bodies and provides commitment to greater openness and transparency in the public sector, especially for those who are accountable for decisions made on behalf of patients and service users.

In the financial year 2017/2018, NWSSP responded to 65 requests for information:

Figure 12 – Freedom of Information Requests Apr 2017- March 2018

<b>FOI Breakdown</b>
63 answered within the 20 day target
0 transferred out to another NHS body
0 responded to outside of the deadline
2 withdrawn

## **6.5 Data Security**

In 2017/2018, 38 information governance breaches were reported within NWSSP, these included issues with misdirection of email and records management.

All breaches are recorded in the Datix risk management software, and investigated in accordance with the Information Governance and Confidentiality Breach Reporting protocols. The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes.

From this, the Information Governance Manager writes a report including relevant recommendations and any areas for improvement to minimise the possibility of further breaches.

Any gaps identified during incident investigation provide an opportunity for changes to practice and development of new protocols. Staff are also requested to provide feedback to any recommendations made by the Information Governance Manager where action is required to further improve the service and demonstrate prevention of any further breaches.

Members of the IGSG are required to report to the Steering Group meetings on any incidents in their areas to include lessons learned and any changes that have been made since an incident was reported.

There was one Information Governance breach reported in 2017/18 that was assessed as being of a category serious enough to report to the

Information Commissioner's Office (ICO) for further investigation. However, this was done as a matter of course as the mitigations in place and the circumstances of the breach were handled in such a way that the data in question was not released into the public domain and was controlled and secured to a point where there were no risks to the data subject's information. The ICO were satisfied with the processes involved and the recommendations made and did not consider it to be an issue that required enforcement action.

It is important to note that following implementation of the new Data Protection Legislation, all breaches, regardless of perceived severity, will have to be reported to the ICO within 72 hours.

## **6.6 ISO14001 – Sustainability and Carbon Reduction Delivery Plan**

NWSSP is committed to managing its environmental impact, lowering the organisation's carbon footprint and adhering to the sustainable development principle. As part of this organisational commitment, NWSSP was successful in attaining the ISO14001:2004 Environmental Management System certification in December 2014, in accordance with the Welsh Government mandate for all NHS Wales organisations to attain the Standard. NWSSP successfully achieved re-certification to the Standard in August 2017. One minor non-conformity (which will be closed off at the next audit) and four opportunities for improvement were identified, which have since been investigated. These are detailed below:

- **Minor Non Conformity** - The Control of Contractors Policy states that a *"record of inductions is to be kept for future auditing signed and dated by the contractors upon completion."* However, the procedure, Contractor Management (ENV008), does not state the above. No records of signed contractor inductions were able to be retrieved at Cwmbran Stores, as the procedure was being used rather than the policy.
- **Opportunities for Improvement**
  - Consideration to be given as to separating waste providers on the electronic system to aid retrieval (Cwmbran House);
  - Consideration to investigate as to why version control on the Contract Planning Form was removed (Companies House);
  - Expand on the environmental training available through e-learning; and
  - Consideration to be given as to adding an environmental incident coding type onto DATIX, which is currently under the heading of "Health and Safety" (Cwmbran Stores).
- **Observations (highlighting good practice)**
  - Positive comments on initiatives (Cwmbran House); and
  - Excellent record keeping and retrieval of documentation (Companies House).

## Carbon Footprint

As part of our commitment to reduce our contribution to climate change, a target of 3% carbon reduction year on year from a baseline of our carbon footprint, taken from 2014-2015, has been agreed and this is reflected within our Environmental Objectives.

During 2017/18, we committed to reducing our carbon reduction by implementing various environmental initiatives at our sites within the scope. NWSSP's Sustainability Report for 2017/18 explores this area in further detail:

<http://www.nwssp.wales.nhs.uk/governance-and-assurance-arrangements>

The main highlights from 2017/18 were as follows:



## **6.7 Business Continuity Planning/Emergency Preparedness**

NWSSP is proactive in reviewing the capability of the organisation to continue to deliver products or services at acceptable predefined levels following a disruptive incident. We recognise our contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a Category 1 responders deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

As a hosted organisation under Velindre NHS Trust we are required to take note of their Business Continuity Management Policy and ensure that NWSSP has effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic;
- Premises – denial of access to normal places of work;
- Information Management and Technology and communications/ICT equipment issues; and
- Suppliers internal and external to the organisation.

NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess, and implement applicable legislation and regulation requirements related to the continuity of operations and the interests of key stakeholders. At present there are local directorate plans in place for ensuring business continuity arrangements are effective for key services and buildings, and work is progressing in developing an overarching Business Continuity Plan which outlines our response to incidents and outbreaks, including the mobilisation of additional resource.

In addition, we complete the Caldicott Principles Into Practice (CPIP) annual self-assessment which assesses if organisations have current and tested business continuity plans in place for all of their critical infrastructure components and core information systems.

NWSSP are working towards implementing the Cyber Security Framework in order to address the specific needs of the service. This is an ongoing plan covering the areas of Identify, Protect, Detect, Respond and Recover. NWSSP have already started a number of work streams including Information Workflows and Governance, Awareness and Training, Procurement of Professional Incident Response Capability, Protective Technology through the SIEM Procurement Project and Business Continuity Planning workshops across the whole of the whole of Shared Services. NWSSP have also recently implemented a robust new virtualised infrastructure based on the tenets of the framework in order to provide a safe and secure environment for NWSSP business systems.

## **6.8 UK Corporate Governance Code**

NWSSP operates within the scope of the Velindre NHS Trust governance arrangements. Velindre NHS Trust has undertaken an assessment against the main principles of the UK Corporate Governance Code as they relate to an NHS public sector organisation in Wales. This assessment was informed by the Trust's assessment against the "Governance, Leadership and Accountability" theme of the Health and Care Standards undertaken by the Board. The Trust is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust's wider Annual Report. NWSSP have also completed the self-assessment on the "Governance, Leadership and Accountability" theme of the Health and Care Standards with a positive maturity rating of 4.

## **6.9 NHS Pension Scheme**

As an employer under Velindre NHS Trust and as the Payroll function for NHS Wales, within NWSSP's remit there are robust control measures in place to ensure that all employer obligations contained within the Scheme regulations for staff entitled to membership of the NHS Pension Scheme are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

## **7. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Directors and Heads of Service within NWSSP who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

As Accountable Officer I have overall responsibility for risk management and report to the NHS Wales Shared Services Partnership Committee regarding the effectiveness of risk management across NWSSP. My advice to the Partnership Committee is informed by reports on internal controls received from all its committees and in particular the Audit Committee.

Each of the Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal audit and external audit reports and reports on professional standards from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and a potential expansion of the services provided by NWSSP. Each Committee develops an annual report of its

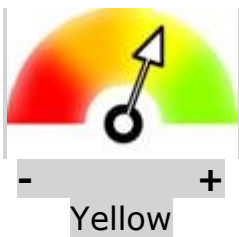
business and the areas that it has covered during the last year and these are reported in public to the Velindre NHS Trust and the local Health Boards.

## Internal Audit Opinion

Internal audit provide me and the Partnership Committee through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with Public Sector Internal Audit Standards by the Audit and Assurance function within NWSSP.

The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities. The overall opinion of the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit opinion for 2017/2018 was that the Partnership Committee can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

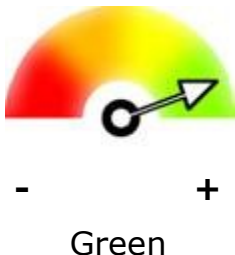
RATING	INDICATOR	DEFINITION
Reasonable assurance		The Committee can take <b>reasonable assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with <b>low to moderate impact on residual risk</b> exposure until resolved.

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance.

## Internal Audit review of Corporate Governance

Internal Audit undertook a review of Corporate Governance in 2017/2018 to assess the control environment including review of this Annual Governance Statement and of the progress made in implementing the findings from the 2016/17 review of Risk Management. This audit provides assurance to the Audit Committee that risks material to the achievement of system objectives are managed appropriately.

Internal Audit concluded that the level of assurance given as to the effectiveness of the system of internal control in place to manage the risk associated with Corporate Governance was **Substantial Assurance**. This report was taken into account when completing the theme on the

<p><b>Substantial assurance</b></p>		<p>The Committee can take <b>substantial assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with <b>low impact on residual risk</b> exposure.</p>
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A separate review of the process for tracking Audit Recommendations (both internal and external audit) was undertaken by the Internal Auditors who concluded that the level of assurance given as to the effectiveness of the system of internal control in place to manage the risk associated with the Audit Recommendation Tracker was **Substantial Assurance**.

## Financial Control

NWSSP was established by Welsh Government to provide a range of support services to the NHS in Wales. As Managing Director and Accountable Officer I retain overall accountability in relation to the financial management of NWSSP and report to the Chair of the Partnership Committee.

### NWSSP Financial Control Overview

There are four key elements to the Financial Control environment for NWSSP as follows:

- **Governance Procedures** – As a hosted organisation NWSSP operates under the Governance Framework of Velindre NHS Trust. These procedures include the Standing Orders for the regulation of their proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating procedures covering the whole of Velindre and also local procedures specific to NWSSP.
- **Budgets and Plan Objectives** – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.

- **Service Level Agreements (SLAs)** – NWSSP has SLAs in place with all customer organisations and with certain key suppliers. This ensures clarity of expectations in terms of service delivery, mutual obligations and an understanding of the key performance indicators. The SLAs are reviewed annually to ensure that they remain current and take account of service developments.
- **Reporting** – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and associated controls can be monitored and remedial action taken as and when required.

Through this structure NWSSP has maintained effective financial control which has been reviewed and accepted as appropriate by both the Internal and External Auditors.

## **CONCLUSION**

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2017/2018 and that we are further developing and embedding good governance and appropriate controls throughout the organisation. No significant control weaknesses have been identified during the year. NWSSP has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads me to conclude that it has a robust system of control.

## **Looking forward – for the period 2018-19:**

I confirm that I am aware of my on-going responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2018-2019.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date: 2018





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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:6.5**

**21st June 2018**

***The report is/is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Finance, Workforce and Performance Update Report**

**ARWEINYDD:  
LEAD:**

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

**AWDUR:  
AUTHOR:**

**Finance and Workforce Team**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

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

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

The purpose of this report is to provide the SSPC with an update on finance, workforce and performance matters within NWSSP as at 30<sup>th</sup> April 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/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the year end financial position to 31<sup>st</sup> March 2018</li> <li>2. Note the financial position reported to 30<sup>th</sup> April 2018.</li> <li>3. Note the significant level of professional influence savings generated by NWSSP to 30<sup>th</sup> April 2018.</li> <li>4. Note the performance against the High level key performance indicators to 30<sup>th</sup> April 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: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct Impact
<b>Cyfreithiol: Legal:</b>	No direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	No direct Impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct Impact
<b>Ariannol: Financial:</b>	Distribution to NHS Wales
<b>Risg a Aswariant: Risk and Assurance:</b>	Consolidation of Financial & Workforce Risk
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No direct Impact
<b>Gweithlu: Workforce:</b>	No direct Impact
<b>Deddf Rhyddid Gwybodaeth/</b>	Open

## Finance, Workforce and Performance Update Report

### INTRODUCTION

This report provides an update regarding:

- Year End Position to 31st March 2018
- Cumulative Financial Position to 30<sup>th</sup> April 2018
- High Level Performance indicators to 30<sup>th</sup> April 2018
- Workforce Information to 30<sup>th</sup> April 2018

### NWSSP Year End position – 2017/18 Outturn Position

NWSSP reported a £28k surplus at the close of Month 12. After taking into account a cash distribution of £2Million (750k budget) and brokerage of £1Million. This was in line with the target set in association with our host. This equated to 0.01% of the annual allocation. The table below summaries the position by service.

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YE under/ overspend £000
Audit & Assurance Services	2,577	2,577	2,507	-70
Procurement Services	15,706	15,706	15,399	-307
Employment Services	9,112	9,112	8,977	-135
Primary Care Services	11,342	11,342	10,653	-689
Legal & Risk Services	2,249	2,249	2,224	-25
Welsh Risk Pool Services	524	524	484	-40
WIBSS	2,502	2,502	2,500	-2
Specialist Estates Services	2,989	2,989	2,574	-415
E-Business Central Team Services	41	41	43	2
Counter Fraud Services	384	384	365	-19
Non Medical Education	96,233	96,233	96,231	-2
Health Courier Services	517	517	557	40
SMTL	576	576	512	-64
Corporate Services	1,461	1,461	1,513	52
Corporate IT Support/RPA	1,199	1,199	1,185	-14
PMO	190	190	190	0
Finance	901	901	813	-88
Workforce & OD/WFIS/ESR/TEL	1,399	1,399	1,384	-15
Accommodation	2,433	2,433	2,344	-89
WEDS	881	881	892	11
Student Awards	36	36	31	-5
Salary Sacrifice	-30	-30	-37	-7
Finance Academy/Finance Graduate Scheme	364	364	254	-110

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YE under/ overspend £000
ESR Enhanced	-60	-60	-60	0
Stores	0	0	-13	-13

The Welsh Risk pool out turn position for the DEL budget was £106.5Million which was within the range £106m to £106.7Million agreed with Welsh Government. WG working closely with NWSSP were able to secure an additional £30M in respect of the impact of the change in PIDR

The NWSSP results are consolidated within the Velindre accounts. An unqualified audit opinion was provided as these accounts and there were no adjustments to the NWSSP results due to the audit.

### NWSSP Financial position – Month 1

NWSSP reported a Breakeven position at the close of Month 1.

The income and expenditure position for the month period to 30<sup>th</sup> April 2018 can be summarised as follows:

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD under/ overspend £000
Audit & Assurance Services	2,549	210	207	-3
Procurement Services	15,637	1,279	1,242	-37
Employment Services	9,461	788	783	-5
Primary Care Services	10,965	912	858	-54
Legal & Risk Services	2,322	190	188	-2
Welsh Risk Pool Services	488	36	28	-8
WIBSS	0	0	0	0
Specialist Estates Services	2,864	225	221	-4
E-Business Central Team Services	525	-1,817	-1817	0
Counter Fraud Services	381	32	30	-2
Non Medical Education	49,871	7,723	7,722	-1
Health Courier Services	486	39	39	0
SMTL	587	48	48	0
Corporate Services	1,319	114	121	7
Corporate IT Support/RPA	1,356	122	116	-6
PMO	256	21	20	-1
Finance	928	81	61	-20
Workforce & OD/WFIS/ESR/TEL	1,378	114	103	-11
Accommodation	2,316	193	187	-6
WEDS	881	73	75	2
Salary Sacrifice	-30	-3	-6	-3
Finance Academy/Finance Graduate Scheme	366	27	26	-1

ESR Enhanced	-60	0	0	0
Stores	0	7	7	0
Distribution	-750	0	0	0

The underspends reported within Procurement Services and Primary Care Services are primarily down to ongoing vacancies within each of the service areas.

### Welsh Risk Pool

The predicted outturn for 18/19 is anticipated as being £105Million. IT is currently anticipating that the risk sharing agreement will not be invoked this year. However this will be renewed on an ongoing basis as cases reach settlement stage.

### 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 2018 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services *	0.134
Procurement Services	9.305
Legal & Risk Services	16.500
<b>Total</b>	<b>25.939</b>

\* Specialist Estates Professional Influence figure does not include D4L savings as these are only available from July onwards.

## PERFORMANCE

### Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 4 reports are in the process of being produced and will be distributed during June. 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 April 2018 (Unless otherwise stated) along with comparison to the previous 3 periods.

High Level - KPIs Apr 2018 (unless stated otherwise)	Target		Position at 30-Nov	Position at 31-Jan	Position at 31-Mar	Position at 30-Apr
<b>Internal Indicators</b>						
<b>Corporate</b>						
Financial Position – Forecast Outturn	Break even	Monthly	Break even	Break even	(£28k)	Break even
Capital financial position	Within CRL	Monthly	On target	On target	Achieved	On target
Planned Distribution	£0.750m 18/19	Annual	£1.8m	£2.0m	£2.0m	£0.75m
NHS Debts in excess of 17 weeks – Value	<£25k	Monthly	£0k	£0k	£0k	£3k
NWSSP PSPP %	95%	Cumulative	99%	98%	98%	98%
Variable Pay – Overtime	£30k	Cumulative	£376k	£437k	£515k	£49k
<b>Workforce</b>						
Staff Sickness – rolling 12 months	3.3%	Cumulative	3.42%	3.36%	3.51%	3.55%
PADR Compliance	>85%	Monthly	86.36%	86.95%	81.16%	81.94%
Statutory and Mandatory Training	>85%	Monthly	95.79%	96.47%	95.25%	95.60%
Agency % to date	<0.8%	Cumulative	1.46%	1.36%	1.33%	0.77%
<b>External Indicators</b>						
<b>Professional Influence</b>						
Professional Influence Savings	£50m	Cumulative	£90m	£107m	£137m	£26m
<b>Procurement Services</b>						

High Level - KPIs Apr 2018 (unless stated otherwise)	Target		Position at 30-Nov	Position at 31-Jan	Position at 31-Mar	Position at 30-Apr
Procurement savings *Current Year	£9.351m 18/19	Cumulative	*£25.942m	*£28.502m	*£29.165m	*£9.305m
All Wales PSPP	95%	Quarterly	Reported Quarterly	95%	95%	Reported Quarterly
<b>Employment Services</b>						
Payroll accuracy rate inc Value Added	99%	Monthly	99.78%	99.83%	99.77%	99.80%
<u>Organisation KPIs Recruitment</u>						
Time to Approve Vacancies	10 days	Monthly	13 days	10 days	9 days	9 days
Time to Shortlist by Managers	3 Days	Monthly	6.8 days	7.2 days	7.0 days	7.5 days
Time to notify Recruitment of Interview Outcome	2 Days	Monthly	4.1 days	4.1 days	4.2 days	3.6 days
<u>NWSSP KPIs Recruitment</u>						
Time to Place Adverts	2 days	Monthly	1.0 days	1.1 days	1.1 days	1.1 days
Time to Send Applications to Manager	2 days	Monthly	1.0 days	0.9 days	1.0 days	1.0 days
Time to send Conditional Offer Letter	5 days	Monthly	3.6 days	3.3 days	2.6 days	2.9 days
<b>Primary Care Services</b>						
Payments made accurately and to timescale	100%	Monthly	100%	100%	100%	100%
Prescription - keying Accuracy rates (Mar)	99%	Monthly	99.79%	99.26%	98.27%	99.47%
<b>Internal audit</b>						
Audits reported % of planned audits	97%	Monthly	41%	57%	79%	93%
Report turnaround LHB / Trust management response to Draft report	80%	Monthly	63%	60%	61%	63%
Report turnaround draft response to final reporting	80%	Monthly	99%	99%	99%	99%
<b>Legal and risk</b>						
Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	98%	99%	99%	98%
Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	98%	98%	98%	100%
<b>Welsh Risk Pool</b>						
Acknowledgement of receipt of claim	100%	Monthly	100%	100%	100%	No Committee
Valid claims received within deadline processed in time for next WRP committee	100%	Monthly	100%	100%	100%	No Committee

High Level - KPIs Apr 2018 (unless stated otherwise)	Target		Position at 30-Nov	Position at 31-Jan	Position at 31-Mar	Position at 30-Apr
Claims agreed paid within 10 days	100%	Monthly	91%	93%	94%	No Committee
<b>Non-medical Education &amp; Training</b>						
% of Contracts Agreed in principle	100%	Annual	100%	100%	100%	100%
University Returns (Intake, Exit and Monthly Monitoring) received within timeframe	95%	Monthly	100%	100%	100%	100%
Contract, Performance and Operational meetings booked/undertaken timely	95%	Monthly	100%	100%	100%	100%

The above table shows the current positive position across Wales. However, it is recognised that within the position there are specific areas of concern or additional explanation.

**Overtime** – Detail regarding Overtime expenditure is reported monthly for consideration at NWSSP Senior Management Team. The level of Overtime expenditure is primarily due to staff sickness, vacancies and targeted usage to provide support to the Procurement and HCS functions.

NWSSP have successfully implemented an admin and clerical and Estates and Ancillary bank which has reduced agency and Overtime.

## WORKFORCE INFORMATION

### NWSSP Staff in Post

The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP as at 30<sup>th</sup> April 2018:

Directorate	Headcount Mar 2018	Headcount Apr 2018	FTE Mar 2018	FTE Apr 2018	FTE Change +/-	FTE Change +/- %
Audit & Assurance Section	57	57	53.63	53.83	0.20 ▲	0.37%
Corporate Section	43	43	42.01	42.01	0.00	0.00%
Counter Fraud Section	6	6	6.00	6.00	0.00	0.00%
Digital Workforce Solutions Section	7	7	7.00	7.00	0.00	0.00%
E-Business Central Team Section	11	12	9.43	10.43	1.00 ▲	10.61%
Employment Section	349	353	316.87	319.38	2.50 ▲	0.79%

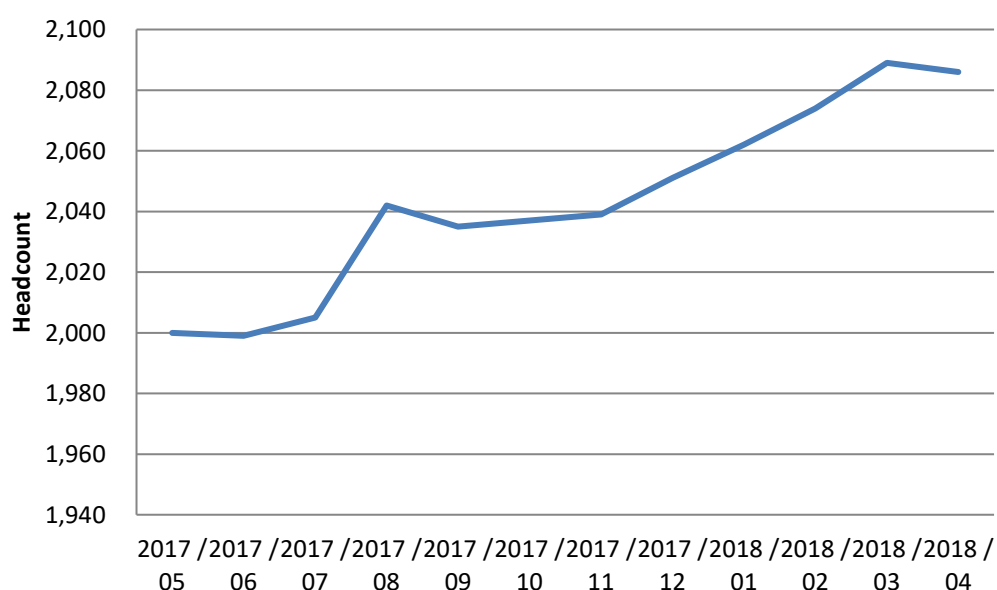


Directorate	Headcount Mar 2018	Headcount Apr 2018	FTE Mar 2018	FTE Apr 2018	FTE Change +/-	FTE Change +/- %
Finance Section	22	21	21.15	20.15	-1.00 ▼	-4.73%
GP Trainees Section	432	426	384.00	379.10	-4.90 ▼	-1.28%
Legal & Risk Section	101	102	92.34	93.02	0.68 ▲	0.74%
Primary Care Section	302	300	276.50	274.47	-2.04 ▼	-0.74%
Procurement Section	653	651	615.61	614.86	-0.75 ▼	-0.12%
Specialist Estates Section	44	45	42.80	43.80	1.00 ▲	2.34%
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	20	19	18.87	17.92	-0.95 ▼	-5.02%
Workforce Education & Development Service Section	19	20	18.29	18.72	0.43 ▲	2.33%
<b>Grand Total</b>	<b>2,089</b>	<b>2,085</b>	<b>1,925.83</b>	<b>1,922.01</b>	<b>-3.82 ▼</b>	<b>-0.20%</b>

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

### NWSSP Overall Headcount Trajectory

The graph below shows the 12 month trend in NWSSP's overall headcount for the period May 2017 to April 2018:



The significant increase in headcount in August 2017 is attributable to the appointment of GP Trainees to NWSSP under the single lead employer scheme.

## Staff Turnover

The table below shows the starters and leavers in NWSSP from May 2017 to April 2018. GP Trainees and Bank workers are excluded from this information:

	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04
<b>Leavers Headcount</b>	16	19	9	25	20	14	8	11	11	13	15	15
<b>Starters Headcount</b>	20	15	24	14	14	13	16	14	26	21	30	17

The turnover rate for NWSSP from 1<sup>st</sup> May 2017 to 30<sup>th</sup> April 2018 is 10.63% compared to 9.93 % for the same period last year.

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

Further detail of turn-over by service area is provided in the table below.

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

Directorate	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %
<b>Audit &amp; Assurance Section</b>	3	2.60	4	3.60	7.12%
<b>Corporate Section</b>	8	8.00	2	1.67	5.17%
<b>Counter Fraud Section</b>	1	1.00	0		0.00%
<b>Digital Workforce Solutions Section</b>	0		1	1.00	12.90%
<b>E-Business Central Team Section</b>	4	3.33	1	1.00	11.01%
<b>Employment Section</b>	52	47.68	37	33.08	10.82%
Employment Services Management	2	2.00	1	1.00	11.01%
Expenses Services	5	5.00	3	2.59	13.90%
Lease Cars Services	0		0		0.00%
Payroll Services	17	15.08	14	12.96	7.74%
Pension Services	4	4.00	1	1.00	2.93%
Recruitment Services	24	21.60	18	15.53	21.49%
Student Awards Services	0		0		0.00%

Directorate	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %
<b>Finance Section</b>	5	4.85	4	4.00	20.96%
<b>Legal &amp; Risk Section</b>	19	18.40	7	7.00	7.41%
<b>Primary Care Section</b>	22	20.63	21	19.40	6.95%
Engagement & Support Services	13	12.20	9	7.60	13.03%
Modernisation & Technical Services	2	1.43	2	2.00	7.06%
PCS Management Services	0		0		0.00%
Transaction Services	7	7.00	10	9.80	4.98%
<b>Procurement Section</b>	97	91.69	84	77.10	13.09%
Accounts Payable Services	12	11.60	20	19.80	18.68%
Corporate Procurement Services	2	2.00	2	2.00	17.78%
E-Enablement Services	5	5.00	4	4.00	24.24%
Health Courier Service	19	15.59	13	9.85	9.40%
Local Procurement Services	32	31.03	20	17.67	18.20%
Sourcing Services	10	10.20	12	11.20	13.33%
Supply Chain Services	18	16.28	13	12.59	7.72%
<b>Specialist Estates Section</b>	4	4.00	4	4.00	9.38%
<b>Surgical Materials Testing (SMTL)</b>	3	3.00	2	1.43	11.27%
<b>Welsh Employers Unit Section</b>	0		0		0.00%
<b>Workforce &amp; OD Section</b>	4	3.43	4	3.91	21.43%
<b>WEDS</b>	2	1.43	1	0.81	5.38%
<b>Total</b>	<b>223</b>	<b>210.04</b>	<b>172.00</b>	<b>157.99</b>	<b>10.63%</b>

A summarised analysis of the reasons why staff have left is provided below for the period 1<sup>st</sup> May 2017 to 30<sup>th</sup> April 2018:

Non Voluntary Resignations		Voluntary Resignations		Retirement	
Death in Service	2	Voluntary Resignation - Better Reward Package	8	Voluntary Early Retirement - with Actuarial Reduction	6
Dismissal - Capability	3	Voluntary Resignation - Health	4	Flexi Retirement	4
Dismissal - Conduct	1	Voluntary Resignation - Incompatible Working Relationships	3	Retirement - Ill Health	1
Employee Transfer	3	Voluntary Resignation - Lack of Opportunities	5	Retirement Age	20
End of Fixed Term Contract	3	Voluntary Resignation - Other/Not Known	31		
End of Fixed Term Contract - Completion of Training Scheme	1	Voluntary Resignation - Promotion	41		
End of Fixed Term Contract - Other	1	Voluntary Resignation - Relocation	6		
Dismissal - Some Other Substantial Reason	0	Voluntary Resignation - To undertake further education or training	10		

Non Voluntary Resignations		Voluntary Resignations		Retirement	
		Voluntary Resignation - Work Life Balance	18		
		Mutually Agreed Resignation - Local Scheme with Repayment	1		
<b>Total</b>	<b>14</b>		<b>127</b>		<b>31</b>

Of 172 staff that left the organisation during this period 127 staff terminated as a result of a voluntary resignation, equivalent to 73.84% of all terminations.

## Sickness Absence

The table below shows the average sickness absence rate for NWSSP for 12 months from 1st May 2017 to 30th April 2018 was 3.55%.

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 April 2018 was 3.57% which is a 0.33% decrease on the March position.

Absence %	Absence Days	Abs	Avail
3.55%	27,230	24,362.83	687,161.83
Month	Absence %	Abs	Avail
2017 / 05	2.92%	1,669.31	57,149.43
2017 / 06	2.67%	1,480.83	55,408.25
2017 / 07	2.79%	1,601.93	57,367.84
2017 / 08	3.48%	2,038.78	58,515.35
2017 / 09	3.36%	1,894.26	56,390.08
2017 / 10	3.68%	2,135.12	58,070.75
2017 / 11	3.97%	2,235.36	56,271.35
2017 / 12	3.61%	2,111.40	58,518.06
2018 / 01	4.19%	2,464.32	58,814.90
2018 / 02	4.40%	2,350.72	53,393.96
2018 / 03	3.90%	2,322.91	59,556.38
2018 / 04	3.57%	2,057.87	57,705.49

## RECOMMENDATIONS

The Shared Service Partnership Committee is requested to note:

- The reported year end balanced financial position that was within 0.01% of the annual NWSSP allocation.
- The financial position reported to 30<sup>th</sup> April 2018.
- The significant level of professional influence savings generated by NWSSP to 30<sup>th</sup> April 2018.
- The performance against the high level key performance indicators.
- The workforce data for the period.

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**RESULTS FROM THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC) EFFECTIVENESS SURVEY 2018**

<b>ARWEINYDD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>LEAD:</b>	
<b>AWDUR:</b>	Michael Thorpe, Communications Assistant
<b>AUTHOR:</b>	
<b>SWYDDOG ADRODD:</b>	Jacqueline Maunder, Head of Corporate Services
<b>REPORTING OFFICER:</b>	
<b>MANYLION CYSWLLT:</b>	Jacqui Maunder 01443 848560 or email <a href="mailto:jacqueline.maunder@wales.nhs.uk">jacqueline.maunder@wales.nhs.uk</a>
<b>CONTACT DETAILS:</b>	

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

To provide the Committee with an update on the results of the Shared Services Partnership Committee (SSPC) Effectiveness Survey for 2018.

**Llywodraethu/Governance**

<b>Amcanion:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
<b>Objectives:</b>	
<b>Tystiolaeth:</b>	Not Applicable
<b>Supporting evidence:</b>	

**Ymgynghoriad/Consultation :**

The Chair of the SSPC, Margaret Foster, the Managing Director, Neil Frow and the Director of Audit and Assurance, Simon Cookson were consulted on the questions contained within the original survey questionnaire issued

in 2015 and a review of the questions was undertaken in 2017 and in 2018.

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	√
<b>Argymhelliad/ Recommendation</b>		The committee is asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report.</li> </ul>					

**Crynodeb Dadansoddiad Effaith:**

**Summary Impact Analysis:**

<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	An Equality Impact Assessment was not required due to the small number of potential respondents. The survey questionnaire was distributed via an online link and was made available in both Welsh and English. The questionnaire could have been made available in other formats on request.
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Iechyd Poblogaeth: Population Health:</b>	No Impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No Impact
<b>Ariannol: Financial:</b>	No Impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	The results of the survey provides assurance to the SSPC in terms of reviewing and developing its effectiveness.
<b>Safonau Iechyd a Gofal:</b>	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability which features as

<b>Health &amp; Care Standards:</b>	<p>an overarching principle of the quality themes outlined in the Health and Care Standards:</p> <p><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></p>
<b>Gweithlu:</b> <b>Workforce:</b>	No Impact
<b>Deddf Rhyddid Gwybodaeth/</b> <b>Freedom of Information</b>	Open



# **RESULTS FROM THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC) EFFECTIVENESS SURVEY 2018**

## **1. CEFNDIR/BACKGROUND**

The mandate of the Committee is to oversee the management of the business and affairs of the NHS Wales Shared Services Partnership (NWSSP) and provide guidance and direction to the Managing Director in order to review corporate objectives and to achieve the balance of maximising efficiency savings whilst delivering a quality, demand led service.

The Committee has six regularly scheduled meetings each year with additional meetings being held as required.

The role of the Committee secretariat 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 for the Chair and SSPC members.

The Committee Effectiveness Survey was issued to all SSPC members to evaluate the performance and effectiveness of:

- the SSPC members and the Chairman of SSPC;
- the quality of the reports presented to committee
- the effectiveness of the committee secretariat

During the Committee meeting held on the 25<sup>th</sup> November 2014 it was agreed that all members of the Committee would complete a "Committee Self-Assessment Questionnaire" annually to assist the Committee in assessing its effectiveness with a view to identifying potential areas for development going forward.

Following on from the survey issued in January 2015, the exercise was repeated in 2016, 2017 and 2018.

## **2. CRYNODEB O'R CANLYNIADAU/SUMMARY OF THE RESULTS**

The findings of the 2018 survey are presented at **Appendix 1** for information.

Of the 19 questions asked, 11 received 'agree' responses from 100% of respondents and a further 5 questions received a single 'disagree' response. This positive feedback mirrors that of previous years and provides an assurance that the Committee is continuing to operate effectively.

A summary of the result findings is outlined in Table 1 below:

Table 1 – Summary of the Findings from the SSPC Effectiveness Survey 2018

<b>Questions</b>	<b>Findings</b>	<b>Action</b>
<i>13. Papers are concise, relevant and timely and are received sufficiently far in advance of meetings</i>	<b>2 of 9 respondents disagreed</b>	<b>e-board software has been piloted to assist in the swift issuing of papers.</b>
<i>15. As a Committee member I have sufficient time and commitment to fulfil my responsibilities.</i>	<b>3 of 9 respondents disagreed</b>	<b>Members are encouraged to offer suggestions on how to improve in this area.</b>
<i>17. Historically Tuesday/Thursday has been the favoured day for meetings of the committee because of Member commitments within their respective organisations. I am satisfied that Tuesday/Thursday are the most convenient days for meetings</i>	<b>2 of 9 respondents disagreed</b>	<b>The majority are content with the Tuesday/Thursday rotation, so no further action required.</b>
Question 19 - "Would you welcome a greater use of Welsh language at meetings?"	received 8 out of 9 responses responding 'no' which indicates that the majority of Committee members remain satisfied with the use of Welsh language at meetings	The majority are content with the existing arrangements. The Committee report front cover is in a bilingual format and agendas and minutes are published bilingually.

In addition, four comments were received in the "additional comments" category and Committee members are encouraged to provide any further feedback or suggestions to the Head of Corporate Services to assist in strengthening and developing the support for the Committee.

### **3. LLYWODRAETHU A RISG/ GOVERNANCE & RISK**

Section 8.2.1 of the SSPC standing orders states that:

*"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."*

This report provides an assurance that the SSPC are complying with the standing orders through undertaking annual Committee effectiveness surveys.

### **4. ARGYMHELLIAD/RECOMMENDATION**

The Committee are asked to:

- **NOTE** the report.

## **Appendix 1**

### **Results of the Shared Services Partnership Committee (SSPC) Effectiveness Survey 2018**

#### **1. Yearly Comparison of Results**

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Responses received	15/15	10/15	9/15
Response rate	100%	66%	60%
Responses received in English	12	8	8
Responses received in Welsh	3	2	1

#### **2. Summary of Responses to Individual Survey Questions 2018**

**1.** I have a good understanding of the different risks inherent in NWSSP's activities and where I need additional support and/or clarification I am clear who to speak to.

Agree	9
Disagree	0

**2.** I feel the Committee receives sufficient detail, at the right level, to allow me to focus on asking the right questions.

Agree	8
Disagree	1

**3.** The Committee actively engages with the relevant NWSSP Directors (who attend Committee meetings) regarding their key areas of risk and focus, agreed actions and progress to date against NWSSP's Strategy.

Agree	9
Disagree	0

**4.** The Committee papers are clear and concise and allow me to understand the key issues presented

Agree	8
Disagree	1

**5.** The Committee has effective escalation arrangements in place to alert relevant individuals, committees, boards of any urgent/critical matters that may affect the operation and/or reputation of NWSSP/NHS Wales

Agree	8
Disagree	1

**6.** The structure of the Committee meeting (e.g. papers, presentations, and attendees), encourage a high quality of debate with robust and probing discussions where relevant.

Agree	8
Disagree	1

**7.** In my opinion the Committee Chair promotes effective and efficient meetings through effective facilitation of the agenda and subsequent discussions, seeking the views of all members to reach consensus.

Agree	9
Disagree	0

**8.** The Committee has open channels of communication with Health Board/Trust contacts which facilitates the identification of issues and opportunities.

Agree	9
Disagree	0

**9.** Committee members collectively have the range of skills, knowledge and expertise to advise and assure Health Boards/Trusts on NWSSP business.

Agree	9
Disagree	0

**10.** There are clear terms of reference, with clarity as to the role of the Committee and the relationship between the Committee and the Directors of NWSSP.

Agree	8
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Disagree	0
No answer	1

**11.** The Committee actively contributes to discussions on NWSSP's key strategic risks, and offers insights into areas of future risk and challenge (including horizon scanning) in order to support the Senior Management Team.

Agree	9
Disagree	0

**12.** The number and length of meetings and access to resources is sufficient to allow the Committee to fully discharge its duties.

Agree	8
Disagree	1

**13.** Papers are concise, relevant and timely and are received sufficiently far in advance of meetings.

Agree	7
Disagree	2

**14.** Directors and others are asked to present on topics, as appropriate and which adds value to the debate and decision making process.

Agree	9
Disagree	0

**15.** As a Committee member I have sufficient time and commitment to fulfill my responsibilities.

Agree	6
Disagree	3

**16.** I am happy with the arrangements for Committee meetings to convene at 10am.

Agree	9
Disagree	0

**17.** Historically Tuesday/Thursday has been the favoured day for meetings of the committee because of Member commitments within their

respective organisations. I am satisfied that Tuesday/Thursday are the most convenient days for meetings.

Agree	7
Disagree	2

**18.** The Corporate Services team provide committee secretariat for the SSPC - I am satisfied with the support provided by the corporate services team

Agree	9
Disagree	0

**19.** Would you welcome a greater use of the Welsh language at meetings?

Yes	1
No	8

**20.** The Assurance report is a useful mechanism for ensuring my Health Board/Trust is aware of matters discussed at the Partnership committee.

Agree	9
Disagree	0

**21.** Please add any Additional Comments.

**Four respondents provided additional comments:**

- "The recent discussion re the Laundry review has perhaps identified the need to consider how the committee can be assured that NHS stakeholder organisations are appropriately engaged throughout so that Boards are sighted appropriately. I am aware that the committee is attending to this."
- "The number of papers are often far too many - most of which are provided for info or do not get discussed in detail at the meetings. Need to find a way to streamline this. How the Chair manages to navigate through to a finish time as planned is quite something sometimes!"
- "I have marked 15 and 17 as disagree as they are inter-related. I have had difficulty in attending some meetings due to commitments

with our Board and Committees. However, I appreciate that scheduling in busy diaries is challenging!”

- “I think the survey is too narrow to agree or disagree as there are always some areas of the Committees business / approach that could be improved. Some scope for comments within the sections would help provide a fuller response to the questions posed.”





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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:7.1**

**June 2018**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Risk Management Protocol**

**ARWEINYDD:  
LEAD:**

Peter Stephenson  
Head of Finance & Business Development

**AWDUR:  
AUTHOR:**

Peter Stephenson  
Head of Finance & Business Development

**SWYDDOG ADRODD:  
REPORTING OFFICER:**

Andy Butler, Director of Finance & Corporate  
Services

**MANYLION CYSWLLT:  
CONTACT DETAILS:**

Andy Butler, Director of Finance & Corporate  
Services  
01443 848552 / [Andy.Butler@wales.nhs.uk](mailto:Andy.Butler@wales.nhs.uk)

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

The purpose of this paper is to provide the SSPC with the updated  
NWSSP Risk Management Protocol.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

Each of the five key Corporate Objectives

**Tystiolaeth:  
Supporting  
evidence:**

Individual reports submitted to Audit Committee

**Ymgynghoriad/Consultation:**

Who has been consulted on the details of the report?

- NWSSP SMT
- NWSSP Audit Committee

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

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



# **RISK MANAGEMENT PROTOCOL**

# RISK MANAGEMENT PROTOCOL

## STATEMENT OF INTENT

*NWSSP is committed to ensuring that the management of risk throughout the organisation is consistent and effective.*

### **NWSSP Statement**

NWSSP is committed to achieving and maintaining the highest standards of managerial practices that maximise and progress service benefits.

NWSSP recognises that effective risk management is a key component of corporate governance and is critical to achieving the strategic objectives of the organisation.

NWSSP continues to embed the risk management process by ensuring staff recognise the principles that "risk management is everyone's business," and encourage them to report any hazards, risks, incidents and near misses within their working activities or environment.

NWSSP recognises the importance of continuing to promote a culture of honesty and openness when dealing with a breakdown/failure in a system or individual error/mistake. NWSSP is committed to investigating system failures and or individual errors to establish the underlying causes.

NWSSP will seek to ensure that risks and incidents are identified and managed in a positive and constructive manner, so that lessons learned are shared across the organisation.

NWSSP acknowledge that effective risk management allows managers and staff to respond to opportunities and to take appropriate risks on behalf of the organisation with greater confidence of a successful outcome.

### **Introduction**

NWSSP seeks to integrate the risk management process by having a single clear systematic approach. Therefore risk management is not seen as a separate function but is an integral part of the day to day management activities of the organisation including financial, health and safety and environmental functions.

It is the aim of NWSSP to assess and control the risks which threaten or compromise its ability to fulfil its aims and objectives. Risk Management should be able to provide a suitable framework from within which staff can manage risks potentially facing the organisation in a consistent and meaningful way. This protocol sets out a framework, which identifies the risk management arrangements for the organisation including the need to address the Healthcare Standards identified by NHS Wales Shared Services Partnership Committee (NWSSPC) for Shared Services.

## **Background**

NWSSP Divisions through their staff are integral parts of Health Boards (HBs) and NHS Trusts and as such must abide by the Policies and Standards established by those as well as those of the NWSSPC. This protocol is intended to complement the HB's and NHS Trust's strategies by establishing a comparable framework around which NWSSP will manage risks potentially facing the organisation. This protocol should therefore not be looked at in isolation but should be looked at as a part of the overall protocols in place, and particularly the Velindre NHS Trust Risk Policy. It is the intention that this will provide a framework which enables NWSSP to define its risk management arrangements, taking into account the process of adherence to the standards set down by the Health Inspectorate Wales.

The overall objective of the Healthcare Standards is to support NHS bodies in Wales in developing an effective system of risk management and control. The standards will serve to support the process of continuous self-assessment introduced with controls assurance.

## **Purpose**

The purpose of this protocol is to provide a clear systematic approach to the management of risk within NWSSP. The protocol will define the way in which NWSSP will continue to embed the risk management process across the whole organisation whilst taking note of the various requirements of external agencies and statutory bodies.

## **Aims**

NWSSP has a clear commitment to operate high standards of governance and internal control and will aim to minimise and contain any costs or consequences that may arise in the event of an incident occurring. NWSSP is committed to the following Policy aims and objectives:

- A clear commitment to operate to the highest standards of governance and internal control through the adoption of Risk Management Policy and regular reporting of risk management issues to the NWSSPC;

- Provide evidence that NWSSP is making every effort to meet the objectives set within the protocol and will, in doing so, protect staff, the public and other stakeholders against risks of all kinds;
- To inform the NWSSPC about significant risks within the organisation for which they are responsible;
- Assist staff and the NWSSPC to identify risks, determine unacceptable levels of risk, and decide on where best to direct limited resources to eliminate or reduce those risks;
- Promote risk management awareness at all levels of the organisation;
- Develop, establish and implement an infrastructure and arrangements to ensure that managing risk becomes an integral part of the planning and management processes and general culture of the organisation;
- Ensure that NWSSP adopts best practice and achieves the highest standards of risk management;
- Manage risk in a positive but not punitive way as an opportunity to learn and improve systems in practice;
- Increase public confidence in the quality of service provided with the NHS; and
- Enable NWSSP to effectively meet its key objectives.

## **Objectives**

NWSSP will:

- Ensure a safe environment for the delivery of health care and for staff to work in;
- Improve business performance by informing and improving decision making and planning;
- Continue to promote a single consistent approach to risk management across NWSSP;
- Ensure clear lines of accountability and responsibility for risk management exist;

- Ensure adequate risk reporting structures are in place across the whole organisation that provide assurance to the board;
- Develop and promote the risk management escalation process;
- Ensure effective processes are in place to achieve staff compliance with statutory, mandatory and professional standards;
- Encourage open and honest reporting of hazards, risks and incidents and near misses;
- Ensure that risks and incidents identified are managed in a positive and constructive manner, so lessons learned are shared;
- Promote a culture where innovations are encouraged; and
- Provide a sound basis for integrated risk management and internal control as components of good corporate governance.

### **Organisational Arrangements and Responsibilities**

NWSSP is a large and complex organisation with some 1900 employees. The Managing Director, NWSSP is ultimately accountable for ensuring that risk is managed adequately, although there are levels of responsibility throughout the structure to ensure effective risk management. However, day-to-day implementation thereof is delegated to the Director of Finance and Corporate Services of NWSSP, who is assisted in this role by the Head of Finance and Business Development.

It is the responsibility of each of the Directors, Assistant Directors, and Heads of Service to ensure that risk is addressed at each of the locations relevant to their Directorates and that an effective feedback mechanism operates through NWSSP such that corporate and significant/critical risks are reported and discussed at NWSSP SMT meetings.

All employees individually and collectively have a responsibility for risk management with the identification of risks and the reporting of incidents and near misses being encouraged.

Staff should:

- Report risks, incidents and hazards using the appropriate reporting procedure;
- Be aware of their legal duty to take care of their own health and safety and the safety of others affected by their work activities;

- Attend statutory and mandatory training in line with NWSSP requirements;
- Act in accordance with the training and instruction provided by NWSSP; and
- Comply with the Velindre NHS Trust Risk Management strategy and NWSSP Protocol supporting health and safety policies and procedures.

## **Head of Finance and Business Development**

The NWSSP Head of Finance and Business Development will provide advice and guidance on risk management related functions across NWSSP. The post holder will also support the development and implementation of a standard overarching risk management framework. This includes the coordination of risk assessments, risk registers, assurance maps and development and maintenance of the risk management system and its modules (Datix).

## **Host Bodies**

Hazards and risks may be identified which are not within the ability of NWSSP to control or manage, such as building or facilities management issues which are instead the responsibility of a host organisation. The arrangements of NWSSP will be such that it is a requirement on its officers to bring such matters to the attention of the host body concerned at the earliest possible opportunity. Such action should always be the subject of a written report to the Director of Finance and Corporate Services of NWSSP.

## **Risk Management Framework**

The organisational framework for Risk Management is controlled through the establishment of various Committees. The Committees are responsible for ensuring that risks that fall under their remit are reviewed and where significant risks are identified, these are appropriately escalated. See Annex 1 for the structure.

## **Risk Identification, Assessment & Management**

NWSSP will embed processes to ensure that risk is identified, assessed and managed.



## **Identification of Risks**

NWSSP will identify risks both by proactive and reactive methods. These will be managed proactively on an NWSSP Corporate Risk Register, supported by risk registers in each directorate which will be maintained by all nominated individuals assessing the risks which exist in their service area.

Corporately, all papers presented to the NWSSPC, Audit Committee and Senior Management Team meetings must contain a section on identified risks contained in the paper presented and how they will be managed. The Director of Finance and Corporate services will be responsible for reviewing the risks raised in papers and ensuring they are added where appropriate to the Corporate Risk Register.

Reactively, risks will become apparent from a number of sources including complaints, claims, losses, and clinical, internal and external audit. Adverse incidents are also an important information source. It is crucial that all incidents are reported and investigated through the Incident Reporting Procedure (Datix). Any trends identified will be recorded as risks along with the corresponding actions to mitigate them.

## **Risk Assessment Process**

A formal risk assessment is required for all risk assessments that are held on the Datix system. See Annex 2.

The basic steps within the risk assessment process are:

- Identify the hazards;
- Assess who and what might be affected, and how;
- Evaluate the risks and decide whether existing precautions are adequate or should more be done;
- Record the findings;
- Monitor and review the risks and any resulting further actions; and
- Communicate and consult.

## ***Risk Register***

The Risk Register contains an overview of the identified risks, the controls already in place to manage the risks, and any actions that have been identified to further mitigate the risks. The format for the Risk Register has been agreed by the NWSSP SMT and the Audit Committee. All risk registers presented to any committee or sub group will follow this agreed format. It is important that this format is implemented at all levels to ensure consistency is achieved across NWSSP.

Risks are scored within the Register as follows:

- **Inherent Risk Score** – evaluation of the risk without consideration of any current or future controls or actions to mitigate it;
- **Residual (or Current) Risk Score** – evaluation of the risk as at today (i.e. taking into account current controls and mitigations, but **not** any further actions that are yet to be undertaken); and
- **Target Risk Score** – where the risk score should be once planned actions have been completed. (This should be a realistic rather than an aspirational assessment).

All risks identified will be assessed using the following matrices (in accordance with the Velindre NHS Trust Risk Policy) which take into account the likelihood of the risk occurring and the resulting severity.

### Risk Quantification – MATRIX

Simple risk quantification is identified by multiplying the Impact X Likelihood = Risk Rating. This impact matrix below has been developed by the NPSA (National Patient Safety Agency) and is adopted by Velindre NHS Trust.

	LIKELIHOOD DESCRIPTION
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen

	Impact, Consequence score (severity levels) and examples				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days  RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients

<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1) Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/ independent review  Critical report	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards
<b>Human resources/ organisational development/staffing/ competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff  Ongoing unsafe staffing levels or competence  Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
<b>Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation  Reduced performance rating if unresolved	Single breach in statutory duty  Challenging external recommendations/ improvement notice	Enforcement action  Multiple breaches in statutory duty  Improvement notices Critical report	Multiple breaches in statutory duty  Prosecution Complete systems change required Severely critical report
<b>Adverse publicity/ reputation</b>	Rumours  Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage Key objectives not met
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million	Non-delivery of key objective/ Loss of >1 per cent of budget  Failure to meet specification/ slippage  Loss of contract / payment by results Claim(s) >£1 million
<b>Service/business interruption Environmental impact</b>	Loss/interruption of >1 hour  Minimal or no impact on the environment	Loss/interruption of >8 hours  Minor impact on environment	Loss/interruption of >1 day  Moderate impact on environment	Loss/interruption of >1 week  Major impact on environment	Permanent loss of service or facility  Catastrophic impact on environment

**Risk Rating Matrix = Impact x likelihood**

	<b>LIKELIHOOD</b>				
<b>IMPACT</b>	<b>Certain 5</b>	<b>Likely 4</b>	<b>Possible 3</b>	<b>Unlikely 2</b>	<b>Rare 1</b>
5 Catastrophic	25	20	15	10	5
4 Major	20	16	12	8	4
3 Moderate	15	12	9	6	3
2 Minor	10	8	6	4	2
1 Insignificant	5	4	3	2	1

**Actions and Treatment Timetable**

<b>Risk Score</b>	<b>Risk Level</b>	<b>Action and Timescale</b>
1-3	LOW	No action required providing adequate controls in place.
4-6	MODERATE	Action required to reduce/control risk within 12 month period
8-12	SIGNIFICANT	Action required to reduce/control risk within 6 month period
15-25	CRITICAL	Immediate action required by Senior Management

## **Management of Risk**

### ***Roles and Responsibilities***

- **Senior Management Team (SMT)** - The SMT is accountable for the systems of internal control, based on an ongoing process designed to identify and prioritise the risks of the organisation, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. SMT review and update the NWSSP Corporate Risk Register at their monthly meetings which contains the corporate, significant and critical risks from across NWSSP including any escalated departmental risks. A SMT lead is assigned to each risk on the register.
- **The Audit Committee** - The Audit Committee provides the NWSSPC with a means of independent assurance that the systems in place for the management of risk are operating efficiently and effectively. The Committee will also provide an objective review of the corporate governance responsibilities, financial systems, financial information and compliance with law, guidance and codes of conduct. The Audit Committee reviews the Corporate Risk Register at each of its meetings.
- **Shared Services Partnership Committee** - The Shared Services Partnership Committee ensures that risk management arrangements are in place and both receives and provides assurance that appropriate and effective control systems are in place to identify and manage risks. The Shared Services Partnership Committee reviews the Corporate Risk Register at its quarterly meetings.

- **Sub/Working Groups** - A wide range of sub/working groups are in place across NWSSP to discuss their departmental/site risks and to ensure that any critical and significant risks are escalated to SMT along with risks which may become corporate. The aim of the working groups is to gather information and where appropriate share the lessons learned across the department.
- **NWSSP All Wales Health and Safety Meeting** - NWSSP All Wales Health and Safety meeting is chaired by the Director of Finance and Corporate Services. Each Service Division will ensure an appropriate representative attends this committee to ensure that their risks and incidents are monitored and discussed and that the lessons learned can be shared across NWSSP. All significant risks regarding Health and Safety are reported to the Velindre NHS Trust Health and Safety Management Group.

## **Directorate Risks**

Directors, Assistant Directors and Managers should ensure that all risks associated with their directorate are input into the Datix risk management system. Any red-rated risks should be referred to the NWSSP SMT for possible inclusion on the Corporate Risk Register. Directorate Management Teams monitor and review their Departmental risk register on a regular basis. Review of Directorate key risks is also a standing agenda item for the Quarterly Reviews undertaken by the Managing Director and senior colleagues.

## **Risk Escalation**

The NWSSP Senior Management Team, assisted by key senior officers, are responsible for ensuring that risk management policies are implemented within NWSSP and that both risk assessment and incident reporting operates appropriately within the various areas of responsibility and in a climate where staff are encouraged to report incidents without fear of blame.

The process of escalation is used where a risk is unmanageable or uncontrolled or where the risk is significant or critical (12 and above). The purpose of the escalation process is to ensure that all managers at all levels across NWSSP have the option to escalate a risk where they are not able to manage or control it within their area. These risks are discussed at SMT.

## **Training and Awareness**

It is essential that all NWSSP staff receive basic risk management awareness as part of their statutory training. This training can be facilitated at induction or via ELearning and should include:

- principles of risk management;
- roles and responsibilities for management of risk within NWSSP;
- techniques for identification and evaluation of risk;
- how to report hazards, incidents and near misses;
- awareness that risk is everyone's business; and
- policies that cover risk management and assessment.

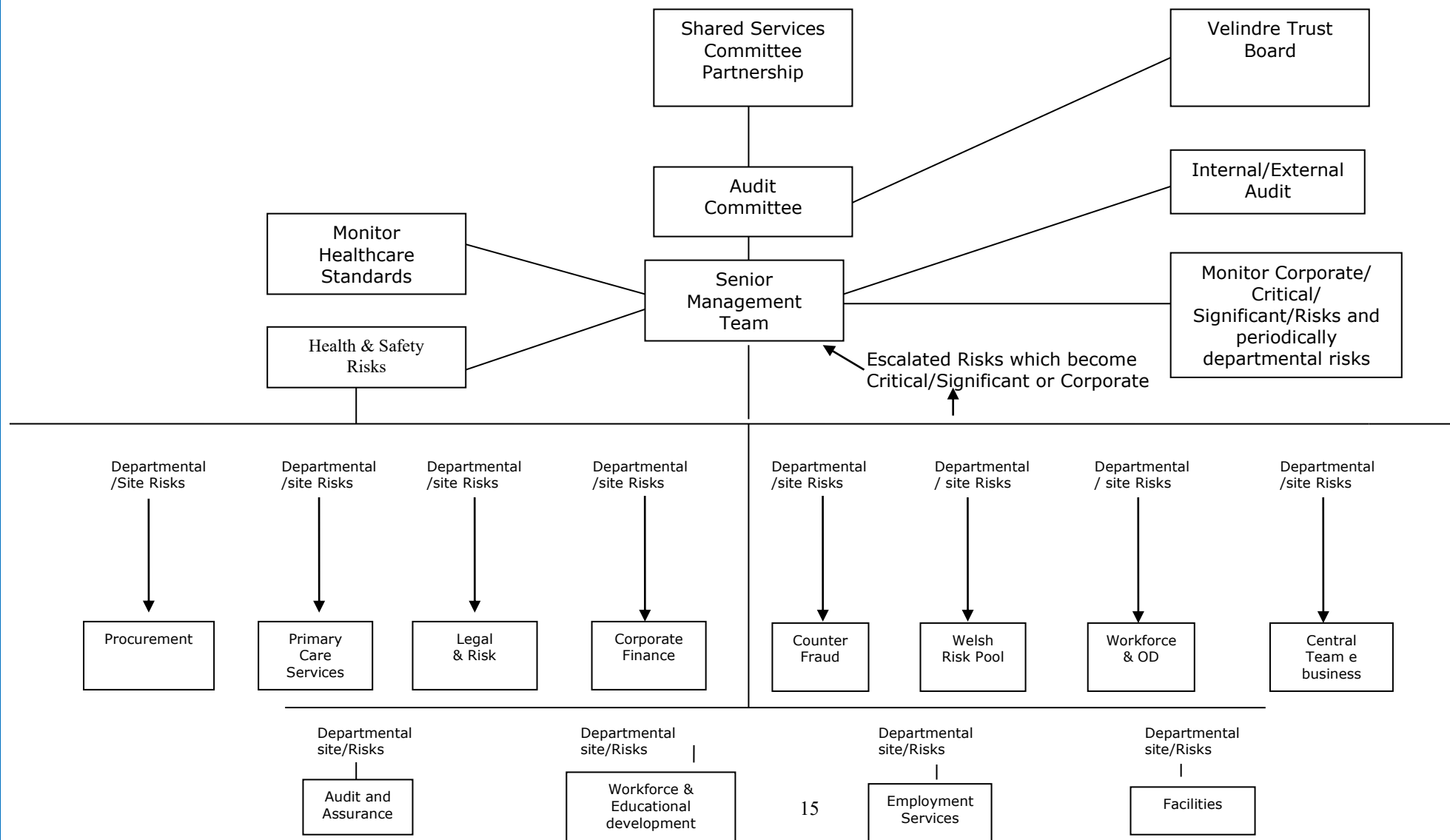
Directors and Managers ensure that all staff involved in the risk assessment process have sufficient knowledge, experience and understanding of risk and are provided with sufficient training to ensure competence is demonstrated.

Managers ensure that risk assessment training is included in local training programs.

## **Review Mechanism**

The risk management process is continually evolving and it is therefore intended to review this Protocol on an annual basis in light of changes in guidance, best practice and legislation.

## ASSURANCE FRAMEWORK



## Annex 2

<b>VELINDRE NHS TRUST</b>	Service Area:	<b>DATIX - REF NO:</b>
	<b>RISK ASSESSMENT</b>	Department: Location/Site:
<b>Title of Assessment:</b>		<b>Date of Assessment:</b>

**Tick the Type of Risk Assessment:**

Business & Org		Operational		Clinical		Quality		Health & Safety	
Strategic		Financial		Legal		Project.		Environmental	

Describe the situation or the work activity or process being assessed.  
Summarise the specific risks to NWSSP

**Please give a full range of Hazards:**  
Include any Materials, Biological, Chemical, Environment, Ergonomic and Psychological etc.

Hazards identified:	Impact Severity	Likelihood	Risk Rating

Who is affected by the hazards and how many: Whole organisation, division, department, ward etc.  
**All, Many or One** - staff, visitors, contractors or service users etc. may be harmed.

Evaluate Overall <b>Initial</b> – Risk : I x L= Risk Rating	<b>Impact</b>	<b>Likelihood</b>	<b>Rating</b>

**List control measures in place: Are they acceptable Y/N**



--

Evaluate <b>Current</b> – Risk with controls: I x L= Risk Rating	<b>Impact</b>	<b>Likelihood</b>	<b>Rating</b>

**Further action required - additional control measures - to reduce risk**

--

**Actions Agreed by Manager:**

**Managers Name & Signature :**

Evaluate <b>Target</b> – Risk with actions completed: I x L= Risk Rating	<b>Impact</b>	<b>Likelihood</b>	<b>Rating</b>

**Risk Assessment performed by:**

Print Name/s	Signature/s	Date

**Progress Report on further Actions: include review dates:**

--

**Annex 3****Risk Appetite**

<b>NO</b>	<b>Level accepted</b>	<b>Description of the potential affect</b>
<b>5</b>	<b>High Risk</b>	Organisations accept potential risks that are likely to result in reputational damage, financial loss, major breakdown in services, information systems or integrity, significant incidents of regulatory and or legislative compliance, potential risk of injury to staff and service users.
<b>4</b>	<b>Medium/ major Risk</b>	Organisations is willing to accept risks that are likely to result in reputational damage, financial loss, major breakdown in services, information systems or integrity, significant incidents of regulatory and or legislative compliance, potential risk of injury to staff and service users.
<b>3</b>	<b>Moderate Risk</b>	Organisations is willing to accept risks in certain circumstances that are likely to result in reputational damage, financial loss, major breakdown in services, information systems or integrity, significant incidents of regulatory and or legislative compliance, potential risk of injury to staff and service users.
<b>2</b>	<b>Low Risk</b>	Organisation is not willing to accept, except in very exceptional circumstance agreed by the Board, risks that may result in reputational damage, financial loss, major breakdown in services, information systems or integrity, significant incidents of regulatory and or legislative compliance, potential risk of injury to staff and service users.
<b>1</b>	<b>Zero risk</b>	Organisation is not willing to accept risks, under any circumstances that will result in reputational damage, financial loss, major breakdown in services, information systems or integrity, significant incidents of regulatory and or legislative compliance, potential risk of injury to staff and service users.

## Definitions

## Annex 4

<b>Risk Management</b>	The co-ordinated activities to direct and control the organisation with regard to risk.
<b>Risk Management Process</b>	A systematic application of risk management policies to the task of identifying, analysing, evaluating, controlling and the monitoring and review of risk across the Trust.
<b>Risk Assessment (Pro-active)</b>	A careful examination of the hazards in the workplace that may cause harm, to people the environment or the business and these include processes and tasks. The formal recording on a documented form.
<b>Risk Assessment (Re-active)</b>	A risk assessment that has been completed following an incident occurring, this may form part of the investigation process or may be a review of the original risk assessment in light of the incident and its severity.
<b>Risk Appetite</b>	The level of risk NWSSP is prepared to accept before action is deemed necessary to reduce it.
<b>Risk Acceptance</b>	The risk is managed to a level defined as reasonably practicable and where to implementation of any further controls will outweigh any benefit.
<b>Residual Risk</b>	The risk remaining following treatment or control.
<b>Risk Register</b>	The risk register is a term for a detailed list of risk assessments, the format for the register itself has been agreed at the SMT.
<b>Risk Inventory</b>	A risk inventory or profile, has no agreed format it may be a shortened version of the risk register or a more detailed profile. A risk inventory is normally less formal than a register and is managed at department level.
<b>Risk Structure</b>	A formal management structure that outlines the basic reporting and communication links and committees and groups that provides assurance to NWSSP SMT that risk is being effectively managed across all Service Divisions.
<b>Risk Matrix</b>	This is a tool developed to quantify risk, by scoring the impact x the likelihood that the risk will probably be realised to establish a Risk Rating. This tool can be used by Managers to prioritise significant risks.
<b>Risk Impact</b>	Potential harm scored via a impact matrix rising from 1-5
<b>Risk Likelihood</b>	Potential for occurrence scored via a likelihood matrix from 1-5
<b>Significant Risk</b>	Risk that are scored 12 and above that require treatment and control within 6 month period.
<b>Critical risk</b>	Risk scored 15 and above requiring immediate Senior management control.



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Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:7.2**  
**21 June 2018**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Annual Report Issues and Complaints 2017-2018**

**ARWEINYDD:  
LEAD:**

Peter Stephenson  
Head of Finance & Business Development

**AWDUR:  
AUTHOR:**

Roxann Davies  
Compliance Officer

**SWYDDOG ADRODD:  
REPORTING OFFICER:**

Andy Butler  
Director of Finance & Corporate Services

**MANYLION CYSWLLT:  
CONTACT DETAILS:**

Andy Butler  
Director of Finance & Corporate Services  
01443 848552 / [Andy.Butler@wales.nhs.uk](mailto:Andy.Butler@wales.nhs.uk)

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

The purpose of this report is to provide the Partnership Committee with an update as to complaints received by the NWSSP during the financial year, 1 April 2017 to 31 March 2018.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Tystiolaeth:  
Supporting  
evidence:**

-

**Ymgynghoriad/Consultation:**

The current Complaints Protocol is under review and this will be subject to an Equality Integrated Impact Assessment and consultation of the SMT.

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

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	<p>Regulation 51 of the "National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 ("the Regulations")" provides that each responsible body in NHS Wales must prepare an annual report on complaints.</p> <p>The report must contain, as a minimum:</p> <ul style="list-style-type: none"> <li>• Number of concerns received (including, in the case of Welsh NHS bodies, concerns reported under Part 7 of the Regulations related to cross border services);</li> <li>• The number of concerns deemed well founded; and</li> <li>• The number of concerns referred to the Public Services Ombudsman for Wales.</li> </ul> <p>This report provides assurance to the Committee that NWSSP is dealing with and learning from concerns in accordance with the Regulations.</p>
<b>Iechyd Poblogaeth: Population Health:</b>	No impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	The provisions of the Protocol ensure that NWSSP's services are delivered in a satisfactory manner and support Health Bodies in delivering an excellent service; which will contribute to improving quality, safety and patient experience.
<b>Ariannol: Financial:</b>	Not applicable.
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
<b>Safonau Iechyd a Gofal:</b>	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability, which feature as overarching

<b>Health &amp; Care Standards:</b>	principles of the quality themes outlined in the Health and Care Standards.
<b>Gweithlu: Workforce:</b>	No impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

# NWSSP ANNUAL REPORT OF ISSUES AND COMPLAINTS

## 1 April 2017 – 31 March 2018

### 1. BACKGROUND

NWSSP has arrangements that it follows to manage complaints in order to meet the requirements of the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations (2011) and "Putting Things Right" arrangements in accordance with the Velindre NHS Trust Handling Complaints Policy.

On 2 July 2014, Welsh Government published the "Review of Concerns (Complaints) Handling with NHS Wales – "Using the Gift of Complaints" report, which makes more than 100 recommendations on how to strengthen the NHS complaints process. In light of this guidance, with reference to the handling of Complaints within NHS Wales (2015), the NWSSP Issues & Complaints Management Protocol was revised to reflect this update to the guidance and with the objective of standardising the complaints process for all services within NWSSP so that complaints can be handled consistently and recorded accurately.

In addition, the Issues and Complaints Management Protocol is annually reviewed and the last annual review, conducted in May 2017, incorporated a specific guidance section on identifying if a complainant is to be categorised as vexatious and how such complaints, going forward, should be managed. It also raises awareness for members of the public on how NWSSP deals with all kinds of complaints, as published on the NWSSP website; <http://www.nwssp.wales.nhs.uk/issues-and-complaints>.

The Compliance Officer is currently in the process of conducting the 2018 annual review of the NWSSP Issues and Complaints Management Protocol. The subsequent findings of the latest annual review will be brought to a future Committee meeting.

### 2. COMPLAINTS RECEIVED 1 APRIL 2017 to 31 MARCH 2018

During the financial year reporting period for 2017-18, **14** formal complaints were received and recorded by Corporate Services. This compares with **seven** complaints received in the same reporting period during the 2016-2017 financial year.

There were **nine** matters that were categorised as issues, and which were locally resolved, thus negating the requirement for a formal complaint. This compares with **five** issues received during the 2016-2017 financial year.

The above reporting figures represent a 100% increase in complaints reported to the Corporate Services team in 2017-18 compared to 2016-17. Increased awareness and knowledge throughout the organisation as to the Protocol and processes, through promotion by the Compliance Officer during 2017, may have contributed to the higher volume received, but this trend will be closely monitored.

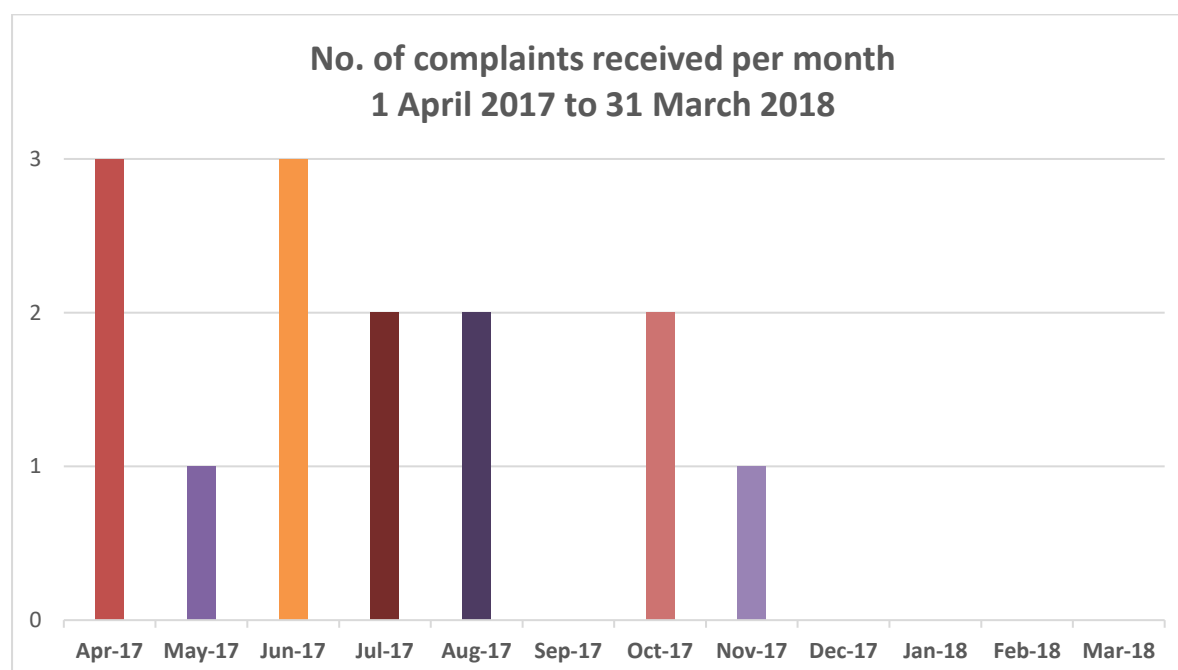
The chart in **Figure 1** below categorises the complaints received per directorate:

**Figure 1 – Total complaints received by directorate from 1 April 2017 – 31 March 2018**



The graph in **Figure 2** below categorises the complaints received per month:

**Figure 2 – Total complaints received per month from 1 April 2017 – 31 March 2018**





## **2.2 TIMELINESS OF RESPONSE**

The Protocol stipulates that all complaints will be acknowledged within two working days of receipt of the initial contact and that a full response to the points raised (where applicable), will be issued within 30 working days.

During the period 1 April 2017 to 31 March 2018, **71%** of the complaints received were responded to within the 30 working day target, which is consistent with performance in 2016-17.

**Four** responses were issued outside of the target, being responded to at 31, 34, 37 and 39 working days respectively. However, it should be noted that in all instances, holding letters were issued to the complainants detailing that NWSSP were still in the process of investigating the matters raised and that they would be provided with a substantive response as soon as the investigation had been concluded.

## **2.3 NATURE OF COMPLAINTS**

A brief summary of the nature of the complaints received is given below:

### Legal & Risk

- Complaint received from temporary bank worker in administrative role

### Corporate Services

- Two complaints regarding the Salary Sacrifice Scheme; concerning early termination fee recovery and affordability issues

### Employment Services

- Two complaints regarding pensions arrangements;
- Two complaints regarding overpayment of wages;
- Complaint regarding acceptable pre-employment check documentation and staff behaviour;
- Complaint regarding eligibility and refund of payments associated with the Widening Access Scheme;
- Complaint regarding online TRAC application, request for a paper application process and staff behaviour;
- Complaint regarding TRAC system issuing conditional offer in error;
- Complaint regarding delay in authorising/paying expenses and staff behaviour;
- Complaint received regarding bursary scheme eligibility; and
- Complaint made to the Welsh Language Commissioner, regarding absence of DBS forms in the medium of Welsh Language

## **2.4 EVALUATION OF COMPLAINTS HANDLING PROCESS**

NWSSP no longer issues an evaluation questionnaire, as previously agreed by the SMT. Due to the introduction of the revised Complaints Protocol, specifying the requirements at which a complaint is acknowledged, investigated and responded to, it was agreed that there was no longer a requirement to issue an evaluation questionnaire.

### **3. PUBLIC SERVICES OMBUDSMAN WALES**

A total of **one** complaint was escalated to the Public Services Ombudsman Wales (PSOW) during the reporting period. However, it should be noted that this complainant was identified and categorised as being vexatious and litigious, following a tirade of abuse made towards various members of staff at NWSSP.

The initial complaint related to a pre-employment check whereby the complainant did not have in his possession the correct documentation available in order to complete the appropriate checks and resulted in a subsequent withdrawal of the job offer. The complainant then referred the matter to the PSOW who summarised the complainant's concerns as follows:

- The complainant felt that NWSSP had not followed the NHS guidance in relation to pre-employment identity checks;
- The complainant felt that NWSSP had not accepted several forms of photo ID which were presented as evidence of identity because they were not on the list of acceptable photo ID;
- The complainant felt that NWSSP had not followed our own guidance, as the NHS checklists states that the list is not exhaustive, implying that other forms of photo ID should also have been considered;
- The complainant felt that NWSSP should have looked at the totality of the photographic and other identity evidence that was provided, rather than just following the checklist.

To conclude, the PSOW did not deem it appropriate for further investigation and issued written correspondence to ourselves, Abertawe Bro Morgannwg University Health Board and the complainant, setting out their reasons for not pursuing the matter.

### **4. RAISING AWARENESS OF THE IMPORTANCE OF EFFECTIVE COMPLAINTS MANAGEMENT**

In order to continue the momentum gained as to raising awareness of the Protocol, associated complaints process and to ensure effective complaints management in the future, it is proposed that:

- The Compliance Officer continues to hold Complaints Training and Workshop sessions at key sites. In depth and specific training sessions can be provided upon request (e.g. directorate specific/working group based). Sessions are targeted at staff responsible for managing complaints and investigations of issues reported to highlight expectations, processes and compliance deadlines; they also provide a platform for feedback to be received from an operational level.
- Nominated individuals within directorates to review previous concerns raised within their service area to capture outcomes/lessons

learned and to share knowledge/achieve best practice as to effective complaints management.

- The Protocol be updated and circulated to staff, together with an article published in the Rhannu internal newsletter to further raise awareness. It is recognised that even those without responsibility for dealing with complaints need to be aware of the correct course of action, should they receive a complaint from a patient, service user, employee or another party.

## **5. ASSESSMENT/GOVERNANCE & RISK ISSUES**

Regulation 51 of the "National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 ("the Regulations")" states that each responsible body in NHS Wales must prepare an Annual Report on complaints. The report must contain, as a minimum:

- Number of concerns received (including, in the case of Welsh NHS bodies, concerns reported under Part 7 of the Regulations related to cross border services);
- Number of concerns deemed well founded; and
- Number of concerns referred to the Public Services Ombudsman for Wales.

This report provides assurance to the Committee that NWSSP is dealing with and learning lessons from concerns brought to the attention of the organisation, in accordance with the specified Regulations.

## **6. RECOMMENDATION**

The Committee is asked to:

- **NOTE** the Issues & Complaints Annual Report



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Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:7.3**

**21 June 2018**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Annual Report of Gifts, Hospitality & Sponsorship Declarations  
2017-2018**

<b>ARWEINYDD: LEAD:</b>	Peter Stephenson Head of Finance & Business Development
<b>AWDUR: AUTHOR:</b>	Roxann Davies Compliance Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy Butler Director of Finance & Corporate Services 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>

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

The purpose of this report is to provide the Partnership Committee with a summary of the Gifts, Hospitality and Sponsorship declared within the reporting period, 1 April 2017 to 31 March 2018.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

The NWSSP Gifts, Hospitality and Sponsorship Procedure is due to be reviewed in November 2019.

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

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	The Velindre NHS Trust Standards of Behaviour Framework Policy outlines arrangements within the organisation to ensure that staff comply with requirements, including recording and declaring potential conflicts of interest and offers gifts, hospitality and sponsorship, regardless of whether these have been accepted or declined. It is important to note that any private interest(s) does not conflict with NHS duties.
<b>Iechyd Poblogaeth: Population Health:</b>	No impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability, which feature as overarching principles of the quality themes outlined in the Health and Care Standards.
<b>Ariannol: Financial:</b>	Not applicable.
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has transparent and robust governance processes in place to report on offers of gifts, hospitality and sponsorship, whether declined or accepted.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability, which feature as overarching principles of the quality themes outlined in the Health and Care Standards.
<b>Gweithlu: Workforce:</b>	No impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

# Annual Report of Gifts, Hospitality & Sponsorship Declarations

## 1 April 2017 – 31 March 2018

### 1. BACKGROUND

The Velindre NHS Trust Standards of Behaviour Framework Policy ("the Policy") outlines arrangements within the organisation to ensure that staff comply with requirements, including recording and declaring potential conflicts of interest and offers gifts, hospitality and sponsorship, regardless of whether these have been accepted or declined. It is important to note that any private interest(s) does not conflict with NHS duties.

Supplementary to the Policy referenced above, the NWSSP also has its own Gifts and Hospitality Procedure, both of which are embedded overleaf, for ease of reference.



GC 03 Standards of  
Behaviour Framework



Gifts, Hospitality &  
Sponsorship Procedure

### 2. GIFTS, HOSPITALITY & SPONSORSHIP

All employees of the NWSSP should consider their position very carefully before accepting any personal gifts or offers of hospitality during, or outside of, office hours. They should avoid placing themselves in a position where acceptance of such gifts or hospitality might be perceived to influence their decision in respect of purchasing goods or services, awarding contracts, or making appointments. Anyone found to be in breach of this procedure could face disciplinary action.

If staff receive any offer over the value of £25 (or several small gifts, which value over £100, received from the same or closely related source in a 12 month period), whether accepted or declined, these are required to be recorded in the Gifts and Hospitality Register, held by the Compliance Officer.

#### Declarations Received 1 April 2017 to 31 March 2018

Gifts	Hospitality	Sponsorship	Total
2 Accepted	6 Accepted	2 Accepted	10 Accepted
1 Accepted & Donated	-	-	1 Accepted & Declined
2 Declined	5 Declined	-	7 Declined
<b>5 Declarations</b>	<b>11 Declarations</b>	<b>2 Declarations</b>	<b>18 Declarations</b>

A summary of the completed Gifts, Hospitality and Sponsorship Forms received for 2017-2018 period is presented at **Appendix 1**.

### 3. RECOMMENDATION

The Committee is asked to:

- **NOTE** the offers of Gifts, Hospitality and Sponsorship received during the period 1 April 2017 to 31 March 2018

**Partnership Committee**  
**21 June 2018**

**Appendix 1 – Offers of Gifts, Hospitality and Sponsorship  
1 April 2017 to 31 March 2018**

No.	Job Title	Type	Date of Event	Source	Description	Value	Approved by	Accepted & Date
<b>GIFTS</b>								
1	Director of Procurement Services	Gift	21.07.2017	Opinion Health	£75 voucher offered for participation in interview regarding current changes to NICE drug appraisals (30-45 minute interview)	£75	A Butler	No 21.07.2017
2	Director of Procurement Services	Gift	21.07.2017	Bulger Partners (Research) US/UK	\$100 gift card offered for participation in survey regarding procurement software (15 mins)	\$100	A Butler	No 21.07.2017
3	Deputy Payroll Manager	Gift	29.06.2017 (Received via Royal Mail)	Dr Page	£40 restaurant vouchers for recognition of resolution of a tax issue	£40	A Butler	Received and donated to Velindre Fundraising 21.11.2017
4	Supply Chain Manager	Gift	05.12.2017	Patient - details unknown	Donation of a pallet of Weetabix as a thank you for the care and treatment received in hospital	£895.60 estimated	A Butler	Yes 27.11.2017
5	Compliance Officer	Gift	05.12.2017	Sustrans Cymru	Legacy Packs to promote cycling following on from the Cymru Travel Challenge (Welsh Government funded)	£424.20 estimated	A Butler	Yes 05.12.2017
<b>HOSPITALITY</b>								
6	Director of Primary Care Services	Hospitality	25.05.2017	National Pharmacy Association	Awards Dinner for Annual Pharmacy Awards Ceremony 2017	£25	N Frow	Yes 28.04.2017
7	Director of Specialist Estates Services	Hospitality	11.05.2017	Cooke & Arkwright (Chartered Surveyors)	National Surveyor's 7s - travel to Richmond RFC, London	£20	N Frow	No N/A as declined

**Partnership Committee  
21 June 2018**

**Appendix 1 – Offers of Gifts, Hospitality and Sponsorship  
1 April 2017 to 31 March 2018**

8	Director of Audit & Assurance	Hospitality	02.06.2017	Business Faculty Team at Swansea University	Lunch paid for Simon Cookson and Paula O'Connor by Business Faculty Team of Swansea University	£12.90	A Butler	Yes 02.06.2017
9	Head of Financial Sustainability and Improvement	Hospitality	12.10.2017	ACCA Cymru Wales	£115 dinner and accommodation for ACCA new members dinner in Cardiff - attending as Vice Chair of North Wales Panel ACCA	£115	A Butler	Yes 12.10.2017
10	Learning & Development Manager - Workforce & OD	Hospitality	21.10.2017	Track Training Ltd	Tickets to football game on 21/10/2017 (Swansea City v Leicester City)	Unknown	A Butler	No 19.10.2017
11	Managing Director	Hospitality	25.10.2017	ACT Training Ltd	Jonathan Davies Charity Lunch for Velindre Cancer Centre	£25	A Butler	No 19.10.2017
12	Director of Procurement Services	Hospitality	26.10.2017	Wales Quality Centre	Welsh Automotive Annual Dinner at Vale Hotel and Spa on 30.11.2017	£50	A Butler	No 21.11.2017
13	Director of Procurement Services	Hospitality	27.10.2017	BiP Solutions Ltd	GO Awards Wales Gala Dinner at Mercure Holland Hotel on 09.11.2017	£50	A Butler	Yes 27.11.2017
14	Managing Director	Hospitality	07.02.2018	Prophix UK Ltd	Future of Finance Networking Event - The Ivy Restaurant London	£50	A Butler	No 09.01.2018
15	Director of Procurement Services	Hospitality	12.01.2018	Wales Quality Centre	St David's Day Business Breakfast	£25	N Frow	Yes 24.01.2018
16	Director of Finance Academy	Hospitality	08-10.03.2018	Siemens Healthcare, Zupricza Street, Warsaw, Poland	Presentation at an international conference on behalf of NHS Wales - Travel and accommodation - Healthcare Challenge Congress, Katowice, Poland	Estimated £5000.00	A Butler	Yes 26.02.2018



**Appendix 1 – Offers of Gifts, Hospitality and Sponsorship  
1 April 2017 to 31 March 2018**

	SPONSORSHIP							
17	Director of Procurement Services	Sponsorship	09.06.2017	B Braun	£1500 award sponsorship for Taking Responsibility Award at NWSSP Staff Awards	£1,500	A Butler	Yes 06.09.2017
18	Director of Procurement Services	Sponsorship	09.06.2017	Bunzl Healthcare	£1000 award sponsorship for Taking Responsibility Award at NWSSP Staff Awards	£1,000	A Butler	Yes 06.09.2017

 <b>GIG CYMRU NHS WALES</b>	<b>Partneriaeth Cydwasaethau Shared Services Partnership</b>	<b>AGENDA ITEM:7.4</b>
		<b>21 JUN 2018</b>

***The report is Exempt***

**Teitl yr Adroddiad/Title of Report**

**THE ONE WALES APPROACH TO PRIMARY CARE REBATE SCHEMES  
– FURTHER OPPORTUNITIES**

<b>ARWEINYDD: LEAD:</b>	Mark Roscrow, Director of Procurement Services
<b>AWDUR: AUTHOR:</b>	Alex Curley, Head of Sourcing
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alex Curley, Head of Sourcing
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Alex Curley 02920 903836 or email <a href="mailto:Alex.Curley@wales.nhs.uk">Alex.Curley@wales.nhs.uk</a>

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

In November 2017, a report was presented to the Committee by Alex Curley, Head of Sourcing Pharmacy in respect of the Pharmacy rebate scheme. The purpose of this report is to provide an update on progress of the scheme.

Following Novembers report, Procurement Services were instructed to implement the one Wales approach to Primary Care Rebate Schemes.

Progress to date:

- New process agreed with All Wales Pharmacy & Finance Group
- New process Developed and communicated to suppliers
- Account set up to hold rebates centrally
- First rebates due (via new approach) July 2018 (Q1 18/19).
- Estimated Rebates per annum £3.9M
- Process will results in a reduction of approximately 1200 invoices being raised across Wales and will ensure that each organisation does not miss any available rebates (Approx £150K previously missed opportunity).

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

<b>Ymgynghoriad/Consultation :</b>
<ul style="list-style-type: none"> <li>• Director of Finance &amp; Corporate Services</li> <li>• Director of Procurement Services</li> <li>• Pharmacy Leads</li> </ul>

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the progress made in adopting a One Wales approach to the Primary Care Rebate Scheme.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No Impact
<b>Cyfreithiol: Legal:</b>	The health boards in NHS Wales as individual legal entities have to sign and co-ordinate the rebate claim process on a quarterly basis.
<b>Iechyd Poblogaeth: Population Health:</b>	No Impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No Impact
<b>Ariannol: Financial:</b>	No Impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	A full risk assessment will be undertaken if the Committee agree to develop a business case.

<b>Safonnau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	No Impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the FOI.



***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NHS WALES COUNTER FRAUD SERVICE OPERATIONAL PLAN  
2018-2019**

<b>ARWEINYDD: LEAD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Graham Dainty, Operational Fraud Manager
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Graham Dainty, <a href="mailto:Graham.Dainty@cfsms.gsi.gov.uk">Graham.Dainty@cfsms.gsi.gov.uk</a> Tel: 01495 334101

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

To present the NHS Counter Fraud Service Wales operational plan 2018-2019 for information.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
<b>Tystiolaeth: Supporting evidence:</b>	Not Applicable

**Ymgynghoriad/Consultation :**

NHS Wales Counter Fraud Steering Group

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No Impact
<b>Cyfreithiol: Legal:</b>	No Impact
<b>Iechyd Poblogaeth: Population Health:</b>	No Impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No Impact
<b>Ariannol: Financial:</b>	No Impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	The report provides an assurance that CFS Wales are complying with the service level agreement in place for counter fraud services.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability which features as an overarching principle of the quality themes outlined in the Health and Care Standards:  <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>

# NHS WALES COUNTER FRAUD SERVICE OPERATIONAL PLAN 2018-2019

## 1. CEFNDIR/BACKGROUND

The Counter Fraud Service (CFS) Wales Team is a division of NHS Wales Shared Service Partnership (NWSSP) and its activities are funded by Welsh Government. The team is provided with specialist investigation and operational support services by the NHS Counter Fraud Authority (NHSCFA) under an annual service agreement with Welsh Government.

The CFS Annual Operational Plan 2018-2019 is presented for information at **Appendix 1**.

## 2. LLYWODRAETHU A RISG/ GOVERNANCE & RISK

Governance and assurance for CFS Wales is provided by Welsh Government reporting arrangements and via the NHS Wales Partnership Committee, via the NWSSP arrangements that have been put in place, and the Counter Fraud Steering Group (CFSG). The CFSG is a Finance Directors Sub Group which was created in 2014. NHS CFA report on a quarterly and annual basis to Welsh Government on the services provided to NHS Wales and the operational performance of CFS Wales; this includes updates on active investigations

## 3. ARGYMHELLIAD/RECOMMENDATION

<b>Gweithlu:</b> <b>Workforce:</b>	No impact
<b>Deddf Rhyddid Gwybodaeth/</b> <b>Freedom of Information</b>	Open

The Committee are asked to:

- **NOTE** the report.



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

Agenda Item 7.5B

## NHS COUNTER FRAUD SERVICE WALES

### **WORKPLAN 2018/19**



GIG  
CYMRU  
NHS  
WALES



## CONTENTS

- 1 Executive Summary
  - 2 CFS Wales Strategic Aims and Objectives for 2018/19
  - 3 Specific Tasks and Timeline
  - 4 Background to NHS Counter Fraud Service Wales
- Annex A – NHS Counter Fraud Service Wales Organisational Structure

## 1 Executive Summary

This is the NHS Counter Fraud Service (CFS) Wales Workplan for 2018/19.

### 1.1 Organisational Aims 2018/19

- CFS Wales leads on the investigation and prosecution of serious and complex economic crimes (fraud, bribery and corruption cases) in NHS Wales. The NHS Wales strategy on counter fraud work is designed to protect NHS employees, practitioners, patients and resources from the risks of economic crime and corruption.
- The work is conducted within a clear professional and ethical framework and is supported via specialist investigation services which are purchased via an annual service level agreement between Welsh Government (WG) and the NHS Counter Fraud Authority (NHS CFA) in England.
- During 2018/19, CFS Wales will continue to provide NHS Wales with a high quality, impartial, reactive resource which is capable of investigating complex and specialist economic crime issues in the health sector.
- CFS Wales will also provide specialist guidance and support to the network of 20 Local Counter Fraud Specialists (LCFS) employed by health bodies in NHS Wales and assist WG officials, NHS Senior Management and the Counter Fraud Steering Group (CFSG), (a sub Group of the NHS Wales Finance Directors), to minimise potential fraud risks and identify priorities for national and local proactive exercises.

### 1.2 Strategic Aims

The strategic aims for CFS Wales for 2018/19 are:

- A** To provide **National Leadership and co-ordination within NHS Wales** for all NHS economic crime work by applying an approach that is strategic, co-ordinated, intelligence led and evidence based.
- B** To **lead investigations into serious, organised and/or complex financial risks and losses including fraud, bribery and corruption** within a clear professional and ethical framework. The lead for each investigation will be determined by CFS Wales in partnership with the relevant DOF and LCFS' in accordance with WG Directions.
- C** To **provide WG, NHS management and the LCFS network in Wales with specialist investigation and support services including access to restricted financial investigation powers** allied to professional guidance which adds value to and directs the opportunities for reactive and proactive anti-fraud work in Wales.
- D** To **work in partnership with WG, NHS Wales, NHS CFA, LCFS' and DOFs in Wales and with our key stakeholders** including with the Police, CPS and local authorities to coordinate and deliver our work and to pursue all viable sanctions against those who commit economic crime offences against NHS Wales.
- E** To **support NHS CFA and Health Bodies with the Quality Assurance process, communications and proactive anti-fraud work** to ensure that the highest standards are consistently applied, that good practice is shared and that potential risks are identified and prioritised.

### 1.3 Proactive Priorities for 2018/19

- CFS Wales and Lead LCFS' will continue to work closely with NHS colleagues, particularly Primary Care Service Managers at health bodies, to identify potential fraud risks within the NHS primary care service area and other sectors.
- The current focus on dental practitioner fraud, particularly treatment splitting will continue for the foreseeable future. This is based upon the high number of dental fraud referrals over the past few years, the successful criminal and disciplinary sanctions secured and the significant value of the financial recoveries obtained from the NHS dental sector in Wales.
- Other priorities for this year, largely based upon case referrals and analytical work conducted by NHS CFA in England are:
  - **Optical Fraud by Practitioners**
  - **Pharmacy Frauds by Practitioners**
  - **Procurement Fraud**
- Proactive exercises on the above priorities will be co-ordinated and managed in Wales by CFS Wales, with a view to focusing on the other practitioner service streams on a rotational basis in future years.

#### **1.4 Local Proactive Exercises (LPEs) by LCFS'**

- The CFS Wales / Lead LCFS Forums helped identify several pilot LPEs which will be conducted by LCFS' at health bodies in 2018/19. These include:
  - **Amendments to hospital prescriptions by Pharmacists**
  - **Practitioner visits to residential homes**
  - **Overseas patients accessing NHS Wales services**
- The information and good practice obtained via the pilot LPEs will be shared and discussed at future LCFS forums and due consideration will be given to expanding the LPEs across NHS Wales.

#### **1.5 Communication**

- Wales will continue to circulate fraud bulletins and intelligence updates To NHS Wales and will also organise at least three forums for LCFS' in Wales to share good practice and provide professional training and guidance on economic crime risks and developments.
- Quarterly case updates, data breakdowns and reports on significant developments on the progress of all active CFS Wales and LCFS investigations will continue to be provided to WG, DOFs and NHS CFA in accordance with the new reporting arrangements agreed with WG and the CFSG.
- CFS Wales will continue to work closely with NHS CFA and health bodies to ensure that all suitable opportunities for publicising successful investigations will be pursued within NHS Wales and in the general media to maximise the deterrent impact of sanctions secured in the criminal, civil or disciplinary arenas.

## **2 CFS Wales Strategic Aim**

- The main strategic aim of CFS Wales is:

***To lead on the identification, investigation and prosecution of serious economic crime cases which may impact upon NHS Wales, with the aim of maximising potential sanctions and minimising any financial risk or potential losses to NHS Wales within a clear and ethical framework.***

- The remit for CFS Wales, NHS CFA (formerly NHS Protect) and the LCFS' at health bodies is set out in the WG Directions on Counter Fraud Measures (WHC 95/2005).

## **2.1 CFS Wales Objectives 2018/19**

- To deliver a top quality, reactive national investigation and prosecution service for NHS Wales that focuses on high value, complex, fraud, corruption and bribery cases and ensures maximum efficiency and value for money for NHS Wales.
- To manage and direct all available counter fraud resources to ensure that all NHS Wales fraud investigations are conducted in accordance with relevant professional standards and that all NHS Wales digital prosecution files are submitted to CPS in an appropriate and timely manner in accordance with current legislation.
- To continuously review and improve the capability of NHS Wales' investigation and intelligence functions to ensure that it can meet its strategic aims and continue to make full use of the legal frameworks and investigative powers available.
- To provide a package of professional support and specialist services to assist and guide LCFS' counter fraud activities, while also monitoring the LCFS' work outputs and monthly data submissions to help identify potential training requirements and the LCFS' development needs.
- To work closely with WG, NWSSP, LCFS' and primary care service leads to help prioritise national and local proactive exercises in Wales. These should highlight suspicious claiming patterns by practitioners and identify new fraud risks to NHS Wales leading to co-ordinated, intelligence led fraud reviews and successful proactive exercises.
- To maintain accurate and reliable data on all proactive and reactive counter fraud work and the counter fraud resources for NHS Wales. To publicise all suitable prosecutions and sanctions, to swiftly circulate fraud alerts and intelligence bulletins to NHS Wales to minimise potential risks and maximise the opportunities for financial recoveries.
- To monitor and review the specialist investigation support services delivered to NHS Wales by the NHS CFA and advise the WG, DOFs and the CFSG of the value and standard of the services delivered and identify any changes needed to the counter fraud resources in Wales.

### 3 Specific Tasks and Timeline

Strategic Objective	Specific Tasks	Milestones	Responsibility
<b>A) To provide national leadership and co-ordination within NHS Wales for all NHS economic crime work by applying an approach that is strategic, co-ordinated, intelligence led and evidence based</b>	Manage CFS Wales' operational and budgetary commitments via <b>monthly</b> team meetings to ensure that Court / CPS and personal targets are achieved and that case workloads are prioritised and progressed. Provide WG, CFSG and DOFs with <b>quarterly updates</b> on all active CFS Wales cases.	Quarterly updates circulated	G Dainty (NT)
	Monitor LCFS productivity at health bodies via weekly reviews of FIRST to ensure that LCFS cases are allocated and progressed according to relevant legal requirements. All LCFS referrals to be assessed and allocated on FIRST within <b>one week</b> of receipt, quarterly updates to be checked and circulated to WG, DOFs, CFSG and NHS CFA.	Weekly checks of FIRST, compile quarterly updates	G Dainty (CH)
	Contact or meet each health body DOF in NHS Wales or their designated deputy at least <b>every 6 months</b> to ensure that they are briefed on ongoing CFS Wales' investigations and are informed on their LCFS workloads and the support services available via CFS Wales / NHS CFA.	Ongoing – annual review	G Dainty (CH)
	Review requirement for new data intelligence analysis resource in NHS Wales to improve current data evidence available to support proactive prioritising. Resource to be provided by NHS CFA or NHS Wales (NWSSP), significant investment decision required in consultation with WG and CFSG.	Ongoing – report to WG / CFSG by Q2	G Dainty / CFSG / NHS CFA
Strategic Objective	Specific Tasks	Milestones	Responsibility
<b>B) To lead investigations into serious, organised and/or complex financial risks and losses including fraud, bribery and corruption within a clear professional and ethical framework.</b>	Communicate clear criteria to DOFs and LCFS' for the acceptance of fraud referrals by CFS Wales. Ensure that all allegations of fraud, bribery or corruption in NHS Wales are allocated via FIRST to the appropriate investigators within <b>one week of referral</b> and are then investigated in line with professional and legal requirements.	Monthly review	G. Dainty (CH)
	To continue to develop the levels of expertise in NHS Wales regarding specialist areas of fraud to ensure that a broad application of specialist and technical capabilities are available. Conduct a six monthly review of training and professional standards requirements for CFS Wales and LCFS' in consultation with NHS CFA and CFSG.	Ongoing, six monthly review	G. Dainty (CH & PE)
	To maintain the smooth transition to a suitable digital mode of investigative working and in the submission of digital prosecution investigative files in line with new CPS Standards. Arrange 6 monthly meetings with NHS CFA and CPS to confirm arrangements and update CFS Wales and LCFS' on developments.	Ongoing, annual review with CPS and NHS CFA	G. Dainty (CH)
	To ensure continued access to expert dental advice to support dental fraud investigations undertaken by CFS Wales via monthly reviews of ongoing dental investigations and the dental evidence and support services provided via the NHS CFA Dental Advisor.	Quarterly meetings with Dental Advisor	G. Dainty (MW & CH)

Strategic Objective	Specific Tasks	Milestones	Responsibility
<b>C) To provide WG, NHS Management and the LCFS network in Wales with specialist investigation and support services</b>	Seek to continuously improve the counter fraud capability of NHS Wales to ensure that it can meet its strategic aims and make full use of the legal frameworks available.	Ongoing	G. Dainty / CFSG
	Review all allegations of fraud and corruption received via the Fraud & Corruption Reporting Line or from LCFS' and allocate for investigation on FIRST within <b>one week</b> of receipt. Undertake reviews of LCFS investigations on a <b>monthly basis</b> via FIRST to ensure compliance with NHS CFA Quality Assurance Standards and current legislation and investigative procedures.	Ongoing, monthly review by NHS CFA	G. Dainty (CH)
	Review all digital prosecution files and sign the CFS13 form on all prosecution files to approve referral to CPS within <b>one week</b> of receipt unless additional investigation work is required. Assess and authorise appropriate data information requests (HMRC, Home Office, PNC, Credit reference agencies, Land Registry, Companies House etc.) within <b>one week</b> of receipt.	Ongoing, monthly review by NHS CFA	G. Dainty (CH)
	Assist the NHS CFA Quality Assessment process by identifying health bodies at possible risk by providing necessary information to assist in the assessment process via formal reports and quarterly meetings with the QA Senior Compliance Inspector for Wales.	Quarterly Review meetings with QA SQI	G. Dainty / NHS P
	Support LCFS activity by the provision of resources, promotional material, accurate data and specialist equipment to use in fraud awareness events in NHS Wales. Manage the CFS Wales / LCFS joint working group development of an <b>All Wales e-induction course</b> on fraud awareness and reporting in conjunction with NWSSP.	Ongoing, monitor e-induction course, report by end of Q2	G. Dainty (NT & MW)
	Mainstream the use of the Proceeds of Crime Act (POCA 2002) into all aspects of counter fraud work to ensure that NHS Wales maximises opportunities for cost effective recovery of assets. Review all new fraud referrals for suitability for FI work within <b>one week</b> of input on FIRST. Ensure that the Managers SAO qualification is retained and that the two FIs retain CPD accreditation by attending or completing appropriate CPD training courses.	Ongoing, review FI training by end of Q3	G. Dainty (CH & MM)

Strategic Objective	Specific Tasks	Milestones	Responsibility
<b>D) To work in partnership with WG, NHS Wales, NHS CFA, LCFS and DOFs in Wales and with key stakeholders</b>	Organise at least two LCFS forum meetings for NHS Wales and inform Directors of Finance if their LCFS fail to attend the forums. Review training needs and arrange for training to be provided at the LCFS Forums. Monitor LCFS feedback on the quality of speakers and relevance of issues covered at the LCFS forums within 14 days of the forum.	At least two forums per year, not including new Lead LCFS forums	G. Dainty (NT)
	To participate in NHS CFA operational meetings and quarterly meetings with other investigative agencies e.g. via attendance at the Wales Fraud Forum, Government Agency Investigative Network, to help identify fraud risks. Circulate all fraud alerts and bulletins to NHS Wales DOFs and LCFS' within <b>one week</b> of receipt.	Ongoing, quarterly review by NHS CFA	G. Dainty (CH)
	Continue to engage with NHS Wales' key internal and external stakeholders via regular meetings with Lead LCFS', Wales Audit Office and Police Economic Crime Units. Actively promote NHS CFS Wales and the LCFS network when engaging with the Police and other stakeholders e.g. WG Head of Fraud, NWSSP Heads of Audit.	Ongoing, quarterly review by NHS CFA	G. Dainty (CH)
	Attend quarterly review meetings with NWSSP, WG and NHS CFA Line Managers to review progress and agree an appropriate workplan with NHS CFA for submission to NWSSP Committee and the CFSG.	Ongoing, annual review	G. Dainty (CH)
	Provide the DOFs and CFSG with appropriate data, reports and support to assist their understanding of fraud risks and their strategic role. Report confirmed data and case updates via quarterly statistical returns to NHS CFA, WG, DOFs and CFSG.	Ongoing, quarterly review by WG prior to circulation	G. Dainty (NT)

Strategic Objective	Specific Tasks	Milestones	Responsibility
<b>E) To support NHS CFA and Health Bodies with the Quality Assurance process, media communications and proactive work</b>	<p>Attend quarterly meetings with NHS CFA Quality Assurance SQI to help identify any changes in quality of counter fraud provision and prioritise schedule of inspection visits for health bodies. Arrange for NHS CFA Quality Assurance to attend suitable LCFS Forums in Wales to brief attendees on QA requirements and share good practice.</p> <p>To proactively monitor potential dental practitioner and optical fraud in Wales via effective and coordinated data analysis and consistent reporting procedures. Develop and implement standard work practices at all health bodies via Lead LCFS Forums to ensure that potential dental and optical frauds identified via practitioner visits or data analysis work are reported by all LHBs to CFS Wales or LCFS' for investigation.</p> <p>Continue to reduce the opportunity for NHS fraud and maximise the potential for sanctions by raising general awareness of potential risks and current fraud trends in the primary and secondary care sector.</p> <p>Work with NHS CFA to circulate proactive exercise documents on optical fraud and agency invoices to DOFs and LCFS' and ensure full compliance and timely reporting on proactive data and identified cases by health bodies.</p> <p>Review and prioritise local proactive work in Wales via meetings with key stakeholders including Lead LCFS, Primary Care Managers and NHS CFA.</p> <p>Ensure that all suitable fraud cases are publicised within and outside NHS Wales. Circulate Advance Warnings to NHS CFA and DOFs, share media reports with colleagues for inclusion in newsletters and presentations and seek to inform media contacts and conduct media interviews on suitable prosecutions or new fraud trends.</p>	<p>Quarterly review process</p> <p>Review progress by end of Q3</p> <p>Quarterly review</p> <p>Circulate key documents - one week of receipt</p> <p>Review progress by end of Q2</p> <p>Review by end of Q2, annual review of effectiveness by NHS CFA</p>	<p>G. Dainty (NT)</p> <p>G. Dainty (MW &amp; CH)</p> <p>G. Dainty (PE)</p> <p>G. Dainty (PE &amp; MW)</p> <p>G. Dainty (NT)</p> <p>G. Dainty (CH &amp; NT)</p>



## **4 Background to NHS Counter Fraud Service (Wales)**

- The NHS Counter Fraud Service (CFS) Wales was created in May 2001 as a result of a joint working relationship between the Welsh Government and the NHS Counter Fraud Authority (CFA) in England (formerly known as NHS Protect).
- The CFS Wales Team is a division of NHS Wales Shared Service Partnership (NWSSP) and its activities are funded by Welsh Government. The team is provided with specialist investigation and operational support services by NHS CFA under an annual service agreement with Welsh Government.
- Governance and assurance for CFS Wales is provided by Welsh Government reporting arrangements and via the NHS Wales Partnership Committee, via the NWSSP arrangements that have been put in place, and the Counter Fraud Steering Group (CFSG). The CFSG is a Finance Directors Sub Group which was created in 2014. NHS CFA report on a quarterly and annual basis to Welsh Government on the services provided to NHS Wales and the operational performance of CFS Wales; this includes updates on active investigations.
- The CFS Wales team are responsible for investigating all fraud and corruption referrals in NHS Wales which are complex in nature, that involve more than one health body and that require extensive cross border enquiries or specialist investigation powers e.g. surveillance or financial investigation. The team are also responsible for providing guidance and support to the network of Local Counter Fraud Specialists (LCFS) who are employed by health bodies in Wales to investigate the less-complex frauds.
- The CFS Wales Manager is responsible for monitoring and reviewing all fraud investigations in NHS Wales. All initial referrals of fraud are assessed by the CFS Wales Manager and are referred via the FIRST case management system to CFS Wales or LCFS' for investigation. The CFS Wales Manager reports to the NHS CFA Head of Operations & Training on operational and professional issues and to the NWSSP Director of Finance & Corporate Services on budget and performance issues.
- Reporting directly to the CFS Wales Manager are four Counter Fraud Specialists and one Operational Support Specialist. All of the team members have extensive specialist fraud investigative experience and provide a flexible and independent reactive resource to investigate fraud allegations in NHS Wales. The CFS Wales team currently has an annual budget of about £300,000-. (Please refer to the CFS Wales structure chart at Annex A).

### **4.1 Financial Investigation**

- The targeting of proactive resources on primary care fraud and the most serious and complex cases in NHS Wales is linked to the development of a more comprehensive and strategic approach to financial investigations. Velindre NHS Trust is now listed as a statutory body under the Proceeds of Crime Act (POCA) 2002.
- CFS Wales currently has two qualified Financial Investigators (FI) and an accredited Senior Authorising Officer (SAO) under POCA 2002, this demonstrates the commitment of NHS Wales to greater utilisation of proceeds of crime legislation.

- The FI resource is available to support appropriate economic crime investigations by CFS Wales and the LCFS network in Wales.

#### **4.2 NHS Counter Fraud Authority (formerly known as NHS Protect and CFSMS)**

- NHS CFA provides specialist support and investigation services to NHS Wales via an annual Service Level Agreement (SLA) with Welsh Government (WG). The SLA is funded by WG and provides NHS Wales investigators with access to specialist support services including a Forensic Computing Unit, a Dental Advisor, a Quality Assurance Team and an Intelligence and Information Unit.
- This arrangement enables CFS Wales to utilise the NHS CFA regulatory framework to have access to restricted investigation powers (governed under RIPA 1998) and also access restricted data held by government agencies, including HMRC, DVLA, UKBA and Police National Computer Records. Applications to NHS CFA for use of the restricted powers and / or access to the restricted data must be approved by the CFS Wales Manager.
- The FIRST case management system is provided to NHS Wales via the NHS CFA SLA with Welsh Government. All new fraud referrals in NHS Wales are entered on the confidential FIRST system and in Wales the responsibility for the administration of the FIRST system lies with the CFS Wales Manager.
- The FIRST system is used by CFS Wales and the LCFS network to manage cases and maintain accurate data on fraud referrals, financial recoveries and other sanctions within NHS Wales. FIRST data is used by CFS Wales to compile accurate quarterly reports which are submitted to NHS CFA, NWSSP, DOFs and Welsh Government.

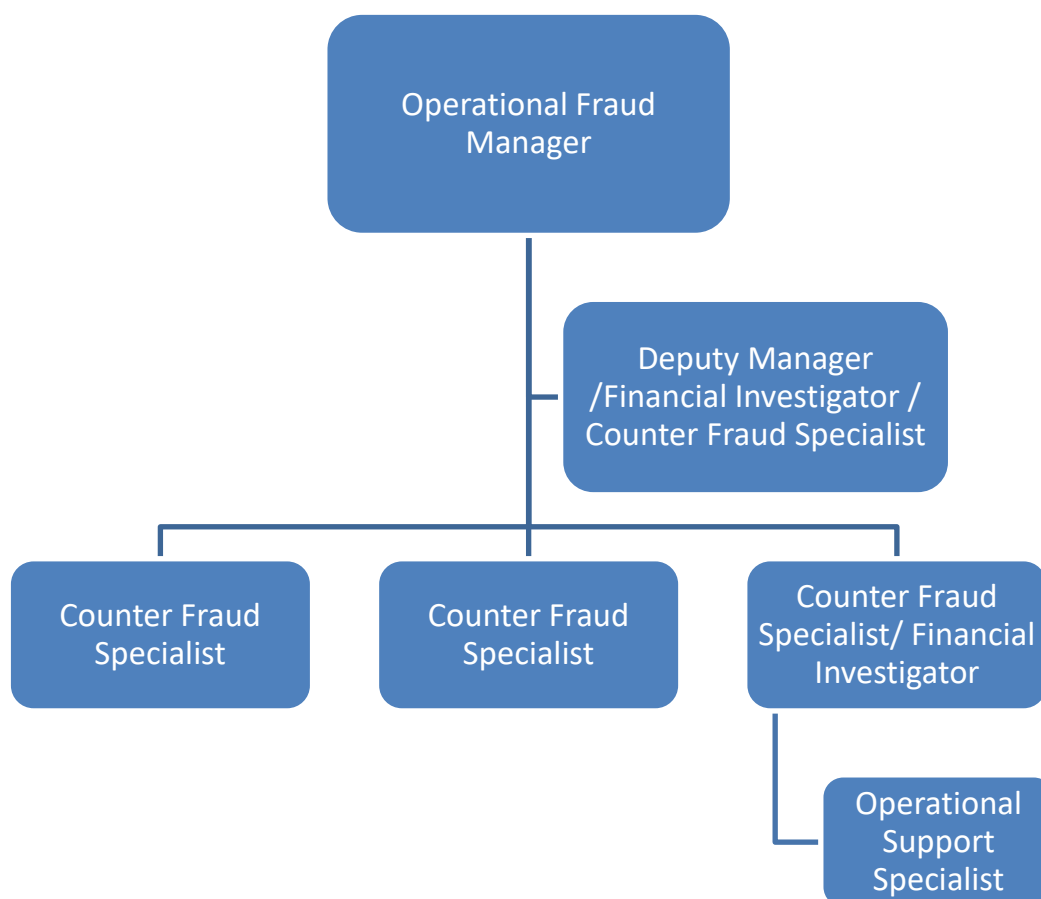
#### **4.3 Local Counter Fraud Specialists (LCFS)**

- The LCFSs are responsible for investigating lower value frauds which impact upon their health bodies and for conducting proactive work within their health bodies. Specialist support and guidance is provided by CFS Wales to the network of LCFS' in NHS Wales. This includes advice on investigations, the approval of applications for restricted data, the circulation of intelligence bulletins, the identification of new fraud trends or risks and assistance in prioritising proactive exercises.
- The LCFS' in Wales are all employed by health bodies. All LCFS cases must be entered and updated on FIRST, while all prosecution files must be submitted to CFS Wales for review and approval prior to submission to CPS Leeds for consideration of prosecution action; the files are then allocated to CPS Cardiff for independent legal advice.
- Regular NHS Wales LCFS Forums and training events are organised and promoted by CFS Wales. Specialist training was previously provided by NHS CFA Training Services; the training requirements are identified by CFS Wales in consultation with Lead LCFS'. The forums are designed to discuss recent cases, share good practice and highlight potential fraud risks to other health bodies.
- CFS Wales has a duty to keep health body DOFs and Lead LCFS' informed of any significant developments on their ongoing investigations into frauds at the health bodies. Quarterly case update reports on all active CFS Wales and LCFS

cases are provided to NHS CFA, WG and DOFs. WG is provided with advice from CFS Wales on economic crime issues and the value of services purchased from NHS CFA.

- The CFS Wales Manager is also a member of various fraud forums including the Counter Fraud Steering Group, the Wales Fraud Forum, the Four Countries Counter Fraud Group and the Government Agency Investigative Network.
- The CFS Wales Manager provides NHS CFA with information to assist in the ongoing Quality Assurance reviews of local counter fraud work at each health body. This includes feedback on the quality of the LCFS' input to FIRST, the quality of their prosecution files, their interaction with CFS Wales and their attendance at LCFS Forums or training events.
- Any concerns regarding LCFS performance identified by CFS Wales are routinely shared with the relevant health body prior to reporting to NHS CFA.

## NHS COUNTER FRAUD SERVICE WALES ORGANISATIONAL STRUCTURE





 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:</b> <b>21 June 2018</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Highlight Report – 24 April 2018**

<b>ARWEINYDD:</b>	Peter Stephenson
<b>LEAD:</b>	Head of Finance & Business Development
<b>AWDUR:</b>	Roxann Davies, Compliance Officer
<b>AUTHOR:</b>	
<b>SWYDDOG ADRODD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>REPORTING OFFICER:</b>	
<b>MANYLION CYSWLLT:</b>	Andy Butler, Director of Finance & Corporate Services
<b>CONTACT DETAILS:</b>	01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>

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

The purpose of this paper is to provide the SSPC with details of the key issues considered by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership at its meeting on the 24 April 2018.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

Who has been consulted on the details of the report?

- NWSSP Audit Committee

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

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

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

### 1. CEFNDIR/BACKGROUND

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

A summary of the business matters discussed at the meeting held on the 24 April 2018 is outlined below:

<b>ALERT/ ESCALATE</b>	No matters to alert/escalate.
<b>ADVISE</b>	No matters to advise.
<b>ASSURE</b>	<p><b>Internal Audit Progress</b></p> <p>Internal Audit confirmed that they would present the Head of Internal Audit Opinion and their remaining findings to the June meeting. The 2018/19 Internal Audit Plan would also be presented. It was agreed however that in future years the Plan should be produced, at the latest, for the April Committee.</p> <p>The Committee received three internal audit reports:</p> <ul style="list-style-type: none"> <li>• Accounts Payable <ul style="list-style-type: none"> <li>○ Reasonable Assurance</li> <li>○ 3 medium and 3 low priority recommendations</li> </ul> </li> <li>• Primary Care Services <ul style="list-style-type: none"> <li>○ Substantial Assurance</li> <li>○ 1 medium recommendation</li> </ul> </li> <li>• Non-Medical Education Training Budget <ul style="list-style-type: none"> <li>○ Substantial Assurance</li> <li>○ 1 medium and 2 low priority recommendations.</li> </ul> </li> </ul>
<b>ASSURE</b>	<p><b>Internal Audit External Quality Assessment</b></p> <p>The Committee was attended by Dr Sarah Blackburn from the Chartered Institute of Internal Auditors who advised that Internal Audit had gained 100% conformance against the standards and that some minor recommendations were made in order to assist with small efficiency gains. It was noted that Internal Audit fell into the top category with 64/64 occasions of conformance, which was hugely commended. Dr Blackburn was extremely complementary of the Internal Audit function and the main findings from the report had been shared with the All-Wales Directors of Finance Group.</p>



ASSURE	<p><b>Tracking of Audit Recommendations</b></p> <p>It was advised that Internal Audit were undertaking a review of the NWSSP audit tracking process, which would provide assurance to the Committee that recommendations have been implemented which satisfactorily mitigate the identified risk.</p> <p>It was noted that there were no outstanding recommendations; however, five recommendations were presented with revised deadlines for approval by the Committee of which three were dependent upon Health Board implementation. The Committee approved the extended deadlines.</p>
ASSURE	<p><b>Corporate Risk Register</b></p> <p>The format of the Register has been amended to include separate Risks for Action and Risks for Monitoring sections.</p> <p>The Committee noted the current red risk relating to the Exeter software system and received an update as to the ongoing developments. Four new risks had been added to the Register as follows:</p> <ul style="list-style-type: none"> <li>• Employment Services: Capacity issues within Payroll due to a number of major tasks requiring completion within the same timeframe;</li> <li>• Specialist Estates Services regarding Third Generation Works;;</li> <li>• Transfer of responsibility in Bridgend area from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health Board; and</li> <li>• Establishment of Health Education Improvement Wales in October 2018.</li> </ul>
INFORM	<p><b>Caldicott Principles Into Practice (C-PIP) Annual Report and Improvement Plan</b></p> <p>The Committee noted that the current score was 96%, which was one of the highest scores achieved. It was advised that information mapping was a finding of the self-assessment and that this will be addressed as part of the General Data Protection Regulations (GDPR).</p>
ADDITIONAL AGENDA ITEMS	<p>Additional agenda items presented to the Committee included presentations on cyber security and GDPR readiness; the draft Annual Governance Statement, of which a finalised version will be brought to June Committee; the Audit Committee Effectiveness Survey; the Integrated Medium Term Plan Summary; and position updates from Wales Audit Office and Local Counter Fraud Services.</p>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

- **NOTE** the Highlight Report

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 7.3</b> <b>27<sup>th</sup> March 2018</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Highlight Report – 6<sup>th</sup> February 2018**

<b>ARWEINYDD: LEAD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Roxann Davies, Compliance Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy Butler, Director of Finance & Corporate Services 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>

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

The purpose of this paper is to provide the SSPC with details of the key issues considered by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership at its meeting on the 6<sup>th</sup> February 2018.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Each of the 5 key Corporate Objectives
<b>Tystiolaeth: Supporting evidence:</b>	Individual reports submitted to Audit Committee

**Ymgynghoriad/Consultation:**

Who has been consulted on the details of the report?

- NWSSP Audit Committee

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

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

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

### 1. CEFNDIR/BACKGROUND

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

A summary of the business matters discussed at the meeting held on the 6<sup>th</sup> February 2018 are outlined in the table below:

<b>ALERT/ ESCALATE</b>	No matters to alert/escalate.
<b>ADVISE</b>	<p><b>Wales Audit Office (WAO) Position Statement and Assurance Arrangements</b></p> <p>WAO are on track to deliver the work plan and presented a report detailing the work that would be undertaken as part of their cycle of business for 2018.</p>
<b>ASSURE</b>	<p><b>Internal Audit Progress</b></p> <p>Internal Audit highlighted a number of amendments to the remainder of the Internal Audit Plan, due to changes in the risk profile. The Committee approved the amendments.</p> <p>The Committee received 2 internal audit reports and 1 advisory report:</p> <ul style="list-style-type: none"> <li>• Information Governance: GDPR Internal Audit Report</li> <li>• WfIS ESR Occupational Health Bi-Directional Interface (Immunisations) Internal Audit Report</li> <li>• Advisory Report on ABMU Carbon Reduction Commitment (CRC) Payment Review</li> </ul> <p>Both internal audit reports received Substantial Assurance ratings and the key findings and recommendations raised for all reports were highlighted.</p>

<p style="text-align: center;"><b>ASSURE</b></p>	<p><b>Internal Audit Report on Lessons Learnt from WAO Public Interest Report</b></p> <p>Procurement Services presented an update as to the lessons learned from the internal audit review of the action taken by Procurement services in light of the Wales Audit Office Public Interest report in Cardiff &amp; Vale LHB. The key changes implemented in order to address the points raised, were as follows:</p> <ul style="list-style-type: none"> <li>• Action is being taken to improve documentation and controls of agreed actions;</li> <li>• Procedures have been strengthened and training provided to all relevant staff;</li> <li>• Monthly meetings are taking place with the team and the message reinforced to staff that they must not be afraid to challenge senior staff and to refer the matter to their line manager if they are unsure; and</li> <li>• A further review was undertaken of all other similar consultancy contracts.</li> </ul> <p>Members of the Committee discussed at length the need for all staff to be confident in challenging senior staff in Health Boards and Trusts , should they be asked to act outside of defined procedures.</p>
<p style="text-align: center;"><b>ASSURE</b></p>	<p><b>Tracking of Audit Recommendations</b></p> <p>The Committee received an update as to the progress made and it was noted that 100% of reports had achieved either substantial or reasonable levels of assurance, with all high priority recommendations raised implemented.</p> <p>It was advised that Internal Audit would conduct a review of the audit tracking process, which would provide assurance to the Committee that recommendations have been implemented which satisfactorily mitigate the identified risk.</p> <p>Three recommendations were presented with revised deadlines for approval by the Committee. The Committee approved the extended deadlines but reiterated that revisions to deadlines should be treated as the exception rather than the rule.</p>
<p style="text-align: center;"><b>ASSURE</b></p>	<p><b>Corporate Risk Register</b></p> <p>The Committee noted the 2 current red risks relating to the Exeter software system and retirement and retention within the Procurement Services division.</p> <p>It was highlighted that a number of risks where the target date was scheduled for January 2018 had achieved their target score, as intended and it was agreed that these be relocated to a “Risks for Monitoring” section of the Corporate Risk Register.</p> <p>It was confirmed that Corporate Services are in the process of reviewing the Risk Management Protocol and the Chair requested that a paper be brought to a future meeting, in relation to Risk Development in the NWSSP.</p>

INFORM	<p><b>Information Commissioner's Office (ICO) Training Audit 2017 Summary</b></p> <p>The ICO conducted a follow-up audit in October 2017 and identified a small number of recommendations. There had been significant improvement since the previous audit undertaken in 2015 and an Action Plan is being developed to address the latest recommendations.</p>
INFORM	<p><b>Annual Review of the Shared Services Partnership Committee (SSPC) Standing Orders</b></p> <p>The updated Standing Orders were presented to the Committee for assurance and endorsement. It was confirmed that the Standing Orders are reviewed annually and the SSPC had approved the revisions during November 2017. The Committee endorsed the revised Standing Orders.</p>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

- **NOTE** the Highlight Report