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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26 May 2022</b>		<b>Agenda Item</b>	<b>6.1</b>
<b>Report Title</b>	Joint NHS Partnership and Commissioning Update Report			
<b>Report Author</b>	Ian Langfield, Associate Programme Director, Tertiary Services			
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy			
<b>Presented by</b>	Siân Harrop-Griffiths, Director of Strategy			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	This paper provides an update on the issues for SBUHB arising out of the partnership and commissioning meetings which have taken place with other NHS organisations since the Board last met.			
<b>Key Issues</b>	<p>The paper provides an update on our work to plan, commission and deliver services through the following joint arrangements:</p> <ul style="list-style-type: none"> <li>• Welsh Health Specialised Services Committee (WHSSC) Joint Committee Meeting</li> <li>• Emergency Ambulance Services Committee (EASC) Joint Committee Meeting</li> <li>• NHS Wales Health Collaborative Executive Group</li> <li>• SBUHB/HDUHB interface and ARCH Service Transformation Group</li> <li>• Joint Executive Group with Cwm Taf Morgannwg UHB</li> <li>• Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB</li> <li>• NHS Wales Shared Services Partnership.</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update on the Health Board's joint NHS partnership and commissioning arrangements.</li> </ul>			

# JOINT NHS PARTNERSHIP AND COMMISSIONING UPDATE REPORT

## 1. INTRODUCTION

This report provides a brief summary of the joint NHS partnerships and commissioning meetings that have taken place since the last Board and the relevant issues for Swansea Bay University Health Board (SBUHB).

## 2. BACKGROUND

In line with 'A Healthier Wales' and the National Clinical Framework the Health Board works in partnership with other NHS organisations to plan, commission and deliver services for both our resident population, and patients from other Health Boards who access our specialised services, and to improve population health. The paper specifically summarises the issues arising from the:

- Welsh Health Specialised Services Committee (WHSSC) Joint Committee
- Emergency Ambulance Services Committee (EASC) Joint Committee
- NHS Wales Health Collaborative Executive Group
- ARCH Service Transformation Group
- Joint Executive Group with Cwm Taf Morgannwg UHB
- Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB
- NHS Wales Shared Services Partnership.

All formal partnership arrangements have gradually been reinstated following a brief suspension during the early stages of the Covid-19 pandemic

## 3. GOVERNANCE AND RISK ISSUES

The most recent minutes or informal notes of the meetings are included in the Appendices or informally through AdminControl and the main issues for SBUHB are summarised as follows.

### 3.1 WHSSC Joint Committee

This report provides an update on the Joint Committee meeting held on 15<sup>th</sup> March 2022, based on upon the briefing issued following the meeting. The issues of interest to SBUHB are:

- **Neonatal Transport Update** – Members received an update report on the progress to establish an ODN, and noted that the 'go live' date had been moved to June 2022.
- **Cardiac Surgery** – Members noted that Cardiac Surgery at SBUHB had been de-escalated from Level 4 to Level 3.
- **Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis** - Members received a report seeking support for the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis. Members supported in principle the implementation of the clinical pathway.
- **All Wales Individual Patient Funding Request (IPFR) Panel Update** - Members received a report providing an update regarding proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel. Members approved an uplift to the Direct

Running Costs (DRC) budget by £57K per annum to fund the additional governance resource within WHSSC, and agreed that the WHSS Team should undertake an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR;

- **Financial Performance Report** - The financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of £14,058k.
- **Integrated Commissioning Plan** - Members approved the ICP, with the following minor amendments:
  - WHSSC's commitment to the legislative framework on the Welsh Language
  - Impact of COVID-19 pandemic on the operating context for the forthcoming year

### 3.2 EASC Joint Committee

This report provides an update on the EASC Joint Committee meeting held on 18<sup>th</sup> January 2022, based on the unconfirmed Minutes. The issues of interest to SBUHB are:

- **Emergency Ambulance Capacity** – Members received a report on emergency ambulance capacity, including a proposal to increase operational capacity to improve the responsiveness of the service and support the wider health system. Members agreed that the request to increase capacity reflect an inefficient health and social care system and suggested that a process of scrutiny and assurance should be undertaken with the involvement of Health Board Directors of Finance, Directors of Planning and Chief Operating Officers.
- **Draft EASC Integrated Medium Term Plan** - Members received an update on the work to develop the EASC IMTP. Key priorities were confirmed in each of the following areas:
  - Emergency Medical Services
  - Non-Emergency Patient Transport Services
  - Emergency Medical Retrieval and Transfer Service (EMRTS) including the Adult Critical Care Transfer Service (ACCTS)
  - National Transfer and Discharge Service
  - NHS 111 Wales
  - Emerging System Change

In terms of the EASC financial plan it was confirmed that:

- Early sight of financial requirements has been provided with a draft financial plan presented at EASC in November
- Draft financial plan was then presented to the deputy directors of finance including timelines and assumptions
- Engagement undertaken with peer groups to ensure inclusion in HB IMTPs
- Final draft of the financial plan to be presented to EASC MG in February and EASC Joint Committee in March prior to submission to Welsh Government in March.

Following discussion Members agreed to

- Develop a position report to capture the issues, risks and opportunities in NEPTS arising from the COVID-19 pandemic.
- Take action to remove inefficiencies in the system and embrace innovation and opportunities including same day emergency care and palliative paramedics.
- Undertake a baseline analysis and scoping exercise would be undertaken

as part of the work to develop the case for a national transfer and discharge service in order to remove duplication and to ensure an efficient and effective service.

### 3.3 NHS Wales Health Collaborative Executive Group

The last meeting of the NHS Wales Health Collaborative Executive Group was held on the 22<sup>nd</sup> February 2022. Items of interest to SBUHB include the following:

- **Developing Regional Stroke Services** – Members received a proposal to establish comprehensive regional stroke centres and an Operational Delivery Network. Following discussion members agreed the principles, and overall aim and objectives, but requested that the Collaborative undertake further work on the proposals with the Directors of Planning Peer Group. Members requested that an updated paper should be submitted to the April meeting of the Executive Group.
- **Digital Cellular Pathology BJC** – Members received a presentation on the Business Justification Case (BJC), and asked to give an agreement in principle to progress to phase 3. It was agreed that greater clarity is needed from stakeholders over three issues:
  - The overall accounting treatment - revenue and capital split
  - Sources and availability of funding
  - Scope of what is being procured
- **IBD in Wales: Health Board Service Report** – Members received a report on IBD, and noted that each provider organisation had received a local report. Members confirmed their support in principle, and it was agreed that each organisation will enter into local conversations with the key stakeholders.
- **Neonatal Transport** – Members were informed that the temporary appeared to be working well, and that further discussion will be held on this at the March meeting.
- **Adult Specialised Endocrinology Services** – Members accepted a proposal to delegate responsibility for developing a service specification to the RSSPPP team.
- **RSSPPP** – Members received an update report from the SBUHB & CVUHB Regional and Specialised Services Provider Planning Partnership.

### 3.4 SBUHB/HDUHB Interface and ARCH Programme

The new ARCH Governance arrangements are embedding well and providing a greater focus on NHS service transformation, with a particular focus on stabilisation, recovery after Covid and establishing robust and sustainable regional services.

The **ARCH NHS Regional Recovery Group** is chaired by Steve Moore (CEO HDUHB) and provides executive leadership and decision making for the ARCH portfolio across the two health board partners and to provide a collective mandate for all projects linked to each other's organisational priorities.

The **ARCH NHS Strategic Development Group** provides Executive leadership at for the ARCH Strategic Developments portfolio:

- **Regional Stroke Services** – It was agreed to develop a paper linking



stroke and neurology through the Functional Neurological Disorder (FND) proposal for consideration at the May meeting of the ARCH Regional Recovery Group.

- **Regional Pathology Services** – A formal Gateway review is scheduled for March 29th and run until April 1st. A proposed management structure has been put in place along with Task & Finish Groups for work streams, with meetings set in place and TORs agreed. Service model discussions on going with clinical colleagues.
- **South Wales Cancer Centre** – A demand and capacity review has been completed. A Programme Business Case with a 10 year focus is being developed to inform the 22/23 IMTP.
- **TRAMS (Transforming Access to Medicines) Programme** – It was agreed to explore opportunities to participate in site investigation and to identify how the TRAMS regional programme links in to the ARCH Regional Recovery Group.

The **ARCH NHS Operational Change Group** provides Executive leadership at for the ARCH NHS Operational Change Group's portfolio:

- **Regional Neurology Services** – There was agreement that funding should be embedded into regional stroke programme with the agreement to bring it together with Functional Neurological Disorder (FND).
- **Regional Cardiology Services** – Members received a proposal to review two areas of the Acute Coronary Syndrome pathway, to optimise processes and extend working hours to facilitate reduced referral to treatment times and meet the 72 hour target. An update on the proposal to be presented to the May meeting of the ARCH Regional Recovery Group.
- **South West Wales Glaucoma Service Business Case** – The Glaucoma Business Case progressing, and Primary Care scheme is progressing, with a similar scheme established in HDUHB.
- **Cataracts Update:** Both organisations are using in and outsourcing options to improve position to compliment new DSU and lower waiting lists. New DSU in Singleton Hospital is due to be delivered in coming weeks and is set to be commissioned by July.

### **3.5 Joint Executive Group with Cwm Taf Morgannwg (CTM) UHB**

The Joint Executive Group between Swansea Bay UHB and CTM UHB last met on 11<sup>th</sup> March 2022. Items of interest to SBUHB include the following:

- **Corporate SLAs** - SLAs for Occupational Health and Facilities will cease in 2022/23. There are no significant areas of concern regarding disaggregation of these arrangements. Members agreed the disaggregation plan priority areas for 2022/23:
  - Pathology
  - Clinical / Service SLAs
  - Clinical Capacity SLAs including
    - Breast Surgery
    - Cardiology
    - General Surgery
    - Gynaecology

- Ophthalmology
  - Orthopaedics
- **Long Term Agreements** - discussions are ongoing regarding the Mental Health LTAs between the two organisations. However, cessation of some of the lines within the LTA are expected in 2022/23. The following principles were agreed:
  - Breast Services and Orthopaedics will be priority for Q1 and Q2.
  - Programme needs to be driven by operational/ clinical colleagues.
  - Within SBU, the oversight group will drive the work for disaggregating the CCSLAs and should be chaired by COO or deputy.
  - Disaggregation timescales to be firmed up by end of April. CEOs and MDs will need to sign off timescales.
  - Delivery and escalation framework to be developed which will ensure that COOs are actively involved and driving the programme and that issues are dealt with proactively before escalation to JEG.
- **ICT SLA** - Members received an update on the progress of disaggregating the ICT SLA. Paper to be presented to next JEG meeting outlining timeline for disaggregation, setting out what can realistically be achieved and delivered against all of the elements within the SLA.

### 3.6 **Regional and Specialised Services Provider Planning Partnership Group - (RSSPPP) with Cardiff and Vale UHB**

The Regional and Specialised Services Provider Planning Partnership Group met on 8<sup>th</sup> March 2022. The main items for SBUHB under discussion were:

- **Neurophysiology Service Specification** – Members received a paper from task and finish group following the workshop that was held to inform the adoption of the service specification. It was agreed that support should be sought to undertake a gap analysis of existing services to inform future IMTP submissions, and that a paper setting out provider preference for commissioning arrangements should be submitted to the NHS Wales Health Collaborative Executive Group.
- **Thrombotic Thrombocytopenic Purpura (TTP) in South Wales** - Members received a report detailing the current service provision from both providers. It was agreed to develop proposals to improve service sustainability, and to submit a briefing paper to the NHS Wales Health Collaborative Executive Group.
- **Infectious Diseases** – Members received a presentation on the specialised infectious diseases services provided by CVUHB and SBUHB. It was agreed to submit a report to each organisations Tertiary Services Oversight Group.
- **Paediatric Neurology** - Members received a presentation on paediatric neurology services. It was agreed to submit a report to each organisations Tertiary Services Oversight Group.
- **Hepato-Pancreato-Biliary Surgery** – Members approved a proposal to establish a task and finish group to prioritise the action plan from the HPB workshops, and to develop proposals for the future service model for HPB surgery in South and West Wales.
- **Oesophago-gastric Cancer Surgery** – Members received an update on the progress of the service model project. It was confirmed that Swansea

Bay Community Health Council (CHC) had agreed to a focused engagement exercise with patients, service users, and staff, and that Powys CHC were due to consider the proposal at their meeting on the 8<sup>th</sup> March.

- **Service Updates** – Members were advised that internal engagement had commenced on the Partnership Strategic Framework, and following this an external engagement exercise would be undertaken with stakeholders. It was confirmed that following approval from the Collaborative Executive Group, a task and finish group was being established to develop the service specification. The first meeting of the group is scheduled for the 26<sup>th</sup> April.

The next meeting is scheduled for the 20<sup>th</sup> June 2022.

### **3.7 NHS Wales Shared Services Partnership (NWSSP) Committee**

This report provides an update on the Shared Services Partnership Committee held on 20<sup>th</sup> January, based on unconfirmed minutes.. The main issues arising for the Health Board to be aware of are:

- **Procurement – National Operating Model** – Members were informed that the proposal is currently out to formal consultation with staff until the end of January.
- **IMTP** – Members received a presentation on the IMTP and confirmed support for it to be submitted to Welsh Government.
- **Managing Director's Report** – The NWSSP financial position is forecast to achieve a breakeven position with all capital monies spent by year-end. It was confirmed that the business case for the purchase of the Matrix House building in Swansea, has been signed off by the Minister.
- **International Recruitment** – Members received a paper on the recruitment overseas nurses prior to financial year-end, to help fill vacancies within Health Boards and support the Covid recovery programme. It was confirmed that Welsh Government have approved the funding for this initiative and contracts have been placed.
- **Finance Report** – The Committee reviewed the finance report and noted the position at the end of Quarter 3. The outturn position is still forecast to be break-even and there is a plan in place to utilise any additional savings generated in the year.

## **4 FINANCIAL IMPLICATIONS**

There are no financial consequences associated with the updates in this report.

## **5 RECOMMENDATIONS**

Members are asked to:

- **NOTE** the update on the Health Board's joint NHS partnership and commissioning arrangements.

Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Through the joint partnership and commissioning arrangements, the Health Board plans and commissions services to improve population health and quality of service delivery.		
Financial Implications		
The consequences of the pandemic on the Risk Pool arrangements is identified in section 3.7 although the financial consequences are not yet known.		
Legal Implications (including equality and diversity assessment)		
Under the Wellbeing of Future Generations Act the Health Board has a duty to work in collaboration and integration to plan, commission and deliver services for the benefit of the population.		
Staffing Implications		
There are no direct staffing implications of this paper.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The paper gives an update on how the Health Board is working in collaboration with other NHS bodies to plan, commission and deliver integrated services in line with 'A Healthier Wales' and the WBFGA.</p> <ul style="list-style-type: none"> <li>○ <b>Long Term</b> - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.</li> <li>○ <b>Prevention</b> - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.</li> <li>○ <b>Integration</b> - 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.</li> </ul>		

<ul style="list-style-type: none"> <li>○ <b>Collaboration</b> - 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.</li> <li>○ <b>Involvement</b> - 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.</li> </ul>	
<b>Report History</b>	The last update on joint NHS partnerships and commissioning was presented to Health Board on 7 <sup>th</sup> October 2021
<b>Appendices</b>	Appendix 1 – WHSSC Joint Committee Briefing – 15/03/22 Appendix 2 – EASC Joint Committee – 18/01/22 Appendix 3 – NHS Wales Collaborative Executive Group – 22/02/22 Appendix 4 – ARCH Partnership Appendix 5 – Joint Executive Group SBUHB & CTMUHB – 15/03/22 Appendix 6 – Regional and Specialised Services Provider Planning Partnership – 08/03/22 Appendix 7 – NHS Wales Shared Services Partnership – 20/01/22

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 15 MARCH 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 15 March 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meetings held on the 11 January 2022, 18 January 2022 and 8 February 2022 were **approved** as a true and accurate record of the meetings.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. Neonatal Transport Update**

Members received an update report on progress to establish an Operational Delivery Network (ODN) for the neonatal transport service.

Members noted that the Joint Committee (JC) had supported that Swansea Bay University Health Board (SBUHB) host the ODN and the intention was that the ODN would be in place by January 2022. However, due to operational pressures and the ongoing pandemic progress had been delayed and the intended “go live” date for the ODN had moved to June 2022.

Members **noted** the report.

### **4. Chair’s Report**

Members received the Chair’s Report and **noted**:

- No chairs actions had been undertaken since the last meeting,
- An update on the substantive appointment of a Chair for the Welsh Renal Clinical Network (WRCN),
- An update on WHSSC Independent Member (IM) Remuneration,
- Attendance at the Integrated Governance Committee (IGC) 28 February 2022; and
- 1 to 1 Meetings with Health Board (HB) CEOs.

Members **noted** the report.

## **5. Managing Director's Report**

Members received the Managing Director's Report and **noted** updates on:

- The SBUHB Welsh Centre for Burns; and
- The De-escalation of Cardiac Surgery at SBUHB from Level 4 to Level 3.

Members **noted** the report.

## **6. Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis**

Members received a report seeking support for the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

Members (1) **Noted** the report; and (2) **Supported** in principle the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

## **7. WHSSC Process for Responding to the Ministerial Measures**

Members received a report providing an overview of the recently received Ministerial measures and which proposed a process through which WHSSC could respond.

Members **noted** the new Ministerial priority measures and the process through which WHSSC will respond to them.

## **8. Major Trauma Update**

Members received a report providing an update on the performance and key issues in the Major Trauma Network covering south, mid and west Wales.

Members **noted** the report.

## **9. Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group**

Members **noted** that this agenda item had been deferred until the next meeting.

## **10. All Wales Individual Patient Funding Request (IPFR) Panel Update**

Members received a report providing an update regarding proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel. The report also proposed that an engagement process is undertaken related to future changes to the ToR as well as arrangements for a strengthened governance structure for the Joint Committee's sub-committee.

Members discussed the ongoing risks to WHSSC and it was agreed that Dr Sian Lewis (SL), Managing Director, WHSSC would meet with Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG) to discuss how to progress the IPFR Governance issue as a matter of urgency within WG; and that the WHSS Team would write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and to provide him with a copy of the meeting report.

Members (1) **Noted** the progress made and the proposed changes to the All-Wales IPFR WHSSC Panel Terms of Reference (ToR), which are being discussed with Welsh Government, (2) **Noted** the progress made following discussions with Welsh Government regarding urgent changes to the existing NHS Wales Policy "Making Decisions on Individual Funding Requests (IPFRs)", (3) **Supported** that the WHSS Team undertake an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR; and (4) **Approved** an uplift to the Direct Running Costs (DRC) budget by £57K per annum to fund the additional governance resource within WHSSC.

### **11. Corporate Risk Assurance Framework (CRAF)**

Members received the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Approved** the updated Corporate Risk Assurance Framework (CRAF); and (2) **Noted** that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

### **12. WHSSC Joint Committee Annual Plan of Committee Business 2022-2023**

Members received the Joint Committee's Annual Plan of Committee Business for 2022-2023 that outlined the annual business cycle for the work of the Committee.

Members **approved** the Joint Committee's Annual Plan of Committee Business for 2022-2023.

### **13. COVID-19 Period Activity Report for Month 9 2021-2022 COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.



## 14. Financial Performance Report – Months 10 and 11 2021-2022

Members received the financial performance reports setting out the financial position for WHSSC for months 10 and 11 of 2021-2022. The financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.

The financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of £14,058k.

Members **noted** the report.

## 15. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

## 16. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).

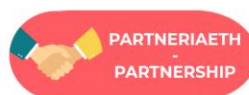
## 17. Any Other Business (AOB)

Members received verbal updates on:

- The Annual Committee Effectiveness Exercise for 2021-2022 which will be circulated at the end of March 2022 and all members were encouraged to complete the online survey; and
- Recognition that Ian Phillips, Independent Member (IM) WHSSC, would be resigning from his position, as he had been appointed as the substantive Chair of Welsh Renal Clinical Network (WRCN).



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Arbenigol Cymru  
Welsh Health Specialised  
Services Team





**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON  
18 JANUARY 2022 AT 11:15HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer	Chief Executive, Powys Teaching Health Board PTHB
Stuart Walker	Interim Chief Executive, Cardiff and Vale CVUHB
Mark Hackett	Chief Executive, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
<b>In Attendance:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit (NCCU)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/01	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair

	<p>Members were reminded that, following discussion with the Chairs of both EASC and the Welsh Health Specialised Services Committee (WHSSC), it had been agreed to hold a shortened meeting in light of the current severe operational pressures that Health Boards were facing.</p> <p>The Chair explained that an abbreviated agenda had been prepared with the meeting focussed on two main items, these were emergency ambulance capacity and the draft EASC Integrated Medium Term Plan (IMTP). It was stated that the performance report, Chief Ambulance Services Commissioner (CASC) report and the Welsh Ambulance Services NHS Trust (WAST) provider update had also been included for noting and information. Whilst the three items would not be considered during the meeting, the Chair confirmed that members could raise any related matters with the Chair or any member of the EASC Team.</p> <p>In light of operational pressures and the need for a shortened meeting, other routine reports were deferred to the next meeting of the Committee, due to be held on Tuesday 15 March 2022.</p>	
EASC 22/02	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Tracey Cooper, Steve Ham, Stephen HARRY, Gwenan Roberts and Jo Whitehead.</p>	Chair
EASC 22/03	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>The Chair reminded those that had not yet responded to the request for Declarations of Interest to respond and suggested that the EASC Team could be contacted if there were any queries.</p>	Chair
EASC 22/04	<p><b>MINUTES OF THE MEETING HELD ON 9 NOVEMBER</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 9 November 2021.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 9 November 2021.</li> </ul>	Chair
EASC 22/05	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p>	

	<p><b>EASC 21/64 Ambulance Handover Delays</b> It was noted that discussions were ongoing with various sites and options being discussed regarding this matter.</p> <p><b>EASC 21/65 Focus on session - Update on Demand &amp; Capacity</b> It was agreed that a short paper would be prepared to include the assumptions used in the modelling.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Action Log.</li> </ul>	<p><b>EASC Team</b></p> <p><b>EASC Team</b></p>
EASC 22/06	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising.</p>	
EASC 22/07	<p><b>CHAIR'S REPORT</b></p> <p>The Chair's report was received.</p> <p>It was noted that the Chair had recently met with both Velindre University NHS Trust and Betsi Cadwaladr UHB. Each presentation had been tailored to suit local requirements and priorities and, again, this resulted in positive interactions and welcome feedback.</p> <p>The Chair advised that personal objectives had now been received from the Minister following the end of year appraisal. In addition to the core objectives, three additional targeted objectives had been included to reflect the specific role of the Committee.</p> <p>It was agreed that the inclusion of the specific Six Goals objective indicated the Minister's clear wish to formally extend the Committee's role in the urgent and emergency care arena.</p> <p>The Chair confirmed that the in-year review with the Minister would be held shortly.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report</li> </ul>	
<b>Part 2. ITEMS FOR DISCUSSION</b>		<b>ACTION</b>
EASC 22/08	<p><b>EMERGENCY AMBULANCE CAPACITY (2022-23)</b></p> <p>Ross Whitehead presented the report relating to emergency ambulance capacity and the continuing challenge in ensuring the delivery of effective and responsive emergency ambulance services.</p>	

	<p>Members noted that changes in demand and lost capacity through handover, sickness and other areas had resulted in poor responses for patients, failure to achieve response targets and episodes of harm for some patients.</p> <p>The Welsh Ambulance Services NHS Trust (WAST) had recently provided a transition case to the Chief Ambulance Services Commissioner outlining their preferred option for additional capacity next year.</p> <p>This option included the recruitment and training of an additional 294 full time equivalents (FTEs) during 2022-23 to aid in reducing patient harm and system risk and supporting the move towards the strategic ambition previously presented to the Committee.</p> <p>Additional capacity would bolster operational resources and mitigate the impact of lost capacity through handover delays and workforce practices, whilst improvement plans to address these were being implemented. This capacity would predominantly come from recruiting and training additional Emergency Medical Technicians and would be unlikely to draw significantly on candidates that Health Boards would be seeking.</p> <p>Members noted that the case had been considered and agreed by the WAST Board during a closed board session and would be made available to Members on request.</p> <p>It was noted that the EASC Team were currently reviewing the case on behalf of the Committee. Whilst it has not been possible to fully appraise the case in the timescale between its submission and the meeting of the Joint Committee, it was clear from an operational delivery and patient safety perspective that the ambulance service would require additional capacity next year.</p> <p>The case presented as the WAST preferred option which included the £10m revenue during 2022-23 with an ongoing revenue tail of £16m plus an additional £16m capital requirement.</p> <p>It was noted that there were multiple risks associated with delivering the preferred model, particularly from a recruitment perspective, that would result in a significant underspend against this requirement if they materialised.</p>	
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There was currently no identified funding source from the committee or centrally to fund any uplifts in ambulance capacity on a recurrent basis. In addition, the committee does not have responsibility for capital funding for emergency ambulance services, but effective delivery of any additional capacity could require capital funding.

The paper presented aimed to seek the views of the Committee Members on the approach to increasing operational capacity within the emergency ambulance service during the financial year 2022-23, with a view to improving responsiveness of emergency ambulances for the population and supporting the wider health system.

The Chair thanked Ross Whitehead for the report adding that this would stimulate discussion among Members regarding their views around the approach to emergency ambulance capacity for the next financial year. The Chair requested that Members:

- considered the principle of recruiting additional frontline Ambulance staff in 2022-23
- note that the CASC and his team undertake a full assessment of the transitional plan recently received from WAST and provide clear recommendations to the committee via the EASC Management Group
- agree that reference would be made to the transition plan in the EASC IMTP.

It was confirmed that the 294 FTEs would be in addition to the additional resources funded in 2020-21 and 2021-22. It was also noted that during this time there had been a significant increase in activity and a material increase in lost capacity due to the increase in ambulance handover delays. Members were reminded that the modelling undertaken used an average of 6,000 lost handover hours per month; the current average was now 18,000 hours.

Members were advised that the modelling undertaken indicated that in excess of 300 FTEs were required, the 294 FTEs indicated the level that WAST feel that they were able to recruit and train.

It was agreed that this was a significant request and that, whilst this may address the pressure across the system in the short term, there should a robust effort to explore more sustainable opportunities to relieve the pressure across the system in the longer term.

	<p>Members agreed that this request to increase emergency ambulance capacity reflected an inherently inefficient health and social care system. Equally, it was agreed that this was not just a case for additional resources due to capacity being held outside of our hospitals, but that there were key risks in terms of patient safety and experience.</p> <p>It was suggested that a process of scrutiny and assurance be undertaken. It was agreed that involving Health Board Directors of Finance, Directors of Planning and Chief Operating Officers, working with WAST colleagues, would ensure a robust process involving key stakeholders.</p> <p>The Chair thanked Members for their views and contribution to this important discussion. The EASC Team would coordinate the process, linking in with the EASC Management Group. This would ensure that appropriate EASC governance processes were followed and also that the risks, benefits and assumptions made within the case were fully understood.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and agreed actions.</li> </ul>	<p><b>EASC Team</b></p>
<p>EASC 22/09</p>	<p><b>DRAFT EASC Integrated Medium Term Plan (IMTP) 2022-25</b></p> <p>Ross Whitehead provided an update on the work to develop the EASC IMTP for 2022-25. It was suggested that Members would be familiar with many of the key principles adopted.</p> <p>The plan aimed to reflect and align with key strategic documents, Welsh Government policy, EASC Chair's objectives, plans for transformational change across Health Boards (HB) and Trusts and Commissioning Intentions (2022-23).</p> <p>The key priorities for EASC commissioned services were confirmed as:</p> <ul style="list-style-type: none"> <li>• <b>Emergency Medical Services (EMS)</b> Building upon the engagement undertaken with a wide range of stakeholders in relation to the vision for a modern ambulance service (initially presented, discussed and agreed at the EASC Committee in July 2021). Steps were already being taken on this journey and a case for additional emergency ambulance capacity and additional funding for Year 1 (2022-23) has been submitted.</li> </ul>	

	<p>Implementation of a new commissioning framework for EMS that started to reflect the progress made towards the vision for a modern ambulance service, would be a key part of this work around EMS. This new framework would be enacted on 1 April 2022.</p> <ul style="list-style-type: none"> <li>• <b>Non-Emergency Patient Transport Services (NEPTS)</b> Following completion of the transfers of work from HBs, NEPTS would focus on: <ul style="list-style-type: none"> <li>– delivering the best patient transport model for Wales ensuring value and utilisation efficiency</li> <li>– strengthening the quality assurance process for providers</li> <li>– understanding the current and future needs of HBs and developing and implementing a responsive and adaptive NEPTS service</li> <li>– developing a robust forecasting and modelling framework</li> <li>– collaborating with the system to reduce system inefficiencies.</li> </ul> </li> <li>• <b>Emergency Medical Retrieval and Transfer Service (EMRTS) including the Adult Critical Care Transfer Service (ACCTS)</b> EASC will continue to work with EMRTS Cymru to: <ul style="list-style-type: none"> <li>– consolidate the implementation of the ACCTS with a clear focus on improving patient outcomes, value, quality and safety</li> <li>– explore opportunities for an enhanced Critical Care Practitioner-led response</li> <li>– finalise and circulate EMRTS Service Evaluation</li> <li>– support the work of the Wales Air Ambulance Charity in the implementation of their new organisational strategy.</li> </ul> </li> </ul> <p>In terms of wider system transformational work programmes, the key priorities included within the EASC IMTP were confirmed as:</p> <ul style="list-style-type: none"> <li>• <b>National Transfer and Discharge Service</b> Work will be undertaken to ensure a more effective and efficient approach to transfer and discharge services, ensuring reduced fragmentation and improving patient flow into and out of secondary care facilities. Next steps would include: <ul style="list-style-type: none"> <li>– developing the service through collaborative working with partner organisations</li> <li>– developing and seeking agreement for the business case.</li> </ul> </li> </ul>	
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- **NHS 111 Wales**

It was confirmed that:

- options for commissioning NHS 111 Wales were currently being considered
- there were many cross-cutting themes
- there was a need to realise opportunities to simplify the NHS 111 Wales approach and service as we transition to commissioning phase
- further discussions are required to ensure close alignment between EMS and 111 services.

- **Emerging System Change**

In response to plans for transformational change, it was confirmed that the EASC would:

- act as a forum for discussing the plans that are being developed across HBs at the earliest opportunity
- support the wider urgent and emergency care system, with transport as a key element of the work to improve patient flow within the wider health system
- work with partners to improve service delivery and performance and to lead the commissioning of new transport models in response to system need.

In terms of the EASC financial plan it was confirmed that:

- Early sight of financial requirements has been provided with a draft financial plan presented at EASC in November
- Draft financial plan was then presented to the deputy directors of finance including timelines and assumptions
- Engagement undertaken with peer groups to ensure inclusion in HB IMTPs
- Final draft of the financial plan to be presented to EASC MG in February and EASC Joint Committee in March.

Members were advised of the timeline for submission of the approved EASC IMTP to Welsh Government in March.

A discussion was then held, key points raised included:

- non-emergency patient transport services - noting the completion of transfers of work from HBs, it was agreed that a position report would now be prepared to capture the issues, risks and opportunities in this area in light of the COVID-19 pandemic and the constraints of social distancing, the reported increase in virtual consultations and the development of alternative pathways

	<ul style="list-style-type: none"> <li>that, as commissioners, the Committee should take action to remove inefficiencies that exist within the system and should embrace the innovation and opportunities that exist including same day emergency care, palliative paramedics</li> <li>that a comprehensive baseline analysis and scoping exercise would be undertaken as part of the work to develop the case for a national transfer and discharge service in order to remove duplication and to ensure an efficient and effective service.</li> </ul> <p>The Chair thanked Ross Whitehead for the presentation and thanked Members for their contribution and suggestions for the EASC IMTP. The EASC Team would now refine the plan in light of the helpful comments received and circulate in line with the timeline presented.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the presentation and agreed actions.</li> </ul>	
<b>Part 3. ITEMS FOR NOTING AND DISCUSSION</b>		<b>ACTION</b>
EASC 22/10	<p><b>KEY REPORTS AND UPDATES</b></p> <p>Due to the agreement for a shortened meeting and an abbreviated agenda to reflect the operational pressure being faced across the NHS system, the performance report, CASC report and WAST provider update were included for noting and information.</p> <p>Whilst these three items were not considered during the meeting, the Chair confirmed that members should raise any related matters with the Chair or any member of the EASC Team.</p> <p>It was agreed that the WAST Team would undertake work to develop a system that would capture and report on episodes where the ambulance services was not able to deploy a response vehicle or where the patient decided to find their own transport to hospital.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the performance report, CASC report and WAST provider update</li> </ul>	<b>WAST Team</b>
<b>Part 4. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/11	<p><b>ANY OTHER BUSINESS</b></p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 22/12	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 15 March 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....

Unconfirmed

**ARCH Regional Recovery Group**  
**DRAFT MINUTES**  
**Thursday 17<sup>th</sup> March 2022 – Virtual (Teams)**

**CHAIR:**

Steve Moore                      Chief Executive Officer HDdUHB (SM)

**PRESENT:**

Mark Hackett	Chief Executive Officer SBUHB (MH)
Inese Robotham	Chief Operating Officer SBUHB (IR)
Deb Lewis	Deputy Chief Operating Officer SBUHB (DL)
Phil Kloer	Medical Director HDdUHB (PK)
Andrew Carruthers	Director of Operations HDdUHB (AC)
Craig Wilson	Deputy Chief Operating Officer SBUHB (CW)
Siân Harrop-Griffiths	Director of Strategy SBUHB (SHG)
Keith Jones	Director of Secondary Care HDdUHB (KJ)
Mark Ramsey	Unit Medical Director SBUHB (MR)
Debbie Eytayo	Director of Workforce & OD SBUHB (DE)
Peter Skitt	County Director of Ceredigion HDdUHB (PS)

**IN ATTENDANCE:**

Inder Sawhney	Consultant SBUHB (IS)
Steve Evans	ARCH Regional Service Planning Manager SBUHB (SE)
Rhys Richardson	ARCH Project Support Officer SBUHB (RR)
Siôn Charles	ARCH Head of Strategy and Service Planning (SC)
Paul Smith	Service Delivery Manager HDdUHB (PS)
Rhian Evans	Senior Project Manager HDdUHB (RhE)
Clive Weston	Consultant Cardiologist HDdUHB (CW)
Rhodri Davies	Divisional Manager SBUHB (RD)
Shaun Ayres	Assistant Director of Commissioning HDdUHB (SA)
Dean Packman	Directorate Manager Cardiac Services SBUHB (DP)

**APOLOGIES:**

Huw Thomas	Director of Finance HDdUHB
Darren Griffiths	Director of Finance SBUHB
Karen Stapleton	Assistant Director of Strategy SBUHB (KS)
Richard Evans	Executive Medical Director SBUHB (RE)

No.	Item	Action Lead
1.1	<b>Preliminary Matters</b> SM gave a warm welcome. Introductions and apologies were noted.	
1.2	<b>Draft Minutes (16/11/21)</b>	

No.	Item	Action Lead
1.3	<b>Action Log (16/11/21)</b> Actions within the Action Log were complete or on the agenda for discussion.	
<b>2. ARCH NHS Strategic Development Group</b>		
2.1	<p><b>ARCH NHS Strategic Development Group Summary Update Report:</b> SHG updated group on IMTP developments in relation to HASU Services, SBUHB to develop HASU internally and develop paper for collaboration with Exec Group Meeting. Strong push back to Welsh Government not to specify number of sites. Local discussions need to continue within a Regional space. As part of HDdUHB developments for a new hospital, active consideration will be given for a HASU. Regional Stroke Service conversations have progressed to recent place of agreement, CW discussed plans to recruit 4 Neurology Consultants to support stroke services.</p> <p>IS highlighted that following discussions with Stroke Lead, expectations were to recruit on 50/50 basis between Stroke and Neurology. This is unlikely to be achievable as not attractive to potential candidates, better to look for 30/70 split. There may be opportunities in approximately 5 years when new Neurologists out of training will have the required level of Stroke training for this to be reviewed, a 50/50 split may then become more appealing at this point.</p> <p>If Stroke and Neurology can combine, through the FND proposal, both services can be achieved within similar cost envelope and HDdUHB would also gain 2 Neurologists for their services.</p> <p>It was agreed that a paper to be presented in May RRG linking the both services and demonstrating opportunity. Assurances were given that any HASU plans would not be done in isolation and would have a view to HDdUHB and their population. Conversations to be had with Stroke teams to support Neurology contribution. Neurology to support recruitment of consultants to address Neurology and Stroke workstreams.</p> <p>SM explained that he chairs National Imaging Board and that Interventional Radiologists are coming out of academy in near future and these could provide a solution to some of the HASU requirements.</p>	
<b>Actions:</b>	<b>Draft paper for Regional Stroke Services ahead of May RRG.</b> <b>Initiate conversations with Stroke teams for Neurology contributions</b>	<b>CW</b> <b>IS</b>
2.2	<p><b>Regional Pathology Services:</b> Highlight Report for Regional pathology is included within distributed papers. A formal Gateway review is scheduled for March 29<sup>th</sup> and run until April 1<sup>st</sup>. A proposed management structure has been put in place along with Task &amp; Finish Groups for workstreams, with meetings set in place and TORs agreed. Service model discussions on going with clinical colleagues. Complexity exists around workforce models etc. Push from both HB CEOs to set this up as Regional priority, to be aligned with capital priorities. SM observed that it was good to progress and momentum developing to deliver the project.</p>	

No.	Item	Action Lead
<b>Actions:</b>	<b>Escalate work on Regional Pathology Services to Welsh Government if needed with support from SM and MH</b> <b>RD to meet with Iain McDonald / Chris Morell regarding Regional Pathology progression</b> <b>Add regional Pathology to the agenda for the next Regional Recovery Group meeting</b>	<b>RD/SHG</b>  <b>RD</b>  <b>RR</b>
2.3	<b>South Wales Cancer Centre:</b> Current areas of focus are Outpatients and Radiotherapy. Recent key meetings have been productive. Business Case to be created for 22/23 IMTP. Demand and Capacity review has been completed, further D&C work is ongoing and will underpin Cancer work continually. The disparity of investment in SWW Cancer HDdUHB demonstrates this inequity. IMTP narrative to feature joint regional working with Regional Cancer Centre push. Business case to be drafted with 10 year focus, including potential land acquisition and impact on Radiotherapy.  Agreed that we should have a joint meeting with Welsh Government in Q1 2022/23 before finalising the Programme Business Case.	
<b>Actions:</b>	<b>N/A</b>	
2.4	<b>TRAMS (Transforming Access to Medicines) Programme:</b> SC provided update on TRAMS Programme and intentions on hub servicing both HBs. HDdUHB keen to include TRAMS within HB perimeter, Lee Davies keen to influence process of site investigation. Discussions need to progress on who attends to TRAMS workstream. Agreed that Lee Davies should write formally to TRAMS about participating in site investigation, ensure that process for site investigation are robust, and how TRAMS Regional Programme decision should link to ARCH Regional Recovery Group.	
<b>Actions:</b>	<b>Write to TRAMS Programme and update RRG in May.</b>	<b>LD</b>
<b>3. ARCH NHS Operational Change Group</b>		
3.1	<b>ARCH NHS Operational Change Group Summary Update Report.</b> Glaucoma and Cataracts workstreams are ongoing. Regional conversations are ongoing to establish Radiology & Endoscopy workshops. Oral and Maxillofacial Surgery meetings are ongoing with service to be developed. HDdUHB are in receipt of GIRFT document and National Report for National Programme Board for Orthopaedics, documents to be reviewed. Orthopaedic conversations to be continued outside of RRG meeting.	
<b>Actions:</b>	<b>Set up meeting mid-April to discuss Orthopaedics with SM, MH, Ops Directors and Medical Directors to establish a strategic view of where we are and what an Orthopaedics service might look like for West Wales.</b>	<b>SM</b>

No.	Item	Action Lead
3.2	<p><b>Functional Neurological Disorder (FND) Business Case – PS presented FND business case.</b> More data has now been provided within business case demonstrating the impact of FND service. The opportunities for funding with Stroke and Neurology were discussed. MH explained that SBUHB were in the initial stages of HASU setup and it is clear that Stroke and FND are linked. If SBUHB and HDdUHB to co-invest in medical staff both service can be achieved as outlined by IS previously. There was agreement that funding should be embedded into regional stroke programme with the agreement to bring it together with FND. FND should not be held up by the Stroke work though. Creation of step-by-step investment plan to be created linking the investment in the two services. WHSSC to be notified of intention to start FND service with potential for providing services nationally. Establish how consultant capacity expansion is linked to the HASU. Explore delivering commissioned services to CaV and other interested UHBs. Agree with stroke teams and directors the steps that we are committing to build the hyper acute service. SM summarised that the meeting supported the business case highlighting that funding will need to be wrapped up in wider discussions about the stroke model and consideration should be given to rationalising the consultant neurologists needed that might help bring down the funding required.</p>	
<b>Actions:</b>	<b>FND and HASU investment to be mapped out ahead of RRG in May</b>	<b>SE/PS</b>
3.3	<p><b>South West Wales Glaucoma Service Business Case and Delivery Update:</b> Glaucoma Business Case progressing, moving forward with Primary Care scheme which will run into next year, similar scheme running in HDdUHB. Consultant due to start in May, Mike Austin providing high levels of support. Good engagement on all levels. Recruitment ongoing in both HBs. Lightfoot data is incorporated. Finances for Neurology are tight but options could exist for recovery funding.</p>	
<b>Actions:</b>	<b>N/A</b>	
3.4	<p><b>Cardiology Regional Services Update – Regional ACS Pathway Proposal:</b> Circulated ACS Pathway Proposal reviews 2 areas within ACS, getting the ACS service processes working at their best and extending the working hours to support reduced referral to treatment times and achieve the 72 hour target. Poor access into Morriston Hospital is experienced by HDdUHB and Singleton and as a result MH patients receive better, quicker service. Recently, 4 trolleys have been protected in MH Cardiac Short Stay and this has already shown improvement. There are ambitions to have a further 4 beds to be protected in Cyril Evans Ward. Next steps within plan include extension of working hours Mon-Fri and incorporate weekend working, investment ask include provision for support staff and consultants. Proposal includes benefits and long term savings of £1.5 million.</p>	
<b>Actions:</b>	<b>Present update on ACS Proposal in May RRG Meeting</b>	<b>DL</b>
3.5	<p><b>Cataracts Update:</b> Both HBs are using available in and outsourcing options in aims to improve position which will continue into 22/23 to compliment new DSU and</p>	

No.	Item	Action Lead
	lower waiting lists. New DSU in Singleton Hospital is due to be delivered in coming weeks and is set to be commissioned by July. Amman Valley is on schedule. Impact on Cataract waiting lists is dependent on recruitment which is ongoing. MH concerned with increasing optometry capacity when waiting lists. Capital for regional centre limited.	
<b>Actions:</b>	<b>N/A</b>	
<b>4. For Noting/Information Only</b>		
<b>4.1</b>	<b>ARCH Highlight Report.</b>	
<b>Actions:</b>	<b>N/A</b>	
<b>5. Future Agenda Items</b>		
<b>5.1</b>	<b>Agenda items for next ARCH Regional Recovery Group on 6 May 2022.</b>	
<b>Any Other Business</b>		
There was no other business raised.		
<b>Date of Next Meeting: 6<sup>th</sup> May 2022</b>		



## ACTION NOTES – JOINT EXECUTIVE GROUP MEETING

### Friday, 29th October 2021, MS TEAMS

**PRESENT:** **CTM:** Paul Mears, (PM – Chair); Dom Hurford, (DH) (Present in Part); Gareth Robinson, (GR); Sally May, (SM); Linda Prosser, (LP); Carl Verrecchia (CV); Karen Winder, (KW).  
**SBU:** Mark Hackett, (MH) (Present in Part); Siân Harrop-Griffiths, (SHG); Richard Evans, (RE); Innes Robotham, (IR); Darren Griffiths, (DG); Karen Stapleton, (KS); Carl Mustard, (CM); Craige Wilson, (CW) (Present in Part); Liz Wride (LW – Minutes).

ISSUE	ACTION	LEAD
<b>1.1 Welcome &amp; Introductions</b>	PM welcomed everyone to the meeting and introductions were made.	<b>Chair</b>
<b>1.2 Apologies for Absence</b>	Apologies were noted from: Claire Nelson; Marie-Claire Griffiths.	
<b>1.3 To Approve Notes and Actions of the Previous Meeting (16/07/2021)</b>	The notes were accepted as a true and accurate record of the meeting held on 16/07/2021.  KS advised that most actions from the previous meeting were complete. KS noted that some items will be completed based on the decisions made in the current meeting (29/10/2021), specifically the Resourcing Funding Paper and Baseline Assessment.	<b>Chair</b>
<b>1.3 For Information: Action Notes from JMG Meeting (08/10/2021)</b>	These were noted.	<b>Chair</b>

ISSUE	ACTION	LEAD
<b>2.1 NPTH/ POWH Baseline Assessment</b>	<p>It was confirmed that NPTH/ POWH Baseline Assessment paper was requested at the last Joint Executive Group Meeting (16/07/2021), in relation to repatriating services from NPTH and POWH. It was confirmed that the report was helpful, and the clarity in which information was presented, was noted.</p> <p>The NPTH/POWH Baseline Assessment is the result of liaison with Service Leads in both Health Boards during August and September 2021, and focuses on the Clinical Capacity Service Level Agreements on both sites. The report highlights contracted levels as well as actual activity levels, split-by-residency for each specialty. It was noted that the Baseline Assessment will aid repatriation discussions as it allows all to ascertain volume of activity, staffing and capacity needed to be re-provided in each Health Board.</p> <p>The paper was presented at the last JMG meeting (08/10/2021), and all were happy with the level of detail.</p> <p>LP highlighted the large amount of work involved in disaggregation, noting that low-value contracts, often, were not indicative of low-workloads. PM highlighted staffing complexities around disaggregation.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Workforce Analysis:</b> KS confirmed that further to the NPT/POWH Baseline Assessment, a Workforce Analysis would be conducted. This would focus on elements such as staff transfer and TUPE (December 2021)</li> <li>• <b>Prioritisation of Services Disaggregation Plan:</b> PM noted that CTM would prefer Breast Surgery to be repatriated first. PM requested the LP and GR liaise with Operational Colleagues from SBU to determine a plan, that outlines the priorities in relation to disaggregation(End November 2021)</li> </ul>	<b>Karen Stapleton/ Linda Prosser</b>
		<p>KS/LP</p> <p>KS/CW/L/GR</p>

ISSUE	ACTION	LEAD
	<p><b>NPT SOC Update:</b> SHG noted time pressures with this request. At present, it could not be advised if a Capital or a Revenue solution would be provided for the issues around capacity on NPTH Theatre sites. It was confirmed that the SOC for additional Theatres at NPTH had been endorsed by Welsh Government however, an alternative proposal has been put in to Andrew Goodall suggesting a Modular Theatre Revenue Solution, which would enable addition capacity at a quicker pace.</p> <p><b>CTM Update (Planning for Additional Theatre Capacity):</b> PM confirmed that funding has been agreed to carry out the outline work; although timescales have been lengthened as a result. PM noted that Welsh Government have confirmed CTM need to engage in a full procurement process. A meeting with The Fire Service/Estates (28/10/2021) reiterated this, and discussed CTMs extension of the Fire Safety Notice. SM confirmed that to secure a modular building, a full procurement process would be necessary, taking the timescale from the original date of August 2022 to October 2023..</p> <p>SHG noted that the additional capacity for theatres at NPTH was originally 6-8, but had to be reduced to 4-8, due to site constraints.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• SM and DG will discuss financial options (as they may be working under similar Governance Frameworks). PM suggested they may wish to discuss SM's position on moving to a Revenue position on Modular Theatres, rather than a Capital Position <b>(Mid November 2021)</b></li> </ul>	<p>SM/DG</p>

ISSUE	ACTION	LEAD
<b>3.1 Resource Funding Paper</b>	<p><b>CTM:</b> LP noted that section 3.3 of the Resource Funding Paper (Additional Resource Proposal) was most pertinent. It was noted that the ask entailed:</p> <ul style="list-style-type: none"> <li>• Band 8a Manager.</li> <li>• 2x Finance Managers.</li> <li>• Information Analyst.</li> <li>• Support Manager.</li> </ul> <p>LP confirmed that CTM have identified their half of the Band 8a, from within LP's teams reconfiguration.</p> <p>SHG noted that no funding source has been identified yet for SBU, and queried if this could be badged against Recovery. DG confirmed that this might be possible.</p> <p>PM stated that there may be resource available from the Finance Delivery Unit (FDU) and NHS Collaborative to support the repatriation programme. SM noted that currently the FDU are on an external recruitment drive and suggested that it may be helpful if her and DG had a discussion regarding who may be able to provide support.</p> <p>PM confirmed that he would discuss MH and also Judith Paget (at the NHS Wales Collaborative Leadership Forum), to ascertain if there are available Commissioning/Contracting Expertise</p> <p>GR noted that the Delivery Unit are looking to deploy workforce into more Health Board-focused roles. GR confirmed he would liaise initially, with Gareth Lee, to ascertain if the Delivery Unit could deploy staff, in relation to the Additional Resource Proposal.</p> <p>GR noted that the Planned Care money (CTM) for this year could likely be deployed to this year's financial impact for these posts. GR stated that if CTM</p>	<b>Linda Prosser</b>

ISSUE	ACTION	LEAD
	<p>were committing to two years, it would implicate next years' Planned Care funding (which would be decided on ahead of other priorities). SM noted that Resource Funding did need to be examined in relation to the overall plan, but also, needed to be addressed as an issue.</p> <p>PM suggested that Resource Funding paper is now expanded, to include the discussions that have taken place in this meeting, around suggestions for Resource Capacity: Planned Care Money/Delivery Unit/FDU etc).</p> <p>PM noted the time-sensitive nature of the Additional Capacity needs, stating resource should be identified, ideally within the next couple of weeks. SHG was in agreement regarding time-frames; noting once the capacity was in place, this would be the basis for the development/finalisation, of the disaggregation plan.</p> <p>PM noted that this programme of work (in relation to the expansion of the Resource Funding Paper/Sourcing Additional Capacity) would be raised at the Exec Team on Monday, to enable HR to have sight of the work. SHG was asked for the name of a HR Representative from SBU.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• SM/DG to discuss funding options for Programme Support, in relation to the Additional Resource Proposal <b>(Mid November 2021)</b></li> <li>• PM to liaise with MH and Judith Paget to ascertain if there is any Commissioning/Contracting Expertise in the NHS Collaborative in relation to the Additional Resource Proposal <b>(Mid November 2021)</b></li> <li>• GR to explore possible resources from the Delivery Unit to support the programme <b>(Mid November 2021)</b></li> <li>• LP and SHG to clarify the specific skillsets needed in Commissioning/Contracting resource <b>(Mid November 2021)</b></li> </ul>	<p></p> <p></p> <p></p> <p></p> <p></p> <p>SM/DG</p> <p>PM</p> <p>GR</p> <p>LP/SHG</p>

ISSUE	ACTION	LEAD
	<ul style="list-style-type: none"> <li>Updated paper to include the discussions that have taken place in the meeting on suggestions for Resource Capacity. Noting that MH to only approve further funding, once a clear plan for services transferring out of Neath is seen. <b>(End November 2021)</b></li> <li>Revised paper to be shared with Judith Paget <b>(December 2021)</b></li> <li>Both HBs agreed to raise at their Exec Team, to enable HR to have sight of the work (1<sup>st</sup> November 2021)</li> </ul>	<p>KS/CN</p> <p>PM PM/LP/SHG</p>
<b>4.1 Joint Commissioning &amp; Contracting Update</b>	<p>a) <b>Slide deck:</b> The update from JMG was shared. KS noted the following active disaggregation:</p> <ul style="list-style-type: none"> <li><b>Taith Newydd (Mobile Dentistry) (Service-CT-007):</b> <ul style="list-style-type: none"> <li>CV noted that the current SLA is not fit for purpose (does not meet patient needs) and that a temporary SLA is being worked up, to ensure the right level of service is in place for patients in the interim. A Health Needs Assessment has been completed to ascertain the needs of the clients. LP noted that the SLA is in part being provided from a mobile van (which could not provide APG procedures). Options moving forwards were stated as: <ul style="list-style-type: none"> <li>On-site development</li> <li>Off-site facility (some patients would need escorts to take them off-site)</li> <li>In-Reach (would require Capital Development on the site).</li> </ul> </li> </ul> </li> <li>It was agreed that CW, CV, CTM/SBU Operational Colleagues and Dental Services colleagues, will meet (outside of JEG) to discuss the options outlined, and feedback asap as CTM are keen to cease but an appropriate alternative model needs to be agreed.</li> <li><b>Cardiac Physiology (Service-CT-006):</b> It has recently come to light that there was a missing for Cardiac Respiratory SLA, which has effected</li> </ul>	<p><b>Karen Stapleton</b></p>



ISSUE	ACTION	LEAD
	<p>the original cessation deadline of 1<sup>st</sup> November 2021. Issues here were noted as contractual, not staffing.</p> <p><b>Critical path:</b> KS confirmed that the Critical Path highlighted the list of cessations currently in progress and noted that Lymphoedema, Nutrition/Dietetics, Haematology had been added since the last JEG. KS confirmed there were 62 SLAs still in place; and that 19 had been disaggregated in previous years. Challenges were noted with Cardiac Physiology, due to a missed SLA for a Band 7 post. It was confirmed that Breast, Cardiology and Orthopaedics needsto be added to the critical path</p> <p><b>b) Clinical risk scoring matrix:</b> KS noted Strategy/Clinical teams (highlighting Marie-Claire Griffiths' involvement) had developed a risk scoring matrix (previously approved by JMG) that would be utilised alongside the disaggregation process. KS noted that the shared scoring matrix ensured Clinical Risk would be at the forefront of future cessations. The Clinical Risk Scoring Matrix was approved by JEG and it was confirmed that a joint email will be disseminated to joint clinical teams in CTM/SBU.</p> <p><b>c) Waiting list principles:</b> The Waiting List Principals were agreed by JEG and will be disseminated to joint clinical teams in CTM/SBU. LP noted that patient care was key to waiting list principals and that patients would follow their consultant, unless otherwise indicated.</p> <p><b>d) Proposed Breast Surgery Disaggregation:</b> LP confirmed this was a priority for CTM, given the work they were carrying out around the centralisation of Breast Services. KS noted that a minimum 6-month programme would be needed for disaggregation; although it was noted that it could take a year to disaggregate and put solutions in place. SHG queried the timeline for this. PM confirmed that there was already a building for this</p>	

ISSUE	ACTION	LEAD
	<p>service, and that Capital had been secured. CV confirmed that Breast Services will set up a meeting (within the next fortnight) regarding recruitment/Services/TUPE; and they will need to give an agreed timeline that works for both CTM/SBU.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Taith Newydd-</b> Operational leads to meet with Dental Services colleagues, to discuss the options outlined, and feedback (<b>ASAP</b>)</li> <li>• <b>Clinical risk scoring matrix and waiting list principles-</b> Circulate joint email with supporting documentation to service leads (<b>ASAP</b>)</li> <li>• <b>Proposed Breast Disaggregation-</b> Set up a meeting with operational teams to start Breast Services disaggregation discussions and agree timeline that works for both CTM/SBU (<b>Mid November 2021</b>)</li> </ul>	<p>CW/CV</p> <p>KP/CN</p> <p>CV</p>
<b>5.1 Taith Newydd/ Caswell Clinic Community Dental Service</b>	Discussed higher in the agenda.	
<b>6.1 Disaggregation of ICT SLA</b>	<ul style="list-style-type: none"> <li>• KW noted that no funding has been received from Welsh Government to carry out the disaggregation. A further funding bid has been put in for the funding for WPAS (£212,000), and are awaiting a response. KW noted the plan was put in, in 2019 (£8 million), and it was asked for as phased. KW confirmed that an SBAR has gone to Ivan. PM noted he was due to meet with Ivan soon, so would highlight the ICT funding.</li> <li>• The 5 staff based at POWH have been taken back (including the Service Desk). A scoping exercise is being carried out for Radiology, so the Service can be moved over to RGH. Cardiology and Endoscopy is also being examined. The POWH Therapies are also moving quickly over to the CTM version of the PAS.</li> </ul>	<b>Carl Mustard/ Karen Winder</b>



ISSUE	ACTION	LEAD
	<ul style="list-style-type: none"> <li>• Mobilisation has been agreed by joint ICT Departments, and will move over to CTM by 01/04/2022. This will provide CV/KW a means to end the Blackberry and MobileIron Contracts.</li> <li>• Capital has become available, and PSBA links will be updated between RGH and POWH. The out-dated Crash Call System will be upgraded, also.</li> <li>• A year's funding has been obtained for a Programme Manager (to examine the desegregation programme itself). This will include: Governance wrap-around in terms of Project Boards/Project Teams and finance will be examined. The money will fund 3x Band 5 and 1 Band 8A.</li> <li>• After Mobilisation, an exercise will be carried out to ascertain what funds can be released/reused, in relation to disaggregation. CM confirmed that SBU will continue to support CTM in the migration plans and will continue to meet weekly with the team to support the disaggregation.</li> </ul>	
<b>7.1 Risk Register</b>	KS noted that the reference has been added in, regarding the Resource Paper. Risk 7 (Cessation Notice Periods) can be reduced as there are improved communication around cessation processes. It was suggested that this is lowered to green.	<b>Karen Stapleton/ Linda Prosser</b>
<b>8.1 Any other urgent business</b>	<p><b><u>Repatriation Plan 2022-2023/2023-2024 onwards:</u></b></p> <p>MH joined the meeting in part, and queried the repatriation plan. PM noted the Critical Path, and the template with outstanding SLAs (for disaggregation). PM noted that outstanding SLAs would need to be examined on the basis of operational/clinical priority. PM reiterated that the limiting factor was capacity, and that a team of people needs to be established quickly. PM reiterated the actions regarding sourcing finance/support, and also the action for PM/MH to liaise with Judith Paget for central resources.</p> <p>MH noted he was happy to support (£200,000/£300,000 of investment), on the understanding that there was a clear delivery timetable for disaggregation. MH noted that a separation was needed in Orthopaedics, and Cardiology. LP noted</p>	<b>All</b>

ISSUE	ACTION	LEAD
	<p>that a broader operational risk would need to be examined (as another prioritisation criteria).</p> <p>It was noted Breast was on the list for disaggregation, and that Orthopaedics should also be placed on the disaggregation list.</p>	
<p><b>8.2 Date and time of next meeting</b></p>	<p>14<sup>th</sup> February 2022.</p>	

## SWANSEA BAY AND CARDIFF AND VALE

### REGIONAL AND SPECIALISED SERVICES PROVIDER PLANNING PARTNERSHIP

8<sup>th</sup> March 2022

#### DRAFT ACTION POINTS

#### ATTENDANCE

Mark Hackett	Chief Executive, SBU (Chair)
Suzanne Rankin	Chief Executive, CVU
Caroline Bird	Interim Chief Operating Officer, CVU
Abigail Harris	Director of Strategic Planning, CVU
Siân Harrop-Griffiths	Director of Strategy, SBU
Meriel Jenney	Medical Director, CVU
Richard Evans	Medical Director, SBU
Inese Robotham	Chief Operating Officer, SBU
Christine Morrell	Director of Therapies and Health Science, SBU
Amy Goodwin	(Item 1)
Ian Langfield	Graduate Trainee Manager, SBU
	Associate Programme Director, CVU & SBU

#### Welcome and introductions

MH opened the meeting, and welcomed SR to her first meeting of the group. MH welcomed CM and AG to the meeting.

#### 1. Neurophysiology Service Specification - next steps

CM outlined the core elements of the paper, including the work of the All Wales group in developing the service specification which had been approved in principle by the NHS Wales Health Collaborative Executive Group (CEG). CM explained that following the approval of the service specification, a workshop had been convened to develop a clinically informed action plan and identify the implications associated with adopting the service specification.

CM stated that the main risk that had been identified was the failure to adopt and actively commission the service specification. This could result in increased service fragility, longer waiting times for patients, inequity of care and continued reliance on locums and outsourcing.

CM set out the key recommendations from the paper:

- To undertake an option appraisal exercise, with key stakeholders, inform the selection of the most appropriate commissioning model for NHS Wales;

- To undertake a detailed gap analysis of the existing services against the service specification to inform future IMTP submissions.

Following discussion the group agreed that status quo wasn't an option, and that as local and regional commissioning didn't exist, the only viable option was for the service to be commissioned nationally.

MH asked whether a prioritised investment plan was developed to ensure that the gaps in service provision could be addressed in a phased approach. CM suggested working with the Delivery Unit to undertake an assessment of current service provision.

It was agreed that CM would:

- prepare a paper for the next meeting of the CEG, setting out provider preference for national commissioning;
- request support from the Delivery Unit to perform a gap analysis of services against the service specification.

**ACTION** – IL to liaise with NHS Wales Health Collaborative to ensure that Neurophysiology is included on the agenda of the next available meeting.

**ACTION** – CM to prepare a paper for CEG, setting out the rationale for national commissioning.

**ACTION** – CM to liaise with the Delivery Unit to assess current Neurophysiology service provision.

## **2. Thrombotic Thrombocytopenic Purpura (TTP) in South Wales**

AG introduced the paper, and set out the core issues with the current delivery arrangements for Thrombotic Thrombocytopenic Purpura (TTP) in South Wales. AG explained that TTP is a rare condition, which requires urgent treatment, which has historically been provided by both organisations for the population of South and West Wales. The current delivery model is fragile, and there is no strategic oversight of quality, performance, outcomes or patient experience. AG confirmed that the service is not commissioned by WHSSC, although in NHS England it is commissioned as a specialised service.

MH asked for clarification on the risks with the current service model. IL replied that the main risk is with the patient pathway, as neither service is formally commissioned to deliver the service, and there have been occasions when patients have had to be transferred to centres outside of Wales, due to lack of local capacity.

MJ explained that plasma exchange is a critical component of the treatment, and whilst this was delivered intermittently for TTP, there were a number of specialities, including critical care, renal and immunology, which provided this treatment for a range of other conditions. MJ suggested that there may be an option to explore whether provision of plasma exchange for TTP could be improved through consolidating the existing arrangements.

AG explained that NHS England had recently developed a service specification for delivering TTP services, and that was a centre in Bristol. MH asked whether it was

viable to deliver a service in South Wales for 4 – 8 patients per annum. MJ replied that the challenge with outsourcing this activity, would be transfer time, as patients would need to receive plasma exchange within 4 hours.

It was agreed to undertake a review to assess current provision, and to assess short term options to improve the patient pathway, and to inform the development of a sustainable TTP service. It was agreed to flag the issue to the NHS Wales Health Collaborative, as there is a need to address the lack of formal commissioning arrangements for this service.

**ACTION** – AG/IL to link with Medical Directors to develop short term proposal to improve safety and effectiveness.

**ACTION** – AG/IL to link with Medical Directors to develop a long term proposal for the development of a sustainable TTP service.

**ACTION** – AG/IL draft paper for NHS Wales Health Collaborative to brief on the current arrangements, and actions that both organisations are taking to improve service sustainability, and requesting that Health Boards develop an interim commissioning arrangement for TTP with both organisations.

### 3. Infectious Diseases

IL provided a presentation on the specialised infectious services provided by both organisations, outlining the current service model and the key risks and issues, including the recent development of a High Consequence Infectious Disease unit which is not commissioned.

RE provided further context on the wider delivery model for infectious diseases, and potential missed opportunities including length of stay, antibiotic use, and orthopaedic infections. MJ emphasised the importance of clarifying the scope, and asked what the potential commissioning options were. IL confirmed that specialised infectious diseases were commissioned by NHS England as a specialised service.

The group discussed whether this was a priority for both organisations, considering the issues within other services. It was agreed to consider the services through each organisations Tertiary Services Oversight Group.

SR asked how these issues were identified and submitted into the group. IL explained that services had previously been identified through the baseline assessment, but more recently a number of them had approached the AMDs directly. IL added that the aim of the Tertiary Services Oversight Groups would be to filter future submissions, and identify those for discussion at the RSSPPP.

**ACTION** – IL to liaise with service leads to develop papers for each of the Tertiary Services Oversight Groups.

### 4. Paediatric Neurology

IL provided a presentation on paediatric neurology, outlining the current service model and risks related to the fragility of the arrangements in both organisations.

MJ explained that there was significant history around the services, and that it may be worth looking at the design of the service, as whilst there had been recent investment from WHSSC in the Cardiff service, there were ongoing difficulties in recruiting to the consultant posts.

MJ asked whether external support was required to inform the discussion, and explore other potential options for delivering the service. MH agreed that external support would be helpful, and proposed that discussions were held within both organisations, and emphasised the importance of ensuring that children in the South West had access to ambulatory neurology.

It was agreed to consider the services through each organisations Tertiary Services Oversight Group, and for MJ to have a discussion with the CVUHB service to identify whether there were particular models that were worth exploring, or whether a workshop may be necessary.

**ACTION** – *IL to liaise with service leads to develop papers for each of the Tertiary Services Oversight Groups.*

**ACTION** – *IL to work with Medical Directors to identify an external expert to inform the development of a future integrated service model for South and West Wales.*

**ACTION** – *MJ to meet with service leads to discuss whether it was worth exploring service models used in other parts of the UK.*

## **5. HPB Surgery**

IL introduced the HPB Surgery paper, and summarised the results of the internal engagement with members of the wider MDT, and set out proposals to take forward the development of the integrated service model.

The group agreed the recommendations to establish a task and finish group to to prioritise the action plan and develop proposals for the future service model for HPB surgery.

MH commented that the process was slow. MJ replied that this was because we are moving to the sticking points of determining the model and site. MH agreed, and reiterated the important of both organisations reaching agreement on future service model.

MJ reflected that the workshops had demonstrated how well the surgeons were working together, and the enthusiasm for an integrated service. SM explained the importance of identifying the non-negotiables at the outset, and asked whether there was consensus on the site of the integrated service.

The group discussed the wider distribution of specialised services between the two organisations, in order to serve the needs of the population of South and West Wales. IL confirmed that there is a date in April to discuss this issue, and that he was working with the two AMDs to develop a theoretical model for discussion.

**ACTION** – *IL to liaise with the Associate Medical Directors to establish a working group to prioritise the action plan and develop the HPB surgery service model.*

***ACTION*** – IL to prepare a report for the next meeting of the CEG.

## **6. Oesophago-gastric Cancer Surgery**

IL provided a presentation on oesophago-gastric cancer surgery, outlining the status of each of the project work streams.

IL explained that SBUHB had developed a draft service model, and this was being reviewed by the CVUHB to assess the implications for outreach. In parallel to this work had commenced on a gap analysis to identify the financial impact and implications for commissioning.

IL informed the group that Swansea Bay Community Health Council (CHC) had agreed to a focused engagement exercise with patients, service users, and staff, and that Powys CHC were due to consider the proposal at their meeting on the 8<sup>th</sup> March. IL explained that subject to receiving approval from Powys, the engagement exercise would be undertaken throughout April, and the results would be used to inform the refinement of the service model.

## **7. Service updates**

IL provided service updates on the following:

Partnership Strategic Framework – following approval of the engagement proposal, arrangements are being made to present the framework to each of the Clinical Boards and Service Delivery Groups to facilitate staff engagement.

Spinal Services Operational Delivery Network – WHSSC has launched a six week consultation on the service specification for the ODN. Once the consultation has been completed, a Memorandum of Understanding between SBUHB as the host and each of the organisations within the ODN. IL explained that following the approval of the WHSSC Integrated Commissioning Plan, he was preparing the business case to secure the funding to establish the ODN.

Adult Specialised Endocrinology – Following approval from the CEG, work was underway to establish the task and finish group to develop the service specification. The first meeting of the group is scheduled for the 26<sup>th</sup> April.

## **8. Team update**

IL confirmed that:

- Rachel Davies had been appointed as Project Support Officer, and was due to take up post on the 4<sup>th</sup> April.
- Interviews for the Project Manager post are scheduled for the 10<sup>th</sup> March.

## **9. Minutes and Action Log**

The group reviewed the minutes and action log. The minutes were approved as an accurate record of the previous meeting.

## **10. Any other business**

MJ explained that following the work on HPB, there had been further discussion across the clinical community about the current arrangements for Endoscopic Ultrasound (EUS). This had culminated in an email to both Medical Directors from one of the HPB surgeons, proposing a series of actions including a workshop to review the current arrangements, and the appointment of a coordinator to improve access to EUS.

Following discussion it was agreed that nominations should be sought for a lead to work with the Medical Directors to develop a proposal for improving access to EUS, which would be submitted to the CEG for consideration.

**ACTION** – *IL to liaise with Medical Directors to seek nominations for a lead.*



# Shared Services Partnership Committee

Thu 24 March 2022, 10:00 - 12:00

Teams



## Agenda

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10:00 - 10:05  
5 min

### 1. Agenda

#### 1.1. Welcome and Introductions

*Tracy Myhill, Chair*

#### 1.2. Apologies for absence

*Tracy Myhill, Chair*

#### 1.3. Declarations of Interest

*Tracy Myhill, Chair*

#### 1.4. Draft minutes of meeting held on 20 January 2022

*Tracy Myhill, Chair*

 NWSSP Partnership Cttee Minutes - 2022. 01 - Part A\_.pdf (10 pages)

#### 1.5. Action Log

*Tracy Myhill, Chair*

 Action Log March 2022.pdf (1 pages)

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10:05 - 10:50  
45 min

### 2. Deep Dive

#### 2.1. Recruitment

*Presentation*                      *Gareth Hardacre, Director of People and OD, Darren Rees, Interim Deputy Director of Employment Services, Kelly Skene, Head of Recruitment*

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10:50 - 11:05  
15 min

### 3. Chair/Managing Director's Report

#### 3.1. Chair's Report

*Verbal*

#### 3.2. Managing Director's Update

*Neil Frow, Managing Director*

 SSPC MD Update Mar 22.pdf (7 pages)


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11:05 - 11:10  
5 min

## 4. Items for Approval/Endorsement

### 4.1. Lease Car Salary Sacrifice

*Andrew Butler, Director of Finance & Corporate Services*

 Salary Sacrifice - CO2 Emissions March 22.pdf (4 pages)

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11:10 - 11:20  
10 min

## 5. Items for Noting

### 5.1. Energy Update

*Andrew Butler, Director of Finance & Corporate Services*

 SSPC Forecast Energy Costs.pdf (5 pages)

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11:20 - 11:45  
25 min

## 6. Governance, Performance & Assurance

### 6.1. Finance & Performance Report

*Andrew Butler, Director of Finance & Corporate Services*

 SSPC Finance and Corporate Services February 2022.pdf (13 pages)

### 6.2. People & OD Report

*Gareth Hardacre, Director of People & OD*

 SSPC Report - March 2022.pdf (21 pages)

### 6.3. Corporate Risk Register

*Peter Stephenson, Head of Finance & Business Development*

 SSPC Corporate Risk Register March 2022.pdf (4 pages)

 Corporate Risk Register 20220317.pdf (3 pages)

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11:45 - 11:50  
5 min

## 7. Items for Information

### 7.1. PMO Highlight Report

*Alison Ramsey, Director of Planning, Performance & Informatics*

 PMO Monthly Update February Final.pdf (18 pages)

### 7.2. Audit Committee Highlight Report

*Peter Stephenson, Head of Finance & Business Development*

 24032022 SSPC Audit Committee Assurance Report.pdf (5 pages)

### 7.3. Quality and Safety Assurance Report

*Peter Stephenson, Head of Finance & Business Development*





### 7.4. 2022/23 Forward Plan

*Peter Stephenson, Head of Finance & Business Development*

 SSPC Forward Plan of Business 2022-2023.pdf (4 pages)

## 7.5. Finance Monitoring Returns

*Andrew Butler, Director of Corporate and Finance Services*

-  Monitoring Return Commentary Month 10 NWSSP 2021-22.pdf (9 pages)
-  SSPC Month 10 MMR extract.xlsx (7 pages)
-  Monitoring Return Commentary Month 11 NWSSP 2021-22.pdf (8 pages)
-  SSPC Month11 MMR extract.xlsx (7 pages)

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11:50 - 11:55

5 min

## 8. Any Other Business

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11:55 - 11:55

0 min

## 9. Date and Time of Next Meeting

Thursday 19 May 10am (Teams)



## NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

### MINUTES OF MEETING HELD THURSDAY 20<sup>th</sup> January 2022

**10:00 – 12:00**

**Meeting held on TEAMS**

**Part A - Public**

ATTENDANCE	DESIGNATION	ORGANISATION
<b>MEMBERS:</b>		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS)	Director of Workforce & OD	Aneurin Bevan
Hywel Daniel (HD)	Executive Director for People & OD	CTM UHB
Michelle Sell (MS)	Chief Operating Officer	DHCW
Rhiannon Beckett (RB)	Interim Director of Finance	HEIW
Huw Thomas (HT)	Director of Finance	Hywel Dda
Helen Bushell (HB)	Board Secretary & Head of Board Business Unit	PHW
<b>OTHER ATTENDEES:</b>		
Angela Mulholland-Wells (AMW)	Finance Director	BCUHB
Julian Rhys Quirk (JRQ)	Assistant Director of Workforce	Swansea Bay
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People & OD	NWSSP
Alison Ramsey (AR)	Director of Planning, Performance, and Informatics	NWSSP
Ruth Alcolado (RA)	Medical Director	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Development	NWSSP
<b>PRESENTERS:</b>		
Tony Chatfield (TC)	National Clinical Logistics Manager, HCS	NWSSP
Jonathan Irvine (JI)	Director of Procurement Services	NWSSP
Helen Wilkinson (HW)	Planning and Business Change Manager	NWSSP

Item		Action
<b>1. STANDARD BUSINESS</b>		
<b>1.1</b>	<b>Welcome and Opening Remarks</b> The Chair welcomed Committee members to the January 2022 Shared Services Partnership Committee meeting.	
<b>1.2</b>	<b>Apologies</b> Apologies were received from:  Jo Whitehead – Chief Executive, BCUHB Sue Hill – Executive Director of Finance, BCUHB Catherine Phillips – Executive Director of Finance, CVUHB Claire Osmundsen-Little – Director of Finance, DHCW Pete Hopgood – Director of Finance, Powys tHB Debbie Eyitayo – Director of Workforce & OD, Swansea Bay UHB Steve Ham – Chief Executive, Velindre University NHS Trust Chris Turley – Director of Finance, WAST Joe Donnelly – UNISON Representative	
<b>1.3</b>	<b>Declarations of Interest</b> No declarations of interest were disclosed.	
<b>1.4</b>	<b>Minutes of Previous Meeting</b> Draft Minutes of meeting held on 18th November 2021 were reviewed and accepted. GH raised the issue that whilst the minutes referred to the appointment of TM as the new NWSSP Chair, they did not explicitly state that the appointment had been ratified by the Committee. Members were therefore reminded of the process to appoint the new Chair, which was undertaken by a panel comprising GH, HT, and Judith Paget, and were then subsequently happy to confirm the Committee's ratification of the appointment.	
<b>1.5</b>	<b>Action Log</b>  All actions are complete.	
<b>2. Deep Dive</b>		
<b>2.1</b>	<b>Support to Booster Campaign</b>  Tony Chatfield, National Clinical Logistics Manager, Health Courier Services (HCS), gave a presentation on the work of his team in supporting NHS Wales with the vaccination booster campaign. This highlighted the following achievements:	

Item		Action
	<ul style="list-style-type: none"> <li>• Since the middle of December 2021, HCS have distributed 956,470 vaccines to 155 Health Board locations across Wales with no delayed or failed deliveries;</li> <li>• The number of journeys made to deliver vaccines is in excess of 8,500 and HCS staff have driven 2.3million miles to support COVID measures;</li> <li>• HCS continue to provide the COVID-19 consumables packs and undertake the collection of samples for testing; and</li> <li>• HCS undertake responsibility for the increased distribution of COVID-19 Lateral Flow Tests.</li> </ul> <p>The presentation was well received, and Committee members were very appreciative of the work undertaken by HCS and other NWSSP staff. HT stated that HCS and the wider NWSSP had responded fantastically to the challenges brought by COVID and latterly the Omicron variant and had taken away a significant amount of worry from Health Boards. He was however keen to understand and learn from NWSSP management how Health Boards could play a role in helping to eliminate activities that added little value and/or could be done in more effective ways e.g. why are we still transporting hard copy medical records around Wales (and into England)?</p> <p>The Committee thanked Tony for the very informative presentation.</p>	
2.2	<p><b>Procurement – National Operating Model</b></p> <p>Jonathan Irvine, Director of Procurement Services, provided an update on the National Operating Model which involves a restructure of how Procurement services are delivered across Wales.</p> <p>The move to such a model was always planned but the pandemic provided an accelerated view on the benefits of closer relationships between national sourcing and frontline teams. The model gives greater opportunity for a more regionalised approach and facilitates the optimisation of value from Category Strategies.</p> <p>The proposal is currently out to formal consultation with staff until the end of January. The agile working model, introduced in the face of COVID, makes the transition to the new model easier to introduce and it is hoped that the transition will take place in mid-February.</p> <p>HT welcomed the approach and particularly the shift in focus to the front-line. There are some aspects that provide a little discomfort and in some respects it will be a leap of faith. However, HT sees the model as an opportunity to also shift some focus from</p>	

Item		Action
	<p>transactional services to longer-term and more strategic partnerships with key suppliers, and particularly the opportunity to promote and support the foundational economy.</p> <p>HD considered the proposal to be sensible but was keen to point out that restructuring is not just about structures, but the activities and people that sit underneath them. RB was also supportive and mindful of a safe transition.</p> <p>SS was also supportive but questioned whether the consultation document had been shared with NHS Wales organisations. JI replied that this was still to happen as they need to complete the staff consultation period first. During transition there will be a lot of engagement with stakeholders and NHS organisations are unlikely to see any significant change for some time.</p> <p>JI stated that the benefits will accrue not just from a change in structures but from driving savings through an all-Wales approach and developing strategic partnerships with suppliers. It is important to get the basics right, but the proposal should see a move towards a more commercial footing and provide better opportunities for staff development. It will be easier to identify best practice and to roll this out across all procurement teams.</p> <p>TM also supported the approach but suggested that it would be useful to produce another version of the presentation given by JI which saw the proposed changes through the eyes of the NHS organisations that use the service. JI to action this.</p>	<b>JI</b>
<b>3. Items for Approval/Endorsement</b>		
<b>3.1</b>	<p><b>IMTP</b></p> <p>AR introduced Helen Wilkinson to the Committee. Helen joined NWSSP as the Planning and Business Change Manager in September and has played a key role in developing the IMTP.</p> <p>AR reminded the Committee that the Strategy Map for NWSSP was re-visited during the September meeting. At that time it was decided to leave it unchanged due to the challenges imposed by the pandemic and the imminent arrival of a new Chair for NWSSP. It was agreed though that the approach to the IMTP should include a greater focus on the Welsh Language, Equality and Diversity, and the measuring of non-financial activities and outcomes. Since the September meeting, AR has met individually with SSPC members</p>	

Item		Action
	<p>and has incorporated their comments and feedback into the final version of the IMTP.</p> <p>The IMTP is based on a solid foundation where NWSSP has continued to deliver all services despite the pandemic, and where we have a balanced financial plan. New services such as the Temporary Medicines Unit, Laundry Services, and more recently International Nurse Recruitment, have been introduced. Work to support the foundational economy is also a key component of the IMTP. Significant pressures remain at present in our Recruitment and Payroll services due to the substantial increase in activity by Health Boards to reset and recover from COVID, and to support the booster programme. Equally, for Procurement Services, the requirement to spend significantly increased sums of money before the financial year-end bring additional pressures.</p> <p>The plan continues to be based around many of the operational experiences and feedback that we have received from the positive relationships we have with Health Boards and other NHS Wales bodies together with the key ministerial priorities. These include Climate Change and the Foundational Economy and also working flexibly as a response to COVID, investing in key infrastructures such as TrAMS, Laundries and Scan4Safety, ensuring the well-being of NWSSP staff, and thinking longer-term.</p> <p>The Plan-on-a-Page is generally regarded as a very useful summary of the IMTP. As previously stated, there is a need to move away from historical transaction based KPIs to qualitative outcome measures.</p> <p>AB presented the financial plan for the IMTP. He stated that a savings target had been applied across directorates to generate a reserve to invest in IMTP priorities including:</p> <ul style="list-style-type: none"> <li>• Decarbonisation;</li> <li>• Foundational Economy;</li> <li>• Digitisation;</li> <li>• TrAMs;</li> <li>• Laundry Services; and</li> <li>• Staff Health and Well-Being.</li> </ul> <p>AB emphasised that the financial plan was challenging and contained significant cost pressures including :</p> <ul style="list-style-type: none"> <li>• Energy Costs;</li> <li>• Office365 licence costs;</li> </ul>	



Item		Action
	<ul style="list-style-type: none"> <li>• Increased demand for NWSSP services e.g. Accounts Payable, Recruitment;</li> <li>• Temporary staff taken on to respond to pandemic gaining full employment rights; and</li> <li>• Clinical Negligence Claims - £1.2bn of current claims with the impact of COVID still to be felt – the risk-sharing agreement is currently £16.5m but would rise to £28m in three years' time.</li> </ul> <p>Historically NWSSP have always planned for a £750k surplus which has been re-distributed to Health Boards, Trusts and Welsh Government. Some organisations still take the dividend while others have requested that their share of the surplus be reinvested in new services on a recurrent basis.</p> <p>AB explained that the IMTP required significant capital investment over the next five years particularly in respect of the laundry and TRAMs projects. The recently announced 24% cut in the discretionary budget would cause significant challenges for NWSSP in future years.</p> <p>In response HB stated that whilst the risks to the plan have been clearly outlined, it would be helpful as a new member of the Committee to understand the risk appetite of NWSSP. SS commented on the modernisation plans for Recruitment Services which were very welcome and emphasised the need to continue to work closely together to ensure that action plans for Recruitment Services were appropriately aligned with Health Board workforce models.</p> <p>HT had already provided comprehensive written comments on the IMTP but emphasised the need for NWSSP to be an economic driver for change through the effective use of business intelligence in both clinical and non-clinical settings. It is also important to ensure that the various assurance processes (Internal Audit, Local Counter Fraud, National Counter Fraud, PPV) are effectively co-ordinated to support delivery of the IMTP. He recommended that the current arrangements should be reviewed.</p> <p>NF reiterated the benefit of undertaking workshops throughout the year to enable Committee members to spend more time on these issues. It was agreed that the Deep Dive at the March Committee should focus on the Modernisation Plans within Recruitment.</p> <p>Members of the Committee confirmed that they were happy for the plan to be submitted to Welsh Government. Given the</p>	<p><b>AB / PS</b></p> <p><b>PS</b></p>

Item		Action
	<p>proposed changes to submission timelines TM recognised that if there were significant changes to Health Bards Plans then this may have a future impact on the NWSSP plan. AR responded that plans are generally shared and reviewed at Directors of Planning meetings and that there should not be any significant risks that we are not currently aware of.</p> <p>The Committee <b>APPROVED</b> the NWSSP IMTP.</p>	
<b>4. Chair/Managing Director's Report</b>		
<b>4.1</b>	<p><b>Chair's Report</b></p> <p>TM stated that she was genuinely delighted to have been appointed as NWSSP Chair. She would like her report to be moved further up the agenda. Thus far, she has attended the all-Wales Chairs' meeting and has also met separately with Donna Mead, Chair of Velindre. Going forward, she intends to meet at least half-yearly with Donna and Steve Ham. She has also undertaken a virtual visit to IP5, and she signposted the NWSSP Awards Ceremony taking place on 26 January.</p>	<b>PS</b>
<b>4.2</b>	<p><b>Managing Director's Update</b></p> <p>Neil Frow, Managing Director, updated the Committee upon the key issues and the activities undertaken by NWSSP since the date of the last meeting.</p> <p>Including in the update was:</p> <ul style="list-style-type: none"> <li>• In response to COVID, the NWSSP Planning and Response Group had been stepped up again. Thus far, no major issues have been noted and whilst there was an initial jump in sickness absence, figures have returned to the previous levels. Where applicable business continuity plans were implemented for drivers in Health Courier Services to ensure that services to the rest of NHS Wales were maintained;</li> <li>• An excellent Joint Executive Team meeting with Welsh Government was held on 14 January during which there was a great deal of positive feedback for the services provide by NWSSP. NF also highlighted that NWSSP have been requested to assist with the establishment of the Citizens Voice Body which will come into being from April 2023;</li> <li>• The Medical Examiner Service, which is not a devolved service, is likely to become a statutory service from September 2022; and</li> </ul>	

Item		Action
	<ul style="list-style-type: none"> <li>The NWSSP financial position is forecast to achieve a break-even position with all capital monies spent by year-end. The business case for the purchase of the Matrix House building in Swansea, has been signed off by the Minister.</li> </ul>	
<b>5. Items for Noting</b>		
<b>5.1</b>	<p><b>International Recruitment</b></p> <p>GH presented a paper relating to the recruitment of 436 nurses from overseas prior to financial year-end, to help fill vacancies within Health Boards and support the Covid recovery programme. Welsh Government have approved the funding for this initiative and contracts have been placed. Interviews are now being undertaken and although the 31 March deadline is challenging, we have confidence that this will be achieved. Invoices to the recruitment agencies will be paid at the offer acceptance stage, and if for any reason the recruitment is not followed through, the agencies have to find an acceptable replacement nurse or repay the amount. This initiative is considered ethical as nurses are only being recruited from countries with surplus staff and who are included on the Home Office Approved List.</p> <p>The Committee <b>NOTED and ENDORSED</b> the paper.</p>	
<b>6. Project Updates</b>		
<b>5.1</b>	<p><b>PMO Highlight Report</b></p> <p>AR presented the PMO Report which the Committee reviewed and noted the current progress and position on the schemes being managed. TM suggested that there was a need to re-look at some of the consequences included in the paper to make them more meaningful.</p> <p>The Committee <b>NOTED</b> the Report.</p>	<b>AR</b>
<b>7. Governance, Performance &amp; Assurance</b>		
<b>6.1</b>	<p><b>Finance Report</b></p> <p>The Committee reviewed the finance report and noted the position at the end of Quarter 3. The outturn position is still forecast to be break-even and there is a plan in place to utilise any additional savings generated in the year. The paper also highlighted the significant sums spent on PPE, and the further donations of PPE to both India and Namibia. The Welsh Risk Pool position was still</p>	

Item		Action
	<p>projected to meet the IMTP target. Capital spend is on schedule, but a large proportion of the funding has only recently been confirmed and/or received. Stock values, which would in a normal year be approximately £3m are currently around £80m due to the need to maintain 16-weeks' stock of PPE. However, this value is reducing and was in excess of £100m last summer.</p> <p>In terms of the KPIs, most are green, but the recruitment indicators remain red due to the substantial increases in activity as a result of responding to Covid recovery pressures. It is important to note that although the targets are currently being missed, and for which there is a modernisation plan in place to address, the work is still being done, albeit that for example it is taking three or four days to complete rather than the target of two days.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
6.2	<p><b>People &amp; OD Report</b></p> <p>GH presented the report. As discussed earlier, sickness absence rates, after an initial spike due to the impact of the Omicron variant, have now returned back to the lower levels seen over recent months and currently stands at 2.93% for the last quarter. The flexibility for staff to work from home is believed to be a major factor in the reduction in absence rates over the last two years. NWSSP headcount continues to grow due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. PADR rates were generally good although there were a few directorates where performance needed to be improved. The ESR database has now been modified such that the majority of the facilities it provides can be accessed and delivered in Welsh.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
6.3	<p><b>Corporate Risk Register</b></p> <p>PS presented the Corporate Risk Register stating that there is one red risk relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services.</p> <p>The Committee <b>NOTED</b> the content of the Risk Register.</p>	
<b>8. Items for Information</b>		
	<p>The following items were provided for information only:</p> <p>8.1. Annual Review 2021/22; and</p> <p>8.2. Finance Monitoring Returns.</p>	

Item		Action
<b>9. ANY OTHER BUSINESS</b>		
<b>9.1</b>	N/a	
<b>DATE OF NEXT MEETING:</b> <b>Thursday, 24 March from 10:00-12:00</b> <b>Via Teams</b>		

Item 1.5

**ACTION LOG**

**SHARED SERVICES PARTNERSHIP COMMITTEE**

**UPDATE FOR 24 MARCH 2022 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS MARCH 2022
1.	2022/01/2.2	January 2022	<b>Procurement National Operating Model</b> A summary of the proposed changes to be produced for sharing with NHS Wales organisations.	Jl	March 2022	<b>Complete</b> Update taken to February DoF's meeting and number of other stakeholders engaged with.
2.	2022/01/3.1	January 2022	<b>Integrated Medium Term Plan</b> Management of assurance arrangements, including Counter-Fraud to be reviewed.	AB/PS	July 2022	<b>Not Yet Due</b> Arrangements being reviewed and reported to Counter Fraud Steering Group.
3.	2022/01/3.1	January 2022	<b>Integrated Medium-Term Plan</b> The deep dive for the March SSPC to focus on the modernisation plans within Recruitment.	GH/PS	March 2022	<b>On Agenda</b>
4.	2022/01/4.1	January 2022	<b>Chair's Report</b> To feature earlier on the agenda.	PS	March 2022	<b>Complete</b>
5.	2022/01/6.1	January 2022	<b>PMO Highlight Report</b> The consequences section for individual projects to be revisited to ensure that it is meaningful.	AR	March 2022	<b>On Agenda</b>



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:3.2**

**24 March 2022**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Managing Director's Report**

**ARWEINYDD:  
LEAD:**

**Neil Frow – Managing Director**

**AWDUR:  
AUTHOR:**

**Peter Stephenson, Head of Finance &  
Business Development**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

**Neil Frow – Managing Director**

**MANYLION  
CYSWLLT:  
CONTACT DETAILS:**

[Neil.frow@wales.nhs.uk](mailto:Neil.frow@wales.nhs.uk)

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

To provide the Committee with an update on NWSSP activities and issues since the last meeting in January.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

To ensure that NWSSP openly and transparently reports all issues and risks to the Committee.

**Tystiolaeth:  
Supporting  
evidence:**

N/a

**Ymgynghoriad/Consultation :**

Shared Services Partnership Committee

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

**DERBYN/  
APPROVE**

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

✓

**NODI/  
NOTE**

✓

**Argymhelliad/  
Recommendation**

The Partnership Committee is to **NOTE** and **DISCUSS** the report.

<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 an assurance that NWSSP risks are being identified and managed effectively.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> .
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open



## **Introduction**

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

## **IMTP**

The IMTP has now been formally submitted to Welsh Government for their consideration.

## **Donation of Equipment and Medical Consumables to Ukraine**

As part of a UK-wide response co-ordinated by the Department for Health and Social Care (DHSC), to the war in Ukraine, Welsh Government asked NWSSP to identify any surplus equipment and consumables that could be donated to Ukraine. Review of current stocks identified items to the value of £524k that could be donated as they are surplus to current requirements, including:

- PPE - where a number of lines are still above the 16-week figure;
- Consumables – where the impact of COVID has meant that usage has been reduced and surplus stocks have built up; and
- Ventilators – where we were provided with additional pandemic stock that has not been used.

Approval for release of these items was received from Welsh Government. The items are being flown out to Ukraine so there is a limit on what is required and how much can be carried on each plane journey. DHSC came back with a requirement for approximately £131k of items from our list, and these were packed on the 11<sup>th</sup> of March and then flown out on the 13<sup>th</sup> of March. Other flights are likely to follow.

## **Ukraine – Business Continuity**

In response to the situation in Ukraine, and the resultant fear of an increased risk of potential cyber-attacks, business continuity measures have been revisited and refreshed. All staff have been reminded of the need to guard against potential cyber attacks through the use of strong passwords, acceptance of all security updates, turning off devices overnight and immediately reporting any suspicious e-mails and associated links. All directorates and key teams have updated their business continuity action cards to provide guidance in the event of a significant and sustained loss to IT systems.

## **Matrix House**

The purchase of Matrix House in Swansea, for which the business case was approved by the Committee in November, is continuing, and should be completed by the end of the March. The building is currently 75% occupied by NHS Wales, with PHW and WAST as tenants in addition to NWSSP. Acquisition of this asset will lead to a reduction in future revenue costs to NHS Wales and the opportunity to create a wider public sector hub.

## **COVID Public Inquiry Planning**

Following the recent publication of the draft terms of reference for the UK COVID-19 Public Inquiry, colleagues in Legal & Risk Services have provided guidance to the whole of NHS Wales on the potential implications. Consultation on the draft terms of reference is open until the 7<sup>th</sup> of April and it is expected that evidence will be gathered throughout 2022 with public hearings commencing in 2023. Within NWSSP we are both actively engaged with the NHS Wales COVID-19 Inquiry Network, and we continue to prepare internally through the Inquiry Readiness Governance Group. This meets on a regular basis and includes a number of Directors with dedicated legal support. Barristers have also been engaged and they will shortly be presenting to the Senior Leadership Group on their plans to support NWSSP in responding to the Inquiry.

## **Financial Position**

In addition to the agreed £2m of non-recurrent re-investments within NWSSP to accelerate benefits and efficiencies and approval of the additional £1.25m distribution to NHS Wales and Welsh Government, the review of the financial position at the end of February has provided confidence that the year-end forecast break-even position will be achieved. The Risk Pool DEL expenditure to M11 is £89.0m, compared to £91.1m at this point last financial year. The M11 DEL forecast of £123m remains in line with the original IMTP forecast of £123.5m indicating we are on target to fully utilise the total Welsh Government resource available by the end of the financial year. We continue to review opportunities to increase DEL expenditure in 2021/22 in agreement with Welsh Government. We have confirmation of increased capital funding of £16.924m in our CEL at the end of February. £4.67m has been spent to date. The majority of this capital funding was issued in quarters 3 & 4, hence the significant expenditure to be incurred in Month 12, including the completion of the purchase of Matrix House.

## **CIVAS**

The CIVAS Unit at IP5 was recently subject to its 3<sup>rd</sup> inspection by the MHRA under the Human Medicines Regulations of 2012. Although a number of points were raised during the inspection, these are all being rectified, and

the Inspector was content for us to continue to operate the facility under licence with the next scheduled inspection in 24 months' time.

## **IP5**

The Minister for Health and Social Care visited our IP5 facility on 17<sup>th</sup> March, providing an opportunity to demonstrate to her the range of services that now operate from this facility. The Minister's visit was well received by all staff based at IP5.

## **TRaMS**

Following the February Programme Board meeting it was agreed that the costed design for the South-East Wales Hub be reviewed and reduced in order to ensure that the scope was in line with the Programme Business Case. During February 2022 the User Requirement Specifications have been revised and the proposed number of clean rooms and isolators has been reduced. The Project Manager and Cost Advisor have been asked to confirm the Professional fee requirement for any redesign work and what the reduced capital cost will be for the SE Hub. An update will be taken to the TRaMS Programme Board on 21<sup>st</sup> March and if the scope of the proposed changes is agreed a fee redesign request will be made to Welsh Government.

## **Laundry Services**

Currently the programme is in the final stages of a value engineering review of the proposed costs for the two new builds for North and South-West Wales. As per the Programme Business Case the South-East Wales laundry at Greenvale will be refurbished with some equipment replacement. The proposed costs of the value engineered new builds and the Greenvale refurbishment will be presented to the Programme Board on 23<sup>rd</sup> March for consideration and if agreed will be incorporated in the OBCs that are in the process of being completed.

## **Decarbonisation**

The NWSSP Decarbonisation Action Plan was reviewed by the Senior Leadership Group at its March meeting and will come to the Committee in May for information. NWSSP has a key role to play in the decarbonisation agenda, both in achieving our own internal targets and in supporting NHS Wales as a whole. One of the key initial internal objectives is to ensure that there is an accurate and reliable baseline to enable us to measure improvement and change across the organisation. This can be challenging, given the addition of new services such as laundry, and the many shared locations that NWSSP occupy across Wales. Externally, there is a focus on green electricity, food waste recycling, promotion of electric vehicles, and improving energy consumption rates across the whole of the NHS Wales Estate.

## **Energy Costs**

There is a separate agenda item on energy costs but in summary due to the nature of energy markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying. The group is chaired by a former DoF and consists of key HB/Trust stakeholders, coming together periodically to manage contractor performance, take account of current and forthcoming market factors, and agree upon purchasing strategy.

There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided a significant element of the price hikes for gas and electric. Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23. The EPRMG will attempt to minimise these additional costs by meeting regularly (currently three times a week), taking advice from Energy Market experts (currently once a week) and regularly considering its purchasing strategy and approach (in every meeting).

The increase in energy costs is very unwelcome, but is unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, our collective approach will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead.

## **International Women's Day**


NWSSP celebrated International Women's Day on the 8<sup>th</sup> of March through a series of events across the day. This included a number of key speakers from within NWSSP, networking opportunities and a Menopause Café. The speakers included Tracy Myhill, Chair: Alison Ramsey, Director of Planning, Performance, and Informatics: and Daniela Mahapatra, Deputy Director of Legal & Risk Services.

## **Once for Wales Risk Management**

As part of the development of the Datix Once-For-Wales Concerns Management Database, there is a separate module and associated workstream for risk management. This is currently being led by NWSSP via chairing a Task and Finish Group that includes representatives from every NHS Wales organisation and which currently meets weekly. There is a recognition that some aspects of the new module will be tailored to suit individual organisation needs, but there is general agreement from the Task

and Finish Group members on the approach, and this should lead to greater consistency and opportunity to compare and contrast risks on an NHS Wales basis.

**Neil Frow,  
Managing Director, NWSSP,  
March 2022**

 <b>GIG Cymru NHS WALES</b>   Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:xx</b>  <b>xx March 2022</b>
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<b><i>The report is not Exempt</i></b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>Salary Sacrifice – Fleet Solutions – CO2 Emissions</b>

<b>ARWEINYDD: LEAD:</b>	Andy Butler – Director of Finance and Corporate Services
<b>AWDUR: AUTHOR:</b>	Russell Ward – Head of Accounts Payable, eEnablement & Salary Sacrifice
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Russell Ward – Head of Accounts Payable, eEnablement & Salary Sacrifice
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:Russell.ward@wales.nhs.uk">Russell.ward@wales.nhs.uk</a>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
To seek approval to adjust the Co2 emissions for the Salary Sacrifice fleet that is administered by NWSSP.

<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> Regular reporting will be undertaken via the Directors of Finance.

<b>Ymgynghoriad/Consultation :</b>
This has been via the two fleet providers, NHS Fleet Solutions and Knowles Associates.

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>	The Committee are asked to <b>APPROVE</b> the adjustment in Co2 emissions as set out in the paper						

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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No impact
<b>Cyfreithiol: Legal:</b>	No impact
<b>Iechyd Poblogaeth: Population Health:</b>	A managed adjustment in CO2 emissions for salary sacrifice cars will increase choice for staff and is likely to reduce the likelihood of staff opting to use their own vehicles (grey fleet) which will overall reduce CO2 emissions and will have a positive impact on the health of the population
<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>	Risk – NHS Wales fails to meet the Welsh Government decarbonisation targets
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No impact
<b>Gweithlu: Workforce:</b>	No impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the FOI and will be subject to GDPR and Health Board data protection and data security protocols.

## **Salary Sacrifice – Fleet Solutions – CO2 Emissions**

### **1. CEFNIDIR/BACKGROUND**

In March 2021, the Health Minister Vaughan Gething published ambitious decarbonisation plans for NHS Wales in order to tackle climate change.

This is as a consequence of Welsh Government declaring in 2019 a climate emergency to trigger more action to meet the climate change challenge and became

the first Government in the world to declare such an emergency. As part of this, they re-enforced ambitions for Wales' public sector to be reach 'net zero' for carbon emissions by 2030.

## 2. CRYNODEB/SUMMARY

NWSSP administers the Lease car salary sacrifice Scheme for the majority of Health Boards and each NHS Trust in NHS Wales via a strategic partnership with NHS Fleet solutions.

We have seen substantial growth in the NWSSP administered scheme and as of the 10<sup>th</sup> of March 2022 there are now 2,531 vehicles, representing a 36% increase over the last 12-months. The majority of new vehicles ordered during this period were either electric or hybrid vehicles.

In July 2021, the Partnership Committee agreed to reduce the CO2 emissions for the Salary Sacrifice vehicles, administered by NWSSP as follows:

- Introduce a **100g/km** Co2 Emission limit from 1 October 2021 for diesel/ petrol cars (not Hybrid cars)
- Reduce this by a further 20g/km in April 2022 taking the upper limit to **80 g/km**
- Reduce this by a further 20g/km in April 2023 taking the upper limit to **60g/km**

Whilst the intentions of this decision were well founded, the implementation of the first phase from 120g/km to 100g/km has generated the following issues:

- Those staff who do not have driveways and therefore home charging facilities, are either unable to participate in the scheme or have a very limited choice of cars;
- Only certain EV and hybrid models cars meet the lower CO2 limits – therefore a large number of small fuel efficient cars eg 1 litre VW Polo, Ford Ka etc are no longer available to staff. This is particularly problematic to those staff who live in the more rural areas

In view of the above it is evident that some staff are opting not to apply for salary sacrifice cars but instead are continuing to use their private cars, commonly referred to as the 'grey fleet'. These cars are generally older and emit more pollution than the vehicles that were previously available on the lease car salary sacrifice scheme.

Following the identification of these matters NWSSP have been in consultation with two fleet providers who have experienced similar issues. One provider has estimated that the 'Grey Fleet' across NHS Wales is likely to be as much as



150g/KM per car. The number of vehicles administered via Salary Sacrifice arrangements, represents approximately 3- 4% of vehicles in use across NHS Wales, with approximately 90%+ of other vehicles coming under the umbrella of the 'Grey Fleet'. It has therefore been recognised that there is a need to consider the bigger picture when setting lease car emission limits and factor in the potential impact on reducing the CO2 emissions from the 'Grey Fleet'

In view of this additional information, it is proposed to reinstate the 120g/km cap for petrol and hybrid vehicles from 1<sup>st</sup> April 2022 but not to allow diesel vehicles to be ordered at all. The impact of this will be to increase the range of vehicles available, remove new diesel vehicles from the Scheme and provide greater access to those staff who do not possess home charging facilities.

The table below details the choice of vehicles available to staff with a CO2 emission cap set at 120g/Km. For information, some Hybrid cars exceed the proposed 120g/Km cap


<u><b>Co2 Emissions (g/km)</b></u>	<u><b>Fully Electric (0g/km)</b></u>	<u><b>Petrol Plug in Hybrid (ULEV: up to 75g/km)</b></u>	<u><b>Petrol Hybrid</b></u>	<u><b>Petrol</b></u>	<u><b>TOTAL</b></u>
up to 100g/km	63	88	3	0	<b>154</b>
101g/km - 110g/km	0	0	8	9	17
111g/km - 120g/km	0	0	5	28	33
121g/km - 130g/km	0	0	7	29	36

In addition, it is proposed that further work is undertaken to establish what arrangement are in place to administer and capture data on the 'Grey Fleet' and to agree and establish a framework for reducing the CO2 emissions for the 'Grey Fleet'

### **3. ARGYMHELLIAD/RECOMMENDATION**

The Committee are asked to **APPROVE the proposed**

- adjustment in the CO2 emissions for petrol vehicles
- removal of the ability to order new diesel cars on the scheme.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:xx</b>  24 March 2022
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Forecast Energy Costs**

<b>ARWEINYDD: LEAD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Andy Butler, Director of Finance & Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy.butler@wales.nhs.uk

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

The purpose of this brief note is to highlight to the Committee the significant financial pressures faced by NHS Wales because of the energy crisis. The situation is being closely monitored and a suitable purchasing strategy is being managed by the Energy Price Risk Management Group.

**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 :**

Energy Price Risk Management 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 <b>NOTE</b> this report.						

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	N/a
<b>Cyfreithiol: Legal:</b>	N/a
<b>Iechyd Poblogaeth: Population Health:</b>	N/a
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	N/a
<b>Ariannol: Financial:</b>	The financial implications are explained in the report below.
<b>Risg a Aswariant: Risk and Assurance:</b>	The risks to NHS Wales are set out in the report below.
<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> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	N/a
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. BACKGROUND

Due to the nature of the markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying. The contracts and purchases are managed by the EPRMG. This group is chaired by a very experienced former DoF and consists of key HB/Trust

stakeholders (e.g., Energy Managers, Finance reps), and meets regularly throughout the year to manage our contractor's performance, take account of current and forthcoming market factors, and agree upon the purchasing strategy for periods between EPRMG meetings. British Gas Account Managers and representatives also attend these meetings to present market overviews to the group, helping inform the most appropriate decision-making and purchasing approach to any given situation.

### **2021 /22 Energy Costs**

There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided most of the price increases for gas and electric supply. For example, the average secured price for Gas for FY21/22 was at 43.85pence per therm and the average amount secured was 84.2% for the period. This compares very favourable with the current price which is around £2.66 per therm and has been as high as £8 per therm in recent weeks.

### **2022/23 Energy Costs**

Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23 because of the current contracts coming to an end.

Working with British Gas we have attempted to estimate the potential costs in 2022/23 based on current prices as set out below. The figures for 21/22 and 22/23 FY are taken from the 'mid total' columns of the latest forecasts that British Gas shared last week, which are based upon any remaining volumes being secured at current market pricing. The current forecasts are as follows

<b>Contract</b>	<b>Historic average</b>	<b>21/22 FY</b>	<b>22/23 FY</b>
Gas	£10,000,000		
	-		
	£15,000,000	£20,838,000	£91,134,000
Electricity	£25,000,000		
	-		
	£30,000,000	£40,263,000	£66,310,000

*Gas increase* - There was a very significant surge in current and future gas prices during 2021. Taking into account the advice provided by British Gas market experts, the group has been reluctant to purchase for many months ahead in order to avoid 'locking into the prevailing high prices. Prices have been monitored on a day-to-day basis and it

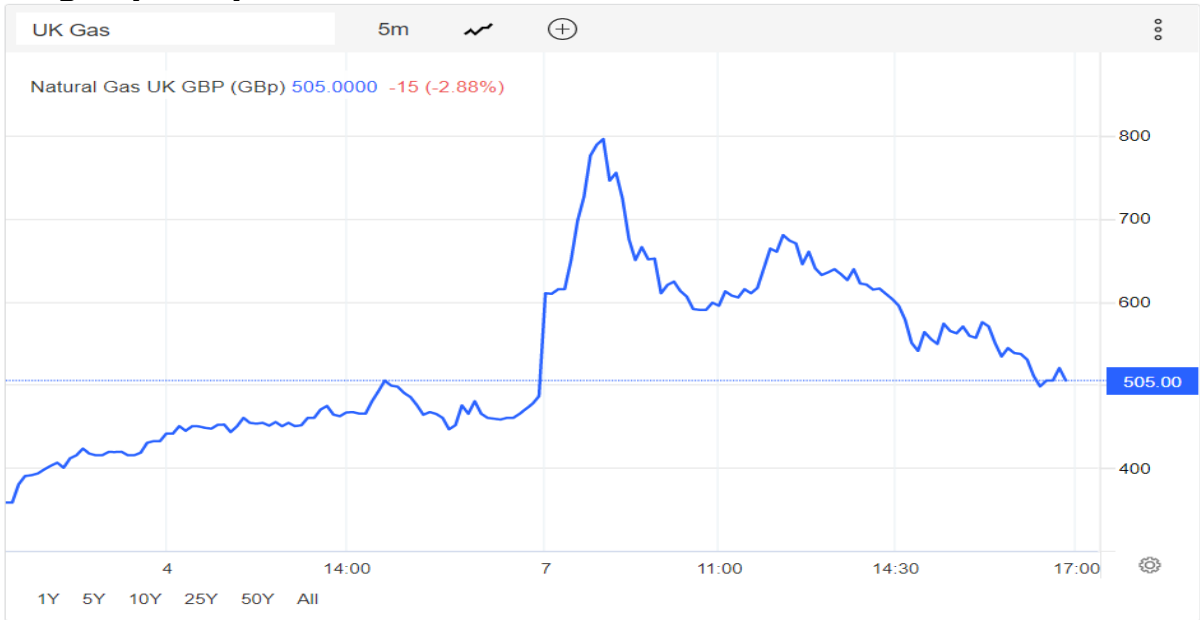
has not been possible to purchase tranches beyond April 2022 at the prices secured for 2021. The expert market advice received throughout 2021 did not expect these increased current and future price levels to have continued for such a period and the Ukraine crisis has introduced even more uncertainty into the markets as well as prolonging the period of extremely high prices. The current position is that some energy has been bought in advance for April 2022 and the markets continue to be monitored daily to take advantage of any opportunities to buy in advance at more favourable rates. In the event that such opportunities do not arise gas will be purchased on the day ahead rate.

*Electricity increase* - The position with regard to electricity is less stark as advanced purchases at low price levels were made previously which will provide protection for the period to September 2022. Thereafter, if the market price levels remain at a high level, this will have a significant impact on the second half of 22/23.

**Market volatility**

It is important to appreciate that the above forecasts are very volatile and can change very quickly as demonstrated by the graph below. This shows that the price per therm for gas on 7<sup>th</sup> March 2022 started at £4.50@7am, then rose to £8.00 @8am then returned back towards £5.00 by 5pm. Currently (15/3/2022) the price has fallen back to £2.94 per therm.

**UK gas price per therm – 7<sup>th</sup> March 2022**



## Conclusion

It is likely that NHS Wales organisations will be subject to very significant increases in energy costs this coming year. Clearly, the EPRMG will attempt to minimise this additional cost by meeting regularly (currently 3 times a week), taking advice from Energy Market experts (currently 1 a week) and regularly considering its purchasing strategy and approach (in every meeting).

The increase in energy costs are very unwelcome, but they are unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, our collective approach will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead. Briefings on the situation has also been provided to Welsh Government colleagues as well as forecasts of potential cost implications for 2022/23.

## 2. RECOMMENDATION

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



***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Finance and Performance Update Report**

**ARWEINYDD:  
LEAD:**

**Andy Butler, Director of Finance &  
Corporate Services**

**AWDUR:  
AUTHOR:**

**Finance 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 as at 28<sup>th</sup> February 2022 and performance matters as at 28<sup>th</sup> February 2022 within NWSSP.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Tystiolaeth:  
Supporting  
evidence:**

-

**Ymgynghoriad/Consultation :**

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the financial position to 28<sup>th</sup> February 2022.</li> <li>2. Note the significant level of professional influence benefits generated by NWSSP to 28<sup>th</sup> February 2022.</li> <li>3. Note the performance against the high-level key performance indicators to 28<sup>th</sup> February 2022.</li> <li>4. Note the content of this update and seek further information if required.</li> </ol>					

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

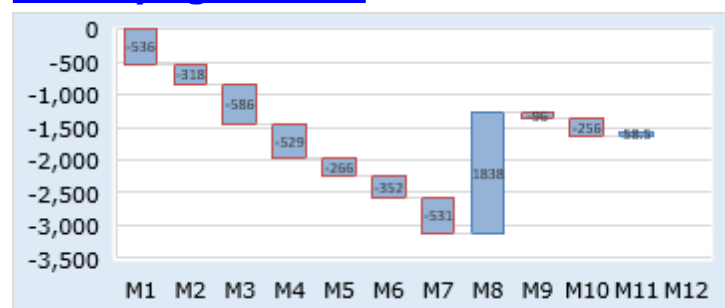


## Dashboard Summary: Period 1<sup>st</sup> April 2021 to 28<sup>th</sup> February 2022

### Summary Position

	Annual Budget £'000	YTD Budget £'000	YTD Expend £'000	YTD under/ overspend £'000
Income	-536,490	-459,777	-460,968	-1,191
Pay	213,232	192,458	189,270	-3,189
Non Pay	197,754	177,555	179,115	1,560
WRP – DEL	124,754	89,015	89,015	0
Distribution	750	750	2,000	1,250
Underlying Underspend	0	0	1,570	1,570
	0	0	0	0

### Underlying Position



### Covid Expenditure

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	4.576	5.150
Mass Vacc - PPE	2.784	2.984
Mass Vacc - non PPE non pay	0.645	0.702
Mass Vacc - pay	0.696	0.759
Social Care/Primary Care PPE	23.386	25.586
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
Adjustments from 2020/21	- 1.485	- 3.619
Annual leave accrual increase	-	0.199
<b>TOTAL</b>	<b>41.630</b>	<b>42.790</b>

### Distribution

Health Board /Trust	%	PLANNED DISTRIBUTION £	ADDITIONAL DISTRIBUTION £	TOTAL DISTRIBUTION £	Agreed Recurrent Reinvestment £	TOTAL 2021/22 DISTRIBUTION £
Aneurin Bevan	9.85	73,844	123,125	196,969		196,969
Swansea Bay	8.80	66,029	110,000	176,029		176,029
Betsi Cadwaladr	11.98	89,815	149,750	239,565	-89,815	149,750
Cardiff and Vale	10.49	78,652	131,125	209,777		209,777
Cwm Taf	10.60	79,527	132,500	212,027		212,027
Hywel Dda	7.77	58,293	97,125	155,418	-58,293	97,125
Powys	1.95	14,598	24,375	38,973	-14,598	24,375
Velindre	1.17	8,781	14,625	23,406		23,406
WAST	1.28	9,580	16,000	25,580	-9,580	16,000
Public Health Wales	0.87	6,530	10,875	17,405	-6,530	10,875
Welsh Government	35.25	264,351	440,500	704,851	-264,351	440,500
<b>Total</b>	<b>100%</b>	<b>750,000</b>	<b>1,250,000</b>	<b>2,000,000</b>	<b>-443,167</b>	<b>1,556,833</b>

### Forecast Position

	£m To M11	£m 21/22
NHS Income	216.420	240.768
WG Income	209.310	253.387
Other Income	35.242	42.335
<b>TOTAL INCOME</b>	<b>460.972</b>	<b>536.490</b>
Pay	189.269	209.939
Non Pay	167.444	186.251
Welsh Risk Pool	89.015	124.754
Exceptional Items	11.148	11.148
Depreciation DEL/AME	4.096	4.398
<b>TOTAL EXPENDITURE</b>	<b>460.972</b>	<b>536.490</b>
<b>NET SURPLUS</b>	<b>0.000</b>	<b>0.000</b>

#### Forecast Position

Further to the agreed **£2.000m** of non-recurrent re-investments within NWSSP to accelerate benefits and efficiencies and approval of the additional **£1.250m** distribution to NHS Wales and Welsh Government, the review of the financial position at the end of February has provided confidence that the year end forecast break-even position can be achieved.

## Welsh Risk Pool and Capital Summary: Period 1<sup>st</sup> April 2021 to 28<sup>th</sup> February 2022

### Welsh Risk Pool Position

Expenditure type	Position as at M11 2020/21 £m	Position as at M11 2021/22 £m
Claims reimbursed & WRP Managed Expenditure	67.422	99.922
Periodical Payments made to date	14.841	16.573
Redress Reimbursements	1.451	1.897
EIDO – Patient consent	0.062	0.062
Clinical Negligence Salary Subsidy	0.000	0.633
WRP Transfers, Consent, Prompt, CTG	0.017	0.021
Movement on Claims Creditor	7.328	-30.093
<b>Year to date expenditure</b>	<b>91.121</b>	<b>89.015</b>

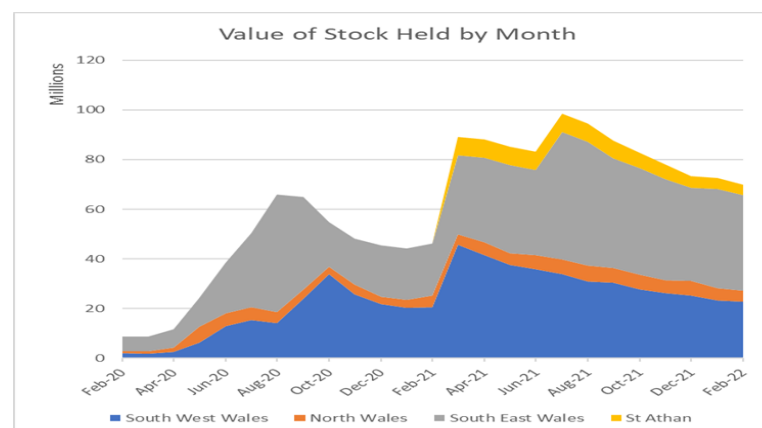
### DEL Forecast Position



The DEL expenditure to M11 is £89.0m, compared to £91.1m at this point last financial year. The M11 DEL forecast of £123m remains in line with the original IMTP forecast of £123.5m indicating we are on target to fully utilise the total Welsh Government resource available by the end of the financial year. We continue to review opportunities to increase DEL expenditure

### Capital Allocation

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Hardware/Software	364	92	-272
Premises/Accommodation	163	30	-133
SMTL	15	15	0
Laundry Services	55	34	-21
Unallocated	3	0	-3
<b>Discretionary Capital Total</b>	<b>600</b>	<b>171</b>	<b>-429</b>
Laundry Services (OBC Fees)	1,411	717	-694
IPS - discretionary	250	89	-161
LARS Case Management System	348	258	-90
TRAMS (OBC Fees)	932	822	-110
Scan for Safety	1,331	1,286	-45
Decarbonisation	1,196	132	-1,064
Pharmacy Refrigerators and Access Port	26	25	-1
Storage & Aseptic Medicines Production Services	25	19	-6
Laundry S1 assets	3,353	1,125	-2,228
Additional DPF Capital Allocations	482	0	-482
Additional funding November 21-22	1,418	57	-1,361
Additional funding February 21-22	623	0	-623
ePQS replacement	32	0	-32
Matrix House	4,928	0	-4,928
2020-21 Ventilator transfer to CTM	-8	-8	0
2020-21 Glidescopes transfer to CTM	-23	-23	0
<b>Additional Capital Total</b>	<b>16,324</b>	<b>4,499</b>	<b>-11,825</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>16,924</b>	<b>4,670</b>	<b>-12,254</b>



### Capital

We have confirmation of increased capital funding of £16.924m in our CEL at the end of February. £4.670m has been spent to date.

The majority of this capital funding was issued in quarters 3 & 4, hence the significant expenditure to be incurred in Month 12, including the completion of the purchase of Matrix House.

A detailed review of all capital schemes has been undertaken to ensure confidence in the achievement of the CEL.

### Stock

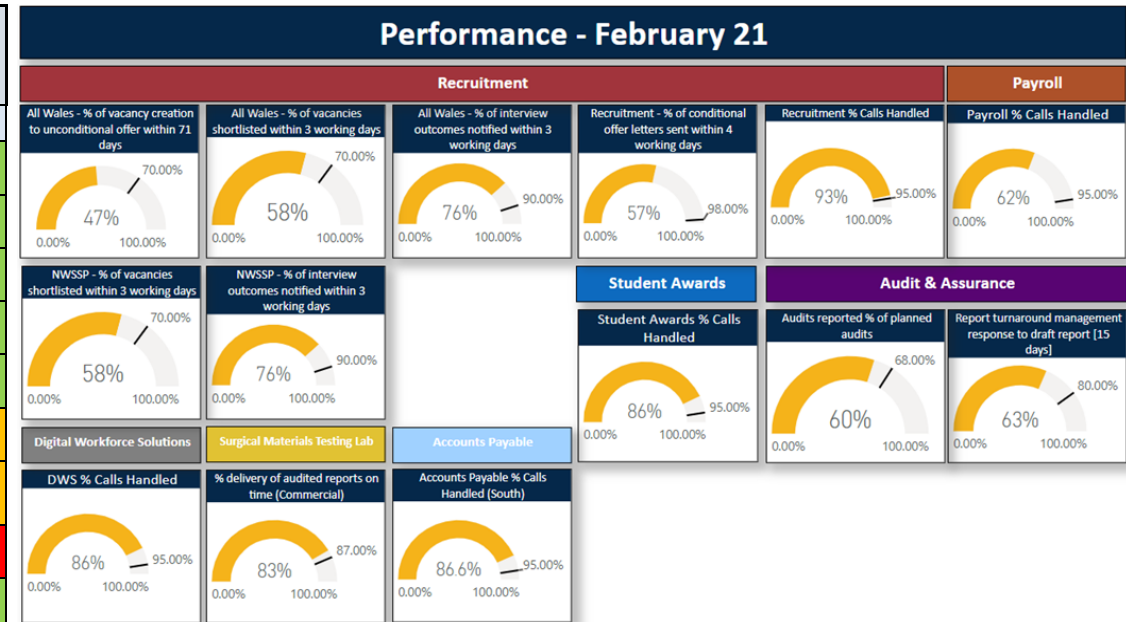
We continue to hold significant levels of PPE stock in line with the WG requirement to hold a minimum of 16 weeks for the main categories.

## Performance Summary

### Key Financial Targets - February 22

Financial Position and Key Targets	Target		Position at 30-Nov	Position at 31-Dec	Position at 31-Jan	Position at 28-Feb
Financial Position – Forecast Outturn	Break even	Monthly	Breakeven	Breakeven	Breakeven	Breakeven
Capital financial position	Within CEL	Monthly	On Target	On Target	On Target	On Target
Planned Distribution	£0.75m	Annual	£2.00m	£2.00m	£2.00m	£2.00m
VWSSP PSPP NON-NHS % (In Month)	95%	Monthly	96.44%	96.90%	94.74%	96.24%
VWSSP PSPP NON-NHS % (Cumulative)	95%	Monthly	96.28%	96.36%	96.22%	96.18%
VWSSP PSPP NHS % (In Month)	95%	Monthly	80.72%	96.39%	89.77%	92.31%
NHS Debts in excess of 17 weeks – Value	0	Monthly	£0	£7k	£0	£46k
Variable Pay – Overtime	<£43k	Monthly	£81k	£98k	£84k	£75k
Agency % to date	<0.8%	Cumulative	0.51%	0.52%	0.51%	0.52%

### Key Performance Measures – February 22



### Professional Influence Benefits April 2021 to February 2022

Service	YTD Benefit £m
Specialist Estates Services	21.2
Procurement Services	24.9
Legal & Risk Services	70.9
<b>Total</b>	<b>117.0</b>

# Finance and Performance Update Report

## INTRODUCTION

This report provides an update on the following:

- Cumulative Financial Position – 28<sup>th</sup> February 2022
- High Level Performance indicators – 28<sup>th</sup> February 2022

## NWSSP Financial position

NWSSP had an underlying underspend position as at the 28<sup>th</sup> February 2022 of £1.570m.

Service	Annual Budget				Budget to Date	Spend to Date	Variance				Forecast
	Income £000's	Pay £000's	Non Pay £000's	Net £000's	Net £000's	Net £000's	Income £000's	Pay £000's	Non Pay £000's	Net £000's	
Audit & Assurance Services	-510	3,229	72	2,791	2,859	2,698	35	-128	-67	-161	-33
Corporate Services	-84,620	5,443	8,380	-70,796	-63,410	-62,386	-251	-421	125	-546	-351
Accounts Payable	-164	3,421	94	3,351	3,026	3,020	0	-70	64	-6	-82
Collaborative Bank	-266	266	0	0	0	0	0	0	0	0	0
Counter Fraud Services	0	407	61	468	428	375	-52	5	-5	-52	-56
CTES	-2,227	734	1,906	413	-316	-316	0	-72	71	0	-658
Employment Services	-5,451	11,504	5,547	11,599	10,537	10,173	105	-462	-7	-364	-279
Health Courier Services	-6,314	6,633	6,227	6,546	6,419	6,106	-483	51	117	-314	-351
Laundry Services	-9,197	4,412	4,938	153	-73	-153	51	-160	30	-80	71
Legal & Risk Services	-7,610	6,478	4,457	3,325	2,923	2,166	-119	-299	-340	-758	-950
Welsh Risk Pool	-125,681	917	125,521	756	695	461	-133	-207	107	-233	0
Medical Examiner Service	-1,707	1,606	143	42	42	42	0	0	0	0	0
Planning, Performance & Informatics	-148	1,674	1,492	3,018	2,698	2,539	0	-175	16	-158	-76
Primary Care Services	-1,050	9,514	3,401	11,864	10,873	10,739	-61	-134	61	-134	-104
Procurement Services	-74,475	16,025	77,604	19,154	17,709	17,077	-63	-1,003	433	-632	-708
Stores	-61,931	0	61,931	0	-276	-276	0	0	0	0	315
Single Lead Employer	-144,648	133,903	10,745	0	0	0	-6	6	0	0	0
SMTL	-484	1,012	249	777	699	664	-150	-29	144	-35	0
Specialist Estates Services	-147	2,939	357	3,149	2,829	2,827	3	-54	49	-2	-15
WIBSS	-7,318	255	7,063	0	0	0	41	-35	-6	0	0
People & OD	-2,543	2,861	2,320	2,638	2,338	2,243	-108	-5	18	-95	-166
Underlying Underspend	0	0	0	0	0	0	0	0	0	0	0
Distribution	0	0	750	750	750	2,000	0	0	1,250	1,250	1,250
Brokerage	0	0	0	0	-750	0	0	0	750	750	750
Corporate Reserves / Provisions	0	0	0	0	0	0	0	0	1,570	1,570	1,443
	-536,490	213,232	323,258	0	0	0	-1,191	-3,189	4,380	0	0

Following a review of the financial position and the forecast to year end, we have agreed £2.000m of non-recurrent reinvestments within NWSSP to accelerate benefits and efficiencies. We have also confirmed the increase in the 2021/22 distribution by £1.250m which was approved at the September Committee meeting.

This increases the total 2021/22 NWSSP distribution to £2.000m.

## 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 2021 – February 2022 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	21.2
Procurement Services	24.9
Legal & Risk Services	70.9
<b>Total</b>	<b>117.0</b>

## PERFORMANCE

### Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 3 reports were distributed at the end of January 2022 to the health organisations at the end of January. These reports reflect the ongoing developments in NWSSP performance reporting and incorporate feedback received to date.

## KEY FINANCIAL TARGETS

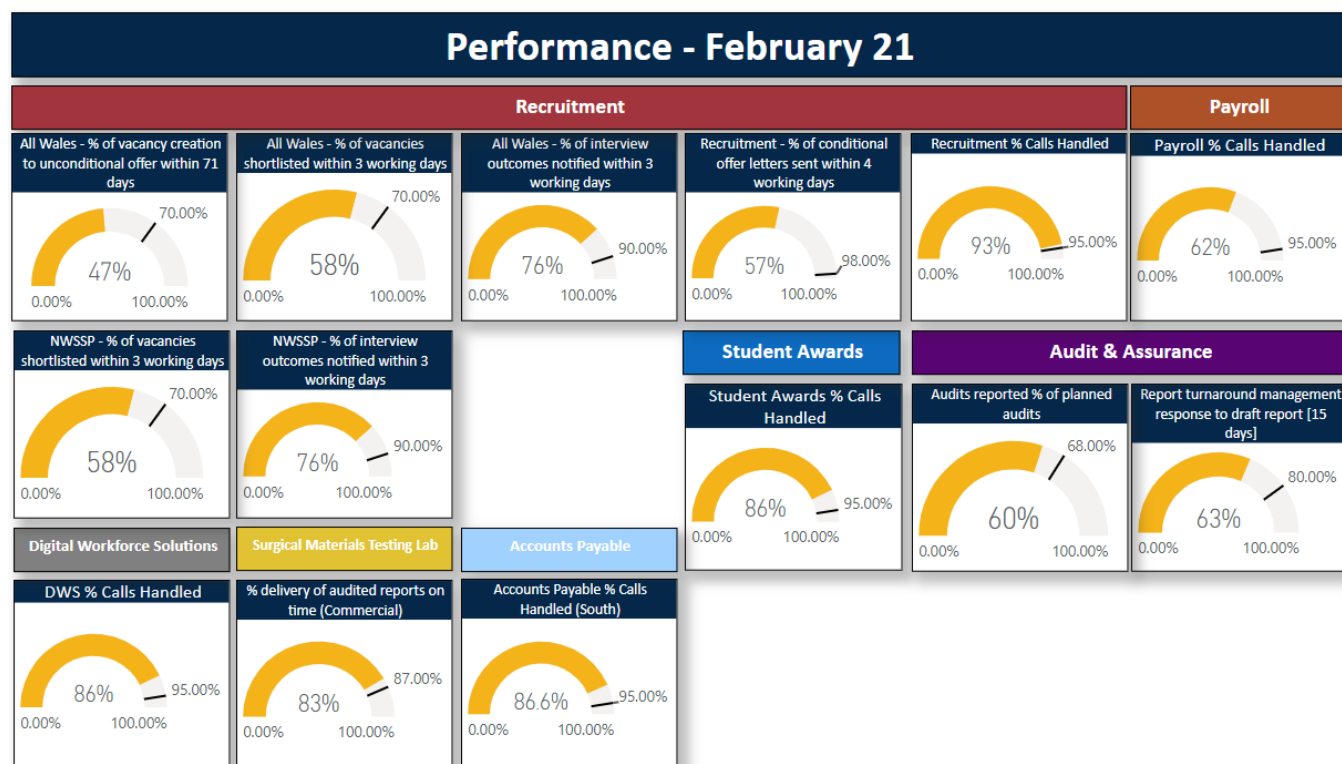
The table below provides a summary of key financial indicators for consideration.

Financial Position and Key Targets	Target		Position at 30-Nov	Position at 31-Dec	Position at 31-Jan	Position at 28-Feb
Financial Position – Forecast Outturn	Break even	Monthly	Breakeven	Breakeven	Breakeven	Breakeven
Capital financial position	Within CEL	Monthly	On Target	On Target	On Target	On Target
Planned Distribution	£0.75m	Annual	£2.00m	£2.00m	£2.00m	£2.00m
NWSSP PSPP NON-NHS % (In Month)	95%	Monthly	96.44%	96.90%	94.74%	96.24%

Financial Position and Key Targets	Target		Position at 30-Nov	Position at 31-Dec	Position at 31-Jan	Position at 28-Feb
NWSSP PSPP NON-NHS % (Cumulative)	95%	Monthly	96.28%	96.36%	96.22%	96.18%
NWSSP PSPP NHS % (In Month)	95%	Monthly	80.72%	98.45%	89.77%	92.13%
NHS Debts in excess of 17 weeks – Value	£0	Monthly	£0	£7k	£0	£46k
Variable Pay – Overtime	<£43k	Monthly	£81k	£98k	£84k	£75k
Agency % to date	<0.8%	Cumulative	0.51%	0.52%	0.51%	0.52%

## KEY PERFORMANCE MEASURES

The dashboard below highlights the red/amber performance indicators for February 2022 and a brief explanation to the reason the target has been missed.



**Audit KPIs** - Performance of Audits reported as % of planned audits was slightly behind target delivery but a further 32% of audits are work in progress. A&A are aware of the pressures and competing priorities at Health organisations and so the key focus is on ensuring that reports get to the next Audit Committee, even if the response deadline is missed, to ensure effective action can be taken.

Report turnaround management response to draft report [15 days] which measures the performance of turnaround times within the health organisation. The target has been missed however Heads of Audit discuss these delays directly with Health Orgs.

**Payroll % Calls Handled** - Performance remains behind target due to high volumes of calls and the complexities of calls received. In addition, there has been sickness within the team coupled with vacancies. Some vacancies have been appointed to within the month alongside the use of Bank to increase the availability of Call Handlers.

NWSSP are reviewing all contact centres within NWSSP as part of an organisational wide project.

**Recruitment KPIs** – There has been improvements in the compliance on some KPIs however, the recruitment teams are still experiencing unprecedented levels of demand, which has meant in some instances compliance with the KPI measures has been missed.

Recruitment have recruited additional staff to support the increases of activity, coupled with implementing robotics processes and reviewing internal ways of working and system enhancements.

The division is communicating on a regular basis with organisations to agree priorities and discuss pressures.

**Student Awards % Calls Handled** - Performance remains slightly behind target due to vacancies sickness and annual leave. An improvement in performance is expected to be achieved within the next couple of months.

NWSSP are reviewing all contact centres within NWSSP as part of an organisational wide project.

**DWS % Calls Handled** – There has been a significant increase in call volumes associated with increased recruitment across NHS Wales Organisations to support service delivery. There are vacancies within the service desk team. This coupled with sickness has an impact on the call capacity within the team. The team is utilising Bank staff to mitigate the performance however, these staff take time to train.

**SMTL % delivery of audited reports on time (Commercial)** – Performance was slightly behind target due to delays at the subcontracted laboratory performing the required testing. Alternative laboratories to perform these tests have been sought but proved difficult to source an accredited ISO 17025 laboratory. SMTL regularly updates the commercial client with any amended timescales or delays.

**Accounts Payable % Calls Handled** – Performance has slightly missed the target this month, missing the target of 95% with 86.6% of calls handled. The reason for the drop in performance is due to resource within the team caused by new starters being trained and vacancies. The vacancies are in the process of being appointed to.

The table below provides a summary of key performance indicators for February 2022.



21/22								
KFA	KPIs	Target		November	December	January	February	Trend
Audit & Assurance								
Excellence	Audits reported % of planned audits	68%	Cumulative	33%	42%	53%	60%	
Excellence	% of audit outputs in progress		Cumulative	30%	29%	32%	32%	
Excellence	Report turnaround management response to draft report [15 days]	80%	Cumulative	72%	72%	67%	63%	
Excellence	Report turnaround draft response to final reporting [10 days]	80%	Cumulative	99%	99%	80%	99%	
Procurement Services								
Value for Money	Procurement savings *Current Year	£22.56m	Cumulative	£25,680,817	£23,566,782	£25,200,470	£24,880,637	
Accounts Payable								
Excellence	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	95.10%	Reported Quarterly	Reported Quarterly	
Excellence	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	84.10%	Reported Quarterly	Reported Quarterly	
Customers	Accounts Payable % Calls Handled (South)	95%	Monthly	97.10%	94.80%	84.30%	86.60%	
Employment Services								
Payroll								
Excellence	Overall Payroll Accuracy	99.60%	Monthly	99.62%	99.64%	99.78%	99.71%	
Customers	Payroll % Calls Handled	95%	Monthly	72.40%	85.30%	63.80%	61.64%	
Recruitment								
All Wales								
Excellence	All Wales – % of vacancy creation to unconditional offer within 71 days	70.00%	Monthly	31.00%	37.00%	35.40%	47.40%	
Excellence	All Wales – % of vacancies approved within 10 working days	70.00%	Monthly	60.90%	65.40%	72.10%	77.30%	
Excellence	All Wales – % of vacancies shortlisted within 3 working days	70.00%	Monthly	53.30%	54.50%	48.00%	57.90%	
Excellence	All Wales – % of interview outcomes notified within 3 working days	90.00%	Monthly	69.10%	72.80%	74.00%	76.30%	
Recruitment Responsibility								
Excellence	Recruitment – % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	32.70%	51.30%	66.90%	99.20%	
Excellence	Recruitment – % of applications moved to shortlisting within 2 working days of vacancy closing	99.00%	Monthly	98.40%	99.80%	99.10%	99.60%	
Excellence	Recruitment – % of conditional offer letters sent within 4 working days	98.00%	Monthly	11.40%	18.00%	26.70%	56.70%	
Customers	Recruitment % Calls Handled	95%	Monthly	88.70%	97.40%	89.50%	93.40%	
NWSSP as an Org								
Excellence	NWSSP – % of vacancies approved within 10 working days	70.00%	Monthly	70.00%	73.20%	76.50%	85.70%	
Excellence	NWSSP – % of vacancies shortlisted within 3 working days	70.00%	Monthly	48.80%	54.00%	33.30%	49.20%	
Excellence	NWSSP – % of interview outcomes notified within 3 working days	90.00%	Monthly	76.10%	72.10%	65.80%	74.30%	
Student Awards								
Excellence	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100.00%	100.00%	100.00%	100.00%	
Customers	Student Awards % Calls Handled	95%	Monthly	84.90%	93.70%	94.20%	85.90%	
Primary Care								
Excellence	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
Excellence	Prescription – keying Accuracy rates (Payment Month)	99%	Monthly	99.63%	99.71%	99.83%	99.81%	
Excellence	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
Legal & Risk								
Value for Money	Savings and Successes	£65m annual target	Monthly	£10,104,300	£11,419,398	£3,668,717	£3,402,513	
Excellence	Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	98%	100%	100%	98%	
Excellence	Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	90%	93%	93%	85%	
Welsh Risk Pool								
Excellence	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	Not Available until after LAP	
Excellence	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
Excellence	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
Specialist Estates Services								
Value for Money	Professional Influence	£16m annual	Monthly	£219,639	£2,012,227	£366,155	£176,811	
CTES								
Excellence	P1 incidents raised with the Central Team are responded to within 20	80%	Cumulative	100%	100%	100%	100%	
Customers	BACS Service Point tickets received before 14.00 will be processed the	92%	Monthly	100%	100%	100%	100%	
Digital Workforce								
Customers	DWS % Calls Handled	95%	Monthly	87.90%	91.00%	77.66%	85.70%	
SMTL								
Excellence	% of incident reports sent to manufacturer within 50 days of	Under Review	Monthly	100%	88%	100%	100%	
Excellence	% delivery of audited reports on time (Commercial)	87%	Monthly	100%	100%	95%	83%	
Excellence	% delivery of audited reports on time (NHS)	87%	Monthly	Not Applicable	100%	83%	Not Applicable	



## COVID-19

The table below details the Covid expenditure incurred during April 2021 to February 2022 together with a full year forecast of our funding requirements from WG:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	4.576	5.150
Mass Vacc - PPE	2.784	2.984
Mass Vacc - non PPE non pay	0.645	0.702
Mass Vacc - pay	0.696	0.759
Social Care/Primary Care PPE	23.386	25.586
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
Adjustments from 2020/21	- 1.485	- 3.619
Annual leave accrual increase	-	0.199
<b>TOTAL</b>	<b>41.630</b>	<b>42.790</b>

## Capital

The table below identifies the £16.924m capital funding we have been allocated in our Capital Expenditure Limit updated on 9<sup>th</sup> March 2022 with an analysis of the spend to date against each of these schemes.

Scheme	Allocation	YTD Spend	Balance Outstanding	Update
	£000	£000	£000	
Hardware/Software	364	92	-272	POs raised and works/deliveries planned pre 31st March
Premises/Accommodation	163	30	-133	POs raised and works/deliveries planned pre 31st March
SMTL	15	15	0	
Laundry Services	55	34	-21	
Unallocated	3	0	-3	
<b>Discretionary Capital Total</b>	<b>600</b>	<b>171</b>	<b>-429</b>	
Laundry Services (OBC Fees)	1,411	717	-694	Updated valuation reports 25/3, accrual of committed costs to 31/3
Laundry assets transfer	3,353	1,125	-2,228	S1s signed early March - UHBs now invoiced in full
IP5 - discretionary	250	89	-161	POs raised and works/deliveries planned pre 31st March
ILARS Case Management System	348	258	-90	Awaiting final March invoice
TRAMS (OBC Fees)	932	822	-110	Awaiting final invoices/recharges of staff costs
Scan for Safety	1,566	1,286	-280	Awaiting final invoices/recharges of staff costs
IP5 - decarbonisation	586	105	-481	Majority of works completed February/March - invoice to be raised in March
HQ LED	42	27	-15	
Vehicle replacements - EV	688	0	-688	Vehicles in stock pending delivery/sign writing
EV charging infrastructure	60	0	-60	
Vehicle replacements - non EV	383	0	-383	Vehicles in stock pending delivery/sign writing
Pharmacy Refrigerators and Access Port	26	25	-1	
Storage & Aseptic Medicines Production Services	25	19	-6	
Roller racking	0	0	0	
SMTL	656	57	-599	Works finalised in March and equipment deliveries scheduled
TMU / TRAMS	53	0	-53	
PCS Scanners	362	0	-362	Delivery made in early March
Stores	173	0	-173	POs raised and works/deliveries planned pre 31st March
Laundry compressors	29	0	-29	
Additional vehicles	346	0	-346	Vehicles in stock pending delivery/sign writing
Laundry towel folder	27	0	-27	
SQL licences	79	0	-79	
Matrix House	4,928	0	-4,928	Finalising completion process by 31st March 2022
ePQS replacement	32	0	-32	
2020-21 Ventilator transfer to CTM	-8	-8	0	
2020-21 Glidescopes transfer to CTM	-23	-23	0	
<b>Additional Capital Total</b>	<b>16,324</b>	<b>4,499</b>	<b>-11,825</b>	
<b>TOTAL CAPITAL ALLOCATION</b>	<b>16,924</b>	<b>4,670</b>	<b>-12,254</b>	

The underspend to date against the capital expenditure limit is largely due to the issue of the majority of the additional funding late in Quarter 3 and Quarter 4.

Each scheme has been reviewed in detail to ensure that the funding can be fully utilised within 2021/22 and comments on the schemes with larger underspends have been included in the table above to provide reassurance.

## Welsh Risk Pool – February 2022

### Resource 2021/22

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#### Resource Utilised as at Month 11

The Welsh Government (WG) allocation for the year is £107m for clinical negligence and personal injury claims and £1.259m for Redress claims.

From 2021/22, excess expenditure over the Redress allocation will be met from the DEL budget and via the Risk Sharing Agreement where expenditure exceeds the DEL budget.

As at the end of Month 11 a total of £89.0m has been utilised by the WRP and a detailed breakdown is provided below with the 2020/21 comparator.

Expenditure type	Position as at M11 2020/21 £m	Position as at M11 2021/22 £m
Claims reimbursed & WRP Managed Expenditure	67.422	99.922
Periodical Payments made to date	14.841	16.573
Redress Reimbursements	1.451	1.897
EIDO – Patient consent	0.062	0.062
Clinical Negligence Salary Subsidy	0.000	0.633
WRP Transfers, Consent, Prompt, CTG	0.017	0.021
Movement on Claims Creditor	7.328	-30.093
<b>Year to date expenditure</b>	<b>91.121</b>	<b>89.015</b>

Since January, expenditure has accelerated compared to earlier in the year and the M11 DEL position is now very similar to the position at this point last year.

If all settled cases to the end of February had been paid and the WRP claims submitted for reimbursement by the Health Body, then the position would have been £100m.

The shortfall entirely relates to outstanding accruals for settled cases which are not accrued until the year end date. The year end WRP accruals are requested via health bodies financial returns and cannot be accrued by the Welsh Risk Pool in isolation, due to the debtor/creditor relationship between the Welsh Risk Pool and Health bodies.

A detailed exercise is ongoing throughout March to ensure the yearend position can be maximised as far as possible and within available WG resource.

## DEL FORECAST 2021/22

The DEL forecast is set out in the table below following receipt of the Month 11 Health Board and Trust returns and following a detailed review of high value cases expected to settle this year by L&Rs solicitors.

Month 11 2021/22	£000s
<b>Actual spend to February 2022 excluding Redress</b>	<b>87,756</b>
Settled cases – awaiting payment	12,560
JSM/RTM/Offer	17,845
PPO's to March 2022	64
<b>Sub Total</b>	<b>118,225</b>
PI – estimate to March 2022	292
Highly likely – RTM planned	2,000
Possible settlements before 31/03/2022	0
Estimate - 20% of Probable Claims <£200K	149
Estimate – 20% of Certain Claims <£200K	755
Estimate – Managed Claims	250
Legal & Risk – Clinical Negligence Salary costs (WG agreement)	75
Nosocomial Claims estimate	83
Estimate for Redress overspend 2021/22	987
Month 11 2021/22 DEL forecast	122,816
<b>IMTP DEL Forecast 2021/22</b>	<b>123,495</b>

The above provides some assurance that at this point in the year, case settlement profiles still indicate a resource requirement close to the £123.495m IMTP value for 2021/22. However, there is still some uncertainty with reference to the maximum forecast as the year end accruals continue to be checked and validated. And the risk factor increases over the last few weeks of the financial year, due to the potential for RTM delays or eventual settlements materially above or below forecast values.

High value cases will continue to be monitored individual throughout March, with frequent discussions with case solicitors to ensure the year end balanced position can be achieved.

## SUMMARY

The Partnership Committee are requested to **NOTE:**

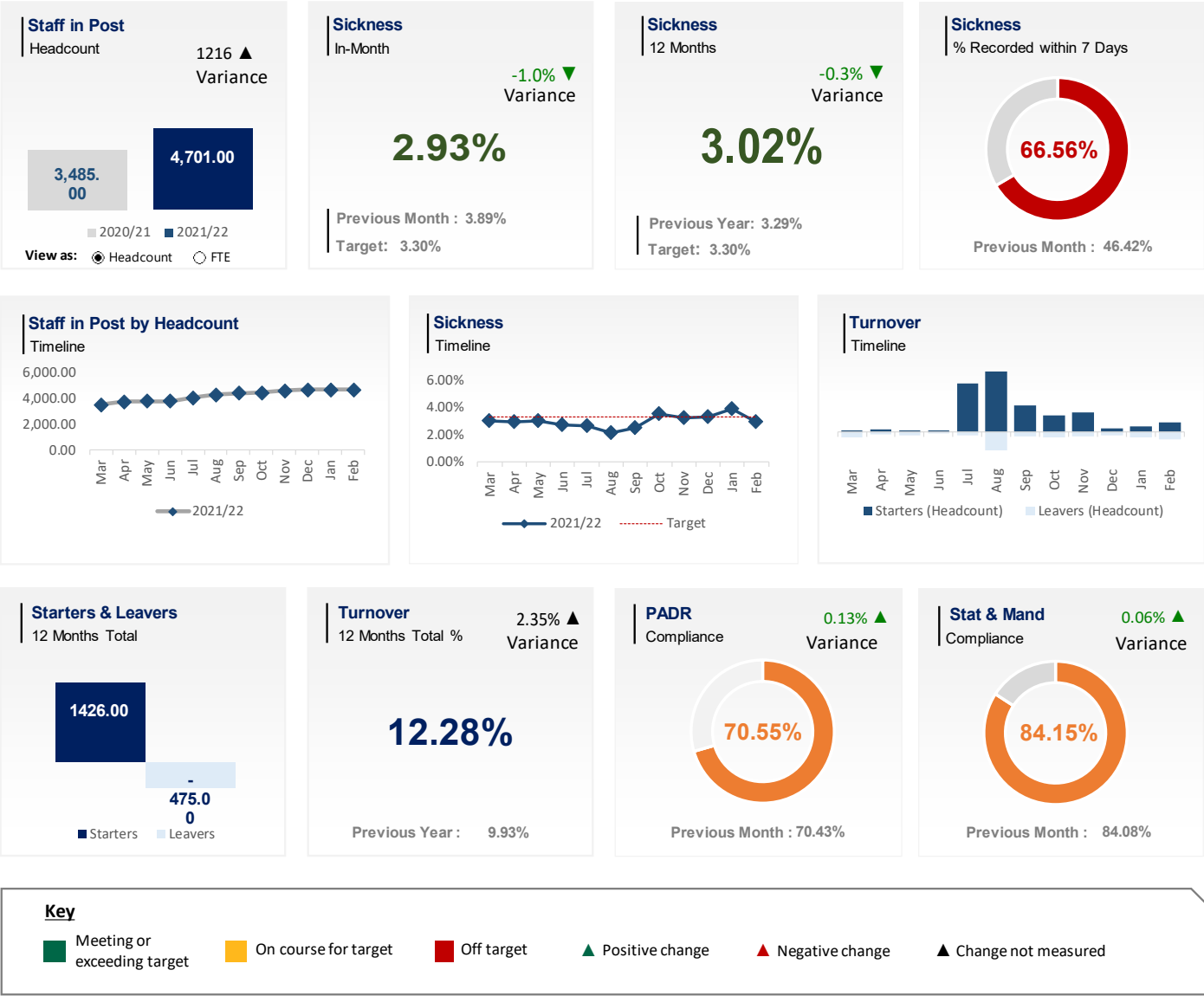
1. The NWSSP forecast outturn position for 2021/22 remains at break-even
2. NWSSP are forecasting to achieve the 2021/22 Capital Expenditure Limit
3. NWSSP are forecasting to achieve the WRP forecast outturn of £123.495m and continue to review opportunities to potentially increase the DEL expenditure in 2021/22 to reduce the burden of the forecast increased risk share requirement in future years.

NHS WALES SHARED SERVICES SENIOR LEADERSHIP TEAM  
PEOPLE AND ORGANISATIONAL DEVELOPMENT REPORT

Introduction / Summary

MEETING	Shared Services Partnership Group Meeting
DATE	March 2022
REPORT AUTHOR	Sarah Evans, Deputy Director of People & OD
RESPONSIBLE HEAD OF SERVICE	Gareth Hardacre, Director of People, OD & Employment Services
TITLE OF REPORT    Report of the Director of People, OD & Employment Services	
<p><b>PURPOSE OF REPORT</b></p> <p>The purpose of this report is to provide Shared Services Partnership Group with a comprehensive update of current workforce performance across the organisation through a range of key workforce information metrics.</p> <p>The report also provides an update on current work programmes being undertaken by the People &amp; OD Function as well as formal employee relations activity and organisational change.</p>	

Workforce Summary



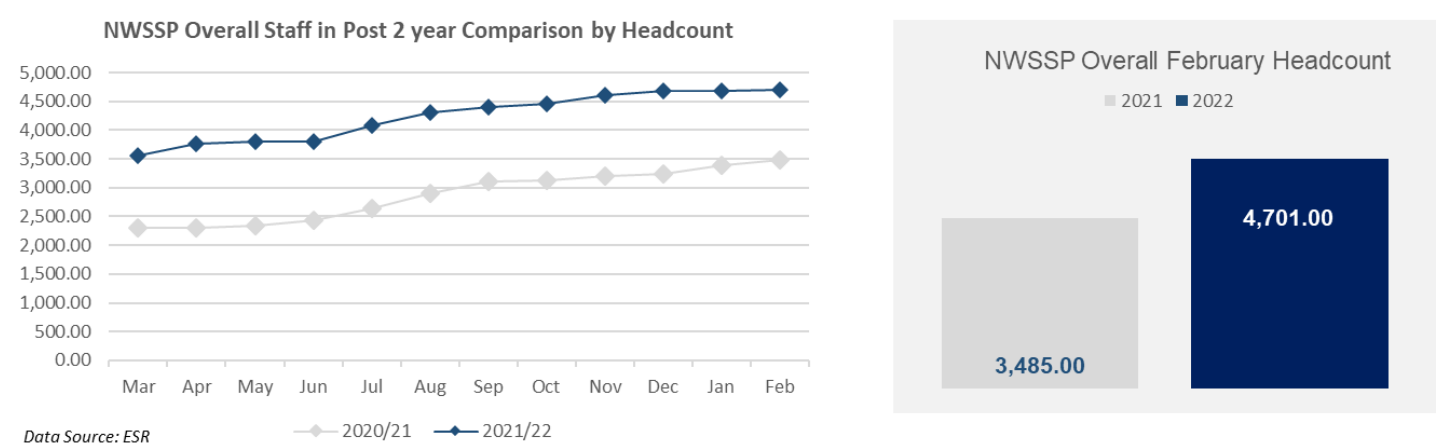
## NWSSP STAFF IN POST

The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP inclusive of Single Lead Employer (SLE) as of 28<sup>th</sup> February 2022:

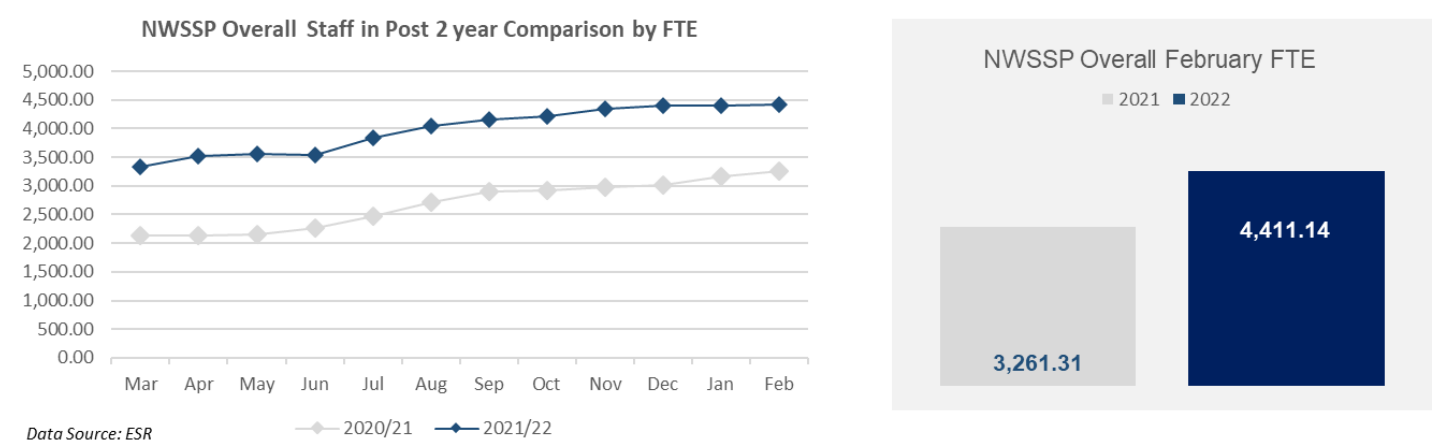
Section	Headcount		FTE		Headcount Change	
	Jan 22	Feb 22	Jan 22	Feb 22	Headcount Change +/-	Headcount Change +/- %
Accounts Payable Division	133	133	128.35	127.75	0.00	0.00%
Audit & Assurance Division	48	48	45.96	46.09	0.00	0.00%
Corporate Division	34	34	29.43	29.43	0.00	0.00%
Counter Fraud Division	7	7	7.00	7	0.00	0.00%
Digital Workforce Division	21	20	20.67	19.66667	-1.00 ▼	-5.00%
E-Business Central Team Division	13	13	12.45	12.45	0.00	0.00%
Employment Division	389	394	348.24	351.20	5.00 ▲	1.27%
Finance Division	18	18	17.57	17.56667	0.00	0.00%
Hosted Services Division	15	17	13.88	15.87546	2.00 ▲	11.76%
Laundry Division	136	134	124.30	122.30	-2.00 ▼	-1.49%
Legal & Risk Division	152	152	140.83	140.87999	2.00 ▲	1.32%
Medical Examiner Division	48	49	27.32	27.62	1.00 ▲	2.04%
People & OD Division	49	48	45.87	45.83	-1.00 ▼	-2.08%
Pharmacy Technical Services Division	1	2	1.00	2.00	1.00 ▲	50.00%
Planning, Performance and Informatics Division	30	31	29.19	30.19	1.00 ▲	3.23%
Primary Care Division	299	296	278.51	277.02788	-3.00 ▼	-1.01%
Procurement Division	704	710	656.50	663.50001	6.00 ▲	0.85%
Single Lead Employer Division	2494	2502	2387.28	2386.07	8.00 ▲	0.32%
Specialist Estates Division	49	49	48.31	47.95	0.00	0.00%
Surgical Materials Testing (SMTL) Division	26	25	23.92	22.92	-1.00 ▼	-4.00%
Temporary Medicines Unit Division	13	13	13.00	13.00	0.00	0.00%
Welsh Employers Unit Division	7	6	5.83	4.83	-1.00 ▼	-16.67%
<b>NWSSP Overall</b>	<b>4686</b>	<b>4701</b>	<b>4405.40</b>	<b>4411.14</b>	<b>15.00 ▲</b>	<b>0.32%</b>

Nwssp Overall Headcount Trajectory

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

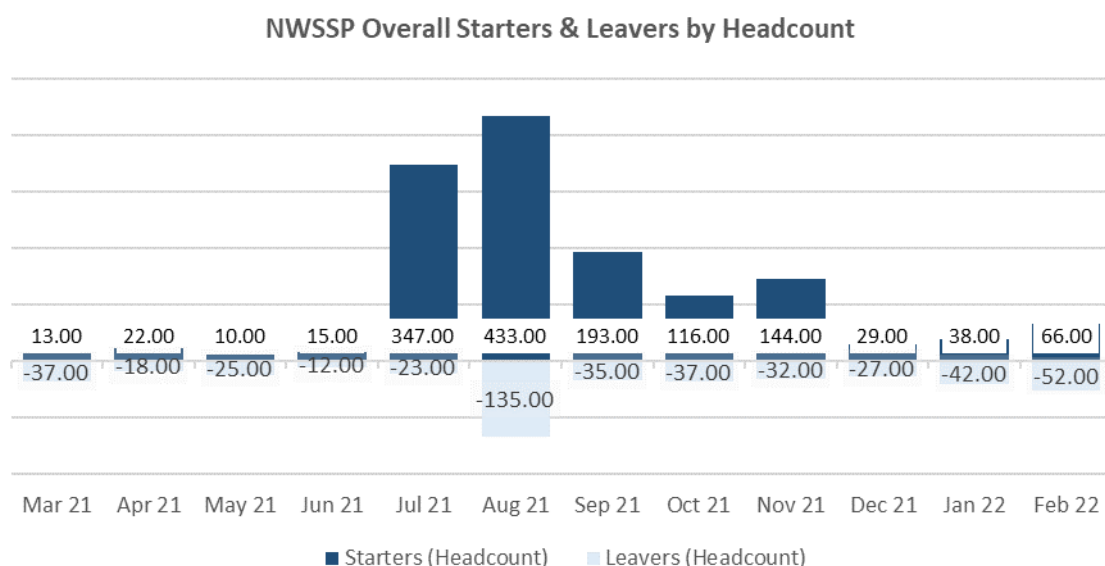


And the rolling 12-month FTE trajectory:



Staff Turnover

The turnover rate for NWSSP inclusive of SLE and GP Trainees for the period 1st March 2021 to 28<sup>th</sup> February 2022 is **12.28%** compared to **9.93%** (again inclusive of SLE and GP Trainees) for the same period last year. Turnover exclusive of SLE sits at **11.28%** an increase on the previous month which sat at **10.98%**. It should be noted that as the proportion of employees in the SLE model (Trainees) increases, the impact on the overall turnover figures in months where they complete their training (end their FT contracts), there will be a disproportionate impact on NWSSP’s overall turnover. We will therefore continue to monitor both scenarios.



## Reasons for Leaving

The top three reasons for staff leaving NWSSP (including SLE) over the last 12 months are:

Top 3 Leaving Reasons		
Rank	Reason	Headcount
1	End of Fixed Term Contract - Completion of Training Scheme	206
2	Voluntary Resignation - Other/Not Known	104
3	Voluntary Resignation - Promotion	47

Other reasons for absence during this period include end of fixed term contract (43); retirement (31); and relocation (21)

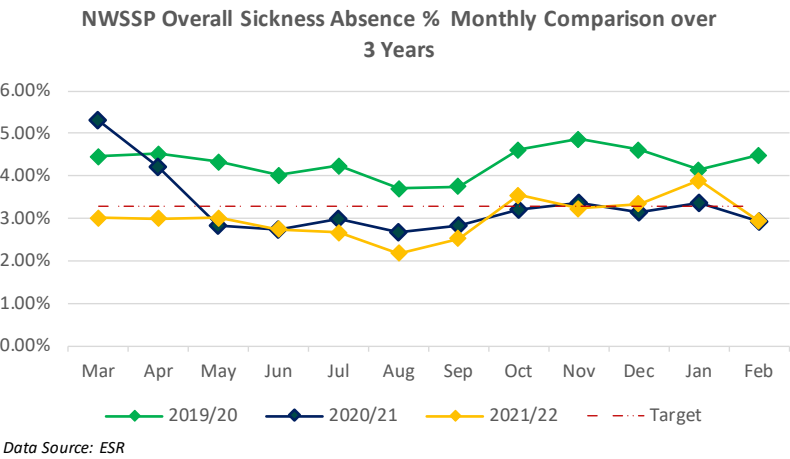
Of the **475** staff that left the organisation between March 2021 and February 2022, **196** staff left through voluntary resignation (including early retirement), equivalent to **41.26%** of all terminations. **0** dismissals occurred in February 2022.

## SICKNESS ABSENCE

The chart below shows the average sickness absence rate for NWSSP for the three years, 2019/20, 2020/21, and 2021/22:

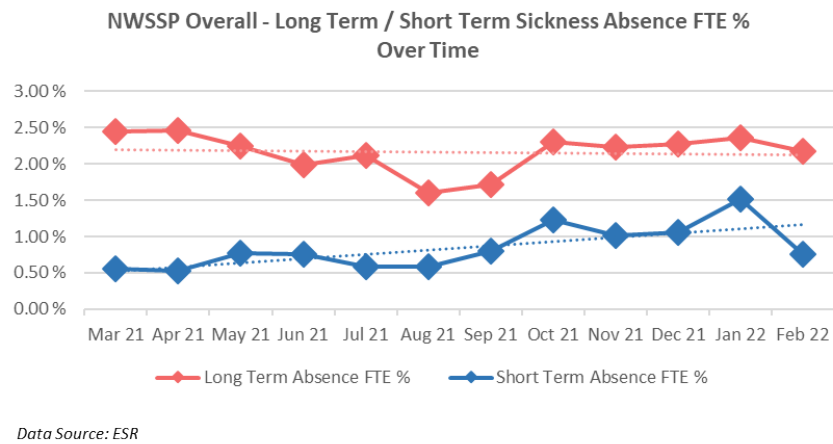


Month	Absence % (FTE)	Abs (FTE)	Avail (FTE)
Mar 21	3.00%	2,270.95	75,587.05
Apr 21	2.99%	2,177.37	72,730.96
May 21	3.01%	2,258.55	75,019.68
Jun 21	2.71%	2,710.21	100,103.74
Jul 21	2.66%	2,801.88	105,195.55
Aug 21	2.18%	2,691.55	123,419.93
Sep 21	2.51%	3,111.99	123,757.17
Oct 21	3.54%	4,607.68	130,285.54
Nov 21	3.24%	4,210.65	130,100.20
Dec 21	3.33%	4,540.66	136,245.71
Jan 22	3.89%	5,301.82	136,465.10
Feb 22	2.93%	3,624.11	123,629.25



We continue to see a decline in sickness absence with figures falling from 3.21% in January 2022 to 2.93% in February 2022. This represents a **fall of 0.36%** on the previous year with the figure then sitting at 3.29% (February 2021). However, as you can see from the line graph, we are continuing to track significantly lower than in the pre Covid period (2018/2019), with our 12 month sickness rate sitting at 3.02% (NWSSP’s target is 3.30% in line with the Welsh Government target of reducing sickness absence by 1%).

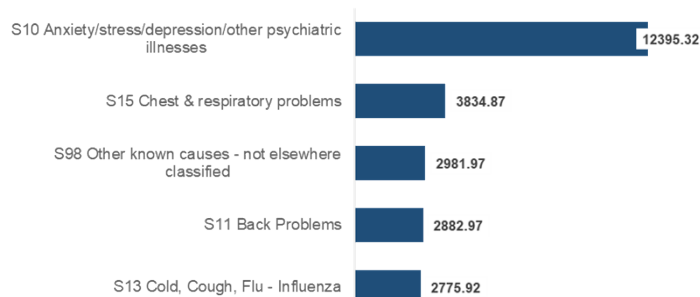
The 12-month trend in Long Term versus Short Term Sickness absence for the period 1<sup>st</sup> March 2021 to 28<sup>th</sup> February 2022:



### Reasons for Sickness Absence

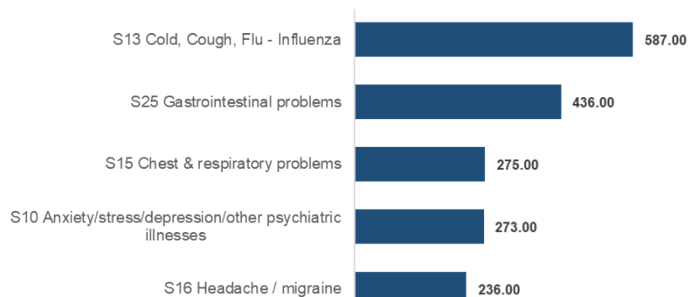
The charts below show the top five reasons for sickness absence (by headcount and FTE respectively) within NWSSP for the period 1<sup>st</sup> March 2021 to 28<sup>th</sup> February 2022:

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



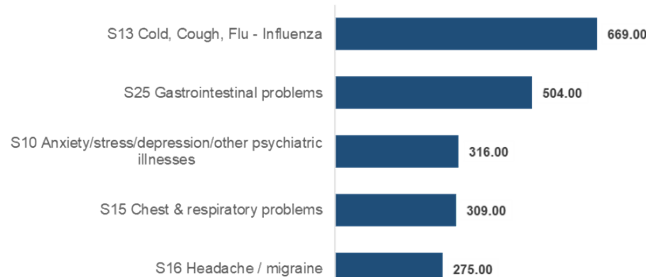
Data Source: ESR

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



Data Source: ESR

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



Data Source: ESR

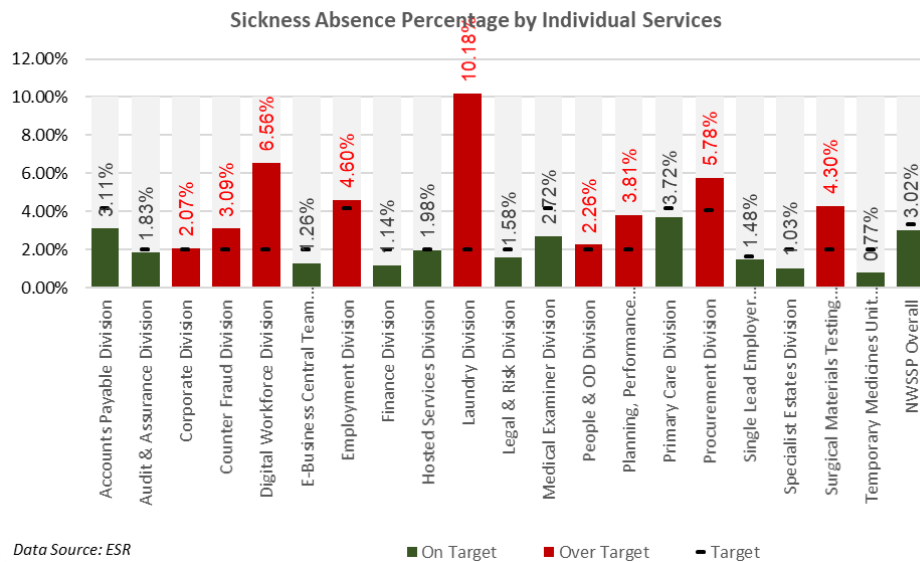
Anxiety, stress and depression continue to account for the greatest number of days lost due for sickness absence within NWSSP with just over **12,395 days lost per annum**, this accounts for a **4.95% increase** on the previous 12-month figure of 11,783 days, and a **15% increase** on the previous 12 month rolling period (1<sup>st</sup> March 2020-28<sup>th</sup> February 2021), where the figure stood at 10,534 days per annum lost.

In terms of occurrences, Cold, Cough, Flu – Influenza, record the highest number of absences at 669 in the last 12 months. This in itself has seen a rise on the previous year where Cold, Cough, Flu – Influenza accounted for 146 absence occurrences a 78.18% increase on the figures recorded for the previous 12 month rolling period (1<sup>st</sup> March 2020-28<sup>th</sup> February 2021).

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

## Sickness Absence by Service

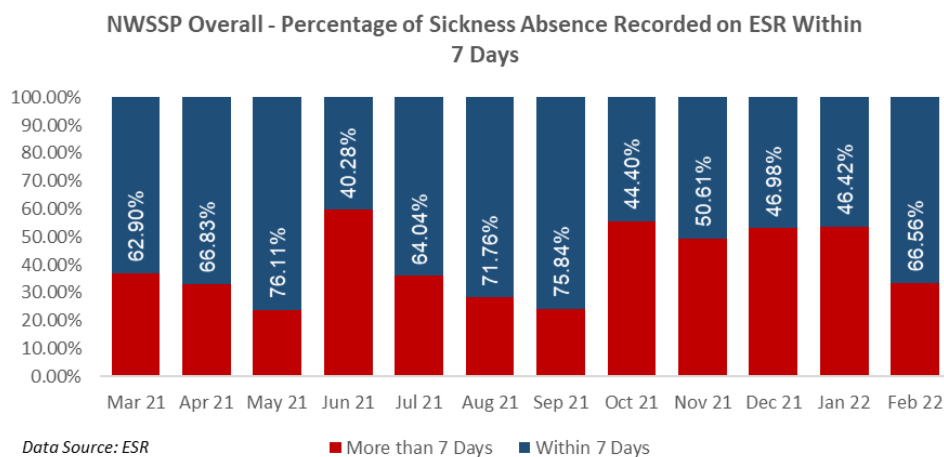
The chart below shows the average sickness absence rate for each service from 1<sup>st</sup> March 2021 to 28<sup>th</sup> February 2022:



### Percentage of Absence Entered Within 7 days

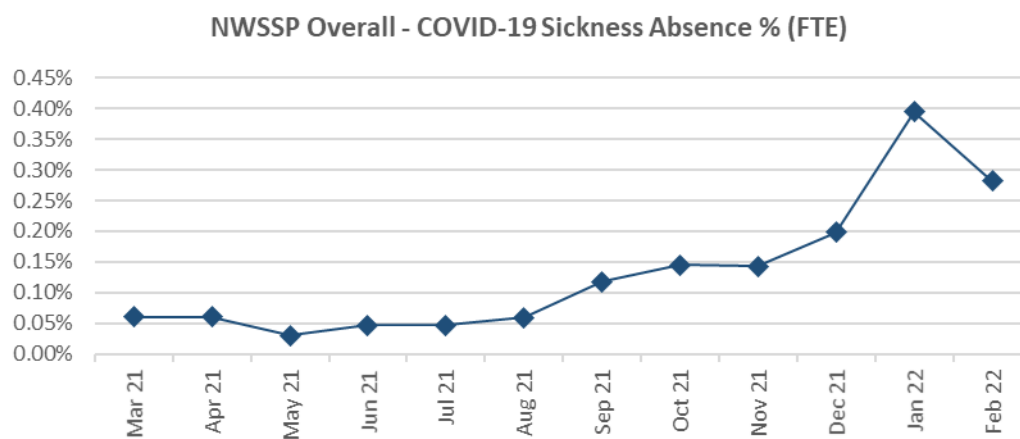
The graph below shows the percentage of absences entered ESR within 7 days of the first day of absence, in the period 1<sup>st</sup> March 2021 to 28<sup>th</sup> February 2022. At the time of reporting, **66.56%** of absence had been recorded within 7 days.

*Please note:* as more absences are recorded as starting in the month, the percentage is likely to fall as is the case with December 2021 where it was reported to SLG in January 2021 that 73.71% of absences recorded in December 2021 had been done so within the first 7 days. This figure then dropped to 50.38%.

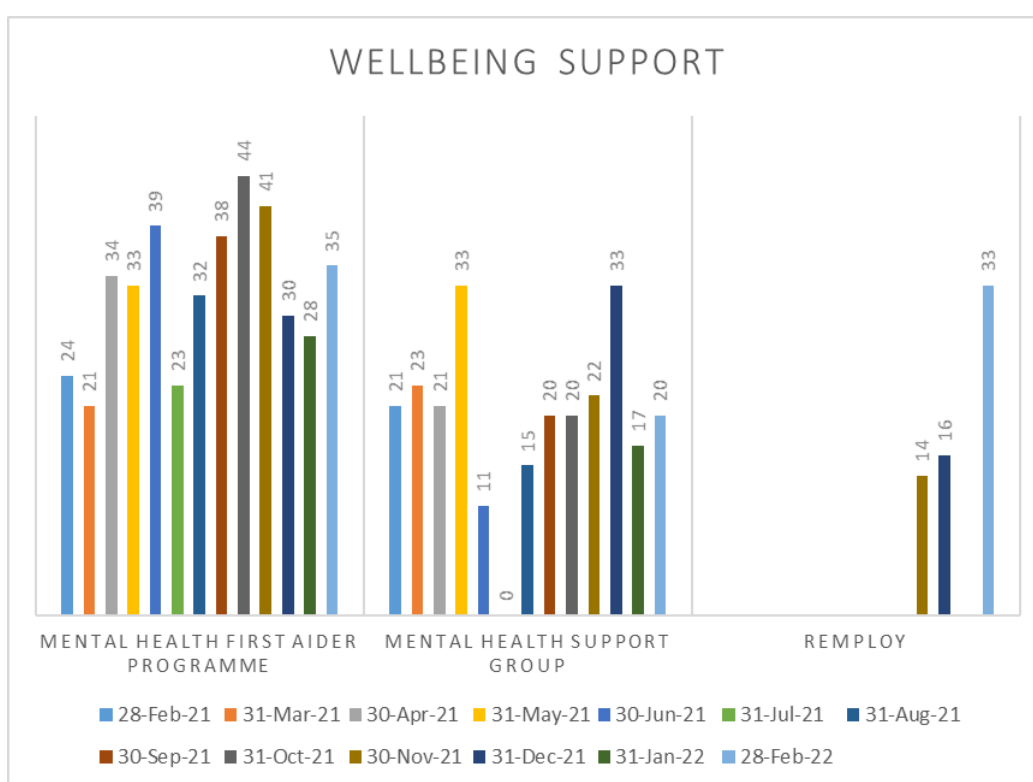


### Covid-19 Absence

Between March 2021 and February 2022 COVID-19 related absences remain **10 as at 28<sup>th</sup> February 2022** (this information was correct at the time of writing). There is currently one staff member under medical suspension, with three staff members off under Infection Precaution.



## Wellbeing Support

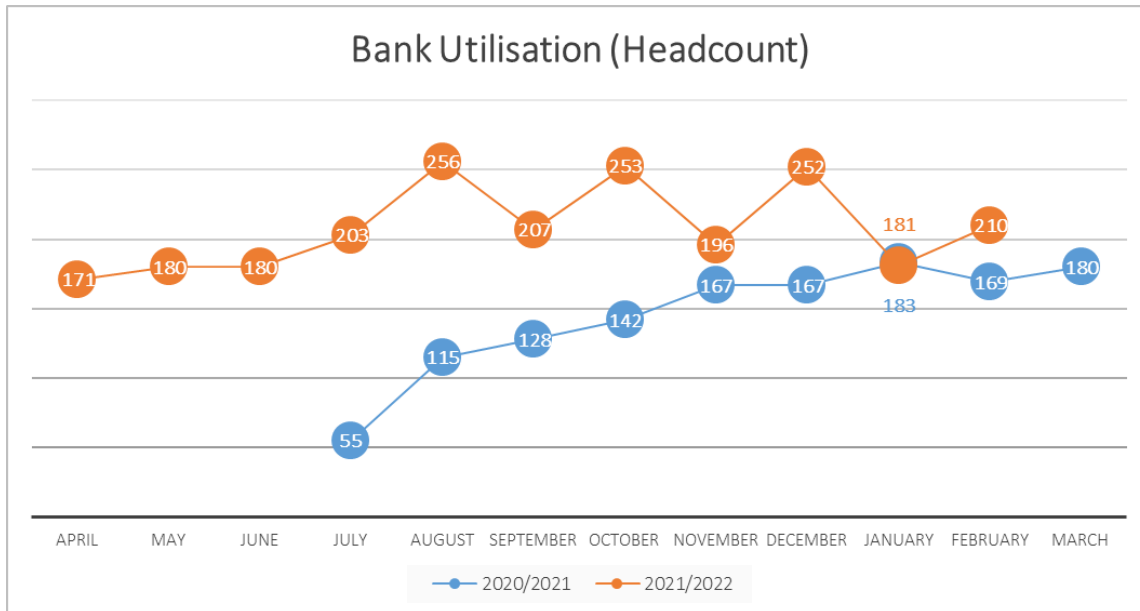


In February 2022 57% of our wellbeing support to date has been provided by the Mental Health First Aiders (MHFA). The Mental Health Support Group is also evolving with a further 33 people engaging with the group (a total of 256 since its inception), and support from Remploy is starting to build with 33 members for staff engaging with the service in the last month (63 since November 2021).

## BANK AND AGENCY

### Bank Usage

February 2022 has seen a slight rise in the number of bank workers engaged from a headcount of 181 in January 2022 to 210 in February 2022 (14.23%).



During this period, **net spend on bank has been recorded as £244,244**, an increase of £13,093 on the previous month.

£127,887 contributed by HCS/Procurement (a £20,752 increase on the previous month). The service are currently utilising 79 of the 210 bank staff (37.61%); Employment Services have also increased their support numbers, by a further 12 to 38.

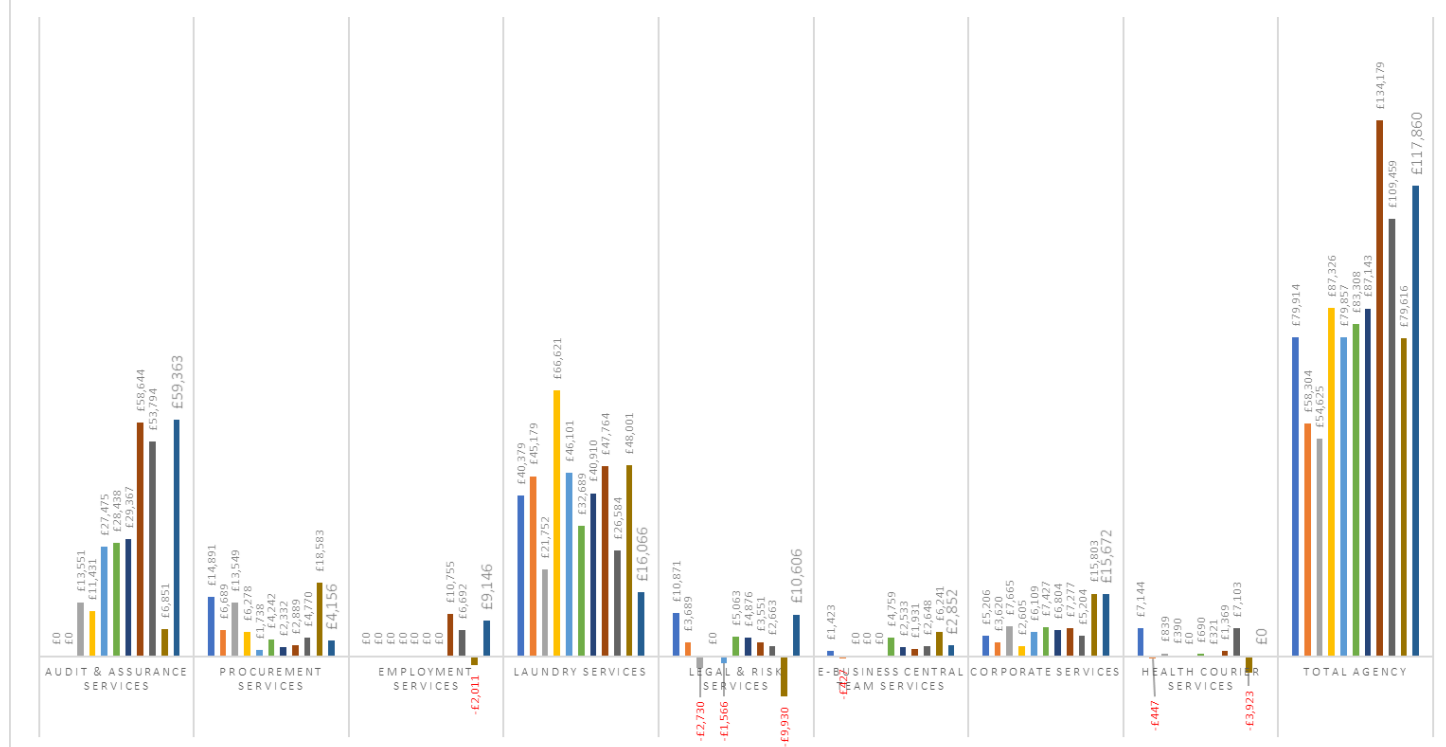
Service	Dec-21			Jan-22			Feb-22		
	£	WTE	# of People	£	WTE	# of People	£	WTE	# of People
Accounts Payable	0	0	0	0	0	0	0	0	0
Audit & Assurance	842	0	0	-646	0	0	-111	0	1
Collaborative Bank	23,381	5	38	19,094	5	0	19,907	5	0
Corporate Services	26,123	7	35	14,787	6	20	14,223	7	29
E-Enablement	88	0	1	563	0	1	709	0	2
Employment	10,177	11	26	28,298	12	27	28,898	12	38
Health Courier Services	90,704	43	85	40,504	26	37	44,898	25	38
Laundry Services	30,520	11	16	23,506	11	19	17,160	12	24
Legal & Risk/WRP	-4,459	6	14	23,937	6	15	18,411	4	22
Primary Care	4,798	5	8	8,399	5	6	6,168	3	12
Procurement	100,762	41	63	66,631	39	54	82,989	42	41
Planning, Performance & Informatics	363	0	0	833	1	1	3,564	1	1
SMTL Surgical Materials Testing Lab	0	0	0	0	0	0	0	0	0
Specialist Estates	1,406	1	1	5,246	0	1	7,429	1	2
<b>Total</b>	<b>284,705</b>	<b>129</b>	<b>287</b>	<b>231,151</b>	<b>111</b>	<b>181</b>	<b>244,244</b>	<b>112</b>	<b>210</b>

## Agency Usage

Data provided by Finance suggests that in February 2022 **we engaged a total of 46 workers from Agencies** (down from 55 the previous month). Of those, 27 (38 previously) were within Laundry accounting for 49.1% of the total placements; 7 were in Audit & Assurance (12.73%), 5 were within Procurement (9.1%), 3 in Counter Fraud (5.45%); 2 within Corporate Services (3.64%); and 1 each within the E-Central team and Legal & Risk Service (1.82% each).

## AGENCY SPEND (£)

■ Apr-21 ■ May-21 ■ Jun-21 ■ Jul-21 ■ Aug-21 ■ Sep-21 ■ Oct-21 ■ Nov-21 ■ Dec-21 ■ Jan-22 ■ Feb-22



Total agencies spend for the month came in at **£117,860**. This represents a marked increase in spend of **£38,244** from **£79,616** in January 2021.

Service	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Audit & Assurance Services	£0	£0	£13,551	£11,431	£27,475	£28,438	£29,367	£58,644	£53,794	£6,851	£59,363
Procurement Services	£14,891	£6,689	£13,549	£6,278	£1,738	£4,242	£2,332	£2,889	£4,770	£18,583	£4,156
Employment Services	£0	£0	£0	£0	£0	£0	£0	£10,755	£6,692	£-2,011	£9,146
Laundry Services	£40,379	£45,179	£21,752	£66,621	£46,101	£32,689	£40,910	£47,764	£26,584	£48,001	£16,066
Legal & Risk Services	£10,871	£3,689	£-2,730	£0	£-1,566	£5,063	£4,876	£3,551	£2,663	£-9,930	£10,606
E-Business Central Team Services	£1,423	£-447	£0	£0	£0	£4,759	£2,533	£1,931	£2,648	£6,241	£2,852
Corporate Services	£5,206	£3,620	£7,665	£2,605	£6,109	£7,427	£6,804	£7,277	£5,204	£15,803	£15,672
Health Courier Services	£7,144	£-447	£839	£390	£0	£690	£321	£1,369	£7,103	£-3,923	£0
TOTAL AGENCY	£79,914	£58,304	£54,625	£87,326	£79,857	£83,308	£87,143	£134,179	£109,459	£79,616	£117,860

## Bank Development

The All Wales contract for HealthRoster was awarded in January 2020. NWSSP joined the contract to support some of its variable pay areas with payroll (eradication of timesheets) and filling of temporary staffing vacancies,.

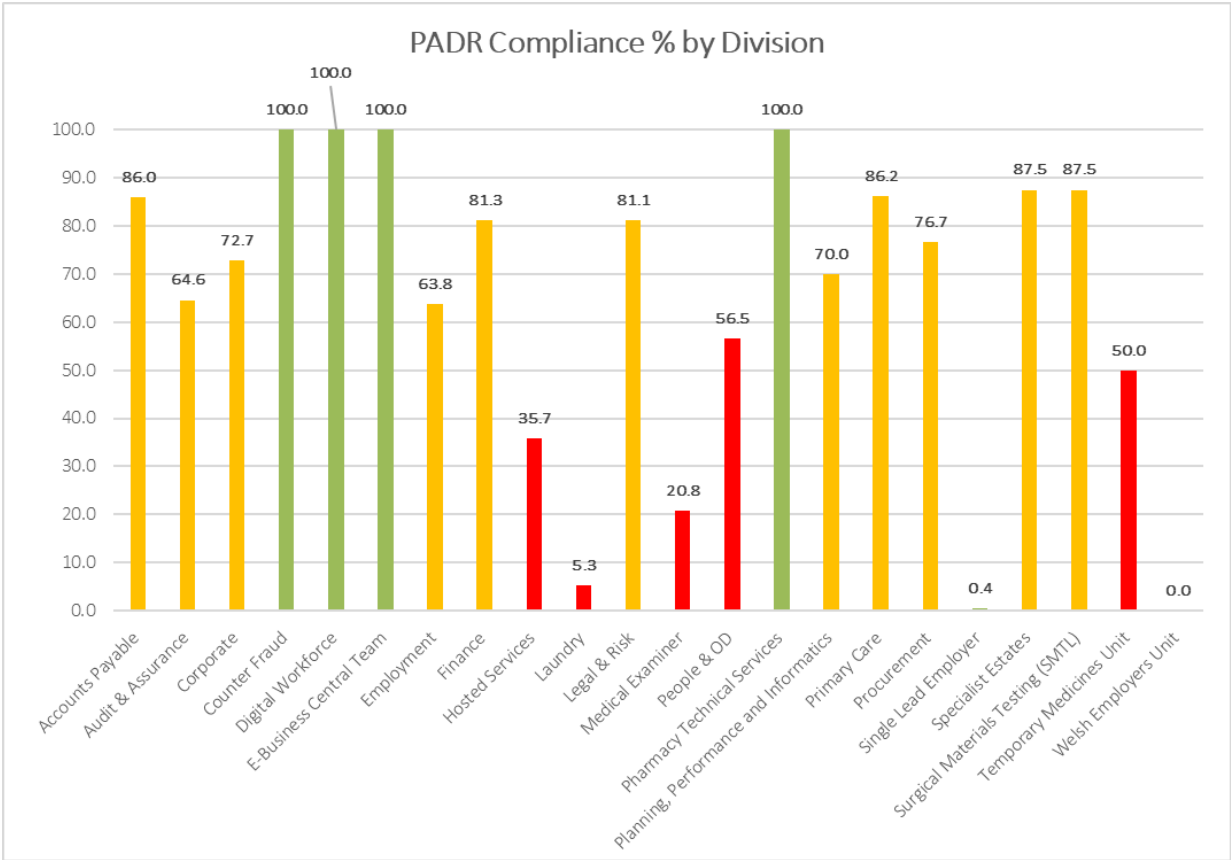
Work to date has focussed on configuration of the system; ensuring DPIA and appropriate Information Governance and Cyber governance is in place; creating a helpdesk to assist staff with queries; creating the required financial structures in the system, policy development with HR colleagues (which will be shared with LPF colleagues for comment); Interfacing ESR to the rostering system to ensure all changes related to starters, leaver and payscale changes automatically feed through.

The system has been rolled-out to support the NWSSP Bank Transformation agenda, which has been largely successful in supporting an increase to our current Bank workforce pool and eased the administration burden related to the processing of weekly/monthly timesheets, and efficiencies in payroll via timesheets being received by a file transfer (FTP) directly to ESR for payment. The roster team have been working with six unit areas. 3 laundry sites have made exceptional progress with rosters created and training delivered.

In line with Health Boards and Trusts across Wales and to create efficiencies in our processes; reduce manual input errors; and to ensure accuracy of annual leave due, a decision was taken to move those engaged on our Bank from the accrual of annual leave to be taken or paid at the request of the individual, to payment of the 12.07% working time directive payment at the point of payment for the shift worked. The benefit of this new format is also for those working hours at enhanced rates, for example at weekends, bank holidays, or after 8pm on weekdays, as the 12.07% will be applied to the enhanced rates of pay (unlike the current method where this has been applied to the basic rate of pay only).

PADR

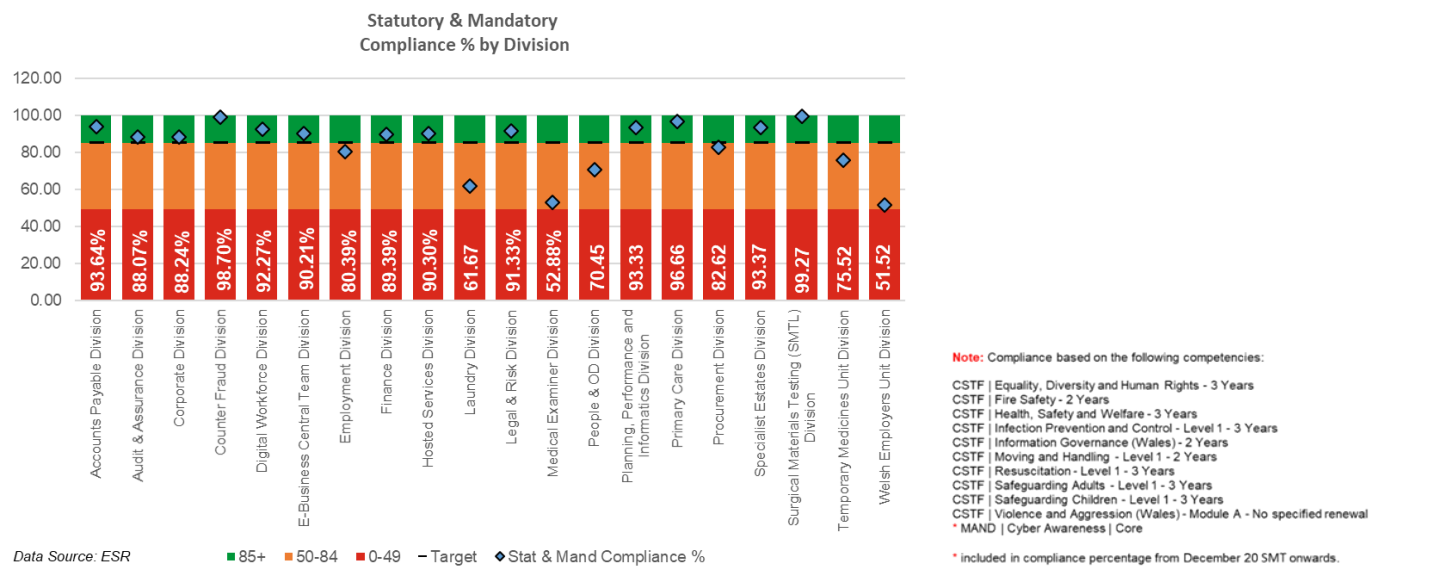
NWSSP completed **70.55%** of Appraisal Reviews as of 28<sup>th</sup> February 2022, excluding new starters for 3 months, bank workers, GP trainees and those staff who are on career break, maternity & adoption, external secondment or suspension. This represents an increase of **0.12% point** on the data recorded for 31<sup>st</sup> January 2022 where the figure sat at 70.43%.



LEARNING COMPLIANCE

Statutory and Mandatory Training

NWSSP is currently **84.15%** compliant with the Core Skills Training Framework, which is above the recognised minimum standard for statutory and mandatory training. This figure continues to improve. *Please note this excludes SLE trainees and bank workers.*





## PEOPLE AND OD DEVELOPMENTS

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### ► AGILE WORKING

The Agile Programme Board met on 8th February 2022 and it was agreed that the Board would stand down for the time being to enable the Agile Estates Project to focus on driving the accommodation strategy and associated desk booking applications.

The work Elena Holmes and Samantha Graf had undertaken for the agile project was recognised and the whole team were commended for their input and keeping the project on track. As the work was transitioning to becoming business as usual, it was agreed that People and OD along with our Trade Union colleagues, would coordinate the Agile approach and support the organisation to embed our new ways of working.

The Agile Programme Board would meet again in July 2022 to review the strategy and approach and if necessary, table refreshed documents at SLG in August 2022. Following this, it is intended that the agile strategy and toolkit will be reviewed in the normal three year policy cycle.

### ► DIVERSITY AND INCLUSION

151 people responded to the inclusion survey that was run at the end of last year. Overall the response indicated that the organisation was an inclusive place to work although staff would like to see a more diverse workforce. As a brief summary the themes were as follows:

- Employees felt the organisation was inclusive, but that there was a lot more work that could be done.
- Employees didn't feel represented when looking at their leaders.
- It was felt that the recruitment and progression practices were biased, and that there was an element of unconscious bias – ie we're unconsciously hiring people 'like us'.
- Employees liked the idea of networks supporting diversity but weren't sure they would have time to attend – we have also heard this from members of the current LGBTQ+ network, Proud. They are unsure if they have "permission" to attend.
- Some employees felt that too much attention was paid to minorities, and that some groups of people were protected more than others.

It was the intention that these themes would be discussed at the Equality, Diversity & Inclusion Group on 15<sup>th</sup> Feb but this was unfortunately postponed due to unforeseen external factors. These themes will be explored in more detail, along with a wider action plan at the next meeting which is being re-scheduled to take place at the earliest opportunity.

### ► HEALTH & WELL-BEING

No further updates this month

### ► LAUNDRY TRANSFORMATION

#### Pulse survey

A survey has recently been undertaken with the laundry workforce to identify how their first 9 months in NWSSP have been. There has been a very low uptake however we have been able to identify a number of themes to work on. An action plan will now be drawn up to take identified activity forward.

## RRP

Confirmation has been provided that the Recruitment and Retention Premium will be removed on 31<sup>st</sup> March 2022. We are currently working with the 3 technicians in Green Vale who will be affected. A recent recruitment round has resulted in 2 multi skilled technicians being appointed in Swansea Laundry and 1 in Greenvale.

As with North Wales we will be arranging visits to both Greenvale and Swansea Laundries to provide an opportunity for the workforce to discuss any issues they may have.

## ► LEARNING & DEVELOPMENT

Staff across NWSSP completed the following courses during February 2022:

Service Area	Completed
<b>043 Accounts Payable Service</b>	<b>8</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	3
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	3
043 NWSSP Performance Appraisal virtual class via Zoom, 23/02/2022	2
<b>043 Audit &amp; Assurance Service</b>	<b>3</b>
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	3
<b>043 Cental Sourcing Service</b>	<b>6</b>
043 NWSSP Workforce Polices in Practice - Virtual Class Via Zoom 10/02/2022	2
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	3
043 NWSSP Fixed Term Contract Workshop, 24/02/2022 - Virtual Class	1
<b>043 Corporate Procurement Service</b>	<b>2</b>
043 NWSSP Fixed Term Contract Workshop, 24/02/2022 - Virtual Class	1
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 E-Business Central Team Service</b>	<b>1</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
<b>043 Engagement &amp; Support Service</b>	<b>5</b>
043 NWSSP Workforce Polices in Practice - Virtual Class Via Zoom 10/02/2022	2
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	2
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 Expenses Service</b>	<b>1</b>
043 NWSSP Workforce Polices in Practice - Virtual Class Via Zoom 10/02/2022	1
<b>043 Finance Service</b>	<b>2</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	2
<b>043 Hosted Services Service</b>	<b>1</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	1
<b>043 Legal &amp; Risk Service</b>	<b>15</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
043 NWSSP Workforce Polices in Practice - Virtual Class Via Zoom 10/02/2022	3
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	2
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	4
043 NWSSP Performance Appraisal virtual class via Zoom, 23/02/2022	2
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	3
<b>043 Local Procurement Service</b>	<b>7</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1

043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	2
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	1
043 NWSSP Performance Appraisal virtual class via Zoom, 23/02/2022	3
<b>043 Medical Examiner Service</b>	<b>2</b>
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	1
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 Payroll Service</b>	<b>1</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	1
<b>043 Pension Service</b>	<b>2</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	1
<b>043 People &amp; OD Service</b>	<b>3</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	1
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	2
<b>043 Planning, Performance and Informatics Service</b>	<b>3</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	1
043 NWSSP Fixed Term Contract Workshop, 24/02/2022 - Virtual Class	1
<b>043 Recruitment Service</b>	<b>6</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	2
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	3
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 Student Awards Service</b>	<b>1</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	1
<b>043 Supply Chain, Logistics &amp; Transport Service</b>	<b>5</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
043 NWSSP Workforce Policies in Practice - Virtual Class Via Zoom 10/02/2022	1
043 NWSSP Fixed Term Contract Workshop, 24/02/2022 - Virtual Class	3
<b>043 Surgical Materials Testing (SMTL) Service</b>	<b>3</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	2
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 Transaction Service</b>	<b>1</b>
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>Grand Total</b>	<b>78</b>

## ► THIS IS OUR NWSSP (CULTURE PROGRAMME)

Following a survey that was completed by staff regarding what they felt the NWSSP values meant to us, the Change Champions have taken part in a workshop to look at the data received and develop statements related to each value that will be used as part of a behaviour framework. The Comms team have also been involved in this and are working on new imagery which will align with the way in which the organisation identifies with the values. The intention is that this framework will be launched in April along with a fresh view of the way in which staff can use the values within working practices.

## ► KICKSTART

All Kickstart vacancies have closed and as indicated in the previous report vacancies have been left unfilled. Of 31 vacancies, 7 have been successfully filled as follows:

Service	Role	Successful candidates
Surgical Materials Testing Laboratory	Administrative Assistant	1
Procurement Services	Store and Warehouse Operatives	4
Employment Services	Recruitment Assistant	2
<b>Total</b>		<b>7</b>

The following points should be noted when considering the recruitment rate:

- NWSSP joined the Kickstart programme towards the end of the life of the project and many service users have found posts elsewhere or are now looking at other opportunities
- A number of applicants did not respond to interview invitations or did not attend interview.
- Success rates were higher where NWSSP services engaged in Kickstart recruitment events at job centres
- With the exception of one candidate, all those interviewed were offered employment

All applicants will be in post by 31<sup>st</sup> March and will undertake a bespoke induction followed by a series of employability workshops throughout their 6 month placement. Pastoral support will be provided by People & OD who will undertake regular development reviews alongside line managers.

## ► TRANSFORMING ACCESS TO MEDICINES (TRAMS)

### 1. Programme Board

Agreed that 2 subgroups would be set up to support the Programme, namely Finance and Clinical. Ruth Alcolado has kindly agreed to chair the group and are currently seeking nominations from HB\T to sit on the group.

The Workforce Subgroup met on 10<sup>th</sup> February 2022 and were provided with an update from the Project Manager (Peter Elliott) and Pharmacy Technical Services Director (Colin Powell). In relation to the workforce, Colin advised that three Science Training Programme places had been secured and would be placed in existing large units. The aim being that in three years the post holders would be appointable into roles that have been traditionally held by pharmacists.

### 2. OCP

The group were also told that he and Samantha Graf had been working on the first draft of the OCP relating to the senior leadership tier. Further partnership work was needed to understand what roles were likely to be impacted by this first stage of the OCP. In tandem, an EQIA was being drafted and the intention was for a small working party, including key trade union colleagues to would review the document and ensure that it is compiled using accurate evidence-based data from the Health Boards and Trusts.

The consultation documentation drafted needs to be ratified by NWSSP then aim to aim to go to consultation in May 2022.

### 3. Hubs

SEW – looking to modify the existing design to include some value engineering options to bring down the costs.

SWW&NWW – work underway to identify possible locations for the hubs. Scoring matrix is currently in development to determine most appropriate location. Several engagement sessions are planned with staff and strategic HB planners. In the SWW there has been engagement with the ARCH project.

#### 4. Workforce

Funding has been secured for

- 3 Trainees on the Scientist Training Programme – starts September 2022 ends 2025. Trainees will be placed in the 3 largest units i.e. St Mary’s (C&V), Singleton and Wrexham.
- 3 Trainees on the Science Manufacturing Technician Course – starts March 2022 ends 2024 (allocation yet to be decided).
- % Band 3 posts to support the transition from the existing service to TrAMs, these will be placed 1 each in SBU, HD, VCC, St M and Wrexham.

OCP 1 structure discussed at TrAMs Workforce subgroup 10<sup>th</sup> February. Job Descriptions for Tier 1 are being matched, Job Descriptions for Tier 2 National posts are under development.

The Job Evaluation Team were complimented for supporting the project with key roles. Given the complexity of the roles being evaluated the responsiveness of the team was noted, in their support to get the job descriptions over the line in readiness for consultation.

#### ► WELSH LANGUAGE

The demand for our translation services is ever increasing.

##### Translation services:

During the months of October, November and December these are the total words we’ve translated for the following organisations:

Organisation	Word Count
NWSSP	589,285
NHS Employers (All Wales Policies and JDs)	10,470
DHCW	146,613
Velindre NHST	141,958
PHW	155,209
Value in Healthcare (hosted by CTMUHB)	20,428
WHSSC (hosted by CTMUHB)	30,975
HEIW	5,538
<b>Total words translated &amp; Proof Read Nov</b>	<b>1,100,476</b>

The work being undertaken to support the Welsh Risk Pool on the Eido Healthcare Patient Leaflets continues and another 20 leaflets have been proof-read and quality assure.

DHCW are still establishing with their Director of Finance funding for 22/23 it is now anticipated that the funding will cover between 1.5 or 2 FTE translators.

WAST contacted the Welsh Language Services Manager before Christmas with a request to translate the 111 Service web-pages and other text, as their SLA with BCUHB have run into difficulties following staff leaving the translation unit at BCUHB. The work is scheduled for January – March 2022 and will equate to approximately 100,000 words.

WAST have also been in touch about advice on recruiting a Translator for WAST and for NWSSP to offer additional support to cover leave, sickness and the increase in demand for translation services. Discussions are ongoing at present. It is anticipated that an SLA may well be required beyond April 2022/23, but at this stage no concrete information is available.

Further to the report in November, I have been updated by ABUHB that the Welsh Language Services Manager at ABUHB will be taking up an Equality, Diversity and Inclusion role at CTUHB. This means that ABUHB will be looking to recruit a new Welsh Language Services Manager and to also recruit a translator to meet demand as well as approach NWSSP to provide backup support for translation services through an SLA.

Previously ABUHB have used freelance translators and Caerdydd Dwyieithog the translation unit at Cardiff Council, who charge 8pence a word and there have been several complaints made about the standard of translation services. As a consequence we are expecting to hear from the new WFOD Director at ABUHB to discuss further, upon recommendation and advice given by the current Welsh Language Services Manager at ABUHB.

In terms of CTMUHB, the new Welsh Language Services Manager is Ben Screen. There has been no contact made from CTMUHB for translation support, other than two hosted programmes, WHSSC and Value in Healthcare receiving translation support from the Welsh Language Unit at NWSSP.

HEIW are also facing difficulties recruiting translators and have approached us for support with immediate effect. We've agreed to support them with up to 10,000 words per week, if they require that support between December 2021 and March 2022. During this time we will discuss the opportunity to formalise this support via an SLA.

#### **Welsh Language Unique Enquiries October 2021:**

<b>Nature of the enquiry</b>	<b>Number of enquiries received</b>
Service Delivery Standards Enquiries	17
Operational Standards Enquiries	3
Procurement of Services Enquiries	4
Generic advice on Welsh language matters	27
Enquiries on service improvement (across all services)	2
Clarity on the need to translate	3
Training and learning	32
Enquiries from other NHS organisations	10
Enquiries from Welsh Government	1
Enquiries from Welsh Commissioner	0
<b>Total</b>	<b>99</b>

#### **Welsh Language Services Manger's Active Projects November:**

- FPPS GP - Primary Care Services
- Performers List Project – Primary Care Services
- ESR – Welsh language portal skin – People and OD Complete.  
Now need to work with Director of People and OD and Employment Services and Assistant Director of People and OD on a comms strategy to inform HB's and Trusts on the development and launch of the Welsh portals.
- Contact Centre Scoping Project – Audit and Assurance and PMO  
Questionnaires have gone out bilingually to all HBs and Trusts in the first batch of consumer research. Awaiting results of the survey.
- Student Awards & Student Streamlining system improvement – Service Improvement and HEIW has been completed.
- Adverts and JDs for Student Streamlining stakeholders are being translated to enable the HB's to be compliant in advertising their Student Streamlining vacancies bilingually – ready before Christmas.
- Student Bursary/Streamlining Procurement – PMO
- Review of Telephony Systems with NWSSP Planning & IT
- Review of Training module
- Review of Corporate Induction module
- Drafting of Bilingual Skills Strategy and Protocols
- Management of quality of translations on behalf of WRP of the Eido Healthcare Patient Information Leaflets.
- Involved in advising on the Health Roster Project
- Welsh language taster sessions have proven to be popular with staff and more scheduled before end of financial year and early spring.
- Planning Welsh language sessions on:
  - Opening and closing meetings
  - Greeting customers
  - Opportunities to practice Welsh in lunch and learn sessions for Q4 in Jan, Feb, March.
- Standard Operating Procedure for advertising and uploading JDs in both Welsh and English is in draft format currently with People and OD to finalise. Drafting Comms Plan for Recruiting Managers for April – June with a view to advertising all vacancies bilingually. Recruiting managers deterred from advertising Welsh not a required skill in the People & OD newsletter
- About us information on TRAC updated and translated as well as Candidate Information updated and translated.
- Plans on Pages are currently being looked at by the Welsh Language Services Manager to identify potential areas for Welsh language support services and translation for 2022/23.

### **Staffing at the Welsh Language Unit**

The current staffing structure in the Welsh Language Unit is as follows:

- Welsh Language Services Manager with overall responsibility
- Translation Manager with responsibility for operational day to day management of distribution of work and performance.
- 3 x Translators working full-time (2 permanent, 1 permanent) one position is currently vacant and will go out to advert in November 2021 for a full-time permanent vacancy.
- 2 x Translators working part-time (1 x 15hrs p/w, 1 x 30hrs p/w)

In our last recruitment drive, we offered a full time, permanent position to the translator that was on a fixed-term contract. However, we still have a vacancy to fill and intend on going back out to advert for a Band 5 translator. In March. Due to complexity of our work and increasing clients, we currently have another Band 6 Translation Manager to manage operational delivery of services for our growing portfolio of clients.

The Translation Bank became operational in November. The bank currently has 6 translators. Four of the 6 currently take on work for us on a weekly basis at present, due to the demand exceeding our core team capacity. Two of the translators on the bank are not operational as they have other full-time jobs.

Given the demand on the service at this present time, we will need to look at other means of growing our capacity to deliver more translation services in 2022/23. The market for professional and experienced Translators is fragile and highly competitive, and we will need to explore opportunities to attract the right people with the right skills and experience to join the team in 2022/23.





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**AGENDA ITEM:**  
**24 March 2022**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Update – March 2022**

<b>ARWEINYDD: LEAD:</b>	Peter Stephenson Head of Finance & Business Development
<b>AWDUR: AUTHOR:</b>	Peter Stephenson Head of Finance & Business Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</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 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 Leadership Group (SLG) 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 ✓):**

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

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

## **NWSSP CORPORATE RISK REGISTER UPDATE March 2022**

### **1. INTRODUCTION**

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

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

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

<b>Current Risk Rating one</b>	<b>March 2022</b>
Red Risk	2
Amber Risk	9
Yellow Risk	0
Green Risk	1
<b>Total</b>	<b>12</b>

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

There are now two red risks, one relating to the current pressures on the recruitment and payroll functions in particular, due to the unprecedented increased in demand for their services across NHS Wales. This is the subject of the deep dive earlier on the agenda. The second red risk is a new risk and is highlighted below.

#### **2.2 New/Deleted Risks**

There are two new risks that have been added to the register since the last meeting of the Committee. These are:

- Given the current level of PPE stock holding there may be items that reach their end of life (expiry date) before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP. Adverse publicity on this topic has already been in the national press in England and we are taking steps to minimise any write-offs; and
- A new risk has been added related to the war in Ukraine and the likely impact on prices of goods, not least, but not restricted to energy costs. There is a separate paper on the agenda focused on the potential rise in energy costs for NHS Wales, and a paper will also be brought to the May Committee that considers the wider impact of price rises across all goods, services, and consumables.

### 3. RISKS FOR MONITORING

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

Current Risk Rating	March 2022
Red Risk	0
Amber Risk	0
Yellow Risk	2
Green Risk	6
<b>Total</b>	<b>8</b>

### 4. RECOMMENDATION

The Committee is asked to:

- **NOTE** to the Corporate Risk Register as at March 2022.

## Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
Risks for Action												
A1	The Northern Ireland model procured to replace the NHAIS system fails to deliver the anticipated benefits within required timescales impacting the ability to pay GPs (Original risk added April 2017)	4	5	20	Legal Counsel advice received. PMO Support Project and Programme Boards in place Heads of Agreement signed	2	5	10	Programme and Project Boards to review progress in lead-up to go-live date for GP payments. Consider options for extension of Local Hosting Arrangements until mid-2022 for PCRM.	Although the system is in a 'technical' live position, following a review of the level of quality assurance needed and practice engagement, all Health Boards will now be on-boarded to the live system by the end of March 2022. PCS are now on schedule to make the first payments from the new system in April 2022.		30-Apr-22
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Issues with the current version of CLERIC are causing connectivity issues leading to service issues for HCS drivers (added Sept 2021). There is a concern over lack of technical support to oversee the migration to a CLOUD-based service.	5	4	20	Business Continuity Plans implemented - can revert to paper if necessary but very inefficient. New contract signed December 2021	2	4	8	Investigate whether WAST could provide any support (TC)	Security test was successfully completed this week. Migration will be before the end of the month - March 22.		31-Mar-22
	Strategic Objective - Customers									Risk Lead: Director of Procurement Services		
A3	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 (added April 2021)	4	4	16	IP5 Board Additional facilities secured at Picketston	2	4	8	PCS reviewing options for medical records storage - additional space is available from Johnseys on Mamhilad site. Business Case being prepared.	Discussions are on-going with Welsh Government with regards to the Strategic Outline Case for IP5. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT contingency arrangements. We are awaiting news on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements.		31-Mar-22
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		
A4	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019)	5	3	15	Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	3	3	9	1. Undertake IA review of enhanced controls to prevent bank mandate fraud (AB/PS 31/03/22) 4. Increase LCFS resource (AB/PS 31/03/22)	Internal audit review underway. C&V have recruited an additional Band 6 LCFS and an 8A to replace Craig Greenstock. NWSSP pursuing secondment opportunity to obtain a dedicated LCFS for NWSSP.		31-Mar-22
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A5	Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters (added April 2021)	5	3	15	Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews Experian Bank Mandate Checker	1	3	3	Undertake IA review of effectiveness of enhanced controls (AB/PS 31/03/22). Review current arrangements once audit complete (AB/PS 30/04/22)	There were a spate of fraudulent bank mandate amendments during March/April 2021 - some of which were successful. Procedures have been reviewed and enhanced. Experian software procured but coverage not as good as anticipated. Use of post to send out forms seems to have prevented opportunity for fraud. Internal Audit currently underway.		31-Mar-22
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		

A6	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019)	5	5	25	Cyber Security Action Plan IGSG Information Governance training Mandatory cyber security e-learn introduced Dec 19 Internal Audit review - Reasonable Assurance (April 2020) Recent investment in training packages (March 2021) Additional appointment to team (July 21) Phishing exercises undertaken (on-going) BCP Action Cards (updated March 22)	2	5	10	Desk top exercise to be undertaken with SLG in either April or May 22.	Team was strengthened in Sept 21 with additional member of staff. Following war in Ukraine staff have been reminded of good housekeeping procedures and guidance reissued. All directorates have completed or updated their action cards relating to the potential loss of IT systems and networks.	➔	31-Mar-22
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance & Informatics		
A7	The failure to engage with appropriate specialists (e.g. H&S/Fire Safety, Information Security/IG) sufficiently early enough when considering major developments may result in actions being taken that do not consider all relevant potential issues.	4	4	16	In-house H&S and Fire Safety Expertise Role of PMO Recent appointment of Programme Director Appointment of IP5 Facilities Manager (Jan 22)	2	4	8	PMO to ensure that Project Officers consult appropriately at outset of project. (IR-ongoing) Consider adequacy of resourcing within H&S. (AB/PS - complete)	All organisations contributing towards a Fire & Evacuation Strategy for IP5. Additional H&S staff member recruited (Jan 22)	➔	31-Mar-22
	Strategic Objective - Service Development									Risk Lead: Director of People and OD		
A8	The introduction of new technology and the promotion of the digitisation agenda may impact NWSSP staff in terms of their current roles and responsibilities. (added January 2022)	3	3	9	Learning and Development Programmes	3	3	9	There is a need to ensure that staff are provided with the learning and development opportunities to equip them with the required skills.		➔	31-Mar-23
	Strategic Objective - Staff									Risk Lead: Director of People and OD		
A9	The demand on services within Employment Services as a result of Health Boards taking on substantial numbers of staff to respond to and recover from the pandemic, is unsustainable, leading to poor levels of performance. (added November 2021)	4	4	16	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis.	4	4	16	Additional staff being recruited Use of students from Cardiff University Temporary support from other Directorates Modernisation Programme being implemented Accessing KickStart scheme	Focus on training staff on pinch points rather than whole process Backlog in applications in Student Awards reduced from 1800 to <800. Significant reduction in complaints as at Jan 2022	➔	31-Mar-22
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A10	Given the level of stock holding there may be items that reach their end of life (expiry date) before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP. (added January 2022)	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Donations to India and Namibia	2	5	10	SMTL working on behalf of DHCS on an Accelerated Aging Programme (SMTL 31/05/22) Produce briefing for Audit Committee (AB 31/03/22)	Wales On-Line FoI request robustly responded to on 31/1. SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment Schedules produced and discussed with senior finance officials in WG and Velindre.	✳	31/03/2022
										Risk Lead: Director of Finance & Corporate Services		
A11	The increase in energy prices, exacerbated by the war in Ukraine, is likely to lead to significant price increases across the whole range of goods and services resulting in severe cost pressures for NWSSP and NHS Wales budgets. (added March 2022)	5	5	25	Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	4	5	20	Review of energy costs to March SSPC (AB) Review of general price rises to May SSPC (JI)	Paper on energy costs to March SSPC and deeper dive into general price rises at May SSPC. Daily monitoring of prices and buying ahead at fixed price where possible.	✳	30/06/2022
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A12	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	All-Wales Programme Business Case Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites	3	3	9	Arrange internal audit review of Laundry service (AB/PS - complete) Prioritised report to be submitted to SLGs to monitor progress. (on-going)	Transfer has now taken place for all of the 5 laundries, although arrangements are different for Hywel Dda and Cwm Taf. Updates provided to SLG. IA review focused on Swansea Laundry provides reasonable assurance. Choice of new sites in North Wales and Swansea apparently well received.	⬇	31-Mar-22
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		
Risks for Monitoring												
M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018)	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix. CTSA undertake annual reviews of high risk buildings e.g. IP5, Picketston	1	4	4	Continue to monitor, and reissue comms to all staff to remind them of need to keep buildings and information secure. (PS 31/08/2020 - complete) Consider whether further review of Site Security is required (PS 31/12/2021)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded.	➔	
	Strategic Objective - Staff									Risk Lead: Director Specialist Estates Services/Director of Finance and Corporate Services		
M2	There is an increased fire risk with a consequence for protection of buildings at Alder House, Brecon House and Matrix House due to a lack of compartmentation in the roof space. (added Feb 2020)	2	5	10	Fire Safety Officer Risk Assessment - assessed risk to life as low - Update Paper to Feb, May and November SMTs.	1	5	5	Discrete fire risk assessments to be undertaken for each site at the recommended intervals. Risk to remain on Corporate Risk Register to ensure sufficient monitoring. .	Landlords consider any work on compartmentation to be our responsibility. SES reported to Nov 2020 SLT where it was agreed that the risk to life is very low. Further discrete risk assessments to be undertaken and reported back to Feb 2021 SLT.	➔	

Strategic Objective - Staff										Risk Lead: Director of People and OD		
M3	The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2021-22.	3	3	9	Financial modelling and forecasting is co-ordinated on a regular basis; Financial reporting to Welsh Government on local costs incurred as a result of Covid-19 to inform central and local scrutiny, feedback and decision-making; Oversight arrangements in place at SMT level, and through the command structure. Financial Governance Committee considers VFM in all expenditure	1	3	3	Ensure that the costs directly associated with COVID-19 are identified and accurately captured. Provide regular updates to Welsh Government.	WG issued letter on 24/3/21 setting out funding allocations for 2021/22. The sum of £170m is available but this is being distributed only to HBs in the first instance.	→	
M4	NWSSP are unable to procure sufficient orders of PPE, medical consumables and equipment resulting in clinical staff being able to treat patients safely and effectively.	5	5	25	PPE Winter Plan Finance Governance Committee Streamlined arrangements for Trust Board and WG approvals Increased limits approved for Scheme of Delegation. Regular meetings with UK and Welsh Government. Active involvement in UK Mutual Aid Schemes. Deloitte undertook consultancy work on behalf of WG to assist in this area. Internal Audit Review (Sept 2020)	1	3	3	Audit Wales published their findings on 14 April 2021 and report largely positive but action plan developed to respond to their findings.	The PPE plan has been developed in consultation with key stakeholders. Some pressure from Chief Medical Officers that may lead to Type IIR masks being totally replaced by FFP3 masks. £5m COVID expenditure authorisation limit reinstated.	→	
M5	By requiring our staff to continue working we expose them to a greater risk of being infected with COVID-19 which may cause them significant health problems.	5	5	25	Vaccination Programme All staff encouraged to work from home where possible. Risk Assessments undertaken for all staff. Social Distancing measures in place in each office. Any staff displaying any symptoms told not to come into office or go home immediately. Testing for front-line staff Weekly Site Leads' meetings to assess position in each office.	1	3	3	Following the updated guidance issued by Welsh Government on 22 Dec additional communications have been issued to all staff. This provide information regarding access to lateral flow tests as well as signposting to the requirements for self-isolation. SLG agreed to reinforce the key message to work from home unless there is a requirement to attend site.	Current measures seem to be effective, but need to be closely monitored in view of Omnicrom variant. Large numbers of staff are working from home and social distancing measures are in place for those staff who need to continue to come into work. Daily reporting of absences shows that the numbers of staff reporting COVID-19 like symptoms continues to be low, but are increasing.	→	
M6	NWSSP are unable to continue to provide business-critical services due to having insufficient numbers of staff available and able to undertake the work.	5	5	25	Identification of all business-critical services Redeployment of staff to business-critical services Increased provision of laptops and VPN Roll-out of Office 365 Use of Bomgar service for PCS Daily monitoring and reporting of absence figures. IT Update also given to weekly COVID-19 Planning & Response Group.	1	3	3	Updated BCP document covering response to COVID and possible impact of future waves presented to August SMT, and September SSPC. Throughout Oct and Nov the BCP group has asked Divisions to review and refresh BCP arrangements. Consideration of an oncall rota is something that will be taken forward in the new calendar year. Oncall arrangements in place for HCS and Supply Chain teams essential to the BAU and Vaccine	Contact details on the SLG WhatsApp group have been refreshed and updated. The daily report on staff absence shows that absence rates remain low, but OMICRON may increase rates through community transmission so will be monitored closely. The investment in hardware and software has allowed large numbers of staff to work remotely with minimal problems thus far. There are good rates of uptake for the vaccination programme.	→	
M7	Staff wellbeing is adversely affected through concerns arising from COVID-19 either directly in terms of their health and that of their families, or financially from loss of income of a family member. This includes the risk of "burn-out" for	5	5	25	Regular communications to all staff Reminders of how to access Employee Assistance schemes Mental Health First Aiders Formal Peer Group with phone surgery times	1	3	3	Implement action plan to respond to findings from staff surveys - monitored and managed through Adapt and Future Change Group.	As previously stated, absence rates are very low. Communications are regularly issued and all Directors and Managers are tasked with regularly checking the health and well-being of their staff.	→	
M8	GP Trainees, who are employed by NWSSP, are exposed to a level of risk of risk of catching COVID-19 but are outside the direct control and influence of NWSSP.	5	5	25	Risk Assessments by Education Supervisor - leads to decision on what PPE is to be provided. Tripartite Agreement	1	3	3	Confirming vaccination rates with staff individually as Health Board reports to total numbers vaccinated suggest under-reporting.	The tripartite agreement was agreed by the Project Board on 7/9/2020 and sets out the general duties of the host organisation for all trainees employed by NWSSP including the general duty to provide a safe working environment. Vaccination of front-line staff further mitigates this risk.	→	
										Risk Lead: Director of People and OD		





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# GIG Cymru Partneriaeth Cydwasaethau

## NHS Wales Shared Services Partnership February PMO Report



## NWSSP PMO Monthly Update – February 2022

Prepared by Ian Rose

Date: 17<sup>th</sup> February

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## Monthly Summary

The PMO is currently supporting **23** different schemes down **one** on last month, of varying size, complexity and providing a range of support from different points within the project lifecycle.

Within the PMO, we have 6 Project Managers and 2 Assistant Heads also acting as PPM Business Partners supporting schemes all of which are at different points within the project or programme lifecycle.

The **23** schemes have 18 different SRO/Project Executive Leads across a number of NWSSP directorates and Health boards.

Also, within the **23** schemes the breakdown of scheme size and coverage ranges from:

- **50% (11 Schemes) All Wales** – Typically where the scheme covers multiple Health boards, and the schemes seek to implement products utilised on a multi health board or all Wales basis.
- **13% (3 Schemes) Health board** – Typically supporting schemes for Health boards but where NWSSP play a role in the service provision
- **37% (9 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP directorates

The next reporting cycle (February) will include a refresh to report headings and greater emphasis applied to the Consequences section, especially where there may be consequences that NWSSP partners or customers need to be aware of.

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

To improve the reporting it is proposed to reduce the fields contained but expand upon issues, risks and blockers but include greater detail around the impact and consequence and also include those planned responses and mitigations.

SLG are asked to approve this change in format.

Project Name	Project Manager	Project Exec/SRO
<b>Laundry Transition</b>	Ian Rose	Neil Frow
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<b>Objective</b> Summary of the objective, “why are we doing it”		
<b>Progress Update</b> Provide a general progress update		
<b>Main Issues, Risks &amp; Blockers</b> Describe any issues or risks that are scored as 15 and above for risks, or ‘severe’ for issues including description and consequence, planned response/mitigation.		

Any other blockers that need to be raised include the description and consequence and outcome needed

### SLT Recommendation

SLT are asked to:

- Note the update on progress with key projects.
- Approve the change in format to the report.

## Key Trend information and Initiative Overview

**Initiatives – Decreased from last reporting month - 23**

Scheme Scale	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
<b>All Wales</b>							
Demographic Transformation	Ceri Evans	Green	Large	31/07/2023	31/07/2022	51%	Project Management
Medical Examiner	Andrew Evans	Amber - Cost	Large	31/10/2022	31/03/2021	72%	Project Management
Performers List	Neil Jenkins	Green	Medium	31/03/2023	31/03/2022	37%	Project Management
PPE Winter plan 2021/22	Andy Butler	Green	Medium	31/03/2022	31/03/2022	100%	Project Management
Primary Care NHAIS GP Payments (MVP)	Neil Jenkins	Green	Large	31/05/2022	01/05/2020	86%	Project Management
Single Lead Employer Phase 3	Ruth Alcolado	Green	Medium	30/09/2022	30/09/2022	54%	Project Management
Student Awards System Existing Stabilisation and New System Spec	Darren Rees	Amber - Cost	Medium	31/03/2022	31/03/2021	20%	Project Management
TRAMS Phase 2 OBC Developments	Neil Frow	Amber - Cost	LargeXorg	31/12/2023	31/03/2022	15%	Project Management
TRAMS SE Wales Hub	Neil Frow	Amber - Cost	Large	31/03/2022	31/03/2022	30%	Project Management
Occupational Health Checks	Rebecca Jarvis	Green	Large	31/12/2022	31/03/2022	48%	Project Management
Digital identity checking software	Darren Rees	Green	Large	31/03/2022	31/03/2022	28%	Project Management
<b>Healthboard</b>							
Cwm Taf Phase 2 Community Dressings	Emma Williams	Green	Medium	31/07/2022	31/10/2021	69%	Project Management
Ward Stock Storage Assessment	Greg Dix	Amber - Time	Small	31/03/2022	01/03/2021	65%	Project Management
Community Dressings Powys - Phase 1	Stephen Powell	Green	Medium	31/05/2022	31/03/2022	44%	Project Management
<b>NWSSP</b>							
Cleric Procurement of New System / contract	Tony Chatfield	Green	Small	31/03/2022	31/12/2020	50%	Project Management
Corporate Health Standards	Gareth Hardacre	Green	Medium	31/07/2022	31/10/2021	71%	Project Management
Data Management	Andrew Evans	Green	Large	01/09/2024	01/09/2024	40%	Project Management
New PMO software Requirements - Identifying a system (BC Development)	Alison Ramsey	Green	Medium	31/03/2022	31/05/2020	100%	Project Management
Patient Medical Records and Scanning Service Accommodation Review	Scott Lavender	Amber - Time	Large	31/08/2023	31/03/2022	15%	Project Management
SMTL POW Building Expansion - Feasibility Study	Pete Phillips	Green	Small	31/03/2022	01/04/2021	90%	Project Management
Contact Centre (Scoping & Requirements)	Andrew Evans	Green	Medium	31/03/2022	31/03/2022	80%	Project Management
L&R Case Management System implementation phase	Mark Harris	Amber - Time	LargeXorg	31/09/2023	31/03/2022	25%	Project Management
Payroll e-Forms	Gareth Hardacre	Green	Large	31/03/2023	31/03/2022	48%	Project Management
<b>Grand Total</b>							

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
<b>Medical Examiner</b>	Bethan Rees	Andrew Evans (PCS)
Monthly Update (key/issues (blockages)/risks)		
<p><b>Status</b> – <b>Amber</b> (Overall) <b>Green</b> (Time) <b>Red</b> (Cost) <b>Green</b> (Quality)</p> <p>The full management structure is in place and has taken responsibility for the service.</p> <p>The question of the future funding assurance letter remains unresolved, and recruitment actions are ongoing to complete the staffing establishment but managed as business usual activity.</p> <p>Limited Project Management support has continued at the SRO request throughout Q2 and Q3 of 2021, however the Project Manager is meeting the SRO on 23 Jan 2022 to propose formal Project Closure on the basis of all project deliverables having been implemented, and that a Service Management Board now take full oversight to manage any remaining activity as business as usual.</p> <p><b><u>Main Blockers/Observations</u></b></p> <p>Lack of confirmation confirming full funding of Welsh model could mean insufficient funding to cover costs. At present the Letter of Assurance has not been received however, Welsh Government continues to settle fees, without the documentation in place.</p> <p><b><u>Consequences &amp; Mitigations</u></b></p> <p>The funding letter is ultimately needed to comply with governance and assurance requirements for the service.</p> <p>The risk has been documented by Programme Board and included in Joint Executive Team update with Welsh Government. However, it is outside the control of NWSSP, dependent on Welsh Government to resolve with DoH. However, without formal funding it would place financial pressure on the service</p>		

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
<b>Student Awards</b>	Bethan Rees	Lisa Williams / Darren Rees
Monthly Update (key/issues (blockages)/risks)		
<p><b>Status</b> – <b>Time (Amber)</b> <b>Cost (Amber)</b> <b>Quality (Amber)</b></p> <p>Single Tender Action (STA) to extend contract support for a further 12 months to 31 March 2023, issued, approved, and is currently with Andy Butler for signature.</p> <p>Supplier engagement and demonstrations for the replacement contract are underway as of January 2022 with 8 potential suppliers currently engaging. Formal procurement will commence once demonstrations are completed.</p> <p><b><u>Main Blockers/Observations</u></b></p> <ul style="list-style-type: none"> <li>• Vulnerability and end of support for legacy software and hardware remains a risk in the absence of the STA being completed.</li> <li>• GDPR risk from hosting end-of-life systems. Higher risk of a full Records Management breach, risks around the fragility of an unsupported system and the</li> </ul>		

potential of data loss or corruption of thousands of student data records. Potential monetary penalties of several million pounds for a loss.

### **Consequences & Mitigations**

Risk of total system failure if new system cannot be procured. However, the extension of the new system is to be completed imminently which provides 12 months to complete the New System Procurement exercise.

Project Name	Project Manager	Project Exec/SRO
<b>Laundry Transition</b>	Ian Rose	Neil Frow
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<p>Three Laundries continue to operate on the agreed basis as a result of the transfer in April 2021.</p> <ul style="list-style-type: none"> <li>• <b>Glan Clwyd</b> - Moto developed between SES and BCU Estates currently in circulation between NWSSP and BCU for final ratification however additional elements covering Fire Safety have been included.</li> <li>• <b>Llansamlet</b> – To be issued to Velindre Board to allow TR1 completion in March.</li> <li>• <b>Aneurin Bevan / Greenvale</b> – Moto remains with the HB for final consideration but amendments have been made by NWSSP to cover IT service provision.</li> </ul> <p>Two Laundries Transferred via a separate project in October 2021 led by Mark Roscrow and Lee Wyatt on different terms to the first three.</p> <ul style="list-style-type: none"> <li>• <b>Church Village</b> – Operating as planned.</li> <li>• <b>Glan Gwilli</b> - Operating as planned.</li> </ul> <p>Equipment loan back agreement to be drafted by Anthony Hayward to support H&amp;S advice and due to be circulated to the appropriate laundry board.</p> <p><b>Project Closure</b> anticipated in March 2022 on completion of the remaining S1, S2, TR1 and Moto agreements.</p>		
<b><u>Main Blockers/Observations</u></b>		
None remaining.		
<b><u>Consequences &amp; Mitigations</u></b>		
None remaining.		

Programme Name	Programme Manager	Project Exec/SRO
<b>TRAMs Programme</b>	Peter Elliott	Andrew Evans (Welsh Gov) & Neil Frow
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status- Amber Time/Cost</b>		
<p>Programme Board met on 7 Feb and approved Exception Report #2 in respect of the SE Wales Hub Project. Actions are proceeding in line with this report.</p> <p>Revised User Requirements Specification (URS) documents are currently being prepared for the SE Wales Hub with square meterage better aligned with PBC, and reducing demand for power. These URSs will be sent to the design contractors during March for estimate of the cost landing zone and fees to complete OBC. Programme Board will then review the position at the end of March. <u>If the cost landing zone is favourable</u> then a revised fee request will be sent to Welsh Government ahead of full remobilisation of the design team to complete the OBC from April onwards.</p> <p>Power supply reinforcement options for IP5 are being developed by Stuart Douglas of SES, with both a strategic option for the long-term future of the whole Business Park, and a tactical option to buy existing supply capacity from another user on the park are being evaluated. These options are due for delivery, and the findings will be incorporated into the TRAMS SE Wales OBC, as will evidence based evaluation of alternative sites.</p> <p>If the SE Wales costs can be brought within an affordable envelope over the next 3 years, then it is likely that the Programme will be elongated, with the SW and North hubs following consecutively, rather than concurrently. Preferred localities will still be identified for both hubs, enabling the service to evolve its staffing and service models towards the desired end state, in advance of the capital investments being made.</p> <p>Colin Powell is leading the Workforce and Stakeholder engagement aspects of the Programme:</p> <ul style="list-style-type: none"> <li>• Resource mapping has now been completed to update the detailed workforce information prior to OCP and TUPE. Directors of Workforce are sighted and have disclosed anonymised staff postcode data to support the site selection for the hubs.</li> <li>• Steps are underway to designate and transfer members of the service senior management in a structured way, with formal consultation expected in April.</li> <li>• Revenue funding from NWSSP Savings has also been agreed to help stabilize the wider workforce in advance of transfer.</li> <li>• Engagement with the Chief Pharmacist Group about the Service Model and other matters are ongoing month by month</li> <li>• Close engagement with HEIW on investment in education and training is underway with the first 3 Science Manufacturing Technicians starting training in March, with a further cohort across Wales to follow in September.</li> <li>• A wider Clinical Reference Group is being convened with the assistance of the NWSSP Medical Director, this group will meet quarterly to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.</li> </ul> <p>Workshops to make provisional locality selection for the South West and North Hubs are underway, led by Project Manager Tom Sherman, with strong engagement of regional stakeholders and an evidence based approach. Lee Wyatt is supporting engagement where meetings involve executive stakeholders. It is likely that localities will be provisionally selected by the end of April.</p>		

A start date of 7 March has been agreed for our second Project Manager, Myra Jones, who will co-ordinate and support the Organisational Change and Education and Training projects, supporting Colin Powell and NWSSP Workforce Lead Sam Graf.

Workshops are currently underway with clinical pharmacy colleagues for the Process and Digital scope, these will run approximately every fortnight until March 2022, to determine what systems we will need to have in place to ensure products can be ordered from the new service.

Preliminary work is underway on digital procurement activities for next financial year, based on utilising **AgilePM methodologies** to deliver an incremental scope that will both prepare for TRAMS and deliver immediate benefits for the CIVA@IP5 service, which needs new software in place by March 2023. By developing incrementally, the cost can also be controlled, utilising capital tactically and building up the revenue license costs slowly in line with service need. Careful attention will be needed on how this project is specified, procured, and contracted.

### **Main Blockers/Observations**

- Resolution of the cost issues for SE Wales Hub.
- Resolution of power supply issues in the SE Wales Hub. Report from SES is now overdue
- Securing Fees for any rework required to resolve the SE Wales Hub issues
- Support from SES to engage with landlords of potential alternative sites
- Impact on Programme Affordability

### **Consequences & Mitigations**

- Until the power supply and cost issues for the SE Hub are resolved, the OBC will not be able to be written or approved which increases the timescales to complete this stage of the process.
- Unless a viable Project Cost for SE Wales can be identified, the viability of the Programme will be impacted resulting in potential impact on the existing services within the Health boards.
- Alternative sites for the SE Hub cannot be properly analysed without engaging with landlords to establish the extent of the offer in each case and failure to do so will result in an options appraisal that is not potentially robust or as conclusive as required.

Project Name	Project Manager	Project Exec/SRO
<b>Cleric</b>	Peter Elliott	Tony Chatfield
Monthly Update (key/issues (blockages)/risk assessments)		
The contract award for Cleric was achieved on 30 Nov 2021. Implementation is underway:		
<ul style="list-style-type: none"> <li>• First round of User Acceptance Testing has been completed with only minor fixes required</li> <li>• Build of the new cloud environments will be completed by 18/2/22</li> <li>• Software will be installed by Cleric by 25/2/22</li> <li>• Security Testing, which has been arranged with HEIW support, is booked for week commencing 28/2/22</li> </ul>		



- If no issues arise from security testing then a controlled migration and go live is anticipated to be in **early March 2022**

### **Main Blockers/Observations**

Potential interruption to the Service which is being mitigated by the migration strategy.

### **Consequences & Mitigations**

Continuity of existing service could be impacted for both service provider, customers and partners, however the HCS service does maintain robust (and tested) continuity planning for use in the event of service outage or disruption and use of the existing system continues with minimal disruption.

Project Name	Project Manager	Project Exec/SRO
<b>FPPS GP Payments – PCS</b> (note correction in project name)	Gill Bailey	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status- Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)		
<p>Following input of Enhanced Service (ES) claims by Practices into FPPS, data extract produced and successfully uploaded to NHAIS for payment at the end of January.</p> <p>Pensions continues to be the key outstanding task that requires resolution. The team have identified a plan to assess whether the existing functionality within FPPS will be sufficient for the next 12 months.</p> <p>Over the last 2 months, 92% of Practices have entered ES claims into FPPS. The data will be reviewed over the coming week to identify and offer further support to those Practices yet to enter claims.</p>		
<b><u>Main Blockers/Observations</u></b>		
The administration of the site is utilising NI time. The implementation of the NI Common Practitioner Model will help address this but is unlikely to be delivered within the next 3-4 months.		
<b><u>Consequences &amp; Mitigations</u></b>		
Some minor delays with delivering tasks although the impact to the project delivery is minimal and manageable within the resources of the project and there is no perceived impact on GP payments.		



Project Name	Project Manager	Project Exec/SRO
<b>Demographics</b> <b>Transformation - PCS</b>	Gill Bailey	Ceri Evans
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)</p> <p>Progress has been very limited since the last report other than all replacement hardware has been installed at both sites and data migrated to new storage area.</p> <p>Connectivity issues identified after the work for the Mamhilad installation has resulted in the system still running on the old hardware. The Engineer discovered that a firmware upgrade is needed but ran out of time in the maintenance window. The Engineer believes that the outstanding work can be undertaken with minimal downtime and is currently being planned.</p> <p>The lessons learnt from that installation has resulted in the upgrade being applied at the start of the process in Newport which is now fully running on the new hardware.</p> <p>The team continue to meet with NHS Digital to discuss progress of the replacement Primary Care Registration Management (PCRM) system.</p> <p><b><u>Main Blockers/Observations</u></b></p> <p>Due to the extended timeline instigated by NHS Digital to implement PCRM and the dependency on the same resource to manage multiple projects, the Project Board has agreed to put the project on <b>hold</b> until the end of March 2022. At this point, the tasks and timelines will be reviewed and rebaselined accordingly.</p> <p>In the meantime, project resource will be diverted to other priority projects and this approach has been ratified by the Primary Care Senior Management Team.</p> <p><b><u>Consequences &amp; Mitigations</u></b></p> <p>There is no service impact observed currently due to the extended timescales in line with NHS Digital but resource impact will be managed and reviewed in the forthcoming project boards.</p>		

Project Name	Project Manager	Project Exec/SRO
<b>Digital Identify Checks</b>	Gill Bailey	Darren Rees
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)</p> <p>Business Case completed and approved by NWSSP, SLG on 27 January 2022. Project moved to Initiation stage.</p> <p>Procurement Briefing paper signed-off to proceed to establish firm costs utilising Crown Commercial Service G-Cloud 12 framework.</p>		

Specification finalised and assessment criteria devised to confirm Service offering and costs from two short-listed suppliers. Supplier pack issued on 15 February, with a two-week turnaround.

### **Main Blockers/Observations**

Notification received from Home Office stating temporarily adjustments to how NHS Employers Check Standards are undertaken will cease on the 5 April 2022 and organisations will either have to return to face-to-face pre-employment checks or adopt digital technology provided by an accredited provider. Timeframe for delivery is therefore limited.

The preferred solution will need to be available in Welsh which could attract additional costs and delay implementation. This position will be confirmed upon receipt of Supplier offers.

### **Consequences & Mitigations**

Insufficient recruitment resource to deliver face-to-face pre-employment checks, based on current numbers is resulting in delays to recruitment on-boarding.

The project team are working within strict timelines to enable delivery to the current deadline but are reliant upon the Supplier (once known) to also be able to deliver within this timeframe. The need for a contingency plan is being discussed to mitigate this risk. . The impact would be a continued delay in the recruitment process.

Project Name	Project Manager	Project Exec/SRO
<b>Performers List – PCS</b>	Alison Lewis	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status – Green</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope) Discussions held with PCS colleagues outside of the Project team to discuss the WNWRS (Wales National Reporting System) option and seek clarification on existing processes. Output informed completion of options appraisal with the preferred option to pursue the development of WNWRS to include Performer's list functionality.  The Business Case has been updated to reflect the above position with estimated financial costs yet to be confirmed.  Project Board to commence engagement with Employment Services colleagues to discuss including the Performer's list requirements within the specification for the re-tender of WNWRS should the business case be approved.		
<b><u>Main Blockers/Observations</u></b> Deadlines for this project have slipped due to lack of PCS resource and no definitive timeframe for delivery, however WNWRS timescales will influence any proposed timescales.		

### **Consequences & Mitigations**

The impact on PCS through the delivery of this project thus far has been minimal although this position will change if the preferred option is agreed and require increased resources from PCS to support this project moving forward.

This situation has been highlighted to PCS SMT and will be monitored over the coming months; however, this does not impact GPs or contracted services.

Project Name	Project Manager	Project Exec/SRO
<b>Data Management – PCS</b>	Alison Lewis	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status- Green</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<p>The statement of works contract has been awarded and contract start date agreed. NWSSP IT equipment has been loaned to the contractors, IT access and code of connections in place. Introductions have commenced with the contractors and the discovery phase of cataloguing Ophthalmic service data is due to commence next week.</p>		
<b><u>Main Blockers/Observations</u></b>		
<p>Due to financial budget constraints one service, GP Payments, were excluded from the statement of works contract. This will leave a gap in the data analytics part of the discovery phase.</p>		
<b><u>Consequences &amp; Mitigations</u></b>		
<p>Will not have an overall view of data across all four of the contractor services but this can be addressed when resource becomes available within PCS and close any gap that maybe identified.</p>		

Project Name	Project Manager	Project Exec/SRO
<b>L&amp;R Case Management System</b>	Jenna Goldsworthy	Mark Harris
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status – Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<p>Status updated to reflect the delays reported below.</p>		
<p>Following the setup of the Azure subscription, NWSSP must complete additional work to create a landing zone within the Dynamics 365 environment. In the first instance, DHCW were approached to undertake this activity but following discussions, it was agreed that Red Cortex would undertake the work as they have previous experience of working with Health Boards to create this to meet the requirements of the National Cyber Security Centre (NSCS) NIS regulations. A funding package is available from Microsoft to support this proof-of-concept. NWSSP are currently underway with the funding application. The timeline for completing this task is being assessed but it has caused delays to the project in particular the supplier being unable to submit the design for review and approval.</p>		
<p>The work with Red Cortex will continue to run alongside the above as this will enable storage of documents.</p>		

The L&RS IT Team have progressed with the IT Security Approval process required from NWSSP and DHCW. The project team are currently reviewing the requirements to ensure they are incorporated into the build.

### **Blockers/Observations**

Due to the delay reported above, an exception plan has been created to mitigate any further delays. The requirements were reviewed and as it was not a requirement to setup Dynamics 365 within Azure, it was agreed that the setup of Dynamics 365 would be completed within the NHS Wales tenancy. This has now been completed allowing the supplier access to begin drafting the design for NWSSP's approval.

### **Consequences & Mitigations**

Despite the recovery plan, the project is running behind schedule. Following a review, the Go Live date has been adjusted to September 2022 which also reflects the impact of summer annual leave for key NHS stakeholders.

The position has been reported to and accepted by Welsh Government as the funding is not affected. Welsh Government have also agreed to change the milestones to aide project delivery and continuation of funding and the impact on the NWSSP service is negligible.

Project Name	Project Manager	Project Exec/SRO
<b>Patient Medical Records and Digital Scanning Service Accommodation - PCS</b>	Jenna Goldsworthy	Scott Lavender
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Green</b> (Cost) <b>Amber</b> (Scope)		
<b>Immediate need to address capacity issue</b> Process ongoing to finalise short-term lease for 5000sqm on the Mamhilad Estate, managed by Johnsey Estate UK Ltd.		
<b>Lease expiry</b> The business case is being finalised and will be submitted to NWSSP, SLG following review from the PCS Senior Management team.		
<b><u>Observations</u></b> Availability of Johnsey Solicitor has delayed setting up the short-term contract for the additional 5000sqm.		
<b><u>Consequences &amp; Mitigations</u></b> We will be potentially unable to store additional medical records, however consideration can be given to creating a temporary holding space in another NWSSP building on the same site particularly as these are not at 100% occupancy and the opportunity exists to use that space on a temporary basis.		

Project Name	Project Manager	Project Exec/SRO
<b>Single Lead Employer– Phase 3</b>	Jenna Goldsworthy	Ruth Alcolado
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)  On-boarding plan previously reported on target.  <b>Ad Hoc Locum Payments</b> - Update on progress		
Health Board	Status	Status
HDuHB	Completed	Follow up closure meeting scheduled for March prior to handover to BAU
CTUHB	Pilot extended	Pilot extended due to trainee rotation in February. Follow up scheduled for Feb-22 to review outcome
ABuHB	Meeting to discuss next steps	Meeting to discuss pilot scheduled for Feb-22
CVuHB	Expressed interest	HB resource issues need to be resolved before progressing
<b><u>Main Blockers/Observations</u></b> The late notification from HEIW to NWSSP of trainee termination dates has resulted in several trainees being overpaid, and this is being investigated to confirm the actual figures concerned. Programme Board agreed further work is required by HBs, HEIW and NWSSP to understand position. A proportion of the overpayment has been recovered but the final position will be known after the additional work is undertaken.		
<b><u>Consequences &amp; Mitigations</u></b> Overpayments will need to be recovered. HEIW and NWSSP investigating to prevent a reoccurrence.		

Project Name	Project Manager	Project Exec/SRO
<b>CTM Ward Storage</b>	Bethan Clift	Greg Dix, CTMuHB
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope) <b>Amber</b>		
<b>Current installation progress (commenced 01/07/2021)</b> <ul style="list-style-type: none"> <li>Phase 1 commenced 01/07/2021               <ul style="list-style-type: none"> <li>POW – <b>100% Complete</b></li> <li>PCH – <b>100% Complete</b></li> <li>RGH – <b>4% Complete</b></li> </ul> </li> </ul>		
<b><u>Main Blockers/Observations</u></b>		

Due to the ongoing guidance to restrict travel between hospital sites, the re-initiation date for RGH has been delayed from the 24 January to mid-February. Following a review of the project plan, the March completion date for implementation is not achievable. The project team have raised this as an issue. Additional resources for NHS SC have been requested to enable the project to be delivered within the current timeframe.

The project implementation is supported by Band 2 Supply Chain resource per Integrated Local Group (ILG) to not only enable proof of concept for the 'enhanced put away service' but additionally this resource has supported the supply and distribution of Personal Protection Equipment (PPE) as well as trying to improve the supply chain service within the acute and community sites.

It has been identified that the Health Board funding for these posts ceases on the 31 March 2022 but for the full benefits to be realised, NWSSP has requested continuation of the funding for a further 12 months to 31 March 2023.

Due to the current financial position for CTMuHB, the ILG Nurse Directors are not prepared to fund these posts beyond the current cessation date. Discussions are in place to understand what contingency arrangements can be made for these critical operational roles.

#### **Consequences & Mitigations**

If the Band 2 resource is not confirmed as being available at the next Project Board, the pilot of the enhanced put away service per ILG will be withdrawn with the HB reverting to Nursing staff ordering and managing stock which would jeopardise the benefits of the scheme itself. No impact on NWSSP

The next Project Board meeting will discuss the option of premature closure and assess the impact in doing so and the effect on benefits

Project Name	Project Manager	Project Exec/SRO
<b>Customer Contact Centre: scoping</b>	Bethan Clift	Simon Cookson
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)		
Following the user research paper presented to NWSSP, SLG in January, a new Senior Director has been appointed to lead the next phase of work.		
The structure and work undertaken to date is being reviewed to identify and inform future workstreams.		
Discussions are scheduled to take place over the next few weeks to discuss next steps.		

Project Name	Project Manager	Project Exec/SRO
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<b>Community Dressings Phase 2 CTMuHB</b>	Bethan Clift	Emma Williams
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Green</b> (Overall) <b>Red</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope) Status updated to reflect issue highlighted below.  Pre-implementation tasks completed: <ul style="list-style-type: none"> <li>Developed standard operating procedure to include process map for end-to-end service, urgent orders, continued use of prescriptions and Oracle;</li> <li>Developed Wound dressing formulary;</li> <li>Engaged with District Nurses to discuss and agree product levels to be held at bases;</li> <li>Developed roll out plan for cabinets and labelling with new NWSSP Supply Chain, AW Community Dressing Lead</li> </ul>		
<b><u>Main Blockers/Observations</u></b> The Project Executive received notification that whilst the Business Case was presented to the Executive Leadership Group (ELG) on the 14 February 2022, the initiative will need to be considered through a new financial prioritisation forum which is being setup by CTMuHB Planning.  The aim of the forum is to test the assumptions and how the work fits into the wider CTMuHB plans.		
<b><u>Consequences &amp; Mitigation</u></b> Given the decision above, the Project Board have concluded that the 'Go Live' date needs to be delayed to the 1 June 2022 to allow the service to be managed appropriately. This means that CTMuHB will not realise the full year financial benefits identified and this has been raised as a missed opportunity with CTMuHB finance team.		

<b>Project Name</b>	<b>Project Manager</b>	<b>Project Exec/SRO</b>
<b>Community Dressings Phase 1 Powys</b>	Bethan Clift	Jamie Marchant
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)  Following the departure of Jamie Marchant, Stephen Powell has been appointed as new Project Executive.  The project remains in start-up. Due to some issues with data integrity, it has been difficult to ascertain the baseline position, however, these issues are being addressed. The District Nurse bases have been mapped and discussions are being held with Health Courier Services to understand the logistic options available.		
<b><u>Main Blockers/Observations</u></b> Whilst the project team did meet in February, the data issues have caused a delay in producing the options to inform the business case.		
<b><u>Consequences &amp; Mitigation</u></b> An additional 1-month delay to producing draft Outline Business case. The impact is minimal and accepted by the project.		



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Project Name	Project Manager	Project Exec/SRO
<b>Payroll e-Forms</b>	Rhiann Cooke	Stephen Withers
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)</p> <p>Status updated to reflect revised timelines.</p> <p>The project remains in start-up phase with the following actions completed:</p> <ul style="list-style-type: none"> <li>• Redefined project scope with revised timelines</li> <li>• Stakeholder mapping</li> <li>• Governance Structure</li> <li>• High Level Project plan</li> </ul> <p>Current processes and variances have informed a draft specification which will be discussed in greater detail at the next project team meeting on 17<sup>h</sup> February.</p> <p>Options are currently being identified and scoped to inform a business case.</p> <p>It is understood this piece of work will form part of the Payroll Modernisation Programme which is anticipated.</p> <p><b><u>Main Blockers/Observations</u></b>          Unable to confirm budget for the project</p> <p><b><u>Consequences &amp; Mitigation</u></b>          Unable to progress to initiation until all options explored and budget determined. If this is not completed the project will not progress to the next stage slowing progress.</p>		

Project Name	Project Manager	Project Exec/SRO
<b>Occupational Health Checks</b>	Rhiann Cooke	Rebecca Jarvis
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)</p> <p>The existing contract occupational health software is due to expire at the end of October 2022 and to support the provision of a new contract a project has been established which is currently in the Start Up stage.</p> <p>The following activities have been achieved during this period, as part of start-up:</p> <ul style="list-style-type: none"> <li>• Initial scoping session</li> <li>• Stakeholder mapping</li> <li>• Governance Structure</li> <li>• Project plan</li> </ul>		



The project will now move to the initiation phase where focus on requirements, costs, benefits and overall business justification will be established.

User workshops have taken place and a product specification has been drafted to inform the issue of a Prior Information Notice (PIN) to indicate market interest. Supplier Engagement days have been arranged for mid-March.

**Main Blockers/Observations**

At present there are no blockers observed.

**Consequences & Mitigation**


Nothing observed at present however the level of interest from our customers and specification feedback will be key in determining the next steps and any perceived impact on achieving the timescales for October.

**Appendix A**

Performance and Information



**New Master Project**  
**List Master April21 I**

 <b>GIG Cymru NHS Wales</b>		Partneriaeth Cydwasaethau Shared Services Partnership		<b>AGENDA ITEM:</b> <b>SSPC 24 March 2022</b>	
<b>The report is not Exempt</b>					
<b>Teitl yr Adroddiad/Title of Report</b>					
<b>NWSSP Audit Committee Assurance Report – 25 January 2022</b>					
<b>ARWEINYDD:</b> <b>LEAD:</b>		Peter Stephenson Head of Finance & Business Development, NWSSP			
<b>AWDUR:</b> <b>AUTHOR:</b>		Carly Wilce Interim Corporate Services Manager, NWSSP			
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>		Andy Butler Director of Finance & Corporate Services, NWSSP			
<b>MANYLION CYSWLLT:</b> <b>CONTACT DETAILS:</b>		Andy Butler Director of Finance & Corporate Services, NWSSP 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>			
<b>Pwrpas yr Adroddiad:</b> <b>Purpose of the Report:</b>					
The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee, at its meeting on 25 January 2022.					
<b>Llywodraethu/Governance</b>					
<b>Amcanion:</b> <b>Objectives:</b>		Each of the five key Corporate Objectives			
<b>Tystiolaeth:</b> <b>Supporting evidence:</b>		Individual reports submitted to Audit Committee			
<b>Ymgynghoriad/Consultation:</b>					
Who has been consulted on the details of the report? <ul style="list-style-type: none"> <li>NWSSP Audit Committee</li> </ul>					
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>					
<b>DERBYN/</b> <b>APPROVE</b>		<b>ARNODI/</b> <b>ENDORSE</b>		<b>TRAFOD/</b> <b>DISCUSS</b>	<b>NODI/</b> <b>NOTE</b>
		✓			
<b>Argymhelliad/</b> <b>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:</b> <b>Summary Impact Analysis:</b>					
<b>Cydraddoldeb ac amrywiaeth:</b> <b>Equality and diversity:</b>		No direct impact			
<b>Cyfreithiol:</b> <b>Legal:</b>		No direct impact			
<b>Iechyd Poblogaeth:</b> <b>Population Health:</b>		No direct impact			
<b>Ansawdd, Diogelwch a Profiad y Claf:</b>		No direct impact			

<b>Quality, Safety &amp; Patient Experience:</b>	
<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>Safonnau 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/150402standardsen.pdf">http://gov.wales/docs/dhss/publications/150402standardsen.pdf</a>
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT

### 1. CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 25 January 2022, is outlined below:

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	<p><b>NWSSP Update</b></p> <p>The Managing Director presented the Committee with an extensive update as to key developments within NWSSP. Senior NWSSP staff recently met with Welsh Government in a Joint Executive Team meeting which was considered to be very positive with some excellent feedback for NWSSP.</p>
<b>ASSURE</b>	<p><b>Internal Audit Position Statement</b></p> <p>The latest Internal Audit Position Statement was presented to the Committee together with an overview of other activity undertaken since the previous meeting. Key points to highlight are that four further internal audit reports from the 2021/22 workplan have been completed and steady progress continues to be made with a further six audits. Some audits have been postponed at the request of NWSSP Management due to operational pressures and demands. The decarbonisation review has been deferred and would be replaced with an advisory review of Governance arrangements for major capital projects.</p>
<b>ASSURE</b>	<p><b>Internal Audit Reports</b></p> <p>The below Audit Reports were presented to the Committee for consideration:</p> <ul style="list-style-type: none"> <li>• <b><u>Wales Infected Blood Support Scheme</u></b> The Audit achieved substantial assurance, with one medium priority recommendation for action.</li> <li>• <b><u>Salary Sacrifice</u></b> The review achieved substantial assurance with only two low risk priority recommendations for implementation.</li> <li>• <b><u>Stores</u></b> The audit achieved reasonable assurance with three medium priority recommendations for action.</li> <li>• <b><u>ICT Infrastructure</u></b> The audit achieved Limited Assurance, with two high and seven medium priority recommendations for action. The sponsor of the review felt that the report provided some helpful suggestions but lacked context and failed to recognise the progress that had been made in recent years and did not extend to reviewing the three major systems that NWSSP administer on behalf of NHS Wales – i.e. Oracle, ESR, and NHAIS. It was further highlighted that whilst the findings were helpful, it was disappointing that the report did not acknowledge or refer to the positive work undertaken by the team in recent years and in particular to the major contribution to facilitate remote working and maintain business continuity over the previous 20 months. It was recommended that Internal Audit amend the title and content of the report to ensure clarity on what was covered and what is excluded from the review. An update would be provided at the next meeting in April 2022.</li> </ul>

<b>ASSURE</b>	<p><b>External Audit Update</b></p> <p>Audit Wales provided the Committee with a detailed update on current and planned audit work. A summary of audit conclusions together with any related recommendations would be reported in the Management Letter scheduled for the Audit Committee in June 2022.</p>
<b>ASSURE</b>	<p><b>Audit Wales Stock/Inventories Report 2021/22</b></p> <p>Audit Wales presented the update on the 2021/22 approach to audit of inventories to the Committee, the update had also been taken to the Velindre NHS Trust Audit Committee. Due to Covid-19, Audit Wales were unable to undertake a physical stocktake which resulted in a 'Limitation of Scope' qualification for the 2020/21 financial statements, and it was confirmed that unfortunately a physical audit would be needed to satisfy audit requirements. Plans are in place for the visits to undertake these audits over the coming weeks, but this is dependent on a number of factors including the results of risk assessments. All parties are keen for the stocktakes to take place to avoid the issues experienced last year.</p>
<b>ASSURE</b>	<p><b>Audit Wales Assurance Paper 2022</b></p> <p>Audit Wales then presented the 2022 Assurance Paper to the Committee, noting that there is minimal change in approach from last year. Audit Wales are in consultation with local audit teams in order to finalise the programme of work for NWSSP with a deadline to return any comments and/or amendments by 28 January 2022. The expected work programme for 2022 was set out in the report.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Position Statement</b></p> <p>The Committee received an update as to progress made against the work plan summarising the recent Counter Fraud work activity carried out to date. The Position Statement highlighted that a total of 48 days counter fraud work had been undertaken against the 2021/22 workplan and there were no ongoing investigations to report on. The Counter Fraud Service has been impacted due to long term sickness, however a new LCFS had been successfully appointed by C&amp;VUHB. A recruitment process would take place shortly to backfill the vacant positions, which should help to address any shortfalls in service delivery to NWSSP and allow the number of days provided to be increased.</p>
<b>ASSURE</b>	<p><b>Stock Take Report</b></p> <p>The committee were updated on the Stock Management Arrangements in place across NWSSP stores. To support the All-Wales response to Covid-19 a stockpile of PPE was established to provide resilience resulting in a significant increase in stockholdings. Audit Wales were unable to conduct a physical stocktake for 2020/21 which resulted in a 'Limitation of scope' opinion for the period. The stock report detailed the various stock taking systems in place across the internal and external sites. All internal sites operate a warehouse management system. Two of the current external service providers have automated inventory systems in operation and the remaining provider undertakes a physical stocktake. Internal Audit work closely with Audit Wales to co-ordinate assurance arrangements for stockholding arrangements.</p>
<b>ASSURE</b>	<p><b>Governance, Risk and Assurance</b></p> <p>The Committee received comprehensive updates surrounding NWSSP Expenditure and Governance Arrangements.</p> <p><u>Governance Matters</u> - The Committee received the Governance Matters paper, which detailed the contracting activity from 4 October 2021 to 13 January 2022, and highlighted that there had been no departure from the Standing Orders.</p> <p>In relation to contracting activity, during the reporting period, there had been 14 contracts let for NWSSP and 59 contracts let for NHS Wales, of which 13 were at briefing stage, 42 at ratification and 4 were extensions. It was noted no declarations were made as to gifts, hospitality or sponsorship since the last meeting and there had been no limited or no assurance audit reports, however this would change for the Q4 reporting period in light of the ICT limited assurance report detailed above.</p>

	<p><u>Audit Tracking</u> - In relation to the tracking of audit recommendations, there were 244 recommendations, of which 233 were implemented, 9 not yet due, 1 outside of NWSSP control and 1 recommendation classed as outstanding.</p> <p><u>Review of Standing Orders</u>- The Shared Services Partnership Standing Orders had recently been updated, with the delegated expenditure limits of £5m being reintroduced following approval by Velindre University Trust Board in December and will remain in place until June 2022.</p> <p><u>Corporate Risk</u> - The Corporate Risk Register highlighted only one red risk relating to the pressure on Recruitment and Payroll functions due to the increased demand resulting from the recovery and reset work across Health Boards. This risk is being mitigated through the modernisation programme that is currently being implemented.</p>
<b>ASSURE</b>	<p><b>Annual Review</b></p> <p>The 2020/21 Annual Review was presented to the Committee, highlighting the achievements of NWSSP for the period. The Review contains case studies from individual departments aligning to our organisational goals, with a section dedicated to the work carried out in response to the Pandemic. The Review was developed later than usual due to COVID and the resulting demand on operational services. The Review would be translated and then published on the NWSSP website and will be shared with NHS Wales organisations. Very positive feedback was received.</p>
<b>INFORM</b>	<p>The following items were received for Committee information:</p> <ul style="list-style-type: none"> <li>• Welsh Language Standards Annual Report 2020/21;</li> <li>• Audit Committee Forward Plan 2021/22;</li> <li>• Plan on a Page.</li> </ul>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

- **NOTE** the Assurance Report



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

# **Shared Services Partnership Committee**

## **Forward Plan of Business**

**2022-2023**

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
<b>19 May 2022</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep dive session – Inflationary Pressures  Review of SLAs	Corporate Risk Register  Annual Governance Statement  Audit Committee Highlight Report  Approve Annual update of Audit Committee Terms of Reference	Annual Report on Complaints
<b>21 July 2022</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep dive session – Social Value  Q1 IMTP Update	Corporate Risk Register  Audit Committee Highlight Report  List of Declarations of Interest  Report on Gifts and Hospitality	Health and Safety Annual Report
<b>22 September 2022</b>	Minutes & Action log	Deep dive session - Decarbonisation	Corporate Risk Register	Annual Report on Welsh Language



	Chair's Report  Managing Director's Report  Finance and Performance Report  Project Update  Monthly Monitoring Returns			
<b>17 November 2022</b>	Minutes & Action log  Chair's Report  Managing Director's Report  Finance and Performance Report  Project Update  Monthly Monitoring Returns	Deep Dive session – IMTP  Q2 IMTP Update  Draft IMTP – 2023-26	Corporate Risk Register  Audit Committee Highlight Report  Counter Fraud Service Annual Report  WAO Management Letter	IMTP - discussion key themes and priorities; overview of emerging finance and workforce plans.  Audit Committee Annual Report
<b>19 January 2023</b>	Minutes & Action log  Chair's Report  Managing Director's Report  Finance and Performance Report  Project Update	Deep Dive session – Primary Care  Q3 IMTP Update	Corporate Risk Register  Report on SSPC Effectiveness Questionnaire	IMTP – Approval  Annual Review

	Monthly Monitoring Returns			
23 March 2023	Minutes & Action log	Deep dive session – Foundational Economy	Corporate Risk Register	
	Chair’s Report		Audit Committee Highlight Report	
	Managing Director’s Report			
	Finance and Performance Report			
	Project Update			
	Monthly Monitoring Returns			

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 10 – JANUARY 2022**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for January 2022 and should be read in conjunction with the Monitoring Return tables submitted for Month 10.

Thank you for your email of 27<sup>th</sup> January 2022 responding to the Month 9 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

NWSSP's financial position for Month 10 is reported at break-even. This is based on the assumption that all additional Covid 19 funding and other identified funding anticipated will be received from Welsh Government.

The forecast outturn remains at break-even after increasing the NWSSP 2021/22 distribution by £1.250m to total £2.000m as approved by the Shared Services Partnership Committee in September and detailed in the Month 6 return.

### **1. Movement of Opening Financial Plan to Forecast Outturn (Table A)**

Table A has been updated in Month 10 to reflect the in month and forecast non-recurring savings, with the current forecast savings and income generation overachievements for 2021/22 continuing to total £4.000m per previous months. We have committed to reinvest £2.000m internally within NWSSP to accelerate benefits and improvements within our services, £1.250m approved increased distribution to NHS Wales and Welsh Government and £0.750m agreed Welsh Government brokerage. With the inclusion of these items, and the assumption of full funding for Covid expenditure and other anticipated income, both the in year and recurrent plans remain at break-even.

The confirmed brokerage of £0.750m and the return of the increased WG distribution was actioned via a reduction in the funding invoiced to Welsh Government in November. We have assumed that this £0.750m brokerage and an additional £0.250m will be reprovided in 2022/23 as agreed as part of the Oracle Service Improvement two year brokerage agreement in 2020/21. A

review of the Oracle expenditure profile indicates that we will not utilise the return of the full £1.000m in 2022/23 and we would welcome the opportunity to further discuss delaying the return of some of these funds until later financial years over the remainder of the Oracle contract. We are also reviewing the potential utilisation of an element of these funds for the All Wales digital strategy.

## 2. Overview of Key Risks & Opportunities (Table A2)

This table has been updated in Month 10 in respect of the following:

- Covid-19 funding not received from Welsh Government – this risk has been amended to £7.569m in Month 10 to reflect the updated covid funding forecast requirement net of income invoiced to date and reconciles to the income anticipated in Table E1. The outstanding income primarily relates to Q4 mass vaccination PPE and Primary/Social Care PPE costs.
- Medical Examiner Funding not confirmed – this risk has been amended to £1.730m in Month 10 to reflect the total forecast income requirement for 2021/22 which has not yet been invoiced to WG and reconciles to the income anticipated in Table E1.

## 3. Actual Year to Date Monthly Position (Tables B, B2 & B3)

The key points to note within the year to date and forecast position are:

- The full year income forecast is £534.201m, which is a £2.000m increase on the forecast reported in Month 9. This is due to the inclusion of £2.000m of income in 2021/22 in respect of the international recruitment programme that NWSSP is managing centrally on behalf of UHBs.
- The updated profile of the in month SLE income and pay/non pay expenditure forecast is detailed below. This has increased slightly since the forecast reported in Month 9 due to the payment of dental grant arrears in January.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	8.207	8.597	8.402	8.444	10.774	12.932	11.679	12.564	12.815	12.786	12.727	13.961	133.888
NON PAY	0.731	0.827	0.759	0.735	0.799	0.948	0.874	0.889	0.965	1.296	0.779	0.778	10.380
TOTAL	8.938	9.424	9.161	9.179	11.573	13.880	12.553	13.453	13.780	14.082	13.506	14.739	144.268

- The increase in pay expenditure in Month 10 is due to the payment of the 1% non-consolidated payments for Bands 1-5 and F1 & F2 doctors. The funding for this will be invoiced in February in line with the confirmed allocation.
- Holiday pay on overtime arrears payments for October 21 – March 22 have been included in the forecast totalling £0.070m in line with the April – September 21 payments. This income has been anticipated in Table E1. We are awaiting an All Wales payroll report for the period October 21 – January 22 to give an update on the year to date costs and funding requirements to Welsh Government.
- The arrears from the adjustment to the Band 1 and Band 2 entry pay points have also been included in the forecast with year to date arrears to be paid in February. The income has also been anticipated in Table E1 in line with the confirmed allocation.
- Non pay expenditure in December was higher than projected in the Month 8 MMR due to the quarterly pharmacy rebates being larger than forecast. This additional expenditure was offset by the increased income from the rebates which is repatriated to UHBs/Trusts (**Action Point 9.1**)
- Forecast DEL depreciation charges total £3.559m. This is a movement from the November non-cash submission and now includes depreciation charges for all laundry assets that have transferred in 2021/22 following receipt of the S1 information which we are looking to finalise and formally sign off by mid February (**Action Point 9.2**). The depreciation charges reported in January include the year to date impact of the laundry asset transfers.
- Forecast AME impairments of £0.843m have been included which reconciles to the November non-cash submission. This is in respect of the donation of assets to India (£0.522m) and the impairment of ventilators donated by DHSC in 2020/21 to current market value (£0.321m).
- No further donations have been made in Month 10, with the £11.148m of donations to date being reported as exceptional costs in Table B.
- £77.483m income and expenditure is included to Month 10 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. A detailed review of cases has been undertaken with regards to updating the year end forecast of cases that will be charged against the DEL in 2021/22. This has indicated that the initial annual plan forecast of £124.754m (£123.495m

WRP DEL and £1.259m Redress) remains an accurate projection and includes the excess redress costs above budget.

In order to achieve the forecast outturn, expenditure of £47.271m is profiled over February and March. The £77.483m expenditure to date is reported on a cash basis. There are circa £14m of costs for cases that have settled in 2021/22 which have not yet been paid which will be accrued if not physically paid within the financial year.

A detailed review of the commitments against the DEL have provided further confidence that the full year forecast remains achievable. As in previous years, there is a level of risk regarding the settlement date of cases, round table meetings proceeding and the reliance on claimants solicitors. Within the £124.754m forecast, there is one case with a round table meeting booked for 29<sup>th</sup> March 2022 with a forecast settlement value of £4.830m. The claimant solicitors have recently indicated they may not be in a position to proceed with this meeting so any delay to this date could therefore materially impact the DEL outturn.

We are continuing to review in detail the cases that are due to settle in Q1 2022/23 to identify any potential where they could settle earlier than planned or interim payments can be made which would increase the DEL expenditure in 2021/22. Whilst recognising that a lot of the settlement timeline is outside of NWSSP control, we have identified a number of larger cases that could potentially settle in 2021/22 earlier than previously forecast. Taking into account potential delays with round table meetings as noted above, we anticipate that the current worst to best case forecast outturn range continues to be £118m - £130m. We will update further as quarter 4 progresses.

We have issued planning assumptions for the WRP risk share costs for 2022/23 onwards to UHB/Trusts on the premise that no additional cases are brought forward to settle in 2021/22 to ensure the full potential pressure is included in UHB/Trust plans.

- Agency expenditure has reduced in January against the forecast but it is anticipated that this will increase again as we approach the end of the financial year. Agency usage continues to primarily be due to the recruitment of an increased number of internal auditors to vacancies which are required to deliver the 2021/22 audit plans and additional agency solicitors to support high workloads.
- Table B3 details the year to date and forecast Covid19 additional expenditure. This has been collated and reviewed on a service by service basis within NWSSP and will continue to be monitored at this level.

Following a review of the mass vaccination expenditure to Month 10, the overall forecast remains in excess of the pay & non pay costs invoiced to date. Given the acceleration of the booster programme in December, it was anticipated that an element of 'catch-up' in vaccine pack production may be required in January - March with forecast increases in both staff costs and consumable issues. The increase in consumable costs only was evidenced in January, however dependent on guidance for 4<sup>th</sup> boosters and vaccinations for under 12's in the coming weeks, the forecast may vary as a result of demand requirements over the remainder of the financial year.

As PPE is the key variable component of our mass vaccination expenditure, the demand for vaccination packs and any changes to the packs contents due to changing guidance will drive the expenditure as these are issued from stores. Despite providing increased vaccination packs to the accelerated booster programme in December, we did not evidence increased PPE costs from stores issues in month. Increased expenditure has been reported in January and we have forecast that this will continue in February and March, however dependent upon demand requirements, this expenditure may fluctuate.

The mass vaccination and other covid expenditure sections of Table B3 have been populated. Other covid expenditure relates to the NWSSP operational support costs and PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues.

A summary of the expenditure is detailed below:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	4.048	5.031
Mass Vacc - PPE	2.776	3.376
Mass Vacc - non PPE non pay	0.556	0.670
Mass Vacc - pay	0.635	0.761
Social Care/Primary Care PPE	21.478	25.878
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
DHSC PPE 20/21 Accounting Gain	- 1.699	- 1.699
<b>TOTAL</b>	<b>38.822</b>	<b>45.045</b>

The table includes a credit of £1.315m as a result of an accounting gain from the release of a 2020/21 accrual of PPE to be charged from DHSC

plus £0.384m accounting gain from a bad debt provision for a PPE invoice that has been released in January.

The NWSSP operational costs are summarised below. Following a review of the expenditure to date, the forecast has reduced this month and is now in line with the original £5.031m that has been invoiced to date:

	YTD	Full Year Forecast
Pay	1.987	2.506
Estates / Security	0.656	0.792
Insurance	0.057	0.068
Transport	1.222	1.506
Other	0.127	0.158
<b>TOTAL</b>	<b>4.048</b>	<b>5.031</b>

To the end of January we have invoiced for all Q1 ,Q2 and Q3 PPE costs in addition to the full year forecast operational costs and mass vaccination non PPE costs. There is only mass vaccination PPE and Primary/Social Care PPE costs to invoice for Q4 which to date have been actioned based on actuals in arrears. .

Where we have invoiced Welsh Government for PPE stock that we had cash coverage for at 31<sup>st</sup> March 2021, we have been raising invoices in 2021/22 for resource and raising corresponding credit notes to reduce the year end credit note accrual of £113m. The summary below shows the reduction in the credit note and we will continue to monitor the stock cash position in readiness for our next meeting with Welsh Government at the end of February to look to return further cash to reduce this credit note further:

	£M
CREDIT NOTE @ 31.03.2021	113.196
Q1 PRIMARY/SOCIAL CARE PPE	-6.683
NAMIBIA PPE	-7.207
Q2 PRIMARY/SOCIAL CARE PPE	-6.402
NAMIBIA TEST KITS	-3.941
RETURN OF CASH	-5.235
Q3 PRIMARY/SOCIAL CARE PPE	-6.195
Q1-3 MASS VACCINATION PPE	-2.495
<b>B/L @ CLOSE M10</b>	<b>75.038</b>



We are mindful of the increased prices that PPE was purchased for at the height of the pandemic. We are currently reviewing stock turnover rates of PPE and the current costs the stock is valued at within the inventory system to identify if any adjustment to stock valuation is required in 2021/22.

As requested, we have provided our current estimate of the maximum value of the potential annual leave outstanding at 31<sup>st</sup> March 2022 to Welsh Government. As a worst case scenario the value of the accrual would increase from the £0.701m at 31<sup>st</sup> March 2021 to £1.840m at 31<sup>st</sup> March 2022. Given the outstanding annual leave balances were taken from ESR at 31<sup>st</sup> January, when the majority of staff hadn't had their additional day added to their entitlement in order to book this leave and a lot of staff either don't fully utilise ESR for managing annual leave and/or the recording isn't up to date, we fully expect the actual value outstanding at 31<sup>st</sup> March 2022 to be less than this.

#### **4. Savings (Tables C & C3)**

The tables have been updated with the actual savings achievement to Month 10 and a revised profile of future savings so that the over achievement of savings and income generation continue to total £4.000m.

The completion of Table C3 is undertaken in order that it reconciles to our underlying YTD variances across the income, pay and non pay classifications as we report a break-even position within the Velindre ledger. This has been reviewed in Month 10 and adjusted accordingly **(Action Point 8.2)**

#### **5. Welsh NHS Assumptions (Table D)**

Table D has been left blank as requested.

#### **6. Invoiced Income Streams (Table E1)**

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the actual in month recharges and agreed SLA values for future months. As these costs are recharged based on actual expenditure incurred, these may be subject to change in future months.

Lines 2-12 have been populated with anticipated income streams for which we have yet to invoice or receive formal funding confirmation.

The updated values for depreciation reconcile to Table B and include the full year depreciation charges for the transferred laundry assets.

Other items have been amended in line with updated income forecasts and/or removed when items have been invoiced.

**7. Cash Flow (Table G)**

Not required for completion.

**8. PSPP (Table H)**

This table is not required for NWSSP.

**9. Capital Expenditure Limit Management and Disposals (Tables I, & K)**

Tables I and J have been populated and reconcile to our current Capital Expenditure Limit of £9.136m issued on 5<sup>th</sup> January 2022.

We have reviewed all our capital schemes in detail and have flagged a potential small underspend on the Laundry and TRAMS OBC fees schemes prior to the Building for Wales framework annual fee inflationary uplifts being applied. We are quantifying the impact of the potential underspend as a matter of urgency and we also have a number of other schemes we could progress at short notice in 2021/22 to utilise any additional capital funding that may become available. Following a detailed review by EY, we have now confirmed that we are content for the purchase of Matrix House to be treated as a Transfer of a Going Concern which will save £0.980m VAT on the purchase price.

We are also in the final stages of achieving sign off of the AB, CTM & HD S1 transfers. Once finalised we will advise the WG capital team to action the change to our CEL in order that we can receive invoices for the asset values to complete the process.

**10. Aged Debtors (Table M)**

At 31<sup>st</sup> January 2022 we did not have any NHS invoices outstanding over 17 weeks. There are a number of invoices outstanding over 11 weeks that we are urgently pursuing for payment to ensure that they do not breach 17 weeks (**Action Point 9.3**).

**11. GMS (Table N)**

Not required for completion by NWSSP.

**12. Dental (Table O)**

Not required for completion by NWSSP.

**13. Other Issues**

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Team reports.

The Shared Services Partnership Committee will receive both the Month 10 and Month 11 Financial Monitoring Returns at the March meeting.

**14. Authorisation of Return**



.....  
**ANDREW BUTLER**  
**DIRECTOR OF FINANCE AND**  
**CORPORATE SERVICES**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**11<sup>th</sup> February 2022**

NHS Wales Shared Services Partnership

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Jan 22

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-5,416	-15	-5,401	-5,401
3 Planned Expenditure For Covid-19 (Negative Value)	-37,074	-37,074		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	2,644	15	2,629	2,629
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	37,074	37,074		
6 Planned Provider Income (Positive Value)	0	0		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	1,811	0	1,811	1,811
9 Planned (Finalised) Net Income Generation	961	0	961	961
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	1,111	1,111	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	2,889	2,889	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	7,971	7,971		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-7,971	-7,971		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31 Committed reinvestment within NWSSP	-2,000	-2,000		
32 Reserve for redistribution	-1,250	-1,250		
33 WG Brokerage	-750	-750		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-475	-478	-482	-74	-390	-486	-493	-498	-502	-510	-513	-515	-4,388	-5,416
3	-3,026	-3,060	-3,098	-3,093	-3,086	-3,090	-3,096	-3,095	-3,100	-3,098	-3,104	-3,129	-30,841	-37,074
4	249	252	255	-153	160	256	262	266	268	275	276	278	2,090	2,644
5	3,026	3,060	3,098	3,093	3,086	3,090	3,096	3,095	3,100	3,098	3,104	3,129	30,841	37,074
6													0	0
7													0	0
8	148	148	148	148	151	151	152	153	154	152	153	153	1,505	1,811
9	78	78	79	79	79	79	79	79	80	83	84	84	793	961
10													0	0
11													0	0
12													0	0
13													0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	129	123	228	149	28	20	194	119	-2	11	57	55	999	1,111
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	406	195	359	378	240	332	337	38	89	255	130	130	2,629	2,889
23													0	0
24	0	0	-10	-136	7,115	3,612	-523	-118	-1,481	-478	-3	-7	7,981	7,971
25													0	0
26	0	0	10	136	-7,115	-3,612	523	118	1,481	478	3	7	-7,981	-7,971
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30													0	0
31	-535	-318	-587	-260			-300						-2,000	-2,000
32				-267	-268	-352	-231	-132					-1,250	-1,250
33								-25	-87	-266	-187	-185	-378	-750
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	0	0	0	0	0	0	0	0	0	0	0	0	0	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Turnover factor is less than budgeted	0	Low
13	Non achievement of income targets	0	Low
14	Covid 19 funding not received from Welsh Government	(7,569)	Low
15	Medical Examiner funding not confirmed	(1,730)	Low
16	Additional WRP Covid claims - included in DEL forecast	0	High
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(9,299)	
	Further Opportunities (positive values)		
27	Further over achievement of savings	250	Medium
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	250	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(9,049)	
38	Best Case Outturn Scenario	250	

NHS Wales Shared Services Partnership

Table B - Monthly Positions

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Period : Jan 22

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	15,487	16,237	17,289	17,041	19,170	21,834	20,765	21,727	23,167	22,323	22,779	23,832	195,040	241,651
4	WHSSC Income	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast	10,517	12,204	14,362	19,494	21,310	18,425	18,489	12,522	41,532	18,709	33,904	33,947	187,564	255,414
6	Other Income	Actual/F'cast	2,350	2,428	1,907	2,315	847	4,981	5,402	2,437	4,588	5,122	2,436	2,332	32,377	37,145
7	Income Total		28,354	30,869	33,558	38,850	41,327	45,240	44,656	36,686	69,287	46,154	59,119	60,111	414,981	534,210
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	14,054	14,687	14,353	14,293	16,872	20,087	17,698	19,166	19,300	19,539	19,133	20,444	170,049	209,627
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	13,379	13,038	14,684	14,144	13,902	17,154	17,823	12,626	17,850	17,905	16,047	15,729	152,504	184,279
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast													0	0
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	665	2,367	4,534	10,150	3,083	3,501	8,359	4,603	31,846	8,375	23,636	23,636	77,483	124,754
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast		521	(521)		7,207	3,941							11,148	11,148
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	256	256	508	263	263	35	455	291	291	335	303	303	2,954	3,559
23	AME Donated Depreciation/Impairments	Actual/F'cast						522	321						843	843
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	28,354	30,869	33,558	38,850	41,327	45,240	44,656	36,686	69,287	46,154	59,118	60,111	414,981	534,210
27	Net surplus/ (deficit)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28 . Actual YTD surplus/ (deficit)		0
29. Actual YTD surplus/ (deficit) last month		0
30. Current month actual surplus/ (deficit)		0
	Trend	
31. Average monthly surplus/ (deficit) YTD		0
32. YTD /remaining months		0

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		0
34. Year to Date Trend Scenario		0

C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL Baseline Provider Depreciation	98	98	98	233	131	131	131	131	131	131	131	131	1,313	1,574
36	Strategic Depreciation	158	158	182	30	132	132	324	160	160	205	172	172	1,641	1,985
37	Accelerated Depreciation													0	0
38	Impairments			228			(228)							0	0
39	Other (Specify in Narrative)													0	0
40	Total	256	256	508	263	263	35	455	291	291	335	303	303	2,953	3,559
AME															
41	Donated Asset Depreciation													0	0
42	Impairments						522	321						843	843
43	Other (Specify in Narrative)													0	0
44	Total	0	0	0	0	0	522	321	0	0	0	0	0	843	843

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
46	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
59	Forecast Only													0	0
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64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	26	26	26	26	27	27	28	28	28	29	29	27	271	327		327	0			
11		Actual/F'cast	93	(56)	47	26	(42)	131	(52)	(43)	32	135	29	27	271	327	82.89%	327	0	0	327	327
12		Variance	67	(82)	21	0	(69)	104	(80)	(71)	4	106	0	0	0	0	0.12%	0	0			
13	Pay	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	1,234	1,484		1,484	0			
14		Actual/F'cast	461	399	460	500	433	352	541	234	211	272	254	256	3,863	4,373	88.34%	4,373	0	2,889	1,484	1,484
15		Variance	339	277	338	378	309	228	417	109	85	149	130	130	2,629	2,889	213.05%	2,889	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,505	1,811		1,811	0			
20		Actual/F'cast	554	343	507	526	391	483	489	191	243	407	283	283	4,134	4,700	87.96%	4,700	0	2,889	1,811	1,811
21		Variance	406	195	359	378	240	332	337	38	89	255	130	130	2,629	2,889	174.71%	2,889	0			
22	Variance in month		274.32%	131.76%	242.57%	255.41%	158.94%	219.87%	221.71%	24.84%	57.79%	167.98%	84.97%	84.97%	174.71%							
23	In month achievement against FY forecast		11.79%	7.30%	10.79%	11.19%	8.32%	10.28%	10.40%	4.06%	5.17%	8.67%	6.02%	6.02%								



Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000		£'000
1	Changes in Staffing Establishment	Budget/Plan	114	114	114	114	116	116	116	117	117	114	115	117	1,152	1,384		1,384		0			
2		Actual/F'cast	453	391	452	492	425	344	533	226	202	263	245	247	3,781	4,273	88.49%	4,273		0	2,889	1,384	1,384
3		Variance	339	277	338	378	309	228	417	109	85	149	130	130	2,629	2,889	228.21%	2,889		0			
4	Variable Pay	Budget/Plan	8	8	8	8	8	8	8	8	9	9	9	9	82	100		100		0			
5		Actual/F'cast	8	8	8	8	8	8	8	8	9	9	9	9	82	100	82.00%	100		0	0	100	100
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0		0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
19	Total	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	1,234	1,484		1,484		0			
20		Actual/F'cast	461	399	460	500	433	352	541	234	211	272	254	256	3,863	4,373	88.34%	4,373		0	2,889	1,484	1,484
21		Variance	339	277	338	378	309	228	417	109	85	149	130	130	2,629	2,889	213.05%	2,889		0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
4	Non Medical 'off contract to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		

Table C3 - Tracker  
This Table is currently showing 0 errors

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,505	1,811	0	1,811	0	1,811
	Month 1 - Actual/Forecast	148	148	148	148	151	151	152	153	154	152	153	153	1,505	1,811	0	1,811	0	1,811
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	406	0	0	0	0	0	0	0	0	0	0	0	406	406	406	0	0	0
	In Year - Actual/Forecast	406	195	359	378	240	332	337	38	89	255	130	130	2,629	2,889	2,889	0	0	0
	Variance	0	195	359	378	240	332	337	38	89	255	130	130	2,223	2,483	2,483	0	0	0
	Total Plan	554	148	148	148	151	151	152	153	154	152	153	153	1,911	2,217	406	1,811	0	1,811
	Total Actual/Forecast	554	343	507	526	391	483	489	191	243	407	283	283	4,134	4,700	2,889	1,811	0	1,811
	Total Variance	0	195	359	378	240	332	337	38	89	255	130	130	2,223	2,483	2,483	0	0	0
Net Income Generation	Month 1 - Plan	78	78	79	79	79	79	79	79	80	83	84	84	793	961	0	961	0	961
	Month 1 - Actual/Forecast	78	78	79	79	79	79	79	79	80	83	84	84	793	961	0	961	0	961
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	129	0	0	0	0	0	0	0	0	0	0	0	129	129	129	0	0	0
	In Year - Actual/Forecast	129	123	228	149	28	20	194	119	(2)	11	57	55	999	1,111	1,111	0	0	0
	Variance	0	123	228	149	28	20	194	119	(2)	11	57	55	870	982	982	0	0	0
	Total Plan	207	78	79	79	79	79	79	79	80	83	84	84	922	1,090	129	961	0	961
	Total Actual/Forecast	207	201	307	228	107	99	273	198	78	94	141	139	1,792	2,072	1,111	961	0	961
	Total Variance	0	123	228	149	28	20	194	119	(2)	11	57	55	870	982	982	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	226	226	227	227	230	230	231	232	234	235	237	237	2,298	2,772	0	2,772	0	2,772
	Month 1 - Actual/Forecast	226	226	227	227	230	230	231	232	234	235	237	237	2,298	2,772	0	2,772	0	2,772
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	535	0	0	0	0	0	0	0	0	0	0	0	535	535	535	0	0	0
	In Year - Actual/Forecast	535	318	587	527	268	352	531	157	87	266	187	185	3,628	4,000	4,000	0	0	0
	Variance	0	318	587	527	268	352	531	157	87	266	187	185	3,093	3,465	3,465	0	0	0
	Total Plan	761	226	227	227	230	230	231	232	234	235	237	237	2,833	3,307	535	2,772	0	2,772
	Total Actual/Forecast	761	544	814	754	498	582	762	389	321	501	424	422	5,926	6,772	4,000	2,772	0	2,772
	Total Variance	0	318	587	527	268	352	531	157	87	266	187	185	3,093	3,465	3,465	0	0	0

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 11 – FEBRUARY 2022**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for February 2022 and should be read in conjunction with the Monitoring Return tables submitted for Month 11.

Thank you for your email of 16<sup>th</sup> February 2022 responding to the Month 10 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

NWSSP's financial position for Month 11 is reported at break-even. This is based on the assumption that all additional Covid 19 funding and other identified funding anticipated will be received from Welsh Government.

The forecast outturn remains at break-even after increasing the NWSSP 2021/22 distribution by £1.250m to total £2.000m as approved by the Shared Services Partnership Committee in September and detailed in the Month 6 return.

### **1. Movement of Opening Financial Plan to Forecast Outturn (Table A)**

Table A has been updated in Month 11 to reflect the in month and forecast non-recurring savings, with the current forecast savings and income generation overachievements for 2021/22 continuing to total £4.000m per previous months. We have committed to reinvest £2.000m internally within NWSSP to accelerate benefits and improvements within our services, £1.250m approved increased distribution to NHS Wales and Welsh Government and £0.750m agreed Welsh Government brokerage. With the inclusion of these items, and the assumption of full funding for Covid expenditure and other anticipated income, both the in year and recurrent plans remain at break-even.

The confirmed brokerage of £0.750m and the return of the increased WG distribution was actioned via a reduction in the funding invoiced to Welsh Government in November. We have assumed that this £0.750m brokerage and an additional £0.250m will be reprovided in 2022/23 as agreed as part of the Oracle Service Improvement two year brokerage agreement in 2020/21. A

review of the Oracle expenditure profile indicates that we will not utilise the return of the full £1.000m in 2022/23 and we would welcome the opportunity to further discuss delaying the return of some of these funds until later financial years over the remainder of the contract.

## 2. Overview of Key Risks & Opportunities (Table A2)

This table has been updated in Month 10 in respect of the following:

- Covid-19 funding not received from Welsh Government – this risk has been amended to £5.389m in Month 11 to reflect the updated covid funding forecast requirement net of income invoiced to date and reconciles to the income anticipated in Table E1. The outstanding income primarily relates to Q4 mass vaccination PPE and Primary/Social Care PPE costs.
- Medical Examiner Funding not confirmed – this risk has been amended to £1.332m in Month 11 to reflect the total uninvoiced income requirement for 2021/22 and reconciles to the income anticipated in Table E1. This invoice will be raised in March.

## 3. Actual Year to Date Monthly Position (Tables B, B2 & B3)

The key points to note within the year to date and forecast position are:

- The full year income forecast is £536.490m, which is a £2.289m increase on the forecast reported in Month 10. This is due to the net impact of additional pharmacy rebate income (+£5.5m), a revision of the stores income forecast (-£0.6m) and adjustments to the Covid forecast to include the actual Month 11 costs and the return of All Wales PPE credits to Welsh Government (-£2.6m).
- The updated profile of the in month SLE income and pay/non pay expenditure forecast is detailed below. This has increased slightly since the forecast reported in Month 10 due to the payment of GP training grant arrears in February. The pay expenditure forecast increases in March due to an additional intake cohort to SLE.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	8.207	8.597	8.402	8.444	10.774	12.932	11.679	12.564	12.815	12.786	12.744	13.961	133.905
NON PAY	0.731	0.827	0.759	0.735	0.799	0.948	0.874	0.889	0.965	1.296	1.143	0.778	10.744
TOTAL	8.938	9.424	9.161	9.179	11.573	13.880	12.553	13.453	13.780	14.082	13.887	14.739	144.649

- Holiday pay on overtime arrears payments for October 21 – March 22 have been included in the forecast for March totalling £0.070m in line with the April – September 21 payments. This income has been anticipated in Table E1. We are awaiting an All Wales payroll report for the payments due relating to February 2022 to update previous reports provided to Welsh Government.
- The arrears from the adjustment to the Band 1 and Band 2 entry pay points have been paid in February. The income has also been anticipated in Table E1 in line with the confirmed allocation and will be invoiced in March.
- In addition to the increase in pay costs in March due to the SLE intake and the holiday pay accrual, a forecast increase in the annual leave accrual of £0.199m has been included. This will increase the accrual for NWSSP to £0.900m from the £0.701m included at 31<sup>st</sup> March 2021. The additional £0.199m has been included in Table B3 as requested and the income anticipated in Table E1.
- Non pay expenditure is forecast to increase in March due to both the Quarter 3 and 4 pharmacy rebate process being transacted in Month 12.
- Forecast DEL depreciation requirements total £3.555m. This reflects a minor movement from the forecast reported in Month 10 and includes depreciation charges for all laundry assets that have transferred in 2021/22. The additional funding requirement over our £1.551m baseline has been anticipated in Table E1 and we await confirmation to invoice for this.
- Forecast AME impairments of £0.843m have been included which reconciles to the November non-cash submission. This is in respect of the donation of assets to India (£0.522m) and the impairment of ventilators donated by DHSC in 2020/21 to current market value (£0.321m). This has been invoiced in March as requested.
- No further donations have been made in Month 11, with the £11.148m of donations to date being reported as exceptional costs in Table B. We are in the process of finalising and quantifying a potential donation to the Ukraine which has not been included in Table B as yet due to the final value still to be confirmed.
- £89.015m income and expenditure is included to Month 11 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. A detailed review of cases has been undertaken with regards to updating the year end forecast of cases that will be charged against the DEL in 2021/22. This has

indicated that the initial annual plan forecast of £124.754m (£123.495m WRP DEL and £1.259m Redress) remains an accurate projection and includes the excess redress costs above budget.

As in previous years, there is a level of risk regarding the settlement date of cases, round table meetings proceeding and the reliance on claimants solicitors. Since Month 10 a number of cases have been updated. The £5m case with a RTM on 29<sup>th</sup> March has been delayed until July and we were informed on 9<sup>th</sup> March that a forecast 2021/22 interim payment of £4.5m will be delayed into 2022/23 following advice from Counsel.

We are continuing to review in detail the cases that are due to settle in Q1 2022/23 to identify any potential where they could settle earlier than planned or interim payments can be made which would increase the DEL expenditure in 2021/22. Following the delays in the two cases above we now anticipate that the maximum DEL expenditure we can incur is £126m. We will continue to monitor all cases due to settle as we progress through March and will alert Welsh Government colleagues to any material movements as we are informed of them.

- Agency expenditure has increased in February as forecast and continues to primarily be due to the recruitment of an increased number of internal auditors to vacancies which are required to deliver the 2021/22 audit plans and additional agency solicitors to support high workloads.
- Table B3 details the year to date and forecast Covid19 additional expenditure. This has been collated and reviewed on a service by service basis within NWSSP and will continue to be monitored at this level.

Following a review of the mass vaccination expenditure to Month 11, the overall forecast remains in excess of the pay & non pay costs invoiced to date. Given the acceleration of the booster programme in December, it was anticipated that an element of 'catch-up' in vaccine pack production may be required in January - March with forecast increases in both staff costs and consumable issues. The increase in consumable costs was evidenced in both January and February, however dependent on guidance for 4<sup>th</sup> boosters and vaccinations for under 12's in the coming weeks, the forecast may vary as a result of demand requirements during March.

As PPE is the key variable component of our mass vaccination expenditure, the demand for vaccination packs and any changes to the packs contents due to changing guidance will drive the expenditure as these are issued from stores. Despite providing increased vaccination packs to the accelerated booster programme in December, we did not evidence increased PPE costs from stores issues in month. Increased expenditure was reported in January, however only £8k of PPE was

issued for the packs in February. An estimate of £0.200m has been included for March, however dependent upon demand requirements, this expenditure may fluctuate.

The mass vaccination and other covid expenditure sections of Table B3 have been populated. Other covid expenditure relates to the NWSSP operational support costs and PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues. A summary of the expenditure is detailed below:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	4.576	5.150
Mass Vacc - PPE	2.784	2.984
Mass Vacc - non PPE non pay	0.645	0.702
Mass Vacc - pay	0.696	0.759
Social Care/Primary Care PPE	23.386	25.586
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
Adjustments from 2020/21/VAT/Escrow	- 1.485	- 3.619
Annual leave accrual increase	-	0.199
<b>TOTAL</b>	<b>41.630</b>	<b>42.790</b>

The table includes a number of adjustments from 2020/21 in addition to forecast adjustments for VAT and contract savings. These have been discussed at length with Andrea Hughes to ensure full awareness of the issues we are managing as we approach the end of the financial year. The Covid PPE bad debt release accountancy gain was included in Table B3 on Line 203 in Month 10 (**Action Point 10.1**)

The NWSSP operational costs are summarised below. Following a review of the expenditure to date, we are forecasting additional costs above the £5.031m that has been invoiced to date:

	YTD	Full Year Forecast
Pay	2.235	2.563
Estates / Security	0.703	0.771
Insurance	0.062	0.068
Transport	1.359	1.512
Other	0.219	0.238
<b>TOTAL</b>	<b>4.578</b>	<b>5.150</b>

Where we have invoiced Welsh Government for PPE stock that we had cash coverage for at 31<sup>st</sup> March 2021, we have been raising invoices in 2021/22 for resource and raising corresponding credit notes to reduce the year end credit note accrual of £113.196m. The summary below shows the reduction in the credit note and we will continue to monitor the stock cash position to look to return further cash to reduce this credit note further during March:

	£M
CREDIT NOTE @ 31.03.2021	113.196
Q1 PRIMARY/SOCIAL CARE PPE	-6.683
NAMIBIA PPE	-7.207
Q2 PRIMARY/SOCIAL CARE PPE	-6.402
NAMIBIA TEST KITS	-3.941
RETURN OF CASH	-5.235
Q3 PRIMARY/SOCIAL CARE PPE	-6.195
Q1-3 MASS VACCINATION PPE	-2.495
20/21 STOCK ADJUSTMENT (ORANGE BAGS)	-0.289
<b>B/L @ CLOSE M11</b>	<b>74.749</b>

We are mindful of the increased prices that PPE was purchased for at the height of the pandemic. We are currently reviewing stock turnover rates of PPE and the current costs the stock is valued at within the inventory system to identify if any adjustments to stock valuation or provisions are required in 2021/22.

#### 4. Savings (Tables C & C3)

The tables have been updated with the actual savings achievement to Month 11 and a revised profile of future savings so that the over achievement of savings and income generation continue to total £4.000m.

#### 5. Welsh NHS Assumptions (Table D)

Table D has been left blank as requested.



## **6. Invoiced Income Streams (Table E1)**

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the actual in month recharges and agreed SLA values for future months. As these costs are recharged based on actual expenditure incurred, these may be subject to change in future months.

Lines 2-12 have been populated with anticipated income streams for which we have yet to invoice or receive formal funding confirmation.

The updated values for depreciation reconcile to Table B and include the full year depreciation charges for the transferred laundry assets.

Other items have been amended in line with updated income forecasts and/or removed when items have been invoiced.

## **7. Cash Flow (Table G)**

Not required for completion.

## **8. PSPP (Table H)**

This table is not required for NWSSP.

## **9. Capital Expenditure Limit Management and Disposals (Tables I, & K)**

Tables I and J have been populated and reconcile to our current Capital Expenditure Limit of £16.924m issued on 9<sup>th</sup> March 2022.

We have reviewed all our capital schemes in detail and are confident we can achieve our Capital Expenditure Limit.

We obtained final sign off of the Laundry S1/S2 documents in early March and these have been submitted to Welsh Government and our CEL updated (**Action Point 10.2**)

**10. Aged Debtors (Table M)**

At 28<sup>th</sup> February 2022 we had two NHS invoices and one NHS credit note outstanding over 17 weeks. Two of these are resolved and SBU have agreed to pay the other invoice upon the issue of a partial credit which we are processing. We are reviewing any invoices that will breach 17 weeks during March to ensure they are paid or credited so that they do not form part of the Agreement of Balances exercise.

**11. GMS (Table N)**

Not required for completion by NWSSP.

**12. Dental (Table O)**

Not required for completion by NWSSP.

**13. Other Issues**

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Team reports.

The Shared Services Partnership Committee will receive both the Month 10 and Month 11 Financial Monitoring Returns at the March meeting.

**14. Authorisation of Return**



.....  
**ANDREW BUTLER**  
**DIRECTOR OF FINANCE AND**  
**CORPORATE SERVICES**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**10<sup>th</sup> March 2022**

NHS Wales Shared Services Partnership

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Feb 22

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-5,416	-15	-5,401	-5,401
3 Planned Expenditure For Covid-19 (Negative Value)	-37,074	-37,074		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	2,644	15	2,629	2,629
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	37,074	37,074		
6 Planned Provider Income (Positive Value)	0	0		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	1,811	0	1,811	1,811
9 Planned (Finalised) Net Income Generation	961	0	961	961
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	1,120	1,120	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	2,880	2,880	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	5,716	5,716		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-5,716	-5,716		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31 Committed reinvestment within NWSSP	-2,000	-2,000		
32 Reserve for redistribution	-1,250	-1,250		
33 WG Brokerage	-750	-750		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-475	-478	-482	-74	-390	-486	-493	-498	-502	-510	-513	-515	-4,901	-5,416
3	-3,026	-3,060	-3,098	-3,093	-3,086	-3,090	-3,096	-3,095	-3,100	-3,098	-3,104	-3,129	-33,945	-37,074
4	249	252	255	-153	160	256	262	266	268	275	276	278	2,366	2,644
5	3,026	3,060	3,098	3,093	3,086	3,090	3,096	3,095	3,100	3,098	3,104	3,129	33,945	37,074
6													0	0
7													0	0
8	148	148	148	148	151	151	152	153	154	152	153	153	1,658	1,811
9	78	78	79	79	79	79	79	79	80	83	84	84	877	961
10													0	0
11													0	0
12													0	0
13													0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	129	123	228	149	28	20	194	119	-2	11	-79	200	920	1,120
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	406	195	359	378	240	332	337	38	89	255	20	231	2,649	2,880
23													0	0
24	0	0	-10	-136	7,115	3,612	-523	-118	-1,481	-478	-296	-1,969	7,685	5,716
25													0	0
26	0	0	10	136	-7,115	-3,612	523	118	1,481	478	296	1,969	-7,685	-5,716
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30													0	0
31	-535	-318	-587	-260			-300						-2,000	-2,000
32				-267	-268	-352	-231	-132					-1,250	-1,250
33								-25	-87	-266	59	-431	-319	-750
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	0	0	0	0	0	0	0	0	0	0	0	0	0	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Turnover factor is less than budgeted	0	Low
13	Non achievement of income targets	0	Low
14	Covid 19 funding not received from Welsh Government	(5,389)	Low
15	Medical Examiner funding not confirmed	(1,332)	Low
16	Additional WRP Covid claims - included in DEL forecast	0	High
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(6,721)	
	Further Opportunities (positive values)		
27	Further over achievement of savings	250	Medium
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	250	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(6,470)	
38	Best Case Outturn Scenario	250	

NHS Wales Shared Services Partnership

Table B - Monthly Positions

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Period : Feb 22

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	15,487	16,237	17,289	17,041	19,170	21,834	20,765	21,727	23,167	22,323	21,380	24,348	216,420	240,768
4	WHSSC Income	Actual/F'cast	0	0	0	0	0	0	0		0	0	0	0	0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast	10,517	12,204	14,362	19,494	21,310	18,425	18,489	12,522	41,532	18,709	21,746	44,077	209,310	253,387
6	Other Income	Actual/F'cast	2,350	2,428	1,907	2,315	847	4,981	5,402	2,437	4,588	5,122	2,865	7,093	35,242	42,335
7	Income Total		28,354	30,869	33,558	38,850	41,327	45,240	44,656	36,686	69,287	46,154	45,991	75,518	460,972	536,490
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	14,054	14,687	14,353	14,293	16,872	20,087	17,698	19,166	19,300	19,539	19,220	20,670	189,269	209,939
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	13,379	13,038	14,684	14,144	13,902	17,154	17,823	12,626	17,850	17,905	14,940	18,807	167,444	186,251
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast													0	0
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	665	2,367	4,534	10,150	3,083	3,501	8,359	4,603	31,846	8,375	11,532	35,739	89,015	124,754
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast		521	(521)		7,207	3,941							11,148	11,148
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	256	256	508	263	263	35	455	291	291	335	299	302	3,253	3,555
23	AME Donated Depreciation/Impairments	Actual/F'cast						522	321						843	843
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	28,354	30,869	33,558	38,850	41,327	45,240	44,656	36,686	69,287	46,154	45,991	75,518	460,972	536,490
27	Net surplus/ (deficit)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28. Actual YTD surplus/ (deficit)	0	
29. Actual YTD surplus/ (deficit) last month	0	
30. Current month actual surplus/ (deficit)	0	
		Trend
31. Average monthly surplus/ (deficit) YTD	0	▲
32. YTD /remaining months	0	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	1
34. Year to Date Trend Scenario	1

C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL Baseline Provider Depreciation	Actual/Fcast	98	98	98	233	131	131	131	131	131	127	129	1,440	1,570
36	Strategic Depreciation	Actual/Fcast	158	158	182	30	132	132	324	160	160	204	172	1,812	1,985
37	Accelerated Depreciation	Actual/Fcast												0	0
38	Impairments	Actual/Fcast			228		(228)							0	0
39	Other (Specify in Narrative)	Actual/Fcast												0	0
40	Total		256	256	508	263	263	35	455	291	291	335	299	3,253	3,555
AME															
41	Donated Asset Depreciation	Actual/Fcast												0	0
42	Impairments	Actual/Fcast					522	321						843	843
43	Other (Specify in Narrative)	Actual/Fcast												0	0
44	Total		0	0	0	0	0	522	321	0	0	0	0	843	843

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
59	Forecast Only													0	0
60	Forecast Only													0	0
61	Forecast Only													0	0
62	Forecast Only													0	0
63	Forecast Only													0	0
64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Phasing		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	26	26	26	26	27	27	28	28	28	29	29	27	300	327		327	0			
11		Actual/F'cast	93	(56)	47	26	(42)	131	(52)	(43)	32	135	29	27	300	327	91.75%	327	0	0	327	327
12		Variance	67	(82)	21	0	(69)	104	(80)	(71)	4	106	0	0	0	0	0.11%	0	0			
13	Pay	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	1,358	1,484		1,484	0			
14		Actual/F'cast	461	399	460	500	433	352	541	234	211	272	144	357	4,007	4,364	91.82%	4,364	0	2,880	1,484	1,484
15		Variance	339	277	338	378	309	228	417	109	85	149	20	231	2,649	2,880	195.07%	2,880	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,658	1,811		1,811	0			
20		Actual/F'cast	554	343	507	526	391	483	489	191	243	407	173	384	4,307	4,691	91.81%	4,691	0	2,880	1,811	1,811
21		Variance	406	195	359	378	240	332	337	38	89	255	20	231	2,649	2,880	159.79%	2,880	0			
22	Variance in month		274.32%	131.76%	242.57%	255.41%	158.94%	219.87%	221.71%	24.84%	57.79%	167.98%	13.07%	150.98%	159.79%							
23	In month achievement against FY forecast		11.81%	7.31%	10.81%	11.21%	8.33%	10.30%	10.42%	4.07%	5.18%	8.68%	3.69%	8.19%								

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	114	114	114	114	116	116	116	117	117	114	115	117	1,267	1,384		1,384	0			
2		Actual/F'cast	453	391	452	492	425	344	533	226	202	263	135	348	3,916	4,264	91.84%	4,264	0	2,880	1,384	1,384
3		Variance	339	277	338	378	309	228	417	109	85	149	20	231	2,649	2,880	209.08%	2,880	0			
4	Variable Pay	Budget/Plan	8	8	8	8	8	8	8	8	9	9	9	9	91	100		100	0			
5		Actual/F'cast	8	8	8	8	8	8	8	8	9	9	9	9	91	100	91.00%	100	0	0	100	100
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	1,358	1,484		1,484	0			
20		Actual/F'cast	461	399	460	500	433	352	541	234	211	272	144	357	4,007	4,364	91.82%	4,364	0	2,880	1,484	1,484
21		Variance	339	277	338	378	309	228	417	109	85	149	20	231	2,649	2,880	195.07%	2,880	0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			



Table C3 - Tracker

This Table is currently showing 0 errors

	E'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,658	1,811	0	1,811	0	1,811
	Month 1 - Actual/Forecast	148	148	148	148	151	151	152	153	154	152	153	153	1,658	1,811	0	1,811	0	1,811
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	406	0	0	0	0	0	0	0	0	0	0	0	406	406	406	0	0	0
	In Year - Actual/Forecast	406	195	359	378	240	332	337	38	89	255	20	231	2,649	2,880	2,880	0	0	0
	Variance	0	195	359	378	240	332	337	38	89	255	20	231	2,243	2,474	2,474	0	0	0
	Total Plan	554	148	148	148	151	151	152	153	154	152	153	153	2,064	2,217	406	1,811	0	1,811
	Total Actual/Forecast	554	343	507	526	391	483	489	191	243	407	173	384	4,307	4,691	2,880	1,811	0	1,811
	Total Variance	0	195	359	378	240	332	337	38	89	255	20	231	2,243	2,474	2,474	0	0	0
Net Income Generation	Month 1 - Plan	78	78	79	79	79	79	79	79	80	83	84	84	877	961	0	961	0	961
	Month 1 - Actual/Forecast	78	78	79	79	79	79	79	79	80	83	84	84	877	961	0	961	0	961
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	129	0	0	0	0	0	0	0	0	0	0	0	129	129	129	0	0	0
	In Year - Actual/Forecast	129	123	228	149	28	20	194	119	(2)	11	(79)	200	920	1,120	1,120	0	0	0
	Variance	0	123	228	149	28	20	194	119	(2)	11	(79)	200	791	991	991	0	0	0
	Total Plan	207	78	79	79	79	79	79	79	80	83	84	84	1,006	1,090	129	961	0	961
	Total Actual/Forecast	207	201	307	228	107	99	273	198	78	94	5	284	1,797	2,081	1,120	961	0	961
	Total Variance	0	123	228	149	28	20	194	119	(2)	11	(79)	200	791	991	991	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	226	226	227	227	230	230	231	232	234	235	237	237	2,535	2,772	0	2,772	0	2,772
	Month 1 - Actual/Forecast	226	226	227	227	230	230	231	232	234	235	237	237	2,535	2,772	0	2,772	0	2,772
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	535	0	0	0	0	0	0	0	0	0	0	0	535	535	535	0	0	0
	In Year - Actual/Forecast	535	318	587	527	268	352	531	157	87	266	(59)	431	3,569	4,000	4,000	0	0	0
	Variance	0	318	587	527	268	352	531	157	87	266	(59)	431	3,034	3,465	3,465	0	0	0
	Total Plan	761	226	227	227	230	230	231	232	234	235	237	237	3,070	3,307	535	2,772	0	2,772
	Total Actual/Forecast	761	544	814	754	498	582	762	389	321	501	178	668	6,104	6,772	4,000	2,772	0	2,772
	Total Variance	0	318	587	527	268	352	531	157	87	266	(59)	431	3,034	3,465	3,465	0	0	0

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 15 MARCH 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 15 March 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meetings held on the 11 January 2022, 18 January 2022 and 8 February 2022 were **approved** as a true and accurate record of the meetings.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. Neonatal Transport Update**

Members received an update report on progress to establish an Operational Delivery Network (ODN) for the neonatal transport service.

Members noted that the Joint Committee (JC) had supported that Swansea Bay University Health Board (SBUHB) host the ODN and the intention was that the ODN would be in place by January 2022. However, due to operational pressures and the ongoing pandemic progress had been delayed and the intended “go live” date for the ODN had moved to June 2022.

Members **noted** the report.

### **4. Chair’s Report**

Members received the Chair’s Report and **noted**:

- No chairs actions had been undertaken since the last meeting,
- An update on the substantive appointment of a Chair for the Welsh Renal Clinical Network (WRCN),
- An update on WHSSC Independent Member (IM) Remuneration,
- Attendance at the Integrated Governance Committee (IGC) 28 February 2022; and
- 1 to 1 Meetings with Health Board (HB) CEOs.

Members **noted** the report.

## **5. Managing Director's Report**

Members received the Managing Director's Report and **noted** updates on:

- The SBUHB Welsh Centre for Burns; and
- The De-escalation of Cardiac Surgery at SBUHB from Level 4 to Level 3.

Members **noted** the report.

## **6. Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis**

Members received a report seeking support for the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

Members (1) **Noted** the report; and (2) **Supported** in principle the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

## **7. WHSSC Process for Responding to the Ministerial Measures**

Members received a report providing an overview of the recently received Ministerial measures and which proposed a process through which WHSSC could respond.

Members **noted** the new Ministerial priority measures and the process through which WHSSC will respond to them.

## **8. Major Trauma Update**

Members received a report providing an update on the performance and key issues in the Major Trauma Network covering south, mid and west Wales.

Members **noted** the report.

## **9. Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group**

Members **noted** that this agenda item had been deferred until the next meeting.

## **10. All Wales Individual Patient Funding Request (IPFR) Panel Update**

Members received a report providing an update regarding proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel. The report also proposed that an engagement process is undertaken related to future changes to the ToR as well as arrangements for a strengthened governance structure for the Joint Committee's sub-committee.

Members discussed the ongoing risks to WHSSC and it was agreed that Dr Sian Lewis (SL), Managing Director, WHSSC would meet with Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG) to discuss how to progress the IPFR Governance issue as a matter of urgency within WG; and that the WHSS Team would write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and to provide him with a copy of the meeting report.

Members (1) **Noted** the progress made and the proposed changes to the All-Wales IPFR WHSSC Panel Terms of Reference (ToR), which are being discussed with Welsh Government, (2) **Noted** the progress made following discussions with Welsh Government regarding urgent changes to the existing NHS Wales Policy "Making Decisions on Individual Funding Requests (IPFRs)", (3) **Supported** that the WHSS Team undertake an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR; and (4) **Approved** an uplift to the Direct Running Costs (DRC) budget by £57K per annum to fund the additional governance resource within WHSSC.

### **11. Corporate Risk Assurance Framework (CRAF)**

Members received the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Approved** the updated Corporate Risk Assurance Framework (CRAF); and (2) **Noted** that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

### **12. WHSSC Joint Committee Annual Plan of Committee Business 2022-2023**

Members received the Joint Committee's Annual Plan of Committee Business for 2022-2023 that outlined the annual business cycle for the work of the Committee.

Members **approved** the Joint Committee's Annual Plan of Committee Business for 2022-2023.

### **13. COVID-19 Period Activity Report for Month 9 2021-2022 COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

#### **14. Financial Performance Report – Months 10 and 11 2021-2022**

Members received the financial performance reports setting out the financial position for WHSSC for months 10 and 11 of 2021-2022. The financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.

The financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of £14,058k.

Members **noted** the report.

#### **15. Corporate Governance Matters**

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

#### **16. Other reports**

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).

#### **17. Any Other Business (AOB)**

Members received verbal updates on:

- The Annual Committee Effectiveness Exercise for 2021-2022 which will be circulated at the end of March 2022 and all members were encouraged to complete the online survey; and
- Recognition that Ian Phillips, Independent Member (IM) WHSSC, would be resigning from his position, as he had been appointed as the substantive Chair of Welsh Renal Clinical Network (WRCN).



GIG  
CYMRU  
NHS  
WALES  
Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team





**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON  
18 JANUARY 2022 AT 11:15HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer	Chief Executive, Powys Teaching Health Board PTHB
Stuart Walker	Interim Chief Executive, Cardiff and Vale CVUHB
Mark Hackett	Chief Executive, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
<b>In Attendance:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit (NCCU)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/01	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair

	<p>Members were reminded that, following discussion with the Chairs of both EASC and the Welsh Health Specialised Services Committee (WHSSC), it had been agreed to hold a shortened meeting in light of the current severe operational pressures that Health Boards were facing.</p> <p>The Chair explained that an abbreviated agenda had been prepared with the meeting focussed on two main items, these were emergency ambulance capacity and the draft EASC Integrated Medium Term Plan (IMTP). It was stated that the performance report, Chief Ambulance Services Commissioner (CASC) report and the Welsh Ambulance Services NHS Trust (WAST) provider update had also been included for noting and information. Whilst the three items would not be considered during the meeting, the Chair confirmed that members could raise any related matters with the Chair or any member of the EASC Team.</p> <p>In light of operational pressures and the need for a shortened meeting, other routine reports were deferred to the next meeting of the Committee, due to be held on Tuesday 15 March 2022.</p>	
EASC 22/02	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Tracey Cooper, Steve Ham, Stephen HARRY, Gwenan Roberts and Jo Whitehead.</p>	Chair
EASC 22/03	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>The Chair reminded those that had not yet responded to the request for Declarations of Interest to respond and suggested that the EASC Team could be contacted if there were any queries.</p>	Chair
EASC 22/04	<p><b>MINUTES OF THE MEETING HELD ON 9 NOVEMBER</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 9 November 2021.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 9 November 2021.</li> </ul>	Chair
EASC 22/05	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p>	

	<p><b>EASC 21/64 Ambulance Handover Delays</b> It was noted that discussions were ongoing with various sites and options being discussed regarding this matter.</p> <p><b>EASC 21/65 Focus on session - Update on Demand &amp; Capacity</b> It was agreed that a short paper would be prepared to include the assumptions used in the modelling.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Action Log.</li> </ul>	<p><b>EASC Team</b></p> <p><b>EASC Team</b></p>
EASC 22/06	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising.</p>	
EASC 22/07	<p><b>CHAIR'S REPORT</b></p> <p>The Chair's report was received.</p> <p>It was noted that the Chair had recently met with both Velindre University NHS Trust and Betsi Cadwaladr UHB. Each presentation had been tailored to suit local requirements and priorities and, again, this resulted in positive interactions and welcome feedback.</p> <p>The Chair advised that personal objectives had now been received from the Minister following the end of year appraisal. In addition to the core objectives, three additional targeted objectives had been included to reflect the specific role of the Committee.</p> <p>It was agreed that the inclusion of the specific Six Goals objective indicated the Minister's clear wish to formally extend the Committee's role in the urgent and emergency care arena.</p> <p>The Chair confirmed that the in-year review with the Minister would be held shortly.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report</li> </ul>	
<b>Part 2. ITEMS FOR DISCUSSION</b>		<b>ACTION</b>
EASC 22/08	<p><b>EMERGENCY AMBULANCE CAPACITY (2022-23)</b></p> <p>Ross Whitehead presented the report relating to emergency ambulance capacity and the continuing challenge in ensuring the delivery of effective and responsive emergency ambulance services.</p>	



	<p>Members noted that changes in demand and lost capacity through handover, sickness and other areas had resulted in poor responses for patients, failure to achieve response targets and episodes of harm for some patients.</p> <p>The Welsh Ambulance Services NHS Trust (WAST) had recently provided a transition case to the Chief Ambulance Services Commissioner outlining their preferred option for additional capacity next year.</p> <p>This option included the recruitment and training of an additional 294 full time equivalents (FTEs) during 2022-23 to aid in reducing patient harm and system risk and supporting the move towards the strategic ambition previously presented to the Committee.</p> <p>Additional capacity would bolster operational resources and mitigate the impact of lost capacity through handover delays and workforce practices, whilst improvement plans to address these were being implemented. This capacity would predominantly come from recruiting and training additional Emergency Medical Technicians and would be unlikely to draw significantly on candidates that Health Boards would be seeking.</p> <p>Members noted that the case had been considered and agreed by the WAST Board during a closed board session and would be made available to Members on request.</p> <p>It was noted that the EASC Team were currently reviewing the case on behalf of the Committee. Whilst it has not been possible to fully appraise the case in the timescale between its submission and the meeting of the Joint Committee, it was clear from an operational delivery and patient safety perspective that the ambulance service would require additional capacity next year.</p> <p>The case presented as the WAST preferred option which included the £10m revenue during 2022-23 with an ongoing revenue tail of £16m plus an additional £16m capital requirement.</p> <p>It was noted that there were multiple risks associated with delivering the preferred model, particularly from a recruitment perspective, that would result in a significant underspend against this requirement if they materialised.</p>	
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There was currently no identified funding source from the committee or centrally to fund any uplifts in ambulance capacity on a recurrent basis. In addition, the committee does not have responsibility for capital funding for emergency ambulance services, but effective delivery of any additional capacity could require capital funding.

The paper presented aimed to seek the views of the Committee Members on the approach to increasing operational capacity within the emergency ambulance service during the financial year 2022-23, with a view to improving responsiveness of emergency ambulances for the population and supporting the wider health system.

The Chair thanked Ross Whitehead for the report adding that this would stimulate discussion among Members regarding their views around the approach to emergency ambulance capacity for the next financial year. The Chair requested that Members:

- considered the principle of recruiting additional frontline Ambulance staff in 2022-23
- note that the CASC and his team undertake a full assessment of the transitional plan recently received from WAST and provide clear recommendations to the committee via the EASC Management Group
- agree that reference would be made to the transition plan in the EASC IMTP.

It was confirmed that the 294 FTEs would be in addition to the additional resources funded in 2020-21 and 2021-22. It was also noted that during this time there had been a significant increase in activity and a material increase in lost capacity due to the increase in ambulance handover delays. Members were reminded that the modelling undertaken used an average of 6,000 lost handover hours per month; the current average was now 18,000 hours.

Members were advised that the modelling undertaken indicated that in excess of 300 FTEs were required, the 294 FTEs indicated the level that WAST feel that they were able to recruit and train.

It was agreed that this was a significant request and that, whilst this may address the pressure across the system in the short term, there should a robust effort to explore more sustainable opportunities to relieve the pressure across the system in the longer term.

	<p>Members agreed that this request to increase emergency ambulance capacity reflected an inherently inefficient health and social care system. Equally, it was agreed that this was not just a case for additional resources due to capacity being held outside of our hospitals, but that there were key risks in terms of patient safety and experience.</p> <p>It was suggested that a process of scrutiny and assurance be undertaken. It was agreed that involving Health Board Directors of Finance, Directors of Planning and Chief Operating Officers, working with WAST colleagues, would ensure a robust process involving key stakeholders.</p> <p>The Chair thanked Members for their views and contribution to this important discussion. The EASC Team would coordinate the process, linking in with the EASC Management Group. This would ensure that appropriate EASC governance processes were followed and also that the risks, benefits and assumptions made within the case were fully understood.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and agreed actions.</li> </ul>	<p><b>EASC Team</b></p>
<p>EASC 22/09</p>	<p><b>DRAFT EASC Integrated Medium Term Plan (IMTP) 2022-25</b></p> <p>Ross Whitehead provided an update on the work to develop the EASC IMTP for 2022-25. It was suggested that Members would be familiar with many of the key principles adopted.</p> <p>The plan aimed to reflect and align with key strategic documents, Welsh Government policy, EASC Chair's objectives, plans for transformational change across Health Boards (HB) and Trusts and Commissioning Intentions (2022-23).</p> <p>The key priorities for EASC commissioned services were confirmed as:</p> <ul style="list-style-type: none"> <li>• <b>Emergency Medical Services (EMS)</b> Building upon the engagement undertaken with a wide range of stakeholders in relation to the vision for a modern ambulance service (initially presented, discussed and agreed at the EASC Committee in July 2021). Steps were already being taken on this journey and a case for additional emergency ambulance capacity and additional funding for Year 1 (2022-23) has been submitted.</li> </ul>	

	<p>Implementation of a new commissioning framework for EMS that started to reflect the progress made towards the vision for a modern ambulance service, would be a key part of this work around EMS. This new framework would be enacted on 1 April 2022.</p> <ul style="list-style-type: none"> <li>• <b>Non-Emergency Patient Transport Services (NEPTS)</b> Following completion of the transfers of work from HBs, NEPTS would focus on: <ul style="list-style-type: none"> <li>– delivering the best patient transport model for Wales ensuring value and utilisation efficiency</li> <li>– strengthening the quality assurance process for providers</li> <li>– understanding the current and future needs of HBs and developing and implementing a responsive and adaptive NEPTS service</li> <li>– developing a robust forecasting and modelling framework</li> <li>– collaborating with the system to reduce system inefficiencies.</li> </ul> </li> <li>• <b>Emergency Medical Retrieval and Transfer Service (EMRTS) including the Adult Critical Care Transfer Service (ACCTS)</b> EASC will continue to work with EMRTS Cymru to: <ul style="list-style-type: none"> <li>– consolidate the implementation of the ACCTS with a clear focus on improving patient outcomes, value, quality and safety</li> <li>– explore opportunities for an enhanced Critical Care Practitioner-led response</li> <li>– finalise and circulate EMRTS Service Evaluation</li> <li>– support the work of the Wales Air Ambulance Charity in the implementation of their new organisational strategy.</li> </ul> </li> </ul> <p>In terms of wider system transformational work programmes, the key priorities included within the EASC IMTP were confirmed as:</p> <ul style="list-style-type: none"> <li>• <b>National Transfer and Discharge Service</b> Work will be undertaken to ensure a more effective and efficient approach to transfer and discharge services, ensuring reduced fragmentation and improving patient flow into and out of secondary care facilities. Next steps would include: <ul style="list-style-type: none"> <li>– developing the service through collaborative working with partner organisations</li> <li>– developing and seeking agreement for the business case.</li> </ul> </li> </ul>	
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- **NHS 111 Wales**

It was confirmed that:

- options for commissioning NHS 111 Wales were currently being considered
- there were many cross-cutting themes
- there was a need to realise opportunities to simplify the NHS 111 Wales approach and service as we transition to commissioning phase
- further discussions are required to ensure close alignment between EMS and 111 services.

- **Emerging System Change**

In response to plans for transformational change, it was confirmed that the EASC would:

- act as a forum for discussing the plans that are being developed across HBs at the earliest opportunity
- support the wider urgent and emergency care system, with transport as a key element of the work to improve patient flow within the wider health system
- work with partners to improve service delivery and performance and to lead the commissioning of new transport models in response to system need.

In terms of the EASC financial plan it was confirmed that:

- Early sight of financial requirements has been provided with a draft financial plan presented at EASC in November
- Draft financial plan was then presented to the deputy directors of finance including timelines and assumptions
- Engagement undertaken with peer groups to ensure inclusion in HB IMTPs
- Final draft of the financial plan to be presented to EASC MG in February and EASC Joint Committee in March.

Members were advised of the timeline for submission of the approved EASC IMTP to Welsh Government in March.

A discussion was then held, key points raised included:

- non-emergency patient transport services - noting the completion of transfers of work from HBs, it was agreed that a position report would now be prepared to capture the issues, risks and opportunities in this area in light of the COVID-19 pandemic and the constraints of social distancing, the reported increase in virtual consultations and the development of alternative pathways

	<ul style="list-style-type: none"> <li>that, as commissioners, the Committee should take action to remove inefficiencies that exist within the system and should embrace the innovation and opportunities that exist including same day emergency care, palliative paramedics</li> <li>that a comprehensive baseline analysis and scoping exercise would be undertaken as part of the work to develop the case for a national transfer and discharge service in order to remove duplication and to ensure an efficient and effective service.</li> </ul> <p>The Chair thanked Ross Whitehead for the presentation and thanked Members for their contribution and suggestions for the EASC IMTP. The EASC Team would now refine the plan in light of the helpful comments received and circulate in line with the timeline presented.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the presentation and agreed actions.</li> </ul>	
<b>Part 3. ITEMS FOR NOTING AND DISCUSSION</b>		<b>ACTION</b>
EASC 22/10	<p><b>KEY REPORTS AND UPDATES</b></p> <p>Due to the agreement for a shortened meeting and an abbreviated agenda to reflect the operational pressure being faced across the NHS system, the performance report, CASC report and WAST provider update were included for noting and information.</p> <p>Whilst these three items were not considered during the meeting, the Chair confirmed that members should raise any related matters with the Chair or any member of the EASC Team.</p> <p>It was agreed that the WAST Team would undertake work to develop a system that would capture and report on episodes where the ambulance services was not able to deploy a response vehicle or where the patient decided to find their own transport to hospital.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the performance report, CASC report and WAST provider update</li> </ul>	<b>WAST Team</b>
<b>Part 4. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/11	<p><b>ANY OTHER BUSINESS</b></p> <p>There was none.</p>	

## Agenda Item 1.4

DATE AND TIME OF NEXT MEETING		
EASC 22/12	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 15 March 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....

Unconfirmed



# NHS Wales Collaborative Executive Group

## *Minutes of Meeting held on 22 February 2022*

**Author:** Teri Harvey

**Version:** 0b

**Members present**

Alex Howells (Chair), Chief Executive, HEIW (AH)  
Tracey Cooper, Chief Executive, Public Health Wales (TC)  
Mark Dickinson, Director, NHS Wales Health Collaborative (MD)  
Richard Evans, Executive Medical Director, Swansea Bay UHB (RE) – for Mark Hackett  
Steve Ham – Chief Executive, Velindre NHS Trust (SH)  
Glyn Jones, Chief Executive, Aneurin Bevan UHB (GJ)  
Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB (PM)  
Steve Moore, Chief Executive, Hywel Dda UHB  
Suzanne Rankin, Chief Executive, Cardiff & Vale UHB (SR)  
Claire Roche, Executive Director of Quality and Nursing, WAST (CR) – for Jason Killens  
Carol Shillabeer, Chief Executive, Powys THB  
Helen Thomas, Chief Executive, DHCW (HT)  
Jo Whitehead, Chief Executive, Betsi Cadwaladr UHB (JW)

**In attendance**

Shakeel Ahmad, Cardiff & Vale UHB – Agenda item 03 (SA)  
Muhammad Aslam, Betsi Cadwaladr UHB – Agenda item 04 (MA)  
Karen Evans, NHS Wales Health Collaborative (KE)  
Jane Green – Welsh NHS Confederation (JG)  
Barney Hawthorn, Cardiff & Vale UHB – Agenda item 06 (BH)  
Anouska Huggins, Archus – Agenda item 04 (AnH)  
Fiona Jenkins – Cardiff & Vale UHB – Agenda item 03 (FJ)  
Joanne Oliver, NHS Wales Health Collaborative – Agenda item 03  
Caity Thomas, NHS Wales Health Collaborative – Agenda item 04

**Apologies**

Rhys Blake, Head of Planning, NHS Wales Health Collaborative  
Mark Hackett, Chief Executive, Swansea Bay UHB  
Jason Killens, Chief Executive, WAST

**1. Introductory remarks**

AH welcomed Suzanne Rankin and Karen Evans to their first CEG meeting. AH also welcomed Claire Roche who attended on behalf of Jason Killens.

**Action**



	Paper Ref: <b>EG-2204-01</b>
NHS Wales Health Collaborative Executive Group	Minutes 22/02/22

<b>2. Minutes of previous meeting (EG-2202-01)</b>		<b>Action</b>
The minutes of the 23 November 2021 meeting were approved as an accurate record.		
<b>3. Action Log (EG-2202-02)/Matters arising from previous meeting</b>		<b>Action</b>
<p>EG/A/413 - The Q&amp;SP roles have now been shortlisted and interviews have been arranged.</p> <p>EG/A/416 - The MoU between the Collaborative and DHCW will return to CEG in the next few months. The current priority is to resolve the position with regard to RISP</p> <p>JW advised that she had met with the Liver Disease Implementation Group (LDIG) of which she is now the lead CE. There appeared to be a lot of confusion in the system around the letter that Chris Jones sent on 7<sup>th</sup> January and felt a discussion was needed to discuss the next stages. MD agreed that there were some quite complex issues set out in the letter. The current arrangements for major conditions implementation groups have been extended for one more year but there is an assumption in that letter that those budgets will be pooled from 2023/24 and will form the basis under which the further development of the clinical networks takes place in light of the National Clinical framework. MD will bring a paper to the April/May meeting which will set out what the implications and risks across all of the IGs and for individual organisations.</p>		<b>MD</b>
<b>4. Developing Regional Stroke Services (EG-2202-03)</b>		<b>Action</b>
<p>Fiona Jenkins (FJ) joined the meeting as Chair of the Stroke Implementation Group (SIG). She thanked Mark Hackett for the work he had been doing with SA and FJ. CEG were asked to note the summary at the beginning of the document which looked at developing comprehensive regional stroke centres and a model of the ODN. Plans are being informed by what else is happening around the UK. Stroke services had improved but they are not where they need to be. The aim is to achieve better outcomes for patients whilst also focussing on stroke prevention.</p> <p>Shakeel Ahmad (SA) joined the meeting and thanked the group for inviting him back and gave a presentation.</p> <p>JW strongly supported the concept of the proposed regional operational delivery networks (ODNs) and was happy with the idea that we try and get this into IMTPs next year. With the political and operational practicalities capital will be needed and JW could not see where this would come from. The politics of a regional centres is going to be very challenging to manage and strong political support will be needed for this.</p>		

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<p>SM echoed JW comments. He stressed the need for health boards to engage their local populations and for mid Wales issues to be recognised. SM agreed with this. We need to be clear about the implementation both in engagement and consultation terms and also be aware that each HB would be starting this at a different stage.</p> <p>CS agreed that there is a need to improve stroke services across the whole pathway. There is a paragraph in the report about Powys and CS advised that 50% of acute care for the people of Powys is in England so she asked that a resident view be taken and not simply a provider view. CS was keen that Directors of Planning (DoPs) are sighted and involved in this work. We need to be very careful not to predetermine any outcome in any papers at this stage.</p> <p>GJ stated he supported the work to improve stroke care across the whole pathway. With the issues experienced in The Grange regarding pathways a review had been commissioned and GJ is happy to share the findings once this has been completed. GJ agreed with CS comments. He asked if this would be a good opportunity to systemically collate outcomes. There are a standard set for stroke care.</p> <p>CR mentioned that no matter how good services are, if we don't have timely access to those services then the pathway falls down right at the beginning and felt that this message was not strong enough in the presentation.</p> <p>AH summarised the key points raised regarding population approach vs provider approach; the need for DoP expertise, particularly around the political and local engagement and access issues.</p> <p>SA agreed that the points raised were all valid and confirmed that the whole of the pathway would be looked at. Claire Nelson is on the SIG as a ADoP. SA confirmed that SNAP are starting to produce data on health outcomes.</p> <p>PM supported the paper but agreed that there are sensitivities about the recommendations as we cannot be seen to be prejudging the eventual configuration of services. The group have agreed the principles but this now needs to be worked through with health boards and regions. We need clarity for the next steps on how this is going to be taken forward with a coherent timetable.</p> <p>MD summarised the recommendations in the paper to ensure that the Collaborative have a clear mandate on the next steps in supporting the SIG. The overall aims and objectives were agreed. The process set out for seeking expressions of interest to be the designated as the CRSCs was not approved. It was agreed that more work is needed from the bottom up and the should Collaborative work with the DoPs on how to achieve this. MD will raise with the DoPs peer group to progress.</p>	<p><b>MD</b></p>
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<p>It was felt that there needed to be conversations about what the proposed process is for taking on such a significant endeavour. There will need to be some national planning connected to local circumstances and HBs and this needs to be planning led. It was agreed that a proposal should come back to CEG on the how this will be done and then taken on to the NHS Wales Leadership Board to ensure WG buy in.</p> <p>AH confirmed that there is a lot of support and energy to move this forward and that timescales are important to stop momentum being lost. Using DoPs, this would help pitfalls and barriers to be pre-empted and CEG looked forward to seeing another version of this paper in April.</p>	<b>MD/MH</b>
<b>5. Digital Cellular Pathology BJC (EG-2202-04)</b>	<b>Action</b>
<p>AH welcomed to Anouska Huggins (AnH) and Muhammad Aslam (MA) to the meeting. There had been a long conversation about this item at the last meeting and there were a number of comments about the need to strengthen some of the focus on benefits. There was support in principle for the need to do this work.</p> <p>SR confirmed that she was the SRO on this programme and felt from earlier discussions that there was broad support about the Phase 3 scale-up but felt that there was a sustainability issue. With the new reiteration of the BJC being presented today, CEG were being asked to give an agreement in principle to progress to phase 3.</p> <p>AH assumed that people still supported the need to do this but there was a need to ensure that this new reiteration of the business case helped satisfy the queries raised by CEs at the last meeting in order to approve and move forward.</p> <p>MA presented slides.</p> <p>PM supported the move to digital pathology and could see it would also support some of the workforce pressures felt in being able to share workload across sites. Some further understanding was needed on the funding from WG in regards to capital as it had been communicated that capital funding would be a challenge going forward.</p> <p>HT also supported the direction of travel. HT felt that we may need to see what support there would be from WG before refining the requirement of procurement otherwise we could be going round in circles. HT would discuss with WG the need to set up a national project on a national image store.</p> <p>GJ also supported this work in principle but felt more work would be needed to look at IFRS16 as this could potentially mean there could be a greater shift towards capital spend as opposed to revenue and could make capital costs even greater than being shown. .</p>	

<p>AnH agreed that funding from WG could be an issue. Discussions had taken place with the Digital Board but until this is moved to the Scrutiny Board we will not know what is available. She confirmed that additional work had been done on the workforce benefits around transportation, storage of slides, reporting efficiencies and better sharing and collaborative and figures had been put alongside these. There were still some uncertainties around IRFS16 as the implications are still not very clear.</p> <p>MD confirmed that there is an absolute need for this to get approved and getting the sequencing of it right. It was felt that we were going around in circles improving the case but not getting any further forward in terms of answering the big questions and that the sooner we could commence a procurement process through a PIN, the sooner we could generate the next stage about figures on capital and revenue.</p> <p>PM stated that there was a need for us to elevate these discussions further up in WG to align with the work Nick Wood is doing and not just through the finance route. PM was happy to flag this at the Leadership Board meeting that afternoon when Nick Wood's paper was being discussed. The capital challenge was an issue so we may need to find another way of funding this work. Partnership with a supplier could be the way forward but this would mean a different way of working and procurement process and could raise alarms within WG.</p> <p>Greater clarity is needed from stakeholders (inc. WG and DHCW) over three issues:</p> <ul style="list-style-type: none"> <li>• The overall accounting treatment - revenue and capital split</li> <li>• Sources and availability of funding – in particular how much capital and revenue might WG be able to contribute and what would be the residual health board contributions</li> <li>• Scope of what we are procuring: <ul style="list-style-type: none"> <li>○ Is the image store aspect 'in scope' of this programme or being dealt with as part of a separate programme</li> <li>○ How far do we to seek innovative solutions that include private provision of aspects of the service beyond the provision of the kit and core service</li> </ul> </li> </ul> <p>MD will progress discussions with all key stakeholders with a view to progressing to the issuing of PIN, which will then result in further clarity over options available from the market and their financial ramifications.</p>	<p><b>MD</b></p>
<p><b>6. South Wales Trauma Network – Post programme evaluation (EG-2202-05)</b></p>	<p><b>Action</b></p>
<p>Postponed to next meeting</p>	

7. IBD in Wales: Health Board Service Report (EG2202-06)	Action
<p>Barney Hawthorn (BH) joined the meeting.</p> <p>AH reported that the comprehensive paper BH had shared was helpful in setting recommendations and the prospective of the way forward.</p> <p>BH shared some slides explaining the background on IBD and findings and recommendations for discussion.</p> <p>CS noted that the paper focussed solely on provider organisations and commented that for the Powys population 50% access their acute care on the boarder to England so would like to encourage every working group who are looking at improving services for the people of Wales to consider all of the people in Wales if at all possible. She would be interested to see what the differences are between in England and Wales and whether we have disparity and that in itself can help further the cause in terms of bringing the standards up in Wales.</p> <p>BH confirmed that we have a lot of data from the 2019 benchmarking exercise and it does show significant differences particularly in waiting times in Wales.</p> <p>SR thanked BH for the presentation and asked what the mechanism was in bringing these debates through the HBs as well as to this meeting as she was unaware of seeing this in her own organisation.</p> <p>BH confirmed that each HB received a local report as well as the summary across Wales. He very much appreciated the work that was happening in Cardiff as there were some business cases that have been successful which are used as examples for other hospitals.</p> <p>AH suggested that we do need to be clear who is involved in all of the different groups and what their role is to ensure information is fed back into the organisations as it is great to have the discussions here but it does put the onus back on the CEs.</p> <p>HT noted that DHCW may be able to help with the data and informatics work and agreed to have a discussion with her team offline on how to gather data and information around biologics.</p> <p>AH confirmed that colleagues are supportive in principle of the recommendations and will now have the local conversations.</p>	<p></p> <p><b>CEs</b></p>
8. Neonatal Transport update (EG-2202-07)	Action
<p>RE confirmed that the temporary model seemed to be working very well at the moment and this will hopefully move to a permanent model in July. This item will be discussed at the next meeting in March.</p>	<p></p>

<b>9 LINC and RISP Director's reports (EG-2202-08)</b>		<b>Action</b>
<p>JB was welcomed to the meeting.</p> <p>JB announced that the deployment order 1 for LINC had now been signed with C&amp;V. Alex Percival was now working with PHW screening to progress the second deployment order and was also in talks with other HBs to get them lined up and signed as well. LINC were working hard with Citadel to progress the design process but it was decided to set up two lots of workshops to look at the design process. It was also agreed to set up a core design team together for the core build of the product and this group has now been set up. The workshops went well and there were an agreed set of actions to complete. Once the workshops are completed Citadel will put together a prototype system for Wales so it can be shared and they will also put in place some workshops to discuss the discipline areas.</p> <p>The team working on the standardisation work have achieved amazing result and 98% of the extracted configuration items are now provided in IPassport which is the electronic quality management system being used and is available for the supplier to use to aid design.</p> <p>RISP finance is underspent but this has now been sorted. The first stage of the procurement has been completed. A long list of five suppliers has been prepared which will go to RISP programme board tomorrow. A supplier briefing day will take place on 2<sup>nd</sup> March.</p> <p>AH summarised that there have been challenges but these are being managed really well and important milestones are being achieved. There was no specific risk to be dealt with today and thanked JB for her update.</p>		
<b>10. Adult Specialised Endocrinology Services (EG-2202-09)</b>		<b>Action</b>
Accepted		
<b>11. Regional and Specialised Services Provider Planning Partnership (RSSPP) update (EG-2202-10)</b>		<b>Action</b>
Accepted		
<b>12. Date of next meeting – 22 March 2022 (subsequently cancelled)</b>		

**ARCH Regional Recovery Group**  
**DRAFT MINUTES**  
**Thursday 17<sup>th</sup> March 2022 – Virtual (Teams)**

**CHAIR:**

Steve Moore                      Chief Executive Officer HDdUHB (SM)

**PRESENT:**

Mark Hackett	Chief Executive Officer SBUHB (MH)
Inese Robotham	Chief Operating Officer SBUHB (IR)
Deb Lewis	Deputy Chief Operating Officer SBUHB (DL)
Phil Kloer	Medical Director HDdUHB (PK)
Andrew Carruthers	Director of Operations HDdUHB (AC)
Craig Wilson	Deputy Chief Operating Officer SBUHB (CW)
Siân Harrop-Griffiths	Director of Strategy SBUHB (SHG)
Keith Jones	Director of Secondary Care HDdUHB (KJ)
Mark Ramsey	Unit Medical Director SBUHB (MR)
Debbie Eytayo	Director of Workforce & OD SBUHB (DE)
Peter Skitt	County Director of Ceredigion HDdUHB (PS)

**IN ATTENDANCE:**

Inder Sawhney	Consultant SBUHB (IS)
Steve Evans	ARCH Regional Service Planning Manager SBUHB (SE)
Rhys Richardson	ARCH Project Support Officer SBUHB (RR)
Siôn Charles	ARCH Head of Strategy and Service Planning (SC)
Paul Smith	Service Delivery Manager HDdUHB (PS)
Rhian Evans	Senior Project Manager HDdUHB (RhE)
Clive Weston	Consultant Cardiologist HDdUHB (CW)
Rhodri Davies	Divisional Manager SBUHB (RD)
Shaun Ayres	Assistant Director of Commissioning HDdUHB (SA)
Dean Packman	Directorate Manager Cardiac Services SBUHB (DP)

**APOLOGIES:**

Huw Thomas	Director of Finance HDdUHB
Darren Griffiths	Director of Finance SBUHB
Karen Stapleton	Assistant Director of Strategy SBUHB (KS)
Richard Evans	Executive Medical Director SBUHB (RE)

No.	Item	Action Lead
1.1	<b>Preliminary Matters</b> SM gave a warm welcome. Introductions and apologies were noted.	
1.2	<b>Draft Minutes (16/11/21)</b>	

No.	Item	Action Lead
1.3	<b>Action Log (16/11/21)</b> Actions within the Action Log were complete or on the agenda for discussion.	
<b>2. ARCH NHS Strategic Development Group</b>		
2.1	<p><b>ARCH NHS Strategic Development Group Summary Update Report:</b> SHG updated group on IMTP developments in relation to HASU Services, SBUHB to develop HASU internally and develop paper for collaboration with Exec Group Meeting. Strong push back to Welsh Government not to specify number of sites. Local discussions need to continue within a Regional space. As part of HDdUHB developments for a new hospital, active consideration will be given for a HASU. Regional Stroke Service conversations have progressed to recent place of agreement, CW discussed plans to recruit 4 Neurology Consultants to support stroke services.</p> <p>IS highlighted that following discussions with Stroke Lead, expectations were to recruit on 50/50 basis between Stroke and Neurology. This is unlikely to be achievable as not attractive to potential candidates, better to look for 30/70 split. There may be opportunities in approximately 5 years when new Neurologists out of training will have the required level of Stroke training for this to be reviewed, a 50/50 split may then become more appealing at this point.</p> <p>If Stroke and Neurology can combine, through the FND proposal, both services can be achieved within similar cost envelope and HDdUHB would also gain 2 Neurologists for their services.</p> <p>It was agreed that a paper to be presented in May RRG linking the both services and demonstrating opportunity. Assurances were given that any HASU plans would not be done in isolation and would have a view to HDdUHB and their population. Conversations to be had with Stroke teams to support Neurology contribution. Neurology to support recruitment of consultants to address Neurology and Stroke workstreams.</p> <p>SM explained that he chairs National Imaging Board and that Interventional Radiologists are coming out of academy in near future and these could provide a solution to some of the HASU requirements.</p>	
<b>Actions:</b>	<b>Draft paper for Regional Stroke Services ahead of May RRG.</b> <b>Initiate conversations with Stroke teams for Neurology contributions</b>	<b>CW</b> <b>IS</b>
2.2	<p><b>Regional Pathology Services:</b> Highlight Report for Regional pathology is included within distributed papers. A formal Gateway review is scheduled for March 29<sup>th</sup> and run until April 1<sup>st</sup>. A proposed management structure has been put in place along with Task &amp; Finish Groups for workstreams, with meetings set in place and TORs agreed. Service model discussions on going with clinical colleagues. Complexity exists around workforce models etc. Push from both HB CEOs to set this up as Regional priority, to be aligned with capital priorities. SM observed that it was good to progress and momentum developing to deliver the project.</p>	



No.	Item	Action Lead
<b>Actions:</b>	<b>Escalate work on Regional Pathology Services to Welsh Government if needed with support from SM and MH</b> <b>RD to meet with Iain McDonald / Chris Morell regarding Regional Pathology progression</b> <b>Add regional Pathology to the agenda for the next Regional Recovery Group meeting</b>	<b>RD/SHG</b>  <b>RD</b>  <b>RR</b>
2.3	<p><b>South Wales Cancer Centre:</b> Current areas of focus are Outpatients and Radiotherapy. Recent key meetings have been productive. Business Case to be created for 22/23 IMTP. Demand and Capacity review has been completed, further D&amp;C work is ongoing and will underpin Cancer work continually. The disparity of investment in SWW Cancer HDdUHB demonstrates this inequity. IMTP narrative to feature joint regional working with Regional Cancer Centre push. Business case to be drafted with 10 year focus, including potential land acquisition and impact on Radiotherapy.</p> <p>Agreed that we should have a joint meeting with Welsh Government in Q1 2022/23 before finalising the Programme Business Case.</p>	
<b>Actions:</b>	<b>N/A</b>	
2.4	<p><b>TRAMS (Transforming Access to Medicines) Programme:</b> SC provided update on TRAMS Programme and intentions on hub servicing both HBs. HDdUHB keen to include TRAMS within HB perimeter, Lee Davies keen to influence process of site investigation. Discussions need to progress on who attends to TRAMS workstream. Agreed that Lee Davies should write formally to TRAMS about participating in site investigation, ensure that process for site investigation are robust, and how TRAMS Regional Programme decision should link to ARCH Regional Recovery Group.</p>	
<b>Actions:</b>	<b>Write to TRAMS Programme and update RRG in May.</b>	<b>LD</b>
<b>3. ARCH NHS Operational Change Group</b>		
3.1	<p><b>ARCH NHS Operational Change Group Summary Update Report.</b></p> <p>Glaucoma and Cataracts workstreams are ongoing.</p> <p>Regional conversations are ongoing to establish Radiology &amp; Endoscopy workshops.</p> <p>Oral and Maxillofacial Surgery meetings are ongoing with service to be developed.</p> <p>HDdUHB are in receipt of GIRFT document and National Report for National Programme Board for Orthopaedics, documents to be reviewed.</p> <p>Orthopaedic conversations to be continued outside of RRG meeting.</p>	
<b>Actions:</b>	<b>Set up meeting mid-April to discuss Orthopaedics with SM, MH, Ops Directors and Medical Directors to establish a strategic view of where we are and what an Orthopaedics service might look like for West Wales.</b>	<b>SM</b>

No.	Item	Action Lead
3.2	<b>Functional Neurological Disorder (FND) Business Case – PS presented FND business case.</b> More data has now been provided within business case demonstrating the impact of FND service. The opportunities for funding with Stroke and Neurology were discussed. MH explained that SBUHB were in the initial stages of HASU setup and it is clear that Stroke and FND are linked. If SBUHB and HDdUHB to co-invest in medical staff both service can be achieved as outlined by IS previously. There was agreement that funding should be embedded into regional stroke programme with the agreement to bring it together with FND. FND should not be held up by the Stroke work though. Creation of step-by-step investment plan to be created linking the investment in the two services. WHSSC to be notified of intention to start FND service with potential for providing services nationally. Establish how consultant capacity expansion is linked to the HASU. Explore delivering commissioned services to CaV and other interested UHBs. Agree with stroke teams and directors the steps that we are committing to build the hyper acute service. SM summarised that the meeting supported the business case highlighting that funding will need to be wrapped up in wider discussions about the stroke model and consideration should be given to rationalising the consultant neurologists needed that might help bring down the funding required.	
<b>Actions:</b>	<b>FND and HASU investment to be mapped out ahead of RRG in May</b>	<b>SE/PS</b>
3.3	<b>South West Wales Glaucoma Service Business Case and Delivery Update:</b> Glaucoma Business Case progressing, moving forward with Primary Care scheme which will run into next year, similar scheme running in HDdUHB. Consultant due to start in May, Mike Austin providing high levels of support. Good engagement on all levels. Recruitment ongoing in both HBs. Lightfoot data is incorporated. Finances for Neurology are tight but options could exist for recovery funding.	
<b>Actions:</b>	<b>N/A</b>	
3.4	<b>Cardiology Regional Services Update – Regional ACS Pathway Proposal:</b> Circulated ACS Pathway Proposal reviews 2 areas within ACS, getting the ACS service processes working at their best and extending the working hours to support reduced referral to treatment times and achieve the 72 hour target. Poor access into Morriston Hospital is experienced by HDdUHB and Singleton and as a result MH patients receive better, quicker service. Recently, 4 trolleys have been protected in MH Cardiac Short Stay and this has already shown improvement. There are ambitions to have a further 4 beds to be protected in Cyril Evans Ward. Next steps within plan include extension of working hours Mon-Fri and incorporate weekend working, investment ask include provision for support staff and consultants. Proposal includes benefits and long term savings of £1.5 million.	
<b>Actions:</b>	<b>Present update on ACS Proposal in May RRG Meeting</b>	<b>DL</b>
3.5	<b>Cataracts Update:</b> Both HBs are using available in and outsourcing options in aims to improve position which will continue into 22/23 to compliment new DSU and	

No.	Item	Action Lead
	lower waiting lists. New DSU in Singleton Hospital is due to be delivered in coming weeks and is set to be commissioned by July. Amman Valley is on schedule. Impact on Cataract waiting lists is dependent on recruitment which is ongoing. MH concerned with increasing optometry capacity when waiting lists. Capital for regional centre limited.	
<b>Actions:</b>	<b>N/A</b>	
<b>4. For Noting/Information Only</b>		
<b>4.1</b>	<b>ARCH Highlight Report.</b>	
<b>Actions:</b>	<b>N/A</b>	
<b>5. Future Agenda Items</b>		
<b>5.1</b>	<b>Agenda items for next ARCH Regional Recovery Group on 6 May 2022.</b>	
<b>Any Other Business</b>		
There was no other business raised.		
<b>Date of Next Meeting: 6<sup>th</sup> May 2022</b>		

## ACTION NOTES – JOINT EXECUTIVE GROUP MEETING Friday, 29th October 2021, MS TEAMS

**PRESENT:** **CTM:** Paul Mears, (PM – Chair); Dom Hurford, (DH) (Present in Part); Gareth Robinson, (GR); Sally May, (SM); Linda Prosser, (LP); Carl Verrecchia (CV); Karen Winder, (KW).  
**SBU:** Mark Hackett, (MH) (Present in Part); Siân Harrop-Griffiths, (SHG); Richard Evans, (RE); Innes Robotham, (IR); Darren Griffiths, (DG); Karen Stapleton, (KS); Carl Mustard, (CM); Craige Wilson, (CW) (Present in Part); Liz Wride (LW – Minutes).

ISSUE	ACTION	LEAD
<b>1.1 Welcome &amp; Introductions</b>	PM welcomed everyone to the meeting and introductions were made.	<b>Chair</b>
<b>1.2 Apologies for Absence</b>	Apologies were noted from: Claire Nelson; Marie-Claire Griffiths.	
<b>1.3 To Approve Notes and Actions of the Previous Meeting (16/07/2021)</b>	The notes were accepted as a true and accurate record of the meeting held on 16/07/2021.  KS advised that most actions from the previous meeting were complete. KS noted that some items will be completed based on the decisions made in the current meeting (29/10/2021), specifically the Resourcing Funding Paper and Baseline Assessment.	<b>Chair</b>
<b>1.3 For Information: Action Notes from JMG Meeting (08/10/2021)</b>	These were noted.	<b>Chair</b>

ISSUE	ACTION	LEAD
<b>2.1 NPTH/ POWH Baseline Assessment</b>	<p>It was confirmed that NPTH/ POWH Baseline Assessment paper was requested at the last Joint Executive Group Meeting (16/07/2021), in relation to repatriating services from NPTH and POWH. It was confirmed that the report was helpful, and the clarity in which information was presented, was noted.</p> <p>The NPTH/POWH Baseline Assessment is the result of liaison with Service Leads in both Health Boards during August and September 2021, and focuses on the Clinical Capacity Service Level Agreements on both sites. The report highlights contracted levels as well as actual activity levels, split-by-residency for each specialty. It was noted that the Baseline Assessment will aid repatriation discussions as it allows all to ascertain volume of activity, staffing and capacity needed to be re-provided in each Health Board.</p> <p>The paper was presented at the last JMG meeting (08/10/2021), and all were happy with the level of detail.</p> <p>LP highlighted the large amount of work involved in disaggregation, noting that low-value contracts, often, were not indicative of low-workloads. PM highlighted staffing complexities around disaggregation.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Workforce Analysis:</b> KS confirmed that further to the NPT/POWH Baseline Assessment, a Workforce Analysis would be conducted. This would focus on elements such as staff transfer and TUPE (December 2021)</li> <li>• <b>Prioritisation of Services Disaggregation Plan:</b> PM noted that CTM would prefer Breast Surgery to be repatriated first. PM requested the LP and GR liaise with Operational Colleagues from SBU to determine a plan, that outlines the priorities in relation to disaggregation(End November 2021)</li> </ul>	<b>Karen Stapleton/ Linda Prosser</b>
		<p>KS/LP</p> <p>KS/CW/L/GR</p>

ISSUE	ACTION	LEAD
	<p><b>NPT SOC Update:</b> SHG noted time pressures with this request. At present, it could not be advised if a Capital or a Revenue solution would be provided for the issues around capacity on NPTH Theatre sites. It was confirmed that the SOC for additional Theatres at NPTH had been endorsed by Welsh Government however, an alternative proposal has been put in to Andrew Goodall suggesting a Modular Theatre Revenue Solution, which would enable addition capacity at a quicker pace.</p> <p><b>CTM Update (Planning for Additional Theatre Capacity):</b> PM confirmed that funding has been agreed to carry out the outline work; although timescales have been lengthened as a result. PM noted that Welsh Government have confirmed CTM need to engage in a full procurement process. A meeting with The Fire Service/Estates (28/10/2021) reiterated this, and discussed CTMs extension of the Fire Safety Notice. SM confirmed that to secure a modular building, a full procurement process would be necessary, taking the timescale from the original date of August 2022 to October 2023..</p> <p>SHG noted that the additional capacity for theatres at NPTH was originally 6-8, but had to be reduced to 4-8, due to site constraints.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• SM and DG will discuss financial options (as they may be working under similar Governance Frameworks). PM suggested they may wish to discuss SM's position on moving to a Revenue position on Modular Theatres, rather than a Capital Position <b>(Mid November 2021)</b></li> </ul>	<p>SM/DG</p>

ISSUE	ACTION	LEAD
<b>3.1 Resource Funding Paper</b>	<p><b>CTM:</b> LP noted that section 3.3 of the Resource Funding Paper (Additional Resource Proposal) was most pertinent. It was noted that the ask entailed:</p> <ul style="list-style-type: none"> <li>• Band 8a Manager.</li> <li>• 2x Finance Managers.</li> <li>• Information Analyst.</li> <li>• Support Manager.</li> </ul> <p>LP confirmed that CTM have identified their half of the Band 8a, from within LP's teams reconfiguration.</p> <p>SHG noted that no funding source has been identified yet for SBU, and queried if this could be badged against Recovery. DG confirmed that this might be possible.</p> <p>PM stated that there may be resource available from the Finance Delivery Unit (FDU) and NHS Collaborative to support the repatriation programme. SM noted that currently the FDU are on an external recruitment drive and suggested that it may be helpful if her and DG had a discussion regarding who may be able to provide support.</p> <p>PM confirmed that he would discuss MH and also Judith Paget (at the NHS Wales Collaborative Leadership Forum), to ascertain if there are available Commissioning/Contracting Expertise</p> <p>GR noted that the Delivery Unit are looking to deploy workforce into more Health Board-focused roles. GR confirmed he would liaise initially, with Gareth Lee, to ascertain if the Delivery Unit could deploy staff, in relation to the Additional Resource Proposal.</p> <p>GR noted that the Planned Care money (CTM) for this year could likely be deployed to this year's financial impact for these posts. GR stated that if CTM</p>	<b>Linda Prosser</b>



ISSUE	ACTION	LEAD
	<p>were committing to two years, it would implicate next years' Planned Care funding (which would be decided on ahead of other priorities). SM noted that Resource Funding did need to be examined in relation to the overall plan, but also, needed to be addressed as an issue.</p> <p>PM suggested that Resource Funding paper is now expanded, to include the discussions that have taken place in this meeting, around suggestions for Resource Capacity: Planned Care Money/Delivery Unit/FDU etc).</p> <p>PM noted the time-sensitive nature of the Additional Capacity needs, stating resource should be identified, ideally within the next couple of weeks. SHG was in agreement regarding time-frames; noting once the capacity was in place, this would be the basis for the development/finalisation, of the disaggregation plan.</p> <p>PM noted that this programme of work (in relation to the expansion of the Resource Funding Paper/Sourcing Additional Capacity) would be raised at the Exec Team on Monday, to enable HR to have sight of the work. SHG was asked for the name of a HR Representative from SBU.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• SM/DG to discuss funding options for Programme Support, in relation to the Additional Resource Proposal <b>(Mid November 2021)</b></li> <li>• PM to liaise with MH and Judith Paget to ascertain if there is any Commissioning/Contracting Expertise in the NHS Collaborative in relation to the Additional Resource Proposal <b>(Mid November 2021)</b></li> <li>• GR to explore possible resources from the Delivery Unit to support the programme <b>(Mid November 2021)</b></li> <li>• LP and SHG to clarify the specific skillsets needed in Commissioning/Contracting resource <b>(Mid November 2021)</b></li> </ul>	<p></p> <p></p> <p></p> <p></p> <p></p> <p>SM/DG</p> <p>PM</p> <p>GR</p> <p>LP/SHG</p>



ISSUE	ACTION	LEAD
	<ul style="list-style-type: none"> <li>Updated paper to include the discussions that have taken place in the meeting on suggestions for Resource Capacity. Noting that MH to only approve further funding, once a clear plan for services transferring out of Neath is seen. <b>(End November 2021)</b></li> <li>Revised paper to be shared with Judith Paget <b>(December 2021)</b></li> <li>Both HBs agreed to raise at their Exec Team, to enable HR to have sight of the work (1<sup>st</sup> November 2021)</li> </ul>	<p>KS/CN</p> <p>PM PM/LP/SHG</p>
<b>4.1 Joint Commissioning &amp; Contracting Update</b>	<p><b>a) Slide deck:</b> The update from JMG was shared. KS noted the following active disaggregation:</p> <ul style="list-style-type: none"> <li><b>Taith Newydd (Mobile Dentistry) (Service-CT-007):</b> <ul style="list-style-type: none"> <li>CV noted that the current SLA is not fit for purpose (does not meet patient needs) and that a temporary SLA is being worked up, to ensure the right level of service is in place for patients in the interim. A Health Needs Assessment has been completed to ascertain the needs of the clients. LP noted that the SLA is in part being provided from a mobile van (which could not provide APG procedures). Options moving forwards were stated as: <ul style="list-style-type: none"> <li>On-site development</li> <li>Off-site facility (some patients would need escorts to take them off-site)</li> <li>In-Reach (would require Capital Development on the site).</li> </ul> </li> </ul> </li> <li>It was agreed that CW, CV, CTM/SBU Operational Colleagues and Dental Services colleagues, will meet (outside of JEG) to discuss the options outlined, and feedback asap as CTM are keen to cease but an appropriate alternative model needs to be agreed.</li> <li><b>Cardiac Physiology (Service-CT-006):</b> It has recently come to light that there was a missing for Cardiac Respiratory SLA, which has effected</li> </ul>	<p><b>Karen Stapleton</b></p>

ISSUE	ACTION	LEAD
	<p>the original cessation deadline of 1<sup>st</sup> November 2021. Issues here were noted as contractual, not staffing.</p> <p><b>Critical path:</b> KS confirmed that the Critical Path highlighted the list of cessations currently in progress and noted that Lymphoedema, Nutrition/Dietetics, Haematology had been added since the last JEG. KS confirmed there were 62 SLAs still in place; and that 19 had been disaggregated in previous years. Challenges were noted with Cardiac Physiology, due to a missed SLA for a Band 7 post. It was confirmed that Breast, Cardiology and Orthopaedics needsto be added to the critical path</p> <p><b>b) Clinical risk scoring matrix:</b> KS noted Strategy/Clinical teams (highlighting Marie-Claire Griffiths' involvement) had developed a risk scoring matrix (previously approved by JMG) that would be utilised alongside the disaggregation process. KS noted that the shared scoring matrix ensured Clinical Risk would be at the forefront of future cessations. The Clinical Risk Scoring Matrix was approved by JEG and it was confirmed that a joint email will be disseminated to joint clinical teams in CTM/SBU.</p> <p><b>c) Waiting list principles:</b> The Waiting List Principals were agreed by JEG and will be disseminated to joint clinical teams in CTM/SBU. LP noted that patient care was key to waiting list principals and that patients would follow their consultant, unless otherwise indicated.</p> <p><b>d) Proposed Breast Surgery Disaggregation:</b> LP confirmed this was a priority for CTM, given the work they were carrying out around the centralisation of Breast Services. KS noted that a minimum 6-month programme would be needed for disaggregation; although it was noted that it could take a year to disaggregate and put solutions in place. SHG queried the timeline for this. PM confirmed that there was already a building for this</p>	

ISSUE	ACTION	LEAD
	<p>service, and that Capital had been secured. CV confirmed that Breast Services will set up a meeting (within the next fortnight) regarding recruitment/Services/TUPE; and they will need to give an agreed timeline that works for both CTM/SBU.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Taith Newydd-</b> Operational leads to meet with Dental Services colleagues, to discuss the options outlined, and feedback (<b>ASAP</b>)</li> <li>• <b>Clinical risk scoring matrix and waiting list principles-</b> Circulate joint email with supporting documentation to service leads (<b>ASAP</b>)</li> <li>• <b>Proposed Breast Disaggregation-</b> Set up a meeting with operational teams to start Breast Services disaggregation discussions and agree timeline that works for both CTM/SBU (<b>Mid November 2021</b>)</li> </ul>	<p>CW/CV</p> <p>KP/CN</p> <p>CV</p>
<p><b>5.1 Taith Newydd/ Caswell Clinic Community Dental Service</b></p>	<p>Discussed higher in the agenda.</p>	
<p><b>6.1 Disaggregation of ICT SLA</b></p>	<ul style="list-style-type: none"> <li>• KW noted that no funding has been received from Welsh Government to carry out the disaggregation. A further funding bid has been put in for the funding for WPAS (£212,000), and are awaiting a response. KW noted the plan was put in, in 2019 (£8 million), and it was asked for as phased. KW confirmed that an SBAR has gone to Ivan. PM noted he was due to meet with Ivan soon, so would highlight the ICT funding.</li> <li>• The 5 staff based at POWH have been taken back (including the Service Desk). A scoping exercise is being carried out for Radiology, so the Service can be moved over to RGH. Cardiology and Endoscopy is also being examined. The POWH Therapies are also moving quickly over to the CTM version of the PAS.</li> </ul>	<p><b>Carl Mustard/ Karen Winder</b></p>

ISSUE	ACTION	LEAD
	<ul style="list-style-type: none"> <li>• Mobilisation has been agreed by joint ICT Departments, and will move over to CTM by 01/04/2022. This will provide CV/KW a means to end the Blackberry and MobileIron Contracts.</li> <li>• Capital has become available, and PSBA links will be updated between RGH and POWH. The out-dated Crash Call System will be upgraded, also.</li> <li>• A year's funding has been obtained for a Programme Manager (to examine the desegregation programme itself). This will include: Governance wrap-around in terms of Project Boards/Project Teams and finance will be examined. The money will fund 3x Band 5 and 1 Band 8A.</li> <li>• After Mobilisation, an exercise will be carried out to ascertain what funds can be released/reused, in relation to disaggregation. CM confirmed that SBU will continue to support CTM in the migration plans and will continue to meet weekly with the team to support the disaggregation.</li> </ul>	
<b>7.1 Risk Register</b>	KS noted that the reference has been added in, regarding the Resource Paper. Risk 7 (Cessation Notice Periods) can be reduced as there are improved communication around cessation processes. It was suggested that this is lowered to green.	<b>Karen Stapleton/ Linda Prosser</b>
<b>8.1 Any other urgent business</b>	<p><b><u>Repatriation Plan 2022-2023/2023-2024 onwards:</u></b></p> <p>MH joined the meeting in part, and queried the repatriation plan. PM noted the Critical Path, and the template with outstanding SLAs (for disaggregation). PM noted that outstanding SLAs would need to be examined on the basis of operational/clinical priority. PM reiterated that the limiting factor was capacity, and that a team of people needs to be established quickly. PM reiterated the actions regarding sourcing finance/support, and also the action for PM/MH to liaise with Judith Paget for central resources.</p> <p>MH noted he was happy to support (£200,000/£300,000 of investment), on the understanding that there was a clear delivery timetable for disaggregation. MH noted that a separation was needed in Orthopaedics, and Cardiology. LP noted</p>	<b>All</b>

ISSUE	ACTION	LEAD
	<p>that a broader operational risk would need to be examined (as another prioritisation criteria).</p> <p>It was noted Breast was on the list for disaggregation, and that Orthopaedics should also be placed on the disaggregation list.</p>	
<b>8.2 Date and time of next meeting</b>	14 <sup>th</sup> February 2022.	

## SWANSEA BAY AND CARDIFF AND VALE

### REGIONAL AND SPECIALISED SERVICES PROVIDER PLANNING PARTNERSHIP

8<sup>th</sup> March 2022

#### DRAFT ACTION POINTS

#### ATTENDANCE

Mark Hackett	Chief Executive, SBU (Chair)
Suzanne Rankin	Chief Executive, CVU
Caroline Bird	Interim Chief Operating Officer, CVU
Abigail Harris	Director of Strategic Planning, CVU
Siân Harrop-Griffiths	Director of Strategy, SBU
Meriel Jenney	Medical Director, CVU
Richard Evans	Medical Director, SBU
Inese Robotham	Chief Operating Officer, SBU
Christine Morrell	Director of Therapies and Health Science, SBU
Amy Goodwin	(Item 1)
Ian Langfield	Graduate Trainee Manager, SBU
	Associate Programme Director, CVU & SBU

#### Welcome and introductions

MH opened the meeting, and welcomed SR to her first meeting of the group. MH welcomed CM and AG to the meeting.

#### 1. Neurophysiology Service Specification - next steps

CM outlined the core elements of the paper, including the work of the All Wales group in developing the service specification which had been approved in principle by the NHS Wales Health Collaborative Executive Group (CEG). CM explained that following the approval of the service specification, a workshop had been convened to develop a clinically informed action plan and identify the implications associated with adopting the service specification.

CM stated that the main risk that had been identified was the failure to adopt and actively commission the service specification. This could result in increased service fragility, longer waiting times for patients, inequity of care and continued reliance on locums and outsourcing.

CM set out the key recommendations from the paper:

- To undertake an option appraisal exercise, with key stakeholders, inform the selection of the most appropriate commissioning model for NHS Wales;

- To undertake a detailed gap analysis of the existing services against the service specification to inform future IMTP submissions.

Following discussion the group agreed that status quo wasn't an option, and that as local and regional commissioning didn't exist, the only viable option was for the service to be commissioned nationally.

MH asked whether a prioritised investment plan was developed to ensure that the gaps in service provision could be addressed in a phased approach. CM suggested working with the Delivery Unit to undertake an assessment of current service provision.

It was agreed that CM would:

- prepare a paper for the next meeting of the CEG, setting out provider preference for national commissioning;
- request support from the Delivery Unit to perform a gap analysis of services against the service specification.

***ACTION*** – *IL to liaise with NHS Wales Health Collaborative to ensure that Neurophysiology is included on the agenda of the next available meeting.*

***ACTION*** – *CM to prepare a paper for CEG, setting out the rationale for national commissioning.*

***ACTION*** – *CM to liaise with the Delivery Unit to assess current Neurophysiology service provision.*

## **2. Thrombotic Thrombocytopenic Purpura (TTP) in South Wales**

AG introduced the paper, and set out the core issues with the current delivery arrangements for Thrombotic Thrombocytopenic Purpura (TTP) in South Wales. AG explained that TTP is a rare condition, which requires urgent treatment, which has historically been provided by both organisations for the population of South and West Wales. The current delivery model is fragile, and there is no strategic oversight of quality, performance, outcomes or patient experience. AG confirmed that the service is not commissioned by WHSSC, although in NHS England it is commissioned as a specialised service.

MH asked for clarification on the risks with the current service model. IL replied that the main risk is with the patient pathway, as neither service is formally commissioned to deliver the service, and there have been occasions when patients have had to be transferred to centres outside of Wales, due to lack of local capacity.

MJ explained that plasma exchange is a critical component of the treatment, and whilst this was delivered intermittently for TTP, there were a number of specialities, including critical care, renal and immunology, which provided this treatment for a range of other conditions. MJ suggested that there may be an option to explore whether provision of plasma exchange for TTP could be improved through consolidating the existing arrangements.

AG explained that NHS England had recently developed a service specification for delivering TTP services, and that was a centre in Bristol. MH asked whether it was



viable to deliver a service in South Wales for 4 – 8 patients per annum. MJ replied that the challenge with outsourcing this activity, would be transfer time, as patients would need to receive plasma exchange within 4 hours.

It was agreed to undertake a review to assess current provision, and to assess short term options to improve the patient pathway, and to inform the development of a sustainable TTP service. It was agreed to flag the issue to the NHS Wales Health Collaborative, as there is a need to address the lack of formal commissioning arrangements for this service.

**ACTION** – AG/IL to link with Medical Directors to develop short term proposal to improve safety and effectiveness.

**ACTION** – AG/IL to link with Medical Directors to develop a long term proposal for the development of a sustainable TTP service.

**ACTION** – AG/IL draft paper for NHS Wales Health Collaborative to brief on the current arrangements, and actions that both organisations are taking to improve service sustainability, and requesting that Health Boards develop an interim commissioning arrangement for TTP with both organisations.

### 3. Infectious Diseases

IL provided a presentation on the specialised infectious services provided by both organisations, outlining the current service model and the key risks and issues, including the recent development of a High Consequence Infectious Disease unit which is not commissioned.

RE provided further context on the wider delivery model for infectious diseases, and potential missed opportunities including length of stay, antibiotic use, and orthopaedic infections. MJ emphasised the importance of clarifying the scope, and asked what the potential commissioning options were. IL confirmed that specialised infectious diseases were commissioned by NHS England as a specialised service.

The group discussed whether this was a priority for both organisations, considering the issues within other services. It was agreed to consider the services through each organisations Tertiary Services Oversight Group.

SR asked how these issues were identified and submitted into the group. IL explained that services had previously been identified through the baseline assessment, but more recently a number of them had approached the AMDs directly. IL added that the aim of the Tertiary Services Oversight Groups would be to filter future submissions, and identify those for discussion at the RSSPPP.

**ACTION** – IL to liaise with service leads to develop papers for each of the Tertiary Services Oversight Groups.

### 4. Paediatric Neurology

IL provided a presentation on paediatric neurology, outlining the current service model and risks related to the fragility of the arrangements in both organisations.



MJ explained that there was significant history around the services, and that it may be worth looking at the design of the service, as whilst there had been recent investment from WHSSC in the Cardiff service, there were ongoing difficulties in recruiting to the consultant posts.

MJ asked whether external support was required to inform the discussion, and explore other potential options for delivering the service. MH agreed that external support would be helpful, and proposed that discussions were held within both organisations, and emphasised the importance of ensuring that children in the South West had access to ambulatory neurology.

It was agreed to consider the services through each organisations Tertiary Services Oversight Group, and for MJ to have a discussion with the CVUHB service to identify whether there were particular models that were worth exploring, or whether a workshop may be necessary.

**ACTION** – *IL to liaise with service leads to develop papers for each of the Tertiary Services Oversight Groups.*

**ACTION** – *IL to work with Medical Directors to identify an external expert to inform the development of a future integrated service model for South and West Wales.*

**ACTION** – *MJ to meet with service leads to discuss whether it was worth exploring service models used in other parts of the UK.*

## **5. HPB Surgery**

IL introduced the HPB Surgery paper, and summarised the results of the internal engagement with members of the wider MDT, and set out proposals to take forward the development of the integrated service model.

The group agreed the recommendations to establish a task and finish group to to prioritise the action plan and develop proposals for the future service model for HPB surgery.

MH commented that the process was slow. MJ replied that this was because we are moving to the sticking points of determining the model and site. MH agreed, and reiterated the important of both organisations reaching agreement on future service model.

MJ reflected that the workshops had demonstrated how well the surgeons were working together, and the enthusiasm for an integrated service. SM explained the importance of identifying the non-negotiables at the outset, and asked whether there was consensus on the site of the integrated service.

The group discussed the wider distribution of specialised services between the two organisations, in order to serve the needs of the population of South and West Wales. IL confirmed that there is a date in April to discuss this issue, and that he was working with the two AMDs to develop a theoretical model for discussion.

**ACTION** – *IL to liaise with the Associate Medical Directors to establish a working group to prioritise the action plan and develop the HPB surgery service model.*

**ACTION** – IL to prepare a report for the next meeting of the CEG.

## **6. Oesophago-gastric Cancer Surgery**

IL provided a presentation on oesophago-gastric cancer surgery, outlining the status of each of the project work streams.

IL explained that SBUHB had developed a draft service model, and this was being reviewed by the CVUHB to assess the implications for outreach. In parallel to this work had commenced on a gap analysis to identify the financial impact and implications for commissioning.

IL informed the group that Swansea Bay Community Health Council (CHC) had agreed to a focused engagement exercise with patients, service users, and staff, and that Powys CHC were due to consider the proposal at their meeting on the 8<sup>th</sup> March. IL explained that subject to receiving approval from Powys, the engagement exercise would be undertaken throughout April, and the results would be used to inform the refinement of the service model.

## **7. Service updates**

IL provided service updates on the following:

Partnership Strategic Framework – following approval of the engagement proposal, arrangements are being made to present the framework to each of the Clinical Boards and Service Delivery Groups to facilitate staff engagement.

Spinal Services Operational Delivery Network – WHSSC has launched a six week consultation on the service specification for the ODN. Once the consultation has been completed, a Memorandum of Understanding between SBUHB as the host and each of the organisations within the ODN. IL explained that following the approval of the WHSSC Integrated Commissioning Plan, he was preparing the business case to secure the funding to establish the ODN.

Adult Specialised Endocrinology – Following approval from the CEG, work was underway to establish the task and finish group to develop the service specification. The first meeting of the group is scheduled for the 26<sup>th</sup> April.

## **8. Team update**

IL confirmed that:

- Rachel Davies had been appointed as Project Support Officer, and was due to take up post on the 4<sup>th</sup> April.
- Interviews for the Project Manager post are scheduled for the 10<sup>th</sup> March.

## **9. Minutes and Action Log**

The group reviewed the minutes and action log. The minutes were approved as an accurate record of the previous meeting.

## **10. Any other business**

MJ explained that following the work on HPB, there had been further discussion across the clinical community about the current arrangements for Endoscopic Ultrasound (EUS). This had culminated in an email to both Medical Directors from one of the HPB surgeons, proposing a series of actions including a workshop to review the current arrangements, and the appointment of a coordinator to improve access to EUS.

Following discussion it was agreed that nominations should be sought for a lead to work with the Medical Directors to develop a proposal for improving access to EUS, which would be submitted to the CEG for consideration.

**ACTION** – *IL to liaise with Medical Directors to seek nominations for a lead.*

# Shared Services Partnership Committee

Thu 24 March 2022, 10:00 - 12:00

Teams



## Agenda

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10:00 - 10:05  
5 min

### 1. Agenda

#### 1.1. Welcome and Introductions

*Tracy Myhill, Chair*

#### 1.2. Apologies for absence

*Tracy Myhill, Chair*

#### 1.3. Declarations of Interest

*Tracy Myhill, Chair*

#### 1.4. Draft minutes of meeting held on 20 January 2022

*Tracy Myhill, Chair*

 NWSSP Partnership Cttee Minutes - 2022. 01 - Part A\_.pdf (10 pages)

#### 1.5. Action Log

*Tracy Myhill, Chair*

 Action Log March 2022.pdf (1 pages)

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10:05 - 10:50  
45 min

### 2. Deep Dive

#### 2.1. Recruitment

*Presentation*                      *Gareth Hardacre, Director of People and OD, Darren Rees, Interim Deputy Director of Employment Services, Kelly Skene, Head of Recruitment*

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10:50 - 11:05  
15 min

### 3. Chair/Managing Director's Report

#### 3.1. Chair's Report

*Verbal*

#### 3.2. Managing Director's Update

*Neil Frow, Managing Director*

 SSPC MD Update Mar 22.pdf (7 pages)

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11:05 - 11:10  
5 min

## 4. Items for Approval/Endorsement

### 4.1. Lease Car Salary Sacrifice

*Andrew Butler, Director of Finance & Corporate Services*

 Salary Sacrifice - CO2 Emissions March 22.pdf (4 pages)

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11:10 - 11:20  
10 min

## 5. Items for Noting

### 5.1. Energy Update

*Andrew Butler, Director of Finance & Corporate Services*

 SSPC Forecast Energy Costs.pdf (5 pages)

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11:20 - 11:45  
25 min

## 6. Governance, Performance & Assurance

### 6.1. Finance & Performance Report

*Andrew Butler, Director of Finance & Corporate Services*

 SSPC Finance and Corporate Services February 2022.pdf (13 pages)

### 6.2. People & OD Report

*Gareth Hardacre, Director of People & OD*

 SSPC Report - March 2022.pdf (21 pages)

### 6.3. Corporate Risk Register

*Peter Stephenson, Head of Finance & Business Development*

 SSPC Corporate Risk Register March 2022.pdf (4 pages)

 Corporate Risk Register 20220317.pdf (3 pages)


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11:45 - 11:50  
5 min

## 7. Items for Information

### 7.1. PMO Highlight Report

*Alison Ramsey, Director of Planning, Performance & Informatics*

 PMO Monthly Update February Final.pdf (18 pages)

### 7.2. Audit Committee Highlight Report

*Peter Stephenson, Head of Finance & Business Development*


 24032022 SSPC Audit Committee Assurance Report.pdf (5 pages)

### 7.3. Quality and Safety Assurance Report

*Peter Stephenson, Head of Finance & Business Development*





### 7.4. 2022/23 Forward Plan

*Peter Stephenson, Head of Finance & Business Development*

 SSPC Forward Plan of Business 2022-2023.pdf (4 pages)

## 7.5. Finance Monitoring Returns

*Andrew Butler, Director of Corporate and Finance Services*

-  Monitoring Return Commentary Month 10 NWSSP 2021-22.pdf (9 pages)
-  SSPC Month 10 MMR extract.xlsx (7 pages)
-  Monitoring Return Commentary Month 11 NWSSP 2021-22.pdf (8 pages)
-  SSPC Month11 MMR extract.xlsx (7 pages)

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11:50 - 11:55

5 min

## 8. Any Other Business

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11:55 - 11:55

0 min

## 9. Date and Time of Next Meeting

Thursday 19 May 10am (Teams)



## NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

**MINUTES OF MEETING HELD THURSDAY 20<sup>th</sup> January 2022**

**10:00 – 12:00**

**Meeting held on TEAMS**

**Part A - Public**

ATTENDANCE		DESIGNATION	ORGANISATION
<b>MEMBERS:</b>			
Tracy Myhill	(TM)	Chair	NWSSP
Neil Frow	(NF)	Managing Director	NWSSP
Sarah Simmonds	(SS)	Director of Workforce & OD	Aneurin Bevan
Hywel Daniel	(HD)	Executive Director for People & OD	CTM UHB
Michelle Sell	(MS)	Chief Operating Officer	DHCW
Rhiannon Beckett	(RB)	Interim Director of Finance	HEIW
Huw Thomas	(HT)	Director of Finance	Hywel Dda
Helen Bushell	(HB)	Board Secretary & Head of Board Business Unit	PHW
<b>OTHER ATTENDEES:</b>			
Angela Mulholland-Wells	(AMW)	Finance Director	BCUHB
Julian Rhys Quirk	(JRQ)	Assistant Director of Workforce	Swansea Bay
Matt Denham-Jones	(MDJ)	Deputy Director of Finance	Welsh Government
Andy Butler	(AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre	(GH)	Director of People & OD	NWSSP
Alison Ramsey	(AR)	Director of Planning, Performance, and Informatics	NWSSP
Ruth Alcolado	(RA)	Medical Director	NWSSP
Peter Stephenson	(PS)	Head of Finance & Business Development	NWSSP
<b>PRESENTERS:</b>			
Tony Chatfield	(TC)	National Clinical Logistics Manager, HCS	NWSSP
Jonathan Irvine	(JI)	Director of Procurement Services	NWSSP
Helen Wilkinson	(HW)	Planning and Business Change Manager	NWSSP

Item		Action
<b>1. STANDARD BUSINESS</b>		
<b>1.1</b>	<b>Welcome and Opening Remarks</b> The Chair welcomed Committee members to the January 2022 Shared Services Partnership Committee meeting.	
<b>1.2</b>	<b>Apologies</b> Apologies were received from:  Jo Whitehead – Chief Executive, BCUHB Sue Hill – Executive Director of Finance, BCUHB Catherine Phillips – Executive Director of Finance, CVUHB Claire Osmundsen-Little – Director of Finance, DHCW Pete Hopgood – Director of Finance, Powys tHB Debbie Eyitayo – Director of Workforce & OD, Swansea Bay UHB Steve Ham – Chief Executive, Velindre University NHS Trust Chris Turley – Director of Finance, WAST Joe Donnelly – UNISON Representative	
<b>1.3</b>	<b>Declarations of Interest</b> No declarations of interest were disclosed.	
<b>1.4</b>	<b>Minutes of Previous Meeting</b> Draft Minutes of meeting held on 18th November 2021 were reviewed and accepted. GH raised the issue that whilst the minutes referred to the appointment of TM as the new NWSSP Chair, they did not explicitly state that the appointment had been ratified by the Committee. Members were therefore reminded of the process to appoint the new Chair, which was undertaken by a panel comprising GH, HT, and Judith Paget, and were then subsequently happy to confirm the Committee's ratification of the appointment.	
<b>1.5</b>	<b>Action Log</b>  All actions are complete.	
<b>2. Deep Dive</b>		
<b>2.1</b>	<b>Support to Booster Campaign</b>  Tony Chatfield, National Clinical Logistics Manager, Health Courier Services (HCS), gave a presentation on the work of his team in supporting NHS Wales with the vaccination booster campaign. This highlighted the following achievements:	



Item		Action
	<ul style="list-style-type: none"> <li>• Since the middle of December 2021, HCS have distributed 956,470 vaccines to 155 Health Board locations across Wales with no delayed or failed deliveries;</li> <li>• The number of journeys made to deliver vaccines is in excess of 8,500 and HCS staff have driven 2.3million miles to support COVID measures;</li> <li>• HCS continue to provide the COVID-19 consumables packs and undertake the collection of samples for testing; and</li> <li>• HCS undertake responsibility for the increased distribution of COVID-19 Lateral Flow Tests.</li> </ul> <p>The presentation was well received, and Committee members were very appreciative of the work undertaken by HCS and other NWSSP staff. HT stated that HCS and the wider NWSSP had responded fantastically to the challenges brought by COVID and latterly the Omicron variant and had taken away a significant amount of worry from Health Boards. He was however keen to understand and learn from NWSSP management how Health Boards could play a role in helping to eliminate activities that added little value and/or could be done in more effective ways e.g. why are we still transporting hard copy medical records around Wales (and into England)?</p> <p>The Committee thanked Tony for the very informative presentation.</p>	
2.2	<p><b>Procurement – National Operating Model</b></p> <p>Jonathan Irvine, Director of Procurement Services, provided an update on the National Operating Model which involves a restructure of how Procurement services are delivered across Wales.</p> <p>The move to such a model was always planned but the pandemic provided an accelerated view on the benefits of closer relationships between national sourcing and frontline teams. The model gives greater opportunity for a more regionalised approach and facilitates the optimisation of value from Category Strategies.</p> <p>The proposal is currently out to formal consultation with staff until the end of January. The agile working model, introduced in the face of COVID, makes the transition to the new model easier to introduce and it is hoped that the transition will take place in mid-February.</p> <p>HT welcomed the approach and particularly the shift in focus to the front-line. There are some aspects that provide a little discomfort and in some respects it will be a leap of faith. However, HT sees the model as an opportunity to also shift some focus from</p>	

Item		Action
	<p>transactional services to longer-term and more strategic partnerships with key suppliers, and particularly the opportunity to promote and support the foundational economy.</p> <p>HD considered the proposal to be sensible but was keen to point out that restructuring is not just about structures, but the activities and people that sit underneath them. RB was also supportive and mindful of a safe transition.</p> <p>SS was also supportive but questioned whether the consultation document had been shared with NHS Wales organisations. JI replied that this was still to happen as they need to complete the staff consultation period first. During transition there will be a lot of engagement with stakeholders and NHS organisations are unlikely to see any significant change for some time.</p> <p>JI stated that the benefits will accrue not just from a change in structures but from driving savings through an all-Wales approach and developing strategic partnerships with suppliers. It is important to get the basics right, but the proposal should see a move towards a more commercial footing and provide better opportunities for staff development. It will be easier to identify best practice and to roll this out across all procurement teams.</p> <p>TM also supported the approach but suggested that it would be useful to produce another version of the presentation given by JI which saw the proposed changes through the eyes of the NHS organisations that use the service. JI to action this.</p>	<b>JI</b>
<b>3. Items for Approval/Endorsement</b>		
<b>3.1</b>	<p><b>IMTP</b></p> <p>AR introduced Helen Wilkinson to the Committee. Helen joined NWSSP as the Planning and Business Change Manager in September and has played a key role in developing the IMTP.</p> <p>AR reminded the Committee that the Strategy Map for NWSSP was re-visited during the September meeting. At that time it was decided to leave it unchanged due to the challenges imposed by the pandemic and the imminent arrival of a new Chair for NWSSP. It was agreed though that the approach to the IMTP should include a greater focus on the Welsh Language, Equality and Diversity, and the measuring of non-financial activities and outcomes. Since the September meeting, AR has met individually with SSPC members</p>	

Item		Action
	<p>and has incorporated their comments and feedback into the final version of the IMTP.</p> <p>The IMTP is based on a solid foundation where NWSSP has continued to deliver all services despite the pandemic, and where we have a balanced financial plan. New services such as the Temporary Medicines Unit, Laundry Services, and more recently International Nurse Recruitment, have been introduced. Work to support the foundational economy is also a key component of the IMTP. Significant pressures remain at present in our Recruitment and Payroll services due to the substantial increase in activity by Health Boards to reset and recover from COVID, and to support the booster programme. Equally, for Procurement Services, the requirement to spend significantly increased sums of money before the financial year-end bring additional pressures.</p> <p>The plan continues to be based around many of the operational experiences and feedback that we have received from the positive relationships we have with Health Boards and other NHS Wales bodies together with the key ministerial priorities. These include Climate Change and the Foundational Economy and also working flexibly as a response to COVID, investing in key infrastructures such as TrAMS, Laundries and Scan4Safety, ensuring the well-being of NWSSP staff, and thinking longer-term.</p> <p>The Plan-on-a-Page is generally regarded as a very useful summary of the IMTP. As previously stated, there is a need to move away from historical transaction based KPIs to qualitative outcome measures.</p> <p>AB presented the financial plan for the IMTP. He stated that a savings target had been applied across directorates to generate a reserve to invest in IMTP priorities including:</p> <ul style="list-style-type: none"> <li>• Decarbonisation;</li> <li>• Foundational Economy;</li> <li>• Digitisation;</li> <li>• TrAMs;</li> <li>• Laundry Services; and</li> <li>• Staff Health and Well-Being.</li> </ul> <p>AB emphasised that the financial plan was challenging and contained significant cost pressures including :</p> <ul style="list-style-type: none"> <li>• Energy Costs;</li> <li>• Office365 licence costs;</li> </ul>	

Item		Action
	<ul style="list-style-type: none"> <li>• Increased demand for NWSSP services e.g. Accounts Payable, Recruitment;</li> <li>• Temporary staff taken on to respond to pandemic gaining full employment rights; and</li> <li>• Clinical Negligence Claims - £1.2bn of current claims with the impact of COVID still to be felt – the risk-sharing agreement is currently £16.5m but would rise to £28m in three years' time.</li> </ul> <p>Historically NWSSP have always planned for a £750k surplus which has been re-distributed to Health Boards, Trusts and Welsh Government. Some organisations still take the dividend while others have requested that their share of the surplus be reinvested in new services on a recurrent basis.</p> <p>AB explained that the IMTP required significant capital investment over the next five years particularly in respect of the laundry and TRAMs projects. The recently announced 24% cut in the discretionary budget would cause significant challenges for NWSSP in future years.</p> <p>In response HB stated that whilst the risks to the plan have been clearly outlined, it would be helpful as a new member of the Committee to understand the risk appetite of NWSSP. SS commented on the modernisation plans for Recruitment Services which were very welcome and emphasised the need to continue to work closely together to ensure that action plans for Recruitment Services were appropriately aligned with Health Board workforce models.</p> <p>HT had already provided comprehensive written comments on the IMTP but emphasised the need for NWSSP to be an economic driver for change through the effective use of business intelligence in both clinical and non-clinical settings. It is also important to ensure that the various assurance processes (Internal Audit, Local Counter Fraud, National Counter Fraud, PPV) are effectively co-ordinated to support delivery of the IMTP. He recommended that the current arrangements should be reviewed.</p> <p>NF reiterated the benefit of undertaking workshops throughout the year to enable Committee members to spend more time on these issues. It was agreed that the Deep Dive at the March Committee should focus on the Modernisation Plans within Recruitment.</p> <p>Members of the Committee confirmed that they were happy for the plan to be submitted to Welsh Government. Given the</p>	<p><b>AB / PS</b></p> <p><b>PS</b></p>

Item		Action
	<p>proposed changes to submission timelines TM recognised that if there were significant changes to Health Bards Plans then this may have a future impact on the NWSSP plan. AR responded that plans are generally shared and reviewed at Directors of Planning meetings and that there should not be any significant risks that we are not currently aware of.</p> <p>The Committee <b>APPROVED</b> the NWSSP IMTP.</p>	
<b>4. Chair/Managing Director's Report</b>		
<b>4.1</b>	<p><b>Chair's Report</b></p> <p>TM stated that she was genuinely delighted to have been appointed as NWSSP Chair. She would like her report to be moved further up the agenda. Thus far, she has attended the all-Wales Chairs' meeting and has also met separately with Donna Mead, Chair of Velindre. Going forward, she intends to meet at least half-yearly with Donna and Steve Ham. She has also undertaken a virtual visit to IP5, and she signposted the NWSSP Awards Ceremony taking place on 26 January.</p>	<b>PS</b>
<b>4.2</b>	<p><b>Managing Director's Update</b></p> <p>Neil Frow, Managing Director, updated the Committee upon the key issues and the activities undertaken by NWSSP since the date of the last meeting.</p> <p>Including in the update was:</p> <ul style="list-style-type: none"> <li>• In response to COVID, the NWSSP Planning and Response Group had been stepped up again. Thus far, no major issues have been noted and whilst there was an initial jump in sickness absence, figures have returned to the previous levels. Where applicable business continuity plans were implemented for drivers in Health Courier Services to ensure that services to the rest of NHS Wales were maintained;</li> <li>• An excellent Joint Executive Team meeting with Welsh Government was held on 14 January during which there was a great deal of positive feedback for the services provide by NWSSP. NF also highlighted that NWSSP have been requested to assist with the establishment of the Citizens Voice Body which will come into being from April 2023;</li> <li>• The Medical Examiner Service, which is not a devolved service, is likely to become a statutory service from September 2022; and</li> </ul>	

Item		Action
	<ul style="list-style-type: none"> <li>The NWSSP financial position is forecast to achieve a break-even position with all capital monies spent by year-end. The business case for the purchase of the Matrix House building in Swansea, has been signed off by the Minister.</li> </ul>	
<b>5. Items for Noting</b>		
<b>5.1</b>	<p><b>International Recruitment</b></p> <p>GH presented a paper relating to the recruitment of 436 nurses from overseas prior to financial year-end, to help fill vacancies within Health Boards and support the Covid recovery programme. Welsh Government have approved the funding for this initiative and contracts have been placed. Interviews are now being undertaken and although the 31 March deadline is challenging, we have confidence that this will be achieved. Invoices to the recruitment agencies will be paid at the offer acceptance stage, and if for any reason the recruitment is not followed through, the agencies have to find an acceptable replacement nurse or repay the amount. This initiative is considered ethical as nurses are only being recruited from countries with surplus staff and who are included on the Home Office Approved List.</p> <p>The Committee <b>NOTED and ENDORSED</b> the paper.</p>	
<b>6. Project Updates</b>		
<b>5.1</b>	<p><b>PMO Highlight Report</b></p> <p>AR presented the PMO Report which the Committee reviewed and noted the current progress and position on the schemes being managed. TM suggested that there was a need to re-look at some of the consequences included in the paper to make them more meaningful.</p> <p>The Committee <b>NOTED</b> the Report.</p>	<b>AR</b>
<b>7. Governance, Performance &amp; Assurance</b>		
<b>6.1</b>	<p><b>Finance Report</b></p> <p>The Committee reviewed the finance report and noted the position at the end of Quarter 3. The outturn position is still forecast to be break-even and there is a plan in place to utilise any additional savings generated in the year. The paper also highlighted the significant sums spent on PPE, and the further donations of PPE to both India and Namibia. The Welsh Risk Pool position was still</p>	

Item		Action
	<p>projected to meet the IMTP target. Capital spend is on schedule, but a large proportion of the funding has only recently been confirmed and/or received. Stock values, which would in a normal year be approximately £3m are currently around £80m due to the need to maintain 16-weeks' stock of PPE. However, this value is reducing and was in excess of £100m last summer.</p> <p>In terms of the KPIs, most are green, but the recruitment indicators remain red due to the substantial increases in activity as a result of responding to Covid recovery pressures. It is important to note that although the targets are currently being missed, and for which there is a modernisation plan in place to address, the work is still being done, albeit that for example it is taking three or four days to complete rather than the target of two days.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
6.2	<p><b>People &amp; OD Report</b></p> <p>GH presented the report. As discussed earlier, sickness absence rates, after an initial spike due to the impact of the Omicron variant, have now returned back to the lower levels seen over recent months and currently stands at 2.93% for the last quarter. The flexibility for staff to work from home is believed to be a major factor in the reduction in absence rates over the last two years. NWSSP headcount continues to grow due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. PADR rates were generally good although there were a few directorates where performance needed to be improved. The ESR database has now been modified such that the majority of the facilities it provides can be accessed and delivered in Welsh.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
6.3	<p><b>Corporate Risk Register</b></p> <p>PS presented the Corporate Risk Register stating that there is one red risk relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services.</p> <p>The Committee <b>NOTED</b> the content of the Risk Register.</p>	
<b>8. Items for Information</b>		
	<p>The following items were provided for information only:</p> <p>8.1. Annual Review 2021/22; and</p> <p>8.2. Finance Monitoring Returns.</p>	

Item		Action
<b>9. ANY OTHER BUSINESS</b>		
<b>9.1</b>	N/a	
<b>DATE OF NEXT MEETING:</b> <b>Thursday, 24 March from 10:00-12:00</b> <b>Via Teams</b>		



Item 1.5

**ACTION LOG**

**SHARED SERVICES PARTNERSHIP COMMITTEE**

**UPDATE FOR 24 MARCH 2022 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS MARCH 2022
1.	2022/01/2.2	January 2022	<b>Procurement National Operating Model</b> A summary of the proposed changes to be produced for sharing with NHS Wales organisations.	Jl	March 2022	<b>Complete</b> Update taken to February DoF's meeting and number of other stakeholders engaged with.
2.	2022/01/3.1	January 2022	<b>Integrated Medium Term Plan</b> Management of assurance arrangements, including Counter-Fraud to be reviewed.	AB/PS	July 2022	<b>Not Yet Due</b> Arrangements being reviewed and reported to Counter Fraud Steering Group.
3.	2022/01/3.1	January 2022	<b>Integrated Medium-Term Plan</b> The deep dive for the March SSPC to focus on the modernisation plans within Recruitment.	GH/PS	March 2022	<b>On Agenda</b>
4.	2022/01/4.1	January 2022	<b>Chair's Report</b> To feature earlier on the agenda.	PS	March 2022	<b>Complete</b>
5.	2022/01/6.1	January 2022	<b>PMO Highlight Report</b> The consequences section for individual projects to be revisited to ensure that it is meaningful.	AR	March 2022	<b>On Agenda</b>



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:3.2**

**24 March 2022**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Managing Director's Report**

**ARWEINYDD:  
LEAD:**

**Neil Frow – Managing Director**

**AWDUR:  
AUTHOR:**

**Peter Stephenson, Head of Finance &  
Business Development**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

**Neil Frow – Managing Director**

**MANYLION  
CYSWLLT:  
CONTACT DETAILS:**

[Neil.frow@wales.nhs.uk](mailto:Neil.frow@wales.nhs.uk)

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

To provide the Committee with an update on NWSSP activities and issues since the last meeting in January.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

To ensure that NWSSP openly and transparently reports all issues and risks to the Committee.

**Tystiolaeth:  
Supporting  
evidence:**

N/a

**Ymgynghoriad/Consultation :**

Shared Services Partnership Committee

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

**DERBYN/  
APPROVE**

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

✓

**NODI/  
NOTE**

✓

**Argymhelliad/  
Recommendation**

The Partnership Committee is to **NOTE** and **DISCUSS** the report.

<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 an assurance that NWSSP risks are being identified and managed effectively.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> .
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## **Introduction**

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

## **IMTP**

The IMTP has now been formally submitted to Welsh Government for their consideration.

## **Donation of Equipment and Medical Consumables to Ukraine**

As part of a UK-wide response co-ordinated by the Department for Health and Social Care (DHSC), to the war in Ukraine, Welsh Government asked NWSSP to identify any surplus equipment and consumables that could be donated to Ukraine. Review of current stocks identified items to the value of £524k that could be donated as they are surplus to current requirements, including:

- PPE - where a number of lines are still above the 16-week figure;
- Consumables – where the impact of COVID has meant that usage has been reduced and surplus stocks have built up; and
- Ventilators – where we were provided with additional pandemic stock that has not been used.

Approval for release of these items was received from Welsh Government. The items are being flown out to Ukraine so there is a limit on what is required and how much can be carried on each plane journey. DHSC came back with a requirement for approximately £131k of items from our list, and these were packed on the 11<sup>th</sup> of March and then flown out on the 13<sup>th</sup> of March. Other flights are likely to follow.

## **Ukraine – Business Continuity**

In response to the situation in Ukraine, and the resultant fear of an increased risk of potential cyber-attacks, business continuity measures have been revisited and refreshed. All staff have been reminded of the need to guard against potential cyber attacks through the use of strong passwords, acceptance of all security updates, turning off devices overnight and immediately reporting any suspicious e-mails and associated links. All directorates and key teams have updated their business continuity action cards to provide guidance in the event of a significant and sustained loss to IT systems.

## **Matrix House**

The purchase of Matrix House in Swansea, for which the business case was approved by the Committee in November, is continuing, and should be completed by the end of the March. The building is currently 75% occupied by NHS Wales, with PHW and WAST as tenants in addition to NWSSP. Acquisition of this asset will lead to a reduction in future revenue costs to NHS Wales and the opportunity to create a wider public sector hub.

## **COVID Public Inquiry Planning**

Following the recent publication of the draft terms of reference for the UK COVID-19 Public Inquiry, colleagues in Legal & Risk Services have provided guidance to the whole of NHS Wales on the potential implications. Consultation on the draft terms of reference is open until the 7<sup>th</sup> of April and it is expected that evidence will be gathered throughout 2022 with public hearings commencing in 2023. Within NWSSP we are both actively engaged with the NHS Wales COVID-19 Inquiry Network, and we continue to prepare internally through the Inquiry Readiness Governance Group. This meets on a regular basis and includes a number of Directors with dedicated legal support. Barristers have also been engaged and they will shortly be presenting to the Senior Leadership Group on their plans to support NWSSP in responding to the Inquiry.

## **Financial Position**

In addition to the agreed £2m of non-recurrent re-investments within NWSSP to accelerate benefits and efficiencies and approval of the additional £1.25m distribution to NHS Wales and Welsh Government, the review of the financial position at the end of February has provided confidence that the year-end forecast break-even position will be achieved. The Risk Pool DEL expenditure to M11 is £89.0m, compared to £91.1m at this point last financial year. The M11 DEL forecast of £123m remains in line with the original IMTP forecast of £123.5m indicating we are on target to fully utilise the total Welsh Government resource available by the end of the financial year. We continue to review opportunities to increase DEL expenditure in 2021/22 in agreement with Welsh Government. We have confirmation of increased capital funding of £16.924m in our CEL at the end of February. £4.67m has been spent to date. The majority of this capital funding was issued in quarters 3 & 4, hence the significant expenditure to be incurred in Month 12, including the completion of the purchase of Matrix House.

## **CIVAS**

The CIVAS Unit at IP5 was recently subject to its 3<sup>rd</sup> inspection by the MHRA under the Human Medicines Regulations of 2012. Although a number of points were raised during the inspection, these are all being rectified, and

the Inspector was content for us to continue to operate the facility under licence with the next scheduled inspection in 24 months' time.

## **IP5**

The Minister for Health and Social Care visited our IP5 facility on 17<sup>th</sup> March, providing an opportunity to demonstrate to her the range of services that now operate from this facility. The Minister's visit was well received by all staff based at IP5.

## **TRaMS**

Following the February Programme Board meeting it was agreed that the costed design for the South-East Wales Hub be reviewed and reduced in order to ensure that the scope was in line with the Programme Business Case. During February 2022 the User Requirement Specifications have been revised and the proposed number of clean rooms and isolators has been reduced. The Project Manager and Cost Advisor have been asked to confirm the Professional fee requirement for any redesign work and what the reduced capital cost will be for the SE Hub. An update will be taken to the TRaMS Programme Board on 21<sup>st</sup> March and if the scope of the proposed changes is agreed a fee redesign request will be made to Welsh Government.

## **Laundry Services**

Currently the programme is in the final stages of a value engineering review of the proposed costs for the two new builds for North and South-West Wales. As per the Programme Business Case the South-East Wales laundry at Greenvale will be refurbished with some equipment replacement. The proposed costs of the value engineered new builds and the Greenvale refurbishment will be presented to the Programme Board on 23<sup>rd</sup> March for consideration and if agreed will be incorporated in the OBCs that are in the process of being completed.

## **Decarbonisation**

The NWSSP Decarbonisation Action Plan was reviewed by the Senior Leadership Group at its March meeting and will come to the Committee in May for information. NWSSP has a key role to play in the decarbonisation agenda, both in achieving our own internal targets and in supporting NHS Wales as a whole. One of the key initial internal objectives is to ensure that there is an accurate and reliable baseline to enable us to measure improvement and change across the organisation. This can be challenging, given the addition of new services such as laundry, and the many shared locations that NWSSP occupy across Wales. Externally, there is a focus on green electricity, food waste recycling, promotion of electric vehicles, and improving energy consumption rates across the whole of the NHS Wales Estate.

## **Energy Costs**

There is a separate agenda item on energy costs but in summary due to the nature of energy markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying. The group is chaired by a former DoF and consists of key HB/Trust stakeholders, coming together periodically to manage contractor performance, take account of current and forthcoming market factors, and agree upon purchasing strategy.

There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided a significant element of the price hikes for gas and electric. Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23. The EPRMG will attempt to minimise these additional costs by meeting regularly (currently three times a week), taking advice from Energy Market experts (currently once a week) and regularly considering its purchasing strategy and approach (in every meeting).

The increase in energy costs is very unwelcome, but is unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, our collective approach will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead.

## **International Women's Day**

NWSSP celebrated International Women's Day on the 8<sup>th</sup> of March through a series of events across the day. This included a number of key speakers from within NWSSP, networking opportunities and a Menopause Café. The speakers included Tracy Myhill, Chair: Alison Ramsey, Director of Planning, Performance, and Informatics: and Daniela Mahapatra, Deputy Director of Legal & Risk Services.


## **Once for Wales Risk Management**

As part of the development of the Datix Once-For-Wales Concerns Management Database, there is a separate module and associated workstream for risk management. This is currently being led by NWSSP via chairing a Task and Finish Group that includes representatives from every NHS Wales organisation and which currently meets weekly. There is a recognition that some aspects of the new module will be tailored to suit individual organisation needs, but there is general agreement from the Task

and Finish Group members on the approach, and this should lead to greater consistency and opportunity to compare and contrast risks on an NHS Wales basis.

**Neil Frow,  
Managing Director, NWSSP,  
March 2022**



 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:xx</b>  <b>xx March 2022</b>
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<b><i>The report is not Exempt</i></b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>Salary Sacrifice – Fleet Solutions – CO2 Emissions</b>

<b>ARWEINYDD: LEAD:</b>	Andy Butler – Director of Finance and Corporate Services
<b>AWDUR: AUTHOR:</b>	Russell Ward – Head of Accounts Payable, eEnablement & Salary Sacrifice
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Russell Ward – Head of Accounts Payable, eEnablement & Salary Sacrifice
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:Russell.ward@wales.nhs.uk">Russell.ward@wales.nhs.uk</a>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
To seek approval to adjust the Co2 emissions for the Salary Sacrifice fleet that is administered by NWSSP.

<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> Regular reporting will be undertaken via the Directors of Finance.

<b>Ymgynghoriad/Consultation :</b>
This has been via the two fleet providers, NHS Fleet Solutions and Knowles Associates.

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>	The Committee are asked to <b>APPROVE</b> the adjustment in Co2 emissions as set out in the paper						

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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No impact
<b>Cyfreithiol: Legal:</b>	No impact
<b>Iechyd Poblogaeth: Population Health:</b>	A managed adjustment in CO2 emissions for salary sacrifice cars will increase choice for staff and is likely to reduce the likelihood of staff opting to use their own vehicles (grey fleet) which will overall reduce CO2 emissions and will have a positive impact on the health of the population
<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>	Risk – NHS Wales fails to meet the Welsh Government decarbonisation targets
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No impact
<b>Gweithlu: Workforce:</b>	No impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the FOI and will be subject to GDPR and Health Board data protection and data security protocols.

## **Salary Sacrifice – Fleet Solutions – CO2 Emissions**

### **1. CEFNIDIR/BACKGROUND**

In March 2021, the Health Minister Vaughan Gething published ambitious decarbonisation plans for NHS Wales in order to tackle climate change.

This is as a consequence of Welsh Government declaring in 2019 a climate emergency to trigger more action to meet the climate change challenge and became

the first Government in the world to declare such an emergency. As part of this, they re-enforced ambitions for Wales' public sector to be reach 'net zero' for carbon emissions by 2030.

## 2. CRYNODEB/SUMMARY

NWSSP administers the Lease car salary sacrifice Scheme for the majority of Health Boards and each NHS Trust in NHS Wales via a strategic partnership with NHS Fleet solutions.

We have seen substantial growth in the NWSSP administered scheme and as of the 10<sup>th</sup> of March 2022 there are now 2,531 vehicles, representing a 36% increase over the last 12-months. The majority of new vehicles ordered during this period were either electric or hybrid vehicles.

In July 2021, the Partnership Committee agreed to reduce the CO2 emissions for the Salary Sacrifice vehicles, administered by NWSSP as follows:

- Introduce a **100g/km** Co2 Emission limit from 1 October 2021 for diesel/ petrol cars (not Hybrid cars)
- Reduce this by a further 20g/km in April 2022 taking the upper limit to **80 g/km**
- Reduce this by a further 20g/km in April 2023 taking the upper limit to **60g/km**

Whilst the intentions of this decision were well founded, the implementation of the first phase from 120g/km to 100g/km has generated the following issues:

- Those staff who do not have driveways and therefore home charging facilities, are either unable to participate in the scheme or have a very limited choice of cars;
- Only certain EV and hybrid models cars meet the lower CO2 limits – therefore a large number of small fuel efficient cars eg 1 litre VW Polo, Ford Ka etc are no longer available to staff. This is particularly problematic to those staff who live in the more rural areas

In view of the above it is evident that some staff are opting not to apply for salary sacrifice cars but instead are continuing to use their private cars, commonly referred to as the 'grey fleet'. These cars are generally older and emit more pollution than the vehicles that were previously available on the lease car salary sacrifice scheme.

Following the identification of these matters NWSSP have been in consultation with two fleet providers who have experienced similar issues. One provider has estimated that the 'Grey Fleet' across NHS Wales is likely to be as much as

150g/KM per car. The number of vehicles administered via Salary Sacrifice arrangements, represents approximately 3- 4% of vehicles in use across NHS Wales, with approximately 90%+ of other vehicles coming under the umbrella of the 'Grey Fleet'. It has therefore been recognised that there is a need to consider the bigger picture when setting lease car emission limits and factor in the potential impact on reducing the CO2 emissions from the 'Grey Fleet'

In view of this additional information, it is proposed to reinstate the 120g/km cap for petrol and hybrid vehicles from 1<sup>st</sup> April 2022 but not to allow diesel vehicles to be ordered at all. The impact of this will be to increase the range of vehicles available, remove new diesel vehicles from the Scheme and provide greater access to those staff who do not possess home charging facilities.

The table below details the choice of vehicles available to staff with a CO2 emission cap set at 120g/Km. For information, some Hybrid cars exceed the proposed 120g/Km cap

<u><b>Co2 Emissions (g/km)</b></u>	<u><b>Fully Electric (0g/km)</b></u>	<u><b>Petrol Plug in Hybrid (ULEV: up to 75g/km)</b></u>	<u><b>Petrol Hybrid</b></u>	<u><b>Petrol</b></u>	<u><b>TOTAL</b></u>
up to 100g/km	63	88	3	0	<b>154</b>
101g/km - 110g/km	0	0	8	9	17
111g/km - 120g/km	0	0	5	28	33
121g/km - 130g/km	0	0	7	29	36

In addition, it is proposed that further work is undertaken to establish what arrangement are in place to administer and capture data on the 'Grey Fleet' and to agree and establish a framework for reducing the CO2 emissions for the 'Grey Fleet'

### **3. ARGYMHELLIAD/RECOMMENDATION**

The Committee are asked to **APPROVE the proposed**

- adjustment in the CO2 emissions for petrol vehicles
- removal of the ability to order new diesel cars on the scheme.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:xx</b>  24 March 2022
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Forecast Energy Costs**

<b>ARWEINYDD: LEAD:</b>	Andy Butler, Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Andy Butler, Director of Finance & Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andy.butler@wales.nhs.uk

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

The purpose of this brief note is to highlight to the Committee the significant financial pressures faced by NHS Wales because of the energy crisis. The situation is being closely monitored and a suitable purchasing strategy is being managed by the Energy Price Risk Management Group.

**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 :**

Energy Price Risk Management 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 <b>NOTE</b> this report.						

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	N/a
<b>Cyfreithiol: Legal:</b>	N/a
<b>Iechyd Poblogaeth: Population Health:</b>	N/a
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	N/a
<b>Ariannol: Financial:</b>	The financial implications are explained in the report below.
<b>Risg a Aswiriant: Risk and Assurance:</b>	The risks to NHS Wales are set out in the report below.
<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> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	N/a
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. BACKGROUND

Due to the nature of the markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying. The contracts and purchases are managed by the EPRMG. This group is chaired by a very experienced former DoF and consists of key HB/Trust

stakeholders (e.g., Energy Managers, Finance reps), and meets regularly throughout the year to manage our contractor's performance, take account of current and forthcoming market factors, and agree upon the purchasing strategy for periods between EPRMG meetings. British Gas Account Managers and representatives also attend these meetings to present market overviews to the group, helping inform the most appropriate decision-making and purchasing approach to any given situation.

### **2021 /22 Energy Costs**

There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided most of the price increases for gas and electric supply. For example, the average secured price for Gas for FY21/22 was at 43.85pence per therm and the average amount secured was 84.2% for the period. This compares very favourable with the current price which is around £2.66 per therm and has been as high as £8 per therm in recent weeks.

### **2022/23 Energy Costs**

Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23 because of the current contracts coming to an end.

Working with British Gas we have attempted to estimate the potential costs in 2022/23 based on current prices as set out below. The figures for 21/22 and 22/23 FY are taken from the 'mid total' columns of the latest forecasts that British Gas shared last week, which are based upon any remaining volumes being secured at current market pricing. The current forecasts are as follows

Contract	Historic average	21/22 FY	22/23 FY
Gas	£10,000,000		
	-		
	£15,000,000	£20,838,000	£91,134,000
Electricity	£25,000,000		
	-		
	£30,000,000	£40,263,000	£66,310,000

*Gas increase* - There was a very significant surge in current and future gas prices during 2021. Taking into account the advice provided by British Gas market experts, the group has been reluctant to purchase for many months ahead in order to avoid 'locking into the prevailing high prices. Prices have been monitored on a day-to-day basis and it

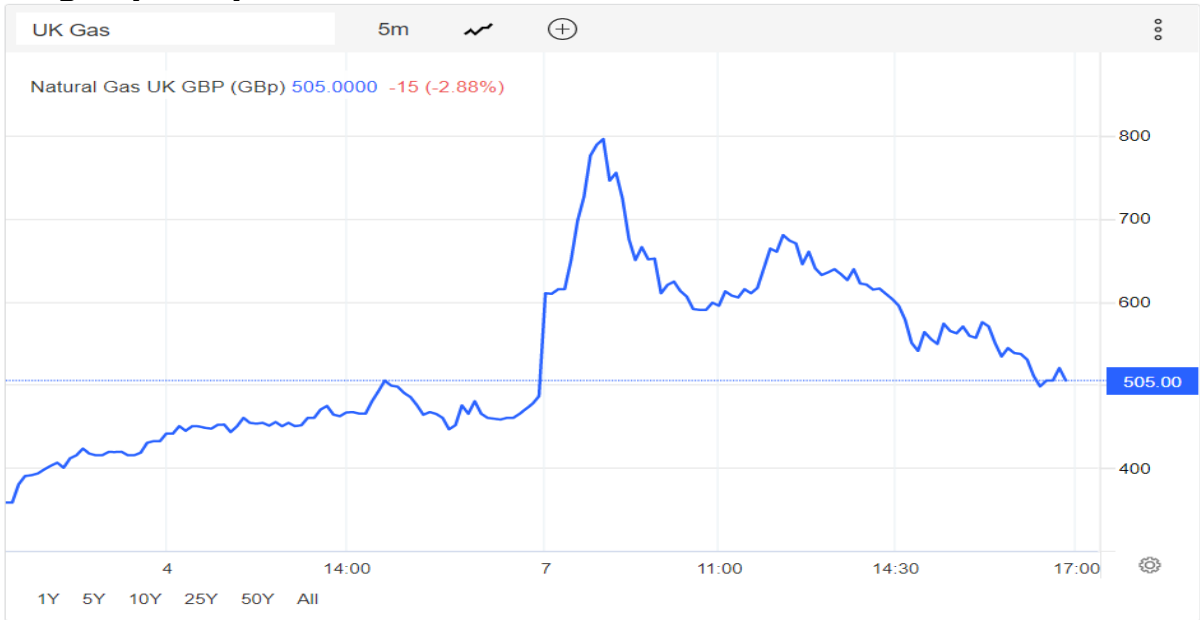
has not been possible to purchase tranches beyond April 2022 at the prices secured for 2021. The expert market advice received throughout 2021 did not expect these increased current and future price levels to have continued for such a period and the Ukraine crisis has introduced even more uncertainty into the markets as well as prolonging the period of extremely high prices. The current position is that some energy has been bought in advance for April 2022 and the markets continue to be monitored daily to take advantage of any opportunities to buy in advance at more favourable rates. In the event that such opportunities do not arise gas will be purchased on the day ahead rate.

*Electricity increase* - The position with regard to electricity is less stark as advanced purchases at low price levels were made previously which will provide protection for the period to September 2022. Thereafter, if the market price levels remain at a high level, this will have a significant impact on the second half of 22/23.

**Market volatility**

It is important to appreciate that the above forecasts are very volatile and can change very quickly as demonstrated by the graph below. This shows that the price per therm for gas on 7<sup>th</sup> March 2022 started at £4.50@7am, then rose to £8.00 @8am then returned back towards £5.00 by 5pm. Currently (15/3/2022) the price has fallen back to £2.94 per therm.

**UK gas price per therm – 7<sup>th</sup> March 2022**





## Conclusion

It is likely that NHS Wales organisations will be subject to very significant increases in energy costs this coming year. Clearly, the EPRMG will attempt to minimise this additional cost by meeting regularly (currently 3 times a week), taking advice from Energy Market experts (currently 1 a week) and regularly considering its purchasing strategy and approach (in every meeting).

The increase in energy costs are very unwelcome, but they are unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, our collective approach will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead. Briefings on the situation has also been provided to Welsh Government colleagues as well as forecasts of potential cost implications for 2022/23.

## 2. RECOMMENDATION

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



***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Finance and Performance Update Report**

**ARWEINYDD:  
LEAD:**

**Andy Butler, Director of Finance &  
Corporate Services**

**AWDUR:  
AUTHOR:**

**Finance 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 as at 28<sup>th</sup> February 2022 and performance matters as at 28<sup>th</sup> February 2022 within NWSSP.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Tystiolaeth:  
Supporting  
evidence:**

-

**Ymgynghoriad/Consultation :**

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the financial position to 28<sup>th</sup> February 2022.</li> <li>2. Note the significant level of professional influence benefits generated by NWSSP to 28<sup>th</sup> February 2022.</li> <li>3. Note the performance against the high-level key performance indicators to 28<sup>th</sup> February 2022.</li> <li>4. Note the content of this update and seek further information if required.</li> </ol>					

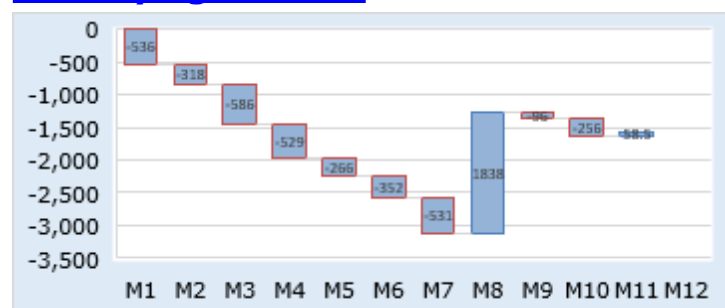
<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct Impact
<b>Cyfreithiol: Legal:</b>	No direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	No direct Impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety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

## Dashboard Summary: Period 1<sup>st</sup> April 2021 to 28<sup>th</sup> February 2022

### Summary Position

	Annual Budget £'000	YTD Budget £'000	YTD Expend £'000	YTD under/ overspend £'000
Income	-536,490	-459,777	-460,968	-1,191
Pay	213,232	192,458	189,270	-3,189
Non Pay	197,754	177,555	179,115	1,560
WRP – DEL	124,754	89,015	89,015	0
Distribution	750	750	2,000	1,250
Underlying Underspend	0	0	1,570	1,570
	0	0	0	0

### Underlying Position



### Covid Expenditure

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	4.576	5.150
Mass Vacc - PPE	2.784	2.984
Mass Vacc - non PPE non pay	0.645	0.702
Mass Vacc - pay	0.696	0.759
Social Care/Primary Care PPE	23.386	25.586
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
Adjustments from 2020/21	- 1.485	- 3.619
Annual leave accrual increase	-	0.199
<b>TOTAL</b>	<b>41.630</b>	<b>42.790</b>

### Distribution

Health Board /Trust	%	PLANNED DISTRIBUTION £	ADDITIONAL DISTRIBUTION £	TOTAL DISTRIBUTION £	Agreed Recurrent Reinvestment £	TOTAL 2021/22 DISTRIBUTION £
Aneurin Bevan	9.85	73,844	123,125	196,969		196,969
Swansea Bay	8.80	66,029	110,000	176,029		176,029
Betsi Cadwaladr	11.98	89,815	149,750	239,565	-89,815	149,750
Cardiff and Vale	10.49	78,652	131,125	209,777		209,777
Cwm Taf	10.60	79,527	132,500	212,027		212,027
Hywel Dda	7.77	58,293	97,125	155,418	-58,293	97,125
Powys	1.95	14,598	24,375	38,973	-14,598	24,375
Velindre	1.17	8,781	14,625	23,406		23,406
WAST	1.28	9,580	16,000	25,580	-9,580	16,000
Public Health Wales	0.87	6,530	10,875	17,405	-6,530	10,875
Welsh Government	35.25	264,351	440,500	704,851	-264,351	440,500
<b>Total</b>	<b>100%</b>	<b>750,000</b>	<b>1,250,000</b>	<b>2,000,000</b>	<b>-443,167</b>	<b>1,556,833</b>

### Forecast Position

	£m To M11	£m 21/22
NHS Income	216.420	240.768
WG Income	209.310	253.387
Other Income	35.242	42.335
<b>TOTAL INCOME</b>	<b>460.972</b>	<b>536.490</b>
Pay	189.269	209.939
Non Pay	167.444	186.251
Welsh Risk Pool	89.015	124.754
Exceptional Items	11.148	11.148
Depreciation DEL/AME	4.096	4.398
<b>TOTAL EXPENDITURE</b>	<b>460.972</b>	<b>536.490</b>
<b>NET SURPLUS</b>	<b>0.000</b>	<b>0.000</b>

#### Forecast Position

Further to the agreed **£2.000m** of non-recurrent re-investments within NWSSP to accelerate benefits and efficiencies and approval of the additional **£1.250m** distribution to NHS Wales and Welsh Government, the review of the financial position at the end of February has provided confidence that the year end forecast break-even position can be achieved.

## Welsh Risk Pool and Capital Summary: Period 1<sup>st</sup> April 2021 to 28<sup>th</sup> February 2022

### Welsh Risk Pool Position

Expenditure type	Position as at M11 2020/21 £m	Position as at M11 2021/22 £m
Claims reimbursed & WRP Managed Expenditure	67.422	99.922
Periodical Payments made to date	14.841	16.573
Redress Reimbursements	1.451	1.897
EIDO – Patient consent	0.062	0.062
Clinical Negligence Salary Subsidy	0.000	0.633
WRP Transfers, Consent, Prompt, CTG	0.017	0.021
Movement on Claims Creditor	7.328	-30.093
<b>Year to date expenditure</b>	<b>91.121</b>	<b>89.015</b>

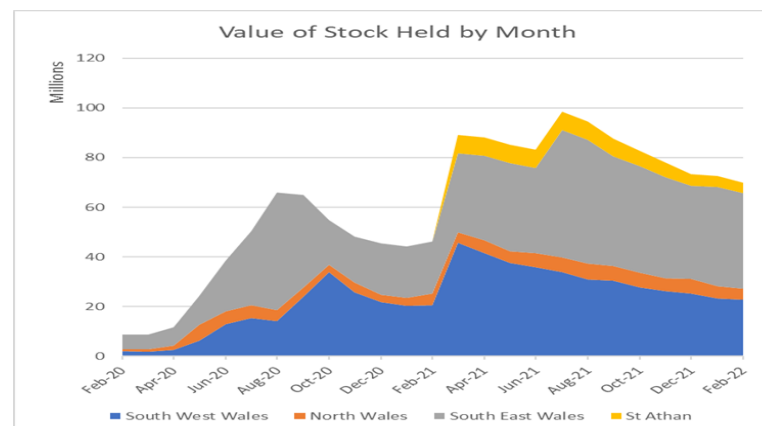
### DEL Forecast Position



The DEL expenditure to M11 is £89.0m, compared to £91.1m at this point last financial year. The M11 DEL forecast of £123m remains in line with the original IMTP forecast of £123.5m indicating we are on target to fully utilise the total Welsh Government resource available by the end of the financial year. We continue to review opportunities to increase DEL expenditure

### Capital Allocation

Scheme	Allocation £000	YTD Spend £000	Balance Outstanding £000
Hardware/Software	364	92	-272
Premises/Accommodation	163	30	-133
SMTL	15	15	0
Laundry Services	55	34	-21
Unallocated	3	0	-3
<b>Discretionary Capital Total</b>	<b>600</b>	<b>171</b>	<b>-429</b>
Laundry Services (OBC Fees)	1,411	717	-694
IPS - discretionary	250	89	-161
LARS Case Management System	348	258	-90
TRAMS (OBC Fees)	932	822	-110
Scan for Safety	1,331	1,286	-45
Decarbonisation	1,196	132	-1,064
Pharmacy Refrigerators and Access Port	26	25	-1
Storage & Aseptic Medicines Production Services	25	19	-6
Laundry S1 assets	3,353	1,125	-2,228
Additional DPF Capital Allocations	482	0	-482
Additional funding November 21-22	1,418	57	-1,361
Additional funding February 21-22	623	0	-623
ePQS replacement	32	0	-32
Matrix House	4,928	0	-4,928
2020-21 Ventilator transfer to CTM	-8	-8	0
2020-21 Glidescopes transfer to CTM	-23	-23	0
<b>Additional Capital Total</b>	<b>16,324</b>	<b>4,499</b>	<b>-11,825</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>16,924</b>	<b>4,670</b>	<b>-12,254</b>



### Capital

We have confirmation of increased capital funding of £16.924m in our CEL at the end of February. £4.670m has been spent to date.

The majority of this capital funding was issued in quarters 3 & 4, hence the significant expenditure to be incurred in Month 12, including the completion of the purchase of Matrix House.

A detailed review of all capital schemes has been undertaken to ensure confidence in the achievement of the CEL.

### Stock

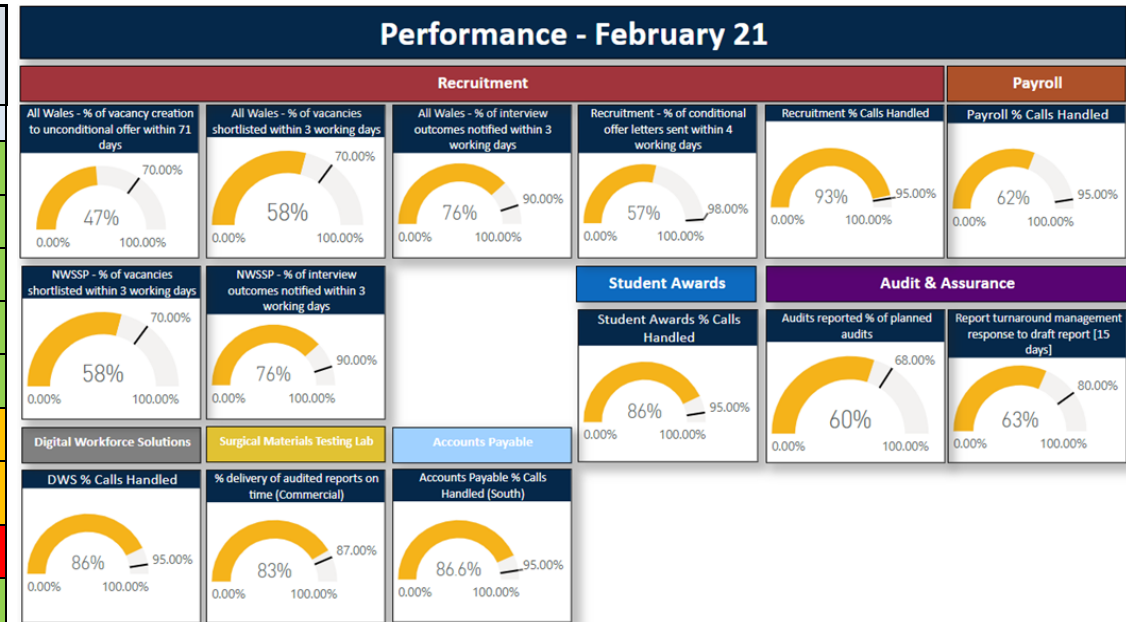
We continue to hold significant levels of PPE stock in line with the WG requirement to hold a minimum of 16 weeks for the main categories.

## Performance Summary

### Key Financial Targets - February 22

Financial Position and Key Targets	Target		Position at 30-Nov	Position at 31-Dec	Position at 31-Jan	Position at 28-Feb
Financial Position – Forecast Outturn	Break even	Monthly	Breakeven	Breakeven	Breakeven	Breakeven
Capital financial position	Within CEL	Monthly	On Target	On Target	On Target	On Target
Planned Distribution	£0.75m	Annual	£2.00m	£2.00m	£2.00m	£2.00m
VWSSP PSPP NON-NHS % (In Month)	95%	Monthly	96.44%	96.90%	94.74%	96.24%
VWSSP PSPP NON-NHS % (Cumulative)	95%	Monthly	96.28%	96.36%	96.22%	96.18%
VWSSP PSPP NHS % (In Month)	95%	Monthly	80.72%	96.39%	89.77%	92.31%
NHS Debts in excess of 17 weeks – Value	0	Monthly	£0	£7k	£0	£46k
Variable Pay – Overtime	<£43k	Monthly	£81k	£98k	£84k	£75k
Agency % to date	<0.8%	Cumulative	0.51%	0.52%	0.51%	0.52%

### Key Performance Measures – February 22



### Professional Influence Benefits April 2021 to February 2022

Service	YTD Benefit £m
Specialist Estates Services	21.2
Procurement Services	24.9
Legal & Risk Services	70.9
<b>Total</b>	<b>117.0</b>

# Finance and Performance Update Report

## INTRODUCTION

This report provides an update on the following:

- Cumulative Financial Position – 28<sup>th</sup> February 2022
- High Level Performance indicators – 28<sup>th</sup> February 2022

## NWSSP Financial position

NWSSP had an underlying underspend position as at the 28<sup>th</sup> February 2022 of £1.570m.

Service	Annual Budget				Budget to Date	Spend to Date	Variance				Forecast
	Income £000's	Pay £000's	Non Pay £000's	Net £000's	Net £000's	Net £000's	Income £000's	Pay £000's	Non Pay £000's	Net £000's	
Audit & Assurance Services	-510	3,229	72	2,791	2,859	2,698	35	-128	-67	-161	-33
Corporate Services	-84,620	5,443	8,380	-70,796	-63,410	-62,386	-251	-421	125	-546	-351
Accounts Payable	-164	3,421	94	3,351	3,026	3,020	0	-70	64	-6	-82
Collaborative Bank	-266	266	0	0	0	0	0	0	0	0	0
Counter Fraud Services	0	407	61	468	428	375	-52	5	-5	-52	-56
CTES	-2,227	734	1,906	413	-316	-316	0	-72	71	0	-658
Employment Services	-5,451	11,504	5,547	11,599	10,537	10,173	105	-462	-7	-364	-279
Health Courier Services	-6,314	6,633	6,227	6,546	6,419	6,106	-483	51	117	-314	-351
Laundry Services	-9,197	4,412	4,938	153	-73	-153	51	-160	30	-80	71
Legal & Risk Services	-7,610	6,478	4,457	3,325	2,923	2,166	-119	-299	-340	-758	-950
Welsh Risk Pool	-125,681	917	125,521	756	695	461	-133	-207	107	-233	0
Medical Examiner Service	-1,707	1,606	143	42	42	42	0	0	0	0	0
Planning, Performance & Informatics	-148	1,674	1,492	3,018	2,698	2,539	0	-175	16	-158	-76
Primary Care Services	-1,050	9,514	3,401	11,864	10,873	10,739	-61	-134	61	-134	-104
Procurement Services	-74,475	16,025	77,604	19,154	17,709	17,077	-63	-1,003	433	-632	-708
Stores	-61,931	0	61,931	0	-276	-276	0	0	0	0	315
Single Lead Employer	-144,648	133,903	10,745	0	0	0	-6	6	0	0	0
SMTL	-484	1,012	249	777	699	664	-150	-29	144	-35	0
Specialist Estates Services	-147	2,939	357	3,149	2,829	2,827	3	-54	49	-2	-15
WIBSS	-7,318	255	7,063	0	0	0	41	-35	-6	0	0
People & OD	-2,543	2,861	2,320	2,638	2,338	2,243	-108	-5	18	-95	-166
Underlying Underspend	0	0	0	0	0	0	0	0	0	0	0
Distribution	0	0	750	750	750	2,000	0	0	1,250	1,250	1,250
Brokerage	0	0	0	0	-750	0	0	0	750	750	750
Corporate Reserves / Provisions	0	0	0	0	0	0	0	0	1,570	1,570	1,443
	-536,490	213,232	323,258	0	0	0	-1,191	-3,189	4,380	0	0

Following a review of the financial position and the forecast to year end, we have agreed £2.000m of non-recurrent reinvestments within NWSSP to accelerate benefits and efficiencies. We have also confirmed the increase in the 2021/22 distribution by £1.250m which was approved at the September Committee meeting.

This increases the total 2021/22 NWSSP distribution to £2.000m.

## 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 2021 – February 2022 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	21.2
Procurement Services	24.9
Legal & Risk Services	70.9
<b>Total</b>	<b>117.0</b>

## PERFORMANCE

### Performance Reporting – to Health Boards and Trusts

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 3 reports were distributed at the end of January 2022 to the health organisations at the end of January. These reports reflect the ongoing developments in NWSSP performance reporting and incorporate feedback received to date.

## KEY FINANCIAL TARGETS

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

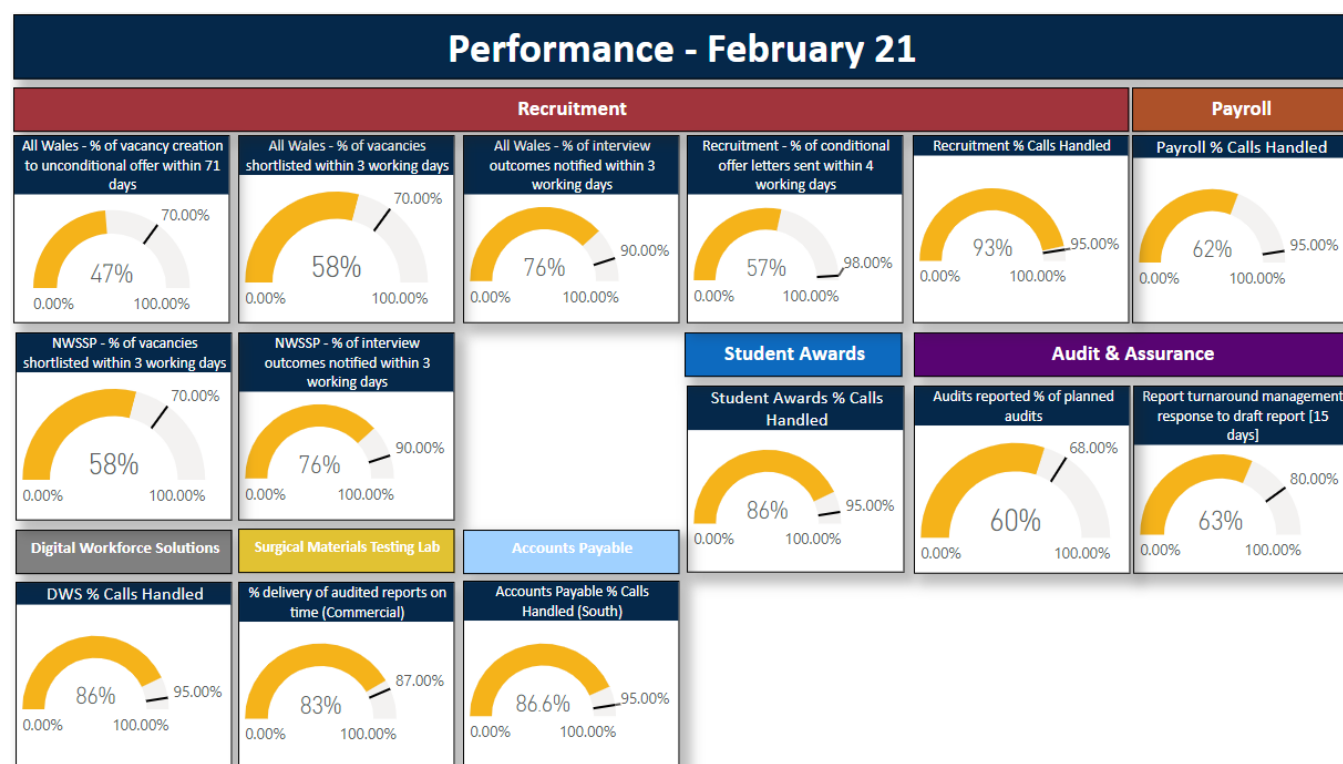
Financial Position and Key Targets	Target		Position at 30-Nov	Position at 31-Dec	Position at 31-Jan	Position at 28-Feb
Financial Position – Forecast Outturn	Break even	Monthly	Breakeven	Breakeven	Breakeven	Breakeven
Capital financial position	Within CEL	Monthly	On Target	On Target	On Target	On Target
Planned Distribution	£0.75m	Annual	£2.00m	£2.00m	£2.00m	£2.00m
NWSSP PSPP NON-NHS % (In Month)	95%	Monthly	96.44%	96.90%	94.74%	96.24%



Financial Position and Key Targets	Target		Position at 30-Nov	Position at 31-Dec	Position at 31-Jan	Position at 28-Feb
NWSSP PSPP NON-NHS % (Cumulative)	95%	Monthly	96.28%	96.36%	96.22%	96.18%
NWSSP PSPP NHS % (In Month)	95%	Monthly	80.72%	98.45%	89.77%	92.13%
NHS Debts in excess of 17 weeks – Value	£0	Monthly	£0	£7k	£0	£46k
Variable Pay – Overtime	<£43k	Monthly	£81k	£98k	£84k	£75k
Agency % to date	<0.8%	Cumulative	0.51%	0.52%	0.51%	0.52%

## KEY PERFORMANCE MEASURES

The dashboard below highlights the red/amber performance indicators for February 2022 and a brief explanation to the reason the target has been missed.



**Audit KPIs** - Performance of Audits reported as % of planned audits was slightly behind target delivery but a further 32% of audits are work in progress. A&A are aware of the pressures and competing priorities at Health organisations and so the key focus is on ensuring that reports get to the next Audit Committee, even if the response deadline is missed, to ensure effective action can be taken.

Report turnaround management response to draft report [15 days] which measures the performance of turnaround times within the health organisation. The target has been missed however Heads of Audit discuss these delays directly with Health Orgs.

**Payroll % Calls Handled** - Performance remains behind target due to high volumes of calls and the complexities of calls received. In addition, there has been sickness within the team coupled with vacancies. Some vacancies have been appointed to within the month alongside the use of Bank to increase the availability of Call Handlers.

NWSSP are reviewing all contact centres within NWSSP as part of an organisational wide project.

**Recruitment KPIs** – There has been improvements in the compliance on some KPIs however, the recruitment teams are still experiencing unprecedented levels of demand, which has meant in some instances compliance with the KPI measures has been missed.

Recruitment have recruited additional staff to support the increases of activity, coupled with implementing robotics processes and reviewing internal ways of working and system enhancements.

The division is communicating on a regular basis with organisations to agree priorities and discuss pressures.

**Student Awards % Calls Handled** - Performance remains slightly behind target due to vacancies sickness and annual leave. An improvement in performance is expected to be achieved within the next couple of months.

NWSSP are reviewing all contact centres within NWSSP as part of an organisational wide project.

**DWS % Calls Handled** – There has been a significant increase in call volumes associated with increased recruitment across NHS Wales Organisations to support service delivery. There are vacancies within the service desk team. This coupled with sickness has an impact on the call capacity within the team. The team is utilising Bank staff to mitigate the performance however, these staff take time to train.

**SMTL % delivery of audited reports on time (Commercial)** – Performance was slightly behind target due to delays at the subcontracted laboratory performing the required testing. Alternative laboratories to perform these tests have been sought but proved difficult to source an accredited ISO 17025 laboratory. SMTL regularly updates the commercial client with any amended timescales or delays.

**Accounts Payable % Calls Handled** – Performance has slightly missed the target this month, missing the target of 95% with 86.6% of calls handled. The reason for the drop in performance is due to resource within the team caused by new starters being trained and vacancies. The vacancies are in the process of being appointed to.

The table below provides a summary of key performance indicators for February 2022.

21/22								
KFA	KPIs	Target		November	December	January	February	Trend
<b>Audit &amp; Assurance</b>								
Excellence	Audits reported % of planned audits	68%	Cumulative	33%	42%	53%	60%	
Excellence	% of audit outputs in progress		Cumulative	30%	29%	32%	32%	
Excellence	Report turnaround management response to draft report [15 days]	80%	Cumulative	72%	72%	67%	63%	
Excellence	Report turnaround draft response to final reporting [10 days]	80%	Cumulative	99%	99%	80%	99%	
<b>Procurement Services</b>								
Value for Money	Procurement savings *Current Year	£22.56m	Cumulative	£25,680,817	£23,566,782	£25,200,470	£24,880,637	
<b>Accounts Payable</b>								
Excellence	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	95.10%	Reported Quarterly	Reported Quarterly	
Excellence	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	84.10%	Reported Quarterly	Reported Quarterly	
Customers	Accounts Payable % Calls Handled (South)	95%	Monthly	97.10%	94.80%	84.30%	86.60%	
<b>Employment Services</b>								
<b>Payroll</b>								
Excellence	Overall Payroll Accuracy	99.60%	Monthly	99.62%	99.64%	99.78%	99.71%	
Customers	Payroll % Calls Handled	95%	Monthly	72.40%	85.30%	63.80%	61.64%	
<b>Recruitment</b>								
<b>All Wales</b>								
Excellence	All Wales - % of vacancy creation to unconditional offer within 71 days	70.00%	Monthly	31.00%	37.00%	35.40%	47.40%	
Excellence	All Wales - % of vacancies approved within 10 working days	70.00%	Monthly	60.90%	65.40%	72.10%	77.30%	
Excellence	All Wales - % of vacancies shortlisted within 3 working days	70.00%	Monthly	53.30%	54.50%	48.00%	57.90%	
Excellence	All Wales - % of interview outcomes notified within 3 working days	90.00%	Monthly	69.10%	72.80%	74.00%	76.30%	
<b>Recruitment Responsibility</b>								
Excellence	Recruitment - % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	32.70%	51.30%	66.90%	99.20%	
Excellence	Recruitment - % of applications moved to shortlisting within 2 working days of vacancy closing	99.00%	Monthly	98.40%	99.80%	99.10%	99.60%	
Excellence	Recruitment - % of conditional offer letters sent within 4 working days	98.00%	Monthly	11.40%	18.00%	26.70%	56.70%	
Customers	Recruitment % Calls Handled	95%	Monthly	88.70%	97.40%	89.50%	93.40%	
<b>NWSSP as an Org</b>								
Excellence	NWSSP - % of vacancies approved within 10 working days	70.00%	Monthly	70.00%	73.20%	76.50%	85.70%	
Excellence	NWSSP - % of vacancies shortlisted within 3 working days	70.00%	Monthly	48.80%	54.00%	33.30%	49.20%	
Excellence	NWSSP - % of interview outcomes notified within 3 working days	90.00%	Monthly	76.10%	72.10%	65.80%	74.30%	
<b>Student Awards</b>								
Excellence	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100.00%	100.00%	100.00%	100.00%	
Customers	Student Awards % Calls Handled	95%	Monthly	84.90%	93.70%	94.20%	85.90%	
<b>Primary Care</b>								
Excellence	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
Excellence	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.63%	99.71%	99.83%	99.81%	
Excellence	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
<b>Legal &amp; Risk</b>								
Value for Money	Savings and Successes	£65m annual target	Monthly	£10,104,300	£11,419,398	£3,668,717	£3,402,513	
Excellence	Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	98%	100%	100%	98%	
Excellence	Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	90%	93%	93%	85%	
<b>Welsh Risk Pool</b>								
Excellence	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	Not Available until after LAP	
Excellence	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
Excellence	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
<b>Specialist Estates Services</b>								
Value for Money	Professional Influence	£16m annual	Monthly	£219,639	£2,012,227	£366,155	£176,811	
<b>CTES</b>								
Excellence	P1 incidents raised with the Central Team are responded to within 20	80%	Cumulative	100%	100%	100%	100%	
Customers	BACS Service Point tickets received before 14.00 will be processed the	92%	Monthly	100%	100%	100%	100%	
<b>Digital Workforce</b>								
Customers	DWS % Calls Handled	95%	Monthly	87.90%	91.00%	77.66%	85.70%	
<b>SMTL</b>								
Excellence	% of incident reports sent to manufacturer within 50 days of	Under Review	Monthly	100%	88%	100%	100%	
Excellence	% delivery of audited reports on time (Commercial)	87%	Monthly	100%	100%	95%	83%	
Excellence	% delivery of audited reports on time (NHS)	87%	Monthly	Not Applicable	100%	83%	Not Applicable	

## COVID-19

The table below details the Covid expenditure incurred during April 2021 to February 2022 together with a full year forecast of our funding requirements from WG:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	4.576	5.150
Mass Vacc - PPE	2.784	2.984
Mass Vacc - non PPE non pay	0.645	0.702
Mass Vacc - pay	0.696	0.759
Social Care/Primary Care PPE	23.386	25.586
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
Adjustments from 2020/21	- 1.485	- 3.619
Annual leave accrual increase	-	0.199
<b>TOTAL</b>	<b>41.630</b>	<b>42.790</b>

## Capital

The table below identifies the £16.924m capital funding we have been allocated in our Capital Expenditure Limit updated on 9<sup>th</sup> March 2022 with an analysis of the spend to date against each of these schemes.

Scheme	Allocation	YTD Spend	Balance Outstanding	Update
	£000	£000	£000	
Hardware/Software	364	92	-272	POs raised and works/deliveries planned pre 31st March
Premises/Accommodation	163	30	-133	POs raised and works/deliveries planned pre 31st March
SMTL	15	15	0	
Laundry Services	55	34	-21	
Unallocated	3	0	-3	
<b>Discretionary Capital Total</b>	<b>600</b>	<b>171</b>	<b>-429</b>	
Laundry Services (OBC Fees)	1,411	717	-694	Updated valuation reports 25/3, accrual of committed costs to 31/3
Laundry assets transfer	3,353	1,125	-2,228	S1s signed early March - UHBs now invoiced in full
IP5 - discretionary	250	89	-161	POs raised and works/deliveries planned pre 31st March
ILARS Case Management System	348	258	-90	Awaiting final March invoice
TRAMS (OBC Fees)	932	822	-110	Awaiting final invoices/recharges of staff costs
Scan for Safety	1,566	1,286	-280	Awaiting final invoices/recharges of staff costs
IP5 - decarbonisation	586	105	-481	Majority of works completed February/March - invoice to be raised in March
HQ LED	42	27	-15	
Vehicle replacements - EV	688	0	-688	Vehicles in stock pending delivery/sign writing
EV charging infrastructure	60	0	-60	
Vehicle replacements - non EV	383	0	-383	Vehicles in stock pending delivery/sign writing
Pharmacy Refrigerators and Access Port	26	25	-1	
Storage & Aseptic Medicines Production Services	25	19	-6	
Roller racking	0	0	0	
SMTL	656	57	-599	Works finalised in March and equipment deliveries scheduled
TMU / TRAMS	53	0	-53	
PCS Scanners	362	0	-362	Delivery made in early March
Stores	173	0	-173	POs raised and works/deliveries planned pre 31st March
Laundry compressors	29	0	-29	
Additional vehicles	346	0	-346	Vehicles in stock pending delivery/sign writing
Laundry towel folder	27	0	-27	
SQL licences	79	0	-79	
Matrix House	4,928	0	-4,928	Finalising completion process by 31st March 2022
ePQS replacement	32	0	-32	
2020-21 Ventilator transfer to CTM	-8	-8	0	
2020-21 Glidescopes transfer to CTM	-23	-23	0	
<b>Additional Capital Total</b>	<b>16,324</b>	<b>4,499</b>	<b>-11,825</b>	
<b>TOTAL CAPITAL ALLOCATION</b>	<b>16,924</b>	<b>4,670</b>	<b>-12,254</b>	

The underspend to date against the capital expenditure limit is largely due to the issue of the majority of the additional funding late in Quarter 3 and Quarter 4.

Each scheme has been reviewed in detail to ensure that the funding can be fully utilised within 2021/22 and comments on the schemes with larger underspends have been included in the table above to provide reassurance.

## Welsh Risk Pool – February 2022

### Resource 2021/22

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#### Resource Utilised as at Month 11

The Welsh Government (WG) allocation for the year is £107m for clinical negligence and personal injury claims and £1.259m for Redress claims.

From 2021/22, excess expenditure over the Redress allocation will be met from the DEL budget and via the Risk Sharing Agreement where expenditure exceeds the DEL budget.

As at the end of Month 11 a total of £89.0m has been utilised by the WRP and a detailed breakdown is provided below with the 2020/21 comparator.

Expenditure type	Position as at M11 2020/21 £m	Position as at M11 2021/22 £m
Claims reimbursed & WRP Managed Expenditure	67.422	99.922
Periodical Payments made to date	14.841	16.573
Redress Reimbursements	1.451	1.897
EIDO – Patient consent	0.062	0.062
Clinical Negligence Salary Subsidy	0.000	0.633
WRP Transfers, Consent, Prompt, CTG	0.017	0.021
Movement on Claims Creditor	7.328	-30.093
<b>Year to date expenditure</b>	<b>91.121</b>	<b>89.015</b>

Since January, expenditure has accelerated compared to earlier in the year and the M11 DEL position is now very similar to the position at this point last year.

If all settled cases to the end of February had been paid and the WRP claims submitted for reimbursement by the Health Body, then the position would have been £100m.

The shortfall entirely relates to outstanding accruals for settled cases which are not accrued until the year end date. The year end WRP accruals are requested via health bodies financial returns and cannot be accrued by the Welsh Risk Pool in isolation, due to the debtor/creditor relationship between the Welsh Risk Pool and Health bodies.

A detailed exercise is ongoing throughout March to ensure the yearend position can be maximised as far as possible and within available WG resource.

## DEL FORECAST 2021/22

The DEL forecast is set out in the table below following receipt of the Month 11 Health Board and Trust returns and following a detailed review of high value cases expected to settle this year by L&Rs solicitors.

Month 11 2021/22	£000s
<b>Actual spend to February 2022 excluding Redress</b>	<b>87,756</b>
Settled cases – awaiting payment	12,560
JSM/RTM/Offer	17,845
PPO's to March 2022	64
<b>Sub Total</b>	<b>118,225</b>
PI – estimate to March 2022	292
Highly likely – RTM planned	2,000
Possible settlements before 31/03/2022	0
Estimate - 20% of Probable Claims <£200K	149
Estimate – 20% of Certain Claims <£200K	755
Estimate – Managed Claims	250
Legal & Risk – Clinical Negligence Salary costs (WG agreement)	75
Nosocomial Claims estimate	83
Estimate for Redress overspend 2021/22	987
Month 11 2021/22 DEL forecast	122,816
<b>IMTP DEL Forecast 2021/22</b>	<b>123,495</b>

The above provides some assurance that at this point in the year, case settlement profiles still indicate a resource requirement close to the £123.495m IMTP value for 2021/22. However, there is still some uncertainty with reference to the maximum forecast as the year end accruals continue to be checked and validated. And the risk factor increases over the last few weeks of the financial year, due to the potential for RTM delays or eventual settlements materially above or below forecast values.

High value cases will continue to be monitored individual throughout March, with frequent discussions with case solicitors to ensure the year end balanced position can be achieved.

## SUMMARY

The Partnership Committee are requested to **NOTE**:

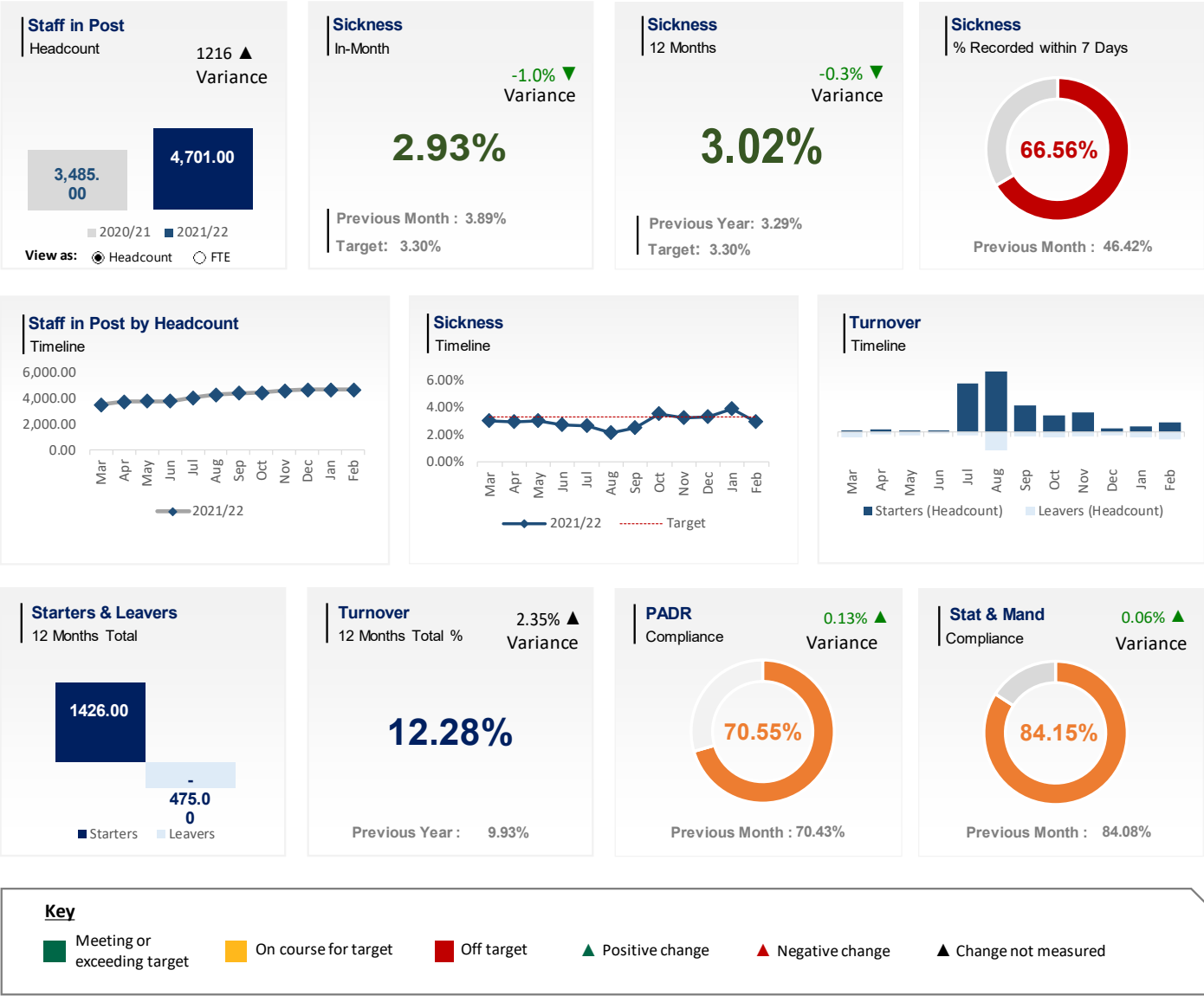
1. The NWSSP forecast outturn position for 2021/22 remains at break-even
2. NWSSP are forecasting to achieve the 2021/22 Capital Expenditure Limit
3. NWSSP are forecasting to achieve the WRP forecast outturn of £123.495m and continue to review opportunities to potentially increase the DEL expenditure in 2021/22 to reduce the burden of the forecast increased risk share requirement in future years.

NHS WALES SHARED SERVICES SENIOR LEADERSHIP TEAM  
PEOPLE AND ORGANISATIONAL DEVELOPMENT REPORT

Introduction / Summary

MEETING	Shared Services Partnership Group Meeting
DATE	March 2022
REPORT AUTHOR	Sarah Evans, Deputy Director of People & OD
RESPONSIBLE HEAD OF SERVICE	Gareth Hardacre, Director of People, OD & Employment Services
TITLE OF REPORT    Report of the Director of People, OD & Employment Services	
<div> <div>PURPOSE OF REPORT</div> <div> <p>The purpose of this report is to provide Shared Services Partnership Group with a comprehensive update of current workforce performance across the organisation through a range of key workforce information metrics.</p> <p>The report also provides an update on current work programmes being undertaken by the People &amp; OD Function as well as formal employee relations activity and organisational change.</p> </div> </div>	

Workforce Summary





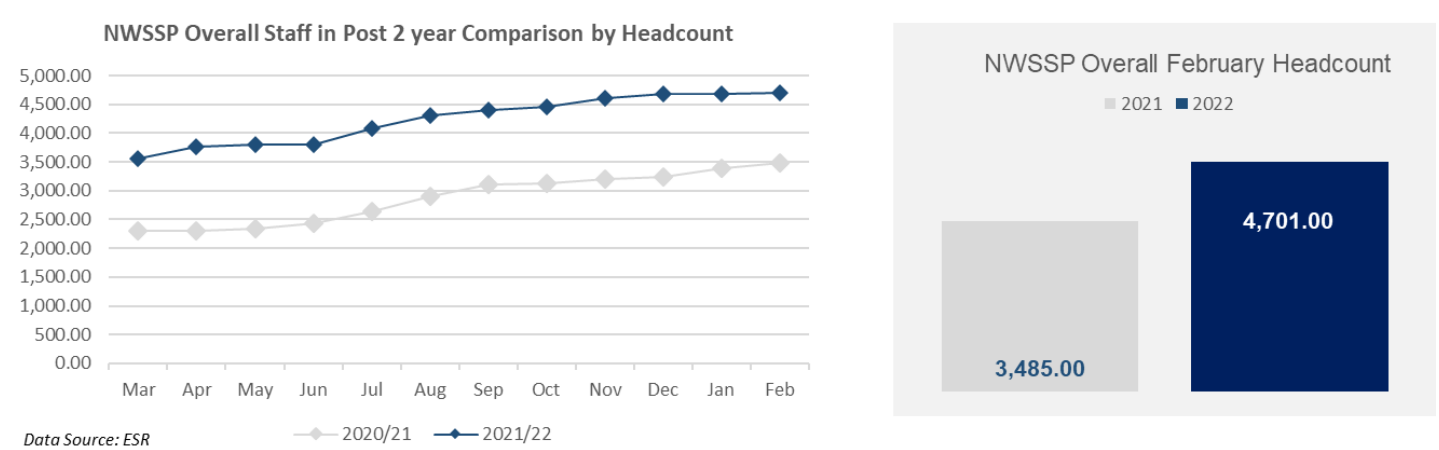
## NWSSP STAFF IN POST

The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP inclusive of Single Lead Employer (SLE) as of 28<sup>th</sup> February 2022:

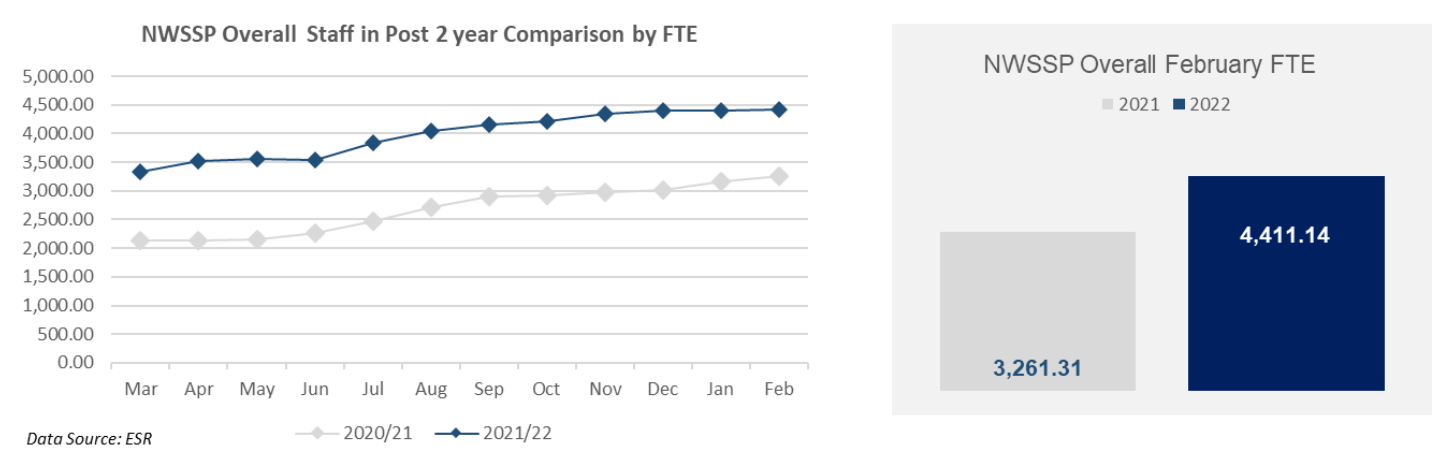
Section	Headcount		FTE		Headcount Change	
	Jan 22	Feb 22	Jan 22	Feb 22	Headcount Change +/-	Headcount Change +/- %
Accounts Payable Division	133	133	128.35	127.75	0.00	0.00%
Audit & Assurance Division	48	48	45.96	46.09	0.00	0.00%
Corporate Division	34	34	29.43	29.43	0.00	0.00%
Counter Fraud Division	7	7	7.00	7	0.00	0.00%
Digital Workforce Division	21	20	20.67	19.66667	-1.00 ▼	-5.00%
E-Business Central Team Division	13	13	12.45	12.45	0.00	0.00%
Employment Division	389	394	348.24	351.20	5.00 ▲	1.27%
Finance Division	18	18	17.57	17.56667	0.00	0.00%
Hosted Services Division	15	17	13.88	15.87546	2.00 ▲	11.76%
Laundry Division	136	134	124.30	122.30	-2.00 ▼	-1.49%
Legal & Risk Division	152	152	140.83	140.87999	2.00 ▲	1.32%
Medical Examiner Division	48	49	27.32	27.62	1.00 ▲	2.04%
People & OD Division	49	48	45.87	45.83	-1.00 ▼	-2.08%
Pharmacy Technical Services Division	1	2	1.00	2.00	1.00 ▲	50.00%
Planning, Performance and Informatics Division	30	31	29.19	30.19	1.00 ▲	3.23%
Primary Care Division	299	296	278.51	277.02788	-3.00 ▼	-1.01%
Procurement Division	704	710	656.50	663.50001	6.00 ▲	0.85%
Single Lead Employer Division	2494	2502	2387.28	2386.07	8.00 ▲	0.32%
Specialist Estates Division	49	49	48.31	47.95	0.00	0.00%
Surgical Materials Testing (SMTL) Division	26	25	23.92	22.92	-1.00 ▼	-4.00%
Temporary Medicines Unit Division	13	13	13.00	13.00	0.00	0.00%
Welsh Employers Unit Division	7	6	5.83	4.83	-1.00 ▼	-16.67%
<b>NWSSP Overall</b>	<b>4686</b>	<b>4701</b>	<b>4405.40</b>	<b>4411.14</b>	<b>15.00 ▲</b>	<b>0.32%</b>

Nwssp Overall Headcount Trajectory

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

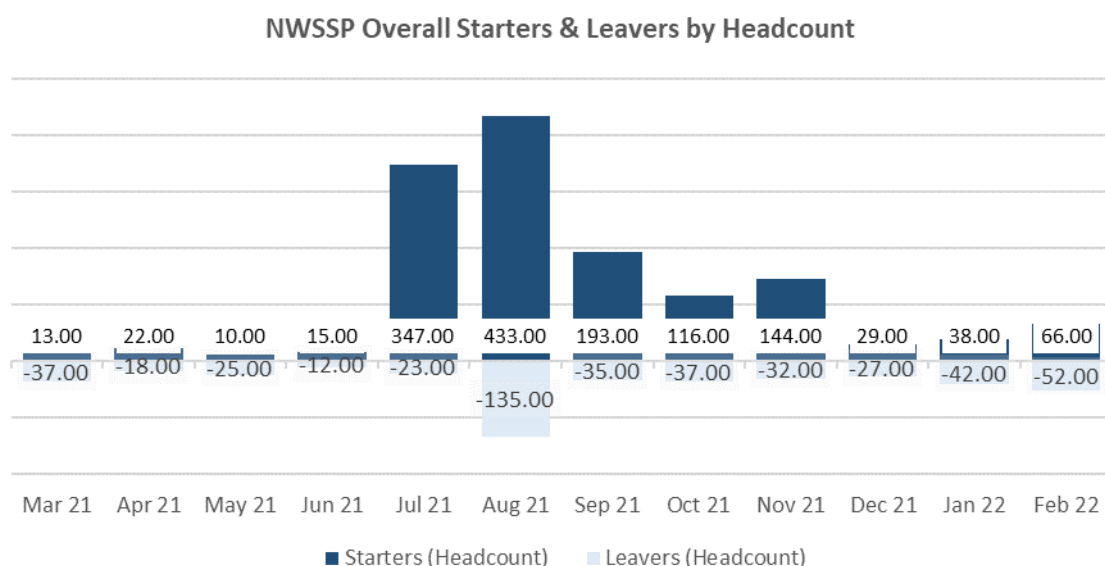


And the rolling 12-month FTE trajectory:



Staff Turnover

The turnover rate for NWSSP inclusive of SLE and GP Trainees for the period 1st March 2021 to 28<sup>th</sup> February 2022 is **12.28%** compared to **9.93%** (again inclusive of SLE and GP Trainees) for the same period last year. Turnover exclusive of SLE sits at **11.28%** an increase on the previous month which sat at **10.98%**. It should be noted that as the proportion of employees in the SLE model (Trainees) increases, the impact on the overall turnover figures in months where they complete their training (end their FT contracts), there will be a disproportionate impact on NWSSP’s overall turnover. We will therefore continue to monitor both scenarios.



## Reasons for Leaving

The top three reasons for staff leaving NWSSP (including SLE) over the last 12 months are:

Top 3 Leaving Reasons		
Rank	Reason	Headcount
1	End of Fixed Term Contract - Completion of Training Scheme	206
2	Voluntary Resignation - Other/Not Known	104
3	Voluntary Resignation - Promotion	47

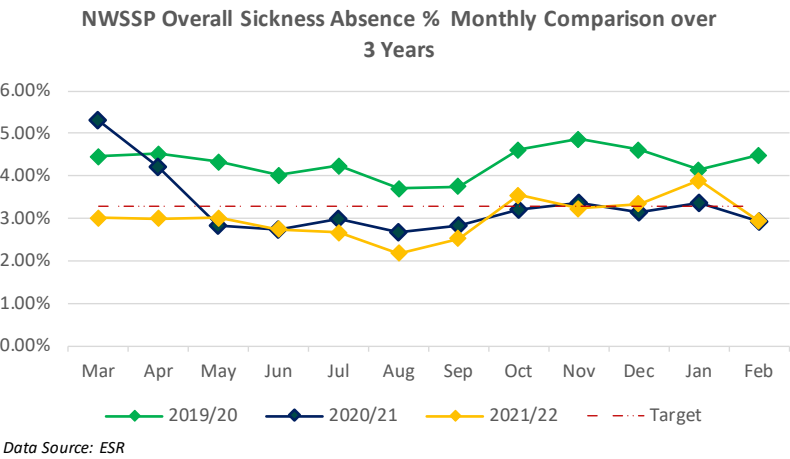
Other reasons for absence during this period include end of fixed term contract (43); retirement (31); and relocation (21)

Of the **475** staff that left the organisation between March 2021 and February 2022, **196** staff left through voluntary resignation (including early retirement), equivalent to **41.26%** of all terminations. **0** dismissals occurred in February 2022.

## SICKNESS ABSENCE

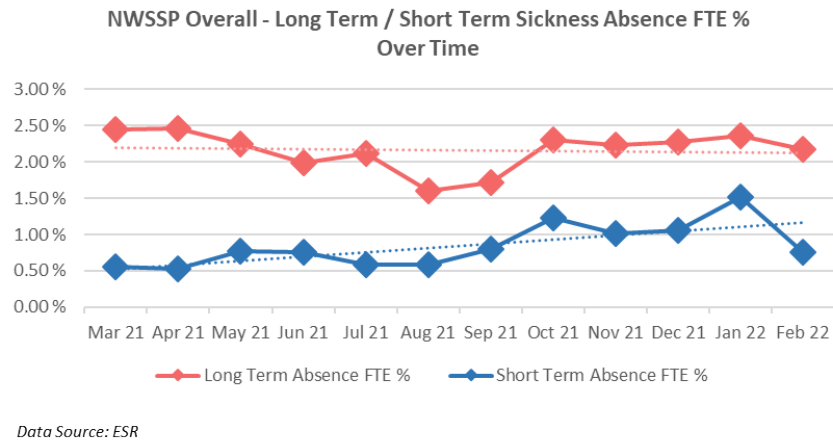
The chart below shows the average sickness absence rate for NWSSP for the three years, 2019/20, 2020/21, and 2021/22:

Month	Absence % (FTE)	Abs (FTE)	Avail (FTE)
Mar 21	3.00%	2,270.95	75,587.05
Apr 21	2.99%	2,177.37	72,730.96
May 21	3.01%	2,258.55	75,019.68
Jun 21	2.71%	2,710.21	100,103.74
Jul 21	2.66%	2,801.88	105,195.55
Aug 21	2.18%	2,691.55	123,419.93
Sep 21	2.51%	3,111.99	123,757.17
Oct 21	3.54%	4,607.68	130,285.54
Nov 21	3.24%	4,210.65	130,100.20
Dec 21	3.33%	4,540.66	136,245.71
Jan 22	3.89%	5,301.82	136,465.10
Feb 22	2.93%	3,624.11	123,629.25



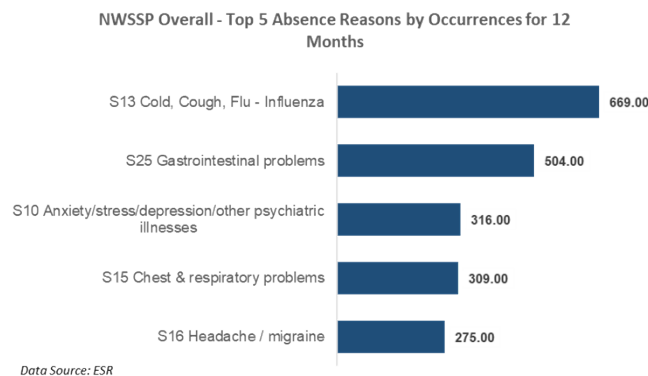
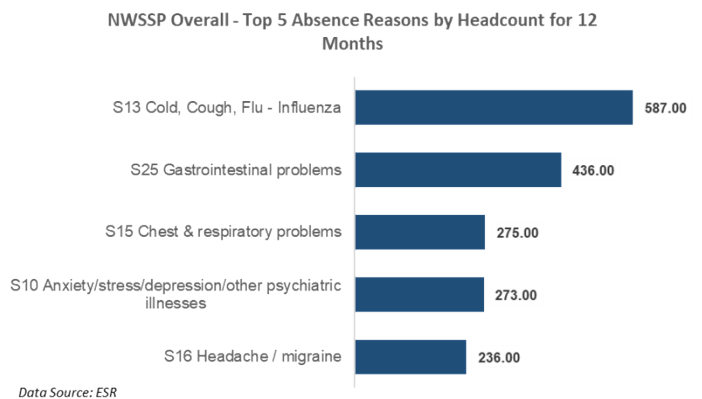
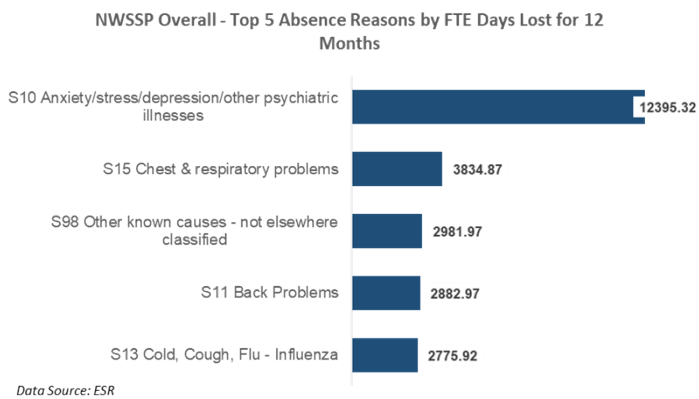
We continue to see a decline in sickness absence with figures falling from 3.21% in January 2022 to 2.93% in February 2022. This represents a **fall of 0.36%** on the previous year with the figure then sitting at 3.29% (February 2021). However, as you can see from the line graph, we are continuing to track significantly lower than in the pre Covid period (2018/2019), with our 12 month sickness rate sitting at 3.02% (NWSSP’s target is 3.30% in line with the Welsh Government target of reducing sickness absence by 1%).

The 12-month trend in Long Term versus Short Term Sickness absence for the period 1<sup>st</sup> March 2021 to 28<sup>th</sup> February 2022:



### Reasons for Sickness Absence

The charts below show the top five reasons for sickness absence (by headcount and FTE respectively) within NWSSP for the period 1<sup>st</sup> March 2021 to 28<sup>th</sup> February 2022:



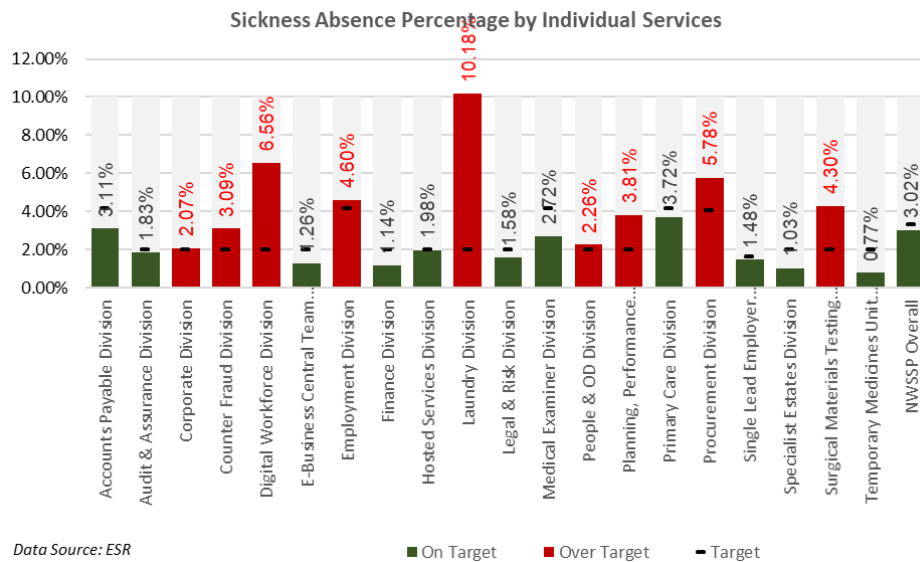
Anxiety, stress and depression continue to account for the greatest number of days lost due for sickness absence within NWSSP with just over **12,395 days lost per annum**, this accounts for a **4.95% increase** on the previous 12-month figure of 11,783 days, and a **15% increase** on the previous 12 month rolling period (1<sup>st</sup> March 2020-28<sup>th</sup> February 2021), where the figure stood at 10,534 days per annum lost.

In terms of occurrences, Cold, Cough, Flu – Influenza, record the highest number of absences at 669 in the last 12 months. This in itself has seen a rise on the previous year where Cold, Cough, Flu – Influenza accounted for 146 absence occurrences a 78.18% increase on the figures recorded for the previous 12 month rolling period (1<sup>st</sup> March 2020-28<sup>th</sup> February 2021).

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

## Sickness Absence by Service

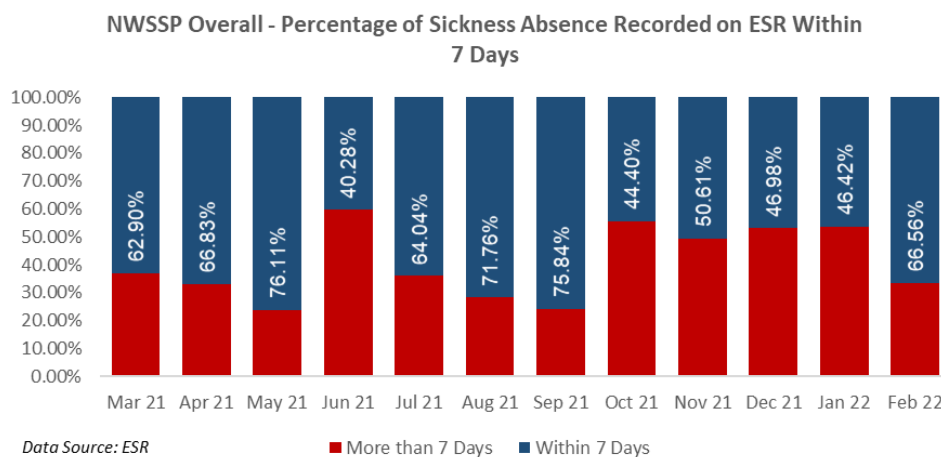
The chart below shows the average sickness absence rate for each service from 1<sup>st</sup> March 2021 to 28<sup>th</sup> February 2022:



### Percentage of Absence Entered Within 7 days

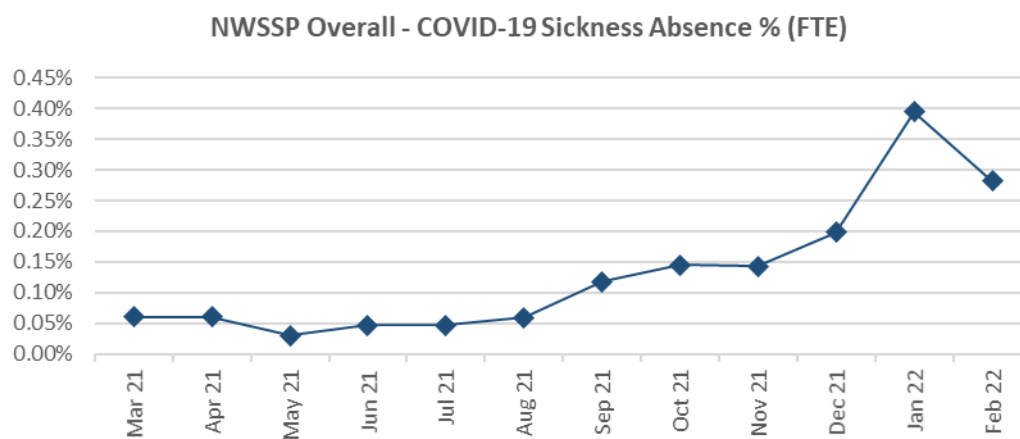
The graph below shows the percentage of absences entered ESR within 7 days of the first day of absence, in the period 1<sup>st</sup> March 2021 to 28<sup>th</sup> February 2022. At the time of reporting, **66.56%** of absence had been recorded within 7 days.

*Please note:* as more absences are recorded as starting in the month, the percentage is likely to fall as is the case with December 2021 where it was reported to SLG in January 2021 that 73.71% of absences recorded in December 2021 had been done so within the first 7 days. This figure then dropped to 50.38%.

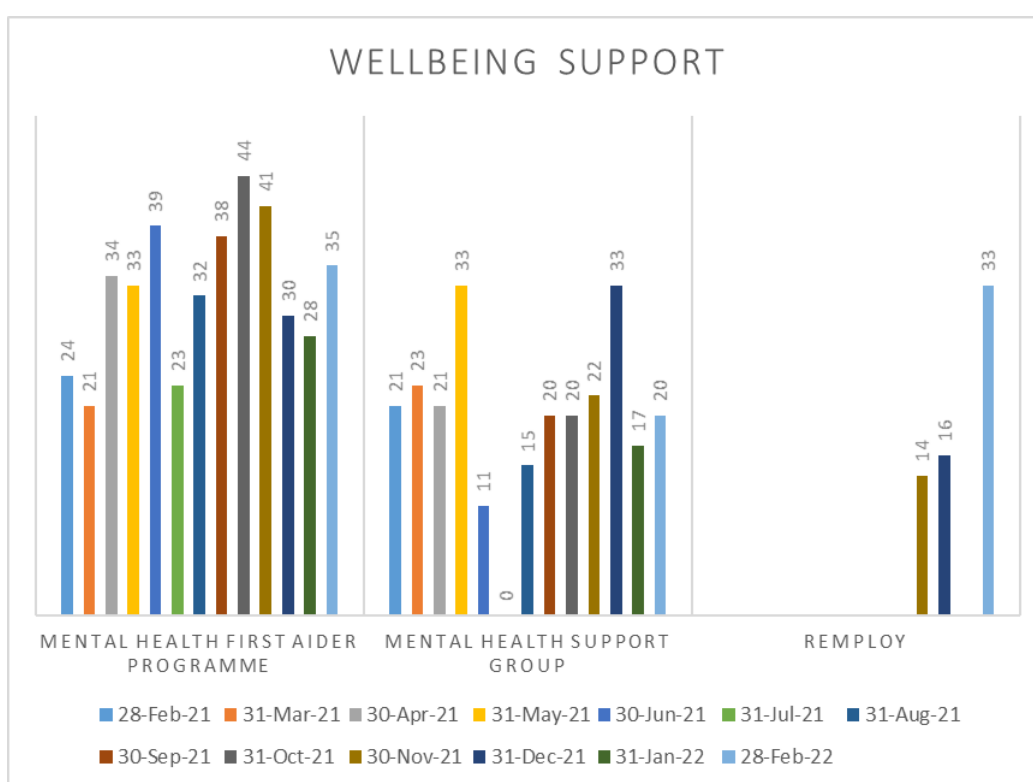


### Covid-19 Absence

Between March 2021 and February 2022 COVID-19 related absences remain **10 as at 28<sup>th</sup> February 2022** (this information was correct at the time of writing). There is currently one staff member under medical suspension, with three staff members off under Infection Precaution.



## Wellbeing Support

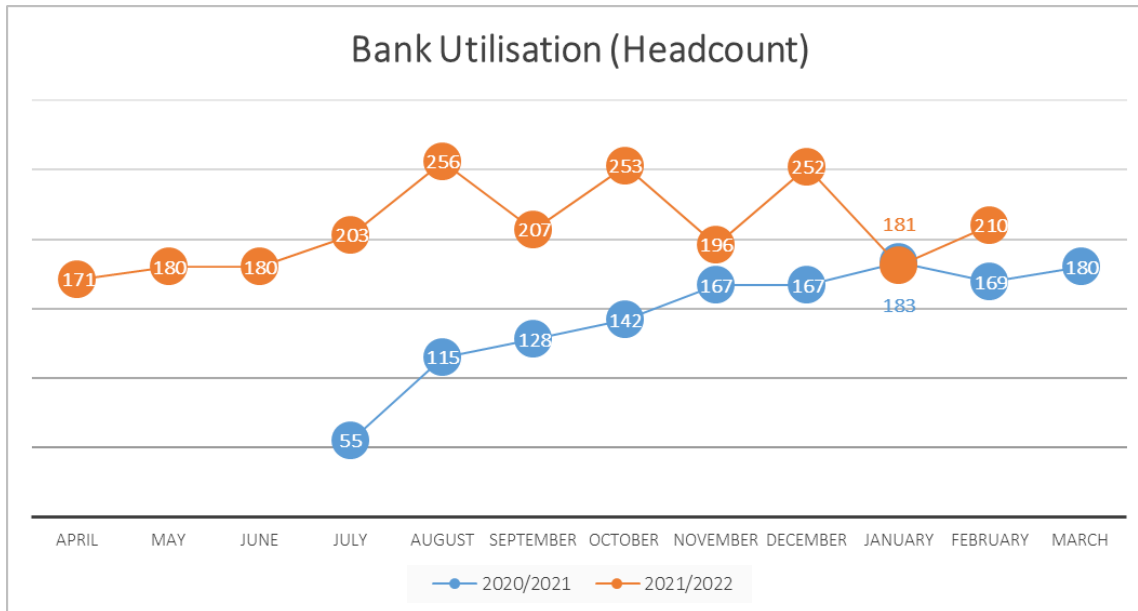


In February 2022 57% of our wellbeing support to date has been provided by the Mental Health First Aiders (MHFA). The Mental Health Support Group is also evolving with a further 33 people engaging with the group (a total of 256 since its inception), and support from Remploy is starting to build with 33 members for staff engaging with the service in the last month (63 since November 2021).

## BANK AND AGENCY

### Bank Usage

February 2022 has seen a slight rise in the number of bank workers engaged from a headcount of 181 in January 2022 to 210 in February 2022 (14.23%).



During this period, **net spend on bank has been recorded as £244,244**, an increase of £13,093 on the previous month.

£127,887 contributed by HCS/Procurement (a £20,752 increase on the previous month). The service are currently utilising 79 of the 210 bank staff (37.61%); Employment Services have also increased their support numbers, by a further 12 to 38.

Service	Dec-21			Jan-22			Feb-22		
	£	WTE	# of People	£	WTE	# of People	£	WTE	# of People
Accounts Payable	0	0	0	0	0	0	0	0	0
Audit & Assurance	842	0	0	-646	0	0	-111	0	1
Collaborative Bank	23,381	5	38	19,094	5	0	19,907	5	0
Corporate Services	26,123	7	35	14,787	6	20	14,223	7	29
E-Enablement	88	0	1	563	0	1	709	0	2
Employment	10,177	11	26	28,298	12	27	28,898	12	38
Health Courier Services	90,704	43	85	40,504	26	37	44,898	25	38
Laundry Services	30,520	11	16	23,506	11	19	17,160	12	24
Legal & Risk/WRP	-4,459	6	14	23,937	6	15	18,411	4	22
Primary Care	4,798	5	8	8,399	5	6	6,168	3	12
Procurement	100,762	41	63	66,631	39	54	82,989	42	41
Planning, Performance & Informatics	363	0	0	833	1	1	3,564	1	1
SMTL Surgical Materials Testing Lab	0	0	0	0	0	0	0	0	0
Specialist Estates	1,406	1	1	5,246	0	1	7,429	1	2
<b>Total</b>	<b>284,705</b>	<b>129</b>	<b>287</b>	<b>231,151</b>	<b>111</b>	<b>181</b>	<b>244,244</b>	<b>112</b>	<b>210</b>

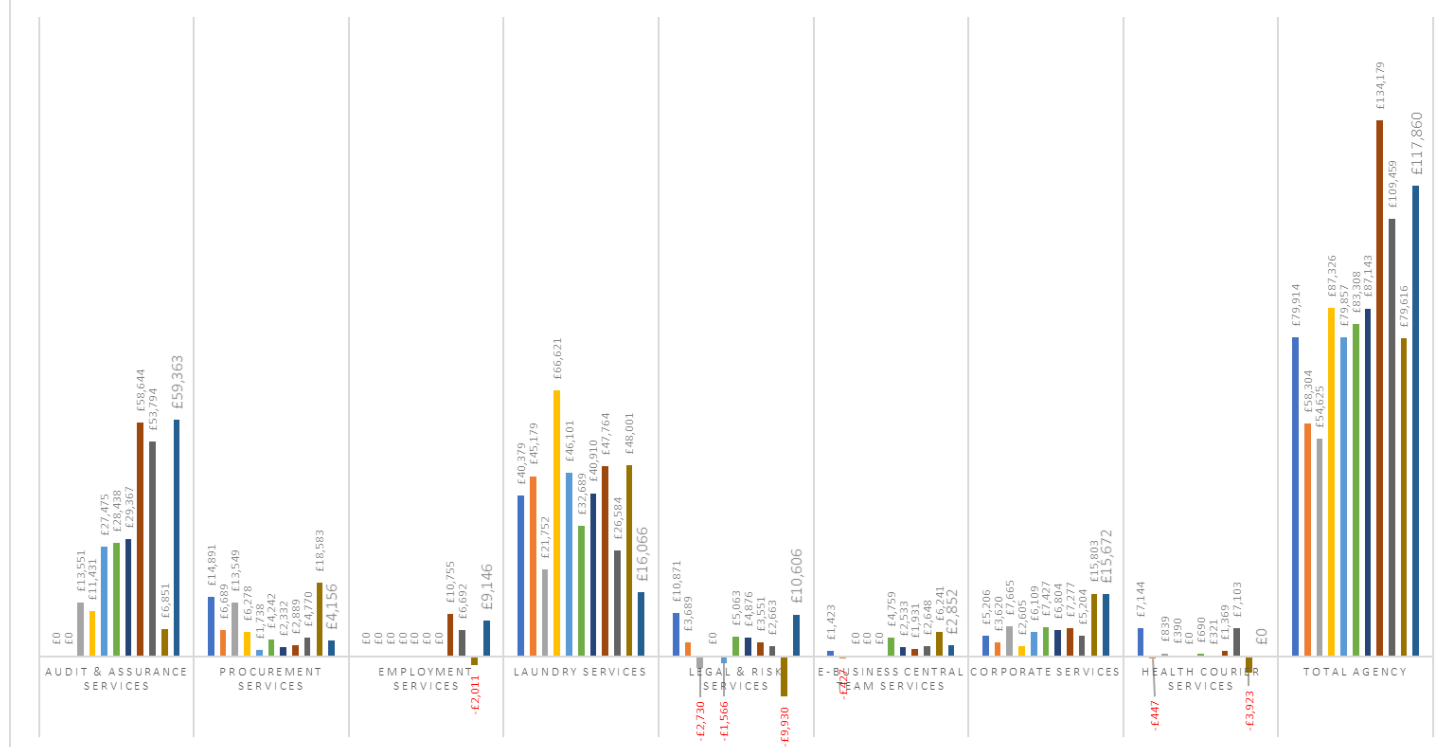
## Agency Usage

Data provided by Finance suggests that in February 2022 **we engaged a total of 46 workers from Agencies** (down from 55 the previous month). Of those, 27 (38 previously) were within Laundry accounting for 49.1% of the total placements; 7 were in Audit & Assurance (12.73%), 5 were within Procurement (9.1%), 3 in Counter Fraud (5.45%); 2 within Corporate Services (3.64%); and 1 each within the E-Central team and Legal & Risk Service (1.82% each).



## AGENCY SPEND (£)

■ Apr-21 ■ May-21 ■ Jun-21 ■ Jul-21 ■ Aug-21 ■ Sep-21 ■ Oct-21 ■ Nov-21 ■ Dec-21 ■ Jan-22 ■ Feb-22



Total agencies spend for the month came in at **£117,860**. This represents a marked increase in spend of **£38,244** from £79,616 in January 2021.

Service	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Audit & Assurance Services	£0	£0	£13,551	£11,431	£27,475	£28,438	£29,367	£58,644	£53,794	£6,851	£59,363
Procurement Services	£14,891	£6,689	£13,549	£6,278	£1,738	£4,242	£2,332	£2,889	£4,770	£18,583	£4,156
Employment Services	£0	£0	£0	£0	£0	£0	£0	£10,755	£6,692	£-2,011	£9,146
Laundry Services	£40,379	£45,179	£21,752	£66,621	£46,101	£32,689	£40,910	£47,764	£26,584	£48,001	£16,066
Legal & Risk Services	£10,871	£3,689	£-2,730	£0	£-1,566	£5,063	£4,876	£3,551	£2,663	£-9,930	£10,606
E-Business Central Team Services	£1,423	£-447	£0	£0	£0	£4,759	£2,533	£1,931	£2,648	£6,241	£2,852
Corporate Services	£5,206	£3,620	£7,665	£2,605	£6,109	£7,427	£6,804	£7,277	£5,204	£15,803	£15,672
Health Courier Services	£7,144	£-447	£839	£390	£0	£690	£321	£1,369	£7,103	£-3,923	£0
TOTAL AGENCY	£79,914	£58,304	£54,625	£87,326	£79,857	£83,308	£87,143	£134,179	£109,459	£79,616	£117,860

## Bank Development

The All Wales contract for HealthRoster was awarded in January 2020. NWSSP joined the contract to support some of its variable pay areas with payroll (eradication of timesheets) and filling of temporary staffing vacancies,.

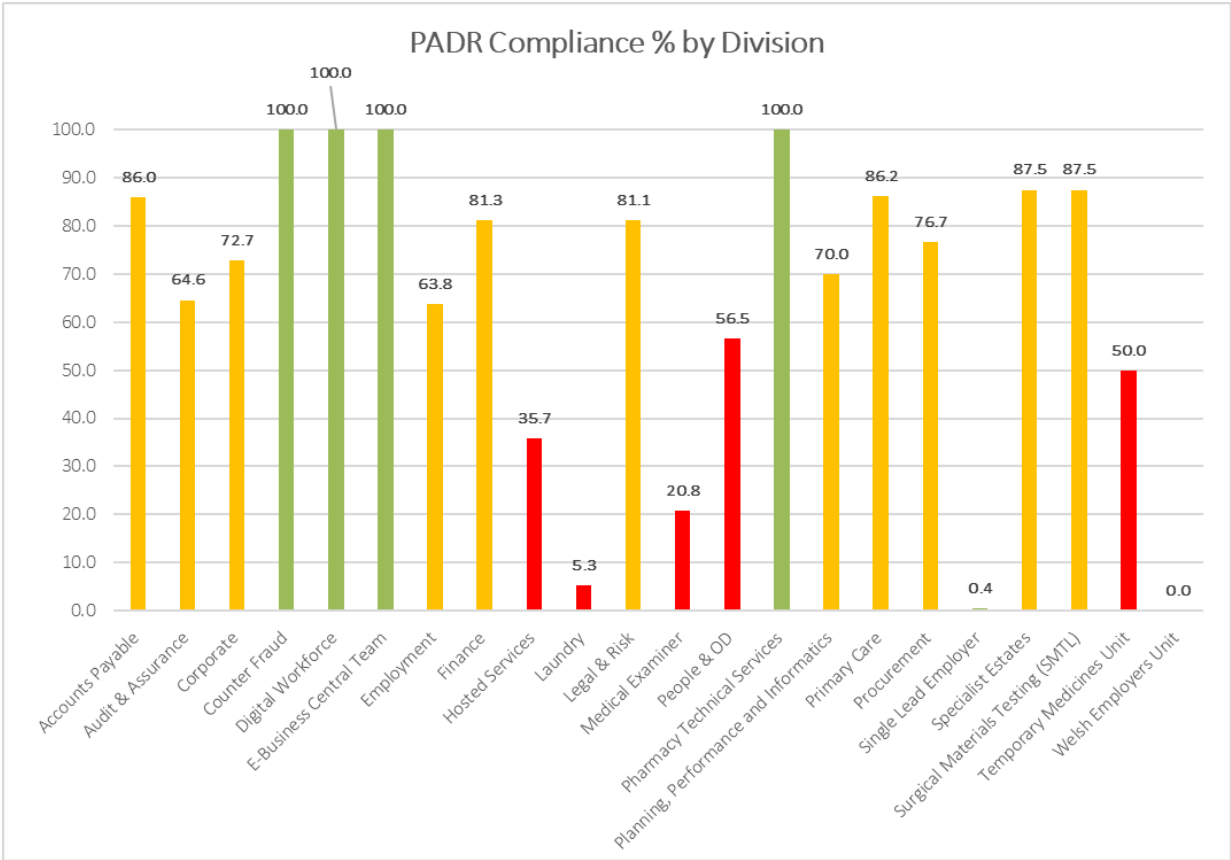
Work to date has focussed on configuration of the system; ensuring DPIA and appropriate Information Governance and Cyber governance is in place; creating a helpdesk to assist staff with queries; creating the required financial structures in the system, policy development with HR colleagues (which will be shared with LPF colleagues for comment); Interfacing ESR to the rostering system to ensure all changes related to starters, leaver and payscale changes automatically feed through.

The system has been rolled-out to support the NWSSP Bank Transformation agenda, which has been largely successful in supporting an increase to our current Bank workforce pool and eased the administration burden related to the processing of weekly/monthly timesheets, and efficiencies in payroll via timesheets being received by a file transfer (FTP) directly to ESR for payment. The roster team have been working with six unit areas. 3 laundry sites have made exceptional progress with rosters created and training delivered.

In line with Health Boards and Trusts across Wales and to create efficiencies in our processes; reduce manual input errors; and to ensure accuracy of annual leave due, a decision was taken to move those engaged on our Bank from the accrual of annual leave to be taken or paid at the request of the individual, to payment of the 12.07% working time directive payment at the point of payment for the shift worked. The benefit of this new format is also for those working hours at enhanced rates, for example at weekends, bank holidays, or after 8pm on weekdays, as the 12.07% will be applied to the enhanced rates of pay (unlike the current method where this has been applied to the basic rate of pay only).

PADR

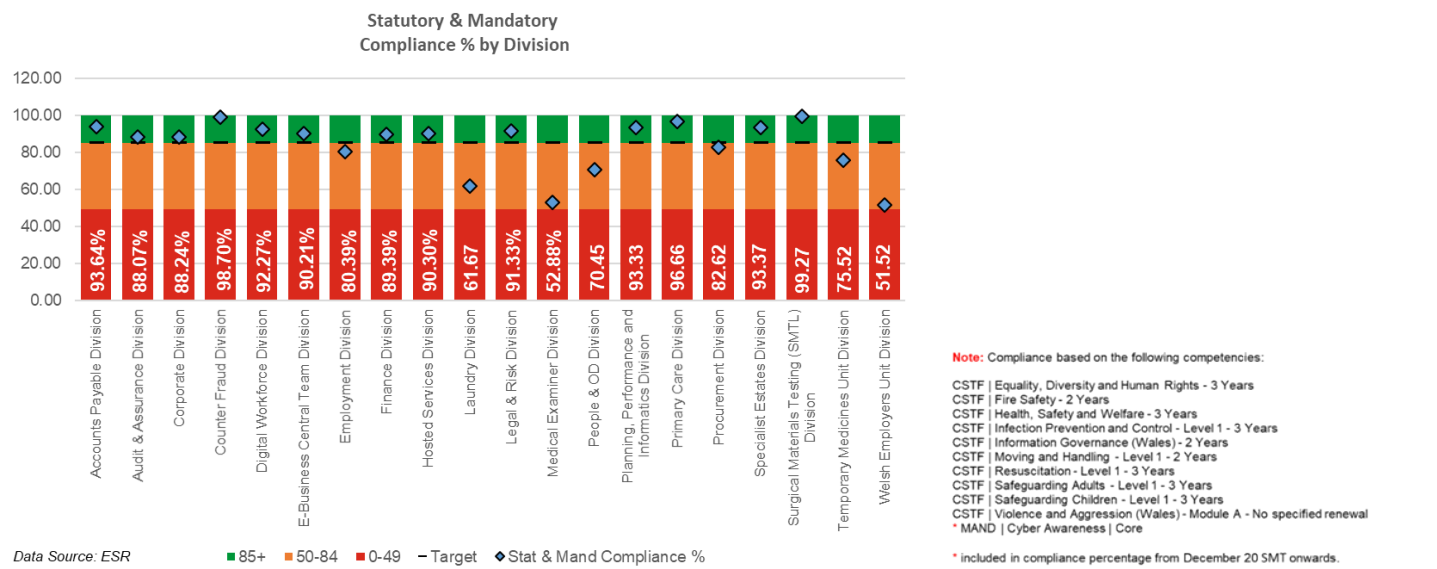
NWSSP completed **70.55%** of Appraisal Reviews as of 28<sup>th</sup> February 2022, excluding new starters for 3 months, bank workers, GP trainees and those staff who are on career break, maternity & adoption, external secondment or suspension. This represents an increase of **0.12% point** on the data recorded for 31<sup>st</sup> January 2022 where the figure sat at 70.43%.



LEARNING COMPLIANCE

Statutory and Mandatory Training

NWSSP is currently **84.15%** compliant with the Core Skills Training Framework, which is above the recognised minimum standard for statutory and mandatory training. This figure continues to improve. *Please note this excludes SLE trainees and bank workers.*



## PEOPLE AND OD DEVELOPMENTS

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### ► AGILE WORKING

The Agile Programme Board met on 8th February 2022 and it was agreed that the Board would stand down for the time being to enable the Agile Estates Project to focus on driving the accommodation strategy and associated desk booking applications.

The work Elena Holmes and Samantha Graf had undertaken for the agile project was recognised and the whole team were commended for their input and keeping the project on track. As the work was transitioning to becoming business as usual, it was agreed that People and OD along with our Trade Union colleagues, would coordinate the Agile approach and support the organisation to embed our new ways of working.

The Agile Programme Board would meet again in July 2022 to review the strategy and approach and if necessary, table refreshed documents at SLG in August 2022. Following this, it is intended that the agile strategy and toolkit will be reviewed in the normal three year policy cycle.

### ► DIVERSITY AND INCLUSION

151 people responded to the inclusion survey that was run at the end of last year. Overall the response indicated that the organisation was an inclusive place to work although staff would like to see a more diverse workforce. As a brief summary the themes were as follows:

- Employees felt the organisation was inclusive, but that there was a lot more work that could be done.
- Employees didn't feel represented when looking at their leaders.
- It was felt that the recruitment and progression practices were biased, and that there was an element of unconscious bias – ie we're unconsciously hiring people 'like us'.
- Employees liked the idea of networks supporting diversity but weren't sure they would have time to attend – we have also heard this from members of the current LGBTQ+ network, Proud. They are unsure if they have "permission" to attend.
- Some employees felt that too much attention was paid to minorities, and that some groups of people were protected more than others.

It was the intention that these themes would be discussed at the Equality, Diversity & Inclusion Group on 15<sup>th</sup> Feb but this was unfortunately postponed due to unforeseen external factors. These themes will be explored in more detail, along with a wider action plan at the next meeting which is being re-scheduled to take place at the earliest opportunity.

### ► HEALTH & WELL-BEING

No further updates this month

### ► LAUNDRY TRANSFORMATION

#### Pulse survey

A survey has recently been undertaken with the laundry workforce to identify how their first 9 months in NWSSP have been. There has been a very low uptake however we have been able to identify a number of themes to work on. An action plan will now be drawn up to take identified activity forward.

## RRP

Confirmation has been provided that the Recruitment and Retention Premium will be removed on 31<sup>st</sup> March 2022. We are currently working with the 3 technicians in Green Vale who will be affected. A recent recruitment round has resulted in 2 multi skilled technicians being appointed in Swansea Laundry and 1 in Greenvale.

As with North Wales we will be arranging visits to both Greenvale and Swansea Laundries to provide an opportunity for the workforce to discuss any issues they may have.

## ► LEARNING & DEVELOPMENT

Staff across NWSSP completed the following courses during February 2022:

Service Area	Completed
<b>043 Accounts Payable Service</b>	<b>8</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	3
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	3
043 NWSSP Performance Appraisal virtual class via Zoom, 23/02/2022	2
<b>043 Audit &amp; Assurance Service</b>	<b>3</b>
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	3
<b>043 Cental Sourcing Service</b>	<b>6</b>
043 NWSSP Workforce Polices in Practice - Virtual Class Via Zoom 10/02/2022	2
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	3
043 NWSSP Fixed Term Contract Workshop, 24/02/2022 - Virtual Class	1
<b>043 Corporate Procurement Service</b>	<b>2</b>
043 NWSSP Fixed Term Contract Workshop, 24/02/2022 - Virtual Class	1
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 E-Business Central Team Service</b>	<b>1</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
<b>043 Engagement &amp; Support Service</b>	<b>5</b>
043 NWSSP Workforce Polices in Practice - Virtual Class Via Zoom 10/02/2022	2
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	2
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 Expenses Service</b>	<b>1</b>
043 NWSSP Workforce Polices in Practice - Virtual Class Via Zoom 10/02/2022	1
<b>043 Finance Service</b>	<b>2</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	2
<b>043 Hosted Services Service</b>	<b>1</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	1
<b>043 Legal &amp; Risk Service</b>	<b>15</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
043 NWSSP Workforce Polices in Practice - Virtual Class Via Zoom 10/02/2022	3
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	2
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	4
043 NWSSP Performance Appraisal virtual class via Zoom, 23/02/2022	2
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	3
<b>043 Local Procurement Service</b>	<b>7</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1

043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	2
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	1
043 NWSSP Performance Appraisal virtual class via Zoom, 23/02/2022	3
<b>043 Medical Examiner Service</b>	<b>2</b>
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	1
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 Payroll Service</b>	<b>1</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	1
<b>043 Pension Service</b>	<b>2</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	1
<b>043 People &amp; OD Service</b>	<b>3</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	1
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	2
<b>043 Planning, Performance and Informatics Service</b>	<b>3</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
043 NWSSP Workforce Policies in Practice - Virtual Class, 17/02/2022	1
043 NWSSP Fixed Term Contract Workshop, 24/02/2022 - Virtual Class	1
<b>043 Recruitment Service</b>	<b>6</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	2
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	3
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 Student Awards Service</b>	<b>1</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	1
<b>043 Supply Chain, Logistics &amp; Transport Service</b>	<b>5</b>
043 NWSSP Managing Attendance at Work Policy, Virtual Class - 09/02/2022	1
043 NWSSP Workforce Policies in Practice - Virtual Class Via Zoom 10/02/2022	1
043 NWSSP Fixed Term Contract Workshop, 24/02/2022 - Virtual Class	3
<b>043 Surgical Materials Testing (SMTL) Service</b>	<b>3</b>
043 NWSSP Welcome to NHS Wales Shared Services Partnership 15/02/2022	2
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>043 Transaction Service</b>	<b>1</b>
043 NWSSP Developing an Effective Team - Virtual Class Via Zoom 28/02/2022	1
<b>Grand Total</b>	<b>78</b>

## ► THIS IS OUR NWSSP (CULTURE PROGRAMME)

Following a survey that was completed by staff regarding what they felt the NWSSP values meant to us, the Change Champions have taken part in a workshop to look at the data received and develop statements related to each value that will be used as part of a behaviour framework. The Comms team have also been involved in this and are working on new imagery which will align with the way in which the organisation identifies with the values. The intention is that this framework will be launched in April along with a fresh view of the way in which staff can use the values within working practices.

## ► KICKSTART

All Kickstart vacancies have closed and as indicated in the previous report vacancies have been left unfilled. Of 31 vacancies, 7 have been successfully filled as follows:

Service	Role	Successful candidates
Surgical Materials Testing Laboratory	Administrative Assistant	1
Procurement Services	Store and Warehouse Operatives	4
Employment Services	Recruitment Assistant	2
<b>Total</b>		<b>7</b>

The following points should be noted when considering the recruitment rate:

- NWSSP joined the Kickstart programme towards the end of the life of the project and many service users have found posts elsewhere or are now looking at other opportunities
- A number of applicants did not respond to interview invitations or did not attend interview.
- Success rates were higher where NWSSP services engaged in Kickstart recruitment events at job centres
- With the exception of one candidate, all those interviewed were offered employment

All applicants will be in post by 31<sup>st</sup> March and will undertake a bespoke induction followed by a series of employability workshops throughout their 6 month placement. Pastoral support will be provided by People & OD who will undertake regular development reviews alongside line managers.

## ► TRANSFORMING ACCESS TO MEDICINES (TRAMS)

### 1. Programme Board

Agreed that 2 subgroups would be set up to support the Programme, namely Finance and Clinical. Ruth Alcolado has kindly agreed to chair the group and are currently seeking nominations from HB\T to sit on the group.

The Workforce Subgroup met on 10<sup>th</sup> February 2022 and were provided with an update from the Project Manager (Peter Elliott) and Pharmacy Technical Services Director (Colin Powell). In relation to the workforce, Colin advised that three Science Training Programme places had been secured and would be placed in existing large units. The aim being that in three years the post holders would be appointable into roles that have been traditionally held by pharmacists.

### 2. OCP

The group were also told that he and Samantha Graf had been working on the first draft of the OCP relating to the senior leadership tier. Further partnership work was needed to understand what roles were likely to be impacted by this first stage of the OCP. In tandem, an EQIIA was being drafted and the intention was for a small working party, including key trade union colleagues to would review the document and ensure that it is compiled using accurate evidence-based data from the Health Boards and Trusts.

The consultation documentation drafted needs to be ratified by NWSSP then aim to aim to go to consultation in May 2022.

### 3. Hubs

SEW – looking to modify the existing design to include some value engineering options to bring down the costs.

SWW&NWW – work underway to identify possible locations for the hubs. Scoring matrix is currently in development to determine most appropriate location. Several engagement sessions are planned with staff and strategic HB planners. In the SWW there has been engagement with the ARCH project.

#### 4. Workforce

Funding has been secured for

- 3 Trainees on the Scientist Training Programme – starts September 2022 ends 2025. Trainees will be placed in the 3 largest units i.e. St Mary’s (C&V), Singleton and Wrexham.
- 3 Trainees on the Science Manufacturing Technician Course – starts March 2022 ends 2024 (allocation yet to be decided).
- % Band 3 posts to support the transition from the existing service to TrAMs, these will be placed 1 each in SBU, HD, VCC, St M and Wrexham.

OCP 1 structure discussed at TrAMs Workforce subgroup 10<sup>th</sup> February. Job Descriptions for Tier 1 are being matched, Job Descriptions for Tier 2 National posts are under development.

The Job Evaluation Team were complimented for supporting the project with key roles. Given the complexity of the roles being evaluated the responsiveness of the team was noted, in their support to get the job descriptions over the line in readiness for consultation.

#### ► WELSH LANGUAGE

The demand for our translation services is ever increasing.

##### Translation services:

During the months of October, November and December these are the total words we’ve translated for the following organisations:

Organisation	Word Count
NWSSP	589,285
NHS Employers (All Wales Policies and JDs)	10,470
DHCW	146,613
Velindre NHST	141,958
PHW	155,209
Value in Healthcare (hosted by CTMUHB)	20,428
WHSSC (hosted by CTMUHB)	30,975
HEIW	5,538
<b>Total words translated &amp; Proof Read Nov</b>	<b>1,100,476</b>

The work being undertaken to support the Welsh Risk Pool on the Eido Healthcare Patient Leaflets continues and another 20 leaflets have been proof-read and quality assure.



DHCW are still establishing with their Director of Finance funding for 22/23 it is now anticipated that the funding will cover between 1.5 or 2 FTE translators.

WAST contacted the Welsh Language Services Manager before Christmas with a request to translate the 111 Service web-pages and other text, as their SLA with BCUHB have run into difficulties following staff leaving the translation unit at BCUHB. The work is scheduled for January – March 2022 and will equate to approximately 100,000 words.

WAST have also been in touch about advice on recruiting a Translator for WAST and for NWSSP to offer additional support to cover leave, sickness and the increase in demand for translation services. Discussions are ongoing at present. It is anticipated that an SLA may well be required beyond April 2022/23, but at this stage no concrete information is available.

Further to the report in November, I have been updated by ABUHB that the Welsh Language Services Manager at ABUHB will be taking up an Equality, Diversity and Inclusion role at CTUHB. This means that ABUHB will be looking to recruit a new Welsh Language Services Manager and to also recruit a translator to meet demand as well as approach NWSSP to provide backup support for translation services through an SLA.

Previously ABUHB have used freelance translators and Caerdydd Dwyieithog the translation unit at Cardiff Council, who charge 8pence a word and there have been several complaints made about the standard of translation services. As a consequence we are expecting to hear from the new WFOD Director at ABUHB to discuss further, upon recommendation and advice given by the current Welsh Language Services Manager at ABUHB.

In terms of CTMUHB, the new Welsh Language Services Manager is Ben Screen. There has been no contact made from CTMUHB for translation support, other than two hosted programmes, WHSSC and Value in Healthcare receiving translation support from the Welsh Language Unit at NWSSP.

HEIW are also facing difficulties recruiting translators and have approached us for support with immediate effect. We've agreed to support them with up to 10,000 words per week, if they require that support between December 2021 and March 2022. During this time we will discuss the opportunity to formalise this support via an SLA.

#### **Welsh Language Unique Enquiries October 2021:**

<b>Nature of the enquiry</b>	<b>Number of enquiries received</b>
Service Delivery Standards Enquiries	17
Operational Standards Enquiries	3
Procurement of Services Enquiries	4
Generic advice on Welsh language matters	27
Enquiries on service improvement (across all services)	2
Clarity on the need to translate	3
Training and learning	32
Enquiries from other NHS organisations	10
Enquiries from Welsh Government	1
Enquiries from Welsh Commissioner	0
<b>Total</b>	<b>99</b>

#### **Welsh Language Services Manger's Active Projects November:**

- FPPS GP - Primary Care Services
- Performers List Project – Primary Care Services
- ESR – Welsh language portal skin – People and OD Complete.  
Now need to work with Director of People and OD and Employment Services and Assistant Director of People and OD on a comms strategy to inform HB's and Trusts on the development and launch of the Welsh portals.
- Contact Centre Scoping Project – Audit and Assurance and PMO  
Questionnaires have gone out bilingually to all HBs and Trusts in the first batch of consumer research. Awaiting results of the survey.
- Student Awards & Student Streamlining system improvement – Service Improvement and HEIW has been completed.
- Adverts and JDs for Student Streamlining stakeholders are being translated to enable the HB's to be compliant in advertising their Student Streamlining vacancies bilingually – ready before Christmas.
- Student Bursary/Streamlining Procurement – PMO
- Review of Telephony Systems with NWSSP Planning & IT
- Review of Training module
- Review of Corporate Induction module
- Drafting of Bilingual Skills Strategy and Protocols
- Management of quality of translations on behalf of WRP of the Eido Healthcare Patient Information Leaflets.
- Involved in advising on the Health Roster Project
- Welsh language taster sessions have proven to be popular with staff and more scheduled before end of financial year and early spring.
- Planning Welsh language sessions on:
  - Opening and closing meetings
  - Greeting customers
  - Opportunities to practice Welsh in lunch and learn sessions for Q4 in Jan, Feb, March.
- Standard Operating Procedure for advertising and uploading JDs in both Welsh and English is in draft format currently with People and OD to finalise. Drafting Comms Plan for Recruiting Managers for April – June with a view to advertising all vacancies bilingually. Recruiting managers deterred from advertising Welsh not a required skill in the People & OD newsletter
- About us information on TRAC updated and translated as well as Candidate Information updated and translated.
- Plans on Pages are currently being looked at by the Welsh Language Services Manager to identify potential areas for Welsh language support services and translation for 2022/23.

### **Staffing at the Welsh Language Unit**

The current staffing structure in the Welsh Language Unit is as follows:

- Welsh Language Services Manager with overall responsibility
- Translation Manager with responsibility for operational day to day management of distribution of work and performance.
- 3 x Translators working full-time (2 permanent, 1 permanent) one position is currently vacant and will go out to advert in November 2021 for a full-time permanent vacancy.
- 2 x Translators working part-time (1 x 15hrs p/w, 1 x 30hrs p/w)

In our last recruitment drive, we offered a full time, permanent position to the translator that was on a fixed-term contract. However, we still have a vacancy to fill and intend on going back out to advert for a Band 5 translator. In March. Due to complexity of our work and increasing clients, we currently have another Band 6 Translation Manager to manage operational delivery of services for our growing portfolio of clients.

The Translation Bank became operational in November. The bank currently has 6 translators. Four of the 6 currently take on work for us on a weekly basis at present, due to the demand exceeding our core team capacity. Two of the translators on the bank are not operational as they have other full-time jobs.

Given the demand on the service at this present time, we will need to look at other means of growing our capacity to deliver more translation services in 2022/23. The market for professional and experienced Translators is fragile and highly competitive, and we will need to explore opportunities to attract the right people with the right skills and experience to join the team in 2022/23.



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**AGENDA ITEM:  
24 March 2022**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Update – March 2022**

<b>ARWEINYDD: LEAD:</b>	Peter Stephenson Head of Finance & Business Development
<b>AWDUR: AUTHOR:</b>	Peter Stephenson Head of Finance & Business Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</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 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 Leadership Group (SLG) 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 ✓):**

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

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

## **NWSSP CORPORATE RISK REGISTER UPDATE March 2022**

### **1. INTRODUCTION**

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

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

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

<b>Current Risk Rating one</b>	<b>March 2022</b>
Red Risk	2
Amber Risk	9
Yellow Risk	0
Green Risk	1
<b>Total</b>	<b>12</b>

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

There are now two red risks, one relating to the current pressures on the recruitment and payroll functions in particular, due to the unprecedented increased in demand for their services across NHS Wales. This is the subject of the deep dive earlier on the agenda. The second red risk is a new risk and is highlighted below.

#### **2.2 New/Deleted Risks**

There are two new risks that have been added to the register since the last meeting of the Committee. These are:

- Given the current level of PPE stock holding there may be items that reach their end of life (expiry date) before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP. Adverse publicity on this topic has already been in the national press in England and we are taking steps to minimise any write-offs; and
- A new risk has been added related to the war in Ukraine and the likely impact on prices of goods, not least, but not restricted to energy costs. There is a separate paper on the agenda focused on the potential rise in energy costs for NHS Wales, and a paper will also be brought to the May Committee that considers the wider impact of price rises across all goods, services, and consumables.

### 3. RISKS FOR MONITORING

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






Current Risk Rating	March 2022
Red Risk	0
Amber Risk	0
Yellow Risk	2
Green Risk	6
<b>Total</b>	<b>8</b>

### 4. RECOMMENDATION

The Committee is asked to:

- **NOTE** to the Corporate Risk Register as at March 2022.

## Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
Risks for Action												
A1	The Northern Ireland model procured to replace the NHAIS system fails to deliver the anticipated benefits within required timescales impacting the ability to pay GPs (Original risk added April 2017)	4	5	20	Legal Counsel advice received. PMO Support Project and Programme Boards in place Heads of Agreement signed	2	5	10	Programme and Project Boards to review progress in lead-up to go-live date for GP payments. Consider options for extension of Local Hosting Arrangements until mid-2022 for PCRM.	Although the system is in a 'technical' live position, following a review of the level of quality assurance needed and practice engagement, all Health Boards will now be on-boarded to the live system by the end of March 2022. PCS are now on schedule to make the first payments from the new system in April 2022.		30-Apr-22
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Issues with the current version of CLERIC are causing connectivity issues leading to service issues for HCS drivers (added Sept 2021). There is a concern over lack of technical support to oversee the migration to a CLOUD-based service.	5	4	20	Business Continuity Plans implemented - can revert to paper if necessary but very inefficient. New contract signed December 2021	2	4	8	Investigate whether WAST could provide any support (TC)	Security test was successfully completed this week. Migration will be before the end of the month - March 22.		31-Mar-22
	Strategic Objective - Customers									Risk Lead: Director of Procurement Services		
A3	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 (added April 2021)	4	4	16	IP5 Board Additional facilities secured at Picketston	2	4	8	PCS reviewing options for medical records storage - additional space is available from Johnseys on Mamhilad site. Business Case being prepared.	Discussions are on-going with Welsh Government with regards to the Strategic Outline Case for IP5. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT contingency arrangements. We are awaiting news on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements.		31-Mar-22
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		
A4	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019)	5	3	15	Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	3	3	9	1. Undertake IA review of enhanced controls to prevent bank mandate fraud (AB/PS 31/03/22) 4. Increase LCFS resource (AB/PS 31/03/22)	Internal audit review underway. C&V have recruited an additional Band 6 LCFS and an 8A to replace Craig Greenstock. NWSSP pursuing secondment opportunity to obtain a dedicated LCFS for NWSSP.		31-Mar-22
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A5	Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters (added April 2021)	5	3	15	Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews Experian Bank Mandate Checker	1	3	3	Undertake IA review of effectiveness of enhanced controls (AB/PS 31/03/22). Review current arrangements once audit complete (AB/PS 30/04/22)	There were a spate of fraudulent bank mandate amendments during March/April 2021 - some of which were successful. Procedures have been reviewed and enhanced. Experian software procured but coverage not as good as anticipated. Use of post to send out forms seems to have prevented opportunity for fraud. Internal Audit currently underway.		31-Mar-22
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		



A6	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019)	5	5	25	Cyber Security Action Plan IGSG Information Governance training Mandatory cyber security e-learn introduced Dec 19 Internal Audit review - Reasonable Assurance (April 2020) Recent investment in training packages (March 2021) Additional appointment to team (July 21) Phishing exercises undertaken (on-going) BCP Action Cards (updated March 22)	2	5	10	Desk top exercise to be undertaken with SLG in either April or May 22.	Team was strengthened in Sept 21 with additional member of staff. Following war in Ukraine staff have been reminded of good housekeeping procedures and guidance reissued. All directorates have completed or updated their action cards relating to the potential loss of IT systems and networks.	➔	31-Mar-22
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance & Informatics		
A7	The failure to engage with appropriate specialists (e.g. H&S/Fire Safety, Information Security/IG) sufficiently early enough when considering major developments may result in actions being taken that do not consider all relevant potential issues.	4	4	16	In-house H&S and Fire Safety Expertise Role of PMO Recent appointment of Programme Director Appointment of IP5 Facilities Manager (Jan 22)	2	4	8	PMO to ensure that Project Officers consult appropriately at outset of project. (IR-ongoing) Consider adequacy of resourcing within H&S. (AB/PS - complete)	All organisations contributing towards a Fire & Evacuation Strategy for IP5. Additional H&S staff member recruited (Jan 22)	➔	31-Mar-22
	Strategic Objective - Service Development									Risk Lead: Director of People and OD		
A8	The introduction of new technology and the promotion of the digitisation agenda may impact NWSSP staff in terms of their current roles and responsibilities. (added January 2022)	3	3	9	Learning and Development Programmes	3	3	9	There is a need to ensure that staff are provided with the learning and development opportunities to equip them with the required skills.		➔	31-Mar-23
	Strategic Objective - Staff									Risk Lead: Director of People and OD		
A9	The demand on services within Employment Services as a result of Health Boards taking on substantial numbers of staff to respond to and recover from the pandemic, is unsustainable, leading to poor levels of performance. (added November 2021)	4	4	16	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis.	4	4	16	Additional staff being recruited Use of students from Cardiff University Temporary support from other Directorates Modernisation Programme being implemented Accessing KickStart scheme	Focus on training staff on pinch points rather than whole process Backlog in applications in Student Awards reduced from 1800 to <800. Significant reduction in complaints as at Jan 2022	➔	31-Mar-22
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A10	Given the level of stock holding there may be items that reach their end of life (expiry date) before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP. (added January 2022)	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Donations to India and Namibia	2	5	10	SMTL working on behalf of DHCS on an Accelerated Aging Programme (SMTL 31/05/22) Produce briefing for Audit Committee (AB 31/03/22)	Wales On-Line FoI request robustly responded to on 31/1. SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment Schedules produced and discussed with senior finance officials in WG and Velindre.	✳	31/03/2022
										Risk Lead: Director of Finance & Corporate Services		
A11	The increase in energy prices, exacerbated by the war in Ukraine, is likely to lead to significant price increases across the whole range of goods and services resulting in severe cost pressures for NWSSP and NHS Wales budgets. (added March 2022)	5	5	25	Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	4	5	20	Review of energy costs to March SSPC (AB) Review of general price rises to May SSPC (JI)	Paper on energy costs to March SSPC and deeper dive into general price rises at May SSPC. Daily monitoring of prices and buying ahead at fixed price where possible.	✳	30/06/2022
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A12	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	All-Wales Programme Business Case Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites	3	3	9	Arrange internal audit review of Laundry service (AB/PS - complete) Prioritised report to be submitted to SLGs to monitor progress. (on-going)	Transfer has now taken place for all of the 5 laundries, although arrangements are different for Hywel Dda and Cwm Taf. Updates provided to SLG. IA review focused on Swansea Laundry provides reasonable assurance. Choice of new sites in North Wales and Swansea apparently well received.	⬇	31-Mar-22
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		
Risks for Monitoring												
M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018)	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix. CTSA undertake annual reviews of high risk buildings e.g. IP5, Picketston	1	4	4	Continue to monitor, and reissue comms to all staff to remind them of need to keep buildings and information secure. (PS 31/08/2020 - complete) Consider whether further review of Site Security is required (PS 31/12/2021)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded.	➔	
	Strategic Objective - Staff									Risk Lead: Director Specialist Estates Services/Director of Finance and Corporate Services		
M2	There is an increased fire risk with a consequence for protection of buildings at Alder House, Brecon House and Matrix House due to a lack of compartmentation in the roof space. (added Feb 2020)	2	5	10	Fire Safety Officer Risk Assessment - assessed risk to life as low - Update Paper to Feb, May and November SMTs.	1	5	5	Discrete fire risk assessments to be undertaken for each site at the recommended intervals. Risk to remain on Corporate Risk Register to ensure sufficient monitoring. .	Landlords consider any work on compartmentation to be our responsibility. SES reported to Nov 2020 SLT where it was agreed that the risk to life is very low. Further discrete risk assessments to be undertaken and reported back to Feb 2021 SLT.	➔	

Strategic Objective - Staff										Risk Lead: Director of People and OD		
M3	The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2021-22.	3	3	9	Financial modelling and forecasting is co-ordinated on a regular basis; Financial reporting to Welsh Government on local costs incurred as a result of Covid-19 to inform central and local scrutiny, feedback and decision-making; Oversight arrangements in place at SMT level, and through the command structure. Financial Governance Committee considers VFM in all expenditure	1	3	3	Ensure that the costs directly associated with COVID-19 are identified and accurately captured. Provide regular updates to Welsh Government.	WG issued letter on 24/3/21 setting out funding allocations for 2021/22. The sum of £170m is available but this is being distributed only to HBs in the first instance.	→	
M4	NWSSP are unable to procure sufficient orders of PPE, medical consumables and equipment resulting in clinical staff being able to treat patients safely and effectively.	5	5	25	PPE Winter Plan Finance Governance Committee Streamlined arrangements for Trust Board and WG approvals Increased limits approved for Scheme of Delegation. Regular meetings with UK and Welsh Government. Active involvement in UK Mutual Aid Schemes. Deloitte undertook consultancy work on behalf of WG to assist in this area. Internal Audit Review (Sept 2020)	1	3	3	Audit Wales published their findings on 14 April 2021 and report largely positive but action plan developed to respond to their findings.	The PPE plan has been developed in consultation with key stakeholders. Some pressure from Chief Medical Officers that may lead to Type IIR masks being totally replaced by FFP3 masks. £5m COVID expenditure authorisation limit reinstated.	→	
M5	By requiring our staff to continue working we expose them to a greater risk of being infected with COVID-19 which may cause them significant health problems.	5	5	25	Vaccination Programme All staff encouraged to work from home where possible. Risk Assessments undertaken for all staff. Social Distancing measures in place in each office. Any staff displaying any symptoms told not to come into office or go home immediately. Testing for front-line staff Weekly Site Leads' meetings to assess position in each office.	1	3	3	Following the updated guidance issued by Welsh Government on 22 Dec additional communications have been issued to all staff. This provide information regarding access to lateral flow tests as well as signposting to the requirements for self-isolation. SLG agreed to reinforce the key message to work from home unless there is a requirement to attend site.	Current measures seem to be effective, but need to be closely monitored in view of Omnicrom variant. Large numbers of staff are working from home and social distancing measures are in place for those staff who need to continue to come into work. Daily reporting of absences shows that the numbers of staff reporting COVID-19 like symptoms continues to be low, but are increasing.	→	
M6	NWSSP are unable to continue to provide business-critical services due to having insufficient numbers of staff available and able to undertake the work.	5	5	25	Identification of all business-critical services Redeployment of staff to business-critical services Increased provision of laptops and VPN Roll-out of Office 365 Use of Bomgar service for PCS Daily monitoring and reporting of absence figures. IT Update also given to weekly COVID-19 Planning & Response Group.	1	3	3	Updated BCP document covering response to COVID and possible impact of future waves presented to August SMT, and September SSPC. Throughout Oct and Nov the BCP group has asked Divisions to review and refresh BCP arrangements. Consideration of an oncall rota is something that will be taken forward in the new calendar year. Oncall arrangements in place for HCS and Supply Chain teams essential to the BAU and Vaccine	Contact details on the SLG WhatsApp group have been refreshed and updated. The daily report on staff absence shows that absence rates remain low, but OMICRON may increase rates through community transmission so will be monitored closely. The investment in hardware and software has allowed large numbers of staff to work remotely with minimal problems thus far. There are good rates of uptake for the vaccination programme.	→	
M7	Staff wellbeing is adversely affected through concerns arising from COVID-19 either directly in terms of their health and that of their families, or financially from loss of income of a family member. This includes the risk of "burn-out" for	5	5	25	Regular communications to all staff Reminders of how to access Employee Assistance schemes Mental Health First Aiders Formal Peer Group with phone surgery times	1	3	3	Implement action plan to respond to findings from staff surveys - monitored and managed through Adapt and Future Change Group.	As previously stated, absence rates are very low. Communications are regularly issued and all Directors and Managers are tasked with regularly checking the health and well-being of their staff.	→	
M8	GP Trainees, who are employed by NWSSP, are exposed to a level of risk of risk of catching COVID-19 but are outside the direct control and influence of NWSSP.	5	5	25	Risk Assessments by Education Supervisor - leads to decision on what PPE is to be provided. Tripartite Agreement	1	3	3	Confirming vaccination rates with staff individually as Health Board reports to total numbers vaccinated suggest under-reporting.	The tripartite agreement was agreed by the Project Board on 7/9/2020 and sets out the general duties of the host organisation for all trainees employed by NWSSP including the general duty to provide a safe working environment. Vaccination of front-line staff further mitigates this risk.	→	
										Risk Lead: Director of People and OD		





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# GIG Cymru Partneriaeth Cydwasaethau

## NHS Wales Shared Services Partnership February PMO Report

## NWSSP PMO Monthly Update – February 2022

Prepared by Ian Rose

Date: 17<sup>th</sup> February

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## Monthly Summary

The PMO is currently supporting **23** different schemes down **one** on last month, of varying size, complexity and providing a range of support from different points within the project lifecycle.

Within the PMO, we have 6 Project Managers and 2 Assistant Heads also acting as PPM Business Partners supporting schemes all of which are at different points within the project or programme lifecycle.

The **23** schemes have 18 different SRO/Project Executive Leads across a number of NWSSP directorates and Health boards.

Also, within the **23** schemes the breakdown of scheme size and coverage ranges from:

- **50% (11 Schemes) All Wales** – Typically where the scheme covers multiple Health boards, and the schemes seek to implement products utilised on a multi health board or all Wales basis.
- **13% (3 Schemes) Health board** – Typically supporting schemes for Health boards but where NWSSP play a role in the service provision
- **37% (9 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP directorates

The next reporting cycle (February) will include a refresh to report headings and greater emphasis applied to the Consequences section, especially where there may be consequences that NWSSP partners or customers need to be aware of.

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

To improve the reporting it is proposed to reduce the fields contained but expand upon issues, risks and blockers but include greater detail around the impact and consequence and also include those planned responses and mitigations.

SLG are asked to approve this change in format.

Project Name	Project Manager	Project Exec/SRO
<b>Laundry Transition</b>	Ian Rose	Neil Frow
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<b>Objective</b> Summary of the objective, “why are we doing it”		
<b>Progress Update</b> Provide a general progress update		
<b>Main Issues, Risks &amp; Blockers</b> Describe any issues or risks that are scored as 15 and above for risks, or ‘severe’ for issues including description and consequence, planned response/mitigation.		



Any other blockers that need to be raised include the description and consequence and outcome needed

### SLT Recommendation

SLT are asked to:

- Note the update on progress with key projects.
- Approve the change in format to the report.

## Key Trend information and Initiative Overview

**Initiatives – Decreased from last reporting month - 23**

Scheme Scale	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
<b>All Wales</b>							
Demographic Transformation	Ceri Evans	Green	Large	31/07/2023	31/07/2022	51%	Project Management
Medical Examiner	Andrew Evans	Amber - Cost	Large	31/10/2022	31/03/2021	72%	Project Management
Performers List	Neil Jenkins	Green	Medium	31/03/2023	31/03/2022	37%	Project Management
PPE Winter plan 2021/22	Andy Butler	Green	Medium	31/03/2022	31/03/2022	100%	Project Management
Primary Care NHAIS GP Payments (MVP)	Neil Jenkins	Green	Large	31/05/2022	01/05/2020	86%	Project Management
Single Lead Employer Phase 3	Ruth Alcolado	Green	Medium	30/09/2022	30/09/2022	54%	Project Management
Student Awards System Existing Stabilisation and New System Spec	Darren Rees	Amber - Cost	Medium	31/03/2022	31/03/2021	20%	Project Management
TRAMS Phase 2 OBC Developments	Neil Frow	Amber - Cost	LargeXorg	31/12/2023	31/03/2022	15%	Project Management
TRAMS SE Wales Hub	Neil Frow	Amber - Cost	Large	31/03/2022	31/03/2022	30%	Project Management
Occupational Health Checks	Rebecca Jarvis	Green	Large	31/12/2022	31/03/2022	48%	Project Management
Digital identity checking software	Darren Rees	Green	Large	31/03/2022	31/03/2022	28%	Project Management
<b>Healthboard</b>							
Cwm Taf Phase 2 Community Dressings	Emma Williams	Green	Medium	31/07/2022	31/10/2021	69%	Project Management
Ward Stock Storage Assessment	Greg Dix	Amber - Time	Small	31/03/2022	01/03/2021	65%	Project Management
Community Dressings Powys - Phase 1	Stephen Powell	Green	Medium	31/05/2022	31/03/2022	44%	Project Management
<b>NWSSP</b>							
Cleric Procurement of New System / contract	Tony Chatfield	Green	Small	31/03/2022	31/12/2020	50%	Project Management
Corporate Health Standards	Gareth Hardacre	Green	Medium	31/07/2022	31/10/2021	71%	Project Management
Data Management	Andrew Evans	Green	Large	01/09/2024	01/09/2024	40%	Project Management
New PMO software Requirements - Identifying a system (BC Development)	Alison Ramsey	Green	Medium	31/03/2022	31/05/2020	100%	Project Management
Patient Medical Records and Scanning Service Accommodation Review	Scott Lavender	Amber - Time	Large	31/08/2023	31/03/2022	15%	Project Management
SMTL POW Building Expansion - Feasibility Study	Pete Phillips	Green	Small	31/03/2022	01/04/2021	90%	Project Management
Contact Centre (Scoping & Requirements)	Andrew Evans	Green	Medium	31/03/2022	31/03/2022	80%	Project Management
L&R Case Management System implementation phase	Mark Harris	Amber - Time	LargeXorg	31/09/2023	31/03/2022	25%	Project Management
Payroll e-Forms	Gareth Hardacre	Green	Large	31/03/2023	31/03/2022	48%	Project Management
<b>Grand Total</b>							

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
<b>Medical Examiner</b>	Bethan Rees	Andrew Evans (PCS)
Monthly Update (key/issues (blockages)/risks)		
<p><b>Status</b> – <b>Amber</b> (Overall) <b>Green</b> (Time) <b>Red</b> (Cost) <b>Green</b> (Quality)</p> <p>The full management structure is in place and has taken responsibility for the service.</p> <p>The question of the future funding assurance letter remains unresolved, and recruitment actions are ongoing to complete the staffing establishment but managed as business usual activity.</p> <p>Limited Project Management support has continued at the SRO request throughout Q2 and Q3 of 2021, however the Project Manager is meeting the SRO on 23 Jan 2022 to propose formal Project Closure on the basis of all project deliverables having been implemented, and that a Service Management Board now take full oversight to manage any remaining activity as business as usual.</p> <p><b><u>Main Blockers/Observations</u></b></p> <p>Lack of confirmation confirming full funding of Welsh model could mean insufficient funding to cover costs. At present the Letter of Assurance has not been received however, Welsh Government continues to settle fees, without the documentation in place.</p> <p><b><u>Consequences &amp; Mitigations</u></b></p> <p>The funding letter is ultimately needed to comply with governance and assurance requirements for the service.</p> <p>The risk has been documented by Programme Board and included in Joint Executive Team update with Welsh Government. However, it is outside the control of NWSSP, dependent on Welsh Government to resolve with DoH. However, without formal funding it would place financial pressure on the service</p>		

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
<b>Student Awards</b>	Bethan Rees	Lisa Williams / Darren Rees
Monthly Update (key/issues (blockages)/risks)		
<p><b>Status</b> – <b>Time (Amber)</b> <b>Cost (Amber)</b> <b>Quality (Amber)</b></p> <p>Single Tender Action (STA) to extend contract support for a further 12 months to 31 March 2023, issued, approved, and is currently with Andy Butler for signature.</p> <p>Supplier engagement and demonstrations for the replacement contract are underway as of January 2022 with 8 potential suppliers currently engaging. Formal procurement will commence once demonstrations are completed.</p> <p><b><u>Main Blockers/Observations</u></b></p> <ul style="list-style-type: none"> <li>• Vulnerability and end of support for legacy software and hardware remains a risk in the absence of the STA being completed.</li> <li>• GDPR risk from hosting end-of-life systems. Higher risk of a full Records Management breach, risks around the fragility of an unsupported system and the</li> </ul>		

potential of data loss or corruption of thousands of student data records. Potential monetary penalties of several million pounds for a loss.

### **Consequences & Mitigations**

Risk of total system failure if new system cannot be procured. However, the extension of the new system is to be completed imminently which provides 12 months to complete the New System Procurement exercise.

Project Name	Project Manager	Project Exec/SRO
<b>Laundry Transition</b>	Ian Rose	Neil Frow
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<p>Three Laundries continue to operate on the agreed basis as a result of the transfer in April 2021.</p> <ul style="list-style-type: none"> <li>• <b>Glan Clwyd</b> - Moto developed between SES and BCU Estates currently in circulation between NWSSP and BCU for final ratification however additional elements covering Fire Safety have been included.</li> <li>• <b>Llansamlet</b> – To be issued to Velindre Board to allow TR1 completion in March.</li> <li>• <b>Aneurin Bevan / Greenvale</b> – Moto remains with the HB for final consideration but amendments have been made by NWSSP to cover IT service provision.</li> </ul> <p>Two Laundries Transferred via a separate project in October 2021 led by Mark Roscrow and Lee Wyatt on different terms to the first three.</p> <ul style="list-style-type: none"> <li>• <b>Church Village</b> – Operating as planned.</li> <li>• <b>Glan Gwilli</b> - Operating as planned.</li> </ul> <p>Equipment loan back agreement to be drafted by Anthony Hayward to support H&amp;S advice and due to be circulated to the appropriate laundry board.</p> <p><b>Project Closure</b> anticipated in March 2022 on completion of the remaining S1, S2, TR1 and Moto agreements.</p>		
<b><u>Main Blockers/Observations</u></b>		
None remaining.		
<b><u>Consequences &amp; Mitigations</u></b>		
None remaining.		



Programme Name	Programme Manager	Project Exec/SRO
<b>TRAMs Programme</b>	Peter Elliott	Andrew Evans (Welsh Gov) & Neil Frow
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status- Amber Time/Cost</b>		
<p>Programme Board met on 7 Feb and approved Exception Report #2 in respect of the SE Wales Hub Project. Actions are proceeding in line with this report.</p> <p>Revised User Requirements Specification (URS) documents are currently being prepared for the SE Wales Hub with square meterage better aligned with PBC, and reducing demand for power. These URSs will be sent to the design contractors during March for estimate of the cost landing zone and fees to complete OBC. Programme Board will then review the position at the end of March. <u>If the cost landing zone is favourable</u> then a revised fee request will be sent to Welsh Government ahead of full remobilisation of the design team to complete the OBC from April onwards.</p> <p>Power supply reinforcement options for IP5 are being developed by Stuart Douglas of SES, with both a strategic option for the long-term future of the whole Business Park, and a tactical option to buy existing supply capacity from another user on the park are being evaluated. These options are due for delivery, and the findings will be incorporated into the TRAMS SE Wales OBC, as will evidence based evaluation of alternative sites.</p> <p>If the SE Wales costs can be brought within an affordable envelope over the next 3 years, then it is likely that the Programme will be elongated, with the SW and North hubs following consecutively, rather than concurrently. Preferred localities will still be identified for both hubs, enabling the service to evolve its staffing and service models towards the desired end state, in advance of the capital investments being made.</p> <p>Colin Powell is leading the Workforce and Stakeholder engagement aspects of the Programme:</p> <ul style="list-style-type: none"> <li>• Resource mapping has now been completed to update the detailed workforce information prior to OCP and TUPE. Directors of Workforce are sighted and have disclosed anonymised staff postcode data to support the site selection for the hubs.</li> <li>• Steps are underway to designate and transfer members of the service senior management in a structured way, with formal consultation expected in April.</li> <li>• Revenue funding from NWSSP Savings has also been agreed to help stabilize the wider workforce in advance of transfer.</li> <li>• Engagement with the Chief Pharmacist Group about the Service Model and other matters are ongoing month by month</li> <li>• Close engagement with HEIW on investment in education and training is underway with the first 3 Science Manufacturing Technicians starting training in March, with a further cohort across Wales to follow in September.</li> <li>• A wider Clinical Reference Group is being convened with the assistance of the NWSSP Medical Director, this group will meet quarterly to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.</li> </ul> <p>Workshops to make provisional locality selection for the South West and North Hubs are underway, led by Project Manager Tom Sherman, with strong engagement of regional stakeholders and an evidence based approach. Lee Wyatt is supporting engagement where meetings involve executive stakeholders. It is likely that localities will be provisionally selected by the end of April.</p>		

A start date of 7 March has been agreed for our second Project Manager, Myra Jones, who will co-ordinate and support the Organisational Change and Education and Training projects, supporting Colin Powell and NWSSP Workforce Lead Sam Graf.

Workshops are currently underway with clinical pharmacy colleagues for the Process and Digital scope, these will run approximately every fortnight until March 2022, to determine what systems we will need to have in place to ensure products can be ordered from the new service.

Preliminary work is underway on digital procurement activities for next financial year, based on utilising **AgilePM methodologies** to deliver an incremental scope that will both prepare for TRAMS and deliver immediate benefits for the CIVA@IP5 service, which needs new software in place by March 2023. By developing incrementally, the cost can also be controlled, utilising capital tactically and building up the revenue license costs slowly in line with service need. Careful attention will be needed on how this project is specified, procured, and contracted.

#### **Main Blockers/Observations**

- Resolution of the cost issues for SE Wales Hub.
- Resolution of power supply issues in the SE Wales Hub. Report from SES is now overdue
- Securing Fees for any rework required to resolve the SE Wales Hub issues
- Support from SES to engage with landlords of potential alternative sites
- Impact on Programme Affordability

#### **Consequences & Mitigations**

- Until the power supply and cost issues for the SE Hub are resolved, the OBC will not be able to be written or approved which increases the timescales to complete this stage of the process.
- Unless a viable Project Cost for SE Wales can be identified, the viability of the Programme will be impacted resulting in potential impact on the existing services within the Health boards.
- Alternative sites for the SE Hub cannot be properly analysed without engaging with landlords to establish the extent of the offer in each case and failure to do so will result in an options appraisal that is not potentially robust or as conclusive as required.

Project Name	Project Manager	Project Exec/SRO
<b>Cleric</b>	Peter Elliott	Tony Chatfield
Monthly Update (key/issues (blockages)/risk assessments)		
The contract award for Cleric was achieved on 30 Nov 2021. Implementation is underway:		
<ul style="list-style-type: none"> <li>• First round of User Acceptance Testing has been completed with only minor fixes required</li> <li>• Build of the new cloud environments will be completed by 18/2/22</li> <li>• Software will be installed by Cleric by 25/2/22</li> <li>• Security Testing, which has been arranged with HEIW support, is booked for week commencing 28/2/22</li> </ul>		

- If no issues arise from security testing then a controlled migration and go live is anticipated to be in **early March 2022**

### **Main Blockers/Observations**

Potential interruption to the Service which is being mitigated by the migration strategy.

### **Consequences & Mitigations**

Continuity of existing service could be impacted for both service provider, customers and partners, however the HCS service does maintain robust (and tested) continuity planning for use in the event of service outage or disruption and use of the existing system continues with minimal disruption.

Project Name	Project Manager	Project Exec/SRO
<b>FPPS GP Payments – PCS</b> (note correction in project name)	Gill Bailey	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status- Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)		
<p>Following input of Enhanced Service (ES) claims by Practices into FPPS, data extract produced and successfully uploaded to NHAIS for payment at the end of January.</p> <p>Pensions continues to be the key outstanding task that requires resolution. The team have identified a plan to assess whether the existing functionality within FPPS will be sufficient for the next 12 months.</p> <p>Over the last 2 months, 92% of Practices have entered ES claims into FPPS. The data will be reviewed over the coming week to identify and offer further support to those Practices yet to enter claims.</p>		
<b><u>Main Blockers/Observations</u></b>		
The administration of the site is utilising NI time. The implementation of the NI Common Practitioner Model will help address this but is unlikely to be delivered within the next 3-4 months.		
<b><u>Consequences &amp; Mitigations</u></b>		
Some minor delays with delivering tasks although the impact to the project delivery is minimal and manageable within the resources of the project and there is no perceived impact on GP payments.		

Project Name	Project Manager	Project Exec/SRO
<b>Demographics</b> <b>Transformation - PCS</b>	Gill Bailey	Ceri Evans
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)</p> <p>Progress has been very limited since the last report other than all replacement hardware has been installed at both sites and data migrated to new storage area.</p> <p>Connectivity issues identified after the work for the Mamhilad installation has resulted in the system still running on the old hardware. The Engineer discovered that a firmware upgrade is needed but ran out of time in the maintenance window. The Engineer believes that the outstanding work can be undertaken with minimal downtime and is currently being planned.</p> <p>The lessons learnt from that installation has resulted in the upgrade being applied at the start of the process in Newport which is now fully running on the new hardware.</p> <p>The team continue to meet with NHS Digital to discuss progress of the replacement Primary Care Registration Management (PCRM) system.</p> <p><b><u>Main Blockers/Observations</u></b></p> <p>Due to the extended timeline instigated by NHS Digital to implement PCRM and the dependency on the same resource to manage multiple projects, the Project Board has agreed to put the project on <b>hold</b> until the end of March 2022. At this point, the tasks and timelines will be reviewed and rebaselined accordingly.</p> <p>In the meantime, project resource will be diverted to other priority projects and this approach has been ratified by the Primary Care Senior Management Team.</p> <p><b><u>Consequences &amp; Mitigations</u></b></p> <p>There is no service impact observed currently due to the extended timescales in line with NHS Digital but resource impact will be managed and reviewed in the forthcoming project boards.</p>		

Project Name	Project Manager	Project Exec/SRO
<b>Digital Identify Checks</b>	Gill Bailey	Darren Rees
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)</p> <p>Business Case completed and approved by NWSSP, SLG on 27 January 2022. Project moved to Initiation stage.</p> <p>Procurement Briefing paper signed-off to proceed to establish firm costs utilising Crown Commercial Service G-Cloud 12 framework.</p>		

Specification finalised and assessment criteria devised to confirm Service offering and costs from two short-listed suppliers. Supplier pack issued on 15 February, with a two-week turnaround.

### **Main Blockers/Observations**

Notification received from Home Office stating temporarily adjustments to how NHS Employers Check Standards are undertaken will cease on the 5 April 2022 and organisations will either have to return to face-to-face pre-employment checks or adopt digital technology provided by an accredited provider. Timeframe for delivery is therefore limited.

The preferred solution will need to be available in Welsh which could attract additional costs and delay implementation. This position will be confirmed upon receipt of Supplier offers.

### **Consequences & Mitigations**

Insufficient recruitment resource to deliver face-to-face pre-employment checks, based on current numbers is resulting in delays to recruitment on-boarding.

The project team are working within strict timelines to enable delivery to the current deadline but are reliant upon the Supplier (once known) to also be able to deliver within this timeframe. The need for a contingency plan is being discussed to mitigate this risk. . The impact would be a continued delay in the recruitment process.

Project Name	Project Manager	Project Exec/SRO
<b>Performers List – PCS</b>	Alison Lewis	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status – Green</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope) Discussions held with PCS colleagues outside of the Project team to discuss the WNWRS (Wales National Reporting System) option and seek clarification on existing processes. Output informed completion of options appraisal with the preferred option to pursue the development of WNWRS to include Performer's list functionality.  The Business Case has been updated to reflect the above position with estimated financial costs yet to be confirmed.  Project Board to commence engagement with Employment Services colleagues to discuss including the Performer's list requirements within the specification for the re-tender of WNWRS should the business case be approved.		
<b><u>Main Blockers/Observations</u></b> Deadlines for this project have slipped due to lack of PCS resource and no definitive timeframe for delivery, however WNWRS timescales will influence any proposed timescales.		

### **Consequences & Mitigations**

The impact on PCS through the delivery of this project thus far has been minimal although this position will change if the preferred option is agreed and require increased resources from PCS to support this project moving forward.

This situation has been highlighted to PCS SMT and will be monitored over the coming months; however, this does not impact GPs or contracted services.

Project Name	Project Manager	Project Exec/SRO
<b>Data Management – PCS</b>	Alison Lewis	Neil Jenkins
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status- Green</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<p>The statement of works contract has been awarded and contract start date agreed. NWSSP IT equipment has been loaned to the contractors, IT access and code of connections in place. Introductions have commenced with the contractors and the discovery phase of cataloguing Ophthalmic service data is due to commence next week.</p>		
<b><u>Main Blockers/Observations</u></b>		
<p>Due to financial budget constraints one service, GP Payments, were excluded from the statement of works contract. This will leave a gap in the data analytics part of the discovery phase.</p>		
<b><u>Consequences &amp; Mitigations</u></b>		
<p>Will not have an overall view of data across all four of the contractor services but this can be addressed when resource becomes available within PCS and close any gap that maybe identified.</p>		

Project Name	Project Manager	Project Exec/SRO
<b>L&amp;R Case Management System</b>	Jenna Goldsworthy	Mark Harris
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status – Amber</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)		
<p>Status updated to reflect the delays reported below.</p>		
<p>Following the setup of the Azure subscription, NWSSP must complete additional work to create a landing zone within the Dynamics 365 environment. In the first instance, DHCW were approached to undertake this activity but following discussions, it was agreed that Red Cortex would undertake the work as they have previous experience of working with Health Boards to create this to meet the requirements of the National Cyber Security Centre (NSCS) NIS regulations. A funding package is available from Microsoft to support this proof-of-concept. NWSSP are currently underway with the funding application. The timeline for completing this task is being assessed but it has caused delays to the project in particular the supplier being unable to submit the design for review and approval.</p>		
<p>The work with Red Cortex will continue to run alongside the above as this will enable storage of documents.</p>		



The L&RS IT Team have progressed with the IT Security Approval process required from NWSSP and DHCW. The project team are currently reviewing the requirements to ensure they are incorporated into the build.

### **Blockers/Observations**

Due to the delay reported above, an exception plan has been created to mitigate any further delays. The requirements were reviewed and as it was not a requirement to setup Dynamics 365 within Azure, it was agreed that the setup of Dynamics 365 would be completed within the NHS Wales tenancy. This has now been completed allowing the supplier access to begin drafting the design for NWSSP's approval.

### **Consequences & Mitigations**

Despite the recovery plan, the project is running behind schedule. Following a review, the Go Live date has been adjusted to September 2022 which also reflects the impact of summer annual leave for key NHS stakeholders.

The position has been reported to and accepted by Welsh Government as the funding is not affected. Welsh Government have also agreed to change the milestones to aide project delivery and continuation of funding and the impact on the NWSSP service is negligible.

Project Name	Project Manager	Project Exec/SRO
<b>Patient Medical Records and Digital Scanning Service Accommodation - PCS</b>	Jenna Goldsworthy	Scott Lavender
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Amber</b> (Overall) <b>Amber</b> (Time) <b>Green</b> (Cost) <b>Amber</b> (Scope)		
<b>Immediate need to address capacity issue</b> Process ongoing to finalise short-term lease for 5000sqm on the Mamhilad Estate, managed by Johnsey Estate UK Ltd.		
<b>Lease expiry</b> The business case is being finalised and will be submitted to NWSSP, SLG following review from the PCS Senior Management team.		
<b><u>Observations</u></b> Availability of Johnsey Solicitor has delayed setting up the short-term contract for the additional 5000sqm.		
<b><u>Consequences &amp; Mitigations</u></b> We will be potentially unable to store additional medical records, however consideration can be given to creating a temporary holding space in another NWSSP building on the same site particularly as these are not at 100% occupancy and the opportunity exists to use that space on a temporary basis.		

Project Name	Project Manager	Project Exec/SRO
<b>Single Lead Employer– Phase 3</b>	Jenna Goldsworthy	Ruth Alcolado
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)  On-boarding plan previously reported on target.  <b>Ad Hoc Locum Payments</b> - Update on progress		
Health Board	Status	Status
HDuHB	Completed	Follow up closure meeting scheduled for March prior to handover to BAU
CTUHB	Pilot extended	Pilot extended due to trainee rotation in February. Follow up scheduled for Feb-22 to review outcome
ABuHB	Meeting to discuss next steps	Meeting to discuss pilot scheduled for Feb-22
CVuHB	Expressed interest	HB resource issues need to be resolved before progressing
<b><u>Main Blockers/Observations</u></b> The late notification from HEIW to NWSSP of trainee termination dates has resulted in several trainees being overpaid, and this is being investigated to confirm the actual figures concerned. Programme Board agreed further work is required by HBs, HEIW and NWSSP to understand position. A proportion of the overpayment has been recovered but the final position will be known after the additional work is undertaken.		
<b><u>Consequences &amp; Mitigations</u></b> Overpayments will need to be recovered. HEIW and NWSSP investigating to prevent a reoccurrence.		

Project Name	Project Manager	Project Exec/SRO
<b>CTM Ward Storage</b>	Bethan Clift	Greg Dix, CTMuHB
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> (Overall) <b>Amber</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope) <b>Amber</b>		
<b>Current installation progress (commenced 01/07/2021)</b> <ul style="list-style-type: none"> <li>Phase 1 commenced 01/07/2021               <ul style="list-style-type: none"> <li>POW – <b>100% Complete</b></li> <li>PCH – <b>100% Complete</b></li> <li>RGH – <b>4% Complete</b></li> </ul> </li> </ul>		
<b><u>Main Blockers/Observations</u></b>		



Due to the ongoing guidance to restrict travel between hospital sites, the re-initiation date for RGH has been delayed from the 24 January to mid-February. Following a review of the project plan, the March completion date for implementation is not achievable. The project team have raised this as an issue. Additional resources for NHS SC have been requested to enable the project to be delivered within the current timeframe.

The project implementation is supported by Band 2 Supply Chain resource per Integrated Local Group (ILG) to not only enable proof of concept for the 'enhanced put away service' but additionally this resource has supported the supply and distribution of Personal Protection Equipment (PPE) as well as trying to improve the supply chain service within the acute and community sites.

It has been identified that the Health Board funding for these posts ceases on the 31 March 2022 but for the full benefits to be realised, NWSSP has requested continuation of the funding for a further 12 months to 31 March 2023.

Due to the current financial position for CTMuHB, the ILG Nurse Directors are not prepared to fund these posts beyond the current cessation date. Discussions are in place to understand what contingency arrangements can be made for these critical operational roles.

#### **Consequences & Mitigations**

If the Band 2 resource is not confirmed as being available at the next Project Board, the pilot of the enhanced put away service per ILG will be withdrawn with the HB reverting to Nursing staff ordering and managing stock which would jeopardise the benefits of the scheme itself. No impact on NWSSP

The next Project Board meeting will discuss the option of premature closure and assess the impact in doing so and the effect on benefits

Project Name	Project Manager	Project Exec/SRO
<b>Customer Contact Centre: scoping</b>	Bethan Clift	Simon Cookson
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)		
Following the user research paper presented to NWSSP, SLG in January, a new Senior Director has been appointed to lead the next phase of work.		
The structure and work undertaken to date is being reviewed to identify and inform future workstreams.		
Discussions are scheduled to take place over the next few weeks to discuss next steps.		

Project Name	Project Manager	Project Exec/SRO
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<b>Community Dressings Phase 2 CTMuHB</b>	Bethan Clift	Emma Williams
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Green</b> (Overall) <b>Red</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope) Status updated to reflect issue highlighted below.  Pre-implementation tasks completed: <ul style="list-style-type: none"> <li>Developed standard operating procedure to include process map for end-to-end service, urgent orders, continued use of prescriptions and Oracle;</li> <li>Developed Wound dressing formulary;</li> <li>Engaged with District Nurses to discuss and agree product levels to be held at bases;</li> <li>Developed roll out plan for cabinets and labelling with new NWSSP Supply Chain, AW Community Dressing Lead</li> </ul>		
<b><u>Main Blockers/Observations</u></b> The Project Executive received notification that whilst the Business Case was presented to the Executive Leadership Group (ELG) on the 14 February 2022, the initiative will need to be considered through a new financial prioritisation forum which is being setup by CTMuHB Planning.  The aim of the forum is to test the assumptions and how the work fits into the wider CTMuHB plans.		
<b><u>Consequences &amp; Mitigation</u></b> Given the decision above, the Project Board have concluded that the 'Go Live' date needs to be delayed to the 1 June 2022 to allow the service to be managed appropriately. This means that CTMuHB will not realise the full year financial benefits identified and this has been raised as a missed opportunity with CTMuHB finance team.		

<b>Project Name</b>	<b>Project Manager</b>	<b>Project Exec/SRO</b>
<b>Community Dressings Phase 1 Powys</b>	Bethan Clift	Jamie Marchant
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)  Following the departure of Jamie Marchant, Stephen Powell has been appointed as new Project Executive.  The project remains in start-up. Due to some issues with data integrity, it has been difficult to ascertain the baseline position, however, these issues are being addressed. The District Nurse bases have been mapped and discussions are being held with Health Courier Services to understand the logistic options available.		
<b><u>Main Blockers/Observations</u></b> Whilst the project team did meet in February, the data issues have caused a delay in producing the options to inform the business case.		
<b><u>Consequences &amp; Mitigation</u></b> An additional 1-month delay to producing draft Outline Business case. The impact is minimal and accepted by the project.		

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Project Name	Project Manager	Project Exec/SRO
<b>Payroll e-Forms</b>	Rhiann Cooke	Stephen Withers
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Amber</b> (Cost) <b>Green</b> (Scope)</p> <p>Status updated to reflect revised timelines.</p> <p>The project remains in start-up phase with the following actions completed:</p> <ul style="list-style-type: none"> <li>• Redefined project scope with revised timelines</li> <li>• Stakeholder mapping</li> <li>• Governance Structure</li> <li>• High Level Project plan</li> </ul> <p>Current processes and variances have informed a draft specification which will be discussed in greater detail at the next project team meeting on 17<sup>th</sup> February.</p> <p>Options are currently being identified and scoped to inform a business case.</p> <p>It is understood this piece of work will form part of the Payroll Modernisation Programme which is anticipated.</p> <p><b><u>Main Blockers/Observations</u></b> Unable to confirm budget for the project</p> <p><b><u>Consequences &amp; Mitigation</u></b> Unable to progress to initiation until all options explored and budget determined. If this is not completed the project will not progress to the next stage slowing progress.</p>		

Project Name	Project Manager	Project Exec/SRO
<b>Occupational Health Checks</b>	Rhiann Cooke	Rebecca Jarvis
<b>Monthly Update (key/issues (blockages)/risk assessments)</b>		
<p><b>Status-</b> <b>Green</b> (Overall) <b>Green</b> (Time) <b>Green</b> (Cost) <b>Green</b> (Scope)</p> <p>The existing contract occupational health software is due to expire at the end of October 2022 and to support the provision of a new contract a project has been established which is currently in the Start Up stage.</p> <p>The following activities have been achieved during this period, as part of start-up:</p> <ul style="list-style-type: none"> <li>• Initial scoping session</li> <li>• Stakeholder mapping</li> <li>• Governance Structure</li> <li>• Project plan</li> </ul>		

The project will now move to the initiation phase where focus on requirements, costs, benefits and overall business justification will be established.

User workshops have taken place and a product specification has been drafted to inform the issue of a Prior Information Notice (PIN) to indicate market interest. Supplier Engagement days have been arranged for mid-March.

**Main Blockers/Observations**

At present there are no blockers observed.

**Consequences & Mitigation**


Nothing observed at present however the level of interest from our customers and specification feedback will be key in determining the next steps and any perceived impact on achieving the timescales for October.

**Appendix A**

Performance and Information



**New Master Project**  
**List Master April21 I**

 <b>GIG Cymru NHS Wales</b>		Partneriaeth Cydwasaethau Shared Services Partnership		<b>AGENDA ITEM:</b> <b>SSPC 24 March 2022</b>	
<b>The report is not Exempt</b>					
<b>Teitl yr Adroddiad/Title of Report</b>					
<b>NWSSP Audit Committee Assurance Report – 25 January 2022</b>					
<b>ARWEINYDD:</b> <b>LEAD:</b>		Peter Stephenson Head of Finance & Business Development, NWSSP			
<b>AWDUR:</b> <b>AUTHOR:</b>		Carly Wilce Interim Corporate Services Manager, NWSSP			
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>		Andy Butler Director of Finance & Corporate Services, NWSSP			
<b>MANYLION CYSWLLT:</b> <b>CONTACT DETAILS:</b>		Andy Butler Director of Finance & Corporate Services, NWSSP 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>			
<b>Pwrpas yr Adroddiad:</b> <b>Purpose of the Report:</b>					
The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee, at its meeting on 25 January 2022.					
<b>Llywodraethu/Governance</b>					
<b>Amcanion:</b> <b>Objectives:</b>		Each of the five key Corporate Objectives			
<b>Tystiolaeth:</b> <b>Supporting evidence:</b>		Individual reports submitted to Audit Committee			
<b>Ymgynghoriad/Consultation:</b>					
Who has been consulted on the details of the report? <ul style="list-style-type: none"> <li>NWSSP Audit Committee</li> </ul>					
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>					
<b>DERBYN/</b> <b>APPROVE</b>		<b>ARNODI/</b> <b>ENDORSE</b>		<b>TRAFOD/</b> <b>DISCUSS</b>	<b>NODI/</b> <b>NOTE</b>
		✓			
<b>Argymhelliad/</b> <b>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:</b> <b>Summary Impact Analysis:</b>					
<b>Cydraddoldeb ac amrywiaeth:</b> <b>Equality and diversity:</b>		No direct impact			
<b>Cyfreithiol:</b> <b>Legal:</b>		No direct impact			
<b>Iechyd Poblogaeth:</b> <b>Population Health:</b>		No direct impact			
<b>Ansawdd, Diogelwch a Profiad y Claf:</b>		No direct impact			

<b>Quality, Safety &amp; Patient Experience:</b>	
<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>Safonnau 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/150402standardsen.pdf">http://gov.wales/docs/dhss/publications/150402standardsen.pdf</a>
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT

### 1. CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 25 January 2022, is outlined below:

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	<p><b>NWSSP Update</b></p> <p>The Managing Director presented the Committee with an extensive update as to key developments within NWSSP. Senior NWSSP staff recently met with Welsh Government in a Joint Executive Team meeting which was considered to be very positive with some excellent feedback for NWSSP.</p>
<b>ASSURE</b>	<p><b>Internal Audit Position Statement</b></p> <p>The latest Internal Audit Position Statement was presented to the Committee together with an overview of other activity undertaken since the previous meeting. Key points to highlight are that four further internal audit reports from the 2021/22 workplan have been completed and steady progress continues to be made with a further six audits. Some audits have been postponed at the request of NWSSP Management due to operational pressures and demands. The decarbonisation review has been deferred and would be replaced with an advisory review of Governance arrangements for major capital projects.</p>
<b>ASSURE</b>	<p><b>Internal Audit Reports</b></p> <p>The below Audit Reports were presented to the Committee for consideration:</p> <ul style="list-style-type: none"> <li>• <b><u>Wales Infected Blood Support Scheme</u></b> The Audit achieved substantial assurance, with one medium priority recommendation for action.</li> <li>• <b><u>Salary Sacrifice</u></b> The review achieved substantial assurance with only two low risk priority recommendations for implementation.</li> <li>• <b><u>Stores</u></b> The audit achieved reasonable assurance with three medium priority recommendations for action.</li> <li>• <b><u>ICT Infrastructure</u></b> The audit achieved Limited Assurance, with two high and seven medium priority recommendations for action. The sponsor of the review felt that the report provided some helpful suggestions but lacked context and failed to recognise the progress that had been made in recent years and did not extend to reviewing the three major systems that NWSSP administer on behalf of NHS Wales – i.e. Oracle, ESR, and NHAIS. It was further highlighted that whilst the findings were helpful, it was disappointing that the report did not acknowledge or refer to the positive work undertaken by the team in recent years and in particular to the major contribution to facilitate remote working and maintain business continuity over the previous 20 months. It was recommended that Internal Audit amend the title and content of the report to ensure clarity on what was covered and what is excluded from the review. An update would be provided at the next meeting in April 2022.</li> </ul>

<b>ASSURE</b>	<p><b>External Audit Update</b></p> <p>Audit Wales provided the Committee with a detailed update on current and planned audit work. A summary of audit conclusions together with any related recommendations would be reported in the Management Letter scheduled for the Audit Committee in June 2022.</p>
<b>ASSURE</b>	<p><b>Audit Wales Stock/Inventories Report 2021/22</b></p> <p>Audit Wales presented the update on the 2021/22 approach to audit of inventories to the Committee, the update had also been taken to the Velindre NHS Trust Audit Committee. Due to Covid-19, Audit Wales were unable to undertake a physical stocktake which resulted in a 'Limitation of Scope' qualification for the 2020/21 financial statements, and it was confirmed that unfortunately a physical audit would be needed to satisfy audit requirements. Plans are in place for the visits to undertake these audits over the coming weeks, but this is dependent on a number of factors including the results of risk assessments. All parties are keen for the stocktakes to take place to avoid the issues experienced last year.</p>
<b>ASSURE</b>	<p><b>Audit Wales Assurance Paper 2022</b></p> <p>Audit Wales then presented the 2022 Assurance Paper to the Committee, noting that there is minimal change in approach from last year. Audit Wales are in consultation with local audit teams in order to finalise the programme of work for NWSSP with a deadline to return any comments and/or amendments by 28 January 2022. The expected work programme for 2022 was set out in the report.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Position Statement</b></p> <p>The Committee received an update as to progress made against the work plan summarising the recent Counter Fraud work activity carried out to date. The Position Statement highlighted that a total of 48 days counter fraud work had been undertaken against the 2021/22 workplan and there were no ongoing investigations to report on. The Counter Fraud Service has been impacted due to long term sickness, however a new LCFS had been successfully appointed by C&amp;VUHB. A recruitment process would take place shortly to backfill the vacant positions, which should help to address any shortfalls in service delivery to NWSSP and allow the number of days provided to be increased.</p>
<b>ASSURE</b>	<p><b>Stock Take Report</b></p> <p>The committee were updated on the Stock Management Arrangements in place across NWSSP stores. To support the All-Wales response to Covid-19 a stockpile of PPE was established to provide resilience resulting in a significant increase in stockholdings. Audit Wales were unable to conduct a physical stocktake for 2020/21 which resulted in a 'Limitation of scope' opinion for the period. The stock report detailed the various stock taking systems in place across the internal and external sites. All internal sites operate a warehouse management system. Two of the current external service providers have automated inventory systems in operation and the remaining provider undertakes a physical stocktake. Internal Audit work closely with Audit Wales to co-ordinate assurance arrangements for stockholding arrangements.</p>
<b>ASSURE</b>	<p><b>Governance, Risk and Assurance</b></p> <p>The Committee received comprehensive updates surrounding NWSSP Expenditure and Governance Arrangements.</p> <p><u>Governance Matters</u> - The Committee received the Governance Matters paper, which detailed the contracting activity from 4 October 2021 to 13 January 2022, and highlighted that there had been no departure from the Standing Orders.</p> <p>In relation to contracting activity, during the reporting period, there had been 14 contracts let for NWSSP and 59 contracts let for NHS Wales, of which 13 were at briefing stage, 42 at ratification and 4 were extensions. It was noted no declarations were made as to gifts, hospitality or sponsorship since the last meeting and there had been no limited or no assurance audit reports, however this would change for the Q4 reporting period in light of the ICT limited assurance report detailed above.</p>



	<p><u>Audit Tracking</u> - In relation to the tracking of audit recommendations, there were 244 recommendations, of which 233 were implemented, 9 not yet due, 1 outside of NWSSP control and 1 recommendation classed as outstanding.</p> <p><u>Review of Standing Orders</u>- The Shared Services Partnership Standing Orders had recently been updated, with the delegated expenditure limits of £5m being reintroduced following approval by Velindre University Trust Board in December and will remain in place until June 2022.</p> <p><u>Corporate Risk</u> - The Corporate Risk Register highlighted only one red risk relating to the pressure on Recruitment and Payroll functions due to the increased demand resulting from the recovery and reset work across Health Boards. This risk is being mitigated through the modernisation programme that is currently being implemented.</p>
<b>ASSURE</b>	<p><b>Annual Review</b></p> <p>The 2020/21 Annual Review was presented to the Committee, highlighting the achievements of NWSSP for the period. The Review contains case studies from individual departments aligning to our organisational goals, with a section dedicated to the work carried out in response to the Pandemic. The Review was developed later than usual due to COVID and the resulting demand on operational services. The Review would be translated and then published on the NWSSP website and will be shared with NHS Wales organisations. Very positive feedback was received.</p>
<b>INFORM</b>	<p>The following items were received for Committee information:</p> <ul style="list-style-type: none"> <li>• Welsh Language Standards Annual Report 2020/21;</li> <li>• Audit Committee Forward Plan 2021/22;</li> <li>• Plan on a Page.</li> </ul>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee are asked to:

- **NOTE** the Assurance Report



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

# **Shared Services Partnership Committee**

## **Forward Plan of Business**

**2022-2023**

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
<b>19 May 2022</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep dive session – Inflationary Pressures  Review of SLAs	Corporate Risk Register  Annual Governance Statement  Audit Committee Highlight Report  Approve Annual update of Audit Committee Terms of Reference	Annual Report on Complaints
<b>21 July 2022</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep dive session – Social Value  Q1 IMTP Update	Corporate Risk Register  Audit Committee Highlight Report  List of Declarations of Interest  Report on Gifts and Hospitality	Health and Safety Annual Report
<b>22 September 2022</b>	Minutes & Action log	Deep dive session - Decarbonisation	Corporate Risk Register	Annual Report on Welsh Language

	Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns			
<b>17 November 2022</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update Monthly Monitoring Returns	Deep Dive session – IMTP Q2 IMTP Update Draft IMTP – 2023-26	Corporate Risk Register Audit Committee Highlight Report Counter Fraud Service Annual Report WAO Management Letter	IMTP - discussion key themes and priorities; overview of emerging finance and workforce plans.  Audit Committee Annual Report
<b>19 January 2023</b>	Minutes & Action log Chair's Report Managing Director's Report Finance and Performance Report Project Update	Deep Dive session – Primary Care Q3 IMTP Update	Corporate Risk Register Report on SSPC Effectiveness Questionnaire	IMTP – Approval  Annual Review

	Monthly Monitoring Returns			
23 March 2023	Minutes & Action log	Deep dive session – Foundational Economy	Corporate Risk Register	
	Chair’s Report		Audit Committee Highlight Report	
	Managing Director’s Report			
	Finance and Performance Report			
	Project Update			
	Monthly Monitoring Returns			

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 10 – JANUARY 2022**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for January 2022 and should be read in conjunction with the Monitoring Return tables submitted for Month 10.

Thank you for your email of 27<sup>th</sup> January 2022 responding to the Month 9 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

NWSSP's financial position for Month 10 is reported at break-even. This is based on the assumption that all additional Covid 19 funding and other identified funding anticipated will be received from Welsh Government.

The forecast outturn remains at break-even after increasing the NWSSP 2021/22 distribution by £1.250m to total £2.000m as approved by the Shared Services Partnership Committee in September and detailed in the Month 6 return.

### **1. Movement of Opening Financial Plan to Forecast Outturn (Table A)**

Table A has been updated in Month 10 to reflect the in month and forecast non-recurring savings, with the current forecast savings and income generation overachievements for 2021/22 continuing to total £4.000m per previous months. We have committed to reinvest £2.000m internally within NWSSP to accelerate benefits and improvements within our services, £1.250m approved increased distribution to NHS Wales and Welsh Government and £0.750m agreed Welsh Government brokerage. With the inclusion of these items, and the assumption of full funding for Covid expenditure and other anticipated income, both the in year and recurrent plans remain at break-even.

The confirmed brokerage of £0.750m and the return of the increased WG distribution was actioned via a reduction in the funding invoiced to Welsh Government in November. We have assumed that this £0.750m brokerage and an additional £0.250m will be reprovided in 2022/23 as agreed as part of the Oracle Service Improvement two year brokerage agreement in 2020/21. A

review of the Oracle expenditure profile indicates that we will not utilise the return of the full £1.000m in 2022/23 and we would welcome the opportunity to further discuss delaying the return of some of these funds until later financial years over the remainder of the Oracle contract. We are also reviewing the potential utilisation of an element of these funds for the All Wales digital strategy.

## 2. Overview of Key Risks & Opportunities (Table A2)

This table has been updated in Month 10 in respect of the following:

- Covid-19 funding not received from Welsh Government – this risk has been amended to £7.569m in Month 10 to reflect the updated covid funding forecast requirement net of income invoiced to date and reconciles to the income anticipated in Table E1. The outstanding income primarily relates to Q4 mass vaccination PPE and Primary/Social Care PPE costs.
- Medical Examiner Funding not confirmed – this risk has been amended to £1.730m in Month 10 to reflect the total forecast income requirement for 2021/22 which has not yet been invoiced to WG and reconciles to the income anticipated in Table E1.

## 3. Actual Year to Date Monthly Position (Tables B, B2 & B3)

The key points to note within the year to date and forecast position are:

- The full year income forecast is £534.201m, which is a £2.000m increase on the forecast reported in Month 9. This is due to the inclusion of £2.000m of income in 2021/22 in respect of the international recruitment programme that NWSSP is managing centrally on behalf of UHBs.
- The updated profile of the in month SLE income and pay/non pay expenditure forecast is detailed below. This has increased slightly since the forecast reported in Month 9 due to the payment of dental grant arrears in January.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	8.207	8.597	8.402	8.444	10.774	12.932	11.679	12.564	12.815	12.786	12.727	13.961	133.888
NON PAY	0.731	0.827	0.759	0.735	0.799	0.948	0.874	0.889	0.965	1.296	0.779	0.778	10.380
TOTAL	8.938	9.424	9.161	9.179	11.573	13.880	12.553	13.453	13.780	14.082	13.506	14.739	144.268

- The increase in pay expenditure in Month 10 is due to the payment of the 1% non-consolidated payments for Bands 1-5 and F1 & F2 doctors. The funding for this will be invoiced in February in line with the confirmed allocation.
- Holiday pay on overtime arrears payments for October 21 – March 22 have been included in the forecast totalling £0.070m in line with the April – September 21 payments. This income has been anticipated in Table E1. We are awaiting an All Wales payroll report for the period October 21 – January 22 to give an update on the year to date costs and funding requirements to Welsh Government.
- The arrears from the adjustment to the Band 1 and Band 2 entry pay points have also been included in the forecast with year to date arrears to be paid in February. The income has also been anticipated in Table E1 in line with the confirmed allocation.
- Non pay expenditure in December was higher than projected in the Month 8 MMR due to the quarterly pharmacy rebates being larger than forecast. This additional expenditure was offset by the increased income from the rebates which is repatriated to UHBs/Trusts (**Action Point 9.1**)
- Forecast DEL depreciation charges total £3.559m. This is a movement from the November non-cash submission and now includes depreciation charges for all laundry assets that have transferred in 2021/22 following receipt of the S1 information which we are looking to finalise and formally sign off by mid February (**Action Point 9.2**). The depreciation charges reported in January include the year to date impact of the laundry asset transfers.
- Forecast AME impairments of £0.843m have been included which reconciles to the November non-cash submission. This is in respect of the donation of assets to India (£0.522m) and the impairment of ventilators donated by DHSC in 2020/21 to current market value (£0.321m).
- No further donations have been made in Month 10, with the £11.148m of donations to date being reported as exceptional costs in Table B.
- £77.483m income and expenditure is included to Month 10 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. A detailed review of cases has been undertaken with regards to updating the year end forecast of cases that will be charged against the DEL in 2021/22. This has indicated that the initial annual plan forecast of £124.754m (£123.495m



WRP DEL and £1.259m Redress) remains an accurate projection and includes the excess redress costs above budget.

In order to achieve the forecast outturn, expenditure of £47.271m is profiled over February and March. The £77.483m expenditure to date is reported on a cash basis. There are circa £14m of costs for cases that have settled in 2021/22 which have not yet been paid which will be accrued if not physically paid within the financial year.

A detailed review of the commitments against the DEL have provided further confidence that the full year forecast remains achievable. As in previous years, there is a level of risk regarding the settlement date of cases, round table meetings proceeding and the reliance on claimants solicitors. Within the £124.754m forecast, there is one case with a round table meeting booked for 29<sup>th</sup> March 2022 with a forecast settlement value of £4.830m. The claimant solicitors have recently indicated they may not be in a position to proceed with this meeting so any delay to this date could therefore materially impact the DEL outturn.

We are continuing to review in detail the cases that are due to settle in Q1 2022/23 to identify any potential where they could settle earlier than planned or interim payments can be made which would increase the DEL expenditure in 2021/22. Whilst recognising that a lot of the settlement timeline is outside of NWSSP control, we have identified a number of larger cases that could potentially settle in 2021/22 earlier than previously forecast. Taking into account potential delays with round table meetings as noted above, we anticipate that the current worst to best case forecast outturn range continues to be £118m - £130m. We will update further as quarter 4 progresses.

We have issued planning assumptions for the WRP risk share costs for 2022/23 onwards to UHB/Trusts on the premise that no additional cases are brought forward to settle in 2021/22 to ensure the full potential pressure is included in UHB/Trust plans.

- Agency expenditure has reduced in January against the forecast but it is anticipated that this will increase again as we approach the end of the financial year. Agency usage continues to primarily be due to the recruitment of an increased number of internal auditors to vacancies which are required to deliver the 2021/22 audit plans and additional agency solicitors to support high workloads.
- Table B3 details the year to date and forecast Covid19 additional expenditure. This has been collated and reviewed on a service by service basis within NWSSP and will continue to be monitored at this level.

Following a review of the mass vaccination expenditure to Month 10, the overall forecast remains in excess of the pay & non pay costs invoiced to date. Given the acceleration of the booster programme in December, it was anticipated that an element of 'catch-up' in vaccine pack production may be required in January - March with forecast increases in both staff costs and consumable issues. The increase in consumable costs only was evidenced in January, however dependent on guidance for 4<sup>th</sup> boosters and vaccinations for under 12's in the coming weeks, the forecast may vary as a result of demand requirements over the remainder of the financial year.

As PPE is the key variable component of our mass vaccination expenditure, the demand for vaccination packs and any changes to the packs contents due to changing guidance will drive the expenditure as these are issued from stores. Despite providing increased vaccination packs to the accelerated booster programme in December, we did not evidence increased PPE costs from stores issues in month. Increased expenditure has been reported in January and we have forecast that this will continue in February and March, however dependent upon demand requirements, this expenditure may fluctuate.

The mass vaccination and other covid expenditure sections of Table B3 have been populated. Other covid expenditure relates to the NWSSP operational support costs and PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues.

A summary of the expenditure is detailed below:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	4.048	5.031
Mass Vacc - PPE	2.776	3.376
Mass Vacc - non PPE non pay	0.556	0.670
Mass Vacc - pay	0.635	0.761
Social Care/Primary Care PPE	21.478	25.878
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
DHSC PPE 20/21 Accounting Gain	- 1.699	- 1.699
<b>TOTAL</b>	<b>38.822</b>	<b>45.045</b>

The table includes a credit of £1.315m as a result of an accounting gain from the release of a 2020/21 accrual of PPE to be charged from DHSC

plus £0.384m accounting gain from a bad debt provision for a PPE invoice that has been released in January.

The NWSSP operational costs are summarised below. Following a review of the expenditure to date, the forecast has reduced this month and is now in line with the original £5.031m that has been invoiced to date:

	YTD	Full Year Forecast
Pay	1.987	2.506
Estates / Security	0.656	0.792
Insurance	0.057	0.068
Transport	1.222	1.506
Other	0.127	0.158
<b>TOTAL</b>	<b>4.048</b>	<b>5.031</b>

To the end of January we have invoiced for all Q1 ,Q2 and Q3 PPE costs in addition to the full year forecast operational costs and mass vaccination non PPE costs. There is only mass vaccination PPE and Primary/Social Care PPE costs to invoice for Q4 which to date have been actioned based on actuals in arrears. .

Where we have invoiced Welsh Government for PPE stock that we had cash coverage for at 31<sup>st</sup> March 2021, we have been raising invoices in 2021/22 for resource and raising corresponding credit notes to reduce the year end credit note accrual of £113m. The summary below shows the reduction in the credit note and we will continue to monitor the stock cash position in readiness for our next meeting with Welsh Government at the end of February to look to return further cash to reduce this credit note further:

	£M
CREDIT NOTE @ 31.03.2021	113.196
Q1 PRIMARY/SOCIAL CARE PPE	-6.683
NAMIBIA PPE	-7.207
Q2 PRIMARY/SOCIAL CARE PPE	-6.402
NAMIBIA TEST KITS	-3.941
RETURN OF CASH	-5.235
Q3 PRIMARY/SOCIAL CARE PPE	-6.195
Q1-3 MASS VACCINATION PPE	-2.495
<b>B/L @ CLOSE M10</b>	<b>75.038</b>

We are mindful of the increased prices that PPE was purchased for at the height of the pandemic. We are currently reviewing stock turnover rates of PPE and the current costs the stock is valued at within the inventory system to identify if any adjustment to stock valuation is required in 2021/22.

As requested, we have provided our current estimate of the maximum value of the potential annual leave outstanding at 31<sup>st</sup> March 2022 to Welsh Government. As a worst case scenario the value of the accrual would increase from the £0.701m at 31<sup>st</sup> March 2021 to £1.840m at 31<sup>st</sup> March 2022. Given the outstanding annual leave balances were taken from ESR at 31<sup>st</sup> January, when the majority of staff hadn't had their additional day added to their entitlement in order to book this leave and a lot of staff either don't fully utilise ESR for managing annual leave and/or the recording isn't up to date, we fully expect the actual value outstanding at 31<sup>st</sup> March 2022 to be less than this.

#### **4. Savings (Tables C & C3)**

The tables have been updated with the actual savings achievement to Month 10 and a revised profile of future savings so that the over achievement of savings and income generation continue to total £4.000m.

The completion of Table C3 is undertaken in order that it reconciles to our underlying YTD variances across the income, pay and non pay classifications as we report a break-even position within the Velindre ledger. This has been reviewed in Month 10 and adjusted accordingly **(Action Point 8.2)**

#### **5. Welsh NHS Assumptions (Table D)**

Table D has been left blank as requested.

#### **6. Invoiced Income Streams (Table E1)**

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the actual in month recharges and agreed SLA values for future months. As these costs are recharged based on actual expenditure incurred, these may be subject to change in future months.

Lines 2-12 have been populated with anticipated income streams for which we have yet to invoice or receive formal funding confirmation.

The updated values for depreciation reconcile to Table B and include the full year depreciation charges for the transferred laundry assets.

Other items have been amended in line with updated income forecasts and/or removed when items have been invoiced.

**7. Cash Flow (Table G)**

Not required for completion.

**8. PSPP (Table H)**

This table is not required for NWSSP.

**9. Capital Expenditure Limit Management and Disposals (Tables I, & K)**

Tables I and J have been populated and reconcile to our current Capital Expenditure Limit of £9.136m issued on 5<sup>th</sup> January 2022.

We have reviewed all our capital schemes in detail and have flagged a potential small underspend on the Laundry and TRAMS OBC fees schemes prior to the Building for Wales framework annual fee inflationary uplifts being applied. We are quantifying the impact of the potential underspend as a matter of urgency and we also have a number of other schemes we could progress at short notice in 2021/22 to utilise any additional capital funding that may become available. Following a detailed review by EY, we have now confirmed that we are content for the purchase of Matrix House to be treated as a Transfer of a Going Concern which will save £0.980m VAT on the purchase price.

We are also in the final stages of achieving sign off of the AB, CTM & HD S1 transfers. Once finalised we will advise the WG capital team to action the change to our CEL in order that we can receive invoices for the asset values to complete the process.

**10. Aged Debtors (Table M)**

At 31<sup>st</sup> January 2022 we did not have any NHS invoices outstanding over 17 weeks. There are a number of invoices outstanding over 11 weeks that we are urgently pursuing for payment to ensure that they do not breach 17 weeks (**Action Point 9.3**).

**11. GMS (Table N)**

Not required for completion by NWSSP.

**12. Dental (Table O)**

Not required for completion by NWSSP.

**13. Other Issues**

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Team reports.

The Shared Services Partnership Committee will receive both the Month 10 and Month 11 Financial Monitoring Returns at the March meeting.

**14. Authorisation of Return**



.....  
**ANDREW BUTLER**  
**DIRECTOR OF FINANCE AND**  
**CORPORATE SERVICES**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**11<sup>th</sup> February 2022**

NHS Wales Shared Services Partnership  
Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Jan 22

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-5,416	-15	-5,401	-5,401
3 Planned Expenditure For Covid-19 (Negative Value)	-37,074	-37,074		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	2,644	15	2,629	2,629
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	37,074	37,074		
6 Planned Provider Income (Positive Value)	0	0		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	1,811	0	1,811	1,811
9 Planned (Finalised) Net Income Generation	961	0	961	961
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	1,111	1,111	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	2,889	2,889	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	7,971	7,971		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-7,971	-7,971		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31 Committed reinvestment within NWSSP	-2,000	-2,000		
32 Reserve for redistribution	-1,250	-1,250		
33 WG Brokerage	-750	-750		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-475	-478	-482	-74	-390	-486	-493	-498	-502	-510	-513	-515	-4,388	-5,416
3	-3,026	-3,060	-3,098	-3,093	-3,086	-3,090	-3,096	-3,095	-3,100	-3,098	-3,104	-3,129	-30,841	-37,074
4	249	252	255	-153	160	256	262	266	268	275	276	278	2,090	2,644
5	3,026	3,060	3,098	3,093	3,086	3,090	3,096	3,095	3,100	3,098	3,104	3,129	30,841	37,074
6													0	0
7													0	0
8	148	148	148	148	151	151	152	153	154	152	153	153	1,505	1,811
9	78	78	79	79	79	79	79	79	80	83	84	84	793	961
10													0	0
11													0	0
12													0	0
13													0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	129	123	228	149	28	20	194	119	-2	11	57	55	999	1,111
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	406	195	359	378	240	332	337	38	89	255	130	130	2,629	2,889
23													0	0
24	0	0	-10	-136	7,115	3,612	-523	-118	-1,481	-478	-3	-7	7,981	7,971
25													0	0
26	0	0	10	136	-7,115	-3,612	523	118	1,481	478	3	7	-7,981	-7,971
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30													0	0
31	-535	-318	-587	-260			-300						-2,000	-2,000
32				-267	-268	-352	-231	-132					-1,250	-1,250
33								-25	-87	-266	-187	-185	-378	-750
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	0	0	0	0	0	0	0	0	0	0	0	0	0	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Turnover factor is less than budgeted	0	Low
13	Non achievement of income targets	0	Low
14	Covid 19 funding not received from Welsh Government	(7,569)	Low
15	Medical Examiner funding not confirmed	(1,730)	Low
16	Additional WRP Covid claims - included in DEL forecast	0	High
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(9,299)	
	Further Opportunities (positive values)		
27	Further over achievement of savings	250	Medium
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	250	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(9,049)	
38	Best Case Outturn Scenario	250	



NHS Wales Shared Services Partnership

Table B - Monthly Positions

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Period : Jan 22

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	15,487	16,237	17,289	17,041	19,170	21,834	20,765	21,727	23,167	22,323	22,779	23,832	195,040	241,651
4	WHSSC Income	Actual/F'cast	0	0	0	0	0	0	0		0	0	0	0	0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast	10,517	12,204	14,362	19,494	21,310	18,425	18,489	12,522	41,532	18,709	33,904	33,947	187,564	255,414
6	Other Income	Actual/F'cast	2,350	2,428	1,907	2,315	847	4,981	5,402	2,437	4,588	5,122	2,436	2,332	32,377	37,145
7	Income Total		28,354	30,869	33,558	38,850	41,327	45,240	44,656	36,686	69,287	46,154	59,119	60,111	414,981	534,210
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	14,054	14,687	14,353	14,293	16,872	20,087	17,698	19,166	19,300	19,539	19,133	20,444	170,049	209,627
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	13,379	13,038	14,684	14,144	13,902	17,154	17,823	12,626	17,850	17,905	16,047	15,729	152,504	184,279
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast													0	0
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	665	2,367	4,534	10,150	3,083	3,501	8,359	4,603	31,846	8,375	23,636	23,636	77,483	124,754
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast		521	(521)		7,207	3,941							11,148	11,148
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	256	256	508	263	263	35	455	291	291	335	303	303	2,954	3,559
23	AME Donated Depreciation/Impairments	Actual/F'cast						522	321						843	843
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	28,354	30,869	33,558	38,850	41,327	45,240	44,656	36,686	69,287	46,154	59,118	60,111	414,981	534,210
27	Net surplus/ (deficit)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28 . Actual YTD surplus/ (deficit)		0
29. Actual YTD surplus/ (deficit) last month		0
30. Current month actual surplus/ (deficit)		0
	Trend	
31. Average monthly surplus/ (deficit) YTD		0
32. YTD /remaining months		0

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		0
34. Year to Date Trend Scenario		0

C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL Baseline Provider Depreciation	98	98	98	233	131	131	131	131	131	131	131	131	1,313	1,574
36	Strategic Depreciation	158	158	182	30	132	132	324	160	160	205	172	172	1,641	1,985
37	Accelerated Depreciation													0	0
38	Impairments			228			(228)							0	0
39	Other (Specify in Narrative)													0	0
40	Total	256	256	508	263	263	35	455	291	291	335	303	303	2,953	3,559
AME															
41	Donated Asset Depreciation													0	0
42	Impairments						522	321						843	843
43	Other (Specify in Narrative)													0	0
44	Total	0	0	0	0	0	522	321	0	0	0	0	0	843	843

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
46	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
59	Forecast Only													0	0
60	Forecast Only													0	0
61	Forecast Only													0	0
62	Forecast Only													0	0
63	Forecast Only													0	0
64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	26	26	26	26	27	27	28	28	28	29	29	27	271	327		327	0			
11		Actual/F'cast	93	(56)	47	26	(42)	131	(52)	(43)	32	135	29	27	271	327	82.89%	327	0	0	327	327
12		Variance	67	(82)	21	0	(69)	104	(80)	(71)	4	106	0	0	0	0	0.12%	0	0			
13	Pay	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	1,234	1,484		1,484	0			
14		Actual/F'cast	461	399	460	500	433	352	541	234	211	272	254	256	3,863	4,373	88.34%	4,373	0	2,889	1,484	1,484
15		Variance	339	277	338	378	309	228	417	109	85	149	130	130	2,629	2,889	213.05%	2,889	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,505	1,811		1,811	0			
20		Actual/F'cast	554	343	507	526	391	483	489	191	243	407	283	283	4,134	4,700	87.96%	4,700	0	2,889	1,811	1,811
21		Variance	406	195	359	378	240	332	337	38	89	255	130	130	2,629	2,889	174.71%	2,889	0			
22	Variance in month		274.32%	131.76%	242.57%	255.41%	158.94%	219.87%	221.71%	24.84%	57.79%	167.98%	84.97%	84.97%	174.71%							
23	In month achievement against FY forecast		11.79%	7.30%	10.79%	11.19%	8.32%	10.28%	10.40%	4.06%	5.17%	8.67%	6.02%	6.02%								

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000		£'000
1	Changes in Staffing Establishment	Budget/Plan	114	114	114	114	116	116	116	117	117	114	115	117	1,152	1,384		1,384		0			
2		Actual/F'cast	453	391	452	492	425	344	533	226	202	263	245	247	3,781	4,273	88.49%	4,273		0	2,889	1,384	1,384
3		Variance	339	277	338	378	309	228	417	109	85	149	130	130	2,629	2,889	228.21%	2,889		0			
4	Variable Pay	Budget/Plan	8	8	8	8	8	8	8	8	9	9	9	9	82	100		100		0			
5		Actual/F'cast	8	8	8	8	8	8	8	8	9	9	9	9	82	100	82.00%	100		0	0	100	100
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0		0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0			
19	Total	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	1,234	1,484		1,484		0			
20		Actual/F'cast	461	399	460	500	433	352	541	234	211	272	254	256	3,863	4,373	88.34%	4,373		0	2,889	1,484	1,484
21		Variance	339	277	338	378	309	228	417	109	85	149	130	130	2,629	2,889	213.05%	2,889		0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
4	Non Medical 'off contract to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		

Table C3 - Tracker  
This Table is currently showing 0 errors

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,505	1,811	0	1,811	0	1,811
	Month 1 - Actual/Forecast	148	148	148	148	151	151	152	153	154	152	153	153	1,505	1,811	0	1,811	0	1,811
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	406	0	0	0	0	0	0	0	0	0	0	0	406	406	406	0	0	0
	In Year - Actual/Forecast	406	195	359	378	240	332	337	38	89	255	130	130	2,629	2,889	2,889	0	0	0
	Variance	0	195	359	378	240	332	337	38	89	255	130	130	2,223	2,483	2,483	0	0	0
	Total Plan	554	148	148	148	151	151	152	153	154	152	153	153	1,911	2,217	406	1,811	0	1,811
	Total Actual/Forecast	554	343	507	526	391	483	489	191	243	407	283	283	4,134	4,700	2,889	1,811	0	1,811
	Total Variance	0	195	359	378	240	332	337	38	89	255	130	130	2,223	2,483	2,483	0	0	0
Net Income Generation	Month 1 - Plan	78	78	79	79	79	79	79	79	80	83	84	84	793	961	0	961	0	961
	Month 1 - Actual/Forecast	78	78	79	79	79	79	79	79	80	83	84	84	793	961	0	961	0	961
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	129	0	0	0	0	0	0	0	0	0	0	0	129	129	129	0	0	0
	In Year - Actual/Forecast	129	123	228	149	28	20	194	119	(2)	11	57	55	999	1,111	1,111	0	0	0
	Variance	0	123	228	149	28	20	194	119	(2)	11	57	55	870	982	982	0	0	0
	Total Plan	207	78	79	79	79	79	79	79	80	83	84	84	922	1,090	129	961	0	961
	Total Actual/Forecast	207	201	307	228	107	99	273	198	78	94	141	139	1,792	2,072	1,111	961	0	961
	Total Variance	0	123	228	149	28	20	194	119	(2)	11	57	55	870	982	982	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	226	226	227	227	230	230	231	232	234	235	237	237	2,298	2,772	0	2,772	0	2,772
	Month 1 - Actual/Forecast	226	226	227	227	230	230	231	232	234	235	237	237	2,298	2,772	0	2,772	0	2,772
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	535	0	0	0	0	0	0	0	0	0	0	0	535	535	535	0	0	0
	In Year - Actual/Forecast	535	318	587	527	268	352	531	157	87	266	187	185	3,628	4,000	4,000	0	0	0
	Variance	0	318	587	527	268	352	531	157	87	266	187	185	3,093	3,465	3,465	0	0	0
	Total Plan	761	226	227	227	230	230	231	232	234	235	237	237	2,833	3,307	535	2,772	0	2,772
	Total Actual/Forecast	761	544	814	754	498	582	762	389	321	501	424	422	5,926	6,772	4,000	2,772	0	2,772
	Total Variance	0	318	587	527	268	352	531	157	87	266	187	185	3,093	3,465	3,465	0	0	0

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 11 – FEBRUARY 2022**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for February 2022 and should be read in conjunction with the Monitoring Return tables submitted for Month 11.

Thank you for your email of 16<sup>th</sup> February 2022 responding to the Month 10 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

NWSSP's financial position for Month 11 is reported at break-even. This is based on the assumption that all additional Covid 19 funding and other identified funding anticipated will be received from Welsh Government.

The forecast outturn remains at break-even after increasing the NWSSP 2021/22 distribution by £1.250m to total £2.000m as approved by the Shared Services Partnership Committee in September and detailed in the Month 6 return.

### **1. Movement of Opening Financial Plan to Forecast Outturn (Table A)**

Table A has been updated in Month 11 to reflect the in month and forecast non-recurring savings, with the current forecast savings and income generation overachievements for 2021/22 continuing to total £4.000m per previous months. We have committed to reinvest £2.000m internally within NWSSP to accelerate benefits and improvements within our services, £1.250m approved increased distribution to NHS Wales and Welsh Government and £0.750m agreed Welsh Government brokerage. With the inclusion of these items, and the assumption of full funding for Covid expenditure and other anticipated income, both the in year and recurrent plans remain at break-even.

The confirmed brokerage of £0.750m and the return of the increased WG distribution was actioned via a reduction in the funding invoiced to Welsh Government in November. We have assumed that this £0.750m brokerage and an additional £0.250m will be reprovided in 2022/23 as agreed as part of the Oracle Service Improvement two year brokerage agreement in 2020/21. A

review of the Oracle expenditure profile indicates that we will not utilise the return of the full £1.000m in 2022/23 and we would welcome the opportunity to further discuss delaying the return of some of these funds until later financial years over the remainder of the contract.

## 2. Overview of Key Risks & Opportunities (Table A2)

This table has been updated in Month 10 in respect of the following:

- Covid-19 funding not received from Welsh Government – this risk has been amended to £5.389m in Month 11 to reflect the updated covid funding forecast requirement net of income invoiced to date and reconciles to the income anticipated in Table E1. The outstanding income primarily relates to Q4 mass vaccination PPE and Primary/Social Care PPE costs.
- Medical Examiner Funding not confirmed – this risk has been amended to £1.332m in Month 11 to reflect the total uninvoiced income requirement for 2021/22 and reconciles to the income anticipated in Table E1. This invoice will be raised in March.

## 3. Actual Year to Date Monthly Position (Tables B, B2 & B3)

The key points to note within the year to date and forecast position are:

- The full year income forecast is £536.490m, which is a £2.289m increase on the forecast reported in Month 10. This is due to the net impact of additional pharmacy rebate income (+£5.5m), a revision of the stores income forecast (-£0.6m) and adjustments to the Covid forecast to include the actual Month 11 costs and the return of All Wales PPE credits to Welsh Government (-£2.6m).
- The updated profile of the in month SLE income and pay/non pay expenditure forecast is detailed below. This has increased slightly since the forecast reported in Month 10 due to the payment of GP training grant arrears in February. The pay expenditure forecast increases in March due to an additional intake cohort to SLE.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	8.207	8.597	8.402	8.444	10.774	12.932	11.679	12.564	12.815	12.786	12.744	13.961	133.905
NON PAY	0.731	0.827	0.759	0.735	0.799	0.948	0.874	0.889	0.965	1.296	1.143	0.778	10.744
TOTAL	8.938	9.424	9.161	9.179	11.573	13.880	12.553	13.453	13.780	14.082	13.887	14.739	144.649

- Holiday pay on overtime arrears payments for October 21 – March 22 have been included in the forecast for March totalling £0.070m in line with the April – September 21 payments. This income has been anticipated in Table E1. We are awaiting an All Wales payroll report for the payments due relating to February 2022 to update previous reports provided to Welsh Government.
- The arrears from the adjustment to the Band 1 and Band 2 entry pay points have been paid in February. The income has also been anticipated in Table E1 in line with the confirmed allocation and will be invoiced in March.
- In addition to the increase in pay costs in March due to the SLE intake and the holiday pay accrual, a forecast increase in the annual leave accrual of £0.199m has been included. This will increase the accrual for NWSSP to £0.900m from the £0.701m included at 31<sup>st</sup> March 2021. The additional £0.199m has been included in Table B3 as requested and the income anticipated in Table E1.
- Non pay expenditure is forecast to increase in March due to both the Quarter 3 and 4 pharmacy rebate process being transacted in Month 12.
- Forecast DEL depreciation requirements total £3.555m. This reflects a minor movement from the forecast reported in Month 10 and includes depreciation charges for all laundry assets that have transferred in 2021/22. The additional funding requirement over our £1.551m baseline has been anticipated in Table E1 and we await confirmation to invoice for this.
- Forecast AME impairments of £0.843m have been included which reconciles to the November non-cash submission. This is in respect of the donation of assets to India (£0.522m) and the impairment of ventilators donated by DHSC in 2020/21 to current market value (£0.321m). This has been invoiced in March as requested.
- No further donations have been made in Month 11, with the £11.148m of donations to date being reported as exceptional costs in Table B. We are in the process of finalising and quantifying a potential donation to the Ukraine which has not been included in Table B as yet due to the final value still to be confirmed.
- £89.015m income and expenditure is included to Month 11 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. A detailed review of cases has been undertaken with regards to updating the year end forecast of cases that will be charged against the DEL in 2021/22. This has



indicated that the initial annual plan forecast of £124.754m (£123.495m WRP DEL and £1.259m Redress) remains an accurate projection and includes the excess redress costs above budget.

As in previous years, there is a level of risk regarding the settlement date of cases, round table meetings proceeding and the reliance on claimants solicitors. Since Month 10 a number of cases have been updated. The £5m case with a RTM on 29<sup>th</sup> March has been delayed until July and we were informed on 9<sup>th</sup> March that a forecast 2021/22 interim payment of £4.5m will be delayed into 2022/23 following advice from Counsel.

We are continuing to review in detail the cases that are due to settle in Q1 2022/23 to identify any potential where they could settle earlier than planned or interim payments can be made which would increase the DEL expenditure in 2021/22. Following the delays in the two cases above we now anticipate that the maximum DEL expenditure we can incur is £126m. We will continue to monitor all cases due to settle as we progress through March and will alert Welsh Government colleagues to any material movements as we are informed of them.

- Agency expenditure has increased in February as forecast and continues to primarily be due to the recruitment of an increased number of internal auditors to vacancies which are required to deliver the 2021/22 audit plans and additional agency solicitors to support high workloads.
- Table B3 details the year to date and forecast Covid19 additional expenditure. This has been collated and reviewed on a service by service basis within NWSSP and will continue to be monitored at this level.

Following a review of the mass vaccination expenditure to Month 11, the overall forecast remains in excess of the pay & non pay costs invoiced to date. Given the acceleration of the booster programme in December, it was anticipated that an element of 'catch-up' in vaccine pack production may be required in January - March with forecast increases in both staff costs and consumable issues. The increase in consumable costs was evidenced in both January and February, however dependent on guidance for 4<sup>th</sup> boosters and vaccinations for under 12's in the coming weeks, the forecast may vary as a result of demand requirements during March.

As PPE is the key variable component of our mass vaccination expenditure, the demand for vaccination packs and any changes to the packs contents due to changing guidance will drive the expenditure as these are issued from stores. Despite providing increased vaccination packs to the accelerated booster programme in December, we did not evidence increased PPE costs from stores issues in month. Increased expenditure was reported in January, however only £8k of PPE was

issued for the packs in February. An estimate of £0.200m has been included for March, however dependent upon demand requirements, this expenditure may fluctuate.

The mass vaccination and other covid expenditure sections of Table B3 have been populated. Other covid expenditure relates to the NWSSP operational support costs and PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues. A summary of the expenditure is detailed below:

	YTD	Full Year Forecast
	£m	£m
NWSSP Operational	4.576	5.150
Mass Vacc - PPE	2.784	2.984
Mass Vacc - non PPE non pay	0.645	0.702
Mass Vacc - pay	0.696	0.759
Social Care/Primary Care PPE	23.386	25.586
Unused bonus accrual	- 0.120	- 0.120
Namibia PPE	11.148	11.148
Adjustments from 2020/21/VAT/Escrow	- 1.485	- 3.619
Annual leave accrual increase	-	0.199
<b>TOTAL</b>	<b>41.630</b>	<b>42.790</b>

The table includes a number of adjustments from 2020/21 in addition to forecast adjustments for VAT and contract savings. These have been discussed at length with Andrea Hughes to ensure full awareness of the issues we are managing as we approach the end of the financial year. The Covid PPE bad debt release accountancy gain was included in Table B3 on Line 203 in Month 10 (**Action Point 10.1**)

The NWSSP operational costs are summarised below. Following a review of the expenditure to date, we are forecasting additional costs above the £5.031m that has been invoiced to date:

	YTD	Full Year Forecast
Pay	2.235	2.563
Estates / Security	0.703	0.771
Insurance	0.062	0.068
Transport	1.359	1.512
Other	0.219	0.238
<b>TOTAL</b>	<b>4.578</b>	<b>5.150</b>

Where we have invoiced Welsh Government for PPE stock that we had cash coverage for at 31<sup>st</sup> March 2021, we have been raising invoices in 2021/22 for resource and raising corresponding credit notes to reduce the year end credit note accrual of £113.196m. The summary below shows the reduction in the credit note and we will continue to monitor the stock cash position to look to return further cash to reduce this credit note further during March:

	£M
CREDIT NOTE @ 31.03.2021	113.196
Q1 PRIMARY/SOCIAL CARE PPE	-6.683
NAMIBIA PPE	-7.207
Q2 PRIMARY/SOCIAL CARE PPE	-6.402
NAMIBIA TEST KITS	-3.941
RETURN OF CASH	-5.235
Q3 PRIMARY/SOCIAL CARE PPE	-6.195
Q1-3 MASS VACCINATION PPE	-2.495
20/21 STOCK ADJUSTMENT (ORANGE BAGS)	-0.289
<b>B/L @ CLOSE M11</b>	<b>74.749</b>

We are mindful of the increased prices that PPE was purchased for at the height of the pandemic. We are currently reviewing stock turnover rates of PPE and the current costs the stock is valued at within the inventory system to identify if any adjustments to stock valuation or provisions are required in 2021/22.

#### 4. Savings (Tables C & C3)

The tables have been updated with the actual savings achievement to Month 11 and a revised profile of future savings so that the over achievement of savings and income generation continue to total £4.000m.

#### 5. Welsh NHS Assumptions (Table D)

Table D has been left blank as requested.

## **6. Invoiced Income Streams (Table E1)**

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the actual in month recharges and agreed SLA values for future months. As these costs are recharged based on actual expenditure incurred, these may be subject to change in future months.

Lines 2-12 have been populated with anticipated income streams for which we have yet to invoice or receive formal funding confirmation.

The updated values for depreciation reconcile to Table B and include the full year depreciation charges for the transferred laundry assets.

Other items have been amended in line with updated income forecasts and/or removed when items have been invoiced.

## **7. Cash Flow (Table G)**

Not required for completion.

## **8. PSPP (Table H)**

This table is not required for NWSSP.

## **9. Capital Expenditure Limit Management and Disposals (Tables I, & K)**

Tables I and J have been populated and reconcile to our current Capital Expenditure Limit of £16.924m issued on 9<sup>th</sup> March 2022.

We have reviewed all our capital schemes in detail and are confident we can achieve our Capital Expenditure Limit.

We obtained final sign off of the Laundry S1/S2 documents in early March and these have been submitted to Welsh Government and our CEL updated (**Action Point 10.2**)

**10. Aged Debtors (Table M)**

At 28<sup>th</sup> February 2022 we had two NHS invoices and one NHS credit note outstanding over 17 weeks. Two of these are resolved and SBU have agreed to pay the other invoice upon the issue of a partial credit which we are processing. We are reviewing any invoices that will breach 17 weeks during March to ensure they are paid or credited so that they do not form part of the Agreement of Balances exercise.

**11. GMS (Table N)**

Not required for completion by NWSSP.

**12. Dental (Table O)**

Not required for completion by NWSSP.

**13. Other Issues**

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Team reports.

The Shared Services Partnership Committee will receive both the Month 10 and Month 11 Financial Monitoring Returns at the March meeting.

**14. Authorisation of Return**



.....  
**ANDREW BUTLER**  
**DIRECTOR OF FINANCE AND**  
**CORPORATE SERVICES**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**10<sup>th</sup> March 2022**

NHS Wales Shared Services Partnership  
Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Feb 22

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-5,416	-15	-5,401	-5,401
3 Planned Expenditure For Covid-19 (Negative Value)	-37,074	-37,074		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	2,644	15	2,629	2,629
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	37,074	37,074		
6 Planned Provider Income (Positive Value)	0	0		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	1,811	0	1,811	1,811
9 Planned (Finalised) Net Income Generation	961	0	961	961
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	1,120	1,120	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	2,880	2,880	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	5,716	5,716		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-5,716	-5,716		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31 Committed reinvestment within NWSSP	-2,000	-2,000		
32 Reserve for redistribution	-1,250	-1,250		
33 WG Brokerage	-750	-750		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-475	-478	-482	-74	-390	-486	-493	-498	-502	-510	-513	-515	-4,901	-5,416
3	-3,026	-3,060	-3,098	-3,093	-3,086	-3,090	-3,096	-3,095	-3,100	-3,098	-3,104	-3,129	-33,945	-37,074
4	249	252	255	-153	160	256	262	266	268	275	276	278	2,366	2,644
5	3,026	3,060	3,098	3,093	3,086	3,090	3,096	3,095	3,100	3,098	3,104	3,129	33,945	37,074
6													0	0
7													0	0
8	148	148	148	148	151	151	152	153	154	152	153	153	1,658	1,811
9	78	78	79	79	79	79	79	79	80	83	84	84	877	961
10													0	0
11													0	0
12													0	0
13													0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	129	123	228	149	28	20	194	119	-2	11	-79	200	920	1,120
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	406	195	359	378	240	332	337	38	89	255	20	231	2,649	2,880
23													0	0
24	0	0	-10	-136	7,115	3,612	-523	-118	-1,481	-478	-296	-1,969	7,685	5,716
25													0	0
26	0	0	10	136	-7,115	-3,612	523	118	1,481	478	296	1,969	-7,685	-5,716
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30													0	0
31	-535	-318	-587	-260			-300						-2,000	-2,000
32				-267	-268	-352	-231	-132					-1,250	-1,250
33								-25	-87	-266	59	-431	-319	-750
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	0	0	0	0	0	0	0	0	0	0	0	0	0	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Turnover factor is less than budgeted	0	Low
13	Non achievement of income targets	0	Low
14	Covid 19 funding not received from Welsh Government	(5,389)	Low
15	Medical Examiner funding not confirmed	(1,332)	Low
16	Additional WRP Covid claims - included in DEL forecast	0	High
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(6,721)	
	Further Opportunities (positive values)		
27	Further over achievement of savings	250	Medium
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	250	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(6,470)	
38	Best Case Outturn Scenario	250	

NHS Wales Shared Services Partnership

Table B - Monthly Positions

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Period : Feb 22

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	15,487	16,237	17,289	17,041	19,170	21,834	20,765	21,727	23,167	22,323	21,380	24,348	216,420	240,768
4	WHSSC Income	Actual/F'cast	0	0	0	0	0	0	0		0	0	0	0	0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast	10,517	12,204	14,362	19,494	21,310	18,425	18,489	12,522	41,532	18,709	21,746	44,077	209,310	253,387
6	Other Income	Actual/F'cast	2,350	2,428	1,907	2,315	847	4,981	5,402	2,437	4,588	5,122	2,865	7,093	35,242	42,335
7	Income Total		28,354	30,869	33,558	38,850	41,327	45,240	44,656	36,686	69,287	46,154	45,991	75,518	460,972	536,490
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	14,054	14,687	14,353	14,293	16,872	20,087	17,698	19,166	19,300	19,539	19,220	20,670	189,269	209,939
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	13,379	13,038	14,684	14,144	13,902	17,154	17,823	12,626	17,850	17,905	14,940	18,807	167,444	186,251
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast													0	0
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	665	2,367	4,534	10,150	3,083	3,501	8,359	4,603	31,846	8,375	11,532	35,739	89,015	124,754
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast		521	(521)		7,207	3,941							11,148	11,148
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	256	256	508	263	263	35	455	291	291	335	299	302	3,253	3,555
23	AME Donated Depreciation/Impairments	Actual/F'cast						522	321						843	843
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	28,354	30,869	33,558	38,850	41,327	45,240	44,656	36,686	69,287	46,154	45,991	75,518	460,972	536,490
27	Net surplus/ (deficit)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28. Actual YTD surplus/ (deficit)	0	
29. Actual YTD surplus/ (deficit) last month	0	
30. Current month actual surplus/ (deficit)	0	
		Trend
31. Average monthly surplus/ (deficit) YTD	0	▲
32. YTD /remaining months	0	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	1
34. Year to Date Trend Scenario	1



C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL														
	Baseline Provider Depreciation	Actual/Fcast													
36	Strategic Depreciation	Actual/Fcast	98	98	98	233	131	131	131	131	131	127	129	1,440	1,570
37	Accelerated Depreciation	Actual/Fcast	158	158	182	30	132	132	324	160	160	204	173	1,812	1,985
38	Impairments	Actual/Fcast												0	0
39	Other (Specify in Narrative)	Actual/Fcast			228		(228)							0	0
40	Total		256	256	508	263	263	35	455	291	291	335	299	3,253	3,555
	AME														
41	Donated Asset Depreciation	Actual/Fcast												0	0
42	Impairments	Actual/Fcast						522	321					843	843
43	Other (Specify in Narrative)	Actual/Fcast												0	0
44	Total		0	0	0	0	0	522	321	0	0	0	0	843	843

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
59	Forecast Only													0	0
60	Forecast Only													0	0
61	Forecast Only													0	0
62	Forecast Only													0	0
63	Forecast Only													0	0
64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	Total		0	0	0	0	0	0	0	0	0	0	0	0	0
	Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	26	26	26	26	27	27	28	28	28	29	29	27	300	327		327	0			
11		Actual/F'cast	93	(56)	47	26	(42)	131	(52)	(43)	32	135	29	27	300	327	91.75%	327	0	0	327	327
12		Variance	67	(82)	21	0	(69)	104	(80)	(71)	4	106	0	0	0	0	0.11%	0	0			
13	Pay	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	1,358	1,484		1,484	0			
14		Actual/F'cast	461	399	460	500	433	352	541	234	211	272	144	357	4,007	4,364	91.82%	4,364	0	2,880	1,484	1,484
15		Variance	339	277	338	378	309	228	417	109	85	149	20	231	2,649	2,880	195.07%	2,880	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,658	1,811		1,811	0			
20		Actual/F'cast	554	343	507	526	391	483	489	191	243	407	173	384	4,307	4,691	91.81%	4,691	0	2,880	1,811	1,811
21		Variance	406	195	359	378	240	332	337	38	89	255	20	231	2,649	2,880	159.79%	2,880	0			
22	Variance in month		274.32%	131.76%	242.57%	255.41%	158.94%	219.87%	221.71%	24.84%	57.79%	167.98%	13.07%	150.98%	159.79%							
23	In month achievement against FY forecast		11.81%	7.31%	10.81%	11.21%	8.33%	10.30%	10.42%	4.07%	5.18%	8.68%	3.69%	8.19%								

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000		£'000
1	Changes in Staffing Establishment	Budget/Plan	114	114	114	114	116	116	116	117	117	114	115	117	1,267	1,384		1,384	0				
2		Actual/F'cast	453	391	452	492	425	344	533	226	202	263	135	348	3,916	4,264	91.84%	4,264	0	2,880	1,384	1,384	
3		Variance	339	277	338	378	309	228	417	109	85	149	20	231	2,649	2,880	209.08%	2,880	0				
4	Variable Pay	Budget/Plan	8	8	8	8	8	8	8	8	9	9	9	9	91	100		100	0				
5		Actual/F'cast	8	8	8	8	8	8	8	8	9	9	9	9	91	100	91.00%	100	0	0	100	100	
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Total	Budget/Plan	122	122	122	122	124	124	124	125	126	123	124	126	1,358	1,484		1,484	0				
20		Actual/F'cast	461	399	460	500	433	352	541	234	211	272	144	357	4,007	4,364	91.82%	4,364	0	2,880	1,484	1,484	
21		Variance	339	277	338	378	309	228	417	109	85	149	20	231	2,649	2,880	195.07%	2,880	0				

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

This Table is currently showing 0 errors  
Table C3 - Tracker

	E'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	148	148	148	148	151	151	152	153	154	152	153	153	1,658	1,811	0	1,811	0	1,811
	Month 1 - Actual/Forecast	148	148	148	148	151	151	152	153	154	152	153	153	1,658	1,811	0	1,811	0	1,811
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	406	0	0	0	0	0	0	0	0	0	0	0	406	406	406	0	0	0
	In Year - Actual/Forecast	406	195	359	378	240	332	337	38	89	255	20	231	2,649	2,880	2,880	0	0	0
	Variance	0	195	359	378	240	332	337	38	89	255	20	231	2,243	2,474	2,474	0	0	0
	Total Plan	554	148	148	148	151	151	152	153	154	152	153	153	2,064	2,217	406	1,811	0	1,811
	Total Actual/Forecast	554	343	507	526	391	483	489	191	243	407	173	384	4,307	4,691	2,880	1,811	0	1,811
	Total Variance	0	195	359	378	240	332	337	38	89	255	20	231	2,243	2,474	2,474	0	0	0
Net Income Generation	Month 1 - Plan	78	78	79	79	79	79	79	79	80	83	84	84	877	961	0	961	0	961
	Month 1 - Actual/Forecast	78	78	79	79	79	79	79	79	80	83	84	84	877	961	0	961	0	961
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	129	0	0	0	0	0	0	0	0	0	0	0	129	129	129	0	0	0
	In Year - Actual/Forecast	129	123	228	149	28	20	194	119	(2)	11	(79)	200	920	1,120	1,120	0	0	0
	Variance	0	123	228	149	28	20	194	119	(2)	11	(79)	200	791	991	991	0	0	0
	Total Plan	207	78	79	79	79	79	79	79	80	83	84	84	1,006	1,090	129	961	0	961
	Total Actual/Forecast	207	201	307	228	107	99	273	198	78	94	5	284	1,797	2,081	1,120	961	0	961
	Total Variance	0	123	228	149	28	20	194	119	(2)	11	(79)	200	791	991	991	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	226	226	227	227	230	230	231	232	234	235	237	237	2,535	2,772	0	2,772	0	2,772
	Month 1 - Actual/Forecast	226	226	227	227	230	230	231	232	234	235	237	237	2,535	2,772	0	2,772	0	2,772
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	535	0	0	0	0	0	0	0	0	0	0	0	535	535	535	0	0	0
	In Year - Actual/Forecast	535	318	587	527	268	352	531	157	87	266	(59)	431	3,569	4,000	4,000	0	0	0
	Variance	0	318	587	527	268	352	531	157	87	266	(59)	431	3,034	3,465	3,465	0	0	0
	Total Plan	761	226	227	227	230	230	231	232	234	235	237	237	3,070	3,307	535	2,772	0	2,772
	Total Actual/Forecast	761	544	814	754	498	582	762	389	321	501	178	668	6,104	6,772	4,000	2,772	0	2,772
	Total Variance	0	318	587	527	268	352	531	157	87	266	(59)	431	3,034	3,465	3,465	0	0	0